

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 27th July 2022

Present: Councillor Jackie Ramsay (Chair)
Councillor Lesley Warner
Councillor Jo Lawson
Councillor Bill Armer
Councillor Alison Munro

Co-optees Helen Clay
Kim Taylor

In attendance: Stacey Appleyard – Director, Healthwatch Kirklees
Michelle Cross – Service Director – Adults and Health,
Kirklees Council
Christina McCool – Head of Learning Disability and
Mental Health, Kirklees Council
Carol McKenna – West Yorkshire Integrated Care Board
Accountable Officer - Kirklees Health and Care
Partnership
Melissa Harvey – General Manager for Community
Services, South West Yorkshire Partnership NHS
Foundation Trust (SWYPFT)
Chris Lennox – Director of Services, SWYPFT
Darryl Thompson – Chief Nurse and Director of Quality
and Professions, SWYPFT

Observers: Councillor Liz Smaje

- 1 Minutes of previous meeting**
The minutes of the meeting held on 10 March 2022 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.

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5 Public Question Time

No questions were asked.

6 Mental Health Services

The Panel welcomed representatives from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and Kirklees Council to the meeting.

Ms Cross informed the Panel that the Local Authority and SWYPFT had invested heavily in making sure that their relationship was strong following a national programme of work that aimed to understand the benefits of social workers in integrated teams particularly in mental health services.

Ms Cross outlined details of a comprehensive development plan that had been introduced across all mental health teams and a training programme that had been rolled out for all health and social care professionals.

Ms Cross informed the Panel of the work that had taken place across the Kirklees, Calderdale and Wakefield footprint that included sharing of good practice.

Ms Cross explained that the Council had invested heavily in management across the integrated services with the aim of strengthening the partnership working.

Ms Cross stated that the Council and SWYPFT had brought together the skills and expertise of the workforce to enhance the quality and consistency of services.

Ms Cross provided the Panel with a detailed overview of the work that had taken place to improve the quality of safeguarding self-neglect pathways and the focus on making sure that the workforce understood their responsibilities.

Ms Lennox informed the Panel of the intense pressures that had been experienced in the acute pathway and the increased levels of complexity that people who had to come into hospital had been experiencing.

Ms Lennox explained that this increase in complexity was also being experienced nationally and was having an impact on the occupancy levels of the Trust's beds which had resulted in the need to use out of area beds.

Ms Lennox informed the Panel that the Trust was still having to use Covid infection and prevention measures on its wards which included the requirement to isolate people when they were first admitted.

Ms Lennox outlined details of the workforce challenges; the innovation that was being deployed to tackle the issue; and the focus that was being given to the retention and recruitment of staff.

Ms Lennox informed the Panel of the Trust's home based treatments teams who provided care in the community for people who would otherwise have to be in hospital.

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Ms Lennox explained that the Trust aimed to keep out of area placements to a minimum and that it adopted continuity of care principles that aimed to maintain contact with people and reduce the length of time people needed to be away from home.

Ms Lennox outlined details of the important progression that had been done on patient flow that included looking at the movement of people, discharges and prioritisation.

Ms Lennox informed the Panel of work that had been undertaken on trauma informed pathways that included collaborative care planning with certain individuals so that support could be planned from the outset and innovative work done to enable them to take on more responsibility to keep themselves well.

Ms Lennox outlined details of the work that was being carried out on how people were accessing SWYPFT's services and the focus that was being given to improve the pathways to care so that the Trust could work with people sooner and prevent them escalating into an acute pathway.

Ms Harvey informed the Panel of the focus on delivering community services in a less centralised way and providing mental health provision within each Primary Care Network (PCN).

Ms Harvey outlined details of the focus on reducing reliance on the Trust's bigger hubs and looking at providing better more locally concentrated accessible mental health care.

Ms Harvey explained that the Trust had looked at a variety of less traditional mental health roles and had broadened provision to include roles like social prescribers who helped people find local activities and connections.

Ms Harvey informed the Panel that the Trust had established a team that would work with GP practices to target healthcare for people who required both physical and mental health care.

Ms Harvey stated that the Trust was also deploying senior mental health professionals into GP surgeries in order work with people who had potentially secondary care mental health needs in a more fluid way.

Ms Harvey explained that the transformation programme would help reduce the need for people to have multiple assessments and would create a seamless transition between primary and secondary care.

