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Tuesday 27 June 2023

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in **Meeting Room 3 - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 5 July 2023**.

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".

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 Bill Armer (Chair)

Councillor Beverley Addy

Councillor Itrat Ali

Councillor Jo Lawson

Councillor Alison Munro

Councillor Habiban Zaman

Helen Clay (Co-Optee)

Kim Taylor (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of previous meeting

1 - 22

To approve the Minutes of the meetings of the Panel held on the 1 March 2023 and 5 April 2023.

2: Interests

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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 Panel will receive any petitions and/or 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 submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

5: Public Question Time

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting.

6: Setting the Work Programme 2023/24

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The Panel will set its work programme for 2023/24 and consider its forward agenda plan.

Contact: Richard Dunne, Principal Governance Officer

Contact Officer: Yolande Myers

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 1st March 2023

- Present: Councillor Jackie Ramsay (Chair)
Councillor Lesley Warner
Councillor Alison Munro
- Co-optees Helen Clay
Kim Taylor
- In attendance: Richard Parry – Strategic Director, Adults and Health
Michelle Cross – Service Director, Mental Health and Learning Disability
Amanda Evans – Service Director, Adult Social Care Operations
Saf Bhuta – Head of Service, In-house Care Provision
Emma Hanley – Senior Contracting and Procurement Manager
Philip Gould – Service Development Manager
James Creegan – Director of Care, Croft Care Group & CEO of KirCA
Karen Pogson – Director of Active Social Care Ltd
Sandra Whiston - Dental Public Health Consultant, NHSE
Debbie Stovin - Dental Commissioning Manager, NHSE
Matt Collins – Chair Kirklees Local Dental Committee
Balqees Bi - Clinical Director & Specialist Care Dentistry, Locala
Catherine Wormstone - Director of Primary Care, Kirklees Health and Care Partnership
- Observers: Councillor Liz Smaje
- Apologies: Councillor Jo Lawson
Councillor Bill Armer

- 1 Minutes of previous meeting**
The minutes of the meeting held on 25 January 2023 were approved as a correct record.
- 2 Interests**
Cllr Lesley Warner declared an interest on the grounds that she was a member of the Calderdale and Huddersfield 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 Adult Social Care - Community Provision in Kirklees

The Panel welcomed representatives from Kirklees Adults and Health which included Mental Health and Learning Disability, Adult Social Care Operations, In-house Care Provision, Commissioning and Procurement along with members of private sector care providers.

Richard Parry, Strategic Director for Adults and Health outlined the structure and purpose of the planned discussion which would include the national and local context of social care, particularly domiciliary care, residential care, care workforce and the role of immediate care.

Mr Parry explained that nationally 64% of councils experienced care home closures in the second half of 2022 compared to 25% in a similar period in 2019 with a 17% increase in home care delivery between 2021 and 2022 but with 87% increase in hours that couldn't be delivered nationally.

The Panel heard that in Kirklees fewer older people lived in care homes with a comparatively higher number of older people being supported to live at home.

Mr Parry informed the Panel that although there was a decrease in younger adults living in nursing and residential care during and shortly after the Covid 19 pandemic, these numbers had started to increase and permanent admissions remained above the target of 410.

Mr Parry described the Care Sector Programme Board whose role was to oversee five key work areas being (i) Market Sustainability (ii) Quality (iii) Workforce (iv) Training Development and Support and (v) Digital.

Ms Michelle Cross, Service Director - Mental Health and Learning Disability, gave an overview of the adult social care workforce in Kirklees, noting that if the workforce grew proportionally to the projected number of people aged 65 and over, then the total number of adult social care posts in Yorkshire and the Humber region would increase by 25% by 2035.

Ms Cross advised the Panel of the In2Care service which provided bespoke recruitment and support to increase workforce capacity across the Kirklees care sector.

Ms Cross explained that the service had produced excellent outcomes including winning the Guardian Public Sector award in 2019, and it continued to support an increased number of people into working in the care sector.

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Ms Cross informed the Panel of Domiciliary Care number in Kirklees which in January 2023 saw an average of 1,330 people across 79 home care providers, having an increased number of service users of 59% between April 2019 and January 2023.

The Panel was informed that unlike many places in the country, Kirklees had a minimal waiting list for care and support within domiciliary care which was a result of both investment into pay rates for care staff, and work with occupation therapists and rehabilitation services to maximise service users' independence.

