

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

OVERVIEW AND SCRUTINY PANEL FOR HEALTH AND SOCIAL CARE

Tuesday 4th April 2017

- Present: Councillor Elizabeth Smaje (Chair)
Councillor Andrew Marchington
Councillor Fazila Fadia
Councillor Judith Hughes
Peter Bradshaw
David Rigby
- Apologies: Councillor Sheikh Ullah
Councillor Steve Hall
Sharron Taylor (Co-Optee)
- In attendance: Professor Marios Adamou - South West Yorkshire
Partnership NHS Foundation Trust (SWYPFT)
Emma Bownas – Greater Huddersfield Clinical
Commissioning Group (CCG)
Tim Breedon – SWYPFT
Ruth Dixon – Care Quality Commission (CQC)
Vicky Dutchburn – Greater Huddersfield CCG
Kate Gorse-Brightmore – CQC
David Hamilton – Kirklees Council
Carol Harris - SWYPFT
Deinniol Owens – CQC
David Ramsey - SWYPFT
David Ross – CQC
Deborah Turner – North Kirklees CCG
Margaret Watt – Kirklees Council
Penny Woodhead – Greater Huddersfield CCG
Richard Dunne – Principal Governance and Democratic
Engagement Officer

1 Minutes of previous meeting

RESOLVED –

That the minutes of the meeting held on 7 March 2017 be approved as a correct record.

2 Interests

Co-Optee David Rigby declared an interest in Agenda item 4 (Attention Deficit Hyperactivity Disorder (ADHD) Services in Kirklees) on the grounds of being a

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member of South West Yorkshire Partnership NHS Foundation Trust and item 5 (Care Quality commission) on the grounds of being a member of Locala.

3 Admission of the public

The Panel considered the question of the admission of the public and agreed that all items be considered in public session.

4 Attention Deficit Hyperactivity Disorder (ADHD) Services in Kirklees

The Panel welcomed Professor Marios Adamou and Carol Harris from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and Vicky Dutchburn from Greater Huddersfield CCG to the meeting.

Ms Dutchburn outlined details of a Joint Development Plan that had been developed between Greater Huddersfield and North Kirklees CCG's and South West Yorkshire Partnership NHS Foundation Trust.

Ms Dutchburn explained that the CCG's and SWYPFT were working on a Service Improvement Plan that would address the Kirklees ADHD waiting list and move the service into a sustainable position. The Plan would also look to align the Kirklees Service with the Wakefield Service and bridge the gap between the required new capacity and future demands

Ms Dutchburn stated that the CCG's and SWYPFT were looking to confirm the definitive waiting list and develop an agreed and costed business case to clear the backlog.

In response to a question on the numbers of people who were referred from out of area Professor Adamou informed the Panel that approximately 100 people a year came from out of area and were mainly from Calderdale.

In response to a question on the Licences for technological support Ms Dutchburn explained in detail how the various packages of care were sold through licences and the methodology that was used to purchase the systems.

Ms Dutchburn informed the Panel that the technological support was NICE approved and provided computerised access to therapies. Professor Adamou explained that there weren't many services across the country that specialised in the use of diagnostic equipment.

Professor Adamou provided the Panel with an overview of a patient's journey which included a detailed explanation of the assessment process and the efficiency of the technology that was used to provide the initial diagnosis.

In response to a Panel question on rates of discharge Professor Adamou stated that around 35% of people that were referred to the service required a full diagnosis and provided an explanation of the impact of the rates of discharge and demand on the service.

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Ms Dutchburn informed the Panel of the challenge that the service had found with the childhood service which resulted in many people in adulthood re-presenting to the Adult ADHD service.

Ms Dutchburn provided a detailed explanation of the different pathways that were available following diagnosis and explained that some people were happy to just receive a diagnosis and self-manage their condition.

