

# Public Document Pack



**Service Director – Legal, Governance and  
Commissioning**

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Tuesday 19 July 2022

## Notice of Meeting

Dear Member

### **Health and Adult Social Care Scrutiny Panel**

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 27 July 2022**.

This meeting will be webcast live and will be available to view via the Council's website.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read 'Julie Muscroft', on a light-colored background.

**Julie Muscroft**

**Service Director – Legal, Governance and Commissioning**

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

## **The Health and Adult Social Care Scrutiny Panel members are:-**

### **Member**

Councillor Jackie Ramsay (Chair)

Councillor Lesley Warner

Councillor Jo Lawson

Councillor Bill Armer

Councillor Vivien Lees-Hamilton

Councillor Alison Munro

Helen Clay (Co-Optee)

Kim Taylor (Co-Optee)

# Agenda

## Reports or Explanatory Notes Attached

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**Pages**

**1: Minutes of previous meeting**

1 - 8

To approve the Minutes of the meeting of the Panel held on 10 March 2022.

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**2: Interests**

9 - 10

The Councillors will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interests.

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**3: Admission of the public**

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

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**4: Deputations/Petitions**

The Committee will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

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**5: Public Question Time**

The meeting will hear any questions from the general public.

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**6: Mental Health Services**

11 - 60

Representatives from South West Yorkshire Partnership NHS Foundation Trust and Kirklees Council will be in attendance to present details of the work being done across Kirklees on mental health services.

Contact: Richard Dunne, Principal Governance Officer

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**7: Setting the Work Programme for 2022/23**

61 - 70

The Panel will set its work programme for 2022/23 and consider its forward agenda plan.

Contact: Richard Dunne, Principal Governance Officer

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Contact Officer: Yolande Myers

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Thursday 10th March 2022**

- Present: Councillor Habiban Zaman (Chair)  
Councillor Bill Armer  
Councillor Vivien Lees-Hamilton  
Councillor Fazila Loonat
- Co-optees David Rigby
- In attendance: Emily Parry-Harries - Consultant and Head of Public Health Protection  
Lucy Wearmouth - Public Health Manager  
Sean Berry – Operational Manager, Air Quality  
Steve Brennan – Kirklees CCG  
Jacqui Stansfield – Service Manager, Commissioning, Quality and performance  
Richard Parry – Strategic Director, Adults and Health  
Rob McCulloch – Independent Chair, Kirklees Safeguarding Adults Board
- Observers: Councillor Alison Munro  
Councillor Elizabeth Smaje
- Apologies: Councillor Aafaq Butt  
Councillor Lesley Warner  
Lynne Keady (Co-Optee)

- 1 Minutes of previous meeting**  
The minutes of the meeting held on 9 February 2022 were approved as a correct record.
- 2 Interests**  
No interests were declared.
- 3 Admission of the public**  
All items were taken in public session.
- 4 Deputations/Petitions**  
No deputations or petitions were received.
- 5 Public Question Time**

## Health and Adult Social Care Scrutiny Panel - 10 March 2022

The Panel received a question from Councillor Alison Munro regarding the availability of NHS dentists.

Cllr Munro was informed that the Panel would seek a formal written response.

### 6 Population Health Management

The Panel welcomed representatives from Kirklees Public Health, Air Quality Energy and Climate Change, and the NHS Kirklees Clinical Commissioning Group (CCG) to the meeting.

Ms Parry-Harries informed the Panel that Population Health Management was about a long-term system-wide approach looking at the health and well-being of an entire population, equally for physical and mental health outcomes.

The Chair opened up the discussions to a question and answer session that covered a number of areas that included:

- A question regarding prioritising the introduction of local initiatives, and in relation to the cancer screening pilot health checks, what feedback had been received around outcomes and how effective the interventions had been.
- Confirmation that the priority was relationships and people working together to effectively use the data to make decisions.
- Details of the difficulties and challenges in identifying priorities as there were many things that could be done to improve the health of the population.
- Confirmation that if relationships were in place, anything that could be done to improve people's ability to identify their symptoms early to present and intervene early would have a positive outcome on people's health and well-being.
- An overview of how important people's housing and the quality of green space was and how it had an impact on a person's health and well-being.
- A question about cancer screening and how it came about, whose idea was it and how it got implemented.
- Confirmation that there were a number of people living in Kirklees social housing who had engaged and built relationships with housing officers who had received training to help people living within the community to understand the importance of cancer screening and how to access it.
- Details of the early feedback from the cancer screening programmes that indicated that there had been an uptake in the numbers of people who wouldn't usually have engaged or taken up the screening as a result of having a better understanding of the benefits of early detection.
- An offer for elected Members to support projects where officers felt it would be appropriate and beneficial.
- A question around the level of training received by housing officers to support the local communities.
- Confirmation that the interactions that housing officers had with people were centred around health-seeking type conversations, and to support people in understanding that screening was not something that was done once a person has been diagnosed with a disease or condition.
- Confirmation that the training for housing officers would evolve over time and become more nuanced as learning developed but was initially provided

## Health and Adult Social Care Scrutiny Panel - 10 March 2022

collaboratively between the Wellness Service, Public Health and clinical screening providers.

- An overview of the work being done with local mosques and the focus on 'working with' and not 'doing to' local communities.
- A question around whether the housing officers were having support for their mental health whilst they were supporting residents.
- A question that highlighted how a person with multiple conditions could find the various pathways to care confusing and which had the potential to lead to some people slipping through the net.
- Confirmation that the support offered was around the awareness and understanding of the importance of screening and that this wasn't a clinical service, with the primary care service being the first port of call for anyone with multiple conditions.
- An explanation that there was an increase in the numbers of people with complex health needs and multi-morbidities which was causing the greatest challenges as opposed to early death.
- Details of the work that was being done with the acute trusts, so that those with multiple health difficulties, who had regular and frequent appointments, could have their appointments clustered together as far as possible, to help reduce the frequency of visits to hospital.
- A question around whether the breast, cervical and bowel screen pilot had finished.
- Confirmation that the initial pilots had ended but that it was anticipated that once the learning was collated, the screening programmes would continue.
- A query around the health checks that were identified within the Council Plan and confirmation that they would continue at key locations in the community in order to help remove as many barriers as possible to accessing the service.
- A question as to whether updated data packs which had previously been given to the primary care networks would be given out again, and if they were, what the content would be.
- Confirmation that discussions were taking place with the primary care networks to ascertain if they found the previous packs helpful and what a refresh of the data packs would need to look like, while recognising the progress that the networks had made.
- A query around what work was being done to reduce health inequalities.
- Confirmation that although population health management didn't have a specific workstream on health inequalities this was deliberate as the work would be woven through other areas that would include the conversations taking place in partnership arenas which would inform and strengthen the system leadership work.
- A concern as to how the work would make a difference to the health inequalities in a practical way, given the Kirklees Observatory Data was for 2016-2018 and therefore not up to date.
- Confirmation that this was the start of a practical programme of work that would make a difference to the health and well-being of the population, and that ambition was high.
- Details that the new ways of working would be analysed and the programmes that were the most effective would be continued.

## Health and Adult Social Care Scrutiny Panel - 10 March 2022

- Details that the vaccination programme was a very successful example of everyone coming together with a single vision to understand why certain residents were not coming forward for their vaccinations which resulted in a pop-up centre being put in the community to allow more residents to receive their vaccinations.
- A concern that there was no detail around where the programme would be in five or ten years as milestones of improving health inequalities.
- Confirmation that air quality had a direct link to public health, with pollution or pollutant sources that were directly impacting the health of residents being monitored.
- Details of the requirement for local authorities to provide the government with details of air quality management areas or areas which had exceeded the air quality objectives to create a five-year action plan, and to submit air quality status reports.
- Confirmation of the various acts and regulations which set air quality limit values and defined regulatory and statutory requirements related to air quality or other air quality matters.
- That there were legally binding limits for concentration of outdoor air pollutants that affected public health and the primary pollutant monitored within Kirklees was nitrogen dioxide or NO<sub>2</sub> and this pollutant was always linked to transport emissions which was why monitoring was done at the roadside in particularly congested areas.
- The monitoring focuses on the impact on the health of residents with samples being taken in representative locations near houses or on streetlamps.
- Confirmation that there were 87 locations across Kirklees monitored by diffusion tubes, two fixed monitoring locations at Bradley and Ainley Top and five zephyr stations which could be located at various locations to either co-locate or compare results with the diffusion tubes and fixed monitoring locations.
- The service was looking to deploy the zephyr stations at locations such as schools, where links could be made with public health initiatives such as Scoot to School so that baseline emissions for pre and post drop-off times could be monitored.
- Confirmation of the nine air quality management areas being Thornton Lodge, Huddersfield Town Centre (inside the ring road), Outlane, Liversedge, Edgerton, Birkenshaw, Ainley Top, Bradley (Leeds Road intersection) and Eastborough.
- These areas were targeted as there was a level above the air quality objective and air quality actions were being taken in these locations.
- Details of the potential impact to residents' health as a result of poor air quality, being acutely aware of links between poor air quality and inequalities and poor health including for those in high risk groups and vulnerable populations including exacerbating asthma, respiratory illnesses, heart disease and reduce life expectancy.
- Confirmation that changes announced within the new Environment Act may have an impact on current compliance with more stringent air quality targets being anticipated, meaning more air quality management areas being declared.
- Details of how air quality continued to be improved through electrical vehicle infrastructure, school engagement activities, work with active travel and public health to support campaigns such as the Scoot to School, anti-idling awareness and opportunities for enforcement where appropriate.



## Health and Adult Social Care Scrutiny Panel - 10 March 2022

- Confirmation that any feedback from Defra would be included in future reports

### RESOLVED –

1. That the Panel recognise the opportunities for learning and development.
2. That the Panel would welcome a further update on the progress to include, where appropriate, data around the outcomes of the new approaches and initiatives in working with the population to improve their health.
3. That a further discussion take place at a future meeting of the Panel

### 7 **Kirklees Safeguarding Adults Board 2020/2021**

The Panel welcomed representatives from Kirklees Safeguarding Adults Service and the Chair of the Kirklees Safeguarding Adults Board (KSAB).

Mr Rob McCulloch explained to the Panel that the KSAB had three main functions (i) to produce a strategic plan (ii) to report on the strategic plan and (iii) to undertake safeguarding adult reviews.

Mr McCulloch informed the Panel that he had worked with safeguarding adults' boards for almost his entire career, and he gave the Panel assurance that the work done in Kirklees in recent years by the Board and its previous chair was second to none.

The Panel were advised that systems in place within Kirklees were effective in monitoring safeguarding, reporting on it, with continuous improvement and a culture that was open to enquiry.

The Panel opened up a discussion which covered a number of items which included:-

- A question regarding the reference in the report to self-neglect, having previously not been reported upon, and whether this was an arising issue.
- A query in relation to the Covid-19 response, and whether there had been any specific Covid related issues that needed responding to by the Board.
- A question relating to the Liberty Protection Safeguarding which was due this year, and what that included.
- Confirmation that self-neglect was a priority for the Board and a toolkit had been introduced to help agencies respond to it with a partnership approach across agencies.
- Details that the last two reviews had been around self-neglect and were particularly difficult issues to address with national issues also coming to the fore.
- A difficulty with self-neglect is that if an agency couldn't get access, get a response, or couldn't engage well with the individual, the danger was that the individual was not transferred on to another agency and confirmation that the toolkit that had been introduced was focusing on this difficulty.
- Details that there had been an increase in self-neglect, but this was partly due to the Board being more aware of it and reporting on it.

