

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 9th February 2022

- Present: Councillor Habiban Zaman (Chair)
Councillor Aafaq Butt
Councillor Bill Armer
Councillor Vivien Lees-Hamilton
Councillor Lesley Warner
- Co-optees David Rigby
- In attendance: Dr Razwan Ali – Clinical Vice-chair NHS Kirklees Clinical Commissioning Group (CCG)
Rebecca Elliott – Public Health Manager Kirklees Council
Melissa Harvey – South West Yorkshire Partnership NHS Foundation Trust (SWYT)
Paul Howatson – NHS Kirklees CCG
Chris Lennox – SWYT
Dr Khalid Naeem – Clinical Chair NHS Kirklees CCG
Jessica Parker – SWYT
Emily Parry-Harries – Head of Public Health Kirklees Council
Emma Robinson - SWYFT
Catherine Wormstone – Head of Primary Care Strategy Commissioning NHS Kirklees CCG
- Observers: Councillor Alison Munro
Councillor Liz Smaje
- Apologies: Councillor Fazila Loonat
Lynne Keady (Co-Optee)

- 1 Minutes of previous meeting**
The minutes of the meeting held on 7 December 2021 were approved as a correct record.
- 2 Interests**
Cllr Lesley Warner declared an interest as a member of the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.
- 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

No questions were asked.

6 Suicide Prevention

The Panel welcomed representatives from Kirklees Public Health, South West Yorkshire Partnership NHS Foundation Trust and NHS Kirklees Clinical Commissioning Group (CCG) to the meeting.

Ms Elliott informed the Panel that suicide prevention was a complex area that required an integrated approach to tackling the issue which was why a number of NHS Partners were in attendance.

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

- A question on when the next suicide audit was scheduled to take place.
- Confirmation that suicide audits were done in three year blocks and that the next audit would cover the years 2019-2021 and subject to data from the coroner would be undertaken at some point this year (2022).
- A question seeking details of the work done by Thriving Kirklees Single Point of Access.
- Confirmation that the Thriving Kirklees contract had been commissioned to provide a single point of access for any young person or any family member who had concerns about their child.
- Clarification that the Thriving Kirklees Single Point of Access would provide a holistic approach to listening to the concerns of the young person or family member and provide a pathway to the right place for support.
- Confirmation that Thriving Kirklees was commissioned by Public Health Kirklees, Kirklees Council, Adult Social Care and Kirklees CCG and was delivered by a number of organisations led by Northorpe Hall.
- An overview of the demand in the numbers of people contacting Thriving Kirklees and the difficulties in anticipating demand during the pandemic.
- Details of the different ways that young people could contact support services including the use of text messaging.
- Confirmation that the Thriving Kirklees service was focused on outcomes.
- Details of the Thriving Kirklees contractual arrangements and the evaluation that had been carried out.
- A query on what educational and preventive work was carried out in schools.
- An overview of the Northorpe Hall training offer to schools on mental health and details of a campaign to promote greater awareness of self-harm in young people.
- An overview of the broader areas of the curriculum in schools where discussions on mental health could take place.
- Details of the work being done by the mental health in school's teams.
- A question on how the primary care decision tree that supported the joined up approach to identifying peoples mental health needs was working.

