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**Service Director – Legal, Governance and
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Wednesday 3 November 2021

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will take place remotely at **2.00 pm on Thursday 11 November 2021.**

This meeting will be webcast live. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read 'Julie Muscroft', on a light-colored background.

Julie Muscroft

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Adult Social Care Scrutiny Panel members are:-

Member

Councillor Habiban Zaman (Chair)

Councillor Aafaq Butt

Councillor Bill Armer

Councillor Vivien Lees-Hamilton

Councillor Lesley Warner

Councillor Fazila Loonat

David Rigby (Co-Optee)

Lynne Keady (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of previous meeting

1 - 10

To approve the Minutes of the meeting of the Panel held on 7 October 2021.

2: Interests

11 - 12

The Councillors will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interests.

3: Admission of the public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

4: Deputations/Petitions

The Committee will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

5: Public Question Time

The meeting will hear any questions from the general public.

In accordance with Council Procedure Rule 51(10) each person may submit a maximum of 4 written questions.

In accordance with Council Procedure Rule 11(5), the period allowed for the asking and answering of public questions will not exceed 15 minutes.

6: Care Homes Programme Board Update 13 - 36

The Panel will receive an update on the Kirklees Care Homes Programme Board.

Contact: Simon Baker – Head of Commissioning Partnerships and Market Development Tel: 01484 221000.

7: Community Care Services 37 - 52

A representative from Locala will provide an update on Community Care Services in Kirklees.

Contact: Yolande Myers, Principal Governance Officer 01484 221000

8: Work Programme 2021/22 53 - 62

The Panel will review its work programme for 2021/22 and consider its forward agenda plan.

Contact: Yolande Myers Principal Governance Officer: 01484 221000.

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 7th October 2021

Present: Councillor Habiban Zaman (Chair)
Councillor Aafaq Butt
Councillor Bill Armer
Councillor Vivien Lees-Hamilton
Councillor Lesley Warner
Councillor Fazila Loonat

Co-optees David Rigby
Lynne Keady

In attendance: Helen Hunter – Healthwatch Kirklees
Jon Parnaby - NHS Kirklees CCG
Richard Parry – Kirklees Council
Amanda Evans – Kirklees Council
Sue Sutcliffe – South West Yorkshire Partnership NHS
Foundation Trust (SWYFT)
Melissa Harvey – South West Yorkshire Partnership NHS
Foundation Trust
Jane Close – Locala
Jo Halliwell – Mid Yorkshire NHS Trust (MYHT)
Bev Walker Calderdale and Huddersfield NHS
Foundation Trust (CHFT)
Phil Longworth – Kirklees Council
Alex Chaplin – Kirklees Council

Observers: Cllr Elizabeth Smaje
Peter Bradshaw

1 Minutes of previous meeting

The minutes of the meeting held on the 19 August 2021 were approved as a correct record.

2 Interests

Cllr Lesley Warner declared an interest as a member of the Calderdale and Huddersfield NHS Foundation Trust Membership Council.

Lynne Keady declared an interest as a Healthwatch Kirklees and Calderdale volunteer.

3 Admission of the public

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All items were taken in public session.

4 **Deputations/Petitions**

No deputations or petitions were received.

5 **Public Question Time**

No questions were asked.

6 **Healthwatch Kirklees**

The Panel welcomed Helen Hunter from Healthwatch Kirklees and Calderdale to the meeting.

Ms Hunter outlined the work that Healthwatch had undertaken in 2020/21 and presented the work programme planned for 2021/22.

Ms Hunter explained that although the Covid-19 pandemic had presented Healthwatch with some difficulties, particularly around members of the community who were digitally excluded, it had spurred Healthwatch on to new and exciting ways of working.

Ms Hunter informed the Panel that during the pandemic, they had continued to ensure that insights gleaned from the public were presented to the right services at the right time.

The Panel heard that Healthwatch had played a strong role in providing the public with updates on services, including vaccinations throughout the pandemic.

Ms Hunter explained that Healthwatch had supported health and care providers in understanding how the pandemic had affected the public so that services could be adapted in a timely way.

Ms Hunter informed the Panel that Healthwatch had introduced a telephone befriending service for vulnerable people and people who were shielding throughout the pandemic.

Ms Hunter stated that Healthwatch had worked particularly with people who were additionally vulnerable, such as those who were signposted to them through mental health services, people with substance misuse issues or learning disabilities.

Ms Hunter advised that the telephone befriending service had received incredible feedback about the value of the support it had provided.

The Panel heard that Healthwatch had completed some proactive work around COVID-19, asking service users what their experience was in accessing services during the pandemic.

Ms Hunter explained that Healthwatch had used storytelling tools asking people to send in images or poetry that had enabled them to capture experiences in different ways. Healthwatch received nearly 700 survey responses, 36 from staff and 36 stories.

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Ms Hunter explained that the feedback from the responses had initially focused on teething problems affecting access to services as processes were not well established.

Ms Hunter informed the Panel that key providers had been told about the teething problems and had adapted their health and care provision in line with the feedback from the public.

The Panel were informed that access to dental care remained a critical issue both in Kirklees and nationally.

Ms Hunter advised the Panel that evidence received by Healthwatch indicated that service users struggled to access a dentist until emergency treatment was required. Healthwatch also highlighted that feedback indicated that despite being able to access emergency care patients often couldn't access the follow up support they needed.

Ms Hunter informed the panel that there had been occasions in the past few years when there had been no dentists in West Yorkshire taking on NHS patients.

Ms Hunter outlined examples of the work that Healthwatch had been involved in as part of their focus on looking at opportunities to do things differently in health and social care.

Ms Hunter provided an overview of the work that was included on Healthwatch's work plan and explained how the work of Healthwatch tied into the work of scrutiny.

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

- Confirmation that Healthwatch was aware of the impending arrival of a new cohort of asylum seekers and refugees into Kirklees who would require support to access services.
- Details of digital enter and view visits to care homes carried out by other Healthwatch organisations and the potential for this approach to be implemented in Kirklees.
- Information regarding the initial difficulties in Kirklees and Calderdale in accessing the Eating Disorder Service and how a review of the service could be pursued at a West Yorkshire level.
- An overview of the challenges for GP's in providing face to face appointments and balancing the needs of those-patients who want to be able to choose how they access their GP service.
- Details of how integrated care had seen a positive improvement particularly around removing barriers between services.
- Confirmation that there was no significant discrepancy in peoples experiences of healthcare services in Kirklees and Calderdale-compared to other areas in the region.
- Confirmation that access to dental services had been put forward as a possible issue to be covered by the West Yorkshire Scrutiny Committee.

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- An overview of the approach taken by individual dental practices to managing their patient lists.

RESOLVED –

That Helen Hunter be thanked for attending the meeting and that the information presented be noted.

7 Winter Pressures

The Panel welcomed representatives from the Kirklees Health and Adult Social Care sector to the meeting.

Mr Parry, Strategic Director for Adult and Health presented an overview of the whole system approach that partners were now operating to provide health and care services over the winter period.

Mr Parnaby, Transformation Programme Manager; Urgent & Emergency Care NHS Kirklees Clinical Commissioning Group explained that there was a system plan in place to enable organisations from across the local health and care system to work together.

Mr Parnaby explained that the system plan detailed what risks were in place; where risks were owned; where risks were shared; and common risks.

The Panel heard that the system was in a transitional period as it moved into the Integrated Care System (ICS) and the work being done locally would feed into the ICS West Yorkshire view and be shared with ICS's across the region.

Mr Parnaby outlined that over the past three to four years there had been significant partnership working, and so partners had got established ways of working with the ICS way of working being nothing new to Kirklees.

The Panel heard that Kirklees were well placed for moving to the new ICS way of working, due to the collaborate approach already being implemented.

Mr Parnaby explained that there were complimentary winter plans that covered the Mid Yorkshire Hospitals NHS Trust (MYHT) and Calderdale and Huddersfield Foundation Trust (CHFT) footprints.

Mr Parnaby stated that resilience and safety were the key drivers for ensuring winter plans were effective. He explained that the system was set up to adapt to various scenarios that included the impact of weather, the pandemic and seasonal infections.

Mr Parnaby explained that the scenarios affected all partners whether they were in the health or social care system and the aim through collaborative working was to evenly spread the risks wherever possible.

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Mr Parnaby stated that there was an emphasise in the plan to avoid a situation where a partner responding to a specific risk inadvertently affected another organisation.

Mr Parnaby explained that a weekly 'Silver Call' between partners took place every Tuesday to ensure the ramifications of decisions taken in one area didn't present risks in another.

The Panel heard that the acute footprint system plans had been submitted to the ICS The plans included key lines of inquiry that had been developed by the ICS and shared with all partners across the Kirklees system.

Mr Parnaby outlined details of the preparedness for winter and explained that each partner in the local system had been asked to score themselves as to how prepared they were for the winter.

Mr Parnaby explained that the plans for both acute footprints had submitted a score of amber green which meant that although some areas were fully prepared there were areas that had outstanding actions.

Mr Parnaby outlined details of the Kirklees response and highlighted several initiatives being introduced by partners for winter which included ten innovation schemes from CHFT.

Ms Walker Deputy Chief Operating Officer Calderdale and Huddersfield NHS Foundation Trust outlined details of some of the winter schemes, some of which ran recurrently, to alleviate those pressures that remained throughout the year.