Ms Cross presented an illustration of the CQC ratings for domiciliary care across Kirklees which presented a picture of a number of home support services that were good or outstanding.

Ms Cross explained that Kirklees had a package of support for providers who were deemed to require improvement.

Ms Cross informed the Panel that there were 125 care homes in Kirklees with sufficient capacity across the care home sector, again with a significant majority rated good or outstanding following CQC inspections.

Ms Cross advised the Panel that some of the illustrated CQC inspections were described as 'no published rating' which usually meant new registered companies inspected within their first year, or a change in the ownership of the company.

Mr Saf Bhuta, Head of Care Provision, explained that maximising independence and improving the pathway from hospital to home was at the heart of the vision for adult social care.

Mr Bhuta advised that intermediate care services were delivered jointly by Locala and Kirklees Council through the Kirklees Independent Living Team (KILT), which provided a single point of access for intermediate care and facilitated a 'home first' approach.

Mr Bhuta explained that following the briefing presented to the Panel in December 2020 around proposals for intermediate care, 60 beds had been reduced to 50 as the focus moved to the home first approach.

The Panel was advised that a further review of intermediate care beds was being undertaken to ensure that the model was a good fit in light of current challenges across secondary care and the hospital sector.

Mr Bhuta informed the Panel that there was still room for improvement within intermediate care, but operating as one unified team across Locala, Kirklees and other partners was going a long way in supporting the experience of service users.

Mr Bhuta gave an overview of the social work workforce noting the Recruitment and Retention Working Group which continued to progress action to secure a sufficient and skilled workforce, in conjunction with In2Care.

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

- A comment on the challenges facing the recruitment and retention of the workforce in adult social care, where it was noted that someone could earn more money from caring for dogs or working in a supermarket than they could in the social care sector.
- A question around whether schools could be encouraged to link with care home providers to provide a link between young people and residents of care homes.
- A question seeking clarification on the complexity of applications to become part of the framework for care providers or in applying for grants.
- Confirmation that support would be given to care providers in making applications.
- Confirmation that young people should be aspiring to work in the care sector and receive a pay rate that reflected the value of the work they undertook.
- A comment that during the Covid 19 pandemic people rightly applauded the NHS, gave NHS staff discounts, and bought free meals for them, but no one in the care sector got the same recognition despite the harrowing work in difficult circumstances.
- A reflection that the social care workforce had been a 'Cinderella Service' for a long time, and without social care the NHS would inevitably fail.
- A comment that a health worker in the NHS would on average be earning around £8k more than someone doing the same job in the social care sector.
- Confirmation that the rates of pay for the social care workforce was a national problem, but locally work was being done to address the issue, ensuring the workforce was respected and rewarded for the work they did in looking after the most vulnerable people.
- Details of the work being undertaken by the Kirklees Care Association, including career focus workshops with young people and those returning to work.
- Confirmation that the questions people usually asked about working in the care sector focused around pay rates, career progression and pension provision.
- Details of the ambassador scheme that was set up for domiciliary care companies to work with local schools and although that had been paused by the Covid 19 pandemic, it was shortly to be reinstated.
- Details of the links with care providers and learning institutes where students completing nursing degrees or A Level students who hoped to gain a degree in medicine could work part time in the sector whilst studying.
- A question around whether school children could complete their work experience in the care sector.
- Confirmation that pre-pandemic the care sector did provide for young people who wanted to undertake work experience with them.
- Details of a scheme with the Job Centre where young people could visit care providers to gain an insight into what a career in the care sector would look like.
- Details of programmes such as the Active Social Care company's £50 bonus scheme to refer a friend that the company subsequently recruited.