Ms Dutchburn informed the Panel that the transformational work that was taking place was being done in full collaboration with all system partners and with co-production with service users.

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

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- A query that highlighted that some users of the IAPT service had felt that they had been discharged to early and a question on how many had subsequently been re-referred to the service.
- An overview of the national performance measures for primary mental health care.
- A detailed explanation of the questionnaires used to measure progress for people who had received primary mental health care.
- An explanation of the pathways of care for people who were not getting better through treatment delivered by IAPT.
- A question seeking clarification on the pressures on the IAPT service and whether the pressures were leading to an early discharge.
- Details of how the IAPT recovery performance indicator helped to prevent early discharge.
- An explanation of the targeted nature of the IAPT service.
- Confirmation that the Trust monitored feedback from a range of sources that included complaints and that the early discharge from IAPT was not an issue that came up as a regular feature.
- Confirmation from Healthwatch Kirklees that issues relating to early discharge was not something that they received much feedback on.
- Input from Healthwatch Kirklees that outlined that key issues highlighted by people included difficulty in accessing services particularly CAMHS and Childrens mental health services such as autism and ADHD assessments.
- A question on the timeline for the establishment of the new mental health roles within the PCN's.
- Confirmation that recruitment to the new transformation roles had started and many of the roles were now in place and had begun to deliver services.
- Clarification that the key performance indicators used by the Trust were very patient focused.
- A question seeking an understanding of the challenges and context to waiting times in accessing secondary mental health care and how this was communicated to service users.
- Confirmation that there were no waiting times in the acute pathway.
- An explanation of the performance of waiting times for routine pathways including additional interventions such as a therapeutic programme.
- The approach to dealing with people waiting for complex psychological therapy interventions that included the allocation of a named professional contact.
- Details of the data being collected and used to identify where resources needed to be deployed to help support frontline services.
- Confirmation that one of the Trust's new priorities for the year was safe and responsive care.
- A question seeking clarification on the timelines for establishing crisis houses.
- Confirmation that the development of crisis houses was just one of a range of options used to help provide support for people at home or as near to home as possible.
- Details of the work being carried out in providing appropriate accommodation for people experiencing high levels of distress.

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- Details of the support being provided by commissioners and the work being done with the local authority to provide short term accommodation with access to the crisis and home based treatment teams.
- Details of the Well-bean crisis café and the positive feedback from users who received support there.
- A question seeking confirmation on the numbers of people who accessed the centrally based crisis cafes.
- Details of the two crisis cafes based in Huddersfield and Dewsbury and how users could access support.
- Details of the 24-hour helpline.
- A question on whether the additional support tools were having an impact on reducing the need for police having to house people in crisis in overnight cells.
- Details of the preventative services and the impact they could have on reducing the need for police intervention via section 136.
- Confirmation that the numbers of people being detained under section 136 was now rare and that most people in crisis in Kirklees would be taken to a place of safety at Calderdale Royal Hospital or Fieldhead hospital in Wakefield.
- A question seeking clarification on whether the Trust's Single Point of Access (SPA) had improved its liaison with those community groups who provided support for people.
- A question seeking clarification on whether out of area meant out of Kirklees or West Yorkshire and whether there were plans to increase local capacity.
- A question seeking clarification on the profile of people seeking acute help for mental health services.
- Confirmation that people who were unable to be supported locally in acute beds were being placed at different locations around the country.
- Details of the individual support packages designed to help families and provide contact for people located out of area.
- Confirmation that there were no plans to increase the number of locally placed acute beds and details of the commitment to continue to develop and invest in community services and preventative measures to break the cycle of need for out of area acute beds.
- Details of the work being done to collect data on equalities and how it would help the Trust to understand how people from different backgrounds and gender used its services.
- Clarification that the Trust was not seeing a disproportionate number of male users accessing its acute services.
- Confirmation that prior to the Covid pandemic and up August 2021 the Trust was one of the best performers in West Yorkshire for out of area placements.
- Confirmation that there had been a planned decision to increase the use out of area placements as a tool to manage Covid outbreaks.
- Details of the work being done through the West Yorkshire ICB to work collectively on reducing the numbers of out of area placements.
- The challenges in obtaining explicit agreement from service users that would enable the Trust via its SPA to pass on details about their mental health issues and other confidential matters.