Ms Walker explained in detail one of the improvement schemes that was focused on improving the quality of discharge planning and discharge medication.

The Panel heard that CHFT had recruited a pharmacy prescriber, who would work alongside junior medical staff to work with patients cleared for discharge which had resulted in a more timely service that enabled patients to be discharged earlier in the day.

Ms Walker also described the work that was taking place in educating patients on their medication and establishing links with community pharmacies to ensure there was a process in place to follow up with patients in the days and weeks following discharge.

Another of the CHFT winter innovation schemes outlined to the Panel was to increase the numbers of medical staff, Allied Health professions and nursing staff available during the out of hours period within the hospital.

Ms Halliwell Deputy Chief Operating Officer Mid Yorkshire Hospitals NHS Trust (MYHT) informed the Panel that the MYHT innovation schemes followed similar themes to those described by CHFT.

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The Panel heard that MYHT was working closely with system partners and in particular the Local Authorities and community based care to reduce the number of patients from staying in hospital longer than they needed for their acute care.

Ms Halliwell outlined the work that MYHT was undertaking with the national team to develop further its same day emergency care service by expanding the number of patient pathways that would be suitable for this service.

Ms Evans Service Director for Adult Social Care Operations informed the Panel that Kirklees Council was working closely with Calderdale and Wakefield councils to focus on achieving expected discharge dates and to safely discharge people from hospital by ensuring they received the right level of support to continue, where possible, their recovery at home.

Ms Evans outlined the work that was being done with health partners to focus on prevention and develop anticipatory care. Ms Evans explained that a coordinated approach to supporting people living in the community with long term conditions would help reduced unnecessary stays in hospital.

Ms Sutcliffe General Manager South West Yorkshire Partnership NHS Foundation Trust (SWYFT) outlined to the Panel how their service worked within the Kirklees whole system and highlighted the importance of their involvement in the weekly silver calls.

Ms Sutcliffe informed the Panel that SWYFT had been working hard to ensure that its patients flow worked as effectively as possible to avoid further pressures being placed on the hospitals.

Ms Sutcliffe stated that Covid-19 impacted mental health services in a slightly different way to other parts of the system and had experienced a rise in requests for their services due to the psychological impact of Covid-19.

Ms Sutcliffe informed the Panel that SWYFT had invested additional resources to manage patient flow out of hours to ensure that certain periods such as weekends did not have a detrimental impact on the whole system.

Mr Parnaby informed the Panel of the broad range of risks that could impact all services and providers that included a further covid surge, workforce pressures and weather events.

Mr Parnaby explained that mitigations against some of the risks were covered in systems that were already in place such as the emergency planning and resilience system.

Mr Parnaby presented an overview of the risks across the different settings in the health and adult social care system that included risks within the community, hospital and discharged services.

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Mr Parnaby outlined details of the mitigations against the broad range of risks that included a review of the command and control arrangements to support system escalation and staff support and wellbeing arrangements.

Mr Parnaby present details of the mitigations against the different settings that included the roll out of the urgent community response and the focus on working closely with partners.

Mr Parnaby informed the Panel of the various governance arrangements across the system that were supported by robust processes and clear escalation procedures agreed by all health and adult social care partners.

Mr Parnaby presented a summary of the winter preparations and explained that each partner had their own winter plan which informed the one single system plan for Calderdale and Greater Huddersfield and linked to the North Kirklees and Wakefield Plan.

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

- Details of the multi-agency arrangements for adverse weather, where the Local Authority made available it's 4x4 vehicles for partner use.
- Confirmation that the voice of carers and their experience of services were considered to inform developments and improvements to services.
- A question regarding CHFT's ambition for a 100% staff uptake of the flu vaccine and plans for a similar ambition for the uptake of the Covid vaccine.
- An overview from CHFT and MHYT on the approach taken to offering staff the flu and covid vaccines.
- An explanation of the work being undertaken by Locala on the whole system-based redeployment review.
- The approach to increasing the uptake of vaccines for 16-17 year olds in Kirklees which had seen a positive response.
- Details around the collaborate work with GP's to ensure services were in place to prevent hospital admissions.
- An overview of the work being undertaken to tackle the challenges of working more effectively with GP practices in Kirklees so they can help inform the system wide response to winter planning.
- A question on how the CCGs were supporting GPs to deal with the significant increase in demand for their services.
- An overview of the additional support that Kirklees CCG provided to some GP practices that were struggling to cope with the demand.
- An example of the system wide response to helping colleagues working in primary care services.

RESOLVED –

1. That the information presented to the Panel be noted.

2. A request that partners in the local Health and Adult Social Care system continue to review risks during the winter period and notify the Panel should any major issues affecting the provision of services occur.

8 Kirklees Joint Health and Wellbeing Strategy Refresh

The Panel welcomed Phil Longworth Senior Manager for Integrated Support and Alex Chaplin, Strategy and Policy Officer to the meeting.

Mr Longworth outlined the context and background to the Kirklees Joint Health and Wellbeing Strategy and highlighted the key changes since the Strategy was last reviewed.

Mr Longworth explained the statutory duty of the main partners across the local health and social care sector which included the need to ensure services had regard to the strategy when undertaking service and organisational planning.

The Panel heard that Covid-19 had slightly delayed the refresh, but Mr Longworth confirmed that the aim was to have the strategy in place early in 2022.

Mr Longworth informed the Panel that the strategy needed to take account of the needs and aspirations of local people, and how services would respond to those needs.

Mr Longworth advised the Panel that the new strategy would have a more place based focus and would include emerging issues such as climate change, inclusive communities and the establishment of the ICS.

Mr Longworth informed the Panel that significant consultation was taking place that included talking to local people about their concerns, aspirations, and expectations.

Mr Longworth outlined the analysis that would take place to check that the key messages were still the right ones and the approach to using life course models as a way of helping people to talk about issues that were important to them.

The Panel heard that views of people in the 18-34 age group were being actively sought as the issues for that cohort were often different to other age groups.

Mr Longworth presented to the Panel the ideas that focused on health and care partners working together in an integrated way.

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

- The collaborative work taking place with Huddersfield University that would enable the University to contribute to the development of the Health and Wellbeing Strategy.
- An explanation of how the levelling up agenda covering health inequalities would be addressed through the Strategy.
- The challenges that some national issues presented, which could at times hinder local ambitions.

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- The importance of the health inequalities agenda that was now seen as an important and accountable issue by all organisations across the health and care system.
- That health inequalities needed to take a whole system approach, understanding how different inequalities affected different areas across Kirklees.
- A concern that significant health inequalities were experienced by people with learning disabilities.
- Support for including in the refreshed strategy the importance of action on climate change and air quality to improve health and wellbeing.
- A suggestion by the Panel that the consultation could be re-worded to ensure there was clarity around what areas were being consulted on and to include the use of plain English.
- A concern that the health inequality gap was still growing.
- An overview of the positive aspects that had resulted from the last 18 months that included people coming together to help neighbours and other vulnerable people.
- The work that was being done to develop a loneliness strategy to build on the community support that had evolved during the pandemic.
- Details of how those involved in health care system appreciated how they had felt valued throughout the pandemic and how it had helped to develop a common purpose that included cutting through historical bureaucracy to deliver services that benefited the residents of Kirklees.
- A request that the Kirklees Joint Strategic Assessment key messages should include isolation and loneliness as an area of concern and should include the significant impact and role of alcohol in dual diagnosis presentations.
- The suggestion that all suicides should be highlighted as a cause for concern, rather than just focused on male suicides.
- A request to include dietician support for the food banks to help prevent inappropriate dietary habits being embedded at an early age and support people to have healthy diets on a budget.
- Confirmation that allowing people to tell their stories as service users and carers, provided a powerful learning tool.
- The importance of person centred care and support in sustaining life style changes.
- Details of how taking a different approach to interventions could make radical changes to people's lives, rather than the traditional routes of the past.
- A comment that it was a step forward that there was now a much greater awareness of health inequalities and the link between wellbeing and health.
- A question on how the health inequalities that would have widened across Kirklees would be shown in the Strategy so that there was focus on what was needed in an area to address the gaps.

RESOLVED –

1. That Phil Longworth and Alex Chaplin be thanked for attending the meeting.
2. That the comments and views of the Panel on the proposed approach to the Strategy and the high level aspirations and ambitions for the health and wellbeing of the residents of Kirklees be noted.

9 Work Programme 2021/22

A discussion took place on the Panel's agenda plan with a focus on the items scheduled to take place at the November and December meetings and an initial consideration for items in early 2022.

A general discussion took place on potential items for future meetings that covered several areas which included:

- Details of the brief sent to Locala for the November meeting that would look at the progress and effectiveness of Community Care Services (CCS) in Kirklees and include examples of the coordinated approach to providing care and support in Kirklees and how this had helped to reduce unnecessary A&E admissions.
- A request to Locala for: an update on the work to develop the same day emergency care response model in conjunction with Primary Care Networks (PCNs) and the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact service.
- An overview on the update of the work of the Kirklees Care Homes Programme Board.
- A request to maintain an overview of the impact of Covid-19 in Kirklees.
- A request for the Panel to receive regular winter pressure updates from the acute trusts.
- Confirmation that the Care Quality Commission (CQC) would be attending the December meeting to give an update in relation to the overall state of care in Kirklees and would include a specific focus on adult social care and the impact of the pandemic on the quality of care.
- Confirmation that the areas of the work programme that covered the overarching theme on mental health and wellbeing would be scheduled for discussion in the early part of 2022.
- A request to schedule the discussions on financial position of the Kirklees Health and Adult Social Care Sector and the health risk associated with air pollution.
- The Panel agreed that this would remain the only substantive item on the December meeting to ensure a full and detailed discussion.
- An overview of the experience reported by a resident who had attended the vaccination centre at Cathedral House Huddersfield to receive a Covid-19 booster jab.
- Details of the CCGs response to the issues highlighted by the resident who attended the vaccination centre.

KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
Health & Adult Social Care Scrutiny Panel				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 11 November 2021

Title of report: Kirklees Care Home Programme Board - Update

Purpose of report: To provide members of the Health and Social Care Scrutiny Panel with an update on the work of the Kirklees Care Home Programme Board.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	Not Applicable
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name	Richard Parry 1/11/21
Is it also signed off by the Service Director for Finance?	Not Applicable
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Not Applicable
Cabinet member <u>portfolio</u>	Cllr Musarrat Khan

Electoral wards affected: All

Ward councillors consulted: Not Applicable

Public or private: Public. Attached Kirklees Care Home Market Report FINAL is a private document.

Has GDPR been considered Yes. there is no personal information contained in this report.

1. Summary

The care market has been in a state of change locally and nationally over the past few years. The care home market in particular has been through a period of immense challenge before and during the COVID19 pandemic. The sector has been hit with reduced admissions, increased death rates and increased business costs such as PPE, supporting shielding staff, and recruitment and retention.

Care homes have also not been immune to wider changes in health, social care and housing and there are significant challenges ahead. Financial pressures, technological change and changing expectations of end users have resulted in a need to re-think the way care home provision operates and is commissioned locally.

The slides attached to this paper will update the Health and Adult Social Care Scrutiny Panel on the work and progress of the Kirklees Care Home Board.

2. Information required to take a decision

- Not Applicable

3. Implications for the Council

- Not Applicable

• Working with People

Delivering the outcomes for the people living in care homes and their carers is at the centre of this work. The changing shape of case complexity and when people enter care homes has been changing over a number of years.

We want to remove barriers so those requiring support in care homes and providers can develop solutions together and build relationships based on trust to create positive outcomes, with a greater emphasis on tailoring care home options to meet the requirements of a range of individuals, groups, and communities.

As part of the wider work, we are developing different ways to help people live independent lives for as long as possible, especially by enabling people to stay well and healthy in their own home and communities. This means that as people get older, they can continue to remain at home using more of the support already available to them in their community. An important part of our work is preventing problems before they happen and helping people get back to living the way they want after a period of illness or injury.

• Working with Partners

Care home businesses, their staff as well as partners across the statutory and voluntary health and social care market all have a role to play in ensuring the actions outlined are delivered effectively. The recently formed Kirklees Care Association is a key partner in representing and leading the sector wide change working with the LA and the CCGs.

• Place Based Working

The age profile of our local population and the expected needs moving forward will mean a local approach will be required in aspects of this work. There are a cohort of people that may require care home support who will want to remain very local to where they live now, keeping local support networks active as people move into a care setting is very important. The report outlines

where over time this demand is expected to manifest, which will have modelling and strategic planning implications for the care market.

Adult social care is increasingly working in a place-based way, the different locality hubs and the work with primary care networks has led to strong relationships with partners and local providers and led to case level outcome improvements across the range of our provision.

A further aspect of place-based working that is core to the work moving forward is making the most of local assets be that land, existing buildings, staff resource or specialist services which will all be important in delivering sustainability in our local care market.

- **Climate Change and Air Quality**

Connected to place-based working as more local care provision is developed there should be less travel by families and carers, some of whom maybe travelling outside Kirklees to visit someone if current models do not adapt.

The clearer picture of demand at a local level should mean providers can make better investment in buildings, it is expected new developments would be significantly more efficient than some current assets.

- **Improving outcomes for children**

While this work is focussed on adult provision, there should be outcomes that improve for young carers as provision is developed reducing the care burden on this cohort.

- **Other (e.g., Legal/Financial or Human Resources)**

- Not Applicable

Do you need an Integrated Impact Assessment (IIA)?

- Not Applicable

4. Consultees and their opinions

- Not Applicable

5. Next steps and timelines

That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.

6. Officer recommendations and reasons

That the Panel considers the information provided and determines if any further information or action is required.

7. Cabinet Portfolio Holder's recommendations

- Not Applicable

8. Contact officer(s)

Simon Baker

Head of Commissioning Partnerships and Market Development
Kirklees Council

Tel: 71960.
Email: simon.baker@kirklees.gov.uk

Julie Oldroyd
Senior Manager – Transformation
Kirklees CCG
julie.oldroyd@nhs.net

Chris Porter
Service Development Manager
Tel: 71115
Email: chris.porter@kirklees.gov.uk

9. Background Papers and History of Decisions

- Kirklees Care Home Market Report FINAL

10. Service Director(s) responsible

Michelle Cross
Kirklees Council
Service Director Mental Health & Learning
Disabilities
Email: michelle.cross@kirklees.gov.uk

Penny Woodhead
NHS Kirklees CCG
Chief Quality and Nursing Officer
Email: penny.woodhead@nhs.net



Update on the Kirklees Care Home Programme Board

Health and Adult Social Care Scrutiny
Panel – 11 November 2021



Introductions and Topics

Who is here:

What are we going to cover today:

- Care Home Programme Board
- Key Issues and challenges in the sector
- Care Home Programme Board workplan to address these
- Cordis Bright key findings
- The Care Home Programme Board response to the finding of Cordis Bright in its work
- Key training and support questions asked by the Panel

Where the work of the Board fits in the future



The Kirklees Care Home Programme Board is led by the Strategic Director Adult at Kirklees Council and the Chief Quality and Nursing Officer for the Clinical Commissioning Groups (CCGs). Membership includes senior representation from across partner organisations.

Key issues and challenges in the sector

Shape of the Care Home market

- As of October 2021, there are 131 Care homes operating in Kirklees, with approximately 3,500 beds, of these 2,760 beds are available for older people with care needs.
- 64 Care Homes support older people, of these 39 support people with nursing care.

COVID19

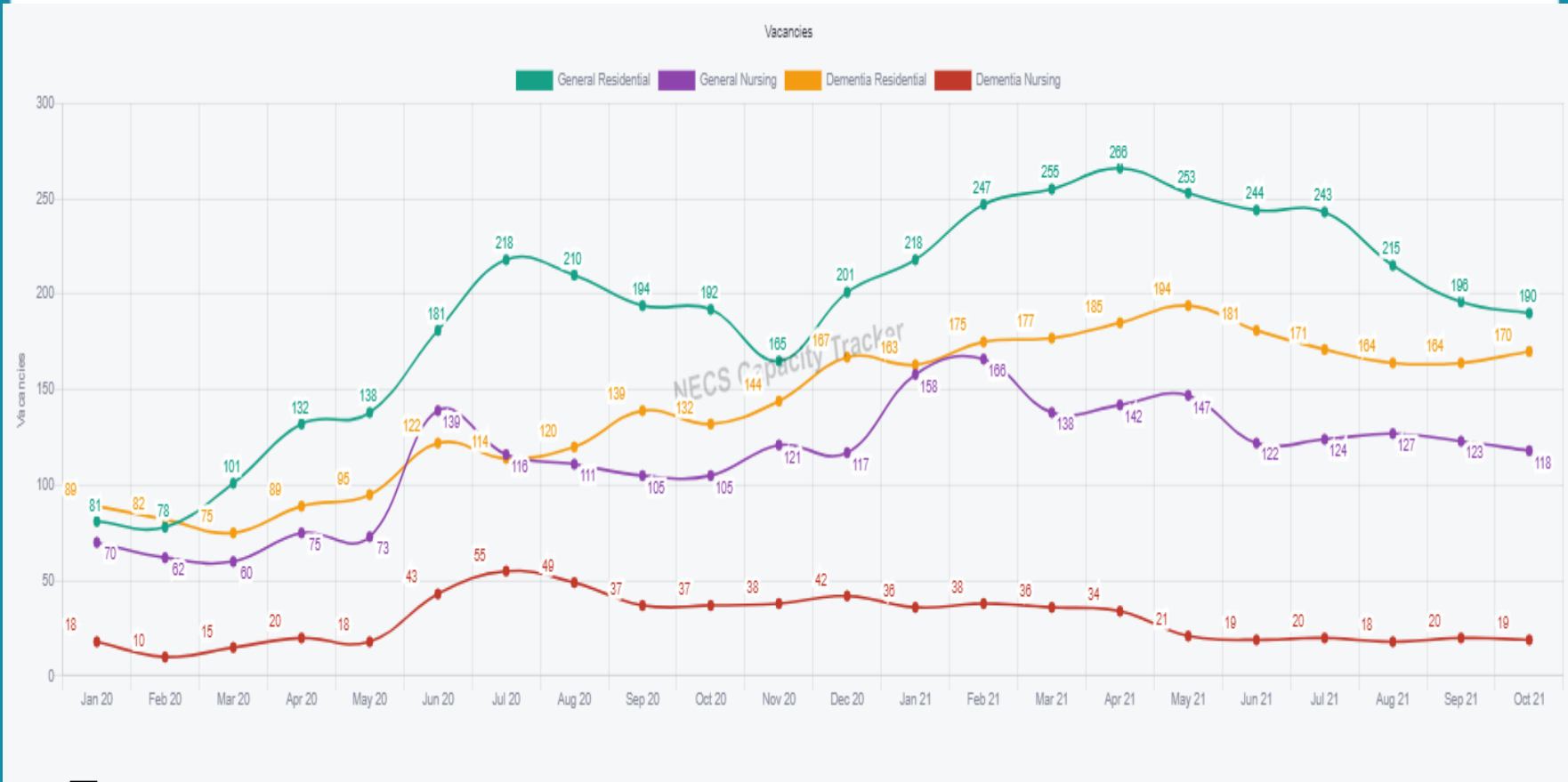
- The COVID19 pandemic has resulted in significant challenges for the sector with reduced admissions, increased death rates and increased business costs.
- The impact of COVID19 has exacerbated issues that were already affecting how the market operates. This has also had an impact on the Council's in house provision, where the in house short terms beds have had to operate in a flexible capacity to support system pressures
- The mandating of staff vaccinations has caused issues in the workforce, in terms of staff not wishing to receive a vaccine. The mandating of vaccines has and is expected to lead to more staff leaving the sector.
- We expect the impact of deconditioning in the population to impact case complexity across provision including care homes.

