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Tuesday 11 October 2022

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 19 October 2022**.

This meeting will be webcast live and will be available to view via the Council's website.

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 Jackie Ramsay (Chair)

Councillor Lesley Warner

Councillor Jo Lawson

Councillor Bill Armer

Councillor Vivien Lees-Hamilton

Councillor Alison Munro

Helen Clay (Co-Optee)

Kim Taylor (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of previous meeting

1 - 12

To approve the Minutes of the meeting of the Panel held on 6 September 2022.

2: Interests

13 - 14

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.

6: Resources of the Kirklees Health and Adult Social Care Economy 15 - 62

Representatives from key organisations across the Kirklees Health and Adult Social Care system will be in attendance to provide an update on their financial position to include an overview of the local financial landscape in the context of the shift in funding to the West Yorkshire Integrated Care Board (WYICB) and place-based partnerships.

Contact: Richard Dunne, Principal Governance Officer: 01484 221000

7: Capacity and Demand - Kirklees Health and Adult Social Care System 63 - 116

Representatives from Kirklees core “physical” providers will provide details of the work being done to manage demand and catch up with delayed planned surgery.

Contact: Richard Dunne, Principal Governance Officer: 01484 221000

8: Work Programme 2022/23 117 - 124

The Panel will review its work programme for 2022/23 and consider its forward agenda plan.

Contact: Richard Dunne Principal Governance Officer: 01484 221000.

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 6th September 2022

Present: Councillor Jackie Ramsay (Chair)
Councillor Jo Lawson
Councillor Bill Armer
Councillor Alison Munro

Co-optees Helen Clay
Kim Taylor

In attendance: Jane Close – Chief Operating Officer Locala
Helen Duke – Assistant Director of Operations Locala
Vicky Dutchburn – Director of Operational Delivery –
Kirklees Health and Care Partnership
Amanda Evans – Service Director Kirklees Council Adult
Social Care Operations
Jan Giles – Senior Primary Care Manager for Kirklees
Place
Jo Halliwell – Deputy Chief Operating Officer & Director of
Operations Mid Yorkshire Hospitals NHS Trust (MYHT)
Jon Hammond – Director of Operations for Medicines
Calderdale and Huddersfield NHS Foundation Trust
(CHFT)
Anne-Marie Henshaw – Director of Midwifery and
Women’s Services MYHT
Chris Lennox – Director of Services South West
Yorkshire Partnership NHS Foundation Trust (SWYPFT)
Jon Parnaby – Transformation Programme Manager for
Urgent and Emergency Care for Kirklees Place
Dawn Parkes – Director of Nursing MYHT
Simon Riley- Fuller – Assistant Director of Nursing CHFT
Catherine Riley – Associate Director of Strategy CHFT
Lindsay Rudge – Chief Nurse CHFT
Andy Simpson – Deputy Head of Operations Yorkshire
Ambulance Service
Philippa Styles – Director of Operational Development
Locala
Darryl Thompson – Chief Nurse & Director of Quality and
Professions SWYPFT
Penny Woodhead – Director of Quality and Nursing West
Yorkshire ICB

Health and Adult Social Care Scrutiny Panel - 6 September 2022

Observers: Councillor Liz Smaje
Apologies: Councillor Lesley Warner
Councillor Vivien Lees-Hamilton

1 **Minutes of previous meeting**

The minutes of the meeting held on the 27 July 2022 were approved as a correct record.

2 **Interests**

Cllr Jo Lawson declared an interest in items 6 (Maternity services in Kirklees) and 7 (Unplanned Care) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust's bank staff.

3 **Admission of the public**

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 **Maternity Services in Kirklees**

The Panel welcomed representatives from Calderdale and Huddersfield NHS Foundation Trust (CHFT), Mid Yorkshire Hospitals NHS Trust (MYHT), the Kirklees, Calderdale and Wakefield Health and Care Partnerships and the West Yorkshire Integrated Care Board.

Mr Riley-Fuller Assistant Director of Nursing at CHFT explained that CHFT and MYHT were committed to working in partnership to provide safe and effective and sustainable care in maternity services across Kirklees.

Mr Riley-Fuller presented a brief overview of maternity services for both CHFT and MYHT that included details of the geographical areas, rates of birth and maternity birth options and facilities.

Mr Riley-Fuller presented a summary of the findings and actions from Ockenden's final report from the independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust.

Mr Riley- Fuller outlined details of the feedback that CHFT received following an Ockenden assurance visit which despite the challenges that the Trust faced was positive.

Ms Henshaw Director of Midwifery and Women's services at MHYT provided the Panel with an overview of the feedback that MYHT had received following the Trust's Ockenden assurance visit and confirmed that MYHT had also received positive feedback in relation to transparency, openness, culture and governance.

Health and Adult Social Care Scrutiny Panel - 6 September 2022

Ms Henshaw stated that one of the most significant challenges that both Trust's and the wider region faced was the midwifery workforce. Ms Henshaw explained that the retention and recruitment of staff was high on the agenda and provided an overview of the approach that both trusts took to the recruitment and retention of midwives.

Ms Henshaw informed the Panel that both trusts were forecasting deficits in their midwifery staffing levels into 2023/24. Ms Henshaw described in detail the work that the Trusts were doing to analyse the shortfalls that included looking at the predicted numbers and placements of graduates.

Ms Henshaw stated that the high levels of sickness in the midwifery workforce was a significant factor in the suspension of both CHFT and MYHT birth centres. Ms Henshaw provided details of the birth centre risk assessments that had been carried out and stated that there was no strategic intent not to reopen the birth centres once the workforce issues had improved.

Ms Henshaw outlined the work that had been done on analysing the birthing data to establish how many women met the criteria for the birth centres and confirmed that approximately 40-49% of women would have met the standard maternity care pathway.

Ms Henshaw stated that the Trusts were finalising the establishment of a joint birth centre advisory group that would help to develop initiatives to attract, recruit and retain staff into maternity services and help the service to focus on equality and access.

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

- A question on the reasons for the increase in the levels of staff sickness in maternity services.
- A question asking what impact the closures of the birth centres had on maternity services staff based at Calderdale Royal Hospital.
- A question seeking more detail on the outcomes of the regional work to attract and recruit more midwives.
- A request to explain the meaning of the different maternity care pathways.
- An explanation of the impact of the pandemic that had resulted in higher staff sickness across all services and had left many staff feeling burnout and tired.
- Details of the outcomes of the recruitment work being carried out through the Local Maternity System that included the preference of many graduates to work in smaller birthing centres.
- An explanation of the three maternity care pathways.
- Details of the work being done to support the health and wellbeing of NHS staff and the additional support provided to the newly qualified midwives.
- A question on the age profile of the midwifery workforce.
- Details of the work being done by MYHT to track the age profile of its midwifery workforce that included speaking to its workforce aged 50 and over in an attempt to understand their future retirement plans.

Health and Adult Social Care Scrutiny Panel - 6 September 2022

- Clarification on how long the Huddersfield and Dewsbury Birth Centres had been suspended.
- A request for information to understand why the problems in maternity service recruitment had not been addressed earlier particularly as the Pontefract birth centre had also closed pre-pandemic.
- A question on the timelines for the re-commencement of birthing centres in Kirklees.
- Details of the reasons for the closure of the Bronte Birth Centre in Dewsbury in May 2022 and the ad hoc service that had been provided in the months leading to its suspension.
- Details of the challenges in the recruitment and retention of midwives and the overall deficit in the numbers of qualified midwives across the West Yorkshire and Harrogate footprint.
- Details of the work being done to enhance the competency and skills of staff that provided support to midwives.
- Confirmation that the Huddersfield Birth Centre had been suspended since March 2020 in response to the pandemic to provide additional Covid capacity at Huddersfield Royal Infirmary and that staff sickness and vacancies had prevented the Trust from safely reopening the centre.
- The importance of scrutiny being able to understand in detail the processes that the Trusts were following to reopen a birthing centre in Kirklees including how they planned to work together to resolve the issue.
- An expression of concern and disappointment that women in Kirklees currently did not have access to a birth centre.
- Confirmation that both trusts had a strategic intent to reopen a birthing centre in Kirklees and details of how the joint birth centre advisory group would provide governance and leadership.
- Details of the recent MYHT recruitment campaigns that had failed to recruit to all of its midwife vacancies.
- Confirmation that the timeline for reopening a birth centre in Kirklees would be driven by the ability to recruit sufficient numbers of midwives and other roles in maternity services.
- Details of the early work that was being done to develop a combined recruitment campaign.
- A view from scrutiny that it had expected to see a more robust plan on how a birth centre could be reopened in Kirklees and clarification on the future model of the service.
- A view from scrutiny that it was likely that the public in Kirklees were not fully aware that there was not a facility for women to access a birthing unit in Kirklees and to see a timeline for the reopening of a birth centre at the earliest opportunity.
- Confirmation that MYHT had agreed to increase its international recruitment of midwives.
- Confirmation that the initial model for the provision of maternity services in Kirklees could start with a phased approach that could include a birthing unit operating on reduced hours access.
- A question on whether a conversation had taken place with expectant mothers to understand the impact on them and their families of not being able give birth in their local area.

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- Details of the work being undertaken by the maternity voice partnerships in Kirklees to speak to women about birth choices and the impact of the changes.
- A question seeking anecdotal evidence on the impact on women who were unable to have their birth in a place of their choice.
- A question seeking clarification on the impact on the ongoing sustainability of home births considering the staff shortages.
- Details of the fragility of the home birth service due to the limit on the number of home births that could be adequately supported.
- Confirmation that the rates of home births was very low across the area and wider region.
- A question on whether the trusts had undertaken impact assessments on the maternity services provided at the Calderdale and Pinderfields sites.
- A question on whether any work had been undertaken to assess if women had chosen to give birth at centres at other hospitals in the region and the impact this was having.
- Confirmation that the data from hospitals across the region showed that there had been a general reduction in birth rates and that MYHT had been able to absorb through its bed capacity and services at the Pinderfields site the additional numbers of births for those women who would have normally used the Bronte Birth Centre.
- Confirmation that the number of women who lived in Kirklees and had chosen to give birth at a hospital out of area and women who lived outside of Kirklees but had opted to have birth at MYHT had stayed broadly the same.
- A question seeking clarification why the general shortages in staff hadn't impacted the services at Calderdale and Pinderfields in the same way as Huddersfield and Dewsbury.
- Details of the birthing units at Calderdale and Pinderfields and how the co-location with other maternity services helped to provide the overall level of support that was needed.
- Details of the unique circumstances that led to the suspension of services at the Bronte Birth Centre as a result of over 50% of the midwifery team being on maternity leave.

RESOLVED –

1. That attendees be thanked for their presentation and responding to the Panel's questions in an open and transparent manner.
2. That the Panel would wish to receive as soon as possible a clear timeline for the reopening of the birthing centres in Kirklees and details of the maternity services model.
3. That the Panel expresses its concern that women in Kirklees are currently unable to access a birth centre located in their local district and the potential for there to be an extensive period before the resumption of services can take place.
4. That the Panel will engage with CHFT and MYHT on any external work or communications that relates to the position of maternity services in Kirklees.

7 Unplanned Care

The Panel welcomed representatives from South West Yorkshire Partnership NHS Foundation Trust (SWYFT), Kirklees Health and Care Partnership, Mid Yorkshire Hospitals NHS Trust (MYHT), Calderdale and Huddersfield NHS Foundation Trust (CHFT), Locala, Kirklees Council Adult Social Care Services and the Yorkshire Ambulance Service NHS Trust (YAS).

Mr Parnaby from the Kirklees Health and Care Partnership informed the Panel of the partnership approach that was taken in Kirklees to support the wider health and adult social care system.

Mr Parnaby outlined in detail the whole system approach that included the approach that the system took to general resilience planning, winter planning requirements and the delivery of its core services.

Mr Parnaby provided an overview of the data insight information from across the system which included details of GP attended appointments, Emergency Department attendances and the volume of calls to the NHS Kirklees 111 service.

Ms Evans from Kirklees Adult Social Care presented the Kirklees Council insight that included the work that was being carried out to help mitigate the need for unplanned care, details of the anticipatory care work stream, hospital admission avoidance and rapid response and reablement.

Ms Evans outlined the work that the Council undertook to ensure that people getting discharged from hospital were placed on the right pathway and explained that home first was the default pathway.

Ms Halliwell from MYHT stated that the system had a strong focus on supporting people in their homes and local community and there was history of collaboration and system working which was being built on for the coming winter.

Ms Halliwell explained that the focus on support at home was being supported by the provision of additional beds at the Pinderfield and Dewsbury hospital sites and extra community beds to help support the capacity gap that had been identified over the winter period.

Ms Halliwell informed the Panel that MYHT had also focused on ambulance handover times to improve patient experience and ensure availability of ambulances to respond to further emergency calls.

Ms Halliwell stated that MYHT was also focused on continuing the delivery of planned outpatient, diagnostic and surgery cases to support patients and help reduce waiting times.

Mr Hammond from CHFT stated that CHFT also had a focus on supporting people in their own home and outlined the role of the Urgent Community Response and Community Teams in helping to reduce referrals into the Emergency Department.

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Mr Hammond outlined details of the therapy model that provided assessments at home and the role of the voluntary sector in supporting patients at home.

Mr Hammond informed the Panel that CHFT was looking to increase the numbers of referrals into its Urgent Care Hubs in both of its Emergency Departments (Eds) for those patients with less complex issues to help free up space in the main EDs for patients with more complex clinical need.

Mr Hammond outlined details of the virtual ward hub that was a new development that would commence in October and would include support from the voluntary sector.

Ms Close from Locala stated that they were working on the principle of supporting patients within the community with a focus on helping people to avoid admission into a hospital.

Ms Close explained that Locala had built on the success they had in dealing with the pandemic and outlined the work that was being done on discharge to assess beds.

Ms Close informed the Panel of the development in virtual wards which was being done in partnership with community colleagues in Kirklees, Calderdale and Wakefield.

Ms Giles from the Kirklees Health and Care Partnership outlined details of the work that was taking place in primary care and explained that demand for GP services remained high.

Ms Giles outlined in detail the approach that GP practices were taking to dealing with the demand. Ms Giles explained that Primary Care Networks (PCNs) would be taking on the responsibility for enhanced access and outlined in detail the provision to GP service that would be made available to the public.

Ms Giles informed the Panel of the Autumn booster campaign for the Covid vaccination that would run alongside a significant flu vaccination campaign that would be offered to everyone aged 50 and over and patients in the at-risk categories.

Ms Giles highlighted the additional roles reimbursement scheme that was focused on the wider team of professionals in GP practices that include roles such as social prescriber link workers who helped to manage and stream demand.

Mr Simpson from YAS stated that to be an effective system partner it was important to learn the lessons and implement the good practice that they had achieved through the pandemic.

Mr Simpson outlined the areas that had increased YAS's resilience that included the development of its clinical hub and increased investment in home working capability for 999 and 111 calls.

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Mr Simpson stated they YAS had spent a lot of time in upskilling its first responder and patient transfer colleagues into roles to deal with low acuity transport that had helped to free capacity for the 999 emergency crews.

Mr Simpson explained that YAS had developed a robust recruitment process to ensure that vacancies were kept to a minimum. Mr Simpson stated that ED avoidance was a priority by making sure there were effective alternative pathways available to patients.

Mr Simpson outlined the initiatives that had been put in place to diversify the workforce and highlighted the positive partnership working that had helped to reduce the hospital handover times.

Mr Parnaby outlined details of the generic risks that cut across the whole of the health and adult social care system that included workforce recruitment and retention, infection prevention and control restrictions, the impact of the pay award on funding and the impact of the winter fuel and cost of living rises.

Mr Parnaby highlighted details of the system priorities that included improved utilisation of the workforce, preparation for winter monies, reviewing the adverse weather plans and reviewing and agreeing the extremis action plans.

Mr Parnaby presented details of the risks and priorities for pre-hospital urgent care; urgent care while in hospital; and the out of hospital care that included discharge and community services.

Mr Parnaby informed the Panel of the consequences for consideration that included the impact of out of area ambulance diverts; the impact of the introduction of a single virtual 111 contact centre that would result in complications in dealing with local arrangements; and the impact of the adult social care reforms.

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

- Details of a patient who had been delayed in their discharge from Huddersfield Royal Infirmary due to a delay in getting the medication from the hospital pharmacy to the patient.
- Confirmation of the focus that was being placed on the ward rounds to ensure there was a systematic review of the plans for each patient.
- Confirmation that CHFT would review the situation regarding the dispensing and delivery of medication to establish if there was a broader problem.
- A question on whether there was a plan available to deal with the discharge of patients in the event there were capacity issues due to care home closures.
- Details of the work that was being done with the care home market through the creation of the care home alliance.
- An overview of the cost of care exercise to help the local authority understand the cost of care in relation to the social care reforms and the market pressures heading into the winter period.
- Details of the occupancy levels in the Kirklees Care Homes market.