## Health and Adult Social Care Scrutiny Panel - 10 March 2022

- Confirmation that the impact of Covid-19 would be long lasting, particularly when focusing on the isolation and individuals being unable to access services.
- Challenges were also evident within services due to staffing issues, absences, and demand on resources, but some of the benefits that had been identified was better partnership working between health and the local authority.
- Confirmation that there were shared budgets and resources between health and the local authority with shared outcomes that didn't exist before the pandemic.
- A concern about individuals with mental health issues who had not had access to services during the pandemic, or who had been avoiding services due to isolation.
- Confirmation that Deprivation of Liberty's would end and would move to Liberty Protection Safeguards, but that this was on hold until 2023.
- A question regarding the demand for support for abuse, particularly domestic abuse in the future.
- Details that although an increase in demand had been expected throughout the pandemic, the number of referrals hadn't gone up as far as the Board had expected it to.
- Confirmation that the lower numbers of referrals may not necessarily be due to lower incidents and a further deep dive would be undertaken to understand the numbers given that it was not what was expected.
- Over the coming year, a much closer alliance with communities would be developed with the aim of growing and supporting communities, providing some extra elements into promoting safeguarding.
- Details that the new domestic abuse strategy had a focus on working with perpetrators and increasing awareness of the mechanisms that individuals could use to raise concerns.
- Confirmation that further consideration would be given to understand what was driving the data changes, be it increased instances of domestic abuse or increased awareness with some of those preventative activities being successful in reducing the overall number of incidents.
- A question regarding Section 42 inquiries noting that 60% of inquiries were in the care home sector and whether any preventative strategies were being put in place that would lessen the likelihood of those risks.
- Confirmation that most Section 42 inquiries would be in the places where there was more access to individuals in those arenas.
- Details of the care home early intervention team led by the CCG who work closely in care homes to identify risks before it reaches safeguarding.
- Confirmation that the CCG reports to the quality and performance subgroups in Kirklees so that they can be kept abreast of what's happening in the care homes.

### RESOLVED –

1. That the Panel thank officers and the Chair of the KSAB for attending the meeting
2. That the report be received and noted.

**8 Work Programme 2021/22**

A discussion took place on the Panel's Work Programme and agenda plan with a focus on the next Panel meeting and the need to consider the next municipal year's work programme.

Areas that were covered included:

- An overview of the planned financial position item scheduled for the April meeting.
- Consideration of the work programme at the April meeting, looking back over the previous municipal year, and identifying work that the Panel believe was complete.
- April's meeting will also consider areas of work that needed to be carried forward to the next municipal year.
- Consideration of new areas of work for the 2022-23 municipal year.
- Details that the first meeting of the new municipal year would invite comments from health partners and colleagues within the council around any emerging issues that the Panel may need to consider.
- Confirmation that excess death data and air quality should be added to the work programme for 2022-23.

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<b>KIRKLEES COUNCIL</b>				
<b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b>				
<b>DECLARATION OF INTERESTS</b>				
Health & Adult Social Care Scrutiny Panel				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: ..... Dated: .....

## NOTES

### Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



**Name of meeting: Health and Adult Social Care Scrutiny Panel**

**Date: 27 July 2022**

**Title of report: Mental Health Services**

**Purpose of report:** To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions on Mental Health Services in Kirklees.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)</u> ?	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Strategic Director</u> & name  Is it also signed off by the Service Director for Finance?  Is it also signed off by the Service Director for Legal Governance and Commissioning?	The report has been produced for information only and to facilitate the discussions on the panel's work programme.
Cabinet member <a href="#">portfolio</a>	Health and Social Care

**Electoral wards affected: None Specific**

**Ward councillors consulted: Not Applicable**

**Public or private: Public**

**Has GDPR been considered? Yes. The report does not include any personal data.**

## **1. Summary**

- 1.1 Included in the Health and Adult Social Care Scrutiny Panel draft work programme 2022/23 is a focus on mental health and wellbeing. This area of work has been combined into an overarching theme that looks at services that provide support in mental health and wellbeing.
- 1.2 The areas of focus outlined in the work programme cover a wider area of work that includes looking at the capacity in the system to cope with demand for mental health services; assessing performance across the full spectrum of mental health services; reviewing progress of the work being delivered by the Kirklees Integrated Wellness Service; and looking at the work being carried out by Thriving Kirklees Single Point of Access Service.
- 1.3 South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) are a specialist NHS Foundation Trust that provide community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield.
- 1.4 SWYPFT work closely with the local authority and much work has been done in developing this partnership and focusing on the integration of services.
- 1.5 Following Lead Member discussions with the mental health trust and local authority colleagues it was agreed that the wide scope of work outlined in the mental health and wellbeing theme would be too extensive to cover in one meeting.
- 1.6 It was therefore agreed that the initial phase of the work should be focused on the first two areas of the mental health and wellbeing theme as detailed in the work programme to include:
  - Looking at the key risks and challenges in the acute pathway.
  - Considering Key performance data.
  - The work being done on developing the partnership between the local authority and SWYPFT
  - The transformational work taking place across the Kirklees system.
  - Examples of good practice.
- 1.7 Attached is Information submitted by SWYPFT with input from the local authority colleagues.

## **2. Information required to take a decision** **N/A**

## **3. Implications for the Council**

- 3.1 Working with People**  
No specific implications



- 3.2 Working with Partners**  
No specific implications
  - 3.3 Place Based Working**  
No specific implications
  - 3.4 Climate Change and Air Quality**  
No specific implications
  - 3.5 Improving outcomes for children**  
No specific implications
  - 3.6 Financial Implications for the people living or working in Kirklees**  
No Specific implications
  - 3.7 Other (eg Legal/Financial or Human Resources) Consultees and their opinions**  
No specific implications
- 4. Next steps and timelines**  
That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.
- 5. Officer recommendations and reasons**  
That the Panel considers the information provided and determines if any further information or action is required.
- 6. Cabinet Portfolio Holder's recommendations**  
Not applicable.
- 7. Contact officer**  
Richard Dunne – Principal Governance Officer [richard.dunne@kirklees.gov.uk](mailto:richard.dunne@kirklees.gov.uk)
- 8. Background Papers and History of Decisions**  
Not applicable
- 9. Service Director responsible**  
Julie Muscroft – Service Director, Legal, Governance and Commissioning

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A large circular graphic composed of numerous blue brushstrokes of varying lengths and directions, arranged in a ring around a central white circle. The brushstrokes have a textured, painterly appearance.

**Kirklees Health and  
Adult Social Care  
Scrutiny Panel : focus  
on Mental Health**

**July 27<sup>th</sup> 2022**

## Partnership working

**Impact of covid and recovery progress – demand, capacity, access and acuity**

**Challenges, performance and innovation in acute pathways including the use of out of area placements**

**Challenges, performance and innovation in community pathways**



# Partnership working



With **all of us** in mind.

# Joint Health and Wellbeing Strategy



South West  
Yorkshire Partnership  
NHS Foundation Trust

DRAFT

## JHWS 'PLAN ON A PAGE'

The JHWS will focus on 4 outcomes for people who live, work and study in Kirklees across the life course

### OUTCOMES

To achieve these 4 outcomes across the life course we will focus on the 3 priorities

### PRIORITIES

In delivering each priority we will use the lens of the life course and the 6 key factors

### FACTORS

The factors are the things that make a difference to our health and wellbeing, both positively and negatively.



With **all of us** in mind.

# Partnership working: creation of the Mental Health Social Care Hub

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South West  
Yorkshire Partnership  
NHS Foundation Trust

Following the 'Social Work for Better Mental Health' engagement project it was identified that Kirklees staff co-located within the South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) felt disjointed from the local authority and a loss of their professional identity. The Teams noted difficulty navigating Trust and local authority processes and as a result patients were remaining in inappropriate teams.

Further work completed jointly with the Trust indicated a need to increase the knowledge around social care and a lack of clarity and misunderstanding around the most appropriate pathways for different service users groups.

National mapping also indicated that many authorities and Trusts were choosing to disintegrate services, however, this showed little benefit to service users and families within the system.

A joint project was established to create a more defined partnership and clear health and social care routes within in an integrated Pathway.

# Integration objectives

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South West  
Yorkshire Partnership  
NHS Foundation Trust

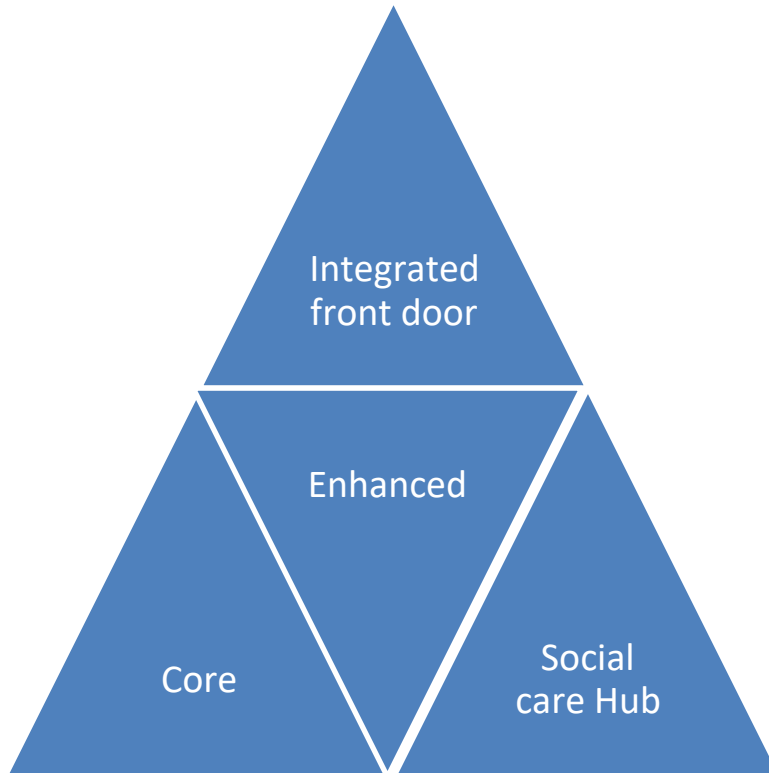
- Bringing together the skills and expertise of the workforce enhancing the quality and consistency of services.
- Clearly defined roles and responsibilities across to promote a clear social care identity and true multi-disciplinary working.
- Strong focus on Care Act 2014 compliance within the comprehensive Mental Health Assessment, quality improvement and awareness of safeguarding and self-neglect pathways.
- Reduced duplication of work and 'hand offs' for service users, preventing unnecessary movement around a complex system, and avoidable hospital admissions.
- Delivery of strength-based approaches and practice.
- Improved managerial authorisation processes to ensure the most appropriate use of resources.
- Development and nurturing of a skilled work force with a training package suitable to their needs, ensuring accountability and recording on council systems.
- Provision of a system by which cases can be discharged from secondary mental health, but still reviewed regularly to ensure care and support needs were being met.
- Reduced use of inappropriate residential placements.



