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KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 12th March 2019

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

Co-optees David Rigby
Peter Bradshaw

Apologies: Councillor Habiban Zaman
Lynne Keady (Co-Optee)

1 Minutes of previous meeting

RESOLVED - That the minutes of the meeting held on 12 February 2019 be approved.

2 Interests

No interests were declared.

3 Admission of the public

All items were taken in public session.

4 Kirklees Integrated Wellness Model update

The Panel welcomed Keith Henshall Kirklees Council Head of Health Improvement and Carl Mackie Kirklees Council Public Health Manager to the meeting.

Mr Henshall informed the Panel that the report to scrutiny had been produced to address the questions that the Panel had raised at a previous meeting and he and Carl would be happy to receive any further questions or points of clarification.

Mr Henshall stated that they would do their best to respond to Panel questions although they didn't yet have the operational detail which would emerge through the work that was being done with staff teams.

In response to a panel question that asked for clarification on what stage of the process the Model was at and what engagement was taking place Mr Mackie stated that no engagement work was currently taking place with service users.

Mr Mackie explained that public health had used previous engagement with service users and the public to inform the specification.

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

- An explanation on how public health envisaged co-production of the Model with service users would work including how Community Plus would be used to help form links to obtain community insight.
- A question on whether consideration would be given to establishing a service user panel to help inform the development of the Model.
- An overview of how the development of Community Plus would help provide links to local communities.
- Clarification that the process for launching the Kirklees Integrated Wellness Model would include a transition period prior to a planned go live date of 1 September 2019.
- A comment from the Panel that it was disappointed that there didn't appear to have been much progress made since the last panel update.
- Clarification that the new model intended to focus on both prevention and better management of existing medical conditions.
- An overview of socio economic determinants and other factors that contributed to a person's health and wellbeing.
- Confirmation that the concept of the model was rooted on the Marmot Review into health inequalities.
- Clarification that elements of the new service would emerge and be implemented during the transition period.
- An overview of the work that was being done in developing performance measures, outcomes of the new model and key service deliverables.
- The aim of having a performance framework ready for when the new service went live in September.
- Confirmation that the work and performance of Big Life was being assessed and measured.
- Details of the plans for performance managing the new service.
- A commitment that a performance framework would be in place for the start of the transition period.
- A comment that the short term aims of the model appeared to be a wish list and didn't appear to be backed up with evidence on how they would be achieved.
- Details of the engagement work with volunteer groups and the commitment to providing support to volunteers that would include areas such as personal development.
- The plans to use the collective resource from the current range of services and activities to transform a new service.
- An overview of the elements of the current service that would broadly continue as they did now and those parts that would be delivered differently.
- The aim to move away from multiple services and create a single point of access designed to coordinate appropriate interventions and support.
- The long term aim of improving key determinates of health and wellbeing such as reduced obesity levels, people with multiple long term conditions and increasing the numbers of people who were physical active.
- The need to have a whole system approach to improve people's health and wellbeing.
- The importance of the Primary Care Networks in helping to support the new model.