Health and Adult Social Care Scrutiny Panel - 6 September 2022

- The financial incentive paid by Kirklees Council to care homes and domiciliary providers for providing a quick response to care package referrals.
- A question on how robust and sustainable the support was provided by the voluntary sector.
- An acknowledgement that the voluntary workforce was fluid although it did provide good in reach into the diverse communities within Kirklees.
- The work being done through the local authority and community partnerships to develop community organisations to help support the local populations.
- The role of social prescribers in working closely with community organisations to build the resilience to help local communities.
- An overview of the various schemes delivered with the help of the voluntary sector.
- A question on whether there were plans for YAS to expand its mental health ambulance initiative.
- A request to expand on the details of support that was being provided to improve the resilience of carers.
- A question seeking confirmation that the YAS handover of patients to the assessment health centres was done at that point and did not prevent ambulances being available for further call outs.
- A concern that many people had to attend virtual meetings or go through an online triage before being able to obtain a face to face appointment with a GP.
- An overview of the national GP survey that provides patient feedback and the targeted work that was being done with those GP practices that were struggling with demand.
- The role that online consultation played in primary care and the importance of promoting the roles of the wider health professionals working in primary care.
- Confirmation that primary care in Kirklees was being delivered through individual GP practices and not via other major organisations that had entered the market elsewhere in the country.
- An overview of the work that had been done in extending out of hours access to primary care in Kirklees.
- The importance of promoting that primary care and other pathways to care were available and accessible to avoid unnecessary attendance at Emergency Departments.
- The success of the YAS mental health ambulance initiative in Wakefield and the plans to extend the service to Kirklees.
- Confirmation that the process of patient handover at health assessment centres was the same as handover at ED's.
- Details of the additional support provided to individuals when their paid carers became unwell.
- The role of assistive technology and the support provided to carers following patient discharge.
- A question seeking clarification on how a patient is admitted to a virtual ward and the capacity that was available to support people.
- An explanation of the process followed by CHFT in admitting patients to a virtual ward and details of how patients would be supported.

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- Confirmation that the initial focus for the virtual wards would be supporting elderly and frail patients with the aim to expand this to patients with respiratory illnesses.
- Confirmation that the initial numbers of patients in virtual wards would be small and increased over time.
- A question on what lessons had been learned from the data that had been distributed to the Panel that had highlighted a two month period where there had been 12 hour trolley waits at MYHT.
- An explanation of the pressures at MYHT that had resulted in the long trolley waits and were linked to the very high numbers that had been attending the ED and the poor outflow of patients.
- An overview of the analysis that MYHT undertook following notification of a 12 hour trolley breach and the assessment that looked at the impact on the patient.
- Confirmation that the lessons learned from the breaches were incorporated into the work that was being done on patient discharge, admission alternatives and attendance avoidance.
- A question on bed occupancy rates on a Sunday evening at CHFT and MYHT.
- Confirmation from CHFT that Sunday evening was the most challenging evening of the week partly due to challenges in patient discharge.
- Confirmation from MYHT that it faced the same challenges as CHFT and that discharge rates followed a similar pattern throughout the year with Thursday's historically showing the highest discharge rates and the rates tailing off over the weekend.
- An overview of the work that was being done to try and even out the rates of discharge throughout the week.
- Details of the system wide work that was being done on developing a seven day week discharge.
- The impact on MYHT following the work it had done in reducing ambulance handover times which resulted in an increased flow of patients in its ED's and an increase from patients being diverted from neighbouring hospitals where there were longer ambulance handover times.
- A question on how well hospitals were coping with mental health patients in ED's in terms of assessment and directing them to the appropriate care pathway.
- Confirmation that the performance to support people with mental health problems in ED's was strong.
- Details of the mental health liaison teams who respond within one hour to help support people in ED's and the home based treatment teams who work in partnership with ED's to provide further support.
- Confirmation that the working relationship between the acute trusts and the mental health trust was strong.
- Details of the work that was being done to look at people who regularly present at Emergency Departments to understand why they keep turning up.
- The challenges facing the acute trusts who are seeing increasing numbers of people who require both physical and mental health care and support.

RESOLVED –

1. That attendees be thanked for attending the meeting and that the information presented and discussed be noted.

8 Work Programme 2022/23

A discussion took place on the 2022/23 work programme and forward agenda plan.

It was confirmed that a discussion on the adult social care reforms had been scheduled for December 2022 and that workforce challenges would be a key theme that would be picked up throughout the Panel's work.

RESOLVED –

1. That the work programme and those items scheduled in the agenda plan would be taken forward.

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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: 19 October 2022

Title of report: Resources of the Kirklees Health and Adult Social Care Economy.

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the item - Resources of the Kirklees Health and Adult Social Care Economy.

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 health and social care.
Health Contact(s)	Steve Brennan - Kirklees Place Programme Director

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 The Kirklees Health and Social Care Scrutiny Panel as part of their 2022/23 Work Programme have asked representatives from key organisations across the Kirklees Health and Adult Social Care system to provide an update on their financial position to include an overview of the local financial landscape in the context of the shift in funding to the West Yorkshire Integrated Care adult (WYICB) and place-based partnerships.
- 1.2 Local health and adult social care providers have collaborated to provide a presentation which is appended to this report and representatives will be in attendance to provide the panel with:
 - A high level financial overview of each organisation and financial risks.
 - Challenges of workforce retention, recruitment, and succession planning.
 - Looking at the work being done locally to employ people to include local initiatives for local people and approach to overseas recruitment.
 - The implications of service transformation and the creation of new job roles in the local system and the risks of these new roles to core services due to the loss of experienced staff.
- 1.3 The presentation 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:**
Richard Dunne – Principal Governance Officer
richard.dunne@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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Proud to be part of West Yorkshire
Health and Care Partnership



Resources in the Kirklees system

1. Financial Landscape
2. Partnership working – managing the financial risk
3. Financial overview
4. Financial pressures on LA commissioned services
5. Workforce challenges

Financial Landscape

- The new West Yorkshire Integrated Care Board (WYICB) was created on the 1st July 2022. The historical Kirklees CCG ended operation on the 30th June 2022
- The financial accounts of the old CCG were undertaken for these 3 months. The financial balances rolled into the new Kirklees Health and Care Partnership (KHCP)
- The KHCP is no longer a statutory body
- All budgets allocated to the new WYICB. However, budgets and balances have been included in the delegated KHCP budgets and financial expenditure. This gives a full year position
- The WYICB as a finance community has been receiving allocations direct for some time now – and as a finance community has been managing its financial position as a system for over two years – this includes risk and opportunities in both revenue and capital expenditure
- The financial plans for 2022/23 were presented and reported as a WYICB – this comes with a shared control total – as a WY system we had a balanced plan – with a small surplus
- For this year for Kirklees – we will have 3 months of CCG and 9 months of HCP – but still reporting as a 12-month period
- In relation to allocations of budget for KHCP – currently there is no change. However, as we develop as a system and in order to deliver VfM and deliver greater economies of scale – some budgets may be held centrally (YAS as an example and some central MH services).

Financial Partnership – WY & Local

- As a WYICB – the financial plans for the last two years have been pulled together with system providers to deliver the control total – we have a strong track record of achieving this
- Framework has changed significantly over the last few years. Funds still allocated to place loosely based on population but a number of overlays and additions that are allocated based on agreement at ICS level. Additionally, services are then commissioned with values more closely linked to cost than any national average. A clear move away from Payment by Results.
- A financial strategy for West Yorkshire has been developed. This maintains focus on improving outcomes etc. but also to deliver the best services possible within the resources available.
- The strategy is supported by creating trusting relationships, understanding risks and opportunities and ensuring action is taken at organisation, place and system level as appropriate
- This strategy will be incorporated and included in the developing KHCP Strategy on how we recover and strengthen the local place
- Financial governance has been developed in local orgs and as part of the ICB to set out how resources are managed together – this includes how allocations are distributed and how each place and the wider ICB manages financial risk
- The local finance leaders both as WY and Kirklees have been meeting for some time to develop ways of working to ensure we

Improve outcomes to populations – reduce health inequalities

Understand and tackle unwarranted variations in care

Enhance productivity and value for money

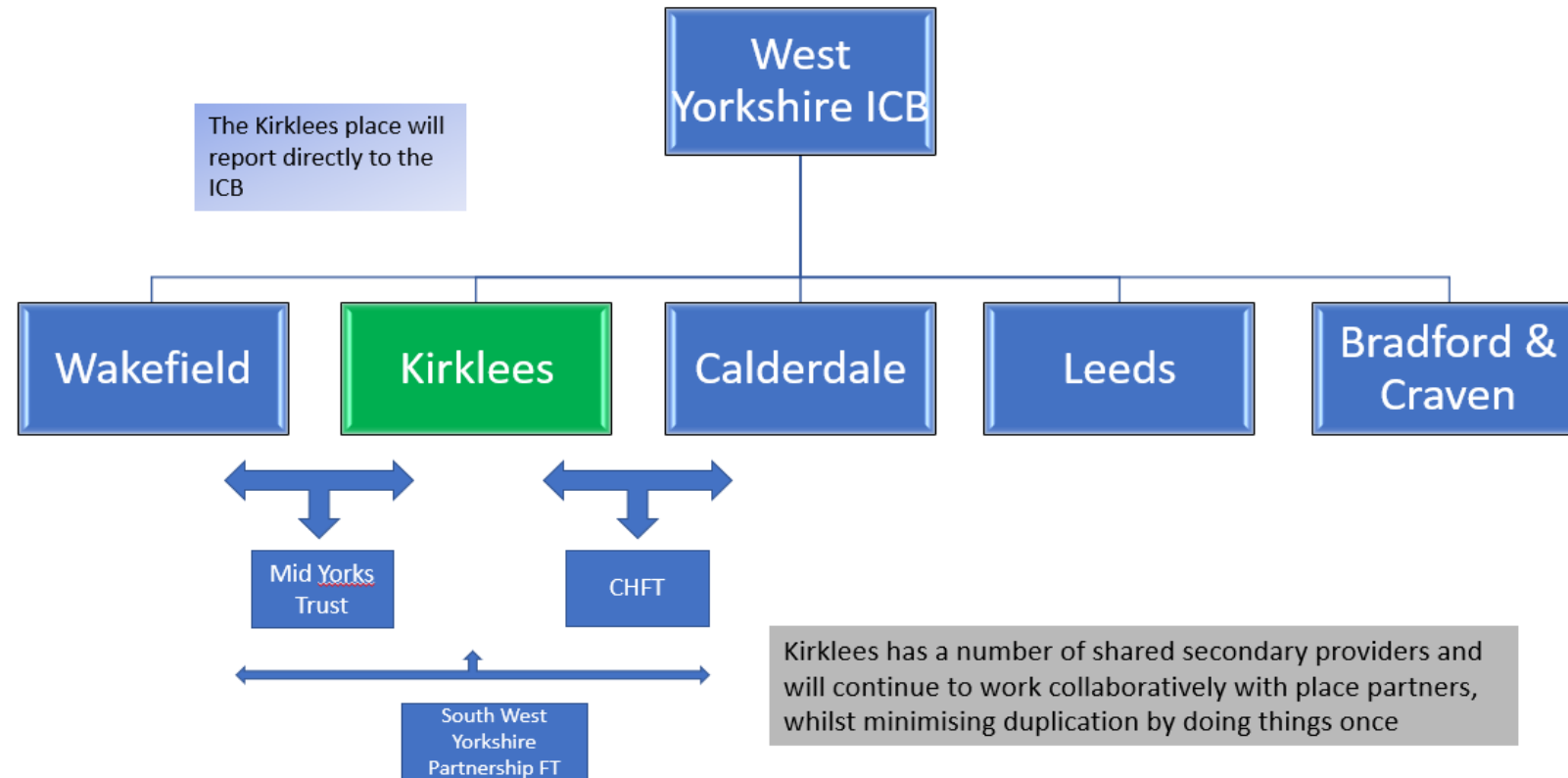
Help the NHS support broader economic and social benefits – by investing in health and social care

Financial Partnership – allocation of funds

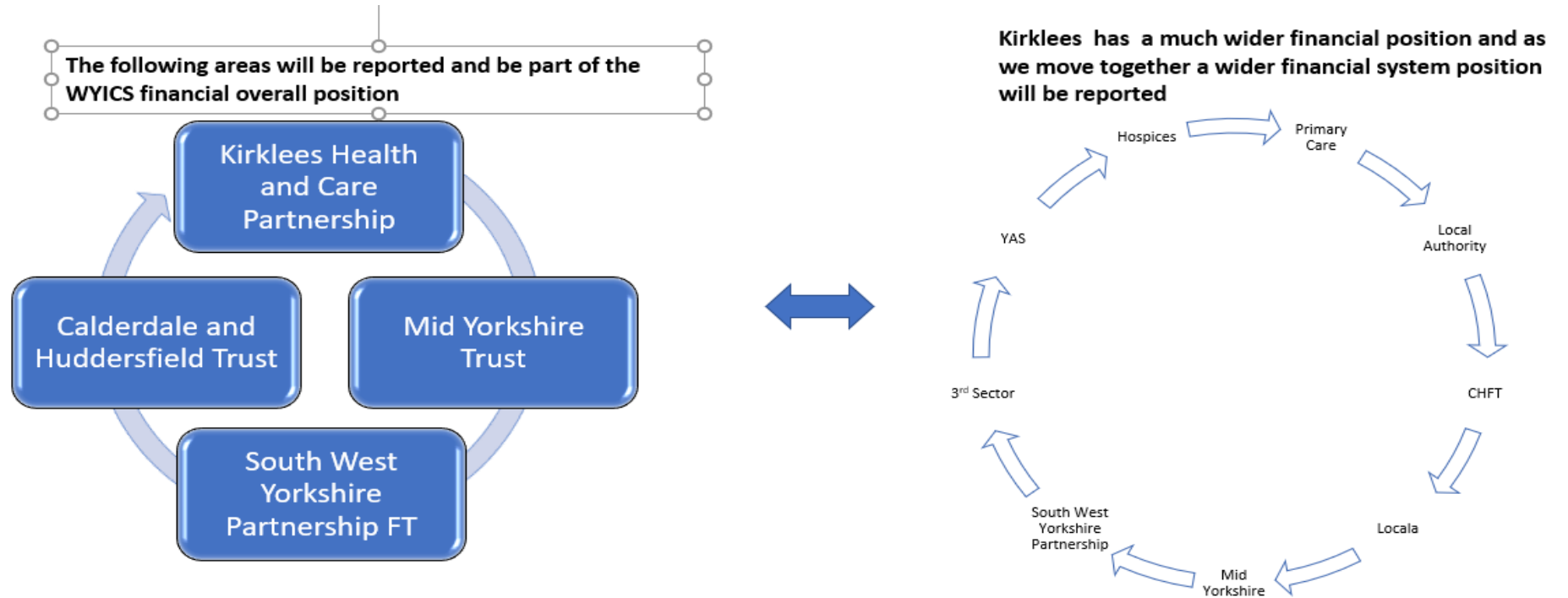
- Place based partnerships are key to financial decision making alongside existing governance
- Resources received in the ICS will be delegated to place wherever appropriate
- Financial flows (wherever possible) to providers will be routed via the place rather than at system level
- The system will ensure that there is consistency in allocations for baseline funding
- The system will take account of population health needs in place when agreed allocation disbursement
- The mental health investment primary care and community services targets will continue and will be met by both place and system
- The system will develop efficiency and productivity plans at organisation place and at system level
- Strong and robust risk management approaches will be put in place
- There are a number of financial principles that we are working towards develop a joint financial plan as part of West Yorkshire

Financial Partnership – system reporting

West Yorkshire system - structure



Financial Partnership – system reporting



- Whilst pragmatic solution is in place for reporting, the real opportunity and focus must be on what is being spent and where.
- Objective is to ensure best value for money on the spend incurred.

Financial Overview -

- As a West Yorkshire Health system, it reported a small projected surplus position for 2022/23. This ICB only includes the plans from the Health Sector and as previously shown only incorporates KHCP, Calderdale and Huddersfield Foundation Trust, Mid-Yorkshire NHS Trust and South and West Yorkshire Partnership Foundation Trust.
- For Kirklees Place – it only has an arbitrary % split of the contracts for these NHSE organisations
- As a system we have several key partners that are part of the wider Kirklees Place – these include Locala (who are a social enterprise) and the Kirklees LA.
- As part of the partnership working the reporting of these partners is started to be pulled together as a collective – and shared at the ICB of Kirklees. As the system and culture develops additional organisations will be included.