Occupancy

Occupancy in care homes has been impacted by COVID19, some homes have been able to remain at a reasonable level of occupancy but some homes have dropped to below 50% occupancy numbers which is not sustainable in the long term. This is expected to lead to some homes becoming unviable.

Key issues and challenges in the sector

Occupancy – bed vacancies in the local care home market

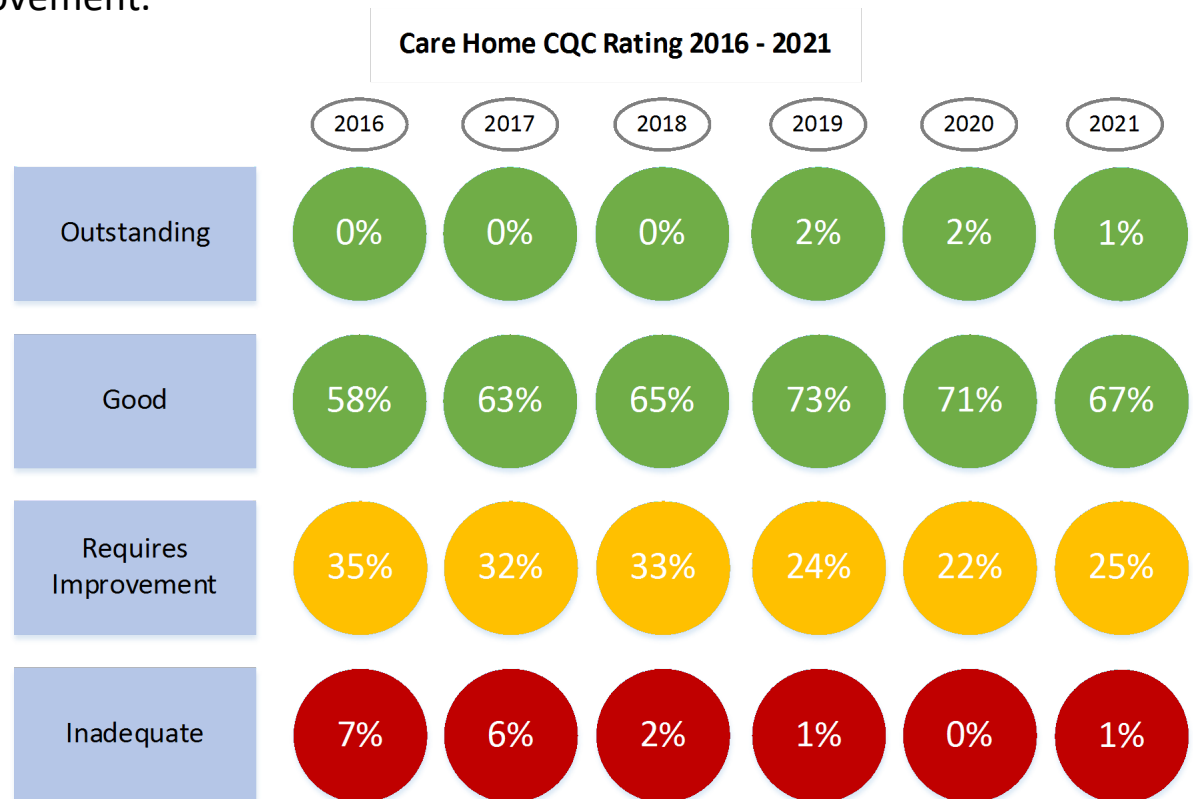


The chart above outlines the bed vacancies in the local market since the start of last year, there have been fluctuations some of which are because data accuracy has improved others are related to deaths in care homes. Dementia nursing capacity because of its complex nature has remained at a low level of vacancy or placement availability.

Key issues and challenges in the sector

Quality in care homes

- Quality in care homes has worsened slightly as a result of the impact of the Covid pandemic. A robust programme of work is in place supporting routine and enhanced management alongside quality improvement.



Figures may not sum due to there being no CQC rating against a provider or setting

Key issues and challenges in the sector

Workforce

- There are just over 4,000 people working across the care home sector in Kirklees , with 70% in direct care roles. Typically, these roles are fulfilled on a part time basis and there are around 3,500 WTE, and 2,450 WTE in direct care roles. The majority (85%) of the workforce in Kirklees are female, and the average age is 43 years old. Workers aged 24 and under make up 10% of the workforce and workers aged over 55 represented 25%.
- The demands on this workforce and increasing complexity of need in homes has brought increasing focus on the value and future skills requirements of the workforce.

Health and wellbeing of residents

- Keeping residents in care homes well is of paramount importance, the deaths in care homes due to the pandemic are each a tragedy. But health and wellbeing in care homes remains important and is a key challenge moving forward.

Key issues and challenges in the sector

Funding

- A sustainable funding model and approach for care homes remains a big challenge. The recent announcements around social care funding suggest a way forward but the detail of how this will work has yet to be clarified. There is a risk that the combination of finance needed to create a pay and conditions offer that attracts and retains the right workforce, funds more complex care and reduces the amount that people need to contribute to the cost of their care exceeds the resources currently identified nationally.

Digital

- There are a number of benefits that digital has brings to the care home sector, it increases connectivity to health and social care partners to better facilitate joined up care, it provides efficiency in homes because a task can be completed once and shared across multiple reporting systems, and it creates opportunities for residents to connect digitally with their natural support networks.

Key issues and challenges in the sector

Demand

• Now

- As previous charts have shown demand has fallen and vacancies remain high in part of the care home market. Feedback from the sector suggests that the negative portrayal of the sector in the media over the past 20 months have significantly impacted interest in new care home placements from both LA funded and those that fund their own care.
- There is an expectation that a small increase in demand will be seen as family carers circumstances mean that they are no longer able to support people with increasingly complex needs at home.

• In the future

- The demand for new places in care homes had been on a downward trend over the past decade, the impact of COVID19 on the sector has meant the future demand for places is predicted to be lower, the level at which demand will settle is not clear but is not expected to rebound to pre-pandemic levels.
- As outlined in the Cordis Bright report future demand is expected to be for shorter more complex packages of support in care homes. If population predictions are correct there will not be an increase in demand before 2025 when a larger cohort of the baby boomer generation reach a point where care home support may be required.
- This future demand has implication for the requirements of buildings, staff skills, and levels of funding that reflect the complex nature of future support needed in care homes.
- This also presents an opportunity to reflect on the Council's role as a provider and a key stakeholder in the market.

The work of the Board

The next few slides describe how the Care Home Programme Board through its work is addressing and working with the sector to develop solutions.

The work of the Board – Purpose and scope

Partly stemming from the Safeguarding Adult Review of the closure of Oxford Grange and the need for a more effective joint response, the purpose of the Care Homes Programme Board is to provide joined up strategic direction and oversight, to facilitate the delivery and implementation of plans to improve the health and wellbeing of people living in Kirklees care homes, as well as providing support to ensure and maintain a safe, vibrant high quality care home sector.

To build relationships and trust with care homes and partner organisations.

To provide the forum for open and transparent sharing, discussion and debate regarding utilisation of health and social care resources to benefit people living in care homes and to help the health and social care economy make the best use of available resources.

Through a common and innovative approach to areas such as planning, performance, safeguarding, consultation and resource allocation, unblock system-wide barriers to improve health and wellbeing in care homes.

The board oversees five key work areas:

- Quality Improvement Assurance & Contracting
- Workforce
- Data & Dashboards
- Enhanced Health in Care Homes
- Market Management & Sustainability

The work of the Board - Quality Improvement Assurance & Contracting

Key areas of work

- Improving quality in care homes
- Supporting and developing a partnership approach to responding to quality issues

Progress made

- All care homes have access to Covid training; PPE and IPC advice.
- Process and support panel CHESP (Care Home Escalation Support Partnership) in place and functioning well.
- Proactive quality assurance visits and virtual support in place.
- Development of a proactive routine monitoring process.
- All care homes have an aligned GP practice, named clinical lead and weekly home round.
- Supporting vaccinations for staff and residents.
- Care home training delivered via virtual meetings.
- End of life training, advice and guidance in place.

