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Monday 5 December 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 **Tuesday 13 December 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.

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 the 19 October 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: 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.

4: Public Question Time

The meeting will hear any questions from the general public.

5: 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.

6: New Plan for Adult Social Care Reform

Representatives from Kirklees Adult Social Care will be in attendance to provide the Panel with a verbal update on the social care reforms.

Contact: Richard Dunne, Principal Governance Officer: 01484 221000

7: Joined up Care in Kirklees Neighbourhoods

15 - 76

The Panel will consider how local primary care services via the Primary Care Networks contribute to targeted integrated service delivery in the Kirklees neighbourhoods and assess the capacity of out of hospital care.

Contact: Richard Dunne, Principal Governance Officer: 01484 221000.

8: Work Programme 2022/23

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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

Wednesday 19th October 2022

Present:	Councillor Jackie Ramsay (Chair) Councillor Lesley Warner Councillor Jo Lawson Councillor Bill Armer Councillor Alison Munro
Co-optees	Helen Clay Kim Taylor
In attendance:	Andrew Bottomley – Lead for the Elective Care Programme for Kirklees Health and Care Partnership Steve Brennan - Kirklees Place Programme Director Helen Duke – Assistant Director of Operations Local Suzanne Dunkley – Director of Workforce Calderdale and Huddersfield NHS Foundation Trust (CHFT) Vicky Dutchburn – Director of Operational Delivery – Kirklees Health and Care Partnership Amanda Evans – Service Director Kirklees Council Adult Social Care Operations Jon Haigh – Finance Manager, Kirklees Council Jon Hammond – Acting Chief Operating Officer, CHFT Lindsay Jenson – Deputy Chief People Officer South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) Phil Longworth – Senior Manager, Integrated Support, Kirklees Council Alison Needham - Operational Director of Finance, Kirklees Health and Care Partnership Richard Parry – Strategic Director for Adults and Health, Kirklees Council Catherine Riley – Associate Director of Strategy CHFT Keely Robson – Director of Operations for Surgery, Mid Yorkshire Hospitals NHS Trust Philippa Styles – Director of Operational Development Locala Darryl Thompson – Chief Nurse & Director of Quality and Professions SWYPFT Catherine Wormstone - Director of Primary Care - Kirklees Health and Care Partnership

Observers: Cllr Liz Smaje
Stacey Appleyard – Director, Healthwatch Kirklees

Apologies: Councillor Vivien Lees-Hamilton

1 Minutes of previous meeting

The minutes of the meeting held on the 6 September 2022 were approved as a correct record subject to the following acknowledgement:

That the Panel had noted the challenges on performance within the local health and adult social system due to the pressures on ambulance handover times, long trolley waits and delays in hospital discharges.

2 Interests

Cllr Jo Lawson declared an interest in items 6 (Resources of the Kirklees Health and Adult Social care Economy) and 7 (Capacity and Demand – Kirklees Health and Social Care System) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust's bank staff.

Cllr Lesley Warner declared an interest in items 6 (Resources of the Kirklees Health and Adult Social care Economy) and 7 (Capacity and Demand – Kirklees Health and Social Care System) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.

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 Resources of the Kirklees Health and Adult Social Care Economy

The Panel welcomed representatives from South West Yorkshire Partnership NHS Foundation Trust (SWYFT), Kirklees Health and Care Partnership, Calderdale and Huddersfield NHS Foundation Trust (CHFT), Kirklees Council Adult Social Care and Healthwatch Kirklees.

Ms Needham Operational Director of Finance for the Kirklees Health and Care Partnership presented an overview the changing financial landscape following the creation of the new West Yorkshire Integrated Care Board on the 1st July 2022.

Ms Needham explained how funds were allocated within the new financial partnership arrangements and provided details of the West Yorkshire system financial structure.

Ms Needham informed the Panel of how the financial partnership reporting arrangements worked and stated that a key objective was to ensure best value for money on the spend that the system incurred.

Ms Needham presented a financial overview of the West Yorkshire Health system that included a breakdown of the projected planned surplus or deficit for each organisation.

Ms Needham outlined details of the financial headlines for Kirklees that included a projected £9.1m deficit for the Kirklees ICB Health organisations in the current financial year.

Ms Needham stated that based on the month 6 financial position there were a number of risks to the financial projections that could lead to a further deterioration of the year end financial position.

Ms Needham outlined in detail some of the main risks to the delivery of the financial plan and highlighted the challenges that faced the system that included the impact of a further wave of covid cases and inflationary cost pressures.

Ms Needham provided a summary of the financial overview and highlighted a number of key challenges going forward that included the cost of living crisis and the potential for austerity measures to be introduced.

Ms Needham stated that the scale of the challenge would require all partners to think and work differently and look closely at how resources and services could be more efficiently utilised.

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

- A question on the timescale for developing the recovery plan and strategy.
- Confirmation that work on the recovery plan had started and was an ongoing process.
- Details of the work that was being done to look at how services could be delivered differently and more efficiently.
- Confirmation that health element of the system was aiming to finalise its forward financial plan by January 2023.
- A concern on how the system could deliver greater efficiencies when it was already under significant financial pressure.
- A concern on the impact that further changes to service delivery and working arrangements would have on staff morale.
- An acknowledgement that maintaining staff morale was a significant challenge.
- The positive benefits of organisations working together in a system wide structure.
- The potential benefits of scaling up smaller local initiatives to help drive improvements in performance and efficiencies.
- A question on the approach to consulting staff on changes to working practice.
- A detailed explanation of the approach taken to consulting with staff.
- A question on how many staff deployed on the front line were from agency or bank staff.
- Confirmation from CHFT that its preferred option was to utilise bank staff first.

- Confirmation from SWYFT that its preferred option was to use bank staff first although the Trust would use agency staff if it was required to maintain the safety and quality of services.
- A question on whether the financial data had been produced before or after the recent mini budget which had impacted on interest rates and inflation.
- A question on what impact the cost of living crisis would have on the costs of providing adult social care.
- A detailed explanation of the steps taken by the local authority to increase the rates paid to providers of domiciliary care to cover additional expenses incurred by frontline staff such as fuel costs.
- An acknowledgement that the costs in energy and food prices had impacted residential care home providers during the last few months.
- An explanation that one of the biggest risks for care home and domiciliary care providers would be a bigger than anticipated increase in the minimum wage due to the high levels of inflation.
- Confirmation that the financial data provided to the Panel had been compiled before the mini budget.
- A question on whether the costs of the new health system structure was more or less than the previous structure.
- Confirmation that the costs of the new structure would be no more than before.
- A question on the reasons for the overspend and underspend reported by SWYFT and CHFT
- Confirmation from SWYFT that they had concerns regarding its underspend which the Trust would have wished to spend on staff and estate projects.
- Confirmation that a significant element of SWYFT's budget was spent on staff costs and that one of the Trust's biggest challenges was recruitment.
- Details of the incentives being used by SWYFT to help boost staff recruitment.
- An explanation that one of the biggest drivers for the underlying CHFT deficit was the Trust's difficulties in exiting the additional costs attributed to covid and the costs associated with the temporary measures put in place to fill vacancy gaps.
- An assurance that the system had to achieve a mental health investment standard and from a West Yorks system perspective mental health spending was increasing.

Mr Brennan outlined the challenges that the system was facing in the recruitment and retention of staff and stated that retaining staff was a priority for the local health and adult social care system.

Mr Brennan presented the work that was being undertaken on the systems strategic workforce planning and outlined details of the multi-year workforce modelling that was designed to bring together workforce information from a range of organisations to inform future workforce needs.

Mr Brennan informed the Panel of the focus on continuing professional development and workforce transformation to support staff development including upskilling and the development of new roles.

Mr Brennan stated that the West Yorkshire Integrated Care System was refreshing its people strategy and the emerging areas of focus included growing the future workforce, looking after our people, new ways of working and system leadership.

Mr Brennan outlined details of the work that was taking place in overseas recruitment that had been focused on nursing roles. Mr Brennan stated that although the process took a lot of investment in time and money it was worth it as attrition rates for overseas staff was very low.

Mr Brennan provided examples of what the local system was doing to encourage local employment that included a Calderdale and Kirklees health and care programme that had developed a careers outreach in schools.

Mr Brennan presented details of the work that was taking place in supporting people into employment that included initiatives developed by the Princess Trust.

Mr Brennan informed the Panel of the In2Care programme that was supporting recruitment into the domiciliary and social care sector.

Mr Brennan outlined details of an initiative that had been introduced by the West Yorkshire Health and Wellbeing Hub to support staff's health and wellbeing by adding value to offers already in place by larger organisations and supporting those organisation that had no or little in house offers.

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

- Feedback from Healthwatch Kirklees that indicated that people were reporting that the quality of care they were receiving, and the attitude of staff was excellent.
- A question on whether the nurse's bursary included costs for studying.
- A question on whether the overseas recruitment initiative was a national programme.
- Confirmation that Health Education England had a co-ordinating role in overseas recruitment.
- Details of a co-ordinated overseas recruitment programme for the adult social sector.
- Confirmation that although the overseas recruitment programme was a co-ordinated programme there was still an element of competition as each local system would need to promote the benefits of working in its region.
- Details of the pastoral care that was provided to staff recruited from overseas.
- Details of a nurse recruited from overseas who was unable to work due to ill health and had no access to public benefits/funds.
- A detailed explanation of the type of pastoral support provided to overseas recruits.
- A concern regarding the high staff vacancy and sickness levels in the mental health trust.
- Confirmation that the size of the local NHS and social care workforce had increased in the last 12 months although not at the required levels.