In response to a panel question Ms Dutchburn stated that feedback had been given to the Child and Adolescent Mental Health Services (CAMHS) and all of the learning from the feedback had been fed into the Healthy Child Programme which included a full CAMHS and ADHD Spectrum Service.

Ms Harris stated that joined up working between the Children's and Adult's Services was critical and would help to further develop the ways of working for both services.

In response to a further question on the waiting list Ms Dutchburn explained that the first phase of the plan to address the waiting list would be delivered by the 31 May 2017 and work on the list would include contacting people to establish what support they required.

In response to a panel question on what challenges the serviced faced going forward Ms Dutchburn stated that finance and the need for integration with social care were two key challenges.

Ms Dutchburn informed the Panel that there was an acknowledgement that wait times for the service wouldn't necessarily reach the gold standard but there was a clear aim to provide an equitable service.

Professor Adamou stated that the ADHD team was a highly performing team and turnover of staff was very low. The service was also able to recruit skilled individuals despite a difficult employment market.

Ms Dutchburn informed the Panel that commissioners had held conversations with Wakefield and Calderdale CCG's with a view to combining resources in order to get a better deal on the licences for technological support.

Ms Dutchburn explained that Calderdale CCG currently didn't commission an ADHD service but did provide support on a case by case basis which often resulted in referrals and funding for the Kirklees service. Commissioners were actively discussing with Calderdale CCG the option to develop a combined service.

In response to a question on the potential conflict with some of the primary areas of focus outlined in the service development journey Ms Dutchburn stated that the objective was to achieve the same consistent level of service across the various districts. Each area was in a different financial position and the aim was to try and get everyone up to the same standard of service.

In response to a question on whether the service would be able to report an improvement in the waiting list in the next financial year Ms Dutchburn stated that

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commissioners couldn't give a definitive guarantee that this would be the case although there was a clear intent to clear the list and build more capacity.

In response to a question on the therapeutic outcomes achieved by the service Professor Adamou provided an explanation of the tool that the service had created to measure, track and prove positive outcomes.

Professor Adamou informed the Panel that within the next 12 months he expected the service to be able to also provide a cost benefit analysis of the outcomes and Kirklees would be one of the first areas to have the capability of calculating this measurement.

Professor Adamou explained that the funding the service received from out of area referrals helped to fund gaps in the service and contributed towards the work that was being done to increase capacity.

Ms Dutchburn stated that funding the service on a case by case basis was expensive and commissioners who took this approach ending up paying a premium for the service.

In response to a question on whether the service worked with employers to help improve the outcomes for people in work Professor Adamou stated that the service had regular dialogue with local employers to help provide support for people who were already in work. Professor Adamou added that many of the people that the service supported had significant impairment and for them work was more of an aspiration.

Professor Adamou informed the Panel that the service also had good links with the Department for Work and Pensions and these links had helped to improve the prospects of getting people back into work.

In response to a question that an improved service for young people would help improve their life chances Professor Adamou stated that he agreed that a strong service that provided appropriate support for young people would help their future chances and also help the transition between the children's and adult services.

RESOLVED –

- (1) That Attendees be thanked for attending the meeting
- (2) That a further update be arranged at a date to be confirmed

5 Care Quality Commission

The Panel welcomed attendees from the Care Quality Commission (CQC), Greater Huddersfield CCG, Calderdale CCG, SWYPFT and Kirklees Council to the meeting.

Mr Ross outlined the purpose of the CQC and explained the current CQC model of regulation which included the role of CQC in providing an independent voice on the state of health and adult social care in England.

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Ms Dixon informed the Panel of the national picture from the CQC State of Care report on NHS acute hospitals and outlined details of the NHS acute trusts overall ratings which had been taken from the inspection results of 136 trusts.

Ms Dixon highlighted a summary of the main points from the inspections which included a concern that the safety of hospitals remained a key issue with four out of five trusts needing to improve.

Ms Dixon informed the Panel of the data for national delayed transfers of care by responsible organisation which showed an increasing trend across all areas of health and social care.

