HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL (v2)

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2019/20		
ISSUE	APPROACH AND AREAS OF FOCUS	OFFICER/PARTNER COMMENTS
FULL PANEL DISCUSSION	I ISSUES – CARRIED FORWARD FROM 2018/19	
Financial position of the Kirklees Health and Adult Social Care Economy.	 To maintain a focus on the finances of the health and social care system in Kirklees to include: Reviewing any emerging transformation programmes and assessing their contribution to increasing efficiencies and impact on services. Considering the various Cost Improvement Schemes (CIPs) and their impact on the delivery and commissioning of services. 	CHFT The CIP for 19/20 is available now, though continues to be a work in progress. The Trust will be able to attend any meeting requested by the Panel.
2. Care Closer to Home	 An update that provides details of how the future Locala Care Closer to Home (CC2H) contract will be developed. A detailed explanation and supporting information that covers an assessment of the CC2H programme including how it is helping to reduce demand on Kirklees hospital's and supporting the reconfiguration of local hospital services. To assess and review the strategic document that outlines Locala's plans for delivering the remaining two years of the CC2H contract. 	Clinical Commissioning Groups (CCGs) We would suggest that the emphasis for this area of work should be on community development and capacity building. Adult Social Care The development of Care Closer to Home has a number of dependencies/close links to areas detailed in other parts of the Panel's work programme. This includes: Integration of Health and Adult Social Care; Primary Care Networks; and Wellness Model. To help further inform the work of scrutiny it is

		suggested that a development session is arranged. The approach and format of the session would be agreed with the Panel and designed to help members refine and prioritise the areas of focus for inclusion in the work programme. Healthwatch Kirklees Community health care provision is integral to the Health and Wellbeing plan for Kirklees and it's not necessarily easy to see what the development plan is for those services provided under the CC2H contract. Also, it highlights the issue that the commissioning of a contract such as this is so labour intensive that contract extensions are likely, regardless of quality. It might bring more stability to the system if the contracts were longer, particularly if the intention is to almost always extend them.
3. Integration of Health and Adult Social Care	 Areas of focus to include: Evidence that the integration work being developed includes an emphasis on tackling health inequalities. Assessing how well the integration agenda is being implemented through the Care Closer to Home Programme. An update on the Better Care Fund (BCF) following publication of the Green paper on Adult Social Care. The role of Community Plus and the outcomes it's delivering. 	Adult Social Care See comments for Care Closer to Home. Healthwatch Kirklees We would suggest that it might be useful for the Panel to include in the areas of focus the work of the Kirklees Integrated Provider Board.

	The development of GP Federations and details of their work.	There's some good practical work being delivered by the Board under a series of different programmes, and it would be helpful for the Panel to have an understanding of this work. We note that the Panel has also included Primary Care Networks (PCNs) as a separate item on the work programme and feel that it would be beneficial for the Panel to consider including PCNs in this item.
4. Integrated Wellness Model	 To continue monitoring the development of the Wellness Model to include: Receiving an update on the Panel's recommendations agreed at the March 2019 meeting. Looking at the outcomes and lessons learned from the transition period. 	Adult Social Care See comments for Care Closer to Home.
5. Quality of Care in Kirklees	Receive an annual presentation from CQC on the State of Care across Kirklees.	CCGs We would welcome the opportunity to be involved in these discussions. Our involvement and input with colleagues from adult social care will help to demonstrate our commitment to integrated working. MYHT We would welcome the opportunity to be involved in these discussions. Healthwatch Kirklees

6. Suicide Prevention	 To receive and consider: An update 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. An update on work that is being done on mental health services for men in the 45-60 age group. Progress on the level of support and information being provided to schools for young people who have been identified as self-harming. 	It may be helpful for the Panel to be aware that we are currently looking at how we could work with the Council and CQC to support work around improving the quality of care provision in care homes. We are talking about how we could use our Enter and View programme to offer support to Adult Social Care providers. This is very much in its early stages, and is something that we have suggested rather than a request from Adult Social Care or the CQC. Adult Social Care Suicide Prevention and the wider aspects of Mental Health Services including elements of the Rehabilitation and Recovery Services Transformation Project is another area that have interdependences. We suggest that this is another area where a development workshop session would help assist the Panel to refine and prioritise its key areas of focus. SWYPFT We believe the update should not exclusively focus on mental health services for men in the 45-60 age group but should also include all work being undertaken within the SWYPFT
-----------------------	--	--

