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## **KIRKLEES COUNCIL**

### **HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL**

**Tuesday 12th September 2017**

Present: Councillor Elizabeth Smaje (Chair)  
Councillor Richard Eastwood  
Councillor Sheikh Ullah  
Councillor Richard Smith  
Peter Bradshaw – Co-Optee  
David Rigby – Co-Optee  
Sharron Taylor – Co-Optee

Apologies: Councillor Jean Calvert  
Councillor Fazila Fadia

In attendance: Ruth Aseervatham – Locala Community Partnerships  
Clair Ashurst-Bagshaw – Kirklees Public Health  
Matthew Bardon – Kirklees Public Health  
Rory Deighton – Healthwatch Kirklees  
Alan Laurie – Kirklees Public Health  
Carl Mackie – Kirklees Public Health  
Rachel Spencer-Henshall – Kirklees Public Health  
Richard Dunne – Principal Governance and Democratic  
Engagement Officer

#### **1 Minutes of previous meetings**

**RESOLVED** - That the Minutes of the meeting of the Panel held on 25 April 2017 and 4 July 2017 be approved as a correct record.

#### **2 Interests**

Co-optee David Rigby declared an interest in agenda items 4 (Kirklees Integrated Wellness Model) and 5 (0-19 Healthy Child Programme, Thriving Kirklees) 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 Kirklees Integrated Wellness Model**

Ms Spencer-Henshall outlined the elements of adult wellness services that were currently being delivered that included a mandatory service on health checks.

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In response to a panel question on how people were targeted for health checks Ms Spencer-Henshall outlined the process that was followed that included details of the payments to GPs.

In response to a panel question regarding the numbers of people who had accessed the health check programme Ms Spencer-Henshall explained that a key issue for the programme was to target the right people and explained that if a person was already being seen by a GP for a specific illness they were excluded from the programme.

Mr Mackie informed the Panel that a key issue was getting people to take up the letter of invite for a health check and having looked at models elsewhere in the country Kirklees Public Health were considering introducing a mixed model that would include an outreach approach.

In response to a question on whether public health had a base position for understanding the outcomes of what it was looking for Ms Spencer-Henshall informed the Panel that the specification for the Wellness Model would include more details on levels of activity.

Mr Mackie informed the Panel that an early draft of the report on the public engagement work would be available in October and anticipated that the detailed specification would be available by the end of the year.

In response to a panel question regarding concern that the health check programme was focused on certain social groups the Panel was informed that public health wanted to ensure that the programme provided an universal invitation.

The Panel was told that professional and well educated groups were more likely to take up the health check offer than people in the lower socioeconomic groups.

In response to a panel question on whether the wellness model would pro-actively target people who didn't engage with health check invites Ms Spencer-Henshall informed the Panel that targeting of people would be informed by the engagement work provided by the Research Company.

Ms Spencer-Henshall explained that the Wellness Model was about behavioural change and outlined in detail how the model would look to address this.

In response to a panel question on how people who used services on the periphery of the model accessed the main services Mr Mackie informed the Panel of the holistic approach that would be taken to supporting people.

Mr Mackie explained that the Wellness Model would need to work more closely with the wider health and social care services.

Mr Deighton questioned how public health would measure the outcomes of the Wellness Model and how the objectives of the Model tied into the work of the Clinical Commissioning Groups (CCGs) such as the health optimisation programme.

Ms Spencer-Henshall informed the Panel that public health would base its outcomes on what they wished to change and this would lead to performance measures. Ms Spencer-Henshall stated that public health had spoken to CCGs to see how its offer could support the CCGs approach to health optimisation.

Ms Spencer-Henshall informed the Panel that public health did have some concerns that the health optimisation programme could impact on health inequalities and were trying to understand the implications of the programme.

Ms Spencer-Henshall explained that the pathway to surgery could be achieved through the Wellness Model although public health was concerned this approach could end up being a tick box exercise.

Ms Spencer-Henshall outlined in detail the skill set that public health wanted in the Wellness Model workforce.

Mr Mackie informed the Panel of the early findings from the Research Company that included good access to services; the importance of a good relationship with the health professional; and not being constantly passed from one service to another.

In response to a panel question on the costs of targeting relatively small groups of people like smokers and the efficiencies of programmes like weight management the Panel was informed that the Model would be more focused on the wider issues and supporting people.

Ms Spencer-Henshall explained that the Model would be about creating a relationship with individuals and helping people to improve their lifestyles and health.

In response to a panel comment that one way of improving access to the services would be to take the services to individuals the Panel was informed that a key aim would be to make people feel confident in having an honest conversation about their health and lifestyle.

In response to a panel question that there didn't appear to be any reference to alcohol related issues in the Model the Panel was informed the Model was about changing behaviours and alcohol would be an integral part of the programme.

Ms Spencer-Henshall informed the Panel that an element of the outcomes would be very personal to the individual and it would therefore make it difficult to provide explicit outcomes.

In response to a panel question on what pathway GPs would use when referring someone who needed support on weight management or smoking Ms Spencer-Henshall stated that the CCGs Health Optimisation programme had added a layer of complexity and public health needed to sell the Wellness Model's approach of behavioural change to GPs.