# Integrated structure



South West  
Yorkshire Partnership  
NHS Foundation Trust



- Work nearing completion to connect Single Point of Access (SPA) and Gateway to Care, training SPA workers to recognise health and social care pathways
- Training package has been provided to staff in Enhanced and Core teams to support understanding of Care Act, Commissioning Support, and Safeguarding.
- Management structures have been reviewed and additional resource provided to ensure a health and social care focus.
- Social Care Hub has been created to enable cases to be closed and transferred for ongoing reviews
- The Social Care Hub provides clear pathways into forensic services, Early Intervention in Psychosis and Home Based Treatment team
- Greater oversight of self neglect, safeguarding and low level social care cases where mental health is the primary need.
- Joint audit of cases to understand whether these could be moved to the social care hub, increasing capacity and throughput.
- Work underway with the Approved Mental Health Professional (AMHP) Hub to look at capacity and resource..
- Social Care Resource is now situated within hospital settings to provide early identification and support where social care or housing issues may delay discharge.

With **all of us** in mind.



# Impact of covid and process of recovery



With **all of us** in mind.

# Immediate and sustained impact



South West  
Yorkshire Partnership  
NHS Foundation Trust

Infection Prevention and Control (IPC) requirements: still in place

Business Continuity Plans (BCPs) and phased recovery plans: SWYPFT still operating at OPEL 3

Cohorting Standard Operating Procedures for acute services within clinical pathways: still in place

Safe working practices and occupancy limits required: still a factor

Estate challenges: still a factor

Increased staff absence across all services: still a factor

# Immediate and sustained impact



South West  
Yorkshire Partnership  
NHS Foundation Trust

Working as a system partner – impact of changes in wider health and social care.

Ensuring continuity of care to service users and carers based on need and risk.

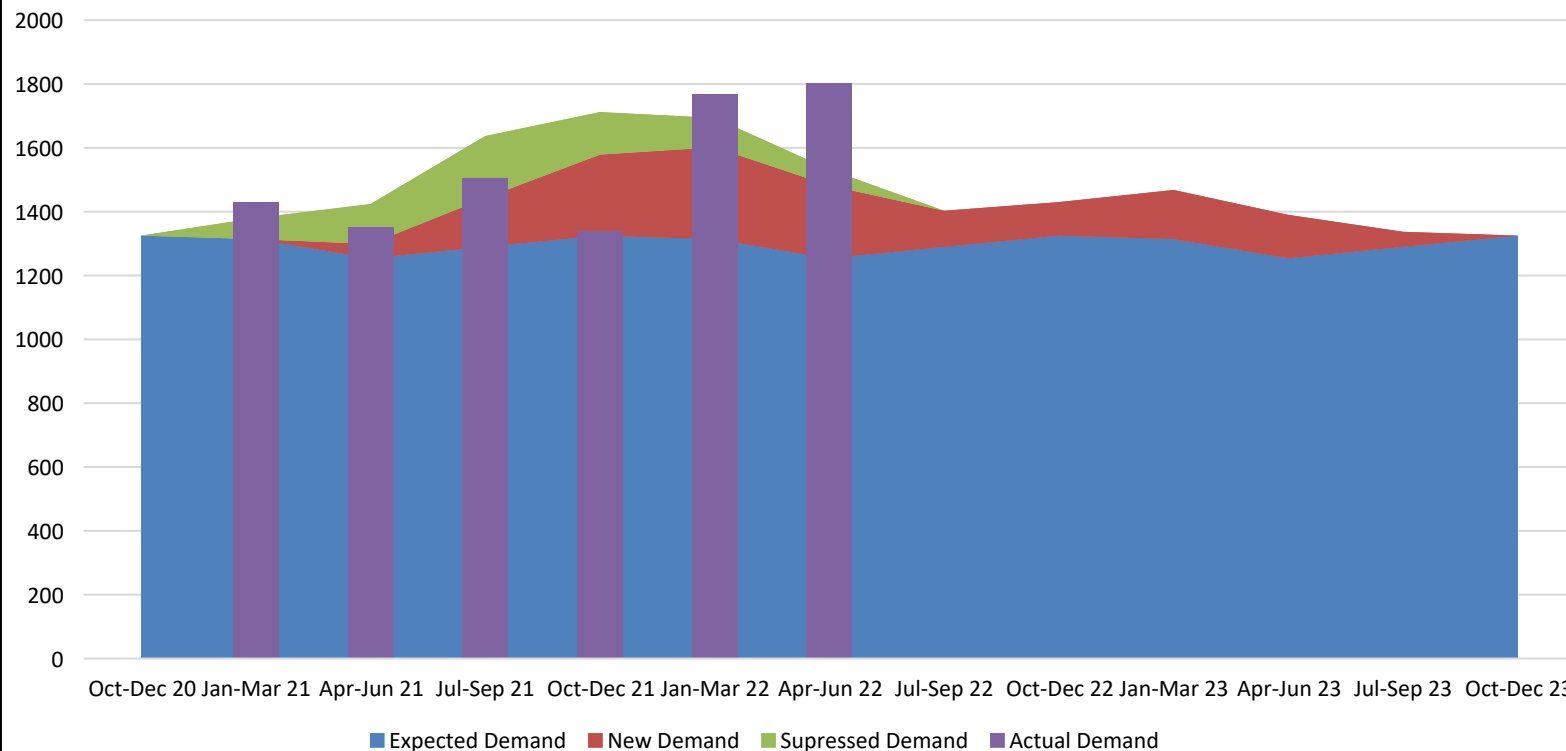
Higher acuity of new referrals and existing service users.

Sustained increased demand for community services.

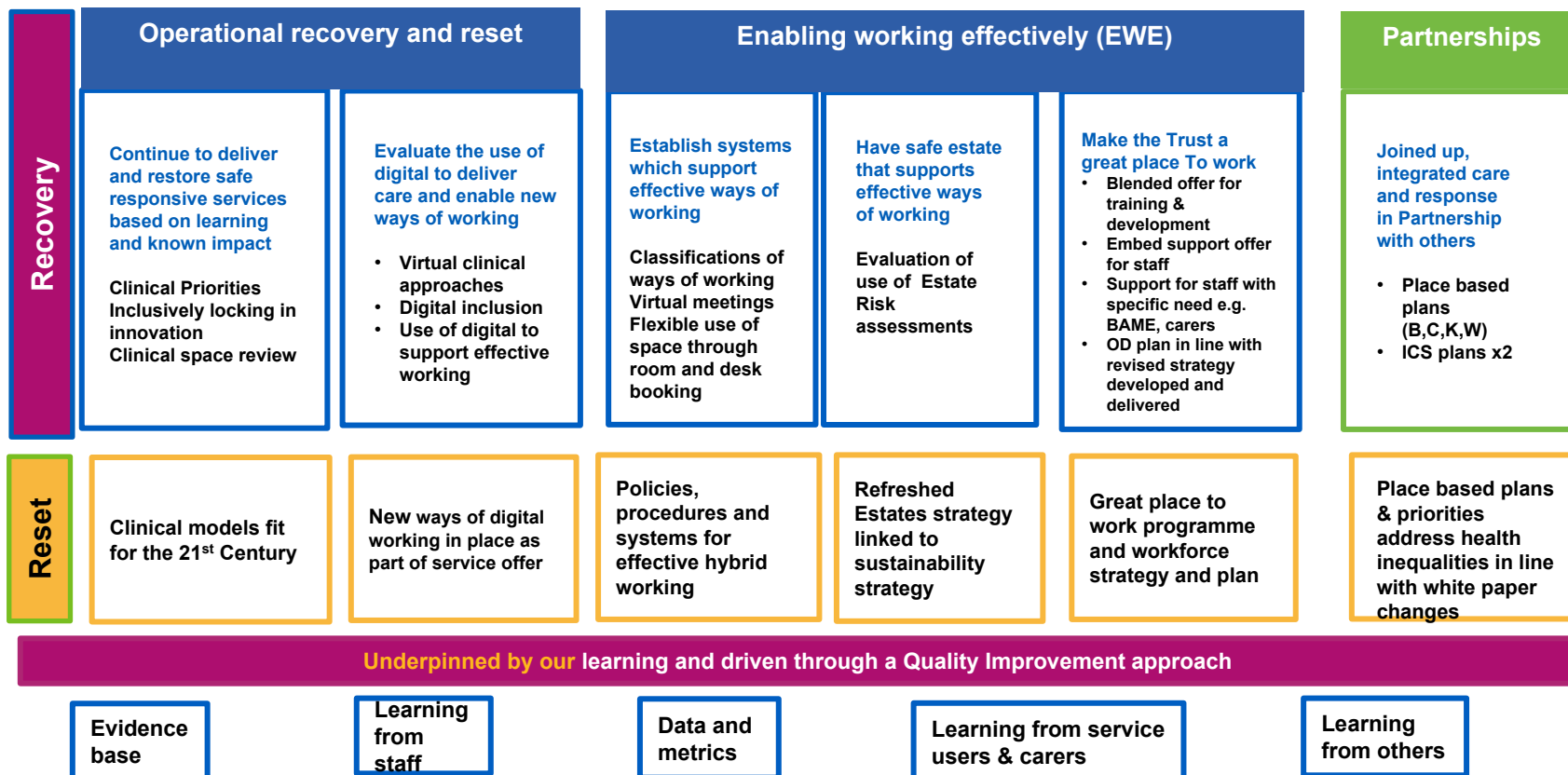
Sustained increased demand for acute services, leading to out of area placements.

Slower discharge processes.


### Forecasted Covid Recovery Demand for Kirklees Secondary MH services, 19-64 yrs



# Summary of recovery plan



Equality, Inclusion, Involvement and Engagement

Improving care – strategic recovery and reset	Aim
<p><b>Safely deliver &amp; restore inclusive services &amp; support, locking in innovation</b></p> <p>Large scale exercise was undertaken with staff using various methods to understand learning during pandemic. Analysed and shared widely with a set of recovery and reset principles agreed and adopted in the priority programme areas of work.</p> <p>Change work has largely been undertaken at local service level, utilising a cocreate, codesign and codeliver approach involving staff and service users/carers. An <b>involvement approach</b> and strategic tool developed to ensure the voice &amp; influence of staff, service users, carers &amp; families helps reshape service provision &amp; ways of working.</p> <p>The Enabling Working Effectively <b>hybrid working framework</b> and <b>recovery &amp; reset toolkit</b> have been codesigned, tested &amp; produced. They have been rolled out for use across the Trust, in line with the implementation plan.</p> <p>Operational services have worked with Performance &amp; Information to develop a <b>recovery &amp; reset dashboard</b> to support interpretation &amp; tracking of data to help understand impact of covid &amp; health inequalities.</p> <p>Enablers have been put in place to support adoption of hybrid working including an enhancement to room and desk booking system used in SWYPFT, dedicated intranet page of support and guidance and additional IT and estates support.</p> <p><b>Space utilisation reviews</b> have commenced to further understand the current use of estate &amp; future space requirements as services recover.</p> <p>A series of <b>case studies</b> has been developed capturing new ways of working &amp; what teams are doing to lock in the different ways of working during the pandemic.</p>	<p><b>We are restoring services, delivering our quality targets &amp; working on actions to improve our CQC ratings</b></p> 

With **all of us** in mind.

