

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 13th February 2018

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

Co-optees David Rigby
Peter Bradshaw
Sharron Taylor

Apologies: Councillor Richard Eastwood

1 Minutes of previous meeting

That the minutes of the meeting held on 16 January 2018 be approved as a correct record.

2 Interests

Co-Optee David Rigby declared an interest in item 4 (Update from Locala) on the grounds of being a member of Locala.

Councillor Richard Smith declared an interest in item 5 (Suicide Prevention) on the grounds that he was a member of the South West Yorkshire Partnership Foundation Trust - Members Council.

3 Admission of the public

That all items be considered in public session.

4 Update from Locala

The Panel welcomed Jane Close Director of Operations Locala, Claire Jones Director Patient Safety, Quality and Governance Locala and Sarah True Engagement and Inclusion Manager – Wellbeing & Adult Business Locala to the meeting.

Ms True provided the Panel with an update of the timeline on the consultation on the proposed changes to the podiatry eligibility criteria.

In response to a question on why the timeline had changed Ms True informed the Panel that the assessment of the information from the feedback had taken longer than anticipated and this had been compounded by the additional clinical pressures due to the winter demands.

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Ms Jones outlined the background and context to the Care Quality Commission (CQC) inspection of Locala in October 2016 and informed the Panel that the current position had significantly improved.

Ms Jones explained that the improvements to Locala's approach to quality and safety had been quality assured by a number of external sources that included the clinical commissioning groups (CCGs).

Ms Jones stated that Locala had established a strong and robust governance process that supported the delivery of the improvement work and provided the Panel with details of how the CQC Quality Improvement Plan was monitored.

Ms Jones stated that in overall terms 84.8% of the Improvement Plan had been delivered and explained that the report to scrutiny had been designed to demonstrate the improvements by presenting the work across the 5 CQC domains.

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

- Clarification on the areas of the Plan that had yet to be delivered and areas that were on hold.
- An agreement that the Panel would receive details of those areas in the action plan that had yet to be delivered including the target timeline for delivery.
- An explanation on how Locala shared good practice and learning across the organisation that included the approach to learning from other organisations.
- The focus that would be given to clinical audit in 2018/19.
- Details of the types of performance measures that Locala undertook to assess patient experience and the safety and quality of care being delivered.
- A comment from the Panel that it would have been helpful to have been provided with the context and background to each area of improvement.
- An explanation of which group within the governance structure had overall responsibility for the delivery of the Improvement Plan.
- A request from the Panel for future reports to scrutiny to include practical examples of work that had been carried out to support statements of improvement.
- The challenge from CCGs when looking at the work being done by Locala to improve the delivery of care.
- A detailed explanation of the process and approach to dealing with serious incidents and complaints.
- An explanation of the work of the Complaints Closure Panel.
- The focus on embedding duty of candour across the organisation.
- A detailed explanation of the approach taken to ensuring that the actions in the Improvement Plan were embedded across the organisation.
- The process for escalating examples of good practice.

Ms Close informed the Panel of the background to the closure of Maple Ward at Holme Valley Memorial Hospital and explained that CCGs were currently considering options for the future use of the ward.

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Ms Close stated that the future use of Maple Ward was in the hands of the CCGs and confirmed that the ward would not remain closed and CCGs were actively looking at options for alternative use.

Ms Close outlined details of the Locala Care Closer to Home Local Incentive Scheme in the Greater Huddersfield CCG area which was focused on reducing avoidable admissions to hospital.

Ms Close explained that although the incentive scheme was different in North Kirklees Locala monitored avoidable admissions in the same way across the two areas to ensure there was consistency across Kirklees.

Ms Close informed the Panel of the audit that had been undertaken on admissions and attendances to identify the reasons for patients above the age of 65 being admitted to hospital.

Ms Close outlined the key reasons for patients within this cohort being admitted to hospital and explained in detail the work that was taking place to reduce admissions for patients in the various risk categories.

In response to a question on the role of GPs in helping to reduce admissions Ms Close explained the work that was taking place with three practices in Greater Huddersfield that included developing an emergency health care plan for each patient at risk of admission.

Ms Close informed the Panel of Locala's Care Home Support Team who worked closely with care homes to support the care home and patients who were at risk of being unnecessarily admitted to hospital.

In response to a question on whether there was a protocol in place with Yorkshire Ambulance Service (YAS) that provided alternative pathways for patient care Ms Close explained that there was a protocol although the diversion to alternative provision was still a sticking point that required further work.

Ms Close informed the Panel of the work of the short term assessment rehabilitation team and explained the additional support provided by Locala in the hospital emergency departments who helped to prevent unnecessary admissions.

Ms Close outlined details of the performance data which demonstrated that admissions had been reduced.

Ms Close informed the Panel of the work that Locala was doing to deal with winter pressures in Kirklees and explained in detail what Locala defined as an urgent visit.

In response to a panel question Ms Close explained that each patient was risk assessed in order to establish the level of support they would require and explained in detail how Locala managed its workforce during periods of high demand.

In response to a panel question regarding the number of district nurses who worked at weekends Ms Close explained that the number of visits made by district nurses

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was less at weekends but support would be provided by other local teams if it was required.