Financial place by Organisation	£m Plan surplus/deficit (-)
WY ICB Bradford	2.9
WY ICB Calderdale	(0.2)
WY ICB Kirklees	(1.7)
WY ICB Leeds	6.4
WY ICB Wakefield	0.5
WY ICB West Yorkshire	(3.5)
Airedale NHS Foundation Trust	0.0
Bradford District Care NHS FT	0.0
Calderdale & Huddersfield NHS FT	(17.4)
Leeds and York Partnership NHS FT	1.1
Leeds Community Healthcare NHS Trust	1.0
Leeds Teaching Hospital NHS Trust	7.6
Mid Yorkshire Hospital NHS Trust	0.0
South West Yorkshire Partnership NHS FT	3.2
Yorkshire Ambulance Service NHS Trust	0.0
Total	0.0

Financial Overview – Kirklees Headlines Plan

Place	Plan	Current FOT
NHS Kirklees HCP	-1.7	-1.7
CHFT @ 50%	-8.7	-8.7
MYFT - 30%	0	0
SWYFT - 40%	1.28	1.28
Total Kirklees	-9.12	-9.12

- Financial plan for the Kirklees ICB Health organisations – was projected at a £9.1m deficit - based on the % allocations described previously
- But additional challenge outside of these ICB health car budgets
 - Locala had an estimated plan deficit of £0.8m
 - Local Authority – challenging plan and emerging risks. Currently projecting overspend of £0.4m against plan

Financial Overview – Kirklees – Month 6

- The following tables outline – plan, current FOT at Month 6, and best/likely/worst case variance

Place	Plan	Current FOT
NHS Kirklees HCP	-1.7	-1.7
CHFT @ 50%	-8.7	-8.7
MYFT - 30%	0	0
SWYFT - 40%	1.28	1.28
Total Kirklees	-9.12	-9.12

Place	Plan	Current FOT	Best Case	Likely Case	Worst Case
NHS Kirklees HCP	-1.7	-1.7	0	0	-2.5
CHFT	-17.4	-17.4	0	-7.6	-23.1
MYFT	0	0	0	0	-17.9
SWYFT	3.2	3.2	0	1	-1

Place	Plan	Current FOT	Best Case	Likely Case	Worst Case
NHS Kirklees HCP	-1.7	-1.7	0	0	-2.5
CHFT @ 50%	-8.7	-8.7	0	-3.8	-11.55
MYFT - 30%	0	0	0	0	-5.37
SWYFT - 40%	1.28	1.28	0	0.4	-0.4
Total Kirklees	-9.12	-9.12	0	-3.4	-19.82

Based upon Month 6 and current risks, partner organisations believe the most likely outcome is a £6.6m deterioration from the plan. Based on allocations the position for Kirklees would be a deterioration of £3.4m

Financial Overview – Risks

The main risks to delivery are as outlined below

- Increasing activity within IS to clear backlogs that potentially is not funded via the Elective Recovery Fund
- Escalating Discharge bed pressures
- Unidentified efficiencies
- Realising Elective Services Recovery Fund in the second half of the year
- Impacts of any further covid waves and severity of cases impacting non-elective cases
- Continued inflationary cost increases (utilities, capital schemes and other areas)
- Temporary staff pay rate escalation & unplanned care activity surge
- Delivery of Waste Reduction programme
- Impact of out of area placements and increased demand on services and acuity

Financial Overview – LA

Kirklees Council – ASC & Public Health - 2022/23

- **Council**
 - Significant unbudgeted pressures being seen - Cost of living, energy, pay award etc
 - Q1 = £28.8m additional pressure >> use of earmarked reserves reduces it to £18.8m
 - Management actions to mitigate inflationary pressures in-year, and for future budget planning
- **Adult Social Care – Budget 2022-23**
 - Quarter 1 position = £+0.4m
 - Provider cost pressures (energy/fuel/cost of living)
 - Workforce recruitment & retention (across the market)
 - Ongoing pressures on demand led activities (especially LD and MH) + heightened complexity of packages
- **Other key ASC issues**
 - ‘Fair cost of care’ for placements/home care – govt driven programme - what is the fair cost?, Sustainability plan.
 - Charging policy reform 2023 (national) - Cap on care costs / Change for self funders / Impact on the market?
 - Continued joint working - Regional and local partners continue to work jointly for maximum local benefit.
- **Public Health issues**
 - Covid – continuing threat without funding coverage
 - Substance misuse – Prescribing (increased cost pressure)
 - Cost of living impact on commissioned providers

Financial Overview - Strategic

- Whilst 2022/23 appears challenging, the underlying position poses even greater challenges
 - Non recurrent efficiencies delivered
 - Historical flexibility and slippage
- Further cost of living challenges
- Further austerity measures

- Underlying position based on known challenges would require even greater efficiencies

Finance Summary

1. Kirklees faces both an in year and underlying financial challenge
2. New structure provides opportunity to work differently / make better use of resources
3. As Kirklees HCP, the scale of challenge will require partners to think and work differently
4. A recovery plan / strategy is required and the potential impact on patients and service users must be clear

Introduction

Will cover:

- Context
- Challenges
- Responses:
 - Strategic
 - Tactical
 - International recruitment
 - Initiatives for Kirklees people
 - Staff Health and well being
- A provider's perspective
- Summary

Context

Size of our health and care workforce in Kirklees:



- 1 Council
- 2 Acute Trusts
- 1 MH Trust
- 1 Community Services Provider
- 120+ Care Homes
- 60+ GP Practices
- 100+ Community Pharmacies
- 70+ Dom Care Providers
- 100+ registered vol org'n
- 1000+ non-registered vol org'n
- Etc.....

Challenges

What are our challenges around workforce:

- Recruitment
- Retention
- New roles
- Succession Planning

How we are addressing workforce challenges

- Strategic:
 - Multi-year workforce planning
 - Learning needs assessment
- Tactical:
 - Workforce Development Strategy
 - Overseas Recruitment
 - Local employment
 - Health and Wellbeing

Strategic Workforce Planning: Future Workforce and Supply Pipeline

- Annual, multi-year workforce modelling bringing together information on current workforce and future workforce needs [WYH&CP/HEE led]
- Starting with NHS, GP, ASC – with the aim to build outwards from this
- Will support workforce decisions across the ICS, Places, Programmes
- Inform HEE's investments into the clinical workforce via the Multi-Professional Education and Training Plan [Future Workforce Budget - largely focused on our future workforce and supply pipeline]
- Builds in future workforce demand in terms of numbers, service transformation, and new roles
- In progress and outputs, analysis and discussions from Nov onwards
- In Kirklees we have also involved Kirklees Care Association, Community Pharmacy, Third Sector Leaders in this
- It will also inform our local plans going forward

Strategic Workforce Planning: Continuing Professional Development and Workforce Transformation

- Across WY we complete an annual Learning Needs Assessment [WYH&CP/HEE led]
- Annual process which informs HEE investment in:
 - Continuing Professional Development [nursing associates, nurses, midwives, allied health professionals to support staff development]
 - Workforce transformation budget [supporting the strategic transformation of the current workforce linked to 5 key enablers supply, upskilling, new roles, new ways of working and leadership] and is not limited to NHS staff
- In Kirklees we feed into this and include input from social care and VCSE as well as NHS organisations
- Established a local LNA Group to make best use of this in Kirklees as well as feeding into WY level

WYH&CP [Strategic/Tactical]

Refreshing it's priorities for workforce across H&C in WY:

- Where can we add value by working across WY in support of places
- Where to focus our collective efforts to have most impact
- How do we also support professional groups [eg AHP Network and Pharmacy Workforce Programme] to have maximum impact
- Will cover health and care staff and those in voluntary and community workforce
- An existing area of focus that will continue is on staff health and wellbeing
- A new area of focus is on systems leadership and we are actively engaged in this work

Kirklees H&CP [Tactical]

We have a Workforce Development Strategy:

- Improved Health and Wellbeing
- Promoting Jobs and Careers
- Integrated and shared learning and development
- Supporting Carers in our Workforce

- Focused on the things we can add value to by doing across Kirklees or what we can only do by working across Kirklees, to support the efforts of individual organisations and sectors

Overseas Recruitment

- Both acute trusts have previously recruited overseas nurses and are actively recruiting this calendar year with further recruitment planned
- Ethical approaches:
 - Which countries we recruit from
 - Follow NHSE ethical guidelines
 - For the recruits themselves we want to be excellent employers – pastoral care and other support
- Takes a lot of investment in time and money to get this right
- Attrition rates are very low – so worth the investment
- MYHT are also currently recruiting midwives, CHFT doing so next year
- Locala currently recruiting for community nurses – sharing expertise and learning
- Also smaller numbers of AHP [OT] and ODP potentially going forward.

Local Employment

Some practical example of what we are doing now

Recap on the project's objectives

To strengthen the future workforce and address skills and labour deficits within health and care in Kirklees by improving the volume and diversity of young applicants to the sector, namely:

- Developing a coherent, collaborative and cost-efficient approach to careers outreach in schools
- Building a broad coalition of partners across the district to support the work
- Organising and implementing a careers engagement programme that will reach every secondary student in the district within 5 years



Calderdale and Kirklees Health and Care Programme



Impact

If young people are to opt into careers in health and care in greater numbers in the future, they will be able to:

- Understand the full range of careers opportunities within the sector
- Be able to align their own skills and attributes to these opportunities
- Feel inspired about the potential and rewards of working within the sector

Calderdale and Kirklees Health and Care Programme

Outputs to date



Over 8000 young people were reached through video resources and newsletters



Over 1500 students have engaged through live activity



Over 80 Health and Care partners have taken part



30 schools have been included in the programme - through core and wider program



100%

students said that they had improved awareness of roles in health and care

83%

students expressed increased understanding of the rewards of careers in health and care

Calderdale and Kirklees Health and Care Programme



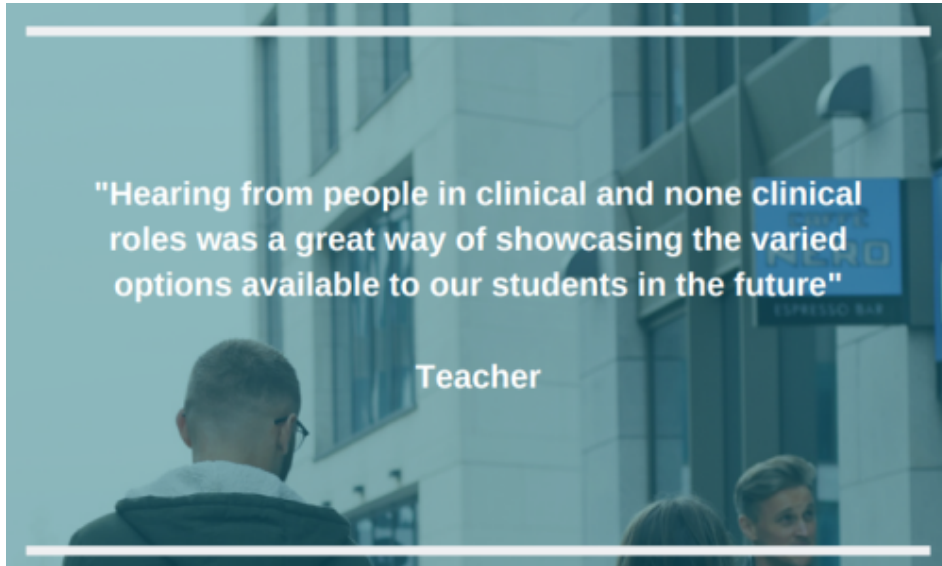
"Today was a great opportunity to share my experience with students"
- Volunteer quote

"The Operating Theatre workshop was very fun and interesting - I learned a lot."
- Student, Year 9

"Students engaged really well - I enjoyed speaking to them!"
- Volunteer quote

"I liked hearing from a job I had never heard of before"
- Student, Year 10

Calderdale and Kirklees Health and Care Programme



"Today was a great opportunity to share my experience with students"
- **Volunteer quote**

"The Operating Theatre workshop was very fun and interesting - I learned a lot."
- **Student, Year 9**

"Students engaged really well - I enjoyed speaking to them!"
- **Volunteer quote**

"I liked hearing from a job I had never heard of before"
- **Student, Year 10**

Calderdale and Kirklees Health and Care Programme



Book your assembly slot now


KIRKLEES & CALDERDALE
HEALTH & CARE
PATHWAYS PROJECT

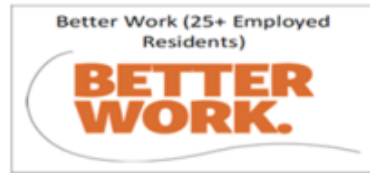
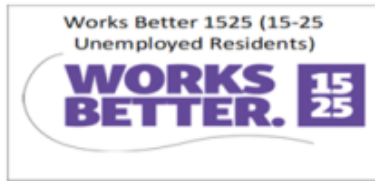
**Who works in Health
and Care?**
17 - 21 October 2022

#HEALTHCAREPATHWAYS

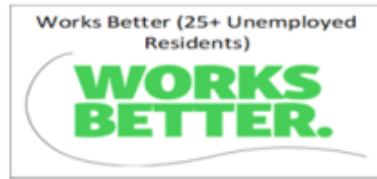
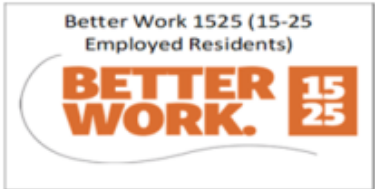
   Ahead Partnership
Health Education England

Proud to be part of West Yorkshire
Health and Care Partnership

Supporting People into Employment



KIRKLEES
APPRENTICESHIPS FOR ALL
UPSILLING YOUR WORKFORCE



Project Search

Kickstart



Proud to be part of West Yorkshire Health and Care Partnership

Supporting People into Employment

Kickstart Programme

58 placements
66% converted
to sustainable
work

Recruitment

Partner vacancies regularly shared with Employability Programmes across Kirklees
Partners engage in recruitment events in North and South Kirklees
Partners attend Apprenticeship NOW events to promote apprenticeship roles/vacancies to year 11 and 13

Widening Employment CHFT

50 young people accessed apprenticeships/ employment outcomes
121 volunteers recruited [60% 16-24]
50% clinical apprenticeships move onto TNA pathways. Rest remain in employment
90 unregistered colleagues access free maths/English upskilling via REALISE

Entry level roles

Sector Based Work Academies provide pre-employment & sector specific training. CHFT offered 9 roles to a cohort of 11
Employability Advisors trained in insight & knowledge of roles available in partner organisations.

Princess Trust

Creating 40
jobs 85% still
in work after
12 weeks

Supporting Independent Care Sector: In2Care



In2Care 

Supporting Adult Social Care Recruitment



The Guardian
Public Service
Awards 2019
Winner

Proud to be part of West Yorkshire
Health and Care Partnership

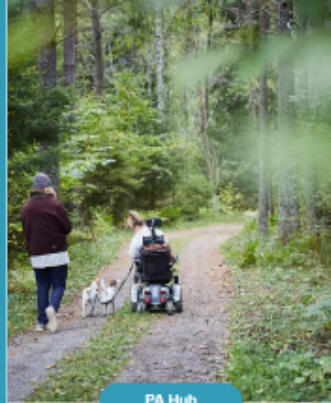
Supporting Independent Care Sector: In2Care



Care Jobs Hub

Job Vacancies And Support

Get in touch for our friendly support or search for current care vacancies across Kirklees



PA Hub

Personal Assistants

Find out more about what a PA does, search current vacancies or register with us on our database. Looking for a PA? No problem - just get in touch



Volunteering Hub

Volunteering

Thinking about volunteering in care? We can help you find local opportunities



Journey Planner

Plan Your Route

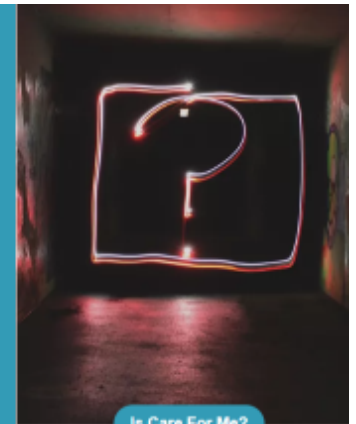
Links to help you plan your commute to and from the workplace whether by public transport or by car



Employer Portal

Forms & Resources

In2Care resources for employers or voluntary sector organisations



Is Care For Me?

Check This Out!