## Recovery is about addressing inequalities

### Understanding equality & addressing inequality through inclusive involvement

- **Carers passport** & identification of carers in place
- Increased the **diversity of volunteers**
- Increased **peer support workers** across the Trust- valuing lived experience
- Improved **Health Assessments** for people with a learning disability
- Embedded **equality & involvement** in our change approach
- Developed & tested an **equality Interactive tool & dashboard**
- **Discovery interviews** & co-action work within forensic services
- Use of **equality data** to drive vaccination roll out
- Built **capacity & capability** through development sessions & diversity training
- Created opportunities for a **reflective workforce** and invested in **creative & cultural offers & recovery-based approaches**
- Trained **community reporters** who have subsequently helped evaluate programmes of work
- Strengthened the use of **Equality Impact Assessments**
- Developed specific new roles to **support cultural change** e.g. WRSE OD Lead, Wellbeing roles, creative practitioners, equality guardians
- Work to **capture the voice of people** who use our services as a baseline
- Using **equality impact assessment/data** to identify actions
- Ensured that images in our communication **show diverse leadership** and that we have **visible symbols of inclusion** such as the LGBTQ+ crossing on Fieldhead site, badges & lanyards, staff pledges
- **Engaged with our communities using volunteering**, for example, TWOCAN to create pathways into our Trust for employment .

With **all of us** in mind.





## Case Study covid and beyond : Enhanced Teams

### How has COVID Pandemic changed service delivery?

- New team systems and ways of doing things e.g., virtual meetings, working to BCPs, systematic risk assessments for prioritisation of service user face to face contacts, working to establish a hierarchy of critical service priority.
- Blended approach to conducting CPA reviews, virtual technology and face to face synergies for different professions around the person's needs
- Increased use of paper light methods
- Clinical reviews of each service user to decide on most appropriate clinical contact method.
- Inability to use all space in buildings and deliver full service offer from our bases
- Face to face visits continued throughout the pandemic with extra time needed for each visit to be risk assessed + extra preparations for correct use of PPE and social distancing. Use of PPE can impact on relationship building and communication for service users.
- Adoption of agile / home-working : impact on wellbeing, face-to-face contact with colleagues and impact on team functions, leadership and informal supervision
- Rapid uptake of digital delivery options and service user interactions; embraced technology and upskilled where needed to utilise MS teams, video calls etc.

### What challenges have occurred as a result?

- Increase in acuity/complexity of new referrals and significant relapse for some service users whose mental health was previously stable
- Increase in demand and complexity resulting in some challenges in allocating referrals
- Restricted community/third sector provision throughout the pandemic, together with limited access to less formal support initiatives, has impacted negatively on community infrastructure and system resilience and affected quality of life and recovery rates for service users
- Reduction in carer/family support to service users due to contact restrictions leading to poorer outcomes and carer stress
- Challenges working effectively with primary care and delivering services in partnership.
- Exacerbated challenge of working safely in the community with those at most risk / most vulnerable including access to safe community communal spaces
- Team cohesion and efficiency as agile working requirement has been balanced against team functions, processes & accessibility for service users

With **all of us** in mind.







## Case Study covid and beyond: Enhanced Teams

### What actions are underway to address these challenges?

- Work ongoing to offer blended approaches with mostly face to face contacts with growing use video consultation rather than telephone where appropriate. Considerations made around individuals needs and access to technologies/ digital exclusion. Teams are utilising Trust guidance for patients in relation to accessing services via digital solutions.
- Reviews of space and room usage as we currently do not have capacity to undertake as many face to face sessions as we would like to due to the current IPC restrictions around building capacity and social distancing.
- Work is underway team by team to capture service user feedback and incorporating their voice into our developments
- Health Inequalities: person-centred, trauma informed approaches underpin the enhanced service model and physical health checks have continued to take place with a higher proportion in people's homes. Care co-ordinators have increased their support to service users needing access to physical healthcare and primary care services as this has been challenging during the pandemic.
- Maintaining effective communication with third sector providers regarding their recovery planning, including improved service offer post covid.
- Optimisation of agile working supported by individual wellbeing conversations with staff and managers to address working arrangements and impact on wellbeing with related actions where necessary

### What does the service look like now (as is) and will look like in future (to be)

- Most contacts which were face to face prior to the pandemic will need to continue to be face to face. Digital has been beneficial to both service users and staff as a genuine alternative which enables flexible contact. Resulted in improved engagement and reduced DNA rates.
- Need to understand what proportion of face to face and virtual contact will be optimal to capitalise on innovation, cope with growing demand, and to best meet the needs of as many people as possible. Need to clarify what is a supplementary contact and what is a replacement contact. **Based on current performance (60ftf/40v) we are envisaging an optimum balance of 80ftf/20v.**
- Will always need to deliver a significant percentage of face to face services from Trust bases. Building usage will need revising once IPC requirements change so we can increase face to face sessions and use our bases differently.
- We anticipate continued agile working but this requires further review as recovery progresses to ensure an optimal level for staff, service users, families/carers. Greater awareness of staff wellbeing, work life balance, productivity and efficiency through flexible working to deliver effective and safe services.
- We need to maintain and develop high performing and interacting teams with therapeutic relationships and support networks amongst colleagues. New staff, induction and team integration are key here, as are comprehensive wellbeing great place to work wraparound plans.



# Challenges, performance and innovation in the acute pathway



With **all of us** in mind.

# Acute pathways



South West  
Yorkshire Partnership  
NHS Foundation Trust

Acute wards have seen high levels of acuity and service user distress, with the continued requirement to manage isolated and cohorted patients. High levels of demand and acuity have frequently led to above 100% occupancy levels across wards on a sustained basis and capacity to meet demand for beds remains difficult: compounded by significant workforce challenges, staff absences and difficulties sourcing bank and agency staff, leading to staffing shortages across the wards. Home Based Treatment Teams have faced similar staffing pressures.

The work to maintain effective patient flow continues, with the use of out of area beds being closely managed, usage has remained a constant, with some patients discharged and a lower rate of placement, since April. The key focus continues to be on bringing patients back to local beds in as timely a way as possible and providing care closer to home - whilst managing the demand for new admissions as safely as possible in partnership with community teams.

# Acute pathways



South West  
Yorkshire Partnership  
NHS Foundation Trust

There has been an increased emphasis on how we can support patients ready for discharge more effectively back into community settings. A specific programme of work is underway in Kirklees including all partners, ensuring optimisation of resources, new investment and service user recovery.

Work with partners across the Integrated Care System in West Yorkshire continues.

We are addressing significant workforce challenges in inpatient services (in line with national challenge.) For example, the development of a confident and competent workforce in which we are identifying core competencies for our workforce, with a focus on diversification and the utilisation of new roles and a potential skill-mix and shift-composition around the actual tasks and functions needed to run the wards.

We are also building in the benefits of staff networks, preceptorship/ preceptorship academy, culture change measures and effective supervision models.

# Acute pathways



South West  
Yorkshire Partnership  
NHS Foundation Trust

We are undertaking intensive work to maintain and improve quality and safety on our wards. We are building identified challenges and priorities into the workforce strategy and the inpatient improvement priority programme.

Specific examples include:

## Pathway improvements

- Discharge: E-discharge, Criteria Led Discharge / Discharge interfaces
- Patient flow – review of operating procedure and interfaces
- Focus on optimising resources and improving pathways
- Review of S136 internal standard operating procedure
- Review of inpatient standing operating procedure

## Quality Improvement Projects

- Reducing restrictive interventions – RCPsychs project
- Sexual safety on inpatient wards – RCPsychs project
- Tendable (formerly perfect ward) – digital assurance & improvement platform being rolled out

# Acute pathways: OOA



South West  
Yorkshire Partnership  
NHS Foundation Trust

The use of out of area beds for people in Kirklees has increased since the mid 2021.

Cohorting Standard Operating Procedures procedures kept all beds open, and supported the separation of people isolating, or with symptoms, or a positive covid diagnosis. This proved a robust framework within the parameters of the limitations of estate and initially effectively managed demand and optimised access and egress from beds.

We experienced increased impact from outbreaks and isolation requirements and higher levels of acuity and service user distress throughout 2021.

The difficulties were compounded by staff absences, staff fatigue and difficulties sourcing bank and agency staff leading to staffing challenges across the wards.

# Acute pathways: OOA



South West  
Yorkshire Partnership  
NHS Foundation Trust

From 2019 onwards an intensive improvement programme has been in place to reduce the number of people placed out of area and to reduce the time they spend there, focussing on:.

- Appropriate Inpatient Stays
- Intensive Home Based Treatment
- Patient Flow
- Trauma Informed Personality Disorder Pathway
- Community Programme
- Single Point of Access and Primary Care



# Acute pathways: OOA



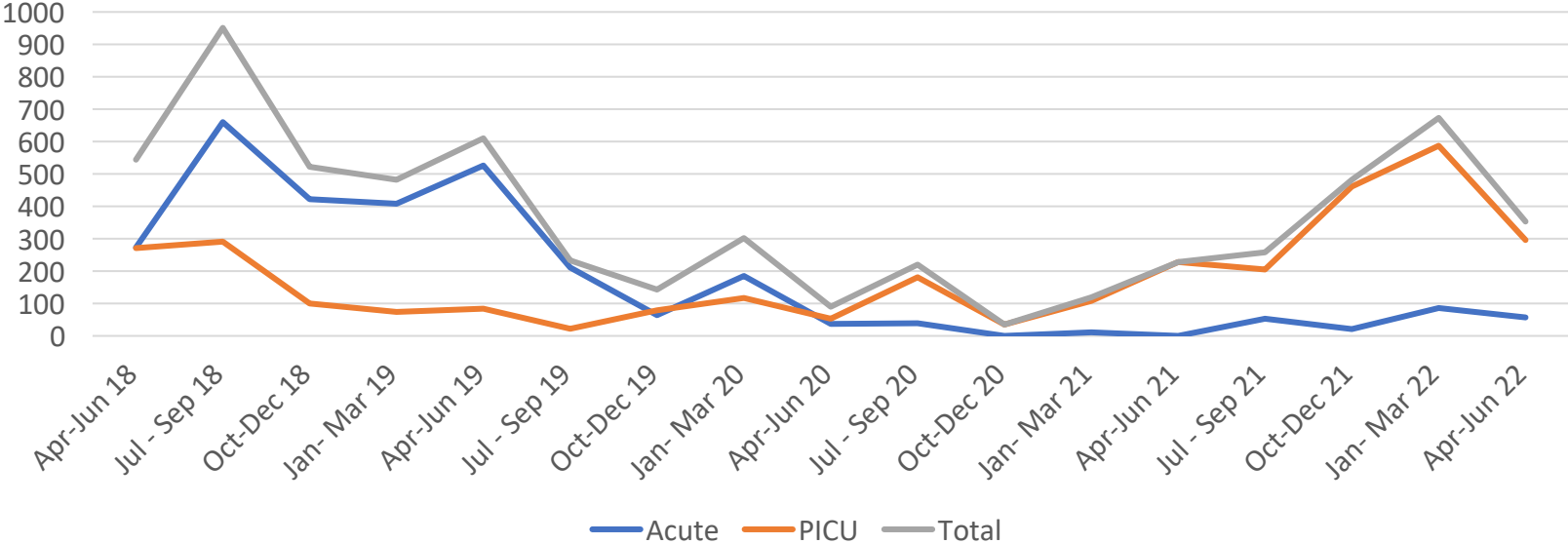
South West  
Yorkshire Partnership  
NHS Foundation Trust

The programme has delivered numerous improvements across these pathways including:

- Activity to support patient flow across all wards working extended hours 7 days a week.
- Ensuring Intensive Home Based Treatment Teams had extra capacity to support the most unwell people.
- Implementing trauma informed personality disorder pathways.
- Improving access pathways into services.