The work of the Board - Workforce

Key areas of work

- Joining together an overall workforce development approach for care homes and other providers.
- Reducing barriers for new entrants to the sector.
- Support the provision of learning and staff development on the ground.

Progress made

- Linking and joint work with strategic integrated workforce group.
- Mapped, collated and marketed a range of development opportunities.
- Piloted Trainee Nurse Associate roles with academic network.
- Providing fortnightly themed virtual learning sessions.
- Wellbeing supported through menu of opportunities.
- Rolling out Culture Surveys and Safety Huddles.

The work of the Board – Digital, Data & Dashboards

Key areas of work

- Supporting the roll out of digital and it governance infrastructure.
- Maximising the use of data and intelligence.

Progress made

- Roll out of NHS mail.
- Roll out of iPads to support communication and interaction between residents, family and friends and health & care staff.
- Development and support for use of national Capacity Tracker.
- Roll out of Data Security and Protection Toolkit across providers.
- Roll out of Proxy medication ordering.
- Pilot use of SystemOne to access the clinical record in care homes.
- Pilot Tyto care technology to allow virtual consultations.

The work of the Board - Enhanced Health in Care Homes

Key areas of work

- Delivering high-quality personalised health care within care homes.
- Enabling effective use of resources by reducing unnecessary conveyances to hospitals, hospital admissions, and bed days whilst ensuring the best care for people living in care homes.

Progress made

- GP practice to care home alignment - 70% of care homes now fully aligned to one practice.
- Dedicated Geriatrician time to provide virtual reviews; MDT meetings and training in coming months .
- All residents have a Personalised Care and Support Plan, enhanced with an Emergency Care Plan and End of Life Care Plan, where appropriate.
- Home first philosophy on discharge from hospital supported by Locala Discharge Team.
- Continue to fund Discharge to Assess spot purchase beds until March 2022.
- Ongoing review of the Intermediate Care and Transitional bed base.
- CKW Covid Designated beds commissioned until March 2022.
- Improving joint MDT working in development.
- Joint working with council colleagues on Loneliness agenda.
- Wound care pilot to commence – audit/training/support regarding wounds of the lower leg.
- Data sharing process - creating extremely robust assurance/ governance framework.

Cordis Bright Key Findings

- In common with local authorities across England, care homes in Kirklees are facing high vacancy levels.
- Whilst Covid-19 has worsened the situation, demand for care home beds has been falling across England for many years, as a response to the improving health of older people, changed commissioning priorities, and changing customer attitudes.
- Between 2012 and 2020 there was an overall reduction in the number of residential care and nursing care beds per 100 of the population aged 75+ in Kirklees of 12.5 in 2012 to 10.2 in 2018 (slightly above the 10.1 Yorkshire and Humberside average and the 9.6 England average), this shows the long-term trend away from care home provision in the older adult population which grew by 16% over the same period (75+ age group).
- In line with our Vision the “Home First” approach has resulted in the increase demand in the local domiciliary care market.
- There is a need to re-baseline the bed base to achieve desired occupancy levels in the older people sector.
- The predicted future demand for care homes is for people with more complex support needs who will stay for a shorter period of time.
- This predicted change has an impact on Skills, Buildings and Care management.

The work of the Board - Market Management & Sustainability

Key areas of work

Care Association

- The purpose of this T&F group is to support and development funding requirements that will formalise the Care Association locally. The group is also responsible for connecting the Association into joint work moving forward.

Contracting

- The purpose of this T&F group is to ensure mechanisms are place for mutually beneficial contracting arrangements.

Fees & Funding

- The purpose of this T&F group is to develop an aspirational fee model and explore fees linked to quality. Further work of this group is to maximise external funding and collaboration in the sector.

Strategic Assets & Diversification

- The purpose of this T&F group is to identify assets that are critical in the market. The group is also tasked with developing responses to support providers to diversify and make best use of current assets, this includes consideration of the assets across the Council's stock and services

Workforce

- The purpose of this T&F group is around recruitment, retention, training and careers options in the sector.

The work of the Board - Market Management & Sustainability

Progress made

- Forming working groups with the sector to shape solutions together.
- Development of a Care Association business case gaining joint support from the LA and CCG.
- Exploring and agreeing with the sector contract alterations that are needed in 2022.
- Exploring with the sector the equipment and technology available to the sector.
- Exploring with the sector the approach to fees and uplifts for 2022.
- Begun regional discussions about a common approach to calculating fees and a non fee offer to the sector.
- Mapping care assets and agreeing in conjunction with others where support may be needed, and what that support needs to look like.
- Working with the Council's in house services to determine the role of the Council as a key provider in the market and the strategy of the Council's offer.
- Joint work around integrated workforce and workforce development.

Training and support

Verification of Expected Death

- Training is being delivered to registered nurses within care homes and is being implemented in stages starting with the care homes within North Kirklees, with plans in place to roll out across Kirklees in the near future.

End of life Care Plans

- Guidance around advanced care planning is regularly communicated to care homes and documents are published on shared NHS Futures information sharing platform.
- Specialist advice line provided by The Kirkwood offers case level support and guidance to care homes on a wide range of practical points around end of life support and the discussions and planning that need to be in place around it.
- The Specialist Palliative Care Nurse service also support specialist training and education for both Care Homes and GP practices, in collaboration with local partners.
- The Locala Care Home Support Team initiate and review plans in all Older Peoples' homes.
- Regular review of end of life residents via weekly home rounds.

Testing and Swab Taking

- Government guidance around testing and swab taking is issued to care homes through a variety of channels and is available through the NHS Futures information sharing platform.

Conclusions

- The work and structure of the Care Home Programme Board and its plan of work has continued to evolve and be shaped by active issues in the local market.
- The board has placed increasing emphasis on shaping deliverables with the sector and in the near future a representative of the sector will have a permanent seat on the board.
- The board continues to work across health, social care and public health to ensure the best support and development arrangements are in place for this important part of the local care economy.
- The board welcomes any thoughts and comments of the Health and Adult Social Care Scrutiny Panel.



Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 11 November 2021

Title of report: Community Care Services

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions with Locala regarding Community Care Services.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)</u> ?	Not Applicable
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance? Is it also signed off by the Service Director for Legal Governance and Commissioning?	No – The report has been produced to support the discussions with Locala.
Health Contact	Jane Close, Locala

Electoral wards affected: None Specific

Ward councillors consulted: Not Applicable

Public or private: Public

Has GDPR been considered? Yes. The report does not include any personal data that identifies an individual.

1. Summary

- 1.1 Locala is a not-for-profit social enterprise that provides a variety of services to people in Kirklees. Those services care for, and support people, from before birth to end of life, and have the flexibility to tailor services to meet the needs of the community.
- 1.2 Locala work closely with GPs, Social Services, other local NHS organisations to deliver a co-ordinated approach to care and support.
- 1.3 A representative from Locala will be in attendance to provide the panel with:
 - The progress and effectiveness of community care services delivered by Locala to include examples of the co-ordinated approach to providing care and support in Kirklees and how this integrated way of working has helped to reduce unnecessary A&E and hospital admissions and delays in discharge.
 - An update on progress of the work that is being considered to develop a same day urgent/emergency response model in the community in conjunction with the Primary Care Networks.
 - An update on the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact Service
- 1.4 Information covering the areas above is attached.

2. Information required to take a decision

N/A

3. Implications for the Council

N/A

3.1 Working with People

No specific implications

3.2 Working with Partners

No specific implications

3.3 Place Based Working

No specific implications

3.4 Climate Change and Air Quality

No specific implications

3.5 Improving outcomes for children

No specific implications

3.6 Other (e.g. Legal/Financial or Human Resources)

No specific implications

4. Consultees and their opinions

Not applicable

5. Next steps and timelines

That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.

6. Officer recommendations and reasons

That the Panel considers the information provided and determines if any further information or action is required.

- 7 Cabinet Portfolio Holder's recommendations**
Not applicable
- 8 Contact officer:**
Yolande Myers – Principal Governance and Engagement Officer
yolande.myers@kirklees.gov.uk
- 9 Background Papers and History of Decisions**
Not applicable
- 10 Service Director responsible**
Julie Muscroft – Service Director, Legal, Governance and Commissioning

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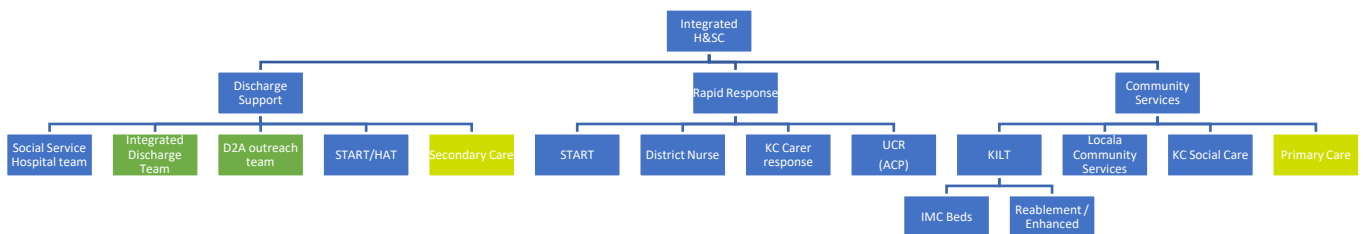
The progress and effectiveness of community care services delivered by Locala to include examples of the co-ordinated approach to providing care and support in Kirklees and how this integrated way of working has helped to reduce unnecessary A&E and hospital admissions and delays in discharge.