Take an interactive quiz or watch some short video's to see if the care sector is the right choice for you

Supporting Independent Care Sector: In2Care



Care Jobs Hub

**Over 1,500 people
recruited into
traditional care roles**



PA Hub

**Over 250 people
recruited as personal
assistants**



Volunteering Hub

**Over 85 people
supported to
volunteer**

Supporting Independent Care Sector: In2Care

Development of a staffing bank

- Builds on existing work – In2Care to manage, using existing software package
- Quality training and CPD pathways
- Talent attraction and retention: University Students, existing staff doing add shifts, retirees
- Kirklees Care Association involved
- Potential to include community services

Staff Health and Wellbeing

- Supported by West Yorkshire Health and Wellbeing Hub we established a local programme designed to:
 - Increase the number and type of people able to access wellbeing support and expand the variety of offers available
 - Add value to offers already in place in organisations
 - Support organisations with no/little in house offers
 - Maximise benefit of WY offers for Kirklees staff

Staff Health and Wellbeing

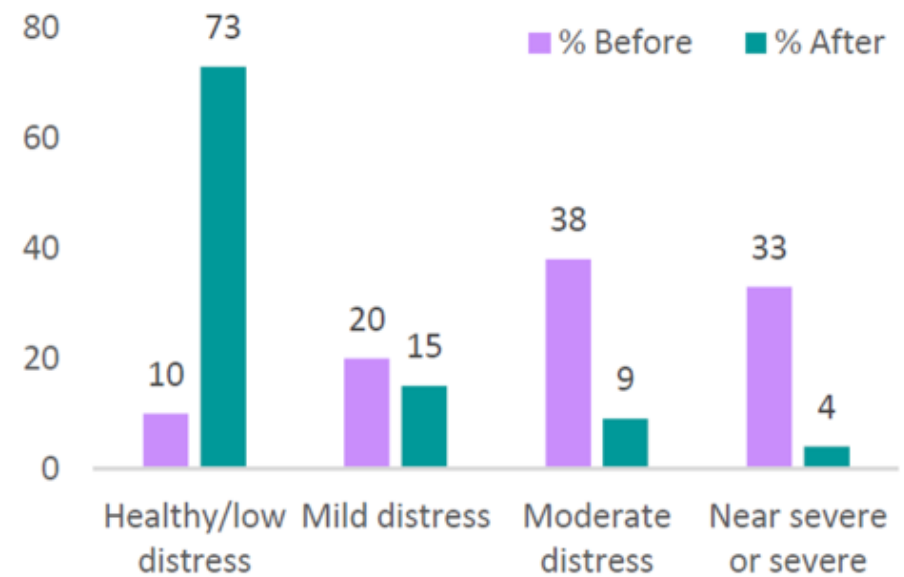
Psychological crisis support
180+

Colleague wellbeing support
175+

Voluntary sector wellbeing experience sessions
140+

Schwartz Rounds
140+

Halsa wellbeing sessions
450+



Staff Health and Wellbeing



**Kirklees and Calderdale
Compassionate Cultures
CONFERENCE**

We are **compassionate**
and **inclusive**

Who is this for? Everyone who works in Health and Social Care for Kirklees Health & Care Partnership or Calderdale Cares Partnership.

Date: 28th of September 2022
Time: 9:00am - 4:30pm
Venue: The John Smith's Stadium, Stadium Way, Huddersfield, HD1 6PG

Compassionate Leadership, Compassionate Practice & Staff Health & Wellbeing

(Breakfast, lunch & refreshments will be provided, and partner stalls and information will be available)

Keynote Speakers & Partner Presentations & Activities

Keynote Speakers include :

- Rob Webster Chief Executive NHS West Yorkshire Integrated Care Board.
- Brendan Brown Chief Executive Calderdale and Huddersfield NHS Foundation Trust.

And a personal message from:
Michael West CBE, Author & Professor of Work and Organisational Psychology at Lancaster University.

Part of the Kirklees & Calderdale Compassionate Cultures Festival

How to book: [Click here to book](#)

For further information contact:
Michelle Dodding, Emotional Health & Wellbeing Coordinator: michelle.dodding@kcalia.org.uk
or
Mark Ambrose, Kirklees Place Workforce Lead: mark.ambrose@chl.chs.uk






A Provider's Perspective

- Challenges of workforce retention, recruitment, and succession planning:
 - Focus on the reduction of vacancy rates across all staff groups, but most predominantly in clinical facing roles and reduction of inpatient nurse vacancies, further strengthening of clinical support roles and improvement in retention of staff, particularly surrounding internal movement.
 - Retention of staff seen as a major focus with work ongoing to invest in health & wellbeing of staff, improvement of a flexible workforce and flexible work options, as well as incentivisation of the workforce in an ever more challenging and competitive market.
 - Specific retention challenge focuses on migration of staff toward emerging ARR's roles in Primary Care which are still to be fully understood in terms of role requirements and role design in PCN settings (expected to come from nursing, pharmacy and AHP roles currently). Kirklees sees the largest projected numbers in terms of role implementation than other ICB areas the Trust serves.
 - We continue to progress the MHST's and have continued to focus on areas of need such as the pathways for Children in Care and reducing the waits for Neurodevelopmental assessments.

A Provider's Perspective

- Looking at the work being done locally to employ people to include local initiatives for local people and approach to overseas recruitment. [1]
 - Kirklees substantive staff in post has seen 1.4% growth in year which is seen as a success in current climate. Projecting this is maintained in next 6 months. This growth has been into filling vacancies.
 - Turnover across Kirklees MH services currently 15.4% with a 14.1% vacancy rate. This reflects Trust wide rates. Absence currently at 4.2%.
 - Continued delivery of ongoing HCSW cohort delivery model with expanded entry via apprenticeship, BSKB and B2/B3 recruitment.
 - Clinical placements for existing TACP's continues to be a risk as well as being an outlier to some Trusts regarding post-qualification Agenda for Change banding.

A Provider's Perspective

- Looking at the work being done locally to employ people to include local initiatives for local people and approach to overseas recruitment. [2]
 - Continue to strengthen crisis and Intensive Home-Based Treatment pathways for all CAMHS and the 7- day working is now in place within Kirklees.
 - CMH nursing and specialist roles with CAMHS, CMHT and IHBTT continue to be a focus as well as psychology roles
 - International recruitment into other red-listed recruitment roles (e.g. AHPs).
 - Kirkstart employability programme with 5 starters and 4 moving towards SWYPFT employment with 1 applying for a job at YAS

A Provider's Perspective

- The implications of service transformation and the creation of new job roles in the local system and the risks of these new roles to core services due to the loss of experienced staff.
 - Large scale recruitment of our year 2 international recruitment programme. This is planned to deliver a 60% increase in expected new MH nurse starters into vacancies. First 6-month plan on track. Strong Q3 and Q4 forecast based on current pipeline activity.
 - Alternative roles which are currently being mapped and planned for to meet alternative skill mix opportunities within Kirklees including expansion of Peer Support workers, Trainee Associate Psychological Practitioners (TAPPs), Trainee Nurse Associate (TNAs) into Nurse Associates, Associate Clinical Practitioner (ACPs), and assistant level clinical support roles within Allied Health Professions, pharmacy and psychology.
 - Maximising our Apprenticeship Levy through effective increase in apprenticeship roles to include clinical support roles in AHP, pharmacy, psychology as well as our current expansion of HCSW apprenticeship career opportunity. Using the gifting option with partner H&SC organisations prior to any risk of expiry.

Summary

- Need to remember that staff are our biggest asset
- Yes there are challenges and always will be
- But there is a huge amount of excellent work going on
- We are well placed as a Health and Care Partnership to maximise the impact of this



Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 19 October 2022

Title of report: Capacity and Demand - Kirklees Health and Adult Social Care System

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the item - Capacity and Demand - Kirklees Health and Adult Social Care System.

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 health and social care.
Health Contact(s)	Natalie Ackroyd - Principal Strategic Planning, Performance and Delivery Manager

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 The Kirklees Health and Social Care Scrutiny Panel as part of their 2022/23 Work Programme have asked representatives from Kirklees core “physical” providers to provide details of the work being done to manage demand and catch up with delayed planned surgery
- 1.2 Providers have collaborated to provide a presentation which is appended to this report and representatives will be in attendance to provide the Panel with:
- An overview of the work being done to manage demand and catch up with delayed planned surgery, therapeutics and diagnostics.
 - Details of local pressures to include details of which areas are facing the greatest pressures and reasons why.
 - Details of backlog of patient numbers and waiting times (by service).
 - The approach being taken to manage the backlog and progress being made.
 - Examples of any initiatives/work being done collectively to tackle backlog and manage demand.
 - Impact of pressures in adult social care and community services to include the capacity to meet demand, help reduce admissions and free up capacity in the hospitals.
- 1.3 The presentation 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:**
Richard Dunne – Principal Governance Officer
richard.dunne@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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Kirklees Scrutiny Committee

19th October 2022

Questions raised and addressed in relation to Elective Capacity & Demand

To assess the work being done by Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics and diagnostics to include:

- Understanding local pressures to include details of which areas are facing the greatest pressures and reasons why.
- Details of backlog of patient numbers and waiting times (by service).
- Approach being taken to manage the backlog and progress being made.
- Examples of any initiatives/work being done collectively to tackle backlog and manage demand.
- Impact of pressures in adult social care and community services to include the capacity to meet demand, help reduce admissions and free up capacity in the hospitals.
- Understanding local pressures; access to primary care services, sharing examples of good practice; identifying areas for improvement.

Approach

In response to the questions raised in the previous slide, each partner organisation has set out a response in the following provider order:

- Calderdale and Huddersfield Foundation Trust (CHFT)
- Mid Yorkshire Hospitals Trust (MYHT)
- Kirklees Primary Care
- Kirklees Adult Social Care Services
- Locala Community Services
- Calderdale, Kirklees, Wakefield (CKW) Community Diagnostic Centre (CDC)



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Calderdale & Huddersfield Foundation Trust

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Challenges & Risks



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Consultant workforce gaps

For surgery particular difficulties are seen in Ophthalmology (particularly Glaucoma), ENT (particularly Head and Neck) and Max Fax. We are working with the Independent sector and in sourcing

For Gynaecology (where support from the independent sector is difficult) we are struggling to outsource work.

In the medical speciality of neurology we are working with the independent sector for additional clinic capacity and Consultant triage, in rheumatology additional clinics are being provided in house and for dermatology additional independent sector input is being sought.

Access to Theatres

The Trust theatre recovery programme has been built over 3 phases, built around recruitment timelines, full staffing expected in place by Christmas which returns theatre capacity to pre pandemic levels.

There are ongoing challenges with recruitment of theatre teams.

Complex surgical cases

Many of the longest waiting routine patients are now very complex and long surgical cases, requiring significant time in theatre and occasionally multiple surgeons. Some cases can take a full day in theatre.

There are also patients who we need to transfer to other Hospitals to complete their pathways.

Urgent and cancer cases

The Trust continues to consider clinical priority, length of wait and any elements contributing to health inequalities in its recovery.

Cancer referrals continue to be high which means many routine outpatient slots have to be converted to urgent 2 week wait appts, slowing routine outpatients recovery.

Theatre lists are prioritised for cancer patients, where staffing is available to carry out procedures. This can impact on other specialities where extra lists need to be made available.

Demand – cancer and routine

The Trust continues to receive high demand for cancer 2 week wait.

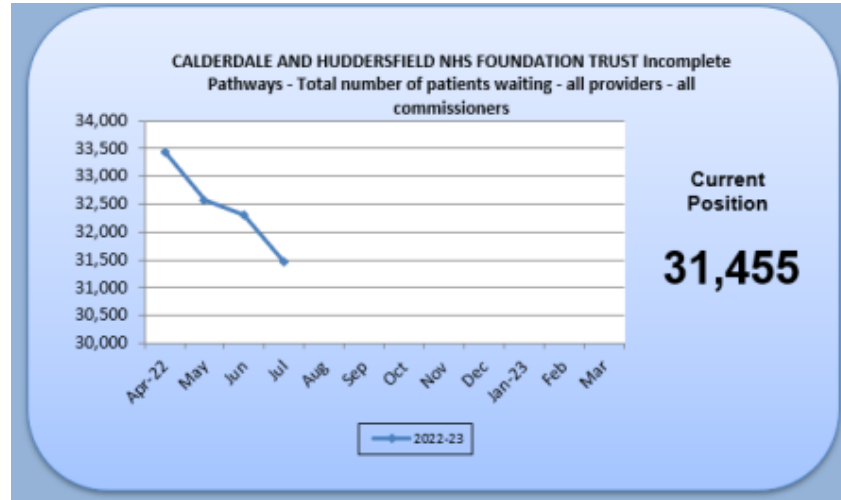
Routine referrals overall have not returned to pre-pandemic levels for all specialties, where possible pre referral support packages are being developed by commissioners to support

Primary care colleagues to support patients in General Practice and ensure that all referrals require secondary care input.

Specialty Performance (Aug 22)



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There are 31,455 patients on an incomplete waiting list at CHFT, with 60.8% waiting within 18 Weeks.

General Surgery, Trauma & Orthopaedics and ENT being the 3 specialties with the highest volume of patients waiting.

1957 patients have been waiting in excess of 52 weeks.

Treatment Function		Jul	
		<18wks	18wks+
Cardiology Service	62.3%	1,010	612
Dermatology Service	81.7%	545	122
Ear Nose and Throat Service	67.5%	1,981	952
Elderly Medicine Service	54.5%	90	75
Gastroenterology Service	66.0%	1,356	699
General Internal Medicine Service	75.8%	201	64
General Surgery Service	58.9%	3,068	2,142
Gynaecology Service	52.5%	1,505	1,363
Neurology Service	49.8%	963	970
Ophthalmology Service	64.9%	1,346	729
Oral Surgery Service	37.2%	832	1,402
Plastic Surgery Service	52.6%	255	230
Respiratory Medicine Service	63.3%	679	394
Rheumatology Service	69.9%	443	191
Trauma and Orthopaedics Service	63.8%	1,921	1,088
Urology Service	60.9%	1,029	661
Other - Medical Services	67.5%	912	439
Other - Other Services	76.7%	46	14
Other - Paediatric Services	86.8%	870	132
Other - Surgical Services	50.8%	63	61
TOTAL	60.8%	19,115	12,340

Treatment Function	>52 wks
Cardiology Service	31
Cardiothoracic Surgery	0
Dermatology Service	13
Ear Nose and Throat Service	316
Elderly Medicine Service	3
Gastroenterology Service	85
General Internal Medicine	1
General Surgery Service	404
Gynaecology Service	205
Neurology Service	141
Neurosurgical Service	0
Ophthalmology Service	38
Oral Surgery Service	355
Plastic Surgery Service	56
Respiratory Medicine Service	28
Rheumatology Service	27
Trauma and Orthopaedics	148
Urology Service	69
Other - Medical Services	34
Other - Mental Health	0
Other - Other Services	0
Other - Paediatric Services	3
Other - Surgical Services	0
TOTAL	1,957

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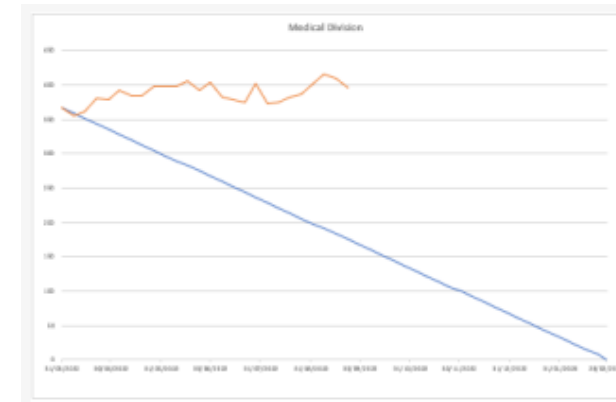
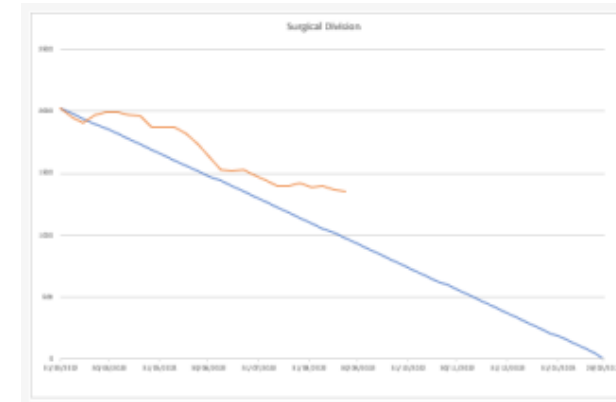
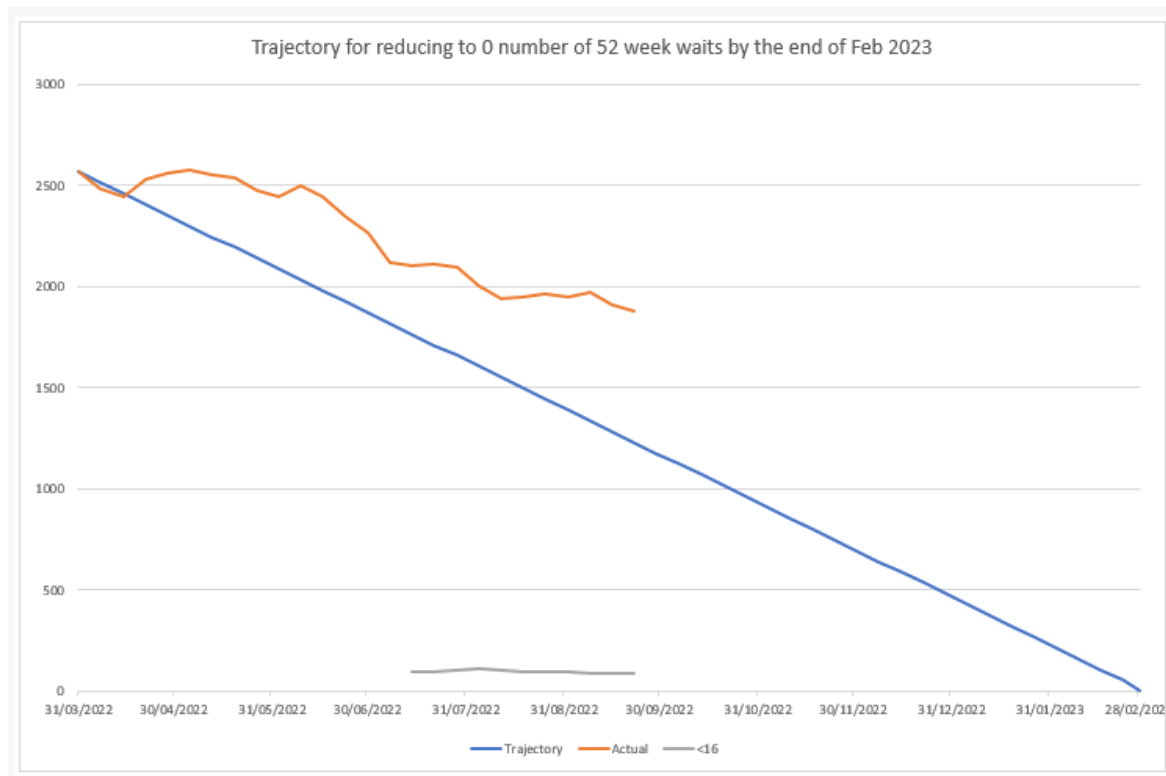


Reducing the 52-week position

The Trust is on track overall to reduce the number of >52 weeks patients Mar 23.