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- A question on how the additional resources that would be put into GP surgeries would work in practice.
- Details of how the decision tree would be linked into the primary care information system.
- An overview of the three-year programme of funding that would help enhance mental health expertise in primary care.
- Details of the pilot funding for the Trauma Informed Navigators working within Calderdale and Huddersfield NHS Foundation Trust.
- An overview of how the additional mental health roles in primary care would link to the work being delivered by South West Yorkshire Partnership NHS Foundation Trust (SWYT) Single Point of Access practitioners.
- A detailed explanation of the role of the local mental health teams.
- Details of the range of providers that were included in the local mental health teams and how people would be referred to third sector services.
- An explanation of what the term “contagion” meant.
- A question on the practical support that was available to young people and families and the importance of ensuring that the issue was properly covered in schools.
- A concern that there wasn’t sufficient funding to provide the level of support needed for young people particularly in school settings.
- An overview of the different projects that had taken place through the place based partnership funding.
- Details of the mental health intelligence pack that had been given to each place partnership to aid decision making on the investment of funds.
- The work that was taking place to look at the sustainability of some of the initiatives that had taken place through the place partnerships.
- The importance of school’s mental health teams helping to keep the profile of mental health high on the agenda and embedded in the school’s culture.
- The importance of the evaluation of the various place based partnership projects.
- A question on how outcomes were monitored particularly in relation to the additional roles within primary care.
- Details of the measures that were being used to evaluate the work of the mental health social prescribers.
- Confirmation that children and young people had been identified as a priority within the West Yorkshire new Suicide Prevention Strategy.
- A question on the numbers of reported mental health issues related to suicide within the BAME community and a concern that mental health issues weren’t very well understood within this community.
- A question on what plans were in place to reach out to the BAME community to raise awareness of mental health issues with a particular focus on men.
- An explanation outlining the sources of data for suicides and confirmation that accuracy of data on ethnicity was poor although this issue was being looked at.
- Confirmation that in Kirklees the majority of suicides were white British men although sometimes ethnicity wasn’t recorded which meant that it was difficult to draw firm conclusions.
- A detailed explanation of the data source provided by the police.

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- Details of the work of the mental health forum that provided an opportunity for providers or organisations that dealt with mental health issues to come together to share best practice and avoid duplication.
- The plans to include wider discussions within the forum to look at the impact and approach to mental health in different communities.
- An overview of the work that was being done regionally on health and inequalities.
- Details of the Kirklees Mental Health Alliance.
- A question asking what work was being done to look at how primary care could respond to those individuals that they had had contact with and were showing signs of distress; and what support was being giving to health professionals in these situations.
- A question on what support was being given to people who were struggling because of family breakdown.
- The importance of training and awareness raising in primary care on the suicide prevention agenda.
- Details of the zero suicide alliance training.
- The work that was needed to be done in connecting the potential risk of suicide with certain physical health conditions.
- The work that was being done on developing a bespoke suicide prevention training package for primary care health professionals.
- The work that was being done to support people who had been bereaved or impacted by suicide.
- A question seeking more information on the new range of mental health roles in Kirklees.
- A detailed explanation of the new mental health roles in Kirklees; how they would be aligned to a primary care network hub; and the recruitment work that was being undertaken to appoint to the roles.
- Details of how the new roles would be clinically supervised.
- Details of the recruitment challenges within the NHS.

RESOLVED –

1. That the Panel would arrange a further discussion to look at the work being undertaken through the Thriving Kirklees Single Point of Access service with a focus on self-harm in children and young people.
2. That the Panel endorse and support the following recommendations in the submitted report:
 - That all partners proactively promote and raise awareness of the training offers via Northorpe Hall.
 - That the Zero-suicide alliance training is recommended to all to help with consistency of language and approach to help more people to stay safe.

7

Update on Primary Care Networks

The Panel welcomed representatives from NHS Kirklees Clinical Commissioning Group (CCG) to the meeting.

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Ms Wormstone presented an overview of the submitted report that covered the development of Primary Care Networks (PCNs) and access to primary care medical services.

