

Contact Officer: Richard Dunne

## **KIRKLEES COUNCIL**

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

**Tuesday 6th November 2018**

Present: Councillor Elizabeth Smaje (Chair)  
Councillor Nell Griffiths  
Councillor Alison Munro  
Councillor Habiban Zaman

Co-optees David Rigby  
Peter Bradshaw  
Lynne Keady

Apologies: Councillor Fazila Loonat

**1 Minutes of previous meeting**

**RESOLVED** - That the Minutes of the meetings held on 11 September 2018 and 9 October 2018 be approved.

**2 Interests**

Co-optee David Rigby declared an interest in item 4 (Update on Mental Health Services in Kirklees) and item 6 (Kirklees Safeguarding Adults Board 2017/18 Annual Report) on the grounds of being an ordinary member of South West Yorkshire Partnership NHS Foundation Trust and a board member of Healthwatch.

Co-Optee Lynne Keady declared an interest in item 4 (Update on Mental Health Services in Kirklees) and item 5 (Suicide Prevention) on the grounds of being a member of the Kirklees Suicide Prevention Action Group and as an attendee at mental health consultation events and meetings.

**3 Admission of the public**

That all items be taken in public session.

**4 Update on Mental Health Services in Kirklees**

The Panel welcomed Michael Doyle, John Keaveny and David Ramsey from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to the meeting.

Representatives from SWYPFT indicated that they were happy to move straight to questions on the update which covered a number of issues relating to the Services provided by SWYPFT that included:

- A question on the referral rates for Children Adolescent Mental Health Services (CAMHS).
- Clarification on the various pathways of support used by SWYPFT to help provide support for young people.

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- The work being done by SWYPFT in strengthening working relationships with key partners such as Northorpe Hall and schools.
- Clarification of the numbers of children and young people waiting for Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Condition (ASC) diagnostic assessment.
- Clarification on the waiting list numbers for Adult ADHD.
- An explanation of the definition of children in transition into adulthood and the support provided.
- A panel suggestion that it would have been helpful to have been provided with a brief assessment on progress following the investment of additional monies across a range of SWYPFT services.
- An explanation of the work that had been carried out to help improve the CAMHS waiting list times.
- An overview of the position of out of area adult acute inpatient beds.
- The impact of the ending of the funding for the waiting list initiative for ASC.
- Clarification on the support provided for children and young people who present with a mental health problem.
- The work being done by SWYPFT with higher education institutions including Huddersfield University.
- Details of the strong positive relationship between SWYPFT and the University Health Centre and the ability to intervene and provide support to students at an early stage.
- An explanation of the neuro developmental pathway.
- A detailed explanation of the new integrated care pathway model including an overview of the work undertaken by the trusted assessor.
- A concern that the high level objectives of the post implementation review of the Community Mental Health Transformation was to inward facing.
- An explanation that the detailed terms of reference for the review included significant focus on getting input from service users and staff and understanding their experiences of the changes.
- An explanation of the work that would be done as part of the review of core functions such as the Single Point of Access.
- SWYPFT's confidence that they could maintain the improvements made in the CAMHS waiting times.
- Confirmation that SWYPFT had submitted a business case to commissioners seeking additional funding for CAMHS to help continue improvements in the Service.
- An explanation of the support provided to young adults attending university who had existing mental health problems or who presented with problems for the first time.
- Details of the analysis that had taken place that looked at the 60% of admissions from Kirklees to an adult acute inpatient bed who hadn't previously engaged with mental health services.
- An overview of the IT clinical system changes that were taking place at SWYPFT including the timescales for change.
- An explanation of the work carried out by the team who manage the allocation of acute inpatient beds.
- The work done by SWYPFT in examining caseloads.

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- The discussions taking place between SWYPFT and its commissioners to look at approaches that could be taken to identify and provide earlier intervention for the cohort of people requiring acute inpatient support who hadn't previously be known to SWYPFT.

### **RESOLVED –**

That the update on mental health services in Kirklees be noted.

## **5 Suicide Prevention**

The Panel welcomed Emily-Parry Harries and Rebecca Elliott from Kirklees Public Health to the meeting.

Ms Elliott outlined the relationship between the West Yorkshire and Harrogate Health Care Partnership Suicide Prevention Strategy and the local Kirklees action plan and stated that Kirklees welcomed the regional strategy.

Ms Elliott informed the Panel that an information sharing protocol had been agreed between the Council and West Yorkshire Police which would result in the Council receiving monthly data on suicide numbers for Kirklees.

Ms Elliott stated that a key area of focus was the work that would be done with primary care and GPs and would include a number of plans to increase awareness and develop an alert system.

Mr Doyle provided the Panel with an update on Scammonden Bridge and explained that the Bridge was considered to be a place of concern. Mr Doyle stated that Highways England were actively looking at what could be done to put in place some preventative measures.

Ms Parry-Harries informed the Panel that there was a clear intention from Highways England to do something about Scammonden Bridge and would involve a multi-agency approach.

In response to a panel question Ms Parry-Harries stated that tackling and reducing the areas of concern was very important because evidence indicated that small changes in the environment did prevent people from attempting to take their own life.

Ms Elliott outlined the work that was done with the Suicide Prevention Action Group that included a focus on trying to identify and help people at a much earlier stage before they reached crisis point.

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

- An update on the position of data sharing with the Coroner and the impact of the introduction of GDPR which had resulted in the Coroner refusing Public Health access to the records.
- The work being done by Public Health in looking a best practice where other local authorities had a good working relationship with their local coroners'.