Some pressures in relation to the medical division but essentially small numbers.

In Surgical division whilst delivering in line with the recovery trajectory pressure in MaxFax and General Surgery.



Reducing the 78-week position

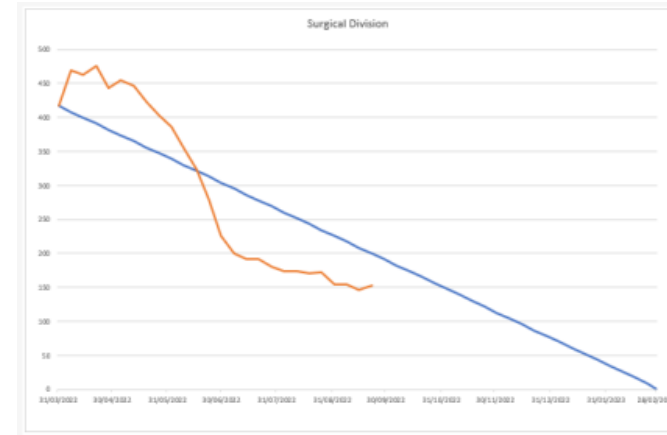
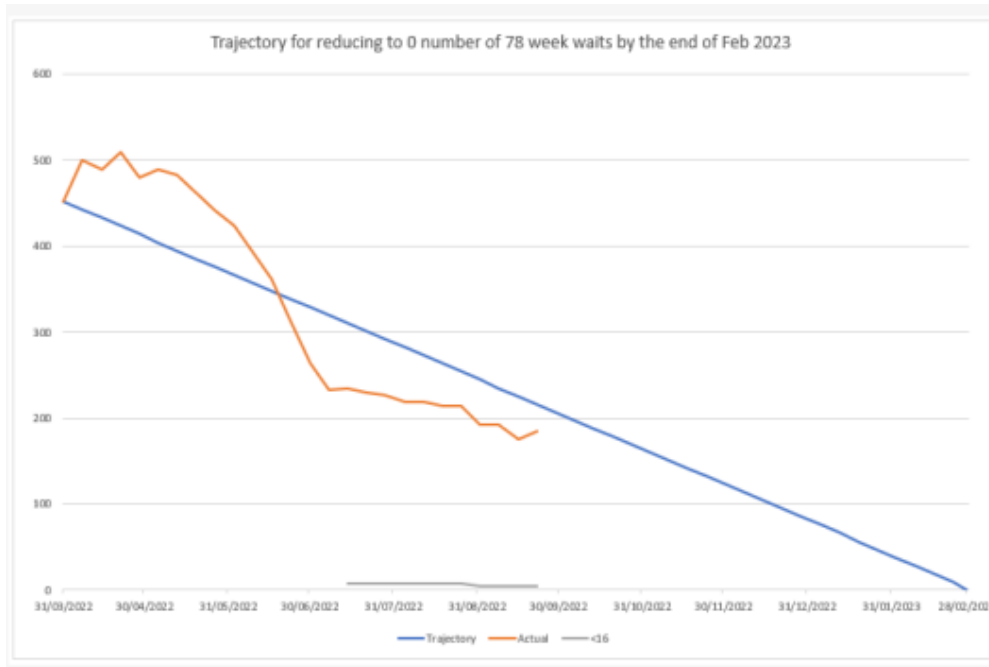


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The Trust is performing better than the anticipated recovery trajectory overall in reducing the number of >78 weeks patients Mar 23.

Some pressures in relation to the medical division but essentially small numbers.

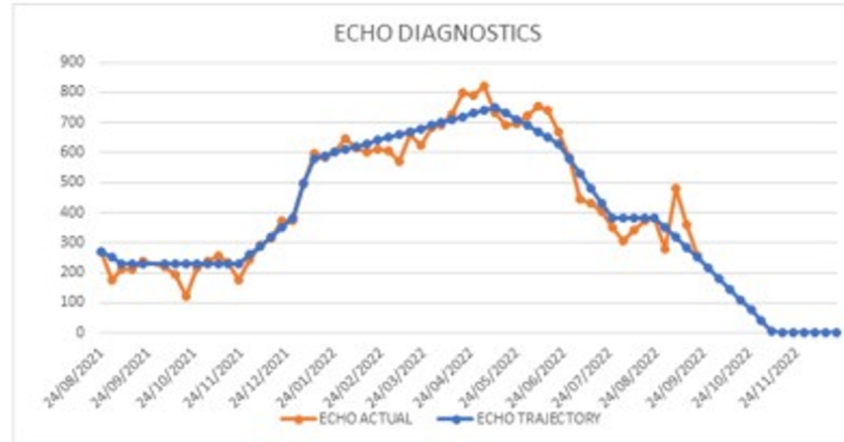
In Surgical division whilst delivering in line with the recovery trajectory pressure in MaxFax and General Surgery.



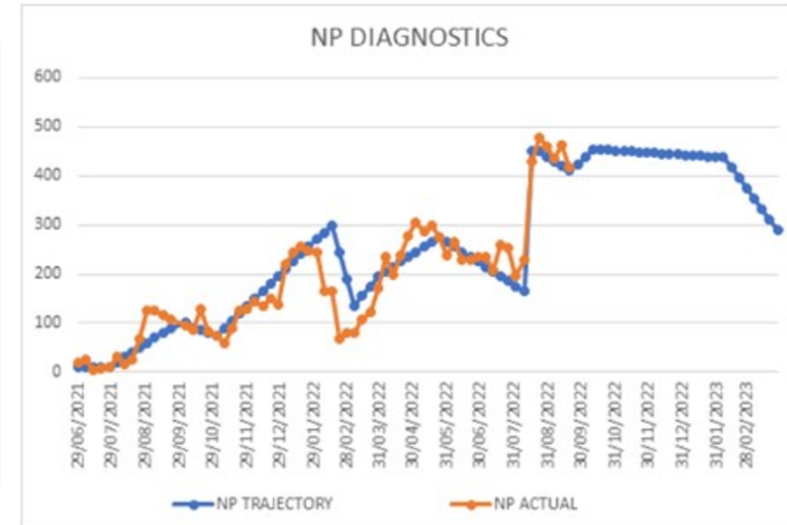
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Diagnostic Pressures



- Echo wait time reduced to 8 weeks.
- 650 patients waiting to be booked.
- Paediatric Echo Service Manager recruited and in post.
- Two students due to take their BSE exams in Autumn.
- Breeches due to be cleared by mid -November.



- 549 patients waiting to be booked for EMG and CTS.
- Workforce issues continue to be a challenge in Neurophysiology.
- Loss of specialty doctor behind the large increase in breaches in above chart in July/August.
- New specialty doctor starting in October however it will take 2 months to be able to run independent CTS clinics and 4 -6 months to run independent EMG clinics.
- A second specialty doctor has pulled out and this is back out to advert.
- Extra clinics being run with Eden (private provider) providing an additional 220 EMG slots.
- Workforce model review for CTS clinics to increase capacity.

Planned Care Programme

1. Elective Care
Performance and
Recovery

2. Transformation in
Outpatients

3. Partnership Delivery

4. Designed
Diagnostics

5. Hospital
Reconfiguration

Mid Yorkshire Hospitals Trust

Challenges & Risks

Consultant workforce gaps

In Ophthalmology, ENT, Gynaecology, Urology there are challenges in filling vacant consultant posts. This contributes directly to the inability to deliver 100% activity across theatres and outpatients in those services.

Access to Theatres

The Trust has a priority project to increase the theatre workforce to enable the operation of 21 theatres by March 2023, currently there are 19 theatres running. This will return the Trust to pre-pandemic levels of theatres and there is further ambition to increase the workforce to allow a further 5 theatres to be running. There are significant challenges in the recruitment and retention of anaesthetic and theatre staffing.

Complex surgical cases

Many of the longest waiting routine patients are now very complex and long surgical cases, requiring significant time in theatre and often multiple surgeons. This results in less activity delivered in a theatre session and therefore impacts the monthly activity targets.

Urgent and cancer cases

The Trust has always approached waiting list management in clinical and then chronological order. This means that at a time when cancer demand is increasing and urgent demand is still high, much of our theatre and outpatient capacity is prioritised for these patients. This will result in routine elective patients waiting longer and sometimes these are the more simpler cases, which result in a high throughput in theatre. This particularly influences the Orthopaedic activity position – a reduction of their theatre capacity to treat patients in other specialties.

Demand – cancer and routine

The Trust continues to receive high demand for cancer 2 week wait appointments particularly in Skin and Lower GI. This increased demand requires more clinic and consultant time to be allocated to these suspected cancer cases. In addition, the Trust has seen a continual growth in routine referrals, post pandemic, resulting in increasing waiting lists in large specialties, such as gynaecology, ENT, ophthalmology, general surgery and orthopaedics.

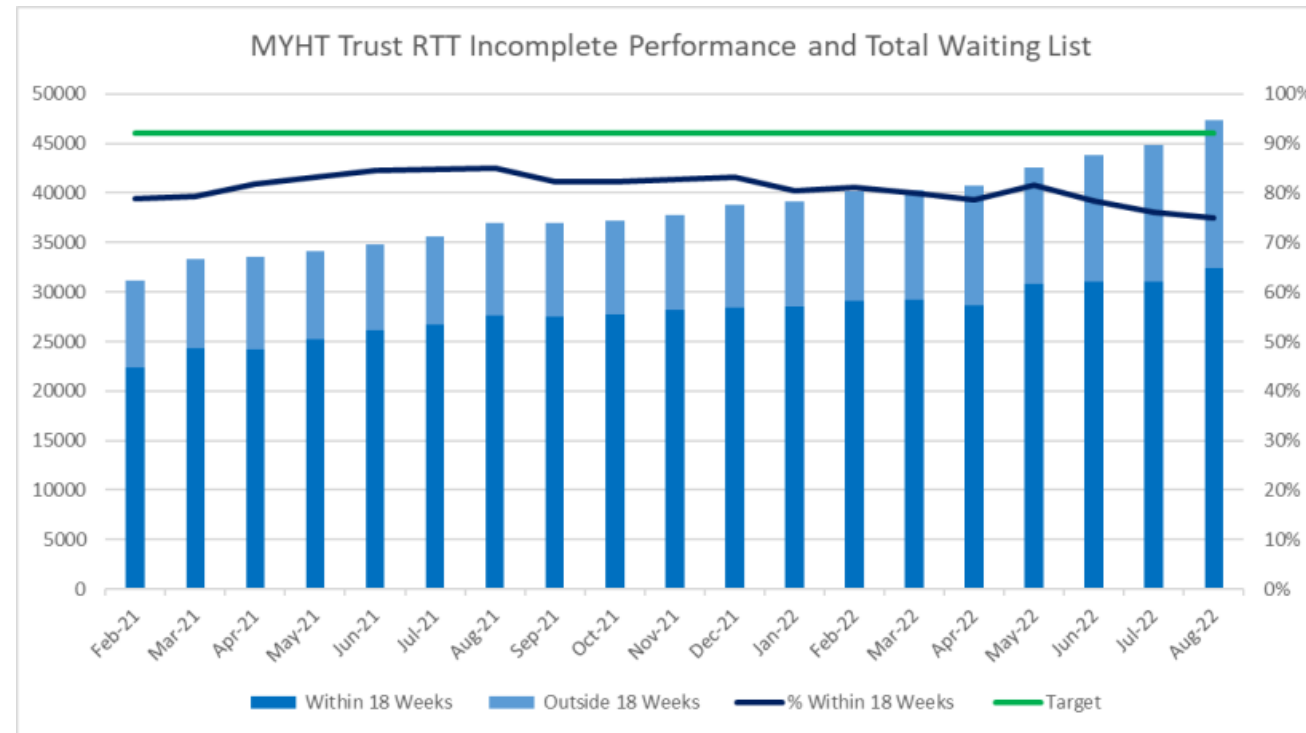
Specialty Performance (Aug 22)

Specialty	Total Incomplete Waiters List Size	Total % Below 18 Week	Total Incomplete Waiters 52+ Weel
ENT	4239	59.5%	331
GYNAECOLOGY	3613	70.7%	119
PLASTIC SURGERY	1819	60.6%	104
UROLOGY	2649	70.8%	97
GENERAL SURGERY	1336	62.0%	95
COLORECTAL SURGERY	1614	69.6%	59
Oral And Maxillofacial Surgery	2844	59.8%	56
VASCULAR SURGERY	1108	62.2%	54
TRAUMA AND ORTHOPAEDICS	3647	68.9%	29
OPHTHALMOLOGY	4645	76.1%	16
GASTROENTEROLOGY	3290	73.8%	8
NEUROLOGY	1480	56.9%	4
PAIN MANAGEMENT	1677	67.0%	3
UPPER GASTROINTESTINAL SURGERY	314	75.5%	3
RESPIRATORY MEDICINE	1380	65.7%	1
CLINICAL HAEMATOLOGY	509	77.8%	1
DERMATOLOGY	1363	72.9%	0
CARDIOLOGY	1177	73.2%	0
RESPIRATORY PHYSIOLOGY	977	60.3%	0
HEPATOLOGY	767	66.9%	0
RHEUMATOLOGY	647	77.7%	0
ENDOCRINOLOGY	571	82.5%	0
BREAST SURGERY	459	96.7%	0
PAEDIATRICS	330	95.5%	0

Routine Elective Waits



The Trust waiting list position has grown month on month over the last 18 months, reflecting the increasing demand and challenges in delivering cancer, urgent and routine planned care.



104 weeks

MYHT have not reported any >104 week waits in this year.

78 weeks

MYHT is expecting to report 30 >78-week breaches at the end of September. These breaches are in gynaecology, ENT and neurology. These patients will have waited over 78 weeks at the end of September due to; patient choice, surgeon sickness and large complex joint cases.

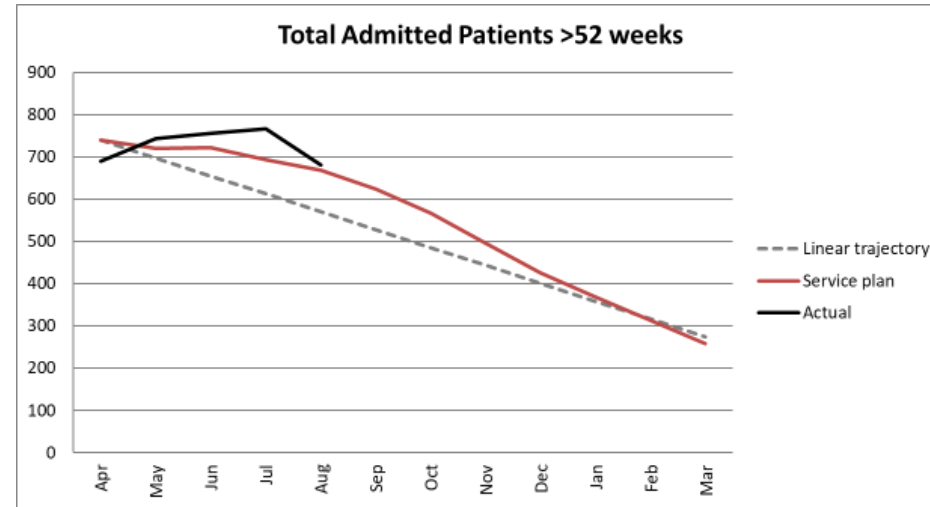
and

52 weeks

At the end of August, the Trust reported 1005 over 52-week breaches.