Positive impact in a reduction in OOA bed usage through 2019 and 2020 from 142 placements in 18/19, to 59 in 19/20, to 19 in 20/21. 2021/22 saw an increase in the use of OOA beds, with 33 new placements for Kirklees.

### Kirklees Total OOA Bed Use



2021/22 saw an increase in the use of OOA beds, with 33 new placements

# Acute pathways: OOA



South West  
Yorkshire Partnership  
NHS Foundation Trust

We continue to address and are focussing on:

- Active action to move people through their inpatient stay in a timely way.
- Working with partners to optimise use of all alternatives to admission and reduce the time people have to spend in hospital.
- Role of home based treatment in facilitation timely discharge.
- Establishing consistent community support and enabling timely flow.
- Coordinating and input into current OOAs to ensure that anyone placed out of area has the safest and most effective care, including agreeing principles of continuity of care for placements.
- Realising the benefits of the Inpatient improvement programme.

# Acute pathways: IHBT MHLT



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Yorkshire Partnership  
NHS Foundation Trust

Crisis, IHBT and Mental Health Liaison pathways have all continued to operate in full 24/7 throughout the covid period.

They are services working with the most vulnerable service users and those most at risk: ensuring safe and effective care at home for those people who would otherwise need admission to hospital.

They undertake a gatekeeping function for all inpatient beds.

The teams consistently meet the key performance requirements (see appendix slides 36,37,38)

They have experienced sustained increased demand :

Kirklees IHBT referrals - average per month; 20/21 =134, 201/22 =139

Kirklees MHLT referrals: average per month; 20/21 =320, 201/22 =333

# Crisis pathways: partnership working in Kirklees



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Collaborative working - residents of Kirklees are able to access a 24/7 mental health support line when they need support. Provided as part of a West Yorkshire ICB initiative the support line will offer support when needed or signposting to an appropriate local service. Additionally, there is a separate West Yorkshire Grief and Loss line which operates between 8am and 8pm, and this was established as part of the health and care response to Covid.

Mental health teams from across the Kirklees Health and Care Partnership and the 3rd sector are working together to establish a crisis house which will act as a short term (up to 7 days) residential placement when the individual is unable to remain at their home but, following an assessment by the Intensive Home-based Treatment Team, requires a level of support which can safely be provided at the crisis house rather than a hospital setting.

There are two mental health crisis “well-bean” cafes in Kirklees which give coverage on seven evenings a week from 6pm to midnight (Huddersfield 4 evenings a week and Dewsbury 3 evenings a week) to help people in person or on the phone with their crisis. The team follow-up with their guests on the next working day to check in with people and help with signposting or ongoing support to maintain wellness.

With **all of us** in mind.



# Challenges, performance and innovation in community pathways



With **all of us** in mind.

# Community pathways



South West  
Yorkshire Partnership  
NHS Foundation Trust

Community services provide assessment, care management and interventions utilising a range of innovative means of communication and ensuring face to face contacts are made wherever these are clinically indicated (see appendix slide 39) . Work continues in front line services to adopt collaborative approaches to care planning, build community resilience, and to offer care at home. This includes providing robust gatekeeping, trauma informed care and effective intensive home treatment. Teams are working closely with the acute pathway to tackle barriers to discharge, reduce the demand for out of area placements and to ensure purposeful admissions and timely returns to the community.

We continue to work in collaboration with our places to implement the community mental health transformation. We are looking at the core and enhanced pathways in terms of local place and the trust offer, to ensure we optimise our opportunities for innovation, effectiveness and partnership working and that we achieve the best model possible for our service users and carers.

# Community pathways



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Yorkshire Partnership  
NHS Foundation Trust

Community teams are experiencing significant workforce challenges, we currently have higher than usual levels of vacancies in community teams for qualified practitioners and proactive attempts to fill these have had limited success. We have action plans in place for teams where there are particular challenges and continue to be proactive and innovative in our approaches to recruitment for example the introduction of Trainee Nurse Associate roles in Kirklees following new investment by commissioners

We are experiencing challenges after a period of sustained increased demand. This has led to pressures in Single Point of Access (SPA) necessitating the use of additional staff and sessions for assessment slots. Workforce challenges are continuing to compound these problems. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment is at some risk of being delayed. The situation is being kept under close review by General Managers and teams and all possible mitigations are in place.



# Our performance



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Yorkshire Partnership  
NHS Foundation Trust

IAPT services continue to perform above national expectations for KPIs and performance around waiting times. For example, performance against recovery is 55.6% for Kirklees against a national recovery target of 50%. (see appendix slides 40, 41)

Early Intervention in Psychosis teams continue to deliver against targets for access and the setting in place of a NICE approved care package within 2 weeks of referral.

Routine access within 14 days is being managed well across the teams, despite some challenges in SPA in terms of capacity and managing demand. (see appendix slide 42)

Access into treatment in 6 weeks has been below target at 88.53% for Kirklees. This has dipped in month following an improving trajectory of performance, due to high demand in SPA, challenges within enhanced teams and pressures in arranging timely outpatient appointments. (see appendix slide 43)

Across services where there are secondary waiting lists, for example for specific treatments in core psychology, systematic management of the waits has been implemented and comprehensive plans are in place for each individual including person-centred reviews and named contacts.

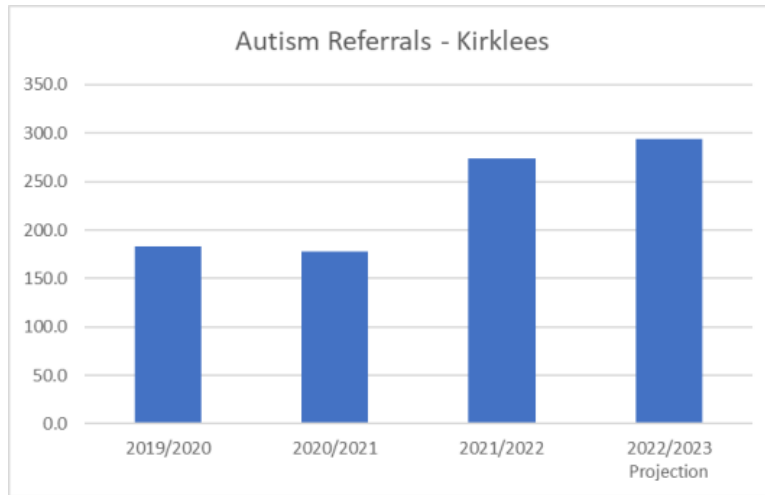
CPA review performance continues to hold steady at above target for Kirklees with a cross-trust level action plan in place to ensure that this continues. (see appendix slide 44)

We have had some continued challenge in meeting required performance around 72 hour follow up for patients in Kirklees which is at 72.09%. This has been identified as attributable to data quality and systems management rather than the visits not actually having taken place within the required period. Quality and Governance Leads are working on an improvement plan for the recording and monitoring in relation to this. (see appendix slide 45)

# Adult Autism Diagnostic Pathway – Kirklees



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NHS Foundation Trust



Referrals for an Autism Assessment have increased by 50% over the last 3 years. The service received 183 referrals in 2019/20 and 274 in 2021/22. The total received is projected to be 294 in 2022/23.

A **thorough** clinical triage of each referral takes place to determine if an assessment is appropriate. In the 12 months to 31<sup>st</sup> May 2022, 56 people were invited for assessment.

On average, the first appointment offered to those people was **57 days after receipt of referral**. The longest wait was 105 days.

39% of those who were clinically appropriate for assessment received an Autism diagnosis and were offered bespoke Post Diagnostic Support and Interventions.

# Community Transformation in Kirklees



South West  
Yorkshire Partnership  
NHS Foundation Trust

SWYPFT have been working closely with the Kirklees partnership to help design, recruit and support roles that form part of the new community transformation model.

By 2023/24 the programme will ensure that each Primary Care Network will benefit from a co-located, mini-mental health team, working together to provide a seamless service with interventions of varying intensity, appropriate to the individual level of need – with integrated pathways to the core specialist hub

### Phased transformation & Integration of current mental health service:

Core/enhanced SWYPFT service (into PCN mini teams & Hubs)  
Recovery College & services  
VCS contracted services

### Mental Health Social Prescribers

To provide mental health knowledge /expertise

### Physical Health Coaches – (New Role)

Provide health checks and support to improve physical health. Co-facilitation of psychoeducation courses.

### Mental Health Peer support Workers

Workers within teams – individuals with lived experience

### Advanced Community Practitioners (ACPs)

Provide holistic assessment and support MDT triaging. Providing evidence based/ Psychosocial interventions and connecting people to appropriate support in the mini team & Hubs.

### Mental Health Pharmacist – (New Role)

Providing access to mental health pharmacy, medication management, reviews and education.

### Community Connectors (New Role)

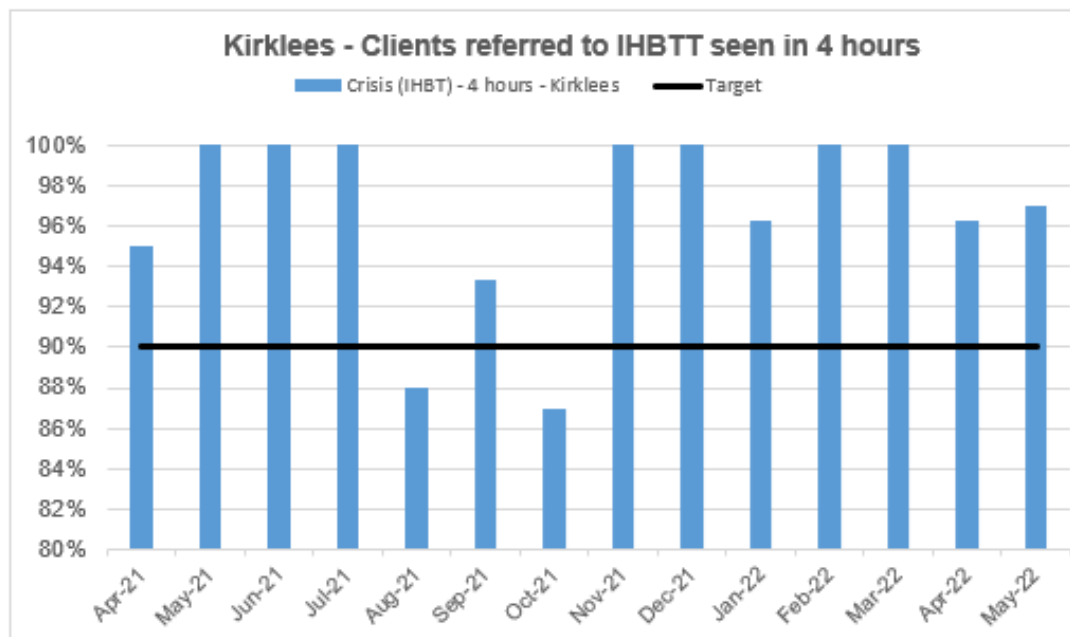
Employed within VCS – to reflect community demographics, these roles are more focused on the specific needs of people with serious mental illness and complex needs.  
Navigating through a range of activities to support wellbeing, connecting people with their community and supporting the transfer of stable individuals out of Recovery and Older Adults Teams enabling them to engage with and receive community support.