- Confirmation that Calderdale and Huddersfield NHS Foundation Trust's (CHFT) absence rate was around 5% which compared well to other acute Trust's.
- Details of CHFT's staff turnover rate and confirmation that the Trust used bank staff to cover its staff absences and vacancies.
- Details of CHFT's focus on the financial, physical and mental wellbeing of its staff.
- A comment that local NHS and social care providers were also competing internationally for overseas recruitment.
- Confirmation that the local authority didn't have live data on the workforce numbers across the adult social care sector due to the wide range of providers operating in the sector.
- Details of the adult social care data from last year that showed a high level of staff turnover rates although this was balanced by the encouraging numbers of people who had enquired about working in the social care sector via the In2Care programme.
- Details of the improvement in salaries for social care sector workers.
- The importance of the retention of staff in the health and adult social care sector.
- A question on whether the local system had mapped out its workforce age profile to identify key risks such as large cohorts of staff leaving for retirement.
- Confirmation that the local system did have data on the workforce age profile and that each organisation had mapped out future workforce movements.
- Details of how the multi-year workforce modelling would help assist the wider system to identify future periods of workforce pressures including by profession.
- Confirmation that around 60% of recent recruitment adverts from adult social care providers were promoting pay that was in excess of the real living wage.
- Details of the local intervention to increase pay in the domiciliary care market and the plans to make a similar intervention in the residential care sector.
- An overview of the fair cost to care exercise that was part of the social care reforms.

RESOLVED –

1. That attendees be thanked for attending the meeting.
2. That the Panel endorses the comments of the Lead Member that it is a credit to the Kirklees health and adult social care system that it can provide good quality care despite the significant challenges it faces.

7 Capacity and Demand - Kirklees Health and Adult Social Care System

The Panel welcomed representatives from Kirklees Health and Care Partnership, Calderdale and Huddersfield NHS Foundation Trust (CHFT), Mid Yorkshire Hospitals NHS Trust (MYHT), Locala and Kirklees Council Adult Social Care.

Mr Hammond informed the Panel that CHFT's overall waiting list for elective surgery was reducing in line with its recovery trajectory. Mr Hammond outlined the service areas where the Trust was experiencing some difficulties that included Ophthalmology, ENT and maxillofacial surgery.

Mr Hammond explained that the Trust was working with the independent sector to secure additional clinical capacity and provided an overview of the work taking place in gynaecology and medical services.

Ms Robson informed the Panel of the steps that MYHT was taking to manage its elective surgery waiting list and stated that its total waiting list was growing due to the referral demand.

Ms Robson stated that the Trust did not have any patients waiting for more than 104 weeks and the Trust's ambition to reduce the numbers of patients waiting for 78 and 52 weeks was on track.

Ms Robson outlined the services that were under most pressure that included ENT, gynaecology and ophthalmology.

Ms Evans presented details of demand and capacity in adult social care and stated that the sector had seen a significant increase in demand from people living in the community and for discharge support.

Ms Evans informed the Panel that adult social care did have significant recruitment and resource pressures particularly in terms of its qualified workforce needed to support its statutory duties.

Ms Evans stated that adult social care had seen a higher level of acuity which had resulted in an increase in the size of the individual packages of care.

Ms Evans stated that the local authority took a home first approach which meant there was a focus on helping manage people to be able to go home from hospital so they could recover and have rehabilitation in their own environment.

Ms Evans presented an overview of market sufficiency and explained that the discharge to assess beds national funding had ended in March but there was local resource in place to help continue to place people away from the hospital while assessments took place.

Ms Evans stated that the local authority had being trying to reduce reliance on the assessment beds due to the high expense and were working in close partnership across the system to address this.

Ms Evans informed the Panel that the local authority was exploring assistive technology that could be used to support people rather than relying on manpower.

Ms Evans provided an overview of community equipment services that delivered equipment to people across the district. Ms Evans stated that the service was experiencing an increase in demand in terms of complexity and an increase in same day requests to support people being discharged from hospital.

Ms Evans informed the Panel that the local authority had relaxed its criteria for lending equipment to care homes to help support them when receiving people with complex needs.

Ms Styles outlined Locala's approach to waiting list management and clinical prioritisation and explained that Locala was actively managing the waiting lists to drive a reduction in waiting times.

Ms Styles informed the Panel that patients on the list were risk assessed and prioritised and were being contacted and kept up to date on progress of their appointment and planned treatment.

Ms Riley informed the Panel of the diagnostic waiting times and provided an overview of the community diagnostic centres (CDC) national programme. Ms Riley confirmed that CHFT had put forward two business cases to develop diagnostic centres in Kirklees and Wakefield and a smaller CDC based in Kirklees.

Ms Wormstone informed the Panel that access to General Practice was a priority workstream in West Yorkshire and Kirklees and provided details of the significant changes that had taken place to provide appointments outside of usual working hours.

Ms Wormstone stated that demands for GP appointments was much higher than pre-pandemic and there continued to be significant workforce challenges within general practice including reception posts.

Ms Wormstone provided details of the wide range of roles that had been introduced through the Additional Roles Reimbursement Scheme that covered a range of professions such as clinical pharmacists, physiotherapists, and new roles such as care co-ordinators.

Ms Wormstone explained that although many people still wanted face to face appointments with a GP there was an increasing number of patients who were comfortable with a digital first offer to request appointments and participate in e-consultations.

Ms Wormstone outlined some of the steps that were being taken to address the additional pressures and demand that included a scaling up of the Additional Roles Reimbursement Scheme, increasing the number of available appointments, a focus on reducing the workload and admin burden and targeting smaller practices that required additional support.

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

- Confirmation that the waiting list data for CHFT and MYHT included the main geographical areas covered by the Trust's that included Wakefield and Calderdale.
- A question on how achievable were the trajectories for reducing the number of patients waiting for longer than 52 weeks for planned surgery.
- Confirmation from CHFT that it was on target to hit the NHSE and NHSI waiting list target.
- Details of the CHFT internal target to hit 0 patients waiting for 52 weeks or longer and the plans to introduce protected wards during the winter period to protect the Trust's elective capacity.
- Confirmation from MYHT that it was also on track to meet the national waiting list target and it was ahead of its own stretch target.

- Details of MYHT's plans to maximise its two cold sites for elective surgery located at Dewsbury and Pontefract during the winter period.
- Confirmation that after the pandemic MYHT had resumed its elective surgery activity at a faster rate than CHFT which was why the two Trusts were currently in different positions with their waiting times.
- Feedback from Healthwatch Kirklees that people were reporting that planned surgery waiting times was still a big concern for people in Kirklees.
- Feedback from Healthwatch Kirklees that delays in planned surgery were impacting people's mental wellbeing as well as the physical aspects of their health.
- A question on the approach taken to communicating with patients on the waiting lists.
- Confirmation from MHYT that it aimed to communicate regularly with patients using text messages and letters.
- Confirmation from CHFT that it took a similar approach to MYTH and that it made every effort to stay in connect with patients.
- Confirmation that both Trusts focused on validation of the lists and clinical prioritisation.
- An overview of the work being done to ensure that close contact was maintained with vulnerable patient groups.
- A question on the percentage split between inhouse activity and surgery that was outsourced.
- Confirmation that the information of the split between inhouse and outsourced activity could be provided.
- A question on the cost implications of outsourcing surgery.
- Confirmation that the cost differences between inhouse and outsourced surgery depended on the type of surgery taking place.
- Confirmation that many areas of the outsourced surgery was because of workforce issues which did impact on price.
- A concern that increased pressures on GPs would lead to more GPs leaving the profession.
- An acknowledgement of the challenges facing primary care services and the benefits of the increased numbers of roles being introduced that was helping to support the demand.
- Details of the working being done to improve GP's telephony systems.
- Details of a poor ranking GP practice in Kirklees.
- The focus on the GP annual patient survey and confirmation that there was variation in the performance of GPs across the district.
- A question on which were the most challenged Primary Care Networks.
- An overview of the broad range of indicators from the patient survey.
- A question on whether the use of spot contracts for domiciliary care increased during the winter period to manage increased demand.
- An overview of the approach to using spot contracts to manage demand.
- A question on the risks associated with the increased use of spot contracts particularly where providers were not accredited.
- An explanation of the CQC registration process and the review process that was undertaken to ensure people's needs were being met.
- Details of the local authority's framework for providers working in the domiciliary care market.

- Details of the local authority's responsibility under its duty of care and an overview of the work of the care alliance.
- An explanation of the differences between a block and a spot contract.
- A question on patient discharges from hospital and reports that some discharges had been delayed due to the lack of suitable equipment and home adaptions needed to assist recovery at home.
- A question on the timescales between patients who were medically fit for discharge and acceptance to a reablement or intermediate care service.
- Confirmation that there weren't currently any delays on the availability of stocked assistive equipment although due to shortages of parts there could be delays at times for bespoke equipment.
- Details of the integrated system for both reablement and intermediate care services.
- Details of the workforce capacity issues in intermediate care that had reduced the numbers of admissions in the last few weeks and the work that was being done to provide alternative options to increase capacity.
- A question on how many people were currently in hospital that were medically fit for discharge and the impact on the flow of elective surgery.
- Confirmation from CHFT that it had approximately 100 people awaiting discharge of which around 50% were based at Calderdale and 50% at Huddersfield Royal Infirmary.
- Confirmation from CHFT that the patients awaiting discharge were not in elective surgery beds and there was currently no impact on the planned surgery activity.
- Confirmation from MYHT that the numbers awaiting discharge were similar to CHFT and there was no impact on elective surgery activity.
- A question seeking clarification on Locala's waiting lists for therapy and dental services and details of the benefits of the waiting list ambition tracker.
- An acknowledgement of the challenges facing dental services that had been compounded by the limited services that had been running due to the covid virus.
- The approach that was being taken to prioritising dental treatment for vulnerable groups and patients in pain.
- An overview of the challenges in waiting times for adult therapy services with the longer delays attributed to an educational course on diabetes and controlling diabetes that had been impacted by covid.
- The work being done to change the diabetes course to an online programme.
- The work being done on prioritising the speech and language programmes and modernising adult therapy services.
- Details of the work that was being done to improve access to those services that currently had 2 year waiting lists.
- The specific challenges associated with the DAFNE (Dose Adjustment For Normal Eating) courses.