Ms Dixon presented the ratings for the Kirklees provider Calderdale and Huddersfield NHS Foundation Trust which showed the Trust's overall rating as requires improvement.

Ms Dixon outlined some key points from the Locala inspection which included a specific concern regarding the Maple award and concerns around Integrated Community Care teams and a backlog of patients.

The Panel was informed that the Mid Yorkshire Hospitals Trust would be inspected from the 15 May 2017. The Panel was told that the CQC had a number of concerns regarding the Trust which had resulted in several unannounced inspections.

The Panel was presented with an overview of CQC's next phase of regulation which would aim to achieve a more targeted, responsive and collaborative approach and an outline of the assessment framework that would be used in response to the changing provider landscape.

Ms Gorse-Brightmore presented an overview of the national picture for mental health NHS trusts which showed that 34% of trusts were good, 64% required improvement and 2% were assessed as being inadequate.

Ms Gorse-Brightmore informed the Panel of the local picture in Kirklees which included the outcomes from the inspections of the mental health trust South West Yorkshire Partnership NHS Foundation Trust, the independent mental health hospital in Dewsbury and substance and misuse services provider Lifeline Kirklees/On Trak.

Mr Ross presented an overview of the national primary medical services (PMS) ratings which showed that PMS in the North had the highest proportion of good ratings and the smallest proportion of inadequate and requires improvement locations.

Mr Ross informed the Panel of examples of good practice in PMS and common areas that required improvement. The Panel was also informed that the CQC was only inspecting 10% of Primary Dental Services which would include NHS, private and mixed practices.

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Mr Ross explained the work that was being done to develop the CQC's new Public Engagement Strategy which included an overview of the CQC strategic priorities and public engagement objectives.

A question and answer session followed that covered a number of issues that included:

- A query on whether CQC took account of the needs of a place when looking at issues such as access to emergency dental services.
- Confirmation that CQC was moving towards inspections that were place based.
- Details of the inspections of GP Practices that included a focus on referral pathways.
- A concern that the current approach by CQC to inspect by directorate resulted in missing work that was being developed on the integration of health services.
- Confirmation that CQC accepted that the integration of services should be an area of focus and that the new approach to inspections would try to take account of this issue.
- The approach taken by CQC to ensure that inspection teams included colleagues from different directorates to assist in those inspections where the provider delivered a range of different services.
- A question on whether CQC focused its inspections on commissioners.
- Clarification that CQC had no direct control over the work of commissioners.
- The approach CQC took to working in partnership with commissioners.
- The importance of ensuring that the inspections were able to adequately cover those organisations that provided services that crossed a number of health domains.
- The need for commissioners to feed up to NHSE the importance of ensuring that the new models of care were being adequately inspected.
- The importance of the Better Care Fund in helping to progress and improve the integration agenda.
- The plans by CQC to pilot towards the end of 2017 place based inspections.
- An explanation of the rationale for why CQC planned to only inspect 10% of dental practices.

RESOLVED –

(1) That all Attendees be thanked for their contribution to the discussion.

(2) That a further update be arranged with a focus on Adult Social Care Provision at a date to be confirmed.

6 Work Programme 2016/17

The Panel reviewed progress of its work programme 2016/17.

Cllr Smaje confirmed that the Panel had received the risk assessment that covered the safety aspects of podiatry services in Kirklees and that panel members were happy with the mitigation measures that had been introduced.

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It was also confirmed that the Panel had received the proposed consultation timeline for the changes to podiatry services and was satisfied with the timeline subject to confirmation of the definitive dates for the post consultation process.

Cllr Smaje provided the Panel with an overview of the recent West Yorkshire Joint Overview and Scrutiny Committee meeting which had focused on access to NHS Dental Services.

7 Date of Next Meeting

RESOLVED - That the date of the next meeting be confirmed as 25 April 2017.