Ms Spencer-Henshall outlined the approach that would be taken in having a standard point of entry to the programme although public health had not yet identified how this would work.

Ms Spencer-Henshall informed the Panel that people would be able to self-refer into the programme and the Model would have to provide an easy route for people to access the services.

**RESOLVED -**

- 1) That attendees be thanked for attending the meeting.
- 2) That a further update be arranged at a date to be determined.
- 3) That the Panel's Supporting Officer be authorised to liaise with attendees to address the agreed actions.

**5 0-19 Healthy Child Programme, 'Thriving Kirklees'**

Ms Spencer-Henshall informed the Panel that the Healthy Child Programme (HCP) worked on the same principle as the Wellness Model which included a focus on providing a single pathway to a group of services without having to pass individuals from one service to another.

Ms Spencer-Henshall outlined the key areas of progress following the establishment of the HCP in April 2017. Ms Spencer-Henshall explained that mobilisation of the programme was still in the early stages and work was still being done to understand how HCP would fit with the wider work being done by the Council on its early help model.

Ms Aseervatham informed the Panel of the approach that Locala was taking in working with practitioners on essential workforce skills. Ms Aseervatham explained how practitioners were helping to identify workforce competencies and stated that although it was a time consuming approach it did provide a good base to develop the workforce.

Ms Spencer-Henshall stated that the HCP including a focus on the holistic needs of a family and any existing pathways of support would not be threatened.

In response to a panel question that some schools were being told that they had to buy into the services provided through school community hubs the Panel was informed that although some schools did buy services through the hubs the service provided by the HCP would not be a cost for schools.

Mr Laurie informed the Panel that collaboration of schools was included in the 49 priority areas of the Kirklees Future in Mind Transformation Plan.

The Panel was informed that the HCP was still in the early stages of the contract and although a lot had been achieved it was still too early to assess outcomes.

In response to a question on how existing health professionals who already worked with certain cohorts of children would integrate with the HCP services the Panel was informed that getting staff to integrate was not easy.

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Ms Aseervatham explained that Locala had started to work with staff on a voluntary basis by encouraging staff to look at developing skills in other areas that included supporting staff to gain professional accreditations at university.

Ms Aseervatham outlined in detail the teams that were providing services in the community hubs and explained that the workforce was deployed on the basis of need.

Ms Aseervatham informed the Panel that the HCP workforce was working with Child and Adolescent Mental Health Services (CAMHS) and work was still ongoing to integrate more with social care.

Ms Spencer-Henshall stated that the Leeds City Council model of social care was similar to what public health and Kirklees Council were trying to achieve through the HCP.

Ms Spencer-Henshall informed the Panel that the HCP would be adapted to fit the emerging Kirklees children's offer although this would not include a specific focus on safeguarding.

In response to a panel question on how public health would ensure that there was a cohesive offer in Kirklees Ms Ashurst-Bagshaw informed the Panel that there was a work stream that was focused on ensuring that the re-design of children's services was developed in the right direction.

In response to a panel question on progress in reducing the waiting times to CAMHS in Kirklees Mr Laurie informed the Panel that no progress had currently been made. Mr Laurie explained that the focus on reducing waiting times had required changes in working practices which had been done and work was now taking place to prioritise reducing waiting times.

Mr Laurie informed the Panel that as part of the refresh of the HCP the 49 priority areas were likely to reduce to 20 and public health would be happy to provide more details on the priority areas once they had been agreed.

In response to a panel question about what happened to service pathways and the Single Point of Access for individuals who went through the transition from 0-19 services to adults services the Panel was informed that every service should provide the required support to help an individual with the transition.

Ms Spencer-Henshall informed the Panel that there was a need to ensure that there was a consistent pathway into both children's and adult services and the Council would need to be clear about the routes into the services.

In response to a panel question on the work that was being undertaken to develop a rigid cancellation policy as part of the actions to improve CAMHS waiting times Mr Laurie explained that every effort would be made to ensure that individuals that did not show for appointments were contacted in order to provide them with every opportunity to access to the service.

Mr Laurie informed the Panel that the referral service would receive details of individuals who hadn't attended appointments to see if they could try re-engage with them.

In response to a panel question on how public health intended to extend the Auntie Pams model into other localities Ms Spencer-Henshall outlined the work that would be done on peer and group support and training volunteers.

**RESOLVED -**

- 1) That attendees be thanked for attending the meeting.
- 2) That the Panel's Supporting Officer be authorised to liaise with attendees to address the agreed actions.

**6 Work Programme 2017/18**

The Panel reviewed progress of its work programme 2017/18.

Cllr Smaje outlined key areas of the Panel's planned activity which included the work that the Panel would need to undertake on reviewing the Kirklees Suicide Prevention Plan.

**RESOLVED -**

That progress of the work programme and forward agenda plan be noted.

**7 Date of the Next Meeting**

**RESOLVED -** That the date of the next meeting be confirmed as 3 October 2017.