ADULTS, HEALTH AND SOCIAL CARE SCRUTINY BOARD, 14TH NOVEMBER 2019

PRESENT: Councillor Blagbrough (Chair)
Councillors Barnes, Clarke, Mrs Greenwood and Hutchinson.

32 APOLOGIES FOR ABSENCE

Apologies were received from Councillors Benton, Naeem, MK Swift and Whittaker.

(Councillor Mrs Greenwood left at 18:20)

(The meeting closed at 19:30 hours).

33 MINUTES OF THE ADULTS, HEALTH AND SOCIAL CARE SCRUTINY BOARD HELD ON 17TH OCTOBER 2019

IT WAS AGREED that the Minutes of the meeting held on 17th October 2019 be approved as a correct record and signed by the Chair.

34 IMPROVING SERVICES FOR ADULTS WITH AUTISM IN CALDERDALE

The Chief Executive, Healthwatch Calderdale (HWC) submitted a written report that provided information on a range of issues faced by adults in Calderdale who had or who were seeking a diagnosis of an Autism Spectrum Condition (ASC). The report outlined recent improvements to services that included the commissioning of a diagnostic pathway and the funding of the Autism Hubs which was now in its second year. Despite the developments HWC continued to hear regularly from adults with ASC who raised the same concerns as before, and whose lives were still being negatively affected by the lack of appropriate services and support.

HWC explained briefly what ASC was and how it could affect adults' lives, including higher rates of suicide and mental health issues than the general population, as well as frequently having a range of co-occurring conditions such as Attention Deficit Hyperactivity Disorder (ADHD), dyslexia, dyspraxia and epilepsy. HWC clarified the benefits for adults who were on the autism spectrum of having a diagnosis and the difficulties they faced in trying to get assessment. Data included within the report showed that the diagnosis rate for adults with ASC in Calderdale was extremely low, and HWC believed that the reasons for this needed to be explored.

HWC included a range of recommendations, some of which could be easily actioned. Such as improved data collection, increased training for professionals, and better understanding and use of reasonable adjustments. Other recommendations had been more challenging, but may have been achievable through new ways of working and better collaboration.

The Head of Continuing Healthcare/Mental Health and Learning Disabilities Calderdale Clinical Commissioning Group (Calderdale CCG), Commissioning and Quality Manager, Calderdale and the General Manager, Community Services, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) prepared a written response that accompanied the HWC Report and described the actions taken to respond to the ten recommendations in the original Healthwatch Report published in 2017. An initial response was provided to the Report titled 'Improving Services for Adults with Calderdale'.

In October 2017, HWC published a report 'Adults Experience of ASD Services in Calderdale and Kirklees'. A separate Calderdale report was produced at the same time. The Report set out the results of HWC's investigations into issues being raised in those areas by adults with diagnosed or undiagnosed ASC regarding the services they had been offered. HWC made a number of recommendations, and an update against these was provided within the report.

Whilst a considerable amount of work had been undertaken at a regional and local level to reduce the use of Assessment and Treatment Units provision and to ensure that people were supported to leave hospital and wherever possible moved onto community provision there were still a number of ongoing actions and opportunities for Calderdale.

The Council and Calderdale CCG needed to ensure that there was oversight of the quality of all provisions and that staff were offered the correct support and guidance to deliver good quality person centred services. The Council, Calderdale CCG and SWYPFT had taken on board the recommendations of the 2017 Healthwatch Report and had taken appropriate action. They would consider the new recommendations and respond accordingly.

The Chair invited the following people to share their experience of the referral process with the Board.