During the last 18 months Locala has worked in partnership with the Local Authority, improving the development work started as part of the Kirklees Independent Living Team (KILT) project. This enhanced significantly in response to national guidance being introduced relating to the Urgent Community Response (UCR) and Discharge to Assess (D2A).

In response to the guidance introduced last year, Locala and the Local Authority moved towards a more integrated Health and Social Care service, broadening out the services under KILT to include Urgent Response (UCR, START, LA Rapid, District Nurse 0-2 hour response), short term response [Care beds, IMC community (reablement / Enhanced reablement), D2A outreach team (providing health and therapy support in an allocated D2A bed whilst undergoing social care assessments)] and Hospital support (integrated discharge team – Locala and Social Care working in partnership with the acute trusts).

Some of the great development work that has taken place saw the introduction of one health and social care integrated referral route for KILT services and the one discharge form (that includes both health and some LA services on one form for the Trusts to complete). This is jointly triaged and there are daily Multi-Disciplinary Team meetings to discuss the most complex patients to ensure they receive the right support and care in the community. For those where further support or assessment is needed, they are transferred to a D2A bed in the community which supports that rapid discharge (avoiding delays) whilst still receiving appropriate care during this interim period.

The structure below shows the integrated structure across Community Health and Social Care and how it interlinks with wider services including Primary and Secondary care.



Urgent Response

In relation to existing urgent / rapid response there was an increase in the number of referrals into services with START seeing a 20% increase in 0-2 hour response, District nurse 43% and the Local Authority Rapid response service showing 40% increase during the 2020/21 reporting period all contributing to supporting admission avoidance.

During this year's reporting period (April – August 2021) 92.49% of patients who were seen by a District Nurse within 0-2 hours remained at home and 87.9% of patients who were seen by START also remained at home after their 0-2 hour intervention.

In relation to the new service offer which commenced November 2020 as a phased approach. Locala has been working as part of an alliance with the Local Authority, Curo and Local Care Direct to deliver the accelerator pilot, introducing a 0-2 hour crisis response with ACP's attending patients in need and at risk of admission. In the most recent reports over 80 % of patients were seen in 0-2 hours with over 90% not being admitted to hospital during the 2 days that followed. This service is constantly improving with the move to a 7-day service offer from the 4th October and the introduction of a social care only offer in the new year (complimenting the current rapid carer response and START).

Short Term Care

Locala are working in close partnership with the Local Authority to improve the service offer for patients coming through Intermediate Care (IMC) services, including working in a more integrated way to support the patient's journey. Improvements are ongoing to support the home first approach, ensuring patients are coming home as their first option with support and those who need some more intense support are cared for within a residential setting.

During the period of 2020/21, 551 patients were supported within an IMC bed setting and 950 patients received therapy support in their own home as part of the integrated health and social care offer. In relation to the community offer, there has been a 17% increase over the last 3 years of patients accessing reablement at home indicating the success of the home first model.

During the reporting period of April to August 2021, 848 patients were supported within an intermediate care service, 654 of those were supported at home with 91% not being readmitted to hospital during their integrated care with Locala and the Local Authority.

In relation to patients who have been supported through the rapid hospital discharge route as part of the D2A guidance, between May 2020 and April 2021 548 patients were supported in a D2A community bed receiving health and social care support. Of these Locala commenced an enhanced service offer from November 2021 and supported 387 within a D2A bed, ensuring a smooth transition onto their next destination.

During the reporting period of April to August 2021, 240 patients have been supported with their health and social care needs within a D2A bed setting with 90% patients not being readmitted to hospital during this period. This has improved over the last year and we are continuing to work in partnership with the Acute Trusts to improve this further.

Hospital Support

The D2A pathway has continued to improve over the last 18 months with the success of securing recurrent funding for Locala to continue to provide the health support in the system through hospital discharge and outreach to D2A caseloads. The approach taken as part of progressing the business case was a positive process including an integrated presentation with the Local Authority and CHFT, with Mid-Yorks Acute Trust also in support.

The presentation demonstrated ongoing need for the services offered as part of the new guidance during COVID, with CHFT reporting a significant improvement in discharges within Kirklees, with a length of stay in hospital and reduction in the average time taken to discharge complex patients. This shows a positive response to some of the improvements and enhancements made across integrated ways of working.

During this year's reporting period (April – August 2021) Locala, in partnership with the Local Authority, have supported 4705 (average 941 patients per month) with their discharge from hospital to the community. This is broken down below:

- Pathway 1: 4009 (home with package of care)
- Pathway 2: 467 (interim residential (IMC))
- Pathway 3: 229 (Long term residential/care setting)

Out of these patients, 87.9% had not been readmitted to hospital within a 93-day period and 92.4% were still at home at 31 days. Previous data showing this has improved by 8% for those not admitted within 31 days.

Locala continues to work across the integrated system to improve the service offer and patient journey, whilst supporting hospital discharge and admission avoidance. One of the projects we are working on with primary care looks at how we can improve the transfer of patient care from secondary care to primary care, including testing an integrated co-ordination of care approach with a GP practice. This aims to improve the communication from the Acute trust and to see how we can ensure the patient care is co-ordinated in a more integrated way with the GP practice. We are also looking at how we can engage more with social prescribers and how this links with our mental health provider colleagues.

Developing a Same Day Urgent/Emergency Response Model in The Community in Conjunction with the Primary Care Networks.

Scope

In response to the quantitative and qualitative evidence that Emergency Departments (ED) come under significant pressure when dealing with patients who could have been better accommodated on alternative pathways, the idea of developing same day community responses for appropriate urgency.

The priority target group will be patients requiring same day care who, for whatever reason, are unable to access this through their GP Practice after contacting them, and who then present at Emergency Departments.

There is an overlapping group of patients who may attend ED without initially contacting their practice who may also benefit from this service.

Objectives

1. To determine if a community-based pathway for patients needing same day care can provide a safe and effective alternative to ED attendance, thereby reducing pressure on those departments
2. To determine the best organisational model for the delivery of the pathway
3. To implement a pilot, to run through winter 2021/22 for the delivery of the pathway

Proposed Model

In considering the delivery model for the Same Day Emergency Care service (SDEC), two options are being evaluated:

- integration into the already established Urgent Care Response service (UCR), an Alliance project and a national accelerator site. The SDEC objective is closely allied to that of the UCR, which is, “To rapidly respond to Kirklees residents (aged 18 or over) who require a 0-2 hour response in the place of their residence in order to prevent avoidable admissions and readmissions by managing the patient at home with appropriate ongoing community support. “

Enhancements would be required to the UCC to enable it to fulfil this additional role. These will need to include

- Enhanced capacity for telephone clinical triage
- New system links with GP practices
- Enhanced pathways for disposition of patients as alternatives to ED
- Enhanced access to outside resources (e.g. access to secondary care consultants in Gerontology and Emergency Care)

Specific attention will be paid to support for care home residents. 18% of UCR calls currently involve care homes but there remains a significant demand upon secondary care. The model will aim to enhance direct ED support for assessment and signposting of care home residents while still in the community.

As the UCR is a national accelerator site and part of a national programme led by NHS England, any change in the remit or operations would need to be approved by them, which may cause delays in delivering implementation for the coming winter

- In addition, consideration will be given to the possible role of the Dewsbury Walk In Centre (WIC) as either a first point of contact for primary care (using bookable appointments) or as an alternative service option for patients arriving at the ED

The enhancements required to the WIC would include

- Introduction of a visible booking system accessible to primary care
- Strengthening of the workforce to ensure consistent availability of Advanced Care Practitioners
- Introduction of a GP presence to support the above and broaden the clinical capability of the WIC

Progress to Date

Priority has been given to the likely demand from primary care and the following have been developed

1. An analysis of current usage of alternatives to use of primary care (e.g., ED and WIC) broken down by practice to determine patterns of activity within PCNS
2. A relationship has been established with an individual practice and initial analysis of same day demand, capacity and likely SDEC demand is in process of completion
3. A Quality Improvement Workshop is to take place with key staff, including the practice. The purpose of this is prepare the way for possibly offering the additional UCR and WIC pathways to multiple practices, we agreed to shape the workshop by separating the new pathways from the interface at Grove House where patients are identified and routed into the two new pathways.
4. An update has been delivered to the Urgent Care Board and Kirklees LMC about the SDEC work to date with a view to publishing a wider, post pilot, service

Update on The Proposals to Merge the Gateway to Care Service and The Locala Single Point of Contact Service

Background

The concept of an integrated health and social care single point of contact is not a new one. Across the UK various models have been developed in order to simplify the access to services for the local population.

In Kirklees this has been identified as an area for improvement for a number of years and in the last 2-3 years this has been further highlighted as an issue by several groups of service users including patients, GPs, health and social care staff, who have all indicated their frustration in having 2 points of contact, one for health and one for social care. Stakeholders identified that users of health and social care often have overlapping issues and its often difficult to understand which services would best meet the service user or citizen's needs.