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

- A question on whether the parameters that covered the size of the population areas served by each PCN had been exceeded since they were established.
- An overview of the varying ranges of size of population area serviced by the PCNs.
- A question asking for details of the factors behind the increase in demand for GP services.
- An overview of the reasons for the increase in demand that included: accuracy of reporting; pent up demand because of the pandemic; and an increase in the routine health checks that had been suspended during the height of the pandemic.
- A question on what work was taking place to improve capacity in GP systems to deal with the increased numbers of phone calls to practices.
- An overview of some of the work that was taking place to improve resilience in the GPs telephone systems that included cloud-based telephony systems.
- The need to have sufficient available staff to respond to an increased telephony system.
- A question on what work was taking place to encourage more people to become GPs and to retain existing clinical staff.
- An overview of the range of local and national initiatives that had been introduced to recruit and retain GPs and other clinical primary care roles.
- A detailed explanation of the challenges and pressures facing GP practices.
- The difficulties in making same day appointments with a GP.
- An explanation of the different types of appointments available at GP practices.
- The work being done to increase capacity and accessibility to GP practices.
- The challenges of having to manage an ageing population with complex health needs.
- The need to look at different methods of accessing primary health care that included on-line appointment booking and the use of on-line e-consults.
- The need to look at health care providers that could provide additional support such as local optometry teams or community pharmacy.
- A question on what arrangements were in place for patient and public involvement in PCNs.
- Details of the network arrangements for patient participation and engagement with Kirklees PCNs.
- A question on the process for evaluating the effectiveness of the work being delivered by social prescribers.
- An overview of the new primary care roles and the work that had been undertaken by the social prescribing team on self-analysis and evaluation that included recording patient outcomes.
- A request from the Panel to receive a summary report outlining the evaluation work undertaken by the social prescribing team.

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- Confirmation that each GP practice had its own public participation group and their importance of shaping the direction and strategy of the practices.
- The difficulties that some individuals may have in divulging personal and sensitive information during a telephone triage with the GP receptionist.
- A concern regarding the balance of available appointments to see a GP without having to discuss difficult and sensitive health issues with non-clinical practice staff.
- Confirmation that each GP practice had its own approach to managing face to face appointments.
- An explanation of the algorithm used to triage patients and assess the correct pathway of care.
- Confirmation that as the country emerged from the pandemic more GP practices in Kirklees were introducing greater flexibility and choice for patients who wanted to have face to face appointments.
- The importance of GPs seeing patients in person to reassure themselves that a patient had been fully assessed and any underlying issues identified at an early stage.
- Confirmation that patient choice was fundamental to how GP practices operated.
- Details, based on personal experience, of problems with sharing data between the hospital trust and the GP practice.
- A question on whether there was any correlation between increases in A&E departments and the difficulties that some people faced in getting a GP appointment.
- A concern that the increased use of digital technology would adversely impact older people.
- A concern that a reliance on telephone appointments would adversely impact people with hearing difficulties.
- Details, based on a personal experience, of the difficulties in getting through to an advisor when using the NHS 111 service.
- A question on what plans commissioners had to provide additional capacity to deal with the increasing local population that would result from the new developments being built across Kirklees.
- The work that was being done by the PCNs to develop estate strategies to deal with population increases in areas where there had been or there would be large scale development.
- The importance of attracting health professionals to work in Kirklees by promoting it as a good place to work.
- The need to develop capacity in the system so that more training practices could be introduced.

RESOLVED –

1. That the Panel notes the progress made by Primary Care Networks (PCNs) in Kirklees.
2. That the Panel would welcome a further update on the progress of PCNs and the work being done to continue building an efficient and effective GP service
3. That the Panel notes the work being done to deliver on the three priorities for primary care for the remainder of the current financial year.

8 **Work Programme 2021/22**

A discussion took place on the Panel's Work Programme and agenda plan with a focus on the items scheduled to take place for the remainder of the 2021/22 municipal year.

Areas that were covered included:

- An overview of the planned public health item scheduled for the March meeting.
- The plans to discuss in more detail the data covering non-covid related excess deaths.
- Confirmation that the March meeting would include a presentation of the Kirklees Safeguarding Adults Board 2020/21 Annual Report.
- Confirmation that the April meeting would include a discussion on the financial position of the Kirklees health and adult social care economy and the annual review of the Panel's work programme.
- A question on whether consideration could be given to including on the Panel's work programme an item that looked at access to NHS dental services in Kirklees.
- Confirmation that the issue of access to NHS dental services was being considered by the West Yorkshire Joint Health Scrutiny Committee and the Panel would be provided with an update on this work.