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- A question around the number of extra care housing and bungalows locally, and how realistic it was that more could be built with increasing building costs and when this building would take place.
- Confirmation that Kirklees was investing in supporting people who required extra care whether it was through an out of area care package or a capital investment in their own premises required to support them in their own home.
- Confirmation that the Council was looking at a number of small plots of land that it owned, often garage sites, for small scale developments on these sites.
- Details of the two extra care housing schemes that were under development in Kenmore Drive Cleckheaton and Ashbrow with a specialist accommodation board that considered demand and the development opportunities.
- Details of the specialist housing development at Layman's Lane for people who have very complex needs who previously were living in a hospital setting.
- A question around whether there would be an age restriction for people living in extra care housing.
- Confirmation that getting the mix of people living in the scheme was important but that younger people would likely want to live in an environment with people of similar age, which would lend the service to consider small scale bungalow developments.
- Confirmation that discussions with individuals about what would work for them was important, noting that some compromise may be needed.
- A comment that as bungalows had no age restriction, some areas had experienced antisocial behaviour.
- A question around where specialist equipment was required, whether there were any barriers or waiting times in receiving the equipment and if there was, how these issues were being addressed.
- Confirmation that the profile of people coming out of hospital was more acute, complex and with a higher dependency, and this acuity was causing some pressure around the provision and availability of equipment.
- Confirmation that more complex equipment was difficult to source and nationally there was a supply chain issue causing some bottlenecks in Kirklees.
- Confirmation that the picture of an increased number of people being able to return to their own home provided reassurance that local efforts were yielding good results and heading in the right direction.
- Details of the Principal Occupational Therapists that Kirklees invested in a number of years ago which saw a shift from a medical model to a social one.
- Confirmation that these therapists, working as part of the reablement service, supported people in reaching their optimal levels of independence.
- Details that the moving and handling provision was led by a team manager who was a consultant for Leeds City Council, and they brought their research and education in understanding the latest equipment and therapy provision to support the approach.
- A question about care home visits and travel time and carers not being able to spend enough time with the service users locally.
- A question around using agencies that had either failed the framework or were registered but had not yet been inspected by the CQC.

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- Confirmation that the process of spot purchasing provision was taking place, but that this would only be for a set period of time, and as soon as capacity was available on the framework, the individual would move to that provider.
- Details of the Kirklees Care Association's engagement with partners that had grown out of the pandemic and all were now working better together with the support of a grant from Kirklees.
- Details of the work being done at a regional level with the Yorkshire and Humberside Care Alliance with a Call to Action Group that met once a month followed by a meeting with Councillors every three months.
- Confirmation that although the acuity of services users had increased, the money paid to care providers remained the same.
- Confirmation that care providers and key partners now had seats at strategic meetings and decision making boards, notably the Kirklees Integrated Care Board meetings where decisions around funding were made.
- Details of the Kirklees Registered Manager Network, which was established before the pandemic, but had flourished during the pandemic, with a well-used WhatsApp group sharing good practice and guidance that was being issued throughout Covid.
- Confirmation that the WhatsApp group was also supporting new providers to benefit from the knowledge and experience of more established providers.
- Details of the close working relationship with Locala, particularly around training for some of the complex needs that service users were presenting with following discharge from hospital.
- Confirmation that the CQC worked on a risk basis alongside Kirklees, with regular information being shared between the two so that the CQC could consider which organisations they would prioritise to inspect.
- Confirmation that most care calls were now longer than 15 minutes, and if a provider disclosed that this is all they have been commissioned for, it was raised with Kirklees.
- Details of how Kirklees had tried to move away from time and tasks in care calls, and now worked with providers and service users' families to negotiate what might work better for the service user.
- Confirmation that the aim was to meet outcomes on care calls, but with it still being monitored through electronic call monitoring data.
- Confirmation that care providers felt listened to by Kirklees, had a voice within the wider sector, and support was provided where it could be.
- Confirmation that spot contracts had reduced by half over the winter and now only formed less than 10% of all the hours in domiciliary care with work done to ensure as many care providers were moved onto the framework as possible.
- Confirmation that a further discussion should take place around direct payments, the review of intermediate care beds, and social work vacancy levels to understand delays in moving care on or assessing for care needs with social workers.
- An awareness that further reductions in intermediate care beds might create pressure points.
- Confirmation that Kirklees and the ICB were undertaking a piece of work to consider that if a patient was removed from a bed based solution, what would that then look like at home and did that need further investment.

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- A question as to whether there was a backlog in any area due to a person's complexity and waiting for the complex package to be put into place.
- A question about care packages for those wanting to stay their own homes and needed it adapting in some way.
- Confirmation that Kirklees were supporting almost 10,000 people to live a good life in the community, and as Kirklees did not have a waiting list for a care package, this did not prevent a person from leaving hospital.
- Details that some delays and pressures came from those with a long term condition who were currently on the NHS waiting list, and those with increasing complexities who needed greater use of technologies or adaptations to their home.
- Confirmation that the increased volume of care and the ability to recruit and support a workforce who were confident to deal with the complexity also provided some difficulties.

