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## **KIRKLEES COUNCIL**

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

**Tuesday 11th September 2018**

Present: Councillor Elizabeth Smaje (Chair)  
Councillor Nell Griffiths  
Councillor Fazila Loonat  
Councillor Alison Munro

Co-optees David Rigby  
Lynne Keady

In attendance: Anna Basford – Calderdale and Huddersfield NHS  
Foundation Trust  
Emily Parry-Harries – Public Health Kirklees Council  
Jill Greenfield – Kirklees Council  
Carl Mackie – Public Health Kirklees Council  
Lisa Williams – Calderdale and Huddersfield NHS  
Foundation Trust

Apologies: Councillor Habiban Zaman  
Peter Bradshaw (Co-Optee)

**1 Interests**

No interests were declared.

**2 Admission of the public**

That all items be considered in public session.

**3 Transforming Outpatient Care**

The Panel welcomed Anna Basford and Lisa Williams from Calderdale and Huddersfield NHS Foundation Trust to the meeting.

Ms Basford presented an overview of the work that was being done on transforming outpatient care which included: the background to the reasons for the work; the wider context; the options for redesigning outpatient services; the governance structure supporting the programme; the initial priorities of the programme; stakeholder engagement; the schemes that were currently being developed; and an overview of the various ideas for transforming outpatient services.

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

- A query regarding the capacity of the Trust to deliver some of the key objectives of the programme.

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- The aim of the Trust to work with clinical leaders to improve the efficiency of their outpatient service.
- The focus on developing alternative methods of delivering outpatient care in order to reduce unnecessary appointments.
- Clarification that the Trust would not take a one size fits all approach and the role of clinicians in helping to shape a service that would best meet the needs of their patients.
- The potential to use apps and other phone or computer based programmes in the future.
- The need to ensure that vulnerable patients were able to continue to have appropriate access to the services.
- The approach to dealing with paediatric outpatient appointments.
- A concern regarding the security of information being shared through digital technology.
- Details of the NHS system that would be used for hosting digital consultations.
- An offer from the Trust to provide the Panel with a demonstration of the digital technology.
- An explanation of the process that would be followed for digital consultations.
- Clarification that the one stop clinics would only be based on that element of the process.
- Details of the development target to reduce the number of outpatient appointments seen and the importance of the programme in helping to manage the predicted increase in demand.
- The potential for the reduction in waiting list times to attract patients living outside of the local area and the flow of funding that would follow.
- A concern regarding the capacity of GPs to provide patients with timely access to diagnostic results.
- An explanation of the involvement of CCGs and GP Federations in the work.
- The potential to reallocate efficiency savings into primary care to help provide the capacity needed to support the new ways of working.
- A question on the feasibility of using text messages and email for patient and clinician correspondence.
- An overview of the NHS patient portal.
- The approach to communicating sensitively with patients who had poor test results.
- An explanation of the approach being taken to engage with patients and service users and an example of the impact of the changes for patients using the Orthopaedics service.
- A question on the timescales for the proposed changes to services in years 1 (2018/19) and 2 (2019/20).
- The desire of the Trust to explore the opportunities of change across all identified service areas as quickly as possible.
- Clarification that the transformation programmes had the full support of CCGs.
- An explanation of the role of the Governance Board and the focus on involving service users and Healthwatch for each proposed area of change.
- Confirmation that a quality impact assessment would be carried out for each scheme prior to implementation.
- The work being done by Healthwatch to facilitate and engage with established patient groups.

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- A request to ensure that the engagement work was fully representative of the range of patients who used the services.

### **RESOLVED –**

(1) That Anna Basford and Lisa Williams from Calderdale and Huddersfield NHS Foundation Trust be thanked for attending the meeting.

(2) That the Panel receive information that will provide evidence there is sufficient capacity in the primary care system to support the new models of outpatient care.

(3) That the Panel receive more information on the demand and capacity across the health care system and details of the key benefits for the Trust of reducing outpatient appointments over the longer term.

(4) That the impact on vulnerable people is fully taken into account when implementing the new proposed model.