		Healthwatch Kirklees Suicide Prevention is an issue that is very much at the forefront of our minds at the moment. We have just closed a survey, and have finished delivering focus groups and drop in sessions, to ask people about their experience of the Single Point of Access for Mental Health services (provided by SWYT). SPA is the service that we receive most unprompted feedback about. Currently SPA is undergoing a redesign, and we are hopeful that we can influence this using the results of our work (which will encompass feedback from members of the public and professionals). We would be interested to see the SPA redesign as something that is considered by the Scrutiny Panel as it's a fundamental part of the delivery of acute mental health care provision.
7. Mental Health Rehabilitation and Recovery Services Transformation Project.	 Key areas of focus to include: An update on the work that is being done through the regional Integrated Care System (ICS) on a system wide Mental Health and Rehabilitation and Recovery Service and how this will impact on local services. Details of how key messages from the local engagement process have informed the new proposed model. 	Adult Social Care See comments for suicide prevention. MYHT We would suggest that the Panel also includes a focus on the high numbers of out of area admissions.

8. Kirklees Safeguarding Adults Board (KSAB) 2018/19 Annual Report	The new proposed model and to consider if any elements of the model constitute a significant change to service. To receive and consider the KSAB Annual Report.	
9. Mid Yorkshire Hospitals NHS Trust (MYHT) Ambulatory Emergency Care (AEC) Services	A joint piece of work with Wakefield Adults Services, Public Health and the NHS Overview and Scrutiny Committee that will look at the impact of the closure of the AEC unit at Dewsbury Hospital to include: • An assessment of the services provided by the AEC unit at Pinderfields and reviewing: ○ The pathways for accessing AEC services at MYHT; ○ Patient numbers/flows; ○ Services and treatments provided by the Pinderfields unit; ○ Capacity of the unit; ○ Analysis of transport arrangements; ○ Staff arrangements including roles and responsibilities; ○ Future plan and timescales for reestablishing an AEC unit on the Dewsbury Site. • Looking at other services that complement AEC services to include Frailty, hot clinics and partnership working with adult social care.	CCGs In addition to the focus on the AEC services the Panel may wish to consider work that is currently taking place that is looking at the overall services provided by MYHT and how they will be delivered in the future. MYHT The Trust looks forward to working with the Panel on this review.
10. Foetal Alcohol Spectrum Disorder (FASD) and Foetal Alcohol Syndrome (FAS).	To monitor progress of the recommendations agreed at the Panel meeting January 2019 with a focus on the work that is being progressed regionally on developing a protocol and diagnostic pathway for children with FASD.	
11. Transforming Outpatient Care at Calderdale and Huddersfield NHS	To continue to monitor the work being developed by CHFT on transforming outpatient care to include:	CHFT This work is progressing in the Trust

Foundation Trust (CHFT)	Assessing whether there is sufficient capacity in primary care to support the new models of outpatient care. Receiving details of the key outcomes of the new model by service area including:	and we are happy to provide an update or host a visit when it suits the Panel. Healthwatch Kirklees We feel it would beneficial if the Panel could establish if there was a programme of outpatient transformation at Mid Yorkshire Hospitals Trust. This line of enquiry could be done to check that there isn't any disparity and inequality between those who access services at CHFT and those at MYHT.
ISSUE	APPROACH AND AREAS OF FOCUS	
1. Wheelchair Services	Following the commencement of the new contract maintain an overview of the service and quality of provision to include looking at: waiting times; demand; repairs; and social needs of services users. Findings to be reported back in a written report to full panel.	MYHT The Trust's experience indicates that this service is still taking too long especially from the clinician's perspective. Healthwatch Kirklees This is still something we maintain a keen interest in. We feel it would helpful to closely monitor the new contract to ensure that the same issues do not arise following this transition.