RESOLVED – That the representatives from Kirklees Adults and Health including Mental Health and Learning Disability, Adult Social Care Operations, In-house Care Provision, Commissioning and Procurement and the members of private sector care providers be thanked for attending the meeting.

7 **Dentistry in Kirklees**

The Panel welcomed Debbie Stovin, Dental Commissioning Manager, NHSE Helen Duke, Interim Assistant Director of Operations - Integrated Communities, Sandra Whiston - Dental Public Health Consultant, NHSE Matt Collins, Chair Kirklees Local Dental Committee, Catherine Wormstone, Director of Primary Care, Kirklees Health and Care Partnership and Balqees Bi, Clinical Director & Specialist Care Dentistry, Locala to the meeting.

Ms Stovin outlined the range of dental services that were commissioned from NHS England from High Street Dentistry through to secondary care specialist services.

Ms Stovin explained that there were 50 primary care practices across Kirklees which were all commissioned at various levels of activities based on units of dental activity.

Ms Stovin informed the Panel that the NHS remit was for commissioning of dental services with oral health and dental health improvement sitting under the responsibility of the Local Authority.

Ms Stovin described some of the difficulties country wide and being experienced in the Yorkshire and Humber region that were linked to legacy contract arrangements from 2006 which couldn't be changed.

Ms Stovin explained that the legacy contracts could not be changed unless there were performance concerns, or where a contractor wished to terminate their contract.

The Panel heard from Ms Stovin that patient perception caused some confusion, particularly in that patients assumed they would be registered with a dentist in a similar way to being registered with a GP.

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Ms Stovin informed the Panel that NHSE had no control over private dentistry, with dental practices often having a mixed contract of NHS patients and private work.

Ms Stovin described the difficulty new patients had in being able to see an NHS dentist with the NHS UK digital platform being in place to navigate around dental practices, but it was often not clear which practices were taking on new patients.

The Panel heard that Covid 19 had an enormous impact on dentistry with several months of dental practice closures in 2020 creating a backlog for patients accessing services.

Ms Stovin informed the Panel that there were two specialist orthodontist services in Kirklees, one in Huddersfield and one in Dewsbury, and although patients had been placed at the service nearest to their home, some patients were not at their ideal practice.

Ms Stovin explained that an appeals panel had been set up to consider appeals from patients who had complained about which practice they had been allocated.

Ms Stovin informed the Panel that NHSE had a scheme in place running from November to the end of March with some non-recurrent money to try and ensure better access for patients who needed urgent care or emergency dental work.

More appointments were being made through this urgent care system Ms Stovin explained, and although not all practices had taken up the scheme, eight practices had, and provided 24 sessions per week with seven appointments per session.

Ms Stovin advised the Panel that workforce recruitment was a current difficulty with incentives being put in place, such as a one off payment for someone coming to work in areas deemed as high need to assist with the shortage of dentists.

Ms Stovin explained that flexible commissioning had been in place since the end of 2019 to improve access to dental care and increase delivery of evidence based prevention in primary care.

The Panel was informed that this flexible commissioning had been expanded following a successful evaluation with five practices currently in place, another two that started in December 2022 and one more recently.

Ms Stovin informed the Panel that a recent review had been undertaken with Locala around community dental services, which was for adults and children with additional needs and vulnerable groups.

The Panel heard that the review would help inform future commissioning, service design, and paediatric general anaesthetic patient care.

Ms Stovin explained that care home dentistry was patchy and inconsistent with some areas having more services than others, with the service being more reactive rather than proactive.

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The Panel was advised that a review was being undertaken regarding care home dentistry to ensure better provision for care home residents and those who were housebound.

Ms Stovin informed the Panel that the ICB delegation commenced on 1 April which included responsibility for budgeting and the whole of primary dental care, and work was in progress to ensure a smooth transition.

Ms Stovin explained that NHSE was ensuring that the ICB was fully aware of the different challenges facing dentistry, particularly around workforce recruitment.