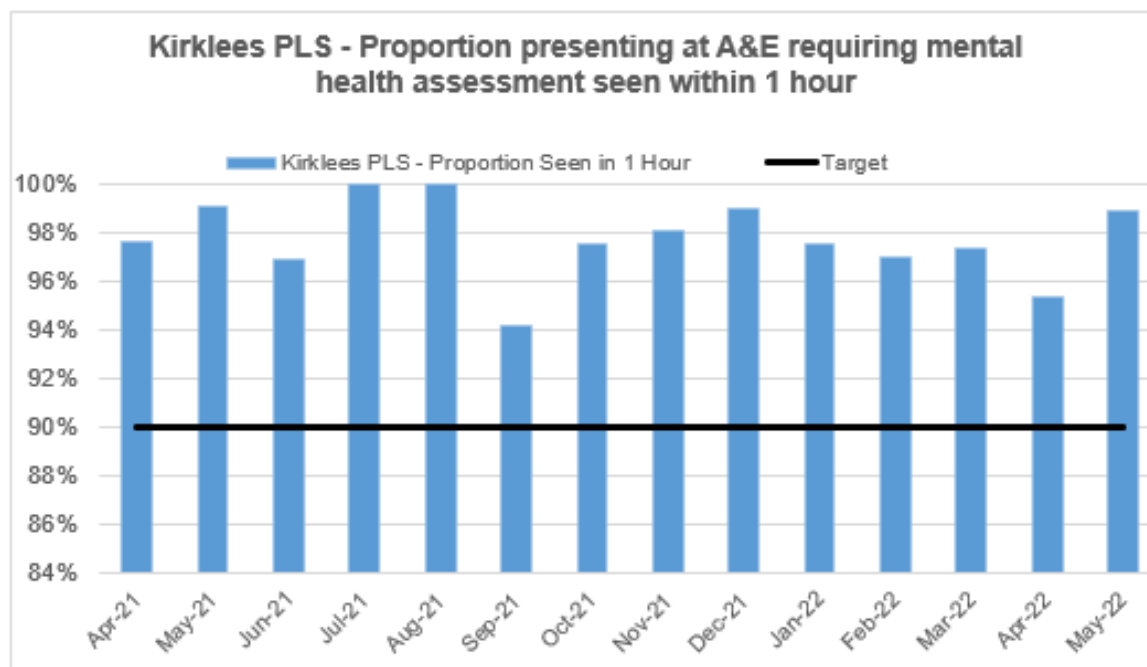
# Appendix – performance graphs



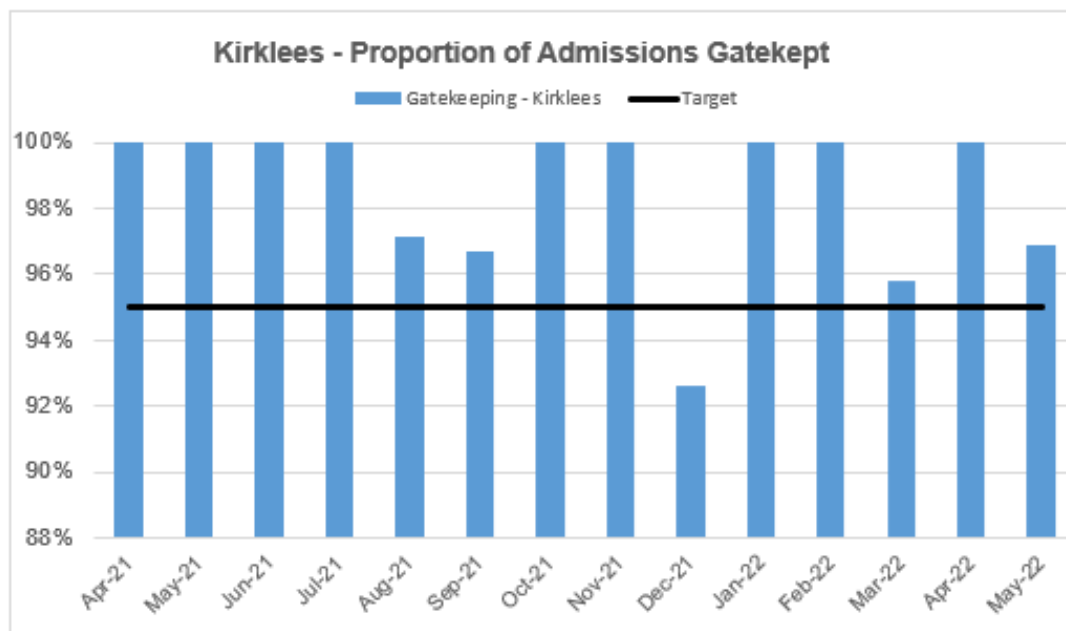
# Kirklees IHBTT – assessments within 4 Hours