(5) That the Panel receive more information and examples of how the Trust intends to engage with stakeholders for each service area prior to implementation of the new model.

(6) That the Panel receive details from the Clinical Commissioning Groups on how their decision making processes link to the governance structure that has been established to oversee the programme of change.

(7) That the Panel receive clearer timescales that outlines the plans for outpatient transformation by service area.

(8) That the Panel accept the Trust's offer to see a demonstration of the technology to include meeting clinicians from service areas where the new model will be implemented.

(9) That the Panel receive information that will provide the Panel with a better understanding of how the new model will provide improved outcomes for patients.

(10) That the Panel recommend that the Trust ensures that it has dialogue with Mid Yorkshire Hospitals Trust to ensure that demand for these new models of outpatient care can be effectively managed across the whole of Kirklees.

## **4 Kirklees Integrated Wellness Model update**

The Panel welcomed Emily Parry-Harries and Carl Mackie from Kirklees Council Public Health and Jill Greenfield Head of Kirklees Integrated Local Partnerships to the meeting.

Mr Mackie informed the Panel that he hoped that the submitted report had covered the key areas of focus that had been identified by the Panel and invited the Panel to ask questions regarding the Integrated Wellness Model update.

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

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- A question seeking clarification on the reasons why Public Health hadn't gone to market with the model and asking for information on the chosen partner Big Life.
- Details of the provider Big Life which included an overview of the various elements of work that they delivered.
- An explanation of the pathways to support which would be designed to help reduce health inequalities and inequities to accessing services and resources.
- An overview of the work that would be undertaken by Community Plus to support the Wellness approach.
- Clarification on what staff would transfer to Community Plus and an explanation of the work that was done by Community plus.
- An overview of the approach that would be taken to design community based approaches to the Wellness Model.
- A request that mapping of the community design included engagement with local ward members and existing community groups.
- The discussions between Public Health and the South West Yorkshire Partnership NHS Foundation Trust Recovery College which were aimed at maximising resources in order to improve outcomes in both mental and physical health.
- A question on what steps would be taken to improve the take up of NHS health checks.
- An overview of the reasons why there was an inequity of access to health checks and the approach that would be taken to addressing the issue by training wellness workers to deliver health checks.
- An example of models used in other areas to deliver health checks by non-clinical staff.
- The approach that would be taken to training, developing and supporting non clinical staff.
- A concern regarding how non clinical staff would deal with an individual whose health check indicated an underlying health issue.
- Clarification that protocols would be put in place that would indicate when clinical help would be required.
- A question on how the Wellness Model would achieve its outcomes and what measures would be used.
- An explanation of the outcome framework that would be developed and the approach to developing measures that would indicate that the service had achieved a positive impact.
- A question on how links were being made with the work being driven by clinical commissioning groups (CCGs) to reduce and avoid hospital admission.
- The discussions that were taking place with CCGs on hospital avoidance and the prevention agenda.
- Confirmation that CCGs were now engaged with the work that was being done on prevention.
- An overview of findings from the recently published Health Report for England relating to age expectancy.
- The focus on developing more preventative work at a much earlier stage to avoid the need for behavioural changes later in life.
- The work that would be developed to promote the launch of the Model that would include a targeted campaign highlighting the benefits of health checks.
- The plans to develop a full engagement plan.

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- A Panel request to see and comment on the draft engagement plan.

### **RESOLVED –**

(1) That Emily Parry-Harries and Carl Mackie from Kirklees Council Public Health and Jill Greenfield Head of Kirklees Integrated Local Partnerships be thanked for attending the meeting.

(2) That the Panel would wish to see:

- (I) A copy of the engagement plan for comment and to provide the Panel with assurance that engagement is being carried out across the whole of Kirklees.
- (II) Details of the plans for publicising the Wellness Model.

(3) That the Panel is provided with regular updates as the work on the development of the Model progresses.

(4) That the Panel receives information that will provide the Panel with assurance that the Model will focus on both physical and mental health.