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- The hope that more people would choose to access a mental health professional through their local GP surgery rather than using the SPA to get a distant appointment.
- A question seeking clarification on the allocation of mental health professionals in the Primary Care Networks (PCN's).
- Confirmation that the services provided by the local mental health teams were delivered through each PCN.
- Confirmation that the demand to see mental health professionals was high and increasing.
- An overview of the variety of roles supporting mental health provision.
- Clarification that the new transformed mental health workforce would be multi-disciplinary and the teams had been modelled on the size of the PCN's.
- Details of the two stages of the transformation of the workforce with stage one being focused on a new workforce and new skills sets and the second stage looking at increasing the efficiency of the existing workforce.
- A concern that Trust's services were predominately reactive and a question on what could be done to build in a more proactive element with the longer term aim of reducing the resources required to meet demand.
- The role of public health in developing measures and initiatives to proactively manage and support people's physical and mental health.
- Details of the work being done by the Trust and health and social care colleagues that focused on working with people before they escalated to the point of needing a coordinated service of support from different health professionals.
- A request from scrutiny members to review progress of elements of the transformational work programme being undertaken by SWYPFT and the Council in conjunction with other health partners.
- A question asking what was considered the biggest future challenge facing mental health services.
- Confirmation that the biggest challenge was workforce and the ability to deliver services in the right place and at the right time.
- Details of the challenges in recruiting social workers and the challenges of having different pay rates across the region.
- The work being done to address the differences in pay rates across West Yorkshire.
- The work being done with universities and students to promote careers in social services.
- The challenges in maintaining a social services workforce that could legally fulfil its duties.
- The work being done by the Trust in looking creatively at how it could maintain and potentially improve the quality of its services.
- Details of the focus on international nursing recruitment of both mental health and physical health nurses and the international recruitment of Allied Health Professionals.

RESOLVED –

1. That the Panel would wish to schedule a future meeting that would focus on the work being undertaken by the Kirklees Integrated Wellness Service and the Thriving Kirklees Single point of Access Service with a focus on child and adolescent mental health services (CAMHS).
2. That a further meeting be arranged to review progress of elements of the transformational work programme being undertaken by SWYFT and the Council in conjunction with other health partners.
3. That the Panel would wish to receive a copy of the Trust's Integrated Performance Report as they become available to enable scrutiny to have an ongoing oversight of the Trust's performance.

7 Setting the Work Programme for 2022/23

A discussion took place on the Panel's work programme and agenda plan for the 2022/23 municipal year.

Ms McKenna thanked the Panel for providing the Kirklees Health and Care Partnership with the opportunity to be part of the discussions in shaping the work programme for 2022/23.

Ms McKenna informed the Panel that many of the issues on the work programme would require system wider input and was happy to work with the Panel to ensure that the right representation was available for items under consideration.

A panel wide discussion followed and areas that were covered included:

- A request that consideration be given to the looking at the effectiveness of the newly established mental health team.
- A concern regarding the effectiveness of mental health counselling provided in schools.
- Issues relating to the provision of rheumatology and agreement that therapeutics could be added to the item that focused on the work being done by Kirklees core physical providers in managing capacity and demand.
- An agreement to review the approach to supporting patient choice to receive end of life care at home and the resources available to meet the needs of the patient and their family.
- Confirmation that CQC would be approached to supply data and information on the quality of care in Kirklees to help inform the wider work programme.
- An offer from Healthwatch to provide the Panel with patient stories and experiences to help to gain the perspective of service users.
- An agreement to widen the scope of the dentistry item to include looking at how to support access for people with vulnerabilities and access to dental services for pregnant women.
- Adding a focus on excess death rates to the item covering the impact of Covid-19.
- The potential for a joint piece of work with the Childrens Scrutiny Panel relating to the transition of Children with a special educational needs and disability (SEND) from Childrens services to adult services.

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- An overview of the agenda plan for the next few months and an agreement that each meeting would include a focus on two substantive items.
- Confirmation that the agenda plan would be incorporated into the work programme document.
- An explanation for the reason why the April meeting had been cancelled.
- Confirmation that additional panel meetings could be arranged if required and the different approaches to scrutinising issues such as visits to front line services.

RESOLVED –

1. That subject to the agreed amendments that the Work Programme for 2022/23 as presented be taken forward.
2. That panel members would prioritise the panel meeting dates in their diaries.