## Kirklees Mental Health Liaison – assessments within 1 hour



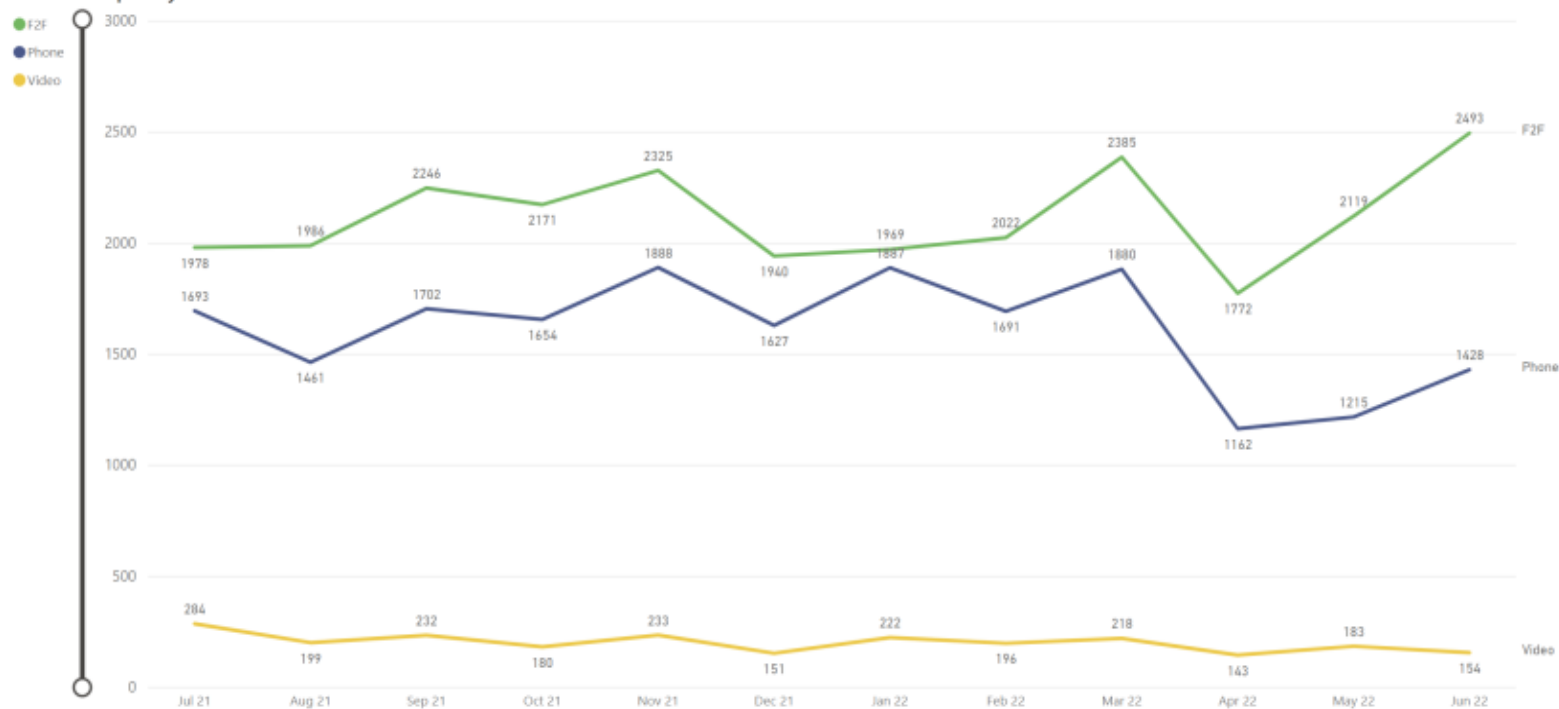
# Kirklees – gatekept admissions



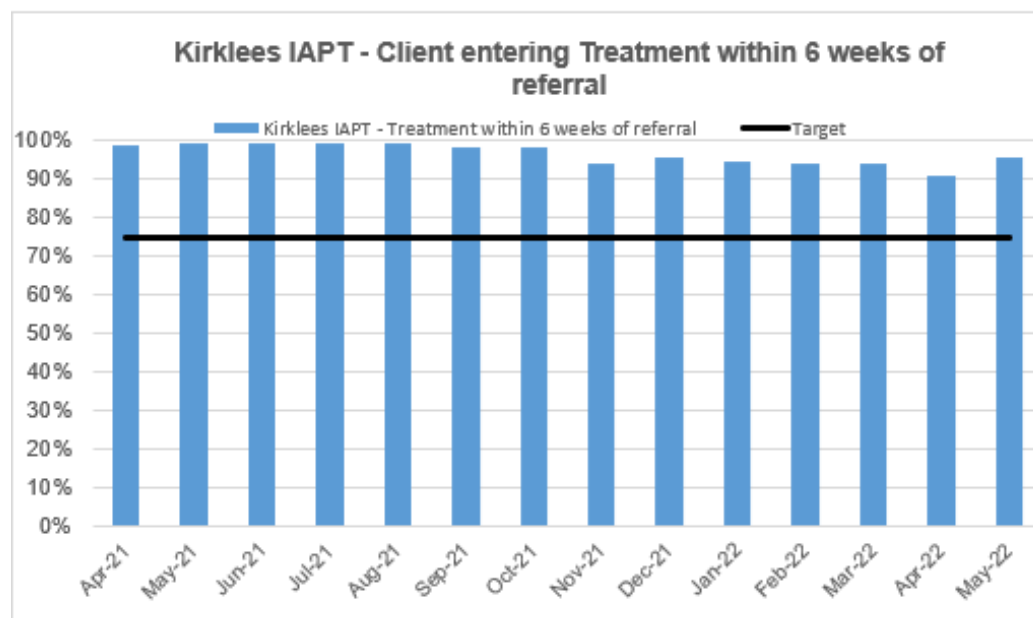


# Contact methodology for Kirklees community teams

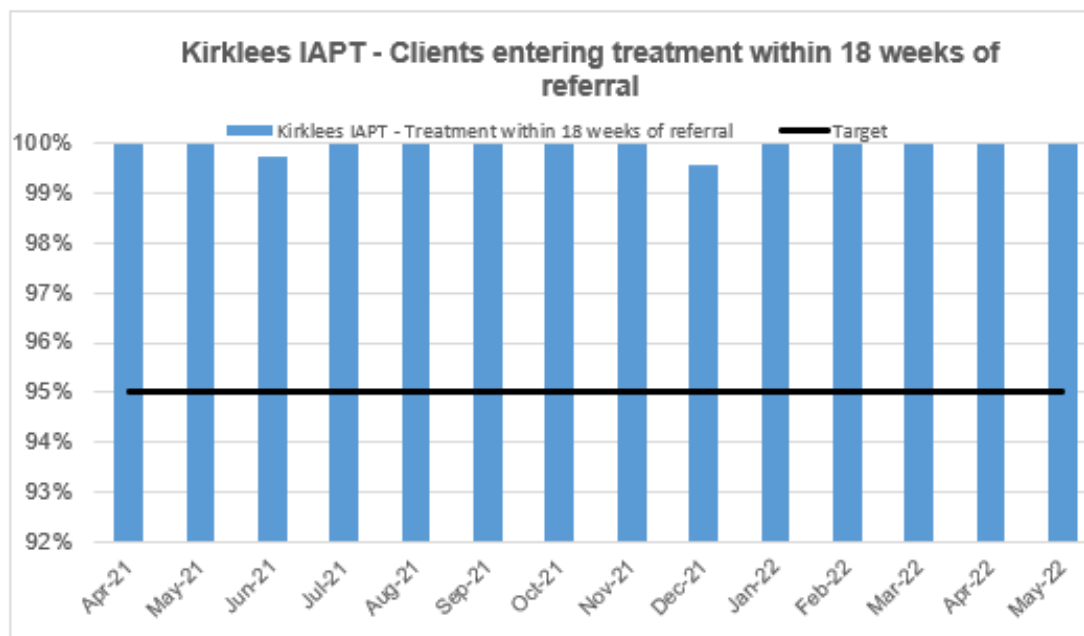
Contacts split by Contact Method



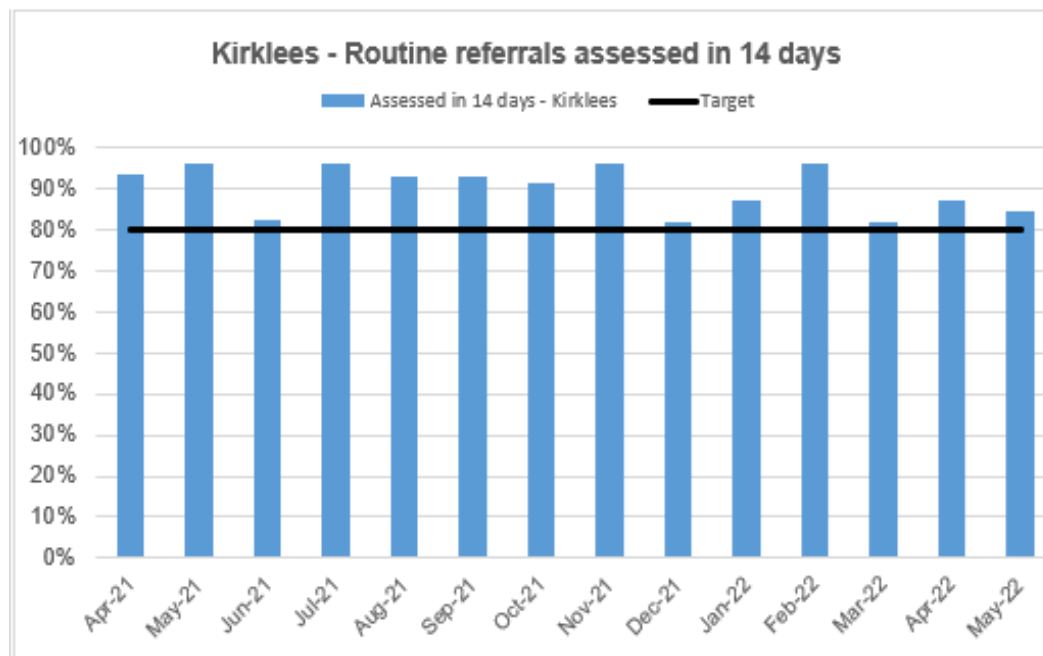
## Kirklees IAPT –Entering Treatment within 6 Weeks of Referral



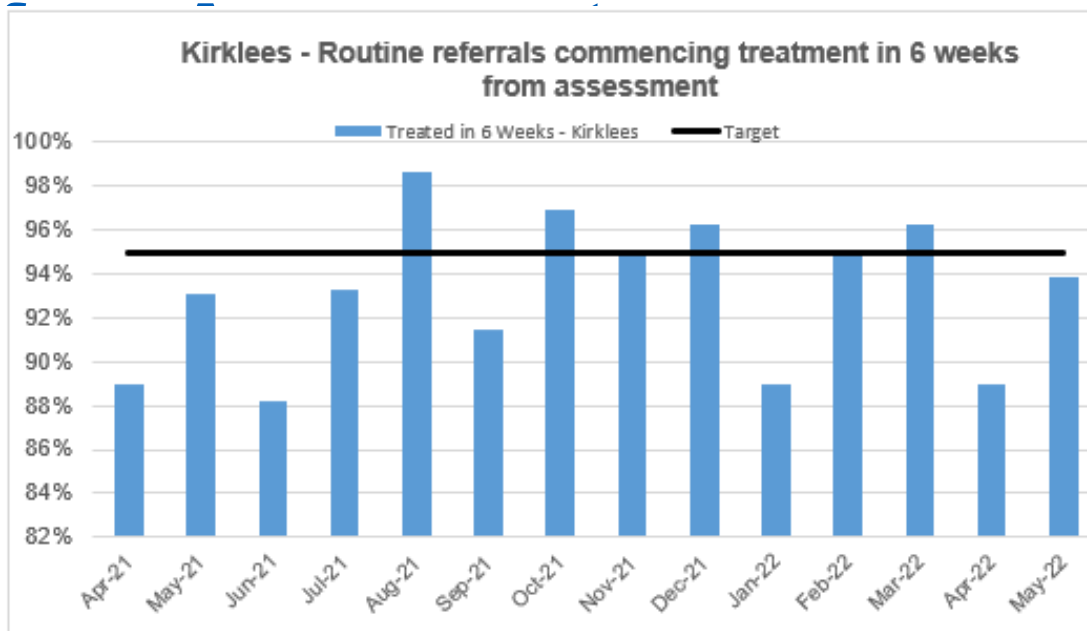
# Kirklees IAPT – Entering Treatment within 18 Weeks of Referral



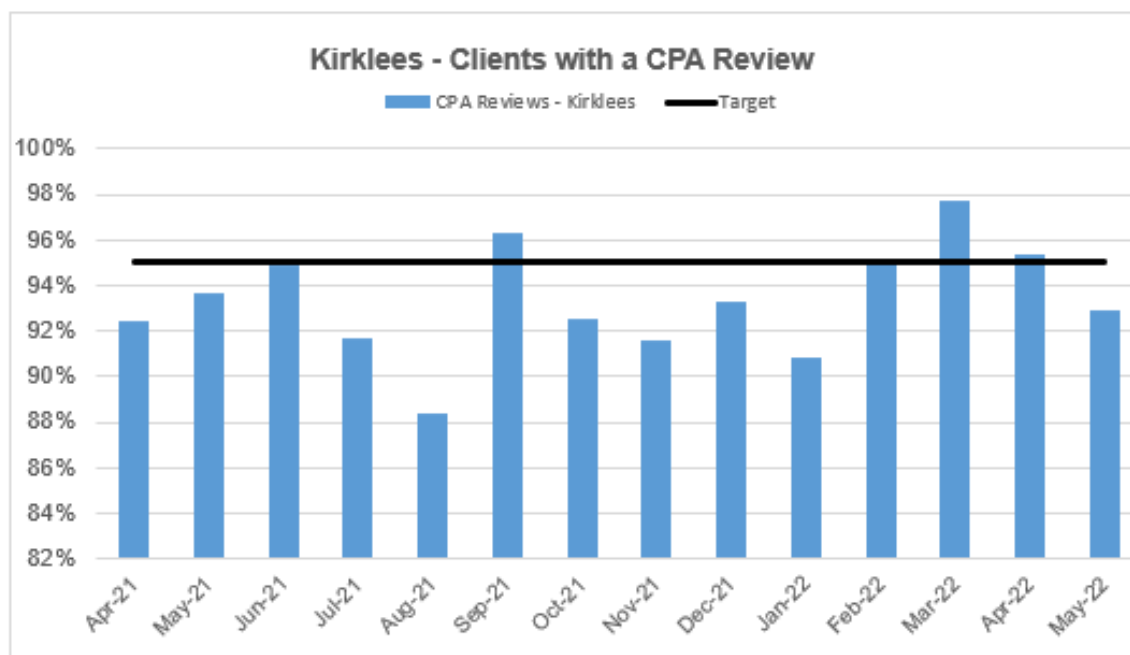
# Kirklees – Routine Referrals Assessed in 14 Days



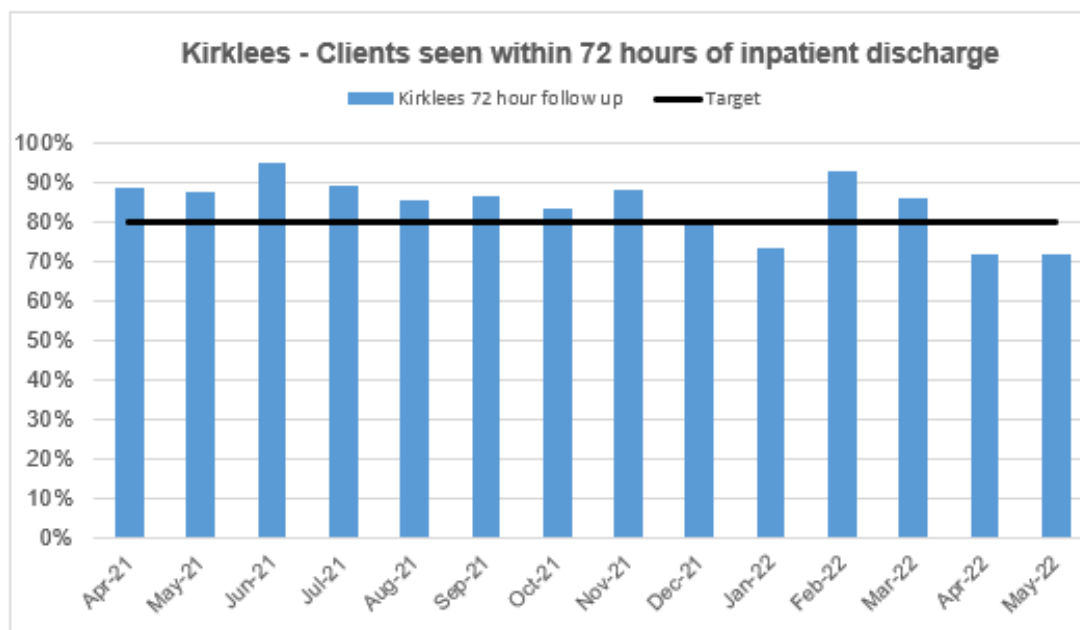
# Kirklees – Routine Referrals Commencing Treatment in 6 Weeks