- *Deborah Wortman, a qualified Counsellor and Psychotherapist who practiced within Calderdale, attended the meeting and shared her experience of working with people who were diagnosed or undiagnosed ASC. She felt that she was unable to recommend people to the Service for a diagnosis due to the amount of people who had been referred, but did not receive a screening. Deborah shared that people had been adapting/masking their own behaviours to accommodate their autistic traits. In the past 18 months Deborah confirmed that she had advised her patients to seek a private diagnosis; one person had been on the waiting list for 3 years, and had finally received an appointment in Wakefield.*

  One person had been diagnosed with autism and support had been in place from childhood, now that he was approaching adulthood was struggling with his mental health. Child and Adolescent Mental Health Service had been unable to offer a service and the family felt that there was a lack of understanding. Within the service the transition to adulthood started at 17 ½ which was not long enough for people with autism to adjust to the change in circumstances.

- *A person diagnosed with autism shared that in 2013 she had been diagnosed with other mental health issues and realised from other people's experiences that she may have been autistic. She undertook research and following a referral to Sheffield was diagnosed with Social Anxiety Disorder. She felt that she had was wrongly diagnosed and suffered severe mental health issues and tried to take her own life. In 2016, she was diagnosed autistic and now received the support she needed. She had joined a group for like minded people and set up a support group, there was a general consensus that they felt a lack of belonging to society.*

The Head of Calderdale Commissioning Continuing HealthCare/Mental Health/Learning Disabilities addressed the Board and explained they were asked to

attend the Adults Health & Social Care Scrutiny Board to provide a response to the HWC Report. The response provided addressed the HWC 2017 Report and were unable to provide a comprehensive response to the most recent report which they had only received a few days ago. In 2017 Calderdale did not have an assessment service and the Calderdale CCG had worked with neighbouring CCGs to commission a service, including SWYPFT. The Service had been in place 18 for months and was now in a position to reflect on the service provided and that the HWC Report and listening to people's voices was timely.

Dr Caroline Taylor, Calderdale CCG, advised that they looked at an all age strategy and had begun with children as the starting point; adults had been looked at in parallel. The next area of focus on mental health would be autism as this was a tangible group of people, and wanted to look at a service that would translate over the whole spectrum and to develop systems that covered those areas. Calderdale CCG were mindful not to commit to one cohort of people and restrict the service, but to provide a robust service that covered all ages.

Calderdale CCG confirmed that they needed to reflect on the service and what they had learned, and that reasonable adjustments were made to ensure that mainstream services were available.

Professor Marios Adamou, SWYPFT, advised that their service was a new service and the only one of its kind in the country, and to date had received no complaints from a person diagnosed with autism by SWYPFT. SWYPFT used the National Institute for Health and Care Excellence criteria when diagnosing patients, and confirmed if anyone had shared their concerns the service would have reflected on this and that it would have been helpful to see evidence of diagnosis from other agencies if patients had felt they were mis-diagnosed.

Members commented on the following issues:

- Did HWC feel that sufficient progress had been made? In response, HWC advised that in their annual report it was acknowledged that diagnostic pathways had been achieved. Albeit that the number of people being diagnosed with autism in Calderdale was low at only 6 people being diagnosed in the past year.

- It was understood that people who had been diagnosed with ASC outside of Calderdale had to go through a further diagnostic assessment to access services within Calderdale, was this correct? Did children and young people who had been diagnosed ASC carry their diagnosis through to adulthood without requiring a further assessment? In response, Officers advised that SWYPFT wished to develop interventions and part of the process was to ask for a copy of the diagnostic report. If the report did not meet their guideline criteria, the person would be offered alternative services until a new diagnosis was made. Officers advised that children did not need to be reassessed.

- It was known that people with ASC were at a greater risk of suicide than other people. It was difficult to comprehend that they were unable to access mental health support because the contract expressly excluded people with ASC. The report stated that SWYPFT were not commissioned to provide those

post-diagnostic services - people had to submit an Individual Funding Request, an additional hurdle for someone whose life was already challenging? In response, Officers advised that someone's primary care is a priority no matter where they resided. It was true that SWYPFT did not provide an autism service as part of their offer, though discussions were being held and would be considering this moving forward.

- The low diagnosis rate was a concern, had best practices been adopted from other areas? In response, Officers advised that other services were visiting SWYPFT to view their practices. Comparatively SWYPFT had similar rates to Nottingham.