RESOLVED –

1. That attendees be thanks for their presentation and attending the meeting.
2. That the Panel note the pressures in the local health and adult social care system in managing the demand for elective surgery and achieving some of the waiting list targets.

8 Work Programme 2022/23

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

It was confirmed that the item on integration of health and adult social care that was scheduled for the December meeting would now focus on joined up care at neighbourhood level and would include a focus on Primary care Networks.

A comment that there was a lot to cover on the access to dentistry item and that there were sufficient enough issues from a Kirklees perspective to bring this forward for a discussion at the March 2023 meeting.

It was confirmed that the new plan for adult social care reforms would be covered at the December meeting. The Lead member informed the Panel that she would be meeting with Public Health Kirklees and the Chief Executive of The Kirkwood Hospice to discuss the item on end of life care.

It was confirmed that issues relating to the work that was being undertaken on mental health support in local communities would be covered in the item on joined up care at neighbourhood level.

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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.

NHS West Yorkshire Integrated Care Board

Kirklees Scrutiny Committee

Joined up Care in Kirklees Neighbourhoods

Data & Intelligence Pack

Catherine Wormstone
Director of Primary Care

December 2022

Proud to be part of West Yorkshire Health and Care Partnership

Kirklees Health & Care Partnership

Questions raised and addressed in relation to Joined up Care in Kirklees Neighbourhoods

NHS West Yorkshire
Integrated Care Board

Section 1

An overview of the new statutory arrangements that are in place as a result of the new health and care act to include a short history of the development and introduction of PCN's and the work that is/will be done for integrating primary care as outlined in the Fuller Stocktake report.

Section 2

A Focus on the capacity of out of hospital care to include all aspects of community care including adult social care capacity, community services capacity, and primary care support.

- Community Pharmacy to help alleviate demand in hospitals.
- Context to the work being done to prevent and reduce demand through the focus on early prevention and building capacity in the community.
- Details of the additional community based roles in GP practices and other services including data (numbers of roles etc.) to include the development of personal care roles across PCN's.
- Examples of existing and emerging initiatives that demonstrate how PCN's and community services work together such as urgent care, walk in centres and the "Canterbury Model"
- Data supporting the work being done through Urgent Community Response and Virtual Wards.
- Assurance regarding efficiencies that will be needed in the provision of adult social care and community care in order to accommodate the growth in demand.
- Work being undertaken to manage and improve hospital discharge (to include data).
- The changes that have taken place and the work to be done on developing the model of care that enables/will enable more people to receive treatment at or closer to home.
- Update on Community Diagnostic hubs including funding.
- All above to be demonstrated by some examples of real life patients stories (short and concise).

NHS West Yorkshire
Integrated Care Board

Section 1

Statutory Arrangements, PCNs & Integration

Kirklees
Health & Care
Partnership

Fuller Stocktake – May 2022

NHS West Yorkshire
Integrated Care Board

At the heart of this report is a new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers:

1. Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
2. Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
3. Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention

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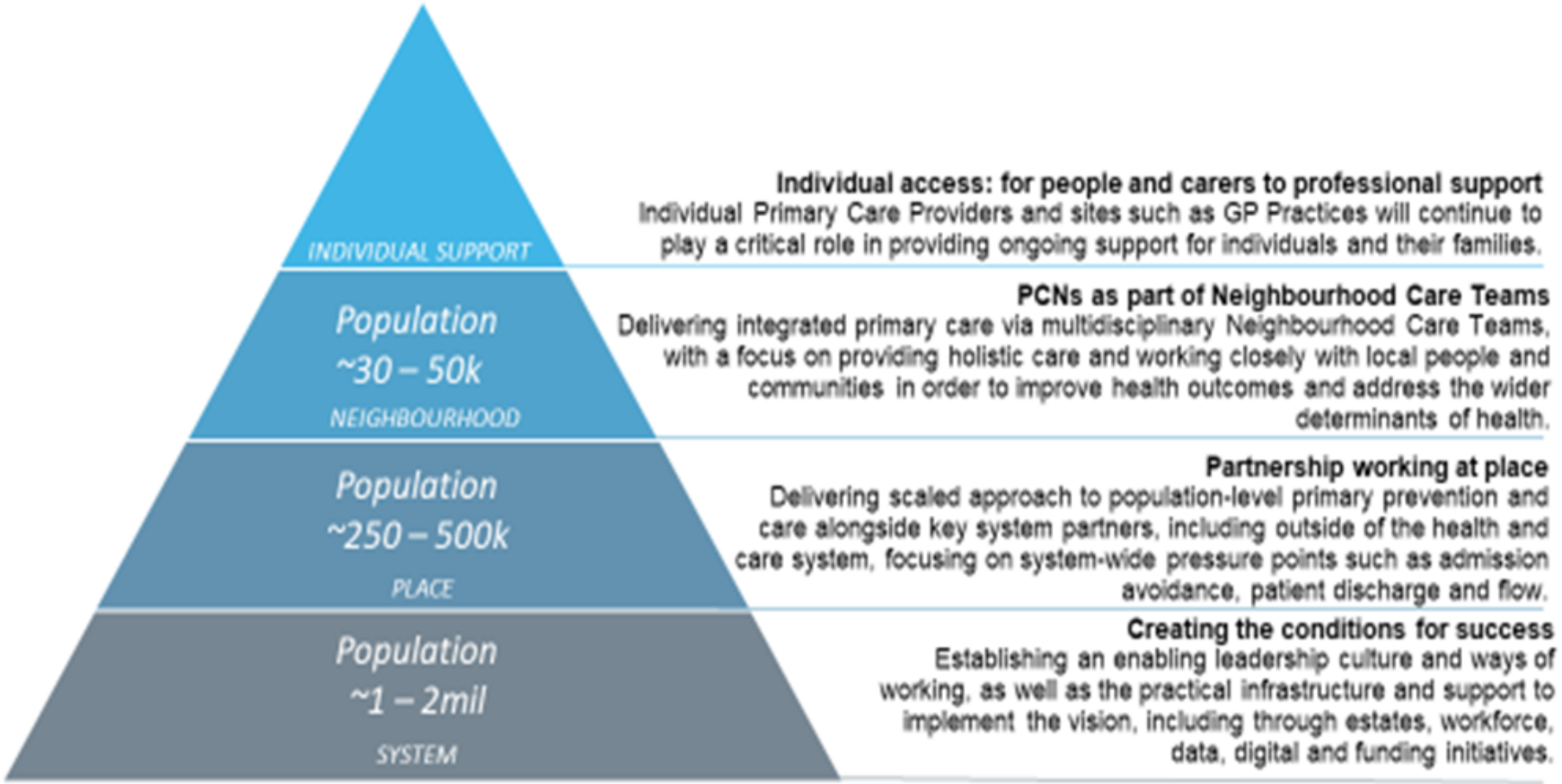
Kirklees Health & Care Partnership

Our Vision for integrated Primary Care

NHS West Yorkshire
Integrated Care Board



Kirklees
Health & Care
Partnership

Summary of the Fuller Report (1)

NHS West Yorkshire Integrated Care Board

Building integrated teams in every neighbourhood (pages 6 and 7)

- enable all primary care networks to evolve into integrated neighbourhood teams
- alignment of clinical and operational workforce from community health providers to neighbourhood 'footprints'
- making available 'back-office' and transformation functions for PCNs
- a shared, system-wide approach to estates, with organisations co-locating teams in neighbourhoods and places.
- create a clear development plan to support the sustainability of primary care, across all neighbourhoods – focusing on unwarranted variation in access, experience and outcomes

Working with people and communities (pages 7 to 9)

- focus on community engagement and outreach, across the life-course.
- work alongside local people and communities in the planning and implementation process
- continuing to develop how PCNs, work effectively in partnership with communities, VCSE and local authority colleagues.
- role of anchor institutions, inclusion health, addressing the wider determinants of health

Improving same-day access for urgent care (pages 10 to 12)

- Develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices.
- enable primary care in every neighbourhood to create single urgent care teams
- connect up the wider urgent care system

Personalised care for people who need it most (pages 12 to 13)

- Extend models of personalised care, embed enhanced health in care homes and develop a consistent set of diagnostic tests.
- Develop approach to personalised continuity of care, including holistic anticipatory care for people with more complex and chronic long-term conditions
- Increase secondary care outreach into neighbourhoods and increase range of diagnostics – maximising opportunities from community diagnostic centres.

Summary of the Fuller Report (2)

NHS West Yorkshire Integrated Care Board

Intensive community support / intermediate care (page 13)

- At place level, bring together teams on admissions avoidance, discharge and flow – including urgent community response, virtual wards and community mental health crisis teams.

Preventative healthcare (pages 14 to 17)

- Role of primary care and neighbourhoods in improving healthy life expectancy and tackling health inequalities
- Addressing deprivation and Core20PLUS5, shared approach to primary prevention
- Effective use of population health data

Workforce (pages 18 to 22)

- Embed primary care and community workforce as an integral part of system thinking, planning and delivery – with integrated workforce solutions
- Increase in GPs and wider primary care team, neighbourhood recruitment, innovative employment models, inclusive employment culture
- Development of ARRS, MDTs and multi-agency 'team of teams' development (training, leadership and OD)
- Development and support of clinical directors and consultant in general practice model

Estates (pages 23 to 24)

- Develop a system-wide estates plan to support fit-for-purpose buildings for neighbourhood and place teams delivering integrated primary care

Data (page 24)

- PCNs and neighbourhoods having tools to make routine use of population data with greater data sharing
- Joined-up business intelligence and data analytics

Digital (pages 25 and 26)

- Interoperable IT systems
- Technology enabled care – telehealth, telemedicine, on-line consultations etc.