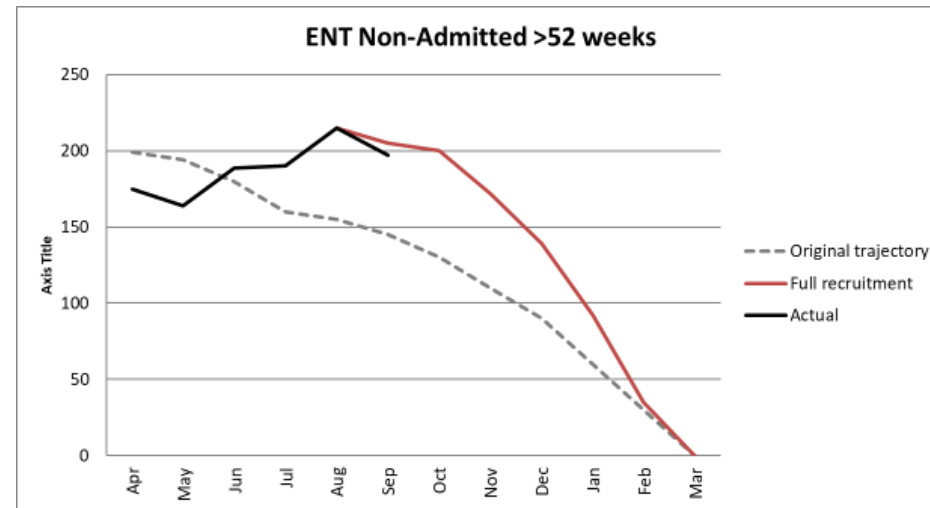
Reducing the 52-week position

The Trust is on track to reduce the number of admitted >52 weeks patients to less than 300 by Mar 23.



The Trust is also on track to report zero >52 week non-admitted patients in all services, with the exception of ENT.

Significant risk exists for this service due to the inability to recruit to Consultant and Middle Grade posts.



Planned Care Redesign Programme



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Integrated Care Board

Trudie Davies – SRO for Planned Care Redesign

James Brownjohn – Programme Manager

Programme Aim:

Single system-wide strategy for collaborative, integrated and personalised care

System Project Deliverables in Work Streams

1. Planned Care Performance

- Elective Care Recovery
- Better information to support delivery
- Theatre roadmap to increase capacity
- Validation & Data Quality
- Productivity improvements
- Training support for planned care leads and teams

2. Transformation in Outpatients

- Shared Referral Pathway for advice and guidance
- Patient Initiated Follow Up roll out
- Improved digital clinic outcome recording & tracking
- Clinic room and resource usage
- Robotic Process Automation application

3. Partnership Delivery

- Coordination of the Planned Care Alliance
- Developing a consensus approach at the interface
- Delivery of summit meeting for fragile services (Pain, Derm, ENT)

4. Designed Diagnostics

- Deliver the Community Diagnostic Centre
- Review current pathways for diagnostics
- Refined and supportive reporting

5. Prepared and Informed Care

- Improved comms with Public & Patients linked to the AIS
- Patient Knows Best Patient Portal Implementation
- Design and Delivery of Prehab Service
- Personalised Care training and links to Live Well

Key Themes: 1. Reducing Health Inequality 2. Digital Opportunities 3. Personalised Care

Golden Threads: Co-design, Meeting Patient Expectations, Benefits Driven

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Primary Care

Access to General Practice & Winter 2022



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- Access to General Practice is a priority workstream at a number of levels - National, West Yorkshire and in Kirklees. This presents a number of significant challenges and changes
- Appointments outside of usual working hours - From 1 October this becomes **Enhanced Access** and responsibility for delivering appointments in the new Network Standard Hours (6:30-8:00pm Monday to Friday and 9am to 5pm on Saturdays) shifts to Primary Care Networks (PCNs).
- **Recovery & demand** - demand is increasing and is higher than pre-pandemic levels (see next slide)
- **Workforce** – challenges with recruiting and retention are widely acknowledged across the NHS but this is also being keenly felt in small GP practices operating as independent businesses
- **Additional Roles Reimbursement Scheme (ARRS)** – scheme to support accessing different roles for PCNs
- Patterns, methods and preferences of accessing appointments have changed during the pandemic. Changes notable around concept of '**digital first**' balanced with preferences for **face to face** appointments
- **Winter pressures** - plus predictions for flu and covid, support for care homes and housebound
- Active role in delivery of **vaccination** for Covid and Flu

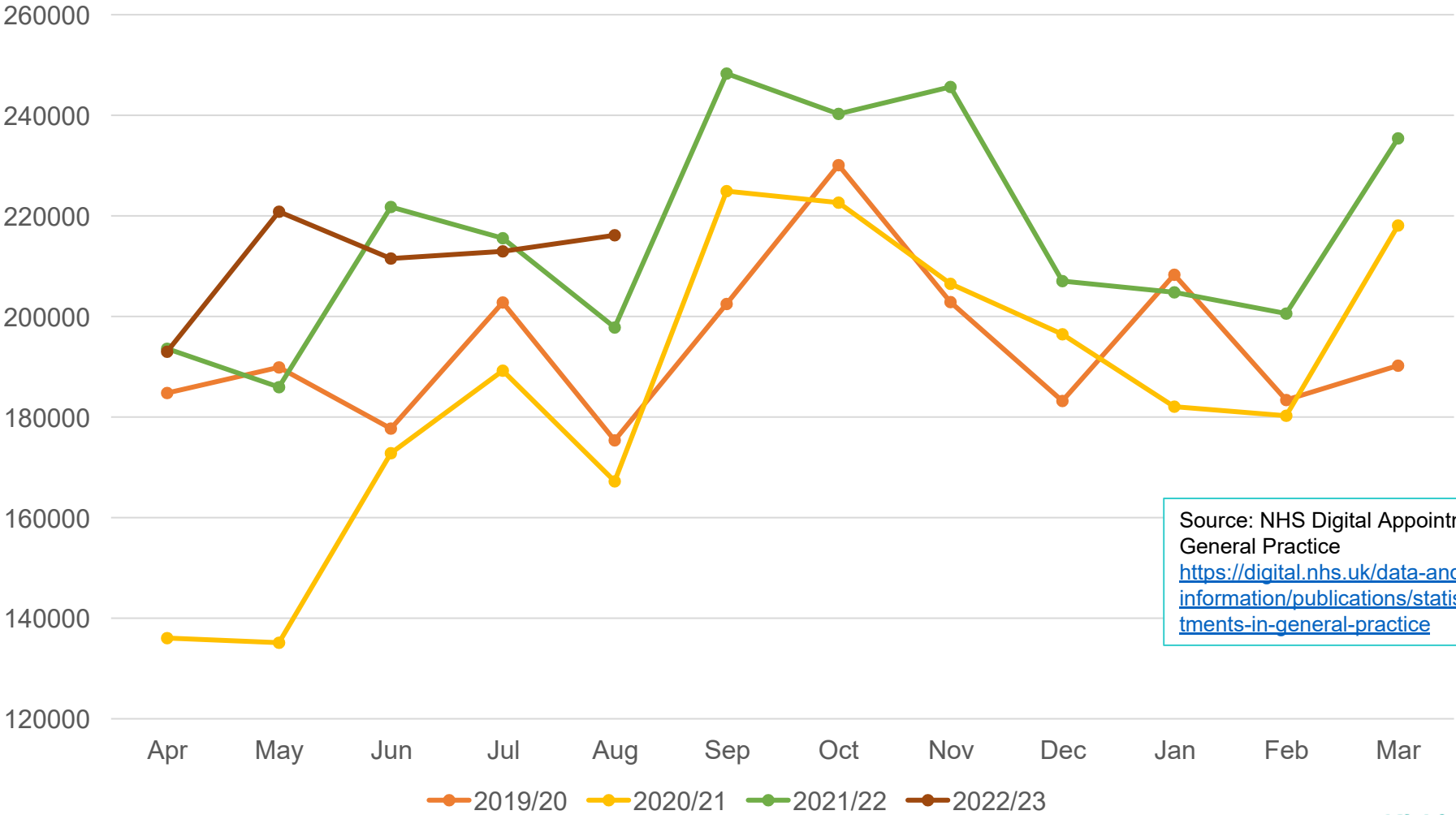
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Appointments in General Practice



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Source: NHS Digital Appointments in General Practice
<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>



Supporting General Practice through Winter & SDF

- NHSE issued a letter on 27 September setting out the approach to supporting General Practice through winter
- Scaling up of ARRS roles & increased flexibility for the scheme – 150 people in Kirklees now employed through this route
- Expansion of capacity – delivering more appointments to meet demand
- Reduce workload and admin burden – especially interface between primary and secondary care
- ICB Framework for supporting practices – readily assess needs of practices to see what interventions would be most appropriate in short term to boost resilience and patient access through winter
- Where additional capital funding could be used to make a difference to primary care over winter
 - Digital interoperability and other tools to support cross PCN working, including delivery of enhanced access services at PCN level;
 - Rapid improvements in primary care estates, especially to support optimal use of ARRS roles eg creation of additional consulting rooms; and
 - Increasing use of automation of business/back office functions in general practice.

Annual GP Patient Survey - 2022

- The GP Patient Survey was published on 14th July. It assesses patients' experiences of healthcare services provided by GP practices and experience of NHS dental services. [GP Patient Survey 2022 results - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/gp-patient-survey-2022-results)
- Nationally, the proportion of patients reporting a good overall experience of the GP practice decreased to its lowest level for five years (72.4%) – a 10.6 percentage point decrease compared with the 2021 survey (83.0%). This had steadily declined from 2018 to 2020, followed by an increase in 2021.
- Overall, 55.1% had used at least one online general practice service in the 12 months before taking part in the survey, an increase compared with the 2021 survey
- In Kirklees, the question relating to overall experience of your GP practice rated higher than the national average – Kirklees average of 74% against national average of 72% but there is variation across practices and Primary Care Networks.

Kirklees Council

Demand and capacity

- Increased demand from community and for discharge support.
- Context of recruitment and retention challenges across the sector
- Higher level of complexity evident through increased individual packages of care and numbers being supported. 11.5hours 2020 to 13.5 in 2022.
- Discharge to assess approach being sustained
- Home first through reablement and intermediate care to ensure decisions about long term needs are made following rehab and recovery and in the right setting.

Market Sufficiency

- D2A beds, local level funding, with ambition to reduce reliance.
- We have an agreed set weekly rate for D2A beds which takes into account the higher turnover of these beds and the additional work involved by the provider in facilitating speedier assessments and paperwork.
- Support to care homes with additional funding drawn down by Kirklees and working with the private sector to mitigate cost rises and staff pay increase.
- Care home placement at pre pandemic levels with significant increase in domiciliary care provision – 9,000 hours in 2020 to almost 19,000 hours
- We are currently working on the Fair Cost of Care Exercise and working up Market Sustainability plans.
- Domiciliary care- additional payment in place since end of February in recognition of the higher fuel/mileage rates with the cost of fuel increasing (over and above the inflationary increase agreed in the budget)

Assistive Technology

- Exploring opportunity for enhanced use to support demand and improved outcomes
- Community equipment services-
 - Increased demand in terms of complexity
 - Increase in same day requests to support discharge to assess
 - Relaxed criteria to support care homes through short term loan

Knowing Ourselves Well - Performance Information

Pathways

- 83.5% of patients who were discharged from hospital and referred to the Discharge Team/KILT received an onward referral to a Pathway Outcome 1 service
- 11.2% of patients who were discharged from hospital and referred to the Discharge Team/KILT received an onward referral to a Pathway Outcome 2 service
- 93% of patients who were discharged from hospital and referred to the Discharge Team/KILT were not re-admitted within 31 days of the referral being received

Urgent/Crisis Response

- 87.6% of patients who required a 0–2-hour Locala Urgent Community Response were seen and assessed within the target timeframe, with more than 80% of patients who required reablement following an urgent community response provided with a service within the target timeframe
- Number of referrals to LA Rapid Response service increased by 4% on last year to an average of 122 per month. Average length of stay on LA Rapid caseload equates to 17 days

Kirklees Reablement Service

- Increase in referrals to an average of 134 per month (influenced by low levels during early part of Covid)
- People who had a successful outcome following reablement improved and latest data is at 80%

Intermediate Care Service

- % of referrals into a bed-based offer is reducing, with a proportionate increase in home based intermediate care through the KILT – this is in line with our shared strategic intent
- 99.5% of patients who were referred to a Locala Intermediate Care Service demonstrated an improved or maintained level of functioning on transfer or exit from service
- The average length of stay for patients in Intermediate Care Bed had improved to 34 days during 2022

Discharge to assess beds

- Funding ended March 2022.
- Local funding in place based on reduction from 60 beds in Q1 to 20 beds in Q3/4.
- High levels in first 2 quarters now at 23.

Kirklees Independent Living Team (KILT) – an Integrated Intermediate Care Offer

The national agenda for Home First enables a strategic response to the national Discharge to Assess agenda and the improvement of the intermediate care offer in Kirklees through the KILT partnership approach, this includes:

- Home First will be the default – through the KILT approach we work to get people home first time, wherever possible
- Provide a flexible offer to meet the needs of the individual – not bound to a narrowly specified duration of support nor to a specific service location
- Strengthening our flexible and *integrated* approach to workforce capacity, development and planning
- Enabling an approach to support *Home First* models to succeed through reducing the reliance on bed-based solutions for care (Intermediate Care Beds and Discharge to Assess)

This consists of:

- Maintaining a core bed based offer of 40 Intermediate Care beds at Ings Grove House (Mirfield) and an additional 10 Intermediate Care beds at Moorlands Grange (Netherton) – this is a reduction in bed capacity of 10 beds from 2021/22 and supports service users with the most complex needs who require a bed based solution to support recovery and maximise independence
- Enhancing our capacity to support admission avoidance and discharge to assess through the integrated Rapid Response and Reablement offers – supporting more than 200 service users on average each month
- An increased nurse presence within the bed base to meet the increased acuity needs of the patients
- Integrated Pathways to support with admission avoidance, Urgent Response, Short Term Support and Hospital Discharge
- Joint performance, KPIs and the Community Services Dataset to track the effectiveness of our response and our work towards outcomes
- Shared Governance – integrated governance arrangements, including our approach as partners to the Kirklees Provider Alliance

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.

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.
- Continue to support the resilience of the care market through the In2Care offer

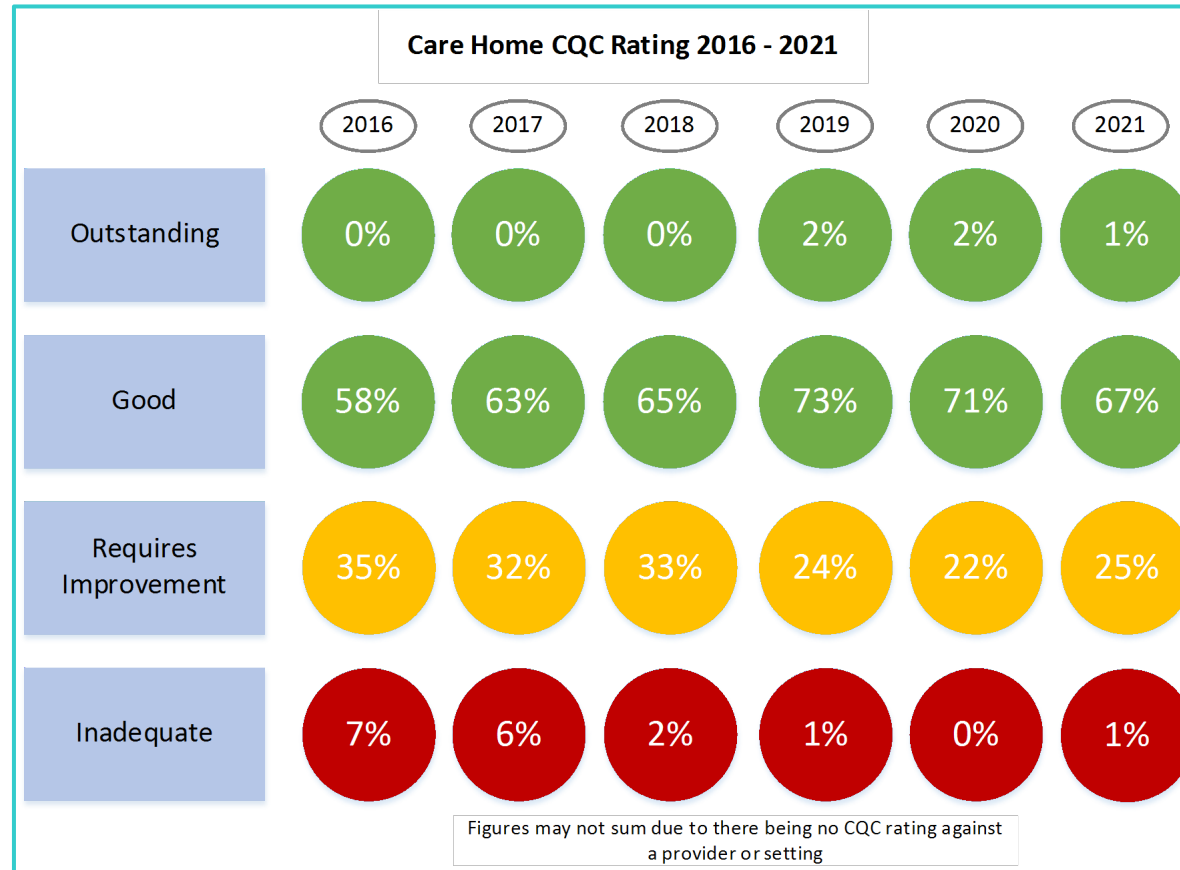
Progress made

- attracting more people to work in social care through In2Care by providing a bespoke matching service between applicant and employer - supported approximately 1700 local people into local social care jobs since 2017
- 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.

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.





