

Contact Officer: Richard Dunne

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Tuesday 12th December 2017**

Present: Councillor Elizabeth Smaje (Chair)  
Councillor Richard Eastwood  
Councillor Richard Smith  
Councillor Sheikh Ullah  
Councillor Habiban Zaman

Co-optees Peter Bradshaw

In attendance: Helen Bewsher – Kirklees Council  
Emily Parry Harries – Kirklees Council  
Helen Severns – North Kirklees Clinical Commissioning Group  
Phil Longworth – Kirklees Council  
Sue Richards – Kirklees Council  
Richard Dunne – Kirklees Council

Apologies: Councillor Fazila Loonat  
David Rigby (Co-Optee)  
Sharron Taylor (Co-Optee)

**1 Minutes of previous meeting**

That the minutes of the meeting held on 3 October 2017 be approved as a correct record.

**2 Interests**

No Interests were declared.

**3 Admission of the public**

That all items be considered in public session.

**4 Kirklees Joint Strategic Assessment (KJSA)**

The Panel welcomed Helen Bewsher, Senior Manager, Kirklees Public Health Intelligence, Emily Parry-Harries Kirklees Consultant in Public Health, Phil Longworth Kirklees Health Policy Officer and Helen Severns North Kirklees Clinical Commissioning Group to the meeting.

Ms Bewsher presented an overview of the submitted report that included details of: the new duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs); the rolling updates for sections of the Kirklees Joint Strategic Assessment (KJSA); KJSA governance and content; understanding inequalities; communication and engagement; and evaluation.

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

- An explanation from the perspective of public health on the broad definition of health.
- An explanation on the range of indicators of health and wellbeing included in the KJSA which included details of the prevalence of key illnesses and conditions and health behaviours.
- A detailed response to a question on when further communication and engagement work to increase awareness and use of the KJSA was due to take place.
- The dependency on the Council's communication resource to support the communication of the strategies, actions and outcomes of the KJSA which was a web based product.

Mr Longworth informed the Panel that the big shift in engagement on the KJSA was the increased dialogue between the specialists that were developing the KJSA and users of it such as commissioners who developed the services.

In response to a question on how a more detailed picture at a smaller local level could be fed into the KJSA and how the information would be used in the decision making process Ms Bewsher informed the Panel that information was available that covered the previous district committee areas and contained links to ward level data. Ms Bewsher explained that any significant differences in issues within wards were highlighted in the locality summaries

Ms Severns explained that the commissioning work that would be done through the health and wellbeing plan would be informed by the data and intelligence captured in the KJSA.

Mr Longworth informed the Panel of the Council's commissioning framework and explained that the Council was adopting a more commissioning based approach.

In response to a question on how the KJSA would show what progress had been made on health and inequalities Ms Bewsher explained in detail how the indicator tables would be used to present up to date data and trends on health and inequalities.

Mr Longworth stated that consideration was also being given to including data from other authorities so that Kirklees could be compared to other places.

In response to a question on whether data from the KJSA would be compared with the West Yorkshire and Harrogate STP footprint to establish if there were any West Yorkshire wide issues that required addressing Ms Bewsher stated that would be a good idea and explained that there was flexibility to present the data in any geographical manner that was required.

**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.

**5 Kirklees Health and Wellbeing Plan**

Mr Longworth outlined the background to the development of the Sustainability and Transformation Plans (STPs) and explained in detail the key elements and aims of the Kirklees Health and Wellbeing Plan.

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

- A discussion on the Kirklees 2020 vision for the local health and social care system.
- A discussion on how the KJSA linked to the Kirklees Health and Wellbeing Plan.
- An overview of the work that would be undertaken by the new Integrated Commissioning Board.
- An invitation to comment on the Kirklees Health and Wellbeing Plan headline indicators.
- The work and support that was being undertaken with GPs to ensure that they were engaged with the process.
- An explanation of the definition of healthy life expectancy.

Mr Longworth informed the Panel of the range of priorities and areas of transformation that were included in the Kirklees Health and Wellbeing Plan.

In response to a question Mr Longworth explained in detail the rationale and criteria that was used to identify the Plan's headline indicators.

In response to a question Ms Severns outlined to the Panel details of the areas that came under the indicator that looked at the proportion of people with common mental health conditions who accessed early help.

In response to a question on a zero suicide approach Mr Longworth explained that the focus for the West Yorkshire STP was to achieve zero suicide for those people who had made contact with health and care services.

In response to a question Ms Severns explained the work that was being done through the local maternity system network across West Yorkshire and how it would contribute to developing improved local maternity services.

A further question and answer session ensued that covered a number of areas that included:

- An overview of the approach to involvement in North Kirklees which included an explanation of the role of the Patients Reference Group.
- The plans to integrate the engagement and involvement activity across the Council and the CCGs.
- An update on the additional investment in Increasing Access to Psychological Therapies (IAPT).