Initial investigations noted that:

- There was a significant overlap between the patients on the Locala caseload and those using social care services.
- Both GTC and SPOC identified a number of calls, where they were unable to help as the call was for its counterpart and staff had to direct the caller to call its counterpart in health or social care. This was often met by frustration from the caller
- Service users identified in a series of workshops that they were frustrated with having to decipher which number to use and could not understand why they were not integrated.
- In a number of deep dives into calls received by both services it was identified that patients / service users often had both health and social care needs and one integrated service could have simplified their journey and improved the quality of service offered.

Progress to date

- A steering group is in place to support the ongoing work and report to the integration board on progress.
- Workstreams underway to explore and plan the different elements of integration; these include, Workforce, IT, coproduction, and communication.
- Engagement with colleagues to keep them updated on the project, including a survey and a number of workshops to facilitate their co-creation of the integrated model and establish what they feel would be the benefits and concerns around integration.
- Colleagues have shadowed their counterpart service, to facilitate understanding across the teams.
- A shared office space has been identified for both teams once Covid restrictions allow mixing of staff.
- The development of shared training programmes for new starters as well as the development of training for staff in relation to health and social care for existing staff.
- Development of a system to transfer calls internally across organisations.
- Potential models are under development for evaluation.

Next Phase of Development

Pilot one call handler operating across both health and social care. Training of 2 Locala call handles was initiated on the 27/09/2021. 2 Gateway staff will join the pilot once capacity allows.

The plan is to evaluate the complexity of having one call handler dealing with both health and social care issues and the benefits and challenges this could present in understanding both health and social care service offers. Training and support will be required throughout the process and the development of new algorithms will be required going forwards to support colleagues piloting the integrated role.

Training will take between 2-3 months and colleagues will then receive calls from both the health and social care lines. The plan is to run this pilot for 6 months with constant adjustment of the service on offer from any learning gained during this time from the colleagues involved.

Learning from the pilot will be evaluated throughout and next steps will be considered in March 2022, although adjustment to the integration pilot will be applied throughout this period.

A blueprint is in place underpinning the integration project to support the process of consultation and coproduction. This is a live document under constant review. This is appended to this report at Appendix 1.

Jane Close
Chief Operating Officer

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Gateway to Care / Single Point of Contact Integration – Blueprint version 2, 6/8/20

Introduction

- This is the blueprint for the Gateway to Care / Single Point of Contact Integration project.
- It sets out the high-level scope of the project in terms people, processes, technology and information.
- Each iteration of it will be agreed by the project steering group. It is owned by the project's senior sponsors.
- Its purpose is to set out the scope of the project a high level. It articulates what the team will look like when all the projects contained in the programme are delivered.
- It is a model for the future state, the working practices, processes, technology and the information it requires.
- It will be used primarily to maintain direction and control. It will also be used to help establish workstreams within the project.
- **The blueprint is a living document that may change.**

The blueprint

People/organisation
<p>One team</p> <ul style="list-style-type: none"> • Employees work as and feel that they are part of one team, have the same experience regardless of organisation, using shared language and pulling in a same direction. • Working towards a hybrid arrangement which does not involve TUPE or sub contracting. • There will be one team structure that contains different functions across health and social care. It is expected to be 'hosted' by one organisation but span both organisations though a one organisation approach could be taken.
<p>Quality</p> <ul style="list-style-type: none"> • Outcomes and quality of service are the core drivers.
<p>Pathway</p> <ul style="list-style-type: none"> • There will be a pathway that enables a high proportion customer contacts to be to be resolved online and or reduces flow to telephone and face to face services. • Working on a single phone number and single website basis achieving a consistent, fair and positive experience on any pathway. • Our online first approach will meet citizens' needs as well as delivering organisational benefits.
<p>Demand and cost</p> <ul style="list-style-type: none"> • Design will take in to account current and forecast demand, activity and costs.
<p>Flexible</p> <ul style="list-style-type: none"> • We will be a fluid and flexible service that enables demand to be met. • We will have the ability to operate flexibly in a way that includes a 24/7 offer. • The workforce will have the flexibility to deliver a range of tasks with a range of skills • Role design and skill levels will enable the team to respond to a breadth, volume and complexity of calls, including specialisms and professions as required. A tiered approach is expected to be part of this.
<p>Structures and management</p> <ul style="list-style-type: none"> • Structures and management will be designed to deliver a 24/7 service and manage a dispersed workforce. • The model will enable management of a dispersed workforce whose locations include office, home, and alternative bases ensuring an efficient use of resources and capacity. • The size of the team will be determined by based on evidence of needs but there may be a ceiling e.g. maximum budget.

<ul style="list-style-type: none"> • Consideration will be given to aligning working patterns across different service offers. <p>Skills</p> <ul style="list-style-type: none"> • Training and staff support will be designed to deliver our 24/7 service with a dispersed workforce. • Training will be delivered in a flexible way, and embedded in key mechanisms such as induction, appraisals, and personal development plans which are common to both organisations or are aligned. • In moving to the new model, training will be delivered to upskill and develop employees. • There will be a core skill set for the whole team <p>Branding</p> <ul style="list-style-type: none"> • There will be a brand that is unique and reflects the Vision <p>Covid</p> <ul style="list-style-type: none"> • The way we work will be covid-compliant
Processes and functions (including performance)
<p>Information flows</p> <ul style="list-style-type: none"> • Management information will underpin the service, with clarity on what inputs and outputs are needed for which stakeholders, via which channels. • Management and performance data will be available and can be manipulated to be shared between teams and organisations. • There will be clarity about reporting requirements. • Use a single performance dashboard monitoring a single set of KPI metrics • Colleagues can access all data irrespective of their original organisation. <p>Processes</p> <ul style="list-style-type: none"> • There will be clear points of contact and processes for inquiries and for referrals between the teams and organisations we work with. • There will be digital enhancements made to our processes. • There may be separate entry point for specific external stakeholders. • Processes and functions will be designed to maximise customer experience and outcomes and to maximise independence. • Process design will reduce unnecessary hand-offs, steps and call-backs. • There will be flexibility in our process design to embrace and enhance health and social care system developments as they emerge nationally and locally.
Technology and equipment
<p>IT systems</p> <ul style="list-style-type: none"> • IT system(s) including software will enable integrated working from office, home and dispersed locations. • Telephony system(s) will enable call transfer between tiers of operation, and other teams and organisations. • IT and telephony systems will enable both online and phone enquires, referrals etc. • IT and office equipment will be designed to be effective in doing this and to enable mobile working. • Interoperability is a priority to consider when making any decisions. <p>System support</p> <ul style="list-style-type: none"> • Data, information and backup systems will support and enable our work. • Data and information systems will enable and support use of business intelligence and performance management. • Support mechanisms for the system, hardware and skills will be in place. <p>Innovation</p> <ul style="list-style-type: none"> • Our approach will enable digital inclusion and be future proof – it will enable take up of newer ways of working eg alexa, webchat, chatbots and work with new technologies and artificial intelligence. • Artificial Intelligence tools will be used to maximise independence and self-service (with appropriate security controls in place). • Our approach will enable integration with relevant existing and future systems. • Our approach will be compliant with a range of legislative requirements.

<p>Estate</p> <ul style="list-style-type: none"> • There will be shared working spaces in buildings and online. • Office base(s) will be designed to meet the needs of the new model. • Use of office base(s) will consider team demographics and promote sustainable transport options.
<p>How it feels</p> <p>As a team member...</p> <p>I have much better access to information and specialist support to deal with more enquiries than ever before at the first point of contact. I regularly support those customers that are less able to access services for themselves online and in so doing am increasing their confidence and self-sufficiency. I am empowered, trusted and supported to make decisions that best meet the needs of the customer. I have to deal with less frustrated customers now processes and procedures have been redesigned to reduce failure and unnecessary contact. I'm flexible and work where customer demand presents itself with access to the information and systems I need - providing the same consistency of service. Customers show high levels of satisfaction with the service I have provided. I spend an increasing amount of time helping customers to do more for themselves.</p> <p>As a line manager...</p> <p>I spend more of my time coaching and developing staff than dealing with escalated issues. I work with service staff on a regular basis feeding back on customer experience and changing processes and procedures so that we can deal with more customer contacts at the first point of contact. Fire-fighting is not the norm and scheduling, planning and resourcing for peaks is much more easily accommodated and can be negotiated with Services for the benefit of the customer– service performance is much improved as a consequence.</p> <p>As a service user....</p> <p>Inward facing professional statement..</p> <p>Outward facing professional statement.....</p>

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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2021/22

MEMBERS: Cllr Habiban Zaman (Lead Member), Cllr Bill Armer, Cllr Aafaq Butt, Cllr Vivien Lees-Hamilton, Cllr Fazila Loonat, Cllr Lesley Warner, David Rigby (Co-optee), Lynne Keady (Co-optee).