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- A key aim of the service in helping people to live healthier for longer.
- An explanation of why the changes were being made and the vision of the new model.
- The importance of providing a holistic offer that would mean that a person would only need to tell their story once and be provided with support that could help, if required, to address multiple issues.
- A question on how the new service would engage with people who did not engage with primary care or were unlikely to self-refer.
- The work that was being done with key partners and organisations who had access to key client groups that the service would wish to engage with.
- The work of the Strategy and Partnership Group that was looking at how resources could be joined together and help engage with people in a more community based way.
- An explanation of what was meant by self-referral.
- The approach that would be taken to providing appropriate and flexible support to meet the needs of a carer.
- A concern over the lack of reference in the report to mental health.
- Confirmation that at the heart of the model was people's mental and emotional wellbeing.
- An agreement that links to mental health services would be made more explicit in the service model description and specification.
- Clarification that a lot of the procedural and operational details covering issues such as safeguarding would emerge.
- Confirmation that staff working in the service would be required to have a real understanding of the local community they were working in.
- Confirmation that the service would adhere to GDPR rules and confidentiality.
- Clarification that the financial budget would run from 1 April 2019 and some of the budget would be used to support the transformation that included a relatively small amount to pay Big Life.
- An explanation of the activity based elements of the budget.
- A comment from the Panel that it would have been helpful to have a staff structure to help understand the roles and responsibilities of the various workers.
- Confirmation that details of staff roles including job descriptions were available for the Panel to see.
- An explanation of the interview process, the support, training and development that had been provided to staff as part of the change management to the new service.
- A brief overview of Big Life's role.
- Clarification that the service would be available across the whole of Kirklees.
- An explanation of a Low Super Output Area which was a geographical area measured by deprivation that helped to identify the most deprived areas in the district.
- Clarification that the service would be universal and all deprived areas would be targeted.
- A suggested from the Panel that the Service should engage with the Police Service as they had a high level of contact with vulnerable people.

RESOLVED –

1. A recommendation that the performance indicators/measures and outcomes of the model are agreed and ready to be introduced in April 2019 so they can be tested during the transition period prior to the start of the implementation phase in September 2019.
2. A recommendation that a Service User Panel is established during the transition period to provide ongoing service user input into the development of the model.
3. That the Panel receive clarification on the process that is followed before the referral stage to include the planned approach to engage with those client groups that would not normally engage with primary care or other health and social care bodies.
4. A recommendation that the interaction with mental health services and safeguarding is made more explicit within the service model description and specification.
5. That the Panel is sent details of the staffing structure to include job descriptions and roles of staff that will be working in the new wellness service.
6. The Panel would wish to see details of the plans to communicate and engage with service users on the new model and pathways.
7. A recommendation that due to the level of contact with vulnerable people the Wellness Service includes the Police on the list of key partners that it engages with.

5 Kirklees Safeguarding Adults Board - Peer Challenge

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

Mr Houghton-Evans stated that it was important to highlight that the Peer Challenge had been commissioned by the Kirklees Safeguarding Adults Board which was important in its role as an independent strategic partnership hosted by the Local Authority.

Mr Houghton-Evans informed the Panel that the Board had been keen that the Peer Challenge Team looked closely at the operation of the strategic partnership, the cooperation between the partners and the focus that the Board had in providing assurance that partners were adhering to the principles of safeguarding adults.

Mr Houghton-Evans explained that the relationship between the Board and the Scrutiny Panel was to work closely together. The Board provided a more in depth look at services than scrutiny would be able to do and it was important that scrutiny could feel confident that the Safeguarding Board was doing its job properly.

Mr Houghton-Evans stated that the Board had met with the Challenge Team prior to their visit to discuss where the focus of their attention might be best placed.

Mr Houghton-Evans referenced the section of the report that detailed the Challenge Team's key areas of focus and explained that the area that the Board was most

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interested in was how effective the Board was at operating as a strategic partnership.

Mr Houghton-Evans informed the Panel that the Board was reassured that the findings of the peer challenge did not result in any surprises although the Board was clear that it would not be complacent.

Mr Houghton-Evans stated that he did not want to see a separate improvement plan but would prefer to see the Board revisit the existing plan and make adjustments and improvements to take account of the peer challenge findings.

Mr Houghton-Evans explained that the golden thread needed strengthening and the Board needed to make sure that the areas that the Board received assurance were strengthened.

Mr Houghton-Evans stated that one of the actions that the Board was ready to implement was to get greater engagement with front line practitioners which would include introducing practitioner forums.