Locala Community Services

Community: Waiting List Management



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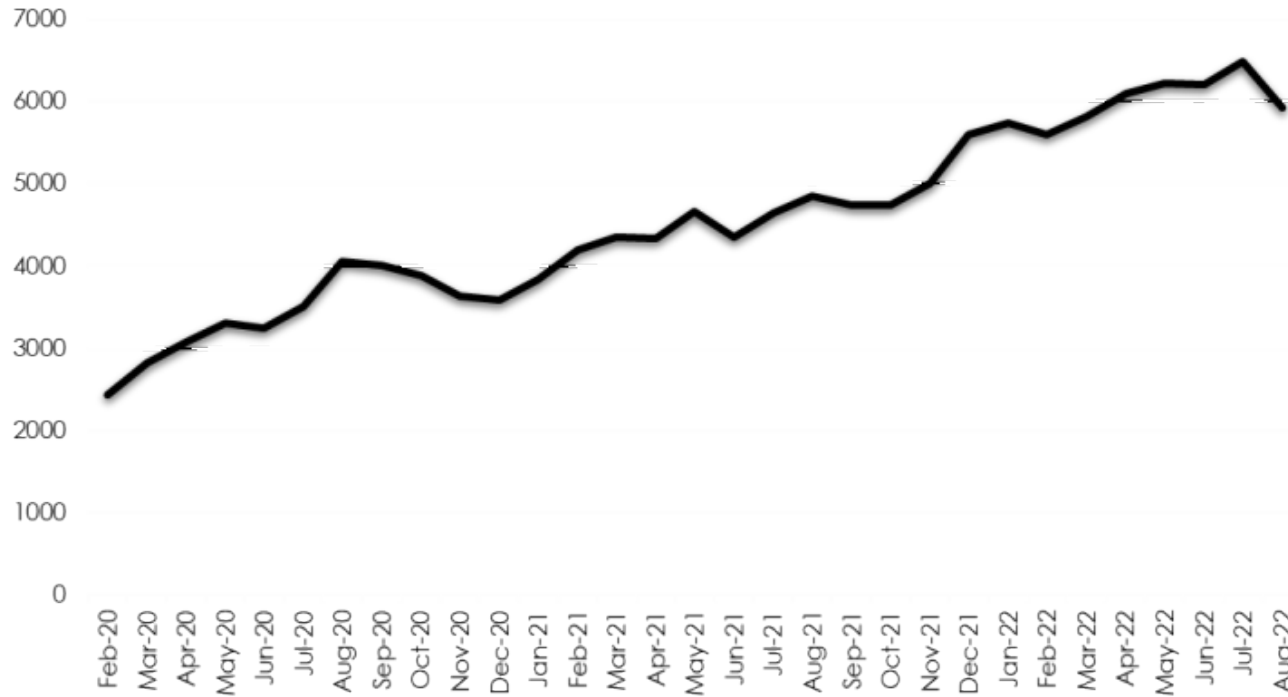
- Identifying which areas are facing the greatest pressures and the reasons why
- Details of backlog including patient numbers and waiting times (by service)
- Approach being taken to manage the backlog and progress being made
- Examples of any initiatives/work being done collectively to tackle backlog and manage demand
- Impact of pressures in adult social care and community services to include the capacity to meet demand, help reduce admissions and free up capacity in the hospitals.

The Current Position



As at August 2022 there are currently 5681 patients waiting for a First Appointment for a Locala Service compared to February 2020 (Pre Covid) there were 2441 Patients **an increase of 133%**.

Locala First Appointment Waiting Lists



Unit	Feb	Aug
Locala Dental	655	1589
Locala Adult Therapy Services	917	1127
Locala Podiatry	340	980
Locala Continence Service	82	791
Locala Musculoskeletal South	0	404
Locala Paediatric Services	211	311
Locala Respiratory Service	7	189
Locala Self Help Advisory Service	80	143
Locala Care Home Support Team	37	72
Locala Cardiology Team	0	26
Locala TB Liaison	87	23
Locala Plastic Surgery	0	10
Locala Diabetes Specialist Nurses	11	8
Locala Community Nursing	14	5
Locala Discharge Team & KILT	0	2
Locala Neurology	0	1
Locala	2441	5681

Waiting times

Service	Number of patients Waiting	Waiting times								
		Waiting 0-1 weeks	Waiting 2 – 3 weeks	Waiting 4-7 weeks	Waiting 8-11 weeks	Waiting 12-17 weeks	Waiting 18-51weeks	Waiting 52-103 weeks	Waiting 104+ weeks	
Dental	1589	0	9	25	97	214	698	526	20	
Locala Adult Therapy Services	1127	226	257	287	187	93	29	21	27	
Locala Podiatry	980	119	147	221	176	168	149	0	0	
Locala Continence Service	791	151	161	175	136	157	11	0	0	
Locala Musculoskeletal South	404	139	140	96	28	1	0	0	0	
Locala Paediatric Services	311	44	23	77	66	48	52	1	0	
Locala Respiratory Service	189	16	18	25	48	37	40	4	1	
Locala Self Help Advisory Service	143	82	60	0	1	0	0	0	0	
Locala Care Home Support Team	72	21	37	14	0	0	0	0	0	
Locala Cardiology Team	26	10	5	9	1	1	0	0	0	
Locala TB Liaison	23	10	9	0	2	2	0	0	0	
Locala Plastic Surgery	10	4	0	3	2	1	0	0	0	
Locala Diabetes Specialist Nurses	8	1	1	4	2	0	0	0	0	
Locala Community Nursing	5	5	0	0	0	0	0	0	0	
Locala Discharge Team & KILT	2	2	0	0	0	0	0	0	0	
Locala Neurology	1	0	1	0	0	0	0	0	0	
Grand Total	5681	830	868	936	746	722	979	552	48	

Clinical prioritisation and Risk



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Each service continually monitors their waiting lists, ensuring patients are prioritised depending upon their needs. Any patients deemed to be a higher risk is supported through a clinical priority process and additional resource is sought to manage and reduce risk.

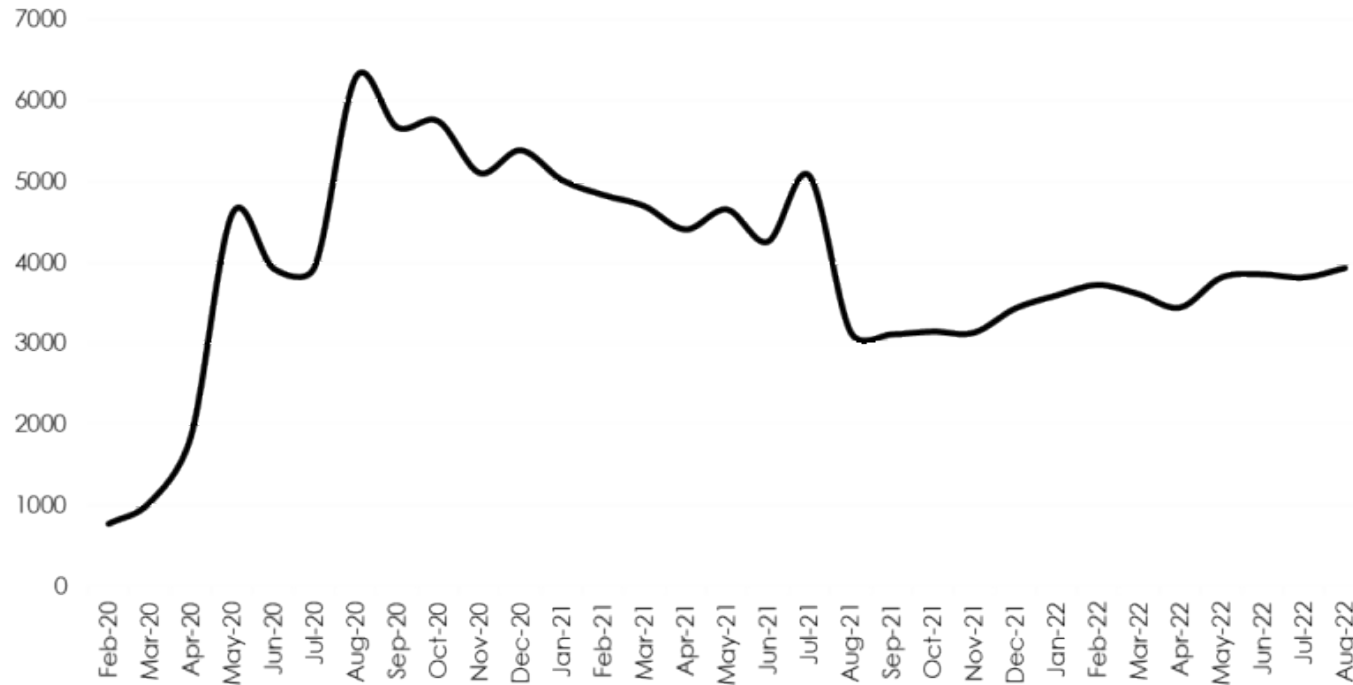
Service improvement work is ongoing to ensure the triage process, patient allocation and diverse service offer is identified where appropriate until the enhanced support commences. This has includes improving the triage processes to be more efficient and having interim care plans in place for immediate support.

The Current Position



As at August 2022 there are currently 3940 patients waiting for a Follow Up Appointment for a Locala Service, compared to February 2020 (Pre Covid) there were 784 Patients **an increase of 403%.**

Locala patients waiting for a Follow Up Appointment



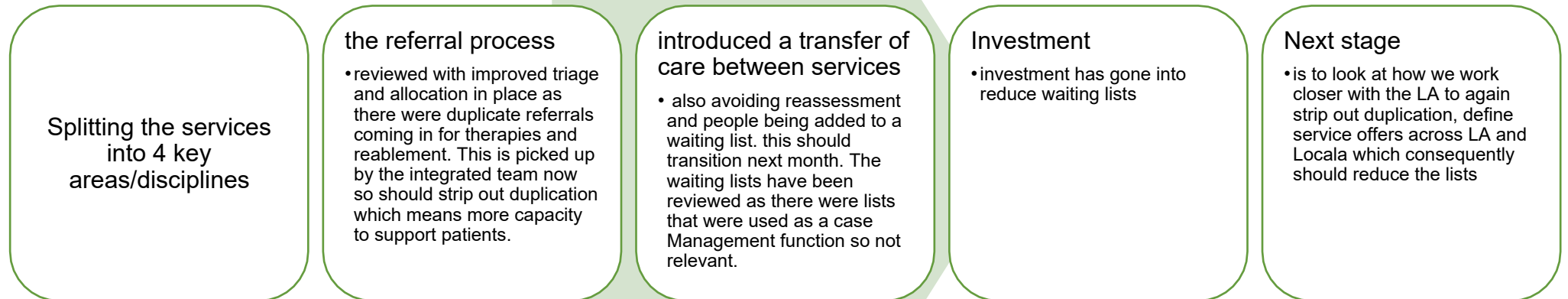
UNIT	Aug-22
Locala Dental	2715
Locala Dermatology South	502
Locala Paediatric Services	276
Locala Respiratory Service	165
Locala Musculoskeletal South	138
Locala Plastic Surgery	72
Locala Stockport Community Gynaecology	59
Locala Adult Therapy Services	13
Locala	3940

Proud to be part of West Yorkshire Health and Care Partnership

Managing Demand

Examples of any initiatives/work being done collectively to tackle backlog and manage demand

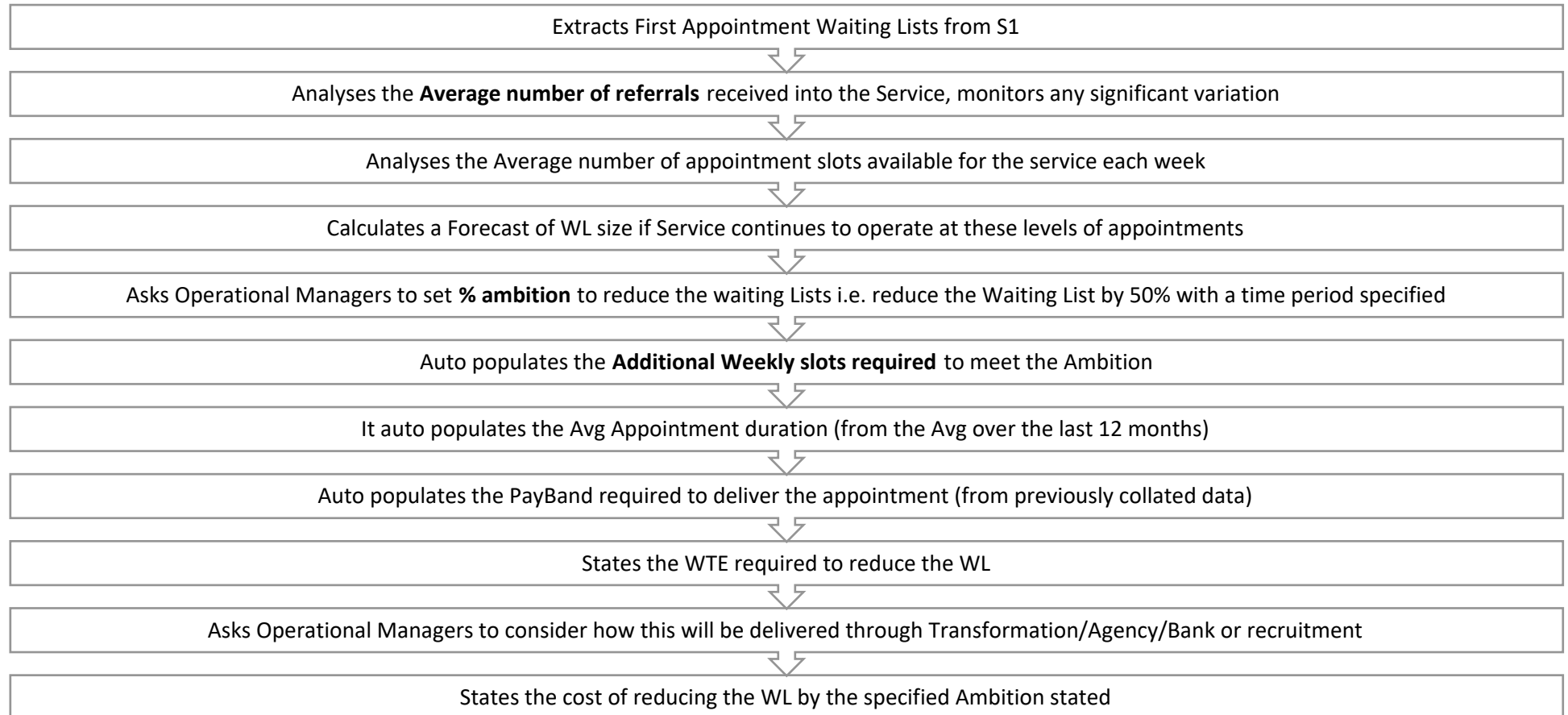
Locala Adult Therapy Service Review



As a result of the review the ATS have been broken down into 4 distinct areas; Frailty & Orthopedics, Community Stroke, SALT/Diet, Neuro & Complex disabilities.

Approach being taken to manage the backlog

The Waiting List Ambition Tracker



Community Developments

Impact of pressures in community services to include the capacity to meet demand, help reduce admissions and free up capacity in the hospitals.

As part of the improvement work in Kirklees, the **Urgent Community Response** and the **Integrated Transfer of Care** (Hospital Discharge) has been reviewed, developed and enhanced in partnership with secondary care, primary care and the Local Authority. This has resulted in having dedicated, interim teams to support the demand around hospital discharge and admission avoidance.

Further work is ongoing to improve referral processes, sharing systems and introducing streamlined transfers of care between services with the intention to reduce the length of time being referred to other services and reducing the amount of duplication through the diverse range of assessments.

CKW Community Diagnostics Centres

Background

A national programme of diagnostic service transformation supported by £2.3bn capital allocation in the 2021 Spending Review (paused in 21, restarted in 22).

Aim to enable at least 100 additional community diagnostic centres (CDCs) across England to permanently increase diagnostic capacity.

ICs required to develop 3 year investment plans for establishing Community Diagnostic Centres.

NHSE confirmed dedicated revenue funding will be available to contribute to the set up and running of CDCs in the 3 years 2022-25.

Large new build projects will only be considered on an exceptional basis and will require national approval. Will only be supported if it can be demonstrated that new build is the only viable approach.

What is a community diagnostic centre?

Community diagnostics centres will deliver additional, digitally connected, diagnostic capacity in England, providing all patients with a coordinated set of diagnostic tests in the community, in as few visits as possible, enabling an accurate and fast diagnosis on a range of clinical pathways (NHSEI Vision statement)

It is separate from other acute hospital services: either within a dedicated building on an existing acute site, or ideally on a separate site

Tests include imaging, physiological measurement, pathology

Systems must ensure their CDCs contribute to meet the 6 primary aims of the CDC programme: improved population health outcomes, increased diagnostic capacity, improved productivity efficiency, reduced health inequalities, improved patient experience, support for the integration of care.

Local Context

West Yorkshire ICS share of funding allocation is total of £52m phased over 3 years. Potential for WY ICS to 'top this up' using other sources of CDEL PDC.