SUPPORT: Richard Dunne and Yolande Myers, Principal Governance Officers

FULL PANEL DISCUSSION		
THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p>1. Financial position of the Kirklees Health and Adult Social Care Economy</p>	<p>Maintain a focus on the finances of the local health and social care system to include:</p> <ul style="list-style-type: none"> • An update on the impact of Brexit and Covid-19 to include exploring the implications on staff numbers/shortages. • Assessing the local approach to developing a workforce strategy. • A focus on the implications of the financial pressures on services provided and commissioned by Adult Social Care. 	
<p>2. Impact of Covid-19 on the Health and Adult Social Care Sector</p>	<p>To look at the impact of Covid-19 on the local health and adult social care sector to include:</p> <ul style="list-style-type: none"> • Considering the capacity of the system • Monitoring the impact on planned surgery waiting lists • Considering planned changes to service delivery as a consequence of the pandemic. • Assessing the impact of the “health debt” due to delays in health screening, cancer treatments, vaccinations etc. • Looking at the local plans for catching up with delayed treatments. • Lessons learned to include looking at how services across the health and adult social care sector have adapted practice to take account of the impact of the pandemic. 	<p><u>Panel meeting 19 August 2021</u> Representatives from Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust provided an update on the impact of Covid-19 on Acute Hospital Trust.</p> <p>The update was noted and the panel requested a written update on the suspension of the provision of planned inpatient surgery at Dewsbury Hospital.</p>

	<ul style="list-style-type: none"> • Assessing the broader impact on adult social care including the increased social care needs for older people as a consequence of reduced mobility and access to services and activities during the pandemic. • The impact of long Covid 	
3. Integration of Health and Adult Social Care	<p>An overarching theme that covers the move to increasing the integration of services across the health and adult social care sector to include:</p> <ul style="list-style-type: none"> • Looking at the progress and effectiveness of Community Care Services (CCS) in Kirklees. • Reviewing progress of the Primary Care Networks (PCNs) to include the effectiveness of their integration with other key services and agencies across the local health and social care network. • Assessing the impact of CCS in Kirklees in reducing avoidable A&E attendances; hospital admissions; delayed discharges; and reducing avoidable outpatient visits. • To consider the implications of the changes from legislative proposals that are intended to integrate care within the NHS and encourage greater collaboration between the NHS and local government and other agencies to include: <ul style="list-style-type: none"> ○ How the changes will impact on local commissioning and delivery of service. ○ Considering the changing health and care landscape to include a focus on the progress of collaboration between local providers. • To consider the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact Service 	
4. Digital Technology	<p>An overarching theme that looks at the impact of the use of digital technology in the delivery of health and adult social care services.</p>	

5. Mental Health and Wellbeing	<p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> • Reviewing progress of the work being delivered through the Kirklees Integrated Wellness Service. • Suicide prevention • Looking at the Council's work in supporting mental health provision across the various localities in Kirklees. • To look in more detail at the services provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPTF) to include redesign of services and any post pandemic new initiatives. • Looking at the wellbeing and support for unpaid carers including working carers. 	
6. Quality of Care in Kirklees	<p>Receive an annual presentation from CQC on the State of Care across Kirklees to include:</p> <ul style="list-style-type: none"> • A focus on Adult Social Care • The impact of COVID-19 on the quality of care in Kirklees. 	
7. Kirklees Safeguarding Adults Board (KSAB) 2019/20 Annual Report	<p>To receive and consider the KSAB Annual Report to include consideration of the Impact of Covid-19 on safeguarding adults during periods of lockdown.</p>	<p><u>Panel meeting 7 October 2021</u> The Panel received a presentation on the proposed approach to developing the Kirklees Joint Health and Wellbeing Strategy.</p> <p>The Panel requested that its comments and views on the proposed approach to the Strategy and the high level aspirations and ambitions for the health and wellbeing of the residents of Kirklees be noted.</p>
8. Yorkshire Ambulance Service (YAS) Response Times	<p>To receive an update on performance and demand across all areas of Kirklees to include:</p>	<p><u>Panel meeting 8 July 2021.</u></p>

	<ul style="list-style-type: none"> • A focus on response times for categories 1 and 2. • Looking at the variances of performance across Kirklees. 	<p>The Panel received an update on performance, demand and quality in Kirklees.</p> <p>The information provided was noted and the Panel requested that for future updates the data should also include the ambulance pick-up and drop-off times.</p>
<p>9. Kirklees Public Health</p>	<p>An overarching theme that looks at the work of Public Health Kirklees to include:</p> <ul style="list-style-type: none"> • Continuing to receive regular updates on the impact and response to Covid-19 (to be kept under review) • Assessing the performance of the Immunisation Programmes in Kirklees to include any future coronavirus programmes. • To review the work being done on population health management. 	<p><u>Panel meeting 8 July 2021</u> Kirklees Public Health presented an update on the local position and response to Covid-19.</p> <p>Actions agreed included:</p> <ul style="list-style-type: none"> • A request for information on the current rates of covid-19 hospitalisations including the trend in Kirklees; and the current assessment of the impact on people who have been diagnosed with long Covid. • That a further update be scheduled for the August meeting to include a focus on the impact of the proposed removal of national restrictions. <p><u>Panel meeting 19 August 2021</u> Kirklees Public Health and Public Protection presented an update on the local position and response to Covid-19.</p> <p>Actions agreed included:</p> <ul style="list-style-type: none"> • Reviewing the approach to receiving future covid-19 updates.

		<ul style="list-style-type: none"> A request for information on the uptake of financial assistance to qualifying individuals who have to self-isolate.
10. Update on Winter Planning	<p>Update on winter preparations 2021/22 from the Kirklees Health and Adult Social Care sector to include:</p> <p>Receiving details from key organisations across the local health and adult social care section on preparations for winter to include the key areas of focus.</p> <ul style="list-style-type: none"> lessons learned from the winter period 2020/2021. feedback and experiences of service users from last winter period. 	<p><u>Panel meeting 7 October 2021</u></p> <p>Representatives from organisations across the Kirklees Health and Adult Social Care system presented an outline of the work that was being done to prepare for the winter period 2021/22. The information provided was noted. In addition the Panel requested that partners across the local health and adult social care system continue to review risks during the winter period and notify the Panel should any major issues affecting the provision of services occur.</p>
11. Effectiveness of smoking cessation arrangements in Kirklees.	<p>To review the effectiveness of smoking cessation arrangements in Kirklees to include a review on how people with complex mental ill health are supported.</p>	
12. Kirklees Care Homes Programme Board including analysis of the home care market	<p>Receiving a update on progress of the Board to include:</p> <ul style="list-style-type: none"> Looking at the key issues and challenges identified by the Board and the actions taken to address them. Details of the training and support that will be provided to care homes on the verification of expected death, end of life care plans and testing and swab taking. 	

	<ul style="list-style-type: none"> Continue monitoring the outcomes of the analysis of the home care market to include receiving a copy of the final report from Cordis Bright and implementation plan. 	
13. Healthwatch Kirklees	To develop the working relationship with Healthwatch Kirklees to include sharing of work programmes and identifying local areas of concern to inform the work of the Panel.	<p><u>Panel meeting 7 October 2021</u> Representatives from Healthwatch provided an update on their workplan.</p> <p>The Panel noted Healthwatch's key areas of work and agreed to continue to share work programmes and monitor local areas of concern.</p>
14. Air Pollution	To assess the health risk associated with air pollution.	
15. Rainbow Child Development Unit at Calderdale and Huddersfield NHS Foundation Trust (CHFT)	To consider proposals to relocate the Child Development Service (CDS) and create a central community hub for families to include co-location with specialist nursing input and community therapies.	<p><u>Panel meeting 8 July 2021</u> Representatives from CHFT presented the plans to relocate the CDS.</p> <p>The Panel supported the proposals including the Trust's preferred location and requested that the outcomes from the engagement work be presented at a future meeting.</p>
16. Reconfiguration of Bed Capacity in Kirklees supporting with Intermediate Care and Dementia Care	To consider proposals to reconfigure the dementia and Intermediate Care Beds across Moorlands Grange, Castle Grange, Ings Grove House and Claremont House to include a temporary decant of The Homestead Day Service.	

LEAD MEMBER BRIEFING ISSUES	
ISSUE	AREAS OF FOCUS
1. Mid Yorkshire Hospitals NHS Trust (MYHT) Ambulatory Emergency Care (AEC) Services and Services provided at Dewsbury and District Hospital (DDH)	Update on the closure of the AEC unit at DDH.
2. Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust (MYHT)	Receive an update on progress of: <ul style="list-style-type: none"> • The programme of change at CHFT. • The work being done by MYHT on its Outpatient Care.

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**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –
2021/22**

MEETING DATE	ITEMS FOR DISCUSSION
8 July 2021	<ol style="list-style-type: none"> 1. YAS performance and demand update 2. COVID-19 update 3. Setting the work programme for 2020/21 4. Child Development Service
19 August 2021	<ol style="list-style-type: none"> 1. Impact of Covid-19 on the Health and Adult Social Care Sector 2. COVID-19 update
7 October 2021	<ol style="list-style-type: none"> 1. Healthwatch Kirklees sharing of work programme 2. Update on Winter Planning 3. Health and Wellbeing Strategy
11 November 2021	<ol style="list-style-type: none"> 1. Community Care Services (CCS) in Kirklees 2. Kirklees Care Homes Programme Board Update
7 December 2021	<ol style="list-style-type: none"> 1. CQC – Quality of Care in Kirklees 2. Reconfiguration of Bed Capacity
9 February 2022	<ol style="list-style-type: none"> 1. Direct payments (tbc) 2. Mental Health and Wellbeing (details tbc)
10 March 2022	
14 April 2022	

All meetings have been scheduled to start at 2:00 pm with a pre-meeting at 1:30 pm

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