- GPs were duplicating forms and procedures when referring patients, why were these best practices not being followed? In response, Officers advised there were few people coming through the referral process which made it difficult for GP's to learn the new practices, and that learning was a slow drip effect.

- Officers advised that it was often the case that they did not receive enough information to begin with and they approached each case as if the patient was autistic and then look to match the criteria. Only when this has happened will a clinical letter be sent.

- Officers noted that Calderdale did provide a mental health service and their ambition was to provide a robust service across the Borough and that if a person had a problem they wanted to help them solve it and direct them to the correct department that could help with their specialised needs.

- Due to the low number of adults who receive a diagnosis of ASC in Calderdale, when estimates were at 1% of the population that had this condition. Could this be explained by ASC and the point on the spectrum in which a definitive diagnosis was made? In response, Officers advised that they had set the threshold where the diagnostics told them to do and operate within the criteria of their remit. In response to accessing mental health, a person could access their information and provide feedback, but it did appear that this was not happening.

- Officers took on board the comments made and advised that mental health services had introduced the pathway and worked towards a primary mental health criteria to assist the departments servicing the community.

- Officers advised that they hoped to have, through evaluation of data and analysis, information they could reflect on and bench mark against, they just were not there yet. They had chosen a 12 months data set to work with. As a Service their ambition was to help individuals access the correct support in the most appropriate way.

- What was the priority in understanding the misdiagnosis and identifying where the issues and problems were? In response, Officers advised that the point of

diagnosis was to enable people to access the correct service and be supported. It was about not being generic and looking at the whole person, the key was differentiation. They would keep this at the top of the agenda.

IT WAS AGREED that

(a) Heathwatch Calderdale, Calderdale Clinical Commission Group, Officers of the Council and members of the public who attended and addressed the Adults Health and Social Care Scrutiny Board meeting be thanked for their contribution;

(b) the reports be noted and the recommendations contained within the Healthwatch Calderdale Report be acknowledged; and

(c) that representatives from Calderdale Clinical Commission Group and South West Yorkshire Partnership NHS Foundation Trust Director be requested to attend a future meeting of the Adults Health and Social Care Scrutiny Board with a progress report on services provided for Adults with Autism in Calderdale.

35 UPDATE ON PRIMARY CARE NETWORKS

The Head of Primary Care Quality and Improvement, Calderdale Clinical Commissioning Group submitted a written report that provided an update on the development of the Primary Care Networks (PCNs). The update described national and local context, progress to date and the requirements for the next 12-18 months which included potential opportunities and benefits for the population of Calderdale.

In 2018, the Calderdale Health and Wellbeing Board adopted an approach for the integration of health and care services in Calderdale called Calderdale Cares. Based on a national evidence base, Calderdale Cares initiated the creation of localities of 30,000 – 50,000 people, starting with two localities, and building up to five localities which spanned the entirety of the Calderdale geography. Calderdale Cares was subsequently adopted by system partners through their formal governance structures.

In 2019, PCNs were mandated nationally to enable the provision of proactive, accessible, coordinated and integrated primary and community care aiming to improve outcomes for patients. They are formed around natural communities based on GP registered lists, serving populations of around 30,000 to 50,000. Networks are small enough to still provide the personal care valued by both patients and GPs, but large enough to have impacted through deeper collaboration between practices and others in the local health (community and primary care) and social care system. They would provide a platform for providers of care to be sustainable in the longer term.

There was a clear strategic alignment between the two initiatives, and the report described how the two were progressing in tandem.

Members commented on the following issues:

- There was extensive evidence that continuity of care was safe, cost effective, efficient and highly valued by patients. Was there an emphasis on providing access to any health professional being promoted at the expense of what we

know worked – continuity of care? In response, Officers advised That GPs needed to spend time with patients with complex needs that they were finding it difficult to see, and their time needed to be freed up to enable this to happen. There was no point of having a gold standard of continuity of care if no one could get to access their GP.