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Development of Primary Care Networks (PCNs)

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PCNs in Kirklees

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- At the heart of the new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations. This is usually most powerful in neighbourhoods of 30-50,000, where teams from across primary care networks (PCNs), wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff can work together to share resources and information and form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and tackling health inequalities.
- In May 2019, the two former Clinical Commissioning Groups in Kirklees (Greater Huddersfield CCG and North Kirklees CCG) registered 9 Primary Care Networks with groups of GP practices covering populations of 30-50k.

Primary Care Networks in Greater Huddersfield CCG Area	Registered Primary Care Networks in North Kirklees CCG Area
1. The Valleys Health and Social Care Network	1. Spen Health and Wellbeing (Primary Care) Network (SHAWN)
2. The Mast Primary Care Network	2. Batley and Birstall Primary Care Network
3. Viaducts Care Network	3. Three Centres Primary Care Network
4. Greenwood Network	4. Dewsbury and Thornhill Primary Care Network
5. Tolson Care Partnership	

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PCNs in Kirklees

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Each Primary Care Network

- Covers a geographically contiguous area formed based on GP practice boundaries (not ward based)
- Has a signed Network Agreement
- Has a Clinical Director (clinician from the PCN – we have 8 GPs and one Advanced Nurse Practitioner) who provides leadership for the PCN's strategic plans, working with PCN members to improve the quality and effectiveness of its delivery of the Network Contract DES
- Is able to employ additional workforce as part of the Additional Roles Reimbursement Scheme (ARRS) – currently 17 roles
- Must deliver a number of prescribed national specifications – Structured medication reviews/medicines optimisation, Enhanced Health in Care Homes, Early Cancer Diagnosis, Social Prescribing, CVD prevention & Diagnosis, tackling Neighbourhood Inequalities
- From 1 October 2022 – must deliver the Enhanced Access Service (evening and Saturday appointments)

- What PCNs are **not** – formal organisations with significant infrastructure

PCNs in Kirklees

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- Each PCN has aligned models of community services provision, voluntary sector involvement and joined up support for care homes across the patch.
- Pandemic saw many national specifications pause or delay – but close working relationships outside of traditional organisational boundaries were formed during this time
- Range in focus depending on the populations they serve, the health needs and the ambition of the PCNs
- Recently updated PCN data packs to support neighbourhood discussions and population health management approach
- https://observatory.kirklees.gov.uk/wp-content/uploads/PCN_data_pack_2022_Kirklees.pdf
- ICB ambition to accelerate the development of neighbourhood teams far beyond the initial set up / approach of PCNs
- Integrated neighbourhood teams will use a population health management approach to proactively tackle health issues and health inequalities.
- What PCNs are not – formal organisations with significant infrastructure

PCNs in Kirklees

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Additional Roles Reimbursement Scheme 2022/23	
Clinical Pharmacist	Occupational Therapists
Pharmacy Technicians	Nursing Associate
Social Prescribing Link Workers	Trainee Nursing Associate
Health & Wellbeing Coach	Paramedics
Care Coordinator	Mental Health Practitioners
Physician Associates	Advanced Practitioners
First Contact Physiotherapists	Digital Transformation Leads
Dieticians	GP Assistants
Podiatrists	

138 WTE staff currently in post and a further **55** planned in year

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Issues Raised at the ICB Board Discussion – Deep Dive into Primary Care (Nov 22)

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- Pressure building for many years, accelerated by the pandemic
- Good examples of integration and working with partners
- Estate limitations and availability of capital
- Variation across practices, particularly re access
- Patient experience is variable – Healthwatch feedback and patient surveys
- Workforce challenges, including ARRS
- Infrastructure support – supervision, management, admin
- Public understanding of model of delivery
- Digital opportunities and challenges
- DES can be inflexible
- Strengthening of neighbourhood approaches as outlined in the Fuller Report

Section 2

Capacity of out of hospital care including adult social care capacity, community services capacity, and primary care support.

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CKW Neighbourhood Programme Model

Kirklees Health & Care Partnership

Desired outcomes from our work together

- Contributes to meeting the 10 big **ambitions of ICS**
- Joins-up care better '**at home and close to home**' in a way that supports communities to stay healthy and well,
- Provides a more **seamless** experience,
- Reduces **unwarranted variation**,
- Tackles **health inequalities**, using population health data to focus efforts in the most needed places, and to measure overall impact too
- Enables a shift to more **proactive and preventative** models of care, and
- Secures the **sustainability** and the development of the teams and services that support our neighbourhoods.

Also - behaviours and culture of how we work together as partners, focusing on patient and community needs, and working together in a **truly 'one system' integrated** way to achieve this.

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Focused on key areas from Fuller Report

Integrated urgent care – our populations receive optimum response depending on the nature and urgency of their need.

Intensive Community Support and Intermediate Care, including **Proactive multidisciplinary team** care for those with more complex needs including those with multiple long-term conditions, who benefit most from continuity of care

Personalised Care, long term condition management and continuity of care, including community nursing support and EoL

Helping people to stay well for longer as part of a more ambitious and **joined-up neighbourhood-based approach to prevention**, linking together health-based interventions with those that address the wider determinants of health

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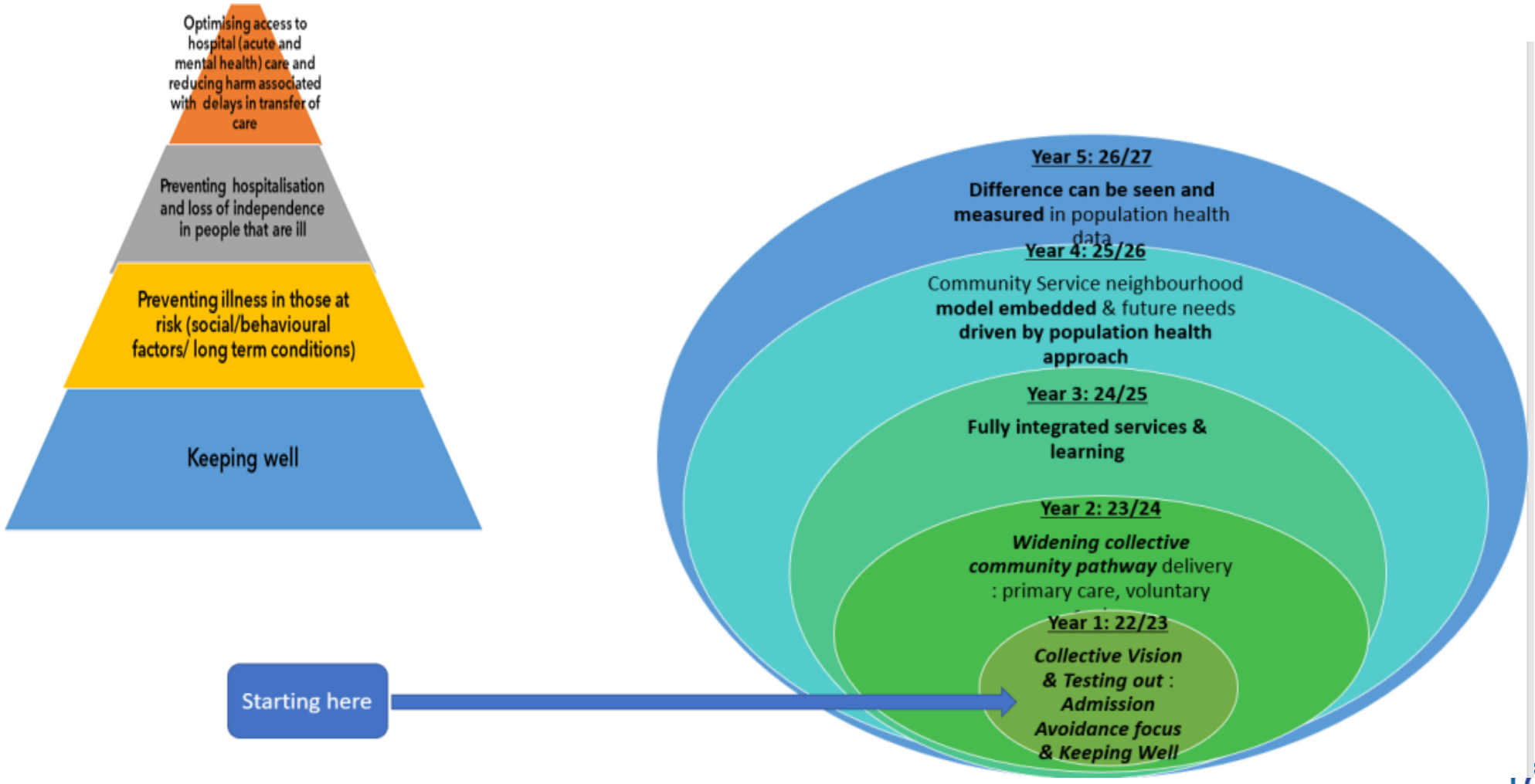
Five year programme