In response to a comment from the Panel that more admissions happened over the weekend Ms Close stated that national data indicated that the most likely time for people to be admitted was in fact a Wednesday afternoon.

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 Suicide Prevention

The Panel welcomed Rebecca Elliot Health Improvement Practitioner Advanced and Emily Parry-Harries Consultant in Public Health to the meeting.

Ms Elliot informed the Panel that the Kirklees Suicide Action Plan was based on the Kirklees audit of suicides and explained the process that was followed in undertaking the audit.

In response to a Panel question on the Kirklees suicide rates compared to the national average Ms Elliot informed the Panel that the rates were based on a 3 year rolling average and that economic recession had a significant impact on suicide rates.

Ms Elliot informed the Panel that the most recent audit had been delayed due to a logistical issue in gaining access to the coroner's office but was hopeful that this would be resolved soon.

In response to a panel question on what actions were being taken to reduce access to methods of suicide Ms Elliot provided a detailed explanation of the approach that Public Health had taken to raising awareness to health partners on types of medication that were used.

Ms Elliott also explained that frequently used locations such as Scammonden Bridge were also used for suicide and outlined what actions Public Health were taking to deter people from using certain locations by changing the infrastructure.

In response to a Panel question on whether the changes to infrastructure would deter people from suicide Ms Elliot stated that the evidence base from the changes to the infrastructure of the Golden Gate had halved the number of suicides.

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

- A wider discussion on the methods that had been introduced to deter people from committing suicide.

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- A breakdown from the last audit of the age profile of suicides and an explanation of the reviews that took place for all suicides committed by children.
- The challenges in dealing with the delays in receiving information on suicides.
- An overview of the work that was taking place on awareness programmes for children and young people which included a focus on self-harm.
- Information on the West Yorkshire and Harrogate Health Care Partnership (WYHCP) Suicide Prevention 5 Year Strategy (2017-2022) including a discussion on the targets to reduce suicides.
- The challenges of effectively measuring the impact of the actions in the Kirklees Plan.
- The role of the GP in helping to identify people at risk of suicide and the focus from Public Health on increased engagement with GPs.
- The need for Kirklees Public Health to influence the work of the WYHCP on suicide prevention.
- The work being done by Kirklees Public Health to development a real time surveillance approach to suicide data.
- The work being done to enable people and communities to do more for themselves and each other.
- The need to raise awareness among GPs to spot people at risk of committing suicide.
- Details of the Time to Change HUB, the Champions fund and Meeting of Minds.
- A query on how many people involved in the mental health first aid training had come from the community compared to attendees from local organisations and partners.
- The support provided to people held under section 136.
- The importance of understanding the wider financial implications that would be required to support the Kirklees Action Plan.
- The need to do more work with local employers to raise awareness of mental health, wellbeing and suicide prevention.
- The need to provide more support in Kirklees to people bereaved of suicide.
- Details of the help is at hand publication.

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 Integration of Health and Adult Social Care

The Panel welcomed Steve Brennan Senior Responsible Officer Working Together and Phil Longworth Health Policy Officer to the meeting.

In response to a question on the integrated governance structures Mr Brennan explained in detail the role of the new Integrated Commissioning Board and the rationale for the Board replacing the existing arrangements.

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Mr Brennan explained that the new governance arrangements would run initially in safe mode and outlined the process that would be followed.

In response to a question on whether the new Board would control a pooled budget for commissioning Mr Brennan stated that it was one way forward although before this happened the Board would review if there was a benefit to introducing a pooling of funds.

Mr Brennan informed the Panel that a focus for the Board was to bring together services in a more integrated way and to get them to work together in a much better way than present.

In response to a question on whether evidence from other areas that were more advanced in the integration agenda had been considered Mr Longworth stated that they had looked at the work in other parts of the North of England that included Greater Manchester and West Yorkshire.

Mr Longworth explained that they had discovered that a key element in the structures was developing the relationships between the various partners rather than a focus on the legal framework.

Mr Brennan informed the Panel of the work that was undertaken at the Joint Development Session between the CCGs and the Council.

Mr Brennan stated that the Development Session highlighted an enthusiasm for developing further the existing approaches to place based systems of delivering integrated out of hospital care such as using schools as community hubs.

Mr Brennan explained that the Board hadn't yet defined where they wanted to be in the medium term and it could take up to 3 years before they could articulate the ultimate aim of the work.

In response to a panel question that one of the aims should be to provide seamless care between health and social care Mr Longworth stated that it was although there was a difference between the two services in that there was a requirement to provide NHS health care free at the point of delivery whereas social care could levy a charge.

In response to a panel question on how the different structures and approaches to service delivery would be brought together Mr Longworth informed the Panel that this had been an area of discussion in the recent Development Session.

Mr Longworth stated that the first step was to understand the varying approaches to service delivery that included how each organisation divided the population into geographical boundaries, hubs or localities.

RESOLVED –

- (1) That attendees be thanked for attending the meeting.

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(2) That the update report on the planned activity on the integration of health and adult social care be received and noted.

7 Work Programme 2017/18

Cllr Smaje informed the Panel of the work on dentistry that was being undertaken by the West Yorkshire Joint Health Overview and Scrutiny Committee.

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 13 March 2018.