(5) That the Panel is provided with details that demonstrates that there will be a robust connection between the work being developed as part of the new Model and the services being provided through primary care.

(6) That the Panel receives details of the protocols and pathways that will be developed to support the work that will be undertaken by non-clinical staff.

## **5**

### **Diabetes in Kirklees**

Ms Parry-Harries informed the Panel of an amendment to the wording in the report that should have read that the higher than national average of the diagnosis of diabetes prevalence in Kirklees could be “partly” attributed to the higher prevalence in North Kirklees.

Ms Parry-Harries outlined the role of Public Health in the prevention of diabetes which meant that the vast majority of its work was focused on Type 2 diabetes.

Ms Parry-Harries stated that there was little information in the report on treatment pathways but should the Panel wish to look at this at a later date then arrangements could be made to include CCG colleagues to cover this area of work.

Ms Parry-Harris explained that the report was a Public Health prevention Type 2 focused report and highlighted the narrative which provided an overview of the story of diabetes in Kirklees and was supported by data detailed in the appendices.

Ms Parry-Harries provided a high level summary of diabetes in Kirklees and explained that the higher than average prevalence in Kirklees was partly due to the districts higher South Asian population in North Kirklees who had a higher propensity for diabetes.

Ms Parry-Harries stated that this didn't explain the full reasons and explained that obesity was another key factor and that the work that would be delivered through the Wellness Model would be one way of responding to the issue.

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Ms Parry-Harries outlined the role of Public Health in the wider agenda for tackling diabetes which included working with planning colleagues on trying to reduce the numbers of fast food outlets.

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

- A question on what could be done to encourage more people to participate in the NHS Diabetes Prevention Programme.
- The complexity of dealing with the issue and shifting the focus to creating an environment that would encourage healthier lifestyles.
- The importance of the community based projects and the need to raise people's expectations and how they valued their health were also key elements in tackling diabetes.
- The work being done through the Wellness Model to target interventions and reduce inequalities.
- A suggestion that it would be timely for scrutiny to have another look at the work that was being done through the Healthy Child Programme.
- An overview of the work being done by various providers that included Reed Momenta on the NHS Diabetes Prevention Programme.
- The challenges of dealing with a variety of providers working on diabetes and the need to move to a more coordinated approach.
- The benefits of having a focus on general health and lifestyle improvement rather than a specific focus on a health specific disease or illness.
- A question on how the Kirklees Health and Wellbeing Board was overseeing the issues that contributed to diabetes.
- An overview of how the prevention work would link into the work being developed through the Health and Wellbeing Plan.
- An explanation of the numbers of referrals made through GP practices onto the Diabetes Prevention Programme.
- The value of working with voluntary organisations to understand the lived experiences of people when looking at issues like diabetes.
- A concern regarding the different approaches in North Kirklees and Greater Huddersfield to delivering the Diabetic Eye Screening Programme.

### **RESOLVED -**

(1) That the Panel is provided with assurance that the provision of diabetes healthcare is equitable across Kirklees and is providing the best outcomes for people across the district.

(2) That the Panel recommend that best practices are shared across all providers of diabetes healthcare.

(3) That the Panel recommend that Public Health work with voluntary organisations such as the Welcome Centre food bank to ensure that the lived experiences of people are taken into account when developing pathways to prevent or help people to manage or live with diabetes.

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(4) That the Panel would wish to see the Kirklees Health and Wellbeing Board look at the healthy lifestyle work being developed and ensure that the outcomes of this work are being achieved.

### **6 Work Programme 2018/19**

The Panel reviewed progress of its work programme 2018/19.

Cllr Smaje informed that Panel that Mid Yorkshire Hospitals NHS Trust would attend the October Panel meeting to present a report on its Ambulatory Care Unit in Dewsbury Hospital and there would also be an item providing an update on the work that was being done to prepare for the pressures for the winter period 2018/19.

**RESOLVED** – That progress of the work programme for 2018/19 and the forward agenda plan be noted.

### **7 Date of Next Meeting**

**RESOLVED** – That the date of the next meeting be confirmed as 9 October 2018.