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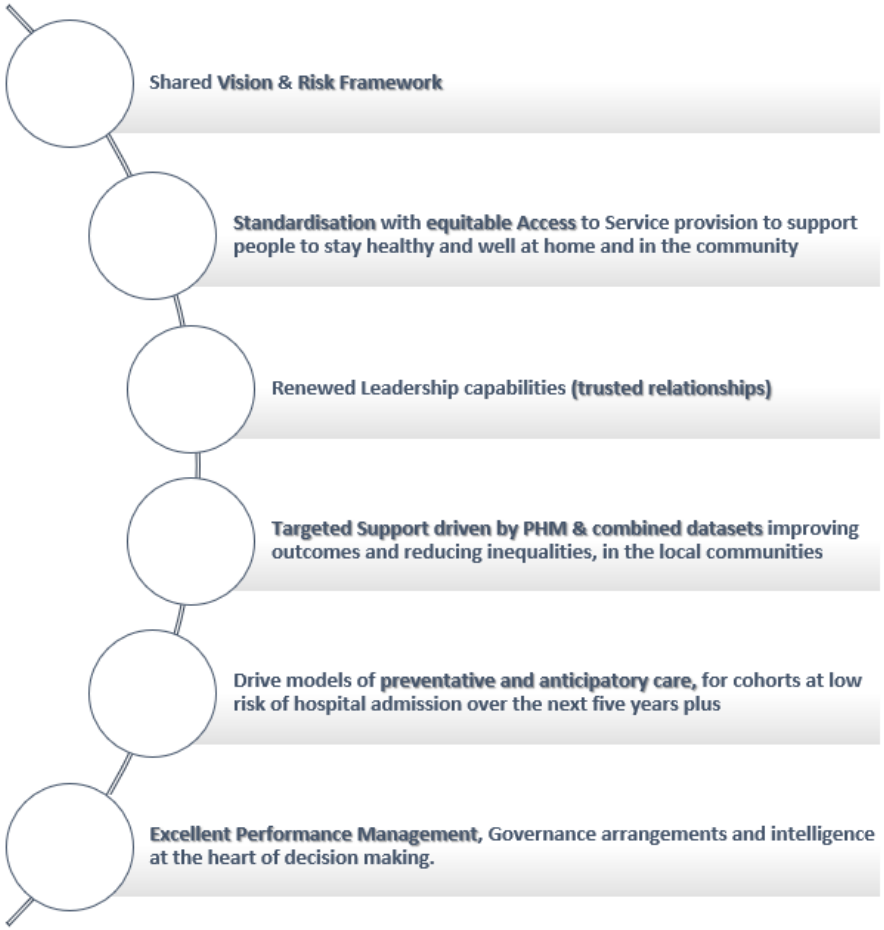

Enablers

- Digital Platform
- Data Sharing
- Interopability
- Strong Governance
- Freedom in a Framework
- Commissioning Framework
- Scalability
- Business Planning & demand modelling
- Shared Workforce pool & rotation
- Less Bureaucracy
- Self management

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Community Support to enable people to stay well – November Progress

Small group of leaders from CKW – Locala, Mid Yorkshire Hospitals , Calderdale & Huddersfield Trust , ICB, Local Authority, YAS, Care Association, Age UK, Voluntary & Community Association

Collective ideas generated across CKW focused on proactive community support to enable people to stay well

A range of ideas identified – all with potential to make a difference to people and communities in CKW

Recognise range of work already underway – some in one patch and can be spread, other ideas where opportunity to develop further

Reviewed and prioritised ideas that would have the most impact now, and going forward

4 ideas identified to take forward now – community support movement, falls prevention with fire brigade, proactive follow up support with specific patient groups following discharge, and self management support

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Building on existing work across CKW

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Community Support Movement

Use principles of ‘Look out for our Neighbours’, Every Contact Counts and C19 mobilisation

Build on existing work through LA Community teams and voluntary sector

Maximize full benefits of community assets to proactively support people in our communities – to self care, reduce social isolation, signpost early to support that will help people stay well

Development of enhanced community pathways, infrastructure, sign-posting and information.

Range of places and interactions where vulnerable people could benefit from proactive support including: Hairdressers, supermarkets, gardeners, window cleaners, small cafe in small communities, milkman, drama groups, libraries, bin men/women, opticians, Monday club in Wetherspoons, postmen/women etc. Religious spaces, Funeral directors (support for people left behind), National Volunteering Service - linking with people who are vulnerable, aligning younger isolated people with older isolated people

For winter warm spaces = include advice available re grants, citizens advice, meds cabinet 'choose well' and potentially site heath and social care link workers for specific interventions

Plan to scope what there is already in place, gaps in provision and alternatives and additionality that would make the most difference.

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Falls Prevention

National and local statistics provide the backdrop the problems associated with falls, loneliness, and winter cold.

One third of people aged 65 and over suffer a fall each year, that the risk of falling increases as people grow older, and that falls are the leading cause of death due to injury among the elderly. In addition loneliness increases the likelihood of mortality by 26%. Age UK figures state around 1.2 million older people are chronically lonely.

Scope to introduce further preventative measures to reduce the risk of falling, and also consider proactive support to extend these initiatives to other areas, including reducing social isolation, and addressing winter cold

Idea that will be progressed for spread (already underway in Calderdale) embraces the making every contact counts approach.

Utilise West Yorkshire Fire and Rescue Service to undertake an enhanced home fire safety check service for identified priority groups. These enhanced safe and well visits would include multi-factorial falls risk assessments, referrals to the Occupational Therapy Team, enrolments onto balance/falls prevention programmes, assigning social workers to vulnerable people, follow up visits by the Staying Well (CKW equivalent) Team, fitting handrails in households, and Age UK befriending individuals

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Proactive Follow up following discharge

Proactive follow up support via VCS and volunteers across CKW (potentially staff volunteers) to do check phone call for every discharge, day after discharge

Supportive check-in, signposting to additional support and pathways as helpful

Focused on ensuring people are able to stay well at home, and reduce re-admissions

Initial priority cohort over 65 emergency admissions (pathway 0 and 1). Later expansion to elective admissions in high risk patients

Next step to explore community support workers being part of frailty ward rounds. This would enable carer groups to be included in discharge process, and provide proactive support

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Self management support

People to go into the wards and teach pts to do eye drops, insulin and other activities where self management is possible and beneficial

Resources, videos and information then also available

This would increase self management and patient / carer empowerment as well as reduce need for district nurse support (freeing up time for more urgent and complex patients)

A number of options will be explored including: C19 volunteers - revigorated. Retired police officers. Retirees. C19 vaccination people. Peer support who are trained to provide

Build on learning from Leeds Community Health who have adopted this model

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Additional Ideas for more work up

Community Support police officers	Longer term idea. Potential for targeted support in specific communities. Develop referral pathway
Wider use of community responders	Due to current pressures on YAS - not possible now. In future explore how this role could provide other proactive support
Domiciliary carers	Develop pathway from Dom care providers to other support. Open access to pathway , and know where to signpost to. Proactive support via care homes for isolated people
TV Channel for support and connecting patients	Work up further
Additional digital opportunities - need to map these and test out	Work up further
Mental Health Vehicle expansion	Work underway - understand further opportunities
Use the care home environments to support people who are currently isolated which then leads to further demands on other services - if we tackle isolation at source will it reduce this need?	Ability for care home to have more open access (on respite / day care basis) for older people to reduce social isolation
Foster Care for Older People	Option to go to someone's house for support, for short period. Funding. Discharge from hospital. Respite care. Shared lives Kirklees(LD) - can learn from this

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Next Steps

- Follow on meeting in process of being arranged to track progress of ideas
- Community Model workshop in December to consider the other ideas generated as part of the proactive approach to the development of a community neighbourhood model
- System leadership groups considering ‘Canterbury Model’ and work across WY
- Improve engagement with General Practice, Community Pharmacy, VCSE and Independent Sector

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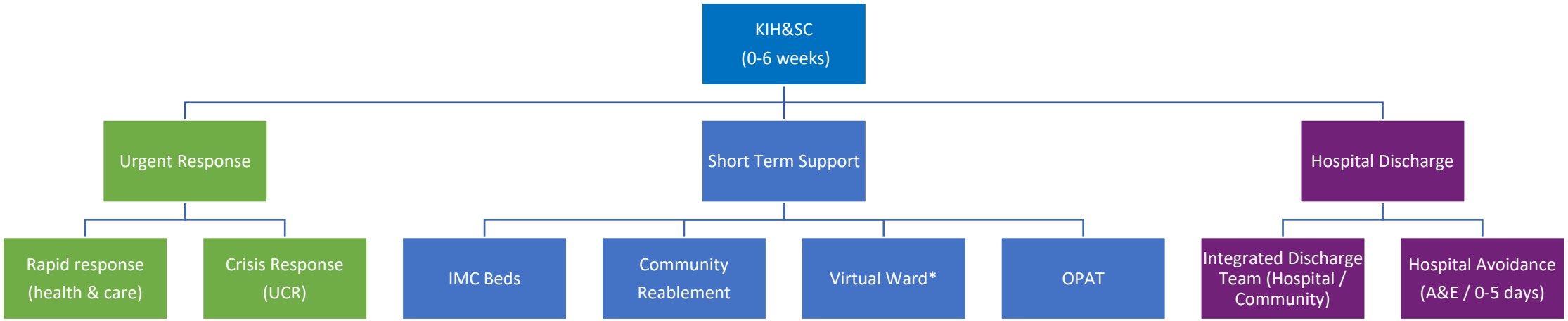
Kirklees Integrated Health & Social Care (KIH&SC)



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Kirklees Integrated Health & Social Care (KIH&SC)

Kirklees Council and Locala are committed to taking a joint approach to delivering Integrated Health and Social Care (KIH&SC) service. The Integrated Health and Social Care Team works within an integrated structure with a vision to deliver joint care across Kirklees.