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- An explanation of how the development of the Adult Wellness Model in Kirklees would help to realise efficiency savings.
- An explanation of the term “streaming of patients”.
- Confirmation that the March 2017 target of improving dementia diagnostic rates and the number of annual care plan reviews had been achieved.
- Clarification on the status of the work to develop a Kirklees wide end of life offer.
- An agreement that there should be a better description of what was meant by the term ‘digital maturity’.

Mr Longworth informed the Panel of the approach that had been taken to obtaining endorsement of the Kirklees Health and Wellbeing Plan from partners and stakeholders.

In response to a question on how the Health and Wellbeing Board was ensuring that partner organisations signed up to the Plan Mr Longworth explained that the majority of the areas of transformation did not actively involve the acute trusts.

Mr Longworth stated that the trusts had significant challenges in their own organisations such as the demands on their finances and consequently they were not entirely focused on the broader elements of the Plan.

### **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 Better Care Fund**

Mr Longworth outlined details of the Better Care Fund (BCF) that included an overview and purpose of the programme; details of the national requirements; an explanation of the Improved BCF (iBCF) ; the focus by government to drive forward the integration agenda; and an explanation of the role of the BCF Partnership Board.

In response to a question on the criticism of the BCF by the Public Accounts Committee Mr Longworth explained that the BCF Partnership Board had recently looked closely at key performance indicators which had highlighted that the numbers of avoidable admissions was reducing.

Ms Richards informed the Panel that a key area of importance was the need to improve out of hospital care. Ms Richards stated that there were financial pressures on the health and social care system and the local focus was on using the funds from the BCF and iBCF to transform services and develop sustainable social care.

In response to a question on which voluntary organisation was helping to deliver the social prescribing service “Better in Kirklees” Mr Longworth informed the Panel that it was Touchstone in collaboration with Yorkshire Sport.

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In response to a question on how many people had been referred to the Better in Kirklees Service and the impact it had achieved Mr Longworth outlined a summary of the numbers and provided details of an impact report that had been undertaken.

Ms Severns informed the Panel that the next North Kirklees CCG Governing Body meeting included a video clip of a patient story which provided details of the benefits of the social prescribing service.

In response to a question on whether the BCF schemes had made an impact on helping to reduce winter pressures Mr Longworth explained that it was too early to assess.

Mr Longworth stated that establishing the capacity needed to deliver the additional investment in intermediate care and reablement was difficult and finding the staff with the right skills and mobilising them quickly was a challenge.

Ms Severns outlined details of the trusted assessor role that was now operating in Mid Yorkshire Hospitals Trust and explained that this would help to aid discharge and prevent delayed transfers of care.

Ms Richards informed the Panel of the complexities of the system and that the key issue was to ensure that the whole system was delivering a transformed way in which people were supported out of hospital.

Ms Richards explained that the aim was to deliver a system wide approach through BCF and iBCF schemes that were joined up and seamless.

In response to a question on workforce challenges Ms Richards stated that the challenge was enormous and explained that the living wage meant that people could be paid the same for working in a supermarket as you could going out at night delivering homecare.

Ms Richards informed the Panel that there were workforce challenges across the whole health and adult social care sector and that there was a West Yorkshire STP workforce plan and a local one that were designed to try and address the challenges.

In response to a question on the timescales from supporting to transforming the system Ms Richards stated that there were timescales attached to the BCF and performance would be used to assess the schemes and shift money from delivering services to prevention and early intervention.

Mr Longworth stated that the Government had changed the requirements of the BCF every year and the local partnership was now much less focused on individual schemes and more focused on the overall picture of how the system as a whole was working effectively.

Mr Longworth explained the challenges of getting the data flows right so that the impact of changes could be assessed. Mr Longworth stated that there was a local view that rather than spending time trying to identify specific outcomes from

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particular schemes it was better to understand how the system overall was working together to address the challenges.

In response to a question Ms Richards stated that it was important not to underestimate the complexity of measuring cause and effect of what was a complex system.

Ms Richards explained that performance management was in place and would need to adapt and become more sophisticated. Ms Richards stated that the system was learning how to measure patient flow as a performance management tool and also learning from other areas where it was appropriate.

In response to a question on how involved out of hours GPs were in hospital avoidance Ms Severns stated that there was engagement with Local Care Direct who were the local out of hours provider.

Ms Severns informed the Panel that Local Care Direct was involved in the two A & E improvement boards in Kirklees which helped with the pathway approach to care.

Ms Severns stated that work was also being done with care homes on an integrated basis to look how more support could be provided to care homes to reduce out of hours admissions.

### **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.

### **7 Work Programme 2017/18**

Cllr Smaje confirmed that the Wheelchair Services item had been scheduled for inclusion in the January meeting.

**RESOLVED** - That progress on the work programme for 2017/18 be noted.

### **8 Date of the Next Meeting**

**RESOLVED** - That the date of the next meeting be confirmed as 16 January 2018.