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

- A question on who regulated the Board's partners and ensured they were adhering to the Board's policies.
- A description of the infrastructure that had been developed to support the Board that included the role of the Delivery Group and the Board's sub groups.
- The process for obtaining key information from partners to help inform the Board's work.
- A question on how the Board would address the consideration suggested by the Challenge Team that there was insufficient evidence of the user voice at Board.
- An overview of the Board's plans to strengthen the voice of the service user.
- An explanation of the Board's approach to further developing how it evaluated the outcomes of service users.
- The challenge of using the data from users experiences to inform the work of the Board.
- An overview of the work of the Quality and Performance sub group and the progress that had been made in having meaningful and proportionate conversations with service users.
- An explanation of the Quality Assurance Framework.
- The strong partnership between the Board and the NHS.
- The culture of the Board that encouraged freedom of speech, challenge and sharing of problems.
- The process for undertaking case file audits and the potential for the intelligence from the work to result in a themed audit.
- A question on how the Board were looking to address the gap identified by the Peer Challenge between the Board and operational staff; the need to upskill staff in the area of safeguarding; and address the lack of confidence from operational staff in making referrals.
- An overview of the main areas that the Board used to engage with staff that included details of themed events and newsletters.

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- The focus on introducing practitioner forums that would be facilitated and supported by the Board.
- The work that was being done to increase collaboration between partners.
- A question on how the Board was looking at providing support and upskilling to volunteer staff.
- The work that was being done by the Council to promote the message that safeguarding was everybody's business.
- The Council's focus on awareness raising on safeguarding issues and providing volunteers with the confidence that any issues they had a concern with could be reported to permanent operational staff.
- A question on how support would be provided to volunteers and volunteer networks that didn't work within a structured service.
- An overview of the Board's plan to establish a reference group so it could have greater interaction with the voluntary sector and users by experience.
- Details of the Independent Chair's involvement with third sector leaders and the informal networks of safeguarding champions that were emerging.

RESOLVED –

1. That the Panel would wish to see at a future meeting details of the work the Kirklees Safeguarding Adults Board (KSAB) is doing to strengthen the voice of service users and to use their experiences to identify themes and inform the work of the Board.
2. That the Panel support the Board's plans to get greater engagement with front line practitioners including the introduction of practitioner forums.
3. That the Panel look forward to receiving an update on the areas for consideration identified in the Peer Challenge Report when the Panel receive the 2018/19 KSAB report to include progress on the work that has taken place in reenergising collaboration between the Adults and Childrens Safeguarding Boards.

6 Review of 2018/19 Work Programme

The Panel undertook a review of its activity and progress during 2018/19 to identify areas of work that had been completed, agree items to be carried forward to 2019/20, identify items that would need to be monitored and to put forward new potential areas for scrutiny.

The Panel agreed to carry forward a number of items from the 2018/19 work programme that included:

- Financial position of the Kirklees Health and Adult Social Care Economy.
- Kirklees Health and Wellbeing Plan to include the work emerging from the West Yorkshire and Harrogate Health and Care Partnership.
- Integration of Health and Adult Social Care
- Annual CQC presentation on the state of care across Kirklees
- Suicide Prevention
- Mental Health Services Transformation programme and Mental Health Rehabilitation and Recovery Services Transformation proposals.
- Wheelchair Services
- Kirklees Safeguarding Adults Board (KSAB) Annual Report
- Transforming Outpatient Care

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- Ambulatory Care Unit Dewsbury Hospital
- Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorder

Potential new issues suggested included: Yorkshire Ambulance Response Times ; Reviewing the relationship of the various single points of access provided across Kirklees; and Primary Care Networks

RESOLVED -

1. That following the review of the Work Programme those issues highlighted as ongoing work be carried forward for inclusion in the 2019/20 Work Programme
2. That consideration be given to including the following issues in the 2019/20 Work Programme:
 - Yorkshire Ambulance Response Times.
 - Reviewing the relationship of the various single points of access provided across Kirklees.
 - Primary Care Networks.

- 7** **Date of Next Meeting**
RESOLVED - That the date of the next meeting be confirmed as 9 April 2019.