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

- A question around how many people were waiting for an NHS dentist, and how asylum seekers and refugees accessed dental services.
- A question as to whether preventative oral health care was being undertaken.
- Confirmation that there was no central list that detailed the number of people on waiting lists, and there was no central number where patients could call, as this would be done directly with a dental practice.
- Confirmation that a waiting list survey had been undertaken to understand and gauge the wait that patients were experiencing.
- A question around how many additional dentists were needed in Kirklees.
- Confirmation that the incentivised pay scheme might give some indication of how many dentists were needed, but this would only give a picture in the areas of Kirklees covered by the scheme.
- Confirmation that the flexible commissioning would offer practices flexibility in relation to preventative work using the skill mix already in place at the practice.
- Details of a piece of work being carried out around the waiting lists to understand better what the workforce capacity was.
- Confirmation that many years ago a waiting list was held, but the cost of maintaining the list became prohibitive.
- Confirmation that dental contracts form part of the difficulties with prevention, as the work was part of the service offered by dentists but wasn't paid for.
- Details of the underfunding for NHS dental treatment, meaning practices needed a mix of both NHS and private work to ensure profitability.
- Confirmation that it was easier to fill dental vacancies in some areas as opposed to others, often depending on how near to dental training it was.
- Confirmation that the flexible commissioning and urgent access sessions were working well but would need to continue once the funding had transferred to the ICB.
- A question around what procedures dental therapists were able to undertake, and if their work was funded as well by the NHS given their work could be considered preventative.
- A question as to whether the NHS funded more complex procedures such as crowns and root canals.
- A question around health equity auditing and when this would be undertaken, and findings published.

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- Confirmation that all dental professionals, dentists, therapists, hygienists, dental nurses, were registered therapists and hygienists were now able to undertake direct access for NHS patients.
- Details of a 'loophole' that therapists and hygienists would need patient group directives in order for them to prescribe local anaesthesia and fluoride varnish.
- A question as to whether NHS patients who were being treated for fillings were routinely offered pain relief.
- Confirmation that therapists were able to do simple fillings if they were trained to do so.
- Confirmation that some patients might prefer to have fillings without pain relief, and it was not always possible to completely numb a patient.
- A question around complex care and whether dentists were taking on these cases under the NHS.
- Confirmation from the ICB that the sharing of information and understanding from NHSE around challenges was being undertaken.
- Confirmation that the current contract for NHS general dental practitioners was not fit for purpose because a dental practice would get the same amount of money to do 2-3 fillings on a patient as it would if they needed 20 fillings.
- Confirmation that it was not financially viable for practices to treat patients who needed several fillings, and practices often treated patients at a loss.
- Details of the costs of treating patients who would need letters to specialists as the NHS did not adequately fund those patients.
- A question around the urgent access initiatives funding post March.
- A question as to whether consultation took place when the orthodontists were reduced from four to two in Kirklees.
- Confirmation that work was undertaken to understand the level of need across the areas and based on those figures two specialist orthodontic contracts were awarded.
- Confirmation that following the volume of calls regarding patients having to travel to their orthodontists, patients were being moved wherever it was possible to do so.
- Confirmation that there was a huge level of need for orthodontic services across the Yorkshire and Humber.
- Details of how the referral system for orthodontists operated with a central system where practices could pull down referrals when they had space.
- A question as to whether the capacity had reduced or if it remained the same capacity across the two different centres.
- Confirmation that the level of need for orthodontists remained the same but that the number of orthodontic specialists across West Yorkshire had reduced by around one third.
- Confirmation that orthodontists also had recruitment and workforce difficulties which were exacerbating the difficulties.
- Confirmation that the waiting list for new patients was approximately two years and even with an increased number of referrals over the last 18 months the waiting list remained the same due to the challenges of recruiting additional dentists.