Calderdale, Kirklees, Wakefield, Bradford, and Leeds developing place based proposals to secure share of the ICS £52m allocation.

Short form business case submitted for schemes below £15m. 2 parallel business cases have been submitted, for a CDC in Huddersfield and Wakefield. Both Trusts are now in dialogues with NHSE regarding the business cases.

Further business case for CDC spokes to be submitted by end of December

Process to Develop Plans Across CKW

Work commenced in 2021 with a CKW steering group established with representation from CCGs, Public Health, MYHT, CHFT, Locala and PCNs.

Informed by:

- analysis of health inequalities in relation to diagnostic services - Does the deprivation of residence/ethnic background correlate with a longer waiting time for diagnostics?
- feedback from engagement with WY Cancer Alliance Citizen's Panel views on access to diagnostic services;
- scoping feasibility study undertaken by Attain;
- assessment of current model of provision / planned developments.

Feasibility Study & Assessment of Needs

Greatest need and inequalities in access is in Huddersfield, Dewsbury, Wakefield Todmorden and Halifax;

In Huddersfield and Wakefield a business case for a new diagnostic site has been submitted;

A business case for a further community site to be developed in Dewsbury;

In the CKW footprint Hemsworth, Pontefract, central Halifax and Todmorden also being considered for sites;

Communications and Engagement

The ongoing approach and implementation strategy must be robust, so all stakeholder groups are involved in the design of the new centres and services.

Key stakeholders will include:

- Patients and members of the Public
- Local Patient Groups such as patient/public forum
- Councils
- Locala
- SWYPFT
- Place Based ICS Staff
- Healthwatch
- MP's, Local & District Councillors
- Acute Trusts Clinical and Operational leads
- PCNs and GP practices
- Community Services
- ICS and surrounding systems
- Voluntary Organisations



Communications and Engagement Plan

The plan will aim to:

- ✓ Raise awareness of the development of Community Diagnostic Centres and Services
- ✓ Outline the agreed model and services to be provided
- ✓ Raise awareness of the benefits of the developments to all stakeholders
- ✓ To fulfil legal requirements to engage, consult or empower
- ✓ To be open and transparent with messages and to regularly update stakeholders on progress
- ✓ To inform our partners, stakeholders, MPs and councillors of matters that could impact their constituents
- ✓ Maintain reputation management
- ✓ Seek involvement on key elements of pathway design to support the agreed clinical model
- ✓ Confirm patient and stakeholder representation in the process
- ✓ Inform and encourage discussion, feedback and suggestions to help inform the programme going forward

CHFT Diagnostic Waiting Times

CT	6 weeks
MRI	6 weeks
Plain Film	6 weeks
Ultrasound	6 weeks

Echo	8 weeks
Spirometry and Lung Function tests	8 weeks
Echo – 24 hour tapes	7 weeks
Other cardio respiratory	Under 6 weeks

Acute demand has grown faster than planned scans

The installation of 2 new MRI scanners at the CRH site has increased overall trust capacity and the long waits seen over the last few months are now back down to around 6 weeks. The majority of patients with fast track referrals are scanned and reported within 2 weeks

Through the CDC we will be providing new capacity for unmet need, and a one stop shop for tests, rather than addressing waiting lists. The CDCs could (and should) increase the demand as more people receive services.

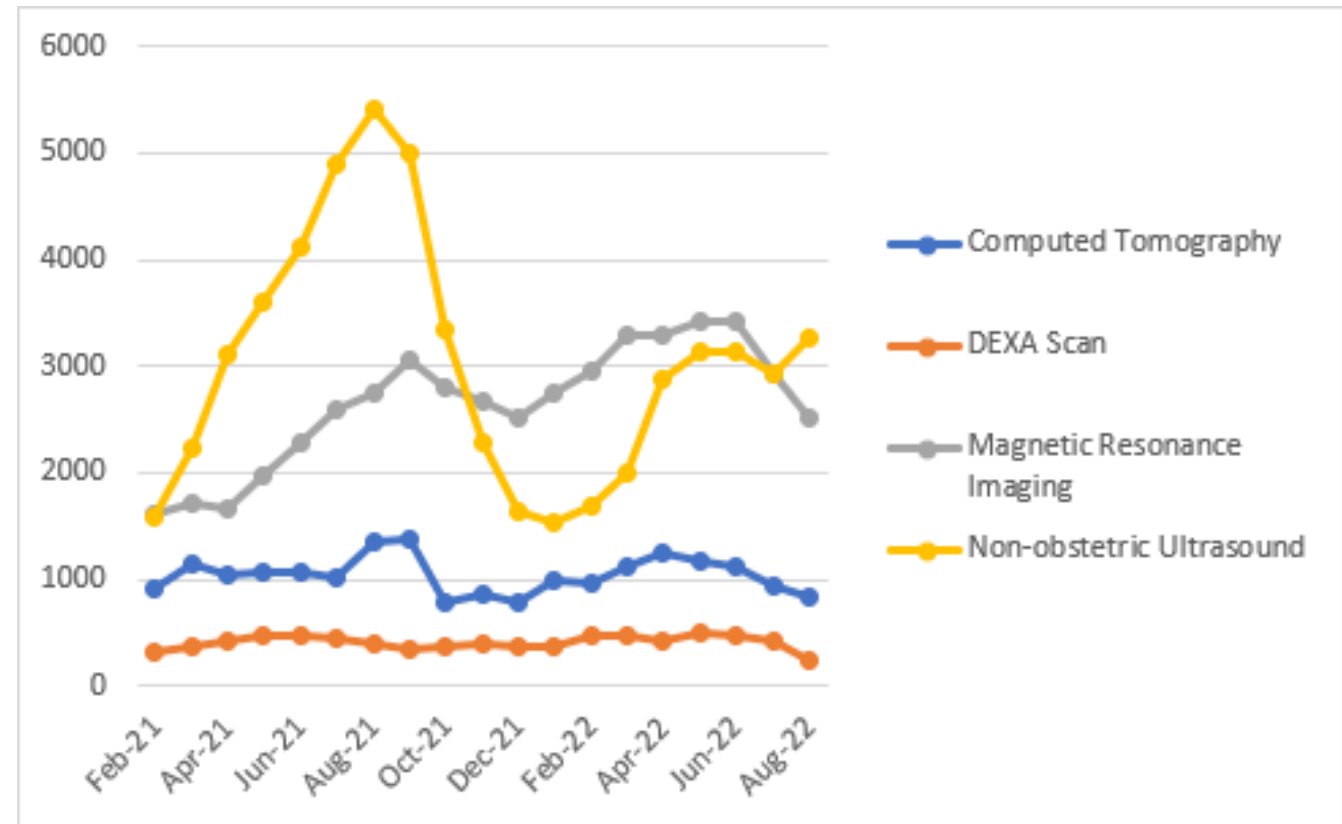
MYHT Diagnostic Waiting Times

CT	2 to 5 week
MRI	5 to 7 week
Plain Film	3 to 4 week
Ultrasound	4 to 5 week

Demand has grown by approximately 30% on pre-pandemic levels for cancer and urgent requests for all modalities

Routine demand is a similar profile

Total DM01 Waiting list including booked



Next Steps

- Short form business for the proposed developments in CKW submitted in July, resubmission in September
- Further business case to be submitted in December for spokes.
- Following confirmation of funding allocations robust formal programme implementation processes will be established including wider communication and engagement.

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2022-23

MEMBERS: Cllr Jackie Ramsay (Lead Member), Cllr Bill Armer, Cllr Jo Lawson, Cllr Vivien Lees-Hamilton, Cllr Alison Munro, Cllr Lesley Warner, Helen Clay (co-optee), Kim Taylor (co-optee).

SUPPORT: Richard Dunne, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p>1. Resources of the Kirklees Health and Adult Social Care Economy.</p>	<p>To consider the resources of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> • A focus on the challenges of workforce retention, recruitment and succession planning. • Looking at the work being done locally to employ local people taking account of the West Yorks workforce/people strategy. • Consider the implications of service transformation and the creation of new job roles in the local system to include assessing any increased risk to core services due to the loss of experienced staff. • Consideration of the financial pressures on services provided and commissioned by Adult Social Care. • Understanding the local financial landscape in the context of the shift in funding to the West Yorks ICB and place-based partnerships to include a focus on how funding and resource gaps are collectively managed. 	
<p>2. Impact of Covid-19</p>	<ul style="list-style-type: none"> • Assessing the impact of the “health debt” as a consequence of the delays in health screening, cancer treatments, vaccinations etc. to include the impact on primary care services. • Reviewing excess deaths data • Looking at the impact of long Covid to include reviewing the approach being taken to support people’s emotional health and wellbeing • Assessing the broader impact on adult social care including the increased social care needs for older people as a consequence of 	

	<p>reduced mobility and access to services and activities during the pandemic.</p> <ul style="list-style-type: none"> • Looking at examples where changes to the way that services have been delivered has resulted in a positive impact for the population of Kirklees to include: <ul style="list-style-type: none"> ○ the use of digital technology, ○ increased collaboration across the local health and adult social care system, ○ new ways of working ○ Assessing the sustainability of new working practices 	
<p>3. Capacity and Demand - Kirklees Health and Adult Social Care System</p>	<p>Assessing the work being done by the Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics and diagnostics to include understanding local pressures; access to primary care services, sharing examples of good practice; identifying areas for improvement.</p>	
<p>4. Integration of Health and Adult Social Care</p>	<p>An overarching theme that focuses on the work that is being done to increase the integration of services across the health and adult social care sector to include:</p> <ul style="list-style-type: none"> • Considering how local primary care services contribute to targeted integrated service delivery in the Kirklees neighbourhoods to include: <ul style="list-style-type: none"> ○ The work being developed through the Council’s primary care network & local health improvement leads; ○ Taking account of the national direction outlined in the steps for integrating primary care (Fuller Stocktake report). • To assess the progress and effectiveness of services delivered in community settings to include identifying models of good practice. • To consider the work being done in preventing unnecessary admissions to hospital and reducing the numbers of delayed discharges. • To review the progress of the work of the West Yorkshire Partnership Board and the Kirklees Health and Care Partnership in developing the 	

	<p>collaboration between the ICS and primary care to improve care for patients.</p> <ul style="list-style-type: none"> To look at the work being developed through the Kirklees Care Association and the Kirklees Provider Delivery Collaborative. 	
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 the consequences of the pandemic on mental health services taking account of the capacity in the system to deal with the rates of referrals, increase in acuity and changes in presentation particularly in younger people. Looking at a Kirklees focused performance report to identify risks at a local level to include consideration of autism pathways; waiting times for specialist mental health services; performance across the full spectrum of mental health services from early intervention to acute and specialised services. Reviewing progress of the work being delivered through the Kirklees Integrated Wellness Service. To look at the work being carried out by Thriving Kirklees Single Point of Access Service to include a focus on Child and Adolescent Mental Health Services (CAMHS). 	<p><u>Panel meeting 27 July 2022</u> Representatives from South West Yorkshire Partnership NHS Foundation Trust (SWYFT) and the Council presented details of the work that was being done across Kirklees on mental health services.</p> <p>The Panel:</p> <ul style="list-style-type: none"> Noted the work being done. Requested a further meeting to look at the work being undertaken by the Kirklees Integrated Wellness Service and the Thriving Kirklees Single point of Access Service with a focus on CAMHS. Agreed that it would be helpful to review progress of elements of the transformational work programme being undertaken by SWYFT and the Council in conjunction with other health partners. Requested copies of the Trust's Integrated Performance Reports as they become available to enable scrutiny to have ongoing oversight of the Trust's performance.
6. Unplanned Care	<p>To consider the work being done within the Kirklees health and adult social care system to manage periods throughout the annual cycle when there are capacity and demand imbalances for unplanned care to include:</p> <ul style="list-style-type: none"> Looking at the work being developed to shift resources, skills, and expertise out of hospital and into the community and its expected impact. 	<p><u>Panel meeting 6 September 2022.</u> Representatives from organisations across the Kirklees health and adult social care system presented the work that is being done to manage expected and unexpected increases in demand and deal with capacity issues.</p>

	<ul style="list-style-type: none"> • Assessing how to enable and support community assets to make them more effective. • Understanding the capacity and demand cycle and challenges facing the whole of the Kirklees health and adult social care system including the Yorkshire Ambulance Service. • Considering examples of good practice and building on lessons learned from managing previous periods of demand. 	<p>The information was noted and the Panel was assured with the approach being taken by individual organisations as well as the whole system to help mitigate and deal with the capacity and demand pressures.</p>
<p>7. Maternity Services</p>	<p>To review local maternity services in light of the Ockendon report to include:</p> <ul style="list-style-type: none"> • Assessing the work being done to implement the recommended actions to improve care and safety in Maternity Services in Kirklees. • Taking account of the work being done by the West Yorkshire Local Maternity System. • Reviewing the impact of staffing pressures on the provision of services delivered by Mid Yorkshire Hospitals NHS Trust. 	<p><u>Panel meeting 6 September 2022.</u> Representatives from Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust and the West Yorkshire Local Maternity System presented an update on the provision of maternity services in Kirklees.</p> <p>As a result of the discussion the Panel expressed its concerns that women who lived in Kirklees were currently unable to access a birth centre located in their local district and the potential for there to be an extensive period before the resumption of services could take place.</p> <p>Actions agreed included:</p> <ul style="list-style-type: none"> • A Panel request to receive as soon as possible a clear timeline for the reopening of the birthing centres in Kirklees and details of the maternity services model. • A Panel commitment to engage with CHFT and MYHT on any external work or communications that it undertook regarding the situation on maternity services in Kirklees. • That it would have further discussions outside of the meeting to decide its next steps.

8. Access to dentistry	<p>To assess commissioning for NHS dentistry that is moving from NHS England to West Yorkshire ICB from October 2022 (shadow delegation until formal transfer in April 2023) to include:</p> <ul style="list-style-type: none"> • Considering how to support access for people with vulnerabilities. • Considering access to dental services for pregnant women. • Assessing the resources available in Kirklees and considering ways to utilise these resources differently/more effectively. • Looking at the work and role of charitable organisations such as Dentaaid. • Considering oral health in Kirklees and the local approach to improving dental hygiene. • Taking account of the wider challenges in West Yorks and exploring the approach to covering this issue by scrutiny at place and/or scrutiny at a regional level. • A focus on Orthodontics where there is approximately a 5-year waiting list for children locally. 	
9. Quality of Care in Kirklees	<p>Utilising information and data from CQC to help inform the work of the Panel.</p>	
10. Kirklees Safeguarding Adults Board (KSAB) 2021/22 Annual Report	<p>To receive and consider the KSAB Annual Report</p>	
11. Inequalities in access to health care services	<p>To consider health inequalities in accessing health care service to include:</p> <ul style="list-style-type: none"> • Using data and knowledge from a range of health and adult social care providers including the Yorkshire Ambulance Service (YAS) to: <ul style="list-style-type: none"> ○ Understand the demographics and local system health; ○ Identify areas of highest need; ○ Review volumes of repeat callers, understanding the reasons for the calls and what the system can do you respond and improve support. 	

	<ul style="list-style-type: none"> • Considering availability of services to provide necessary support including urgent community response, access to GP's and other alternative health providers. • Consider travel/ access for residents in areas of highest need for planned care. 	
12. New Plan for Adult Social Care Reform	<p>To provide the Panel with an awareness and understanding of the social care reforms to include:</p> <ul style="list-style-type: none"> • A focus on the implications of the reforms on Local Authority finances and the social care workforce. • Looking at the different models of workforce required to deliver the reforms and the implications for the local and regional workforce. • The impact of the reforms on other council services and the local health system. 	
13. End of life care	<p>To consider the work being done to support people in Kirklees with end of life care to include:</p> <ul style="list-style-type: none"> • Considering the approach to providing an integrated package of end of life care in Kirklees. • Looking at work being developed through the End of Life Alliance • Reviewing the approach to supporting patient choice for end of life care at home and the resources available to meet the needs of the patient and their family. 	

Golden threads

- Public health perspective – Prevention/ Early Intervention/ Inequality (including access)/ Targeted - Universal
- Patient perspective – Reality of care/ Patient Stories
- Integrated care – sharing of information
- Right place first time
- Understanding key risks

- What the data shows
- In context of wider system (WY)
- Joint Health and Wellbeing Strategy (JHWS) – do plans and actions contribute to the achievement of JHWS outcomes.

AGENDA PLAN

MEETING DATE	ITEMS FOR DISCUSSION
27 July 2022	<ol style="list-style-type: none"> 1. Mental Health and Wellbeing 2. Work programme 2022/23
6 September 2022	<ol style="list-style-type: none"> 1. Unplanned Care 2. Maternity Services
19 October 2022	<ol style="list-style-type: none"> 1. Resources of the Kirklees Health and Adult Social Care Economy 2. Capacity and Demand - Kirklees Health and Adult Social Care System
13 December 2022	<ol style="list-style-type: none"> 1. New Plan for Adult Social Care Reform 2. Integration of Health and Adult Social Care
25 January 2023	<ol style="list-style-type: none"> 1. End of life care 2. Inequalities in access to health care services
1 March 2023	
5 April 2023	

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