- **Kirklees Integrated Health & Social Care (KIH&SC)**
  - **Working Groups**
    - Joint performance metrics group – Integrated performance dashboard
    - Intermediate Care quality forum
    - Beds management
  - **Delivery and oversight of the KIH&SC**
    - Monthly Operational Group Meeting (Operational deliver review and planning with escalation to Management)
    - Monthly Management meeting (Management review and support with escalation to Business Meeting)
    - Monthly Business Meeting (Oversight group)

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Integrated Locala and Kirklees Council Service offers

- **Integrated Transfer of Care Service (Hospital Discharge)**
  - **Integrated Hospital Service – Onsight support**
    - Integrated team health, social work and care working in a hospital setting in partnership with Trust- Referral review, Multi-Disciplinary Team (MDT), assessment and discharge plan support
  - **Integrated Transfer of Care - Community Support**
    - Integrated team health, social work and care working to support patients on a Discharge to Assess pathway for an interim period whilst further assessment is completed or package of care in place
  - **Hospital Avoidance (0-5 day)**
    - Integrated team with a presence in hospital A&Es and supporting patients who were in hospital 0-5 days

- **Urgent Community Response(UCR)**
  - Multi-disciplinary team providing crisis and urgent response within 0-2 hour (Advanced Clinical Practitioners, Nurses, Therapists, Health Care Support Workers, Social Care Assessors, Assistant Practitioners) – Holistic assessment, medical 48 hour follow up, clinical and social up to 7 days support, transfer of care to planned services [Locala & Kirklees Council working in an alliance with Local Care Direct and Curo)

- **Short Term Care**
  - **Intermediate Care Beds**
    - Short term (up to 6 weeks) rehabilitation within a residential setting for patients who cannot be supported at home. MDT offering care to maximise independence to transfer home
  - **Reablement**
    - Short term (up to 6 weeks) rehabilitation at home to maximise independence to maintain at home

Kirklees Health & Care Partnership

Integrated Locala and Kirklees Council Service offers

In addition to the joint service offers described earlier, Kirklees Council and Locala have worked in partnership to deliver other services, have joint roles and are working towards an integrated front door.

- **Integrated Single Point Of Contact (SPOC) / Gateway to Care (G2C) project plan**
  - Locala & Kirklees Council are 18 months into an integrated Single Point of Contact project with the intention to move towards from contact centre from April 2023

- **Health & Wellbeing Service**
  - Kirklees Council delivered an 18 month Health & Wellbeing service offer providing community health checks. As part of the model, Locala provided the clinical support to the service working in partnership with Kirklees Council colleagues

- **Integrated Head of Service (Locala / Kirklees Council)**
  - Locala and Kirklees council have provided an opportunity to have a joint Head of Service to oversee and manage a range of Locala and Kirklees Council services. The aim of this role is to support a team of health and social Managers to deliver quality care as part of the vision of a joint strategy and shared roles

Kirklees Health & Care Partnership

Community Pharmacy

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Community Pharmacy

Community Pharmacy is part of the NHS and provides NHS Services.

85-95% of a pharmacy's total income is from the NHS. Like GPs, community pharmacies are independent NHS contractors.

Pharmacy staff **reflect the social and ethnic backgrounds of the community they serve**, and they are **accessible to deprived individuals** who **may not access conventional NHS services.** An opportunity to reduce health inequalities (NICE QS196).

Pharmacies in England dispensed nearly **one billion** prescription items in 2014/15 (average 870,000 per pharmacy).

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The accessibility of Community Pharmacy

Community pharmacy provides **accessible** healthcare in local communities. Most services are available as walk-in, without the need for an appointment.

89.2% of the population can reach their local community pharmacy within a **20 minute walk**

Over **99%** of those in areas of **highest deprivation are within a 20 minute walk** of a community pharmacy

Many pharmacies are **open during the evening and at weekends -** times other parts of the system consider to be out-of-hours

An estimated **1.6 million visits** to community pharmacies take place daily (avg. 137/pharmacy). Community pharmacists and their staff generally see patients more regularly than any other healthcare provider.

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NHS Services

All pharmacies provide NHS **Essential Services:**

Dispensing Medicines
Dispensing Appliances
Repeat Dispensing
Unwanted Medicines
Health Campaigns
Signposting
Self Care
Healthy Living Pharmacy
Discharge Medicines Service

- **More than just the supply of medicines**

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NHS Advanced Services

Advanced Services are provided by many pharmacies

Community Pharmacist Consultation Service
Flu Vaccination Service
New Medicine Service (NMS)
Pandemic Delivery Service (temporary service)
Pharmacy Collect – LFD collection (temporary service)
Hepatitis C testing service
Appliance Use Review
Stoma Appliance Customisation

Helping people get the most from their medicine

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Local Services

Local services may be provided if they are commissioned locally

- Stop smoking
- Needle and syringe exchange
- Supervised consumption
- Emergency hormonal contraception
- Minor ailments service
- Care home service

- Sexual health screening
- Vaccinations
- Alcohol screening and brief interventions
- Weight management
- Falls reduction
- Independent and supplementary prescribing

Locally commissioned and funded

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Opportunities – link between CPCF and general practice

- Improving prevention and health inequalities
  - Flu – aligned incentives (through Investment Impact Fund (IIF) and PQS) to increase uptake
  - Cardiovascular disease diagnosis and prevention – DES link with community pharmacy hypertension service
  - Inequalities – PCN, local commissioners and LPC to agree an approach, link with NICE QS196 and supported by PQS
  - Healthy Living Pharmacy (HLP)
  - Pharmacy commissioned services – emergency contraception, stop smoking, Hep C
- Improved primary care access
  - Community Pharmacist Consultation Service (CPCS) – within IIF
  - Community pharmacy open and providing services within OOH

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Opportunities – link between CPCF and general practice

- Delivering better outcomes for patients on medicines
  - Structured Medication Reviews (SMR) – link with pharmacy services, Discharge Medicines Service (DMS), requests for Multiple Compartment Compliance Aids (MCCAs)
  - Community pharmacy PQS anticoagulant audit
  - Antimicrobial Resistance – PQS supporting this work
  - New Medicines Service – opportunity for GP practice to routinely refer patients starting a new medicine to the service, link to SMR referral from community pharmacy for patients with unresolved issues
  - Relationships – improve and grow, PCN SMR DES includes role of Pharmacy Technician in developing a relationship with community pharmacies
- Sustainable NHS
  - Reducing carbon emissions – supported by PQS inhaler return for destruction
  - Inhaler changes – link to NMS for patients who change device

Kirklees Health & Care Partnership

Mental Health Transformation Primary Care Network (PCN) Hub

By 2023/24 the programme will ensure that each Primary Care Network will benefit from a co-located, mini-mental health team, working together to provide a seamless service with interventions of varying intensity, appropriate to the individual level of need – with integrated pathways to the core specialist hub

Additional Roles Reimbursement (ARRS)
Mental Health Practitioners

Advanced Clinical Practitioners (ACPs)
Provide holistic assessment and support MDT triaging. Providing evidence based/ Psychosocial interventions and connecting people to appropriate support in the mini team & Hubs.

Mental Health Pharmacist
Providing access to mental health pharmacy, medication management, reviews and education.

Mental Health Social Prescribers
To provide mental health knowledge /expertise

SMI Physical Health & Wellness Team
Provide health checks and support to improve physical health. Co-facilitation of psychoeducation courses.

Community Connectors
Employed within VCS – to reflect community demographics, these roles are more focused on the specific needs of people with serious mental illness and complex needs.
Navigating through a range of activities to support wellbeing, connecting people with their community and supporting the transfer of stable individuals out of Recovery and Older Adults Teams enabling them to engage with and receive community support.

IAPT
Improving access to Psychological therapies

Kirklees Health & Care Partnership

Blended Mental Health Pharmacists Model covering all 9 Kirklees PCNs

Implementation		
Role	Whole time equivalent (wte)	Start date
Lead Pharmacist	0.5	January 2023
Advanced Clinical Pharmacist	2.00	January 2023
Foundation Pharmacist	1.00	January 2023
Medicines Optimisation Technician	2.00	January 2023

Kirklees Health & Care Partnership

Blended Mental Health Pharmacists Model covering all 9 Kirklees PCNs

General details of service to be offered:

- Medication reviews for complex mental health regimens
- Patient consultations and medication counselling
- Empowering patients to make informed decisions on their care plan
- Medication reconciliation post mental health discharge
- Rationalising and optimising medication, mental health medications (for people with severe mental health problems, particularly those with complex co-morbid physical health problems)
- Answering queries from other practitioners
- Prescribing medications for mental health related conditions
- Switching medications
- Signposting
- Discharge follow up
- Providing mental health support for those with long term physical health conditions
- Writing policy
- Education and training
- Deprescribing
- Assessing overuse and suitability of PRN medications
- Medication advice – including use of herbal and OTC remedies

- Addressing adherence issues, poor communication, drug errors

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Mental Health progress to date and 23/24 plans

Implementation			
		2022/23 Year 2	2023/24 Year 3
Role	In post	PCN coverage	PCN coverage
Mental Health Social Prescribers	Yes	9	9
Advanced Clinical Practitioners (ACPs)	Yes	8	9
SMI Physical Health & Wellness Team	Yes	5	9
ARRS Practitioners	Yes	2 (soon to be 3)	9
Mental Health Pharmacists	Yes	9	9
IAPT	Yes	9	9

Kirklees Health & Care Partnership

Adult Social Care

Kirklees Health & Care Partnership

Adult Social Care capacity to support out of hospital care.

ASC investments in the front door, community services, reablement services and the social care occupational therapy team are all designed to reduce the flow of demand for formal assessment and care.