- What was the role of the 'First Contact Practitioner' and what type of patients would they be looking after? In response, Officers advised that if a patient called and informed the receptionist that they were suffering with back pain, the receptionist, who would be trained in triage, would direct them to the physiotherapist who specialised in back pain. The funding was for one physiotherapist per PCN.

- Enhancing health in care homes, the report stressed the merit of 'consistent GP input'. What type of care of this relatively high needs population and how would the consistent GP input be delivered? In response, Officers advised that this was the high level information NHS England had not yet released and that the work that had been undertaken in care homes where we were working as pioneers. It was about having the right person to do the job, and that GP's were only called in when needed.

IT WAS AGREED that the report be noted.

36 UPDATE ON CARE CLOSER TO HOME

The Head of Primary Care Quality and Improvement, Calderdale Clinical Commissioning Group (Calderdale CCG) submitted a written report that provided an update on the work undertaken on Care Closer to Home (CC2H) in Calderdale. The report included their approach to involve local people in the developments.

Since the launch of CC2H in 2014-15, partners had been working together to strengthen existing services and explore new opportunities for the Calderdale population. In mid-2015, Calderdale CCG published a one-year plan, detailing the CC2H model and was appointed Vanguard Multi-Specialty Community Provider Vanguard status. We utilised the opportunity for continued dialogue with the Adult Health and Social Care Scrutiny Board (ADHSC) regarding CC2H and Vanguard. Calderdale CCG carefully listened to views and took these on board as part of the development of the CC2H programme and agreed to continue to meet with ADHSC to provide updates.

In June 2016 an update on CC2H was presented to the Calderdale and Kirklees Joint Overview and Scrutiny Committee (JOSC)

The focus of the update was to share the following information:

- update on the implementation of CC2H since its initiation in 2013/14 and the plans for further work during 2016/17.
- an articulation of the approach to commissioning CC2H since its inception, and plans for its re-commission in 2017.
- the role of social care in the delivery of CC2H and the hospital change programme.

Members commented on the following issues:

- The Report commissioned by the Calderdale CCG from the consultancy firm, Mckinsey, the workforce modelling suggested that there should be a reduction of half the nursing workforce across primary and community care in Calderdale and loss of a third of allied health professionals, with minimal increase in general doctors and nurse specialist, was this a reasonable way forward? In response, Officers advised that work was needed to build on community awareness, it was about engaging with the public and for them to respond. It was not about professionals but building resilience. There was a national approach to workforce planning and locally this was continued to be reinforced.

  The Mckinsey report was a guideline and a model was being tested that was specific for Calderdale and Calderdale CCG was working with the Council to identify where beds were needed.

- There was a recommended increase in the number of intermediate care beds, which would be a significant increase, why was this? In response, Officers advised that intermediate care beds had stood at around 50 in previous years and these figures had changed and the numbers reflected the change.

- The continued collaboration of Calderdale CCG working closely with this Scrutiny Board and other Scrutiny Boards within the surrounding Local Authorities to provide robust conversations in development of CC2H.

- The need for transparency so that the public were fully aware of the progress that was being made.

IT WAS AGREED that the report be noted.

37 CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

The minutes of the Calderdale and Kirklees Joint Health Scrutiny Committee were submitted to provide an update of the meeting held on the 18th October 2019.

IT WAS AGREED that the minutes be noted.

38 WORK PLAN 2019/20

The Senior Scrutiny Officer submitted the Board's Work Plan for consideration.

The Senior Scrutiny Officer advised that a discussion needed to be held at the December 2019 meeting to discuss the five Alternative Provider Medical Service Contracts practices that are under consultation, the contract would end in March 2020.

It was also advised that the wheelchair services had not run as smoothly as anticipated, and suggested that this be added to the work plan for early in the New Year

IT WAS AGREED that the Work Plan 2019/20 be noted, subject to the above additions.