# Kirklees service users with a CPA Review in 12 Months



# Kirklees Followed Up Within 72 Hours of Inpatient Discharge





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**With all of us in mind.**





**Name of meeting:** Health and Adult Social Care Scrutiny Panel

**Date:** 27 July 2022

**Title of report:** Setting the Work Programme for 2022/23

**Purpose of report:** To consider the areas of work for inclusion in the panel's work programme for 2022/23.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Strategic Director</u> & name  Is it also signed off by the Service Director for Finance?  Is it also signed off by the Service Director for Legal Governance and Commissioning?	The report has been produced for information only and to facilitate the discussions on the panel's work programme.
Cabinet member <a href="#">portfolio</a>	Health and Social Care

**Electoral wards affected:** None Specific

**Ward councillors consulted:** Not Applicable

**Public or private:** Public

**Has GDPR been considered?** Yes. The report does not include any personal data.

## **1. Summary**

- 1.1 In May 2022 a draft of potential work programme items for 2022/23 was circulated to the cabinet member for health and social care, Kirklees Adult Social Care, Public Health, Kirklees Healthwatch and key organisations across the local health system for comment.
- 1.2 This was followed by an informal work programme workshop session in June 2022 attended by members of the Health and Adult Social Care Scrutiny Panel and representatives from the majority of organisations from the Kirklees health and adult social care sector.
- 1.3 The workshop provided an opportunity to evaluate the programme of work, prioritise issues, consider new proposed areas of work and review the approach to how the issues were scrutinised.
- 1.4 Comments and views expressed by attendees were taken into account and have helped to further refine the Panel's proposed areas of work for 2022/23.
- 1.5 Attached is a copy of the draft 2022/23 work programme that incorporates the feedback from the workshop.
- 1.6 Panel members are asked to review the draft work programme and to finalise the issues for inclusion in the 2022/23 work schedule.
- 1.7 To help assist the Panel the cabinet member for health and social care and representatives from adult social care and the Kirklees health system will be in attendance.

## **2. Information required to take a decision** **N/A**

## **3. Implications for the Council**

- 3.1 Working with People**  
No specific implications
- 3.2 Working with Partners**  
No specific implications
- 3.3 Place Based Working**  
No specific implications
- 3.4 Climate Change and Air Quality**  
No specific implications
- 3.5 Improving outcomes for children**  
No specific implications

- 3.6 Financial Implications for the people living or working in Kirklees**  
No Specific implications
- 3.7 Other (eg Legal/Financial or Human Resources) Consultees and their opinions**  
No specific implications
- 4. Next steps and timelines**  
Following the Panel's discussion, the agreed work programme will be taken forward and work will commence on developing the Panel's work schedule for the coming year
- 5. Officer recommendations and reasons**  
That the Panel review the draft work programme and agree the issues for inclusion in its 2022/23 work schedule.
- 6. Cabinet Portfolio Holder's recommendations**  
Not applicable.
- 7. Contact officer**  
Richard Dunne – Principal Governance Officer [richard.dunne@kirklees.gov.uk](mailto:richard.dunne@kirklees.gov.uk)
- 8. Background Papers and History of Decisions**  
Not applicable
- 9. Service Director responsible**  
Julie Muscroft – Service Director, Legal, Governance and Commissioning

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## HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2022-23

**MEMBERS:** Cllr Jackie Ramsay (Lead Member), Cllr Bill Armer, Cllr Jo Lawson, Cllr Vivien Lees-Hamilton, Cllr Alison Munro, Cllr Lesley Warner, Helen Clay (co-optee), Kim Taylor (co-optee).

**SUPPORT:** Richard Dunne, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<b>1. Resources of the Kirklees Health and Adult Social Care Economy.</b>	<p>To consider the resources of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> <li>• A focus on the challenges of workforce retention, recruitment and succession planning.</li> <li>• Looking at the work being done locally to employ local people taking account of the West Yorks workforce/people strategy.</li> <li>• Consider the implications of service transformation and the creation of new job roles in the local system to include assessing any increased risk to core services due to the loss of experienced staff.</li> <li>• Consideration of the financial pressures on services provided and commissioned by Adult Social Care.</li> <li>• Understanding the local financial landscape in the context of the shift in funding to the West Yorks ICB and place-based partnerships to include a focus on how funding and resource gaps are collectively managed.</li> </ul>	
<b>2. Impact of Covid-19</b>	<ul style="list-style-type: none"> <li>• Assessing the impact of the “health debt” as a consequence of the delays in health screening, cancer treatments, vaccinations etc. to include the impact on primary care services.</li> <li>• Looking at the impact of long Covid to include reviewing the approach being taken to support people’s emotional health and wellbeing</li> <li>• Assessing the broader impact on adult social care including the increased social care needs for older people as a consequence of reduced mobility and access to services and activities during the pandemic.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Looking at examples where changes to the way that services have been delivered has resulted in a positive impact for the population of Kirklees to include: <ul style="list-style-type: none"> <li>○ the use of digital technology,</li> <li>○ increased collaboration across the local health and adult social care system,</li> <li>○ new ways of working</li> <li>○ Assessing the sustainability of new working practices</li> </ul> </li> </ul>	
<b>3. Capacity and Demand - Kirklees Health and Adult Social Care System</b>	<p>Assessing the work being done by the Kirklees core physical providers to manage demand and catch up with delayed planned surgery and diagnostics to include understanding local pressures; access to primary care services, sharing examples of good practice; identifying areas for improvement.</p>	
<b>4. Integration of Health and Adult Social Care</b>	<p>An overarching theme that focuses on the work that is being done to increase the integration of services across the health and adult social care sector to include:</p> <ul style="list-style-type: none"> <li>• Considering how local primary care services contribute to targeted integrated service delivery in the Kirklees neighbourhoods to include: <ul style="list-style-type: none"> <li>○ The work being developed through the Council’s primary care network &amp; local health improvement leads;</li> <li>○ Taking account of the national direction outlined in the steps for integrating primary care (Fuller Stocktake report).</li> </ul> </li> <li>• To assess the progress and effectiveness of services delivered in community settings to include identifying models of good practice.</li> <li>• To consider the work being done in preventing unnecessary admissions to hospital and reducing the numbers of delayed discharges.</li> <li>• To review the progress of the work of the West Yorkshire Partnership Board and the Kirklees Health and Care Partnership in developing the collaboration between the ICS and primary care to improve care for patients.</li> <li>• To look at the work being developed through the Kirklees Care Association and the Kirklees Provider Delivery Collaborative.</li> </ul>	

<p><b>5. Mental Health and Wellbeing</b></p>	<p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> <li>• Reviewing the consequences of the pandemic on mental health services taking account of the capacity in the system to deal with the rates of referrals, increase in acuity and changes in presentation particularly in younger people.</li> <li>• Looking at a Kirklees focused performance report to identify risks at a local level to include consideration of autism pathways; waiting times for specialist mental health services; performance across the full spectrum of mental health services from early intervention to acute and specialised services.</li> <li>• Reviewing progress of the work being delivered through the Kirklees Integrated Wellness Service.</li> <li>• To look at the work being carried out by Thriving Kirklees Single Point of Access Service to include a focus on Child and Adolescent Mental Health Services (CAMHS).</li> </ul>	
<p><b>6. Unplanned Care</b></p>	<p>To consider the work being done within the Kirklees health and adult social care system to manage periods throughout the annual cycle when there are capacity and demand imbalances for unplanned care to include:</p> <ul style="list-style-type: none"> <li>• Looking at the work being developed to shift resources, skills, and expertise out of hospital and into the community and its expected impact.</li> <li>• Assessing how to enable and support community assets to make them more effective.</li> <li>• Understanding the capacity and demand cycle and challenges facing the whole of the Kirklees health and adult social care system including the Yorkshire Ambulance Service.</li> <li>• Considering examples of good practice and building on lessons learned from managing previous periods of demand.</li> </ul>	

<b>7. Maternity Services</b>	<p>To review local maternity services in light of the Ockendon report to include:</p> <ul style="list-style-type: none"> <li>• Assessing the work being done to implement the recommended actions to improve care and safety in Maternity Services in Kirklees.</li> <li>• Taking account of the work being done by the West Yorkshire Local Maternity System.</li> <li>• Reviewing the impact of staffing pressures on the provision of services delivered by Mid Yorkshire Hospitals NHS Trust.</li> </ul>	
<b>8. Access to dentistry</b>	<p>To assess commissioning for NHS dentistry that is moving from NHS England to West Yorkshire ICB from October 2022 (shadow delegation until formal transfer in April 2023) to include:</p> <ul style="list-style-type: none"> <li>• Considering how to support access for people with severe mental health.</li> <li>• Assessing the resources available in Kirklees and considering ways to utilise these resources differently/more effectively.</li> <li>• Looking at the work and role of charitable organisations such as Dentaaid.</li> <li>• Considering oral health in Kirklees and the local approach to improving dental hygiene</li> <li>• Taking account of the wider challenges in West Yorks and exploring the approach to covering this issue by scrutiny at place and/or scrutiny at a regional level.</li> <li>• A focus on Orthodontics where there is approximately a 5-year waiting list for children locally.</li> </ul>	
<b>9. Quality of Care in Kirklees</b>	<p>To consider how the work of CQC can help inform the work of the Panel.</p>	
<b>10. Kirklees Safeguarding Adults Board (KSAB) 2021/22 Annual Report</b>	<p>To receive and consider the KSAB Annual Report</p>	



<b>11. Inequalities in access to health care services</b>	<p>To consider health inequalities in accessing health care service to include:</p> <ul style="list-style-type: none"> <li>• Using data and knowledge from a range of health and adult social care providers including the Yorkshire Ambulance Service (YAS) to: <ul style="list-style-type: none"> <li>○ Understand the demographics and local system health;</li> <li>○ Identify areas of highest need;</li> <li>○ Review volumes of repeat callers, understanding the reasons for the calls and what the system can do you respond and improve support.</li> </ul> </li> <li>• Considering availability of services to provide necessary support including urgent community response, access to GP's and other alternative health providers.</li> <li>• Consider travel/ access for residents in areas of highest need for planned care.</li> </ul>	
<b>12. New Plan for Adult Social Care Reform</b>	<p>To provide the Panel with an awareness and understanding of the social care reforms to include:</p> <ul style="list-style-type: none"> <li>• A focus on the implications of the reforms on Local Authority finances and the social care workforce.</li> <li>• Looking at the different models of workforce required to deliver the reforms and the implications for the local and regional workforce.</li> <li>• The impact of the reforms on other council services and the local health system.</li> </ul>	
<b>13. End of life care</b>	<p>To consider the work being done to support people in Kirklees with end of life care to include:</p> <ul style="list-style-type: none"> <li>• Considering the approach to providing an integrated package of end of life care in Kirklees.</li> <li>• Looking at work being developed through the End of Life Alliance</li> </ul>	

**Golden threads**

- Public health perspective – Prevention/ Early Intervention/ Inequality (including access)/ Targeted - Universal
- Patient perspective – Reality of care/ Patient Stories
- Integrated care – sharing of information

- Right place first time
- Understanding key risks
- What the data shows
- In context of wider system (WY)
- Joint Health and Wellbeing Strategy (JHWS) – do plans and actions contribute to the achievement of JHWS outcomes.