Increasing interaction opportunities through the development of self serve digital access. Linked to the Vision this will put people more in control of their care and support planning and review.

Working with PCNs to support anticipatory care ensures collaboration across community partners to improve outcomes.

Through investment in a new case management system and in redesigning our pathways we will make the tasks of our social work teams shorter, more efficient and better connected

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A key part of delivering our Vision is to keep people at home and independent for as long as possible. This does mean that when cases do reach formal care, they are increasingly complex, but the duration in formal care should be reduced.

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Workforce

- The national challenges in recruitment and retention are reflected in Kirklees with a vacancy rate of 17% in our assessment teams impacting on capacity to meet demand.
- Range of measures in place sees turnover of staff slightly less than other areas.

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Market capacity

- 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. Current waiting list is at 21 hours (29/11/22)
- 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)

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Work being done to prevent and reduce demand through the focus on early prevention and building capacity in the community.

Ambition to resolve low level issues at the point of contact (Gateway to Care) with signposting to appropriate support including; community plus, equipment prescribed by G2C and a referral route for Social Care Occupational Therapists ensuring timely and proportionate responses that support prevention and to promote independence.

Integration of the G2C and Locala front door contact teams ensures those with health and social care needs are responded to in one call.

Collaboration with the Accessible Homes Team, community health and social care to ensure improved outcomes for people and their carers making best use of shared resources.

The redesign of Care Navigation and Brokerage into Support Options to focus on preventative and community support solutions rather than formal care is fully embedded and expected to generate benefits in support package size and range of support considered.

Rapid response as part of Urgent Community Response provision prevents inappropriate hospital admissions and is now aligned with Mobile Response Services.

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Work being undertaken to manage and improve hospital discharge

Discharge to assess pathways embedded with integrated triage into rehab and reablement services to support recovery at home.

Home first approach being supported through development of night sitting arrangements and increased use of technology.

Enhanced carer support in place over winter.

Discharge to beds sustained, although not a long term solution.

Close partnership working with care providers to ensure flexibility and understanding that supports a D2A approach

Significant increase in demand for equipment to support discharge.

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Urgent Community Response (UCR)

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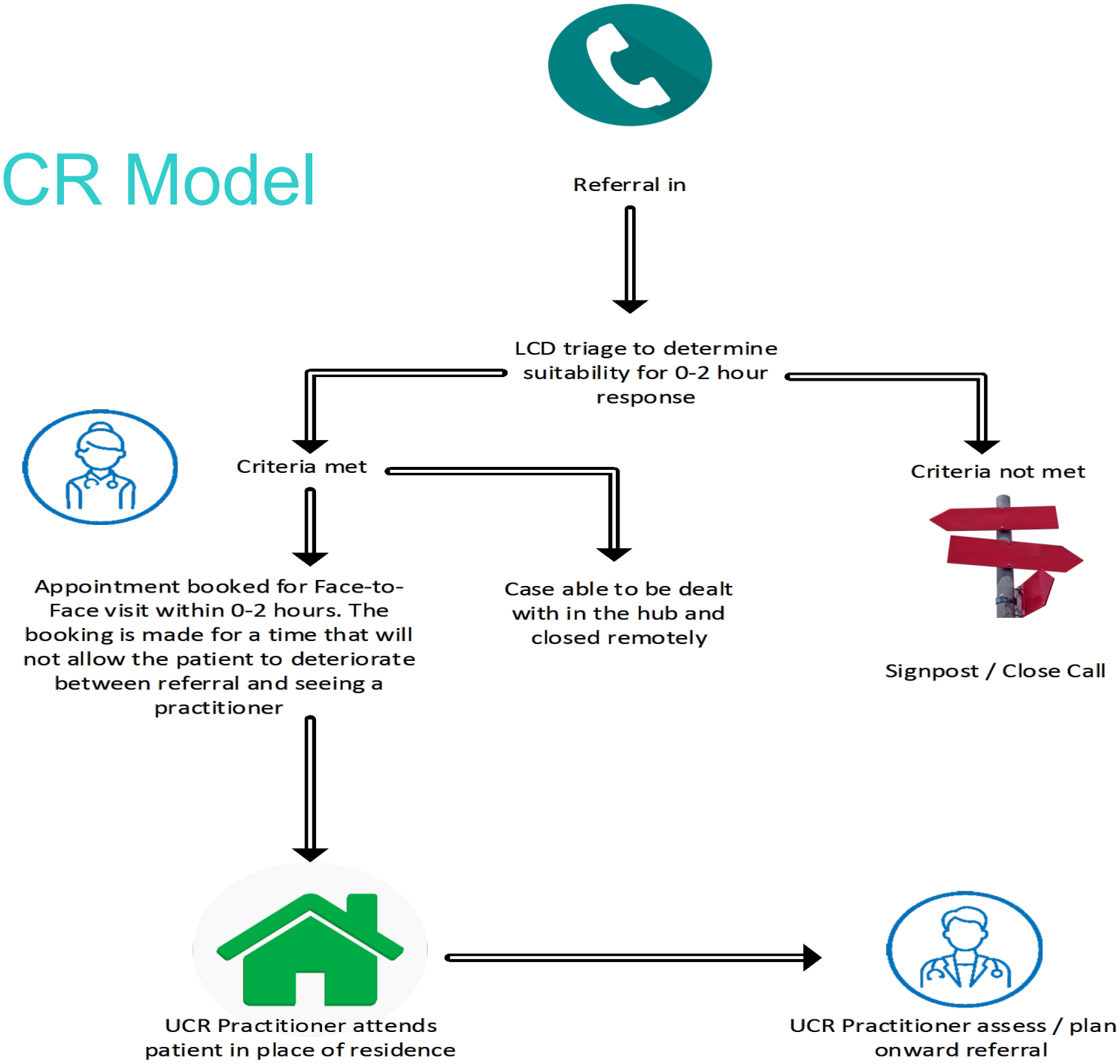
UCR in Kirklees

Kirklees has an alliance approach to delivery, with four providers:

- **Local Care Direct** provides the advanced clinical assessment within the single point of access. Local Care Direct operates urgent primary care services across West Yorkshire.
- **Curo** and **Locala** both provide advanced clinicians to undertake the face to face visits. Curo is a GP federation within Kirklees and Locala is a community healthcare provider.
- The majority of UCR cases requiring a face to face will go to the dedicated UCR team, some go to community nursing, based on presenting clinical condition.
- **Kirklees Local Authority** offer social care input within the UCR.

- **Programme SRO**: Helen Carr, Chief Executive - Local Care Direct

Kirklees UCR Model



Kirklees UCR System Integration

NHS West Yorkshire Integrated Care Board

November 2020: Kirklees UCR launches

December 2021: Calderdale UCR launches, with LCD providing clinical triage

October 2021: UCR Operates 8am-8m 7 days per week

October 2022: Locala's Short Term Therapy Assessment Response Team and urgent social care referrals for unplanned Social Care Response and Rapid Response are integrated with Kirklees UCR

December 2022: LCD to receive Wakefield UCR referrals from YAS as a pilot

April 2023: 2 hour district nursing visits integrate with Kirklees UCR, offering a 24/7 service (aspiration)

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Hub activity

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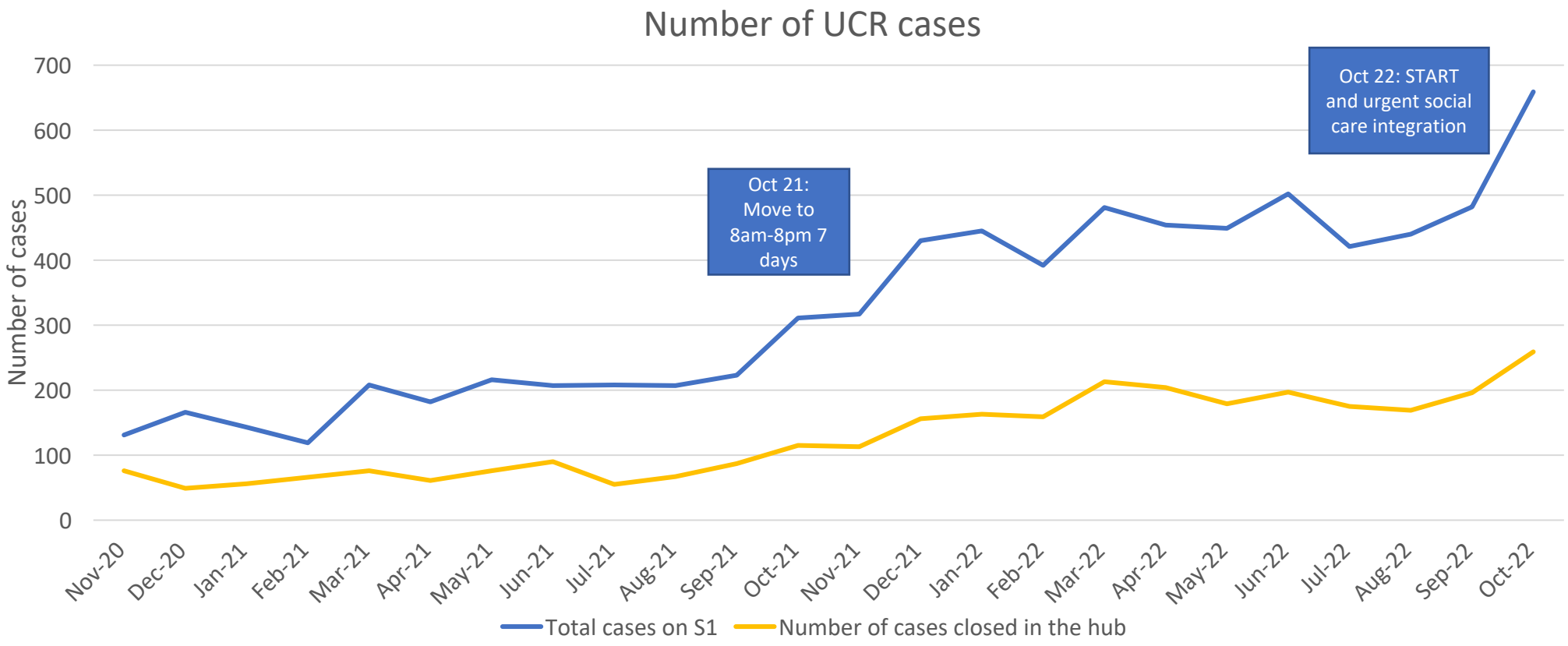