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- An explanation of how suicide rates were reported and how the West Yorkshire and Kirklees rates compared to the average rates across England.
- An explanation of the West Yorkshire and Harrogate Suicide Prevention Strategy and its READ structure which focused on Restricting, Evidence, Access and Despair (READ).
- Details of the risk assessment carried out by SWYPFT which was used to identify people at risk of committing suicide.
- Details of the planned work with GPs including consideration of trialling an alert system.
- Details of the plan to introduce a high risk decision support tool for primary care.
- The opportunities that would result from the developing Primary Care Networks.
- An explanation of the work that was taking place in establishing Primary Care Networks.
- Details of the Help is at hand document which was a practical resource designed to support people affected by a suicide.
- The challenges of dealing with a multi-faceted issue.
- A suggestion to look at providing more support and information to schools on young people who self-harm.
- The working being done with Northorpe Hall which included looking at getting an emotional health and wellbeing lead within every school across Kirklees.
- Details of the Northorpe Hall training package on self-harm and the work being done by Public Health on developing a pathway of support for self-harm including a guidance and support document.
- A suggestion that Yorkshire Ambulance Service should be included as a key stakeholder in the Suicide Prevention Action Group and that the Group should consider including self-harm in its title.

### **RESOLVED -**

- (1) That the Panel would wish to see more support and information being provided to schools on young people who self-harm.
- (2) That the Panel receive an update, at a date to be confirmed, on progress of the work being done on suicide prevention through the Primary Care Networks and the development of the high risk decision support tool for primary care.
- (3) A recommendation that the Help is at hand document is distributed to all Kirklees Councillors.
- (4) That the Panel receive an update on Scammonden Bridge following the West Yorkshire and Harrogate Mental Health Programme meeting with Highways England on 6 December 2018.
- (5) That an update on the work that is being done on mental health services for men in the 45-60 age group be discussed at a future Panel meeting.

**6 Kirklees Safeguarding Adults Board 2017/18 Annual Report**

The Panel welcomed Mike Houghton-Evans Independent Chair Kirklees Safeguarding Adults Board, Richard Parry Strategic Director for Adults and Health and Saf Bhuta Head of Safeguarding & Quality to the meeting.

Mr Houghton-Evans informed the Panel of the role of the Board which included a focus on being independent and challenging across all agencies and outlined the statutory duties of the Council.

Mr Houghton-Evans outlined the governance arrangements and explained the different approach that had been taken to preparing the 2017/18 Annual Report which now included a plan on a page that provided an overview of the Board's Strategic Plan 2018-21.

Mr Houghton-Evans explained the process that was followed in preparing and producing the report which included updating the Board's three year strategic plan.

Mr Houghton-Evans provided a detailed explanation of how the Board worked which included a commitment to having an outward facing Board that worked collaboratively with other key strategic partnerships.

Mr Houghton-Evans outlined examples of where the Board was working collaboratively that included transitions between childhood and adulthood, sexual exploitation, hate crime, female genital mutilation, domestic abuse, forced marriage and communication and engagement with communities where people were seldom heard.

Mr Houghton-Evans highlighted the section in the report that covered priorities and achievements and explained that the emphasis of the report was on leadership, challenge and collaboration.

Mr Houghton-Evans explained that the Board held all its partners to account including the Local Authority and outlined an example of a safeguarding review that was included in the report which demonstrated how the Board followed issues through.

Mr Houghton-Evans stated that there was a high level of commitment from partners and that Board meetings were always well attended with people who were in leadership roles.

Mr Houghton-Evans informed the Panel that he encouraged all board members to be both safe guarding champions and dignity champions.

Mr Houghton-Evans stated that one area of consideration was the impact of austerity on the organisations that were part of the Board. Mr Houghton-Evans explained that a consequence of austerity was there was now more emphasis on neighbourhoods, communities and how statutory agencies fitted into this.

Mr Houghton-Evans explained the role of the Board in scrutinising the new models of service delivery to check that they were keeping people safe.

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Mr Houghton-Evans outlined the importance of checking performance data that would now include data from NHS which would allow the Board look at serious incidents in hospitals to understand where there may be safeguarding aspects.

Mr Houghton-Evans informed the Panel that the Board had commissioned a peer challenge of multi-agency working and outlined details of the methodology that was being used.

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

- An overview of how the Adults Safeguarding Board and the Childrens Safeguarding Board were working together including the involvement of the Adults Board in the current CSE investigation.
- The impact of the increasing numbers of Deprivation of Liberty requests and the high levels of risk identified in care homes.
- Details of the work being done by the local authority and CCGs in providing support to care homes including further commissioned work to provide a greater consistency of GP input in care homes.
- An overview of the challenges facing care homes including the recruitment and retention of staff.
- The importance of the regulatory body, Care Quality Commission, in the safeguarding process.
- Concerns regarding the process that was followed for visitors to a care home.
- The approach being taken by the Board to filling the lay member roles including the discussions taking place with Healthwatch and the voluntary sector in establishing a reference group.
- The plans by the Board to create one Communication and Engagement Plan.
- The work being done on developing multi-agency procedures that cut across the larger West Yorkshire footprint.
- Feedback from the Panel on the Boards plan on the page approach.
- A query on the absence of a GP on the Board and where the skills of a GP would be best placed to contribute to the work of the Board.
- An explanation of the use of acronyms in the Annual report.

**RESOLVED** – That the Kirklees Safeguarding Adults Board 2017/18 Annual Report be noted.

### **7 Work Programme 2018/19**

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

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

**RESOLVED** - That the date of the next meeting be confirmed as 4 December 2018.