2. Interim changes to Acute in Medicine, Cardiology and Reservices provision at CHFT 3. Kirklees Health and Wellbei include work emerging from Yorkshire and Harrogate He Partnership (WY&H HCP)	ng Plan to	Arrangements to be made to visit CHFT to see changes that have taken place. Subject to panel agreement Lead Member to monitor impact of changes. To monitor progress and implementation of the Local and WY&H HCP plans to include assessing any emerging regional proposals and their impact on local services.	CHFT We recommend a visit avoids the key pressure time, January – March.
Routine follow ISSUE 1. Review of Mental Health As	w up to previous	MONITORING ITEMS recommendations to demonstrate Scrutiny outcomes FOCUS Lead member to check progress of the Ad Hoc action plan and report back to the Panel.	OFFICER/PARTNER COMMENTS
PROPOSED NEW ISSUE	Put Forward by	FOCUS	OFFICER/PARTNER COMMENTS
1. Yorkshire Ambulance Service (YAS) Response Times	Cllr Charles Greaves	 To consider ambulance response times across the district to include: Assessing performance across the district with a focus on response times for categories 1 and 2. Looking at the variances of performance across Kirklees. To consider factors that may affect performance including: levels of demand; dependency on other organisations; and how these dependencies are managed. 	Healthwatch Kirklees This doesn't fall specifically under this item, but we think another area of interest for the Panel would be YAS's involvement in the Integration work that is currently taking place. YAS do not currently attend the Kirklees Integrated Provider Board meetings However, ambulances and patient transport are critical to the delivery of integrated care and it feels like this is a significant element of the

			integration jigsaw.
2. Primary Care Networks (PCNs)	Health and Adult Social Care Scrutiny Panel	 Key areas of focus to include: Monitoring progress of the development of the Kirklees networks to include assessing the network's contribution to the integration of health and adult social care; the integrated wellness model and care closer to home. Looking at the impact of the networks in providing greater accessibility and flexibility for patients accessing primary medical services. Assessing the impact of the networks in reducing avoidable A&E attendances; hospital admissions; delayed discharges; and reducing avoidable outpatient visits. Looking at the work being done by the networks to assess their local population through a targeted and personalised approach to provide support to people where it is most needed. 	Adult Social Care See comments for Care Closer to Home. CCGs We would suggest that the Panel considers moving the focus on reducing avoidable admissions to next year's work programme as assessment of this area of work won't be fully appreciated until 2020. The remaining areas of focus could be merged with the work that the Panel will be covering on care closer to home. Healthwatch Kirklees Our key question is how the public are being involved in the development of the PCNs and their priorities. We feel that the plans being developed on each footprint should not be done in isolation and without clear scope for the public to influence. Engaging the public around development is not the GPs core work, and it takes time to develop expertise around gathering the public's views.

the PCNs are developing at such path that we feel that public engagem could be missed. We think there needs to be a clear in between the council's place be engagement model and the PCNs.	ır tie sed
3. West Yorkshire and Health and To consider the work that is being done to produce robust local	
Harrogate Local Maternity	
Panel include:	
How it will be actioned in Kirklees by the two acute trusts.	
· · · · · · · · · · · · · · · · · · ·	
The impact and implications of the changes to local services. Additional theorem and a filler Comment in the local services.	
Looking at the development of the Community Hubs. 4. Hymon Parilla requires Bublic health To consider the LIVE Programme to include:	
4. Human Papillomavirus Public health To consider the HVP Programme to include:	
(HPV) vaccine • Changes to HPV programme with the introduction to boys aged 12 -	
13 years.	
High rate of vaccine refusal, predominantly in North Kirklees and	
the work undertaken to understand reasons for refusal.	
Consideration of the changes to the GP contract for 2019/20. Provides a will a design than URX to a set a very series than a report which is all to a set a very series to the GP.	
Practices will administer HPV booster vaccinations opportunistically	
or following patient request when the child has been unable to access or missed the school programme provision. The patient	
cohort for this programme has changed from girls aged 14-18 years,	
to girls and women aged 14-24 years.	
5. Update on Winter CHFT CHFT	
Planning We would have expected to see a	ın İ

update on winter planning. In the past Scrutiny have been keen to
receive assurance on this. If you did want to include it September may be a good time to bring it to panel.