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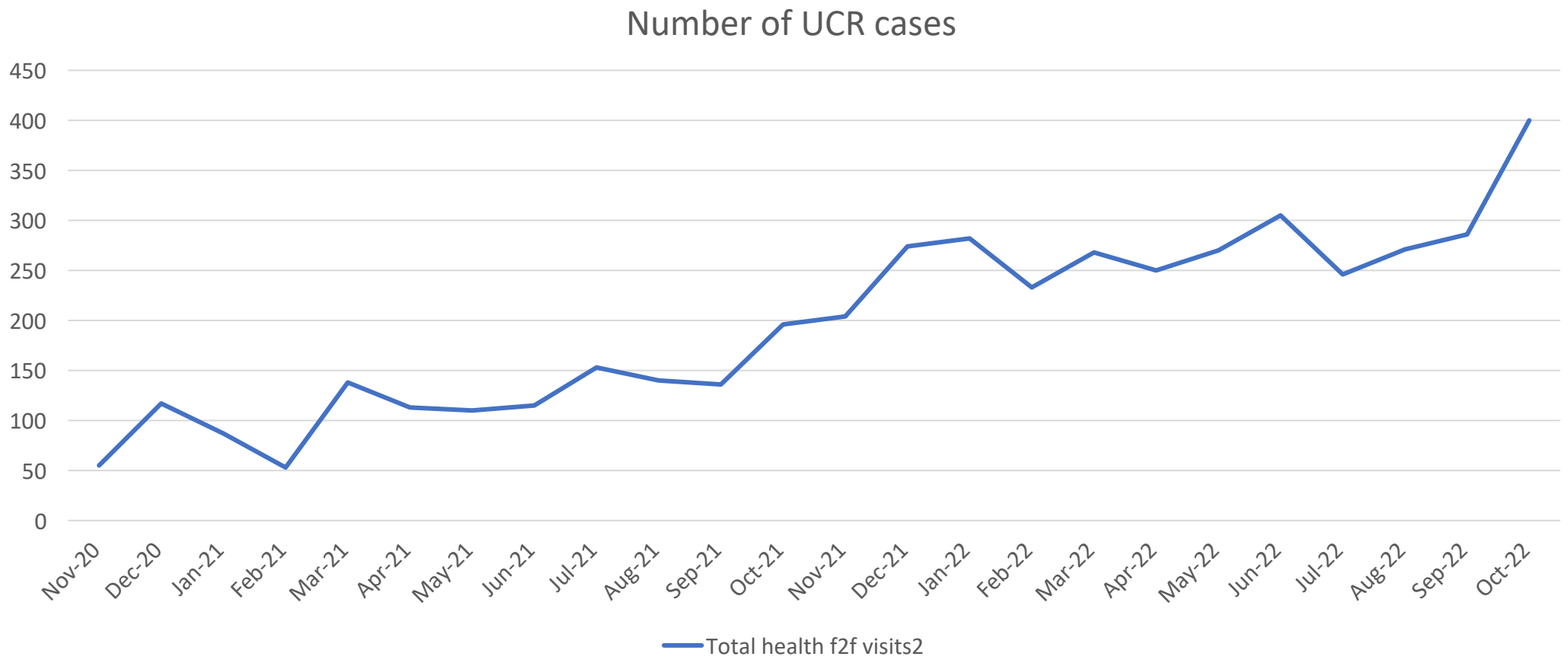
Health face to face activity

NHS West Yorkshire
Integrated Care Board



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Health and Care Partnership

Kirklees
Health & Care
Partnership

Future Service Ambitions

NHS West Yorkshire
Integrated Care Board

- Aligned to NHS LTP ambitions or integrated out of hospital point of contact UCR continues to collaborate with other same day urgent care services – moving towards creating a single point of contact, enabling streamlined services for residents and referrers
- Partnership working is extending the UCR offer to shift towards a 24/7 response service, through District Nursing integration
- Kirklees UCR is aligned with place urgent social care response and is moving to better link with the Local Authorities Night Sitting Service
- Aligned to NHS Winter Planning expectations Kirklees UCR is working closely with The Yorkshire Ambulance Service and 111, aspiring to take more referrals from them, avoiding ambulance dispatch, A&E attendance and hospital admission rates
- The partnership approach continues to develop, with providers recognising each others areas of strength – increasing autonomy of service delivery. Contractually speaking the future of UCR, in Kirklees, is to utilise the expected Provider Selection Regime, ensuring the alliance evidences: quality, innovation, value, integration/collaboration, access, inequalities, choice, service sustainability and social value

Kirklees Health & Care Partnership

Kirklees Resident Feedback

NHS West Yorkshire
Integrated Care Board

Spoke to care staff. All work together as a team for the needs of the patient. Service is excellent.

Very nice staff, explained everything in full to patient.

UCR told patient and family everything they needed to know.

Nice to see someone who cared

Got more support at home now

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Community Diagnostic Centres (CDCs)

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Community Diagnostic Centres (CDCs)

We have received approval for 2 CDCs, one based in Huddersfield and one based in Wakefield.

We are preparing a business case for 5 further smaller CDCs, one in Dewsbury and locations in Calderdale and Wakefield.

The Trust are in discussion regarding the exact location of the Huddersfield CDC. We continue to work with the University to explore the opportunity to bring a CDC to the town centre.

The CDC in Huddersfield will provide additional MRI and CT scanning facilities, plain film, ultrasound, cardio- respiratory testing and phlebotomy in a community location. It will ensure people can receive planned diagnostic tests in a good time. Reducing waiting times and improving access.

We don’t currently have a date for the opening of the diagnostic centre, but we will keep you briefed.

Kirklees Health & Care Partnership

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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
1. Resources of the Kirklees Health and Adult Social Care Economy.	To consider the resources of the health and social care system in Kirklees to include: • 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.	<u>Panel meeting 19 October 2022</u> Representatives from key organisations across the Kirklees Health and Adult Social Care system provided an update on their financial position and the challenges of workforce retention and recruitment. The Panel endorsed the comments of the Lead Member that it was a credit to the Kirklees health and adult social care system that it was able to provide good quality care despite the significant challenges it faced. The Panel requested information that would clarify the NHS learning support that was provided to nurses.
2. Impact of Covid-19	• 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	

	reduced mobility and access to services and activities during the pandemic. • 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: o the use of digital technology, o increased collaboration across the local health and adult social care system, o new ways of working o Assessing the sustainability of new working practices	
3. Capacity and Demand - Kirklees Health and Adult Social Care System	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.	<u>Panel meeting 19 October 2022</u> Representatives from Kirklees core "physical" providers presented details of the work being done to manage demand and catch up with delayed planned surgery. The information and data was noted and the Panel acknowledged the pressures in the local health and adult social care system in managing the demand for elective surgery and achieving some of the waiting list targets. The Panel requested information from both acute trusts that would show the split between inhouse elective surgery and the outsourced activity (to the independent sector).
4. Joined up Care in Kirklees Neighbourhoods	Looking at how local primary care services via Primary Care Networks (PCNs) contribute to targeted integrated service delivery in the Kirklees neighbourhoods to include: • Looking at the work being developed through the Council's primary care network & local health improvement leads.	

	• Considering the progress, effectiveness and breadth of services being delivered in the community. • Assessing the capacity of out of hospital care to include all aspects of community care including adult social care capacity, community services capacity, and primary care support. • Looking at the work being done by Community Pharmacy to help alleviate demand in hospitals. • Considering the work being done to prevent and reduce demand through the focus on early prevention and building capacity in the community.	
5. Mental Health and Wellbeing	An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include: • 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).	<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. The Panel: • 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	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: • Looking at the work being developed to shift resources, skills, and expertise out of hospital and into the community and its expected impact. • 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.	<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. 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.
7. Maternity Services	To review local maternity services in light of the Ockendon report to include: • 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.	<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. 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. Actions agreed included: • 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	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: • 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 Dentaid. • 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	Utilising information and data from CQC to help inform the work of the Panel.	
10. Kirklees Safeguarding Adults Board (KSAB) 2021/22 Annual Report	To receive and consider the KSAB Annual Report	

11. Inequalities in access to health care services	To consider health inequalities in accessing health care service to include:
	• Using data and knowledge from a range of health and adult social care providers including the Yorkshire Ambulance Service (YAS) to:
	  ○ 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.
	• 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	To provide the Panel with an awareness and understanding of the social care reforms to include: • 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. Palliative and end of life care	To consider the work being done to support people in Kirklees with palliative and end of life care to include: • Considering the approach to providing an integrated package of palliative and 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 palliative and 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	1. Mental Health and Wellbeing 2. Work programme 2022/23
6 September 2022	1. Unplanned Care 2. Maternity Services
19 October 2022	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	1. New Plan for Adult Social Care Reform 2. Joined up Care in Kirklees Neighbourhoods
25 January 2023	1. Palliative and end of life care 2. Inequalities in access to health care services
1 March 2023	

5 April 2023	