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- Confirmation that it was difficult to recruit to the Community Dental Service and general dental practitioners had been given opportunity to join Locala and train within their service.
- Confirmation that there were currently one and half thousand waiting with the majority being children.
- Confirmation that Locala had been unable to recruit a paediatric consultant specialist despite the post being advertised a number of times.
- Details of the nationwide difficulties in recruiting specialists.
- Details of the limited access to general anaesthetics for extractions which was why the waiting list remained so long.
- Confirmation that CHFT had a shortage of paediatric nurses despite a recruitment drive which had resulted in Locala being unable to restart the paediatric general anaesthetic list.
- Details of the nationwide difficulties in recruiting paediatric nurses.
- Confirmation that Locala had lost the ability to refer patients to Dewsbury District Hospital due to changes they had made and their lack of theatre space.
- Confirmation there was no access to theatre lists at Mid Yorkshire Hospitals NHS Trust.
- Details of a new procedure that had been put in place to restart the hospital list but was subsequently put on hold due to CHFT advising that they had insufficient numbers of paediatric nurses.
- Confirmation that there was a minimum number of paediatric nurses required when putting children under general anaesthetic.
- Confirmation that Leeds General Infirmary had been stepping in to assist with urgent cases.
- Details that a number of dentists had been recruited including two bank dentists to try and reduce the waiting lists.
- Confirmation that some of the team from NHSE would be transferring to the ICB.
- Details of the Community Dental Services Review which would focus on the access to general anaesthetic services.
- Confirmation that the West Yorkshire Association of Acute Trusts were aware of the difficulties around the shortage of anaesthetists, operating theatre staff and access to theatres.
- Details of the concerns of parents whose children were having multiple episodes of acute pain or infection, and that these children were often referred to the Leeds Dental Institute.
- Confirmation of the hard work done by staff in managing the waiting lists, including the offer of working any day required if the theatre space was offered.
- Confirmation that as patients wait so long on the waiting list, they reach an age where they could cope with local anaesthetic, and so they could be treated and then discharged back to their own dentist.
- A question as to whether some of the children on the waiting lists also had additional complex needs as well as the dentistry problem.
- Confirmation that children with complex learning disabilities or autism were still being treated by and receiving care under general anaesthetic.

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- An acknowledgement of the impact of the Covid pandemic on hospital theatre lists which mean the hospitals had to prioritise their workload and theatre space.
- Confirmation that these were not new issues, were endemic, and combined with Covid, had resulted in a waiting list of two years.
- A question on whether money for dentistry would be ringfenced when it moved to the ICB.
- A question as to whether a child would need to wait two years in pain whilst on the waiting list for extraction.
- Confirmation that it would not generally be the case that a patient would be in constant pain for two years, and that the Royal College of Surgeons produced guidance on prioritising patients.
- Confirmation that children with very severe problems, or trauma would have a pathway to either the maxillofacial surgery team, or the Leeds Dental Institute.

RESOLVED –

- 1) That Debbie Stovin, Helen Duke, Sandra Whiston, Matt Collins, Catherine Wormstone, and Balqees Bi be thanked for attending the meeting.
- 2) That the Health and Adult Social Care write to CHFT and Mid Yorkshire Trust outlining their concerns around access to theatre lists, requesting details of how the issue is being addressed.
- 3) That the ICB be asked to attend a further meeting of the Panel to address any problems that they have encountered regarding theatre lists following the transfer from NHSE.

8 Work Programme 2022/23

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

It was noted that the April meeting would be the last meeting of the municipal year and would include a review of the work programme for 2022/23 and look ahead to the 2023/24 forward plan.

Cllr Ramsay confirmed that a further letter would be sent to CHFT and Mid Yorkshire Hospitals NHS Trust following the Panel's visit to the Birthing Centre at Calderdale Royal Hospital that would cover concerns regarding the robustness and current fragility of maternity services in Kirklees.

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 5th April 2023

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: Rob McCulloch Graham Safeguarding Adults Board
Independent Chair
Richard Parry – Kirklees Council Strategic Director,
Adults and Health
Jacqui Stansfield - Service Manager, Kirklees
Safeguarding Adult Board

Apologies: Councillor Vivien Lees-Hamilton

1 Interests

Cllr Lesley Warner declared an interest in item 4 (Kirklees Safeguarding Adults Board 2021/2022) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.

2 Admission of the public

All items were taken in public session.

3 Deputations/Petitions

No deputations or petitions were received.

4 Kirklees Safeguarding Adults Board Annual Report 2021/22

The Panel welcomed Mr Rob McCulloch the Chair of the Kirklees Safeguarding Adults Board (KSAB), Richard Parry Strategic Director Adults and Health and Jacqui Stansfield, Service Manager, Kirklees Safeguarding Adult Board to the meeting.

Mr McCulloch outlined the three statutory duties that the KSAB had to undertake that included to produce a strategic plan; produce an annual report that included progress of the plan; and to undertake safeguarding adult reviews on cases where the Board felt there could be lessons learned.

Mr McCulloch informed the Panel that page 10 of the Annual Report presented the best outline on how the Board operated and highlighted the vision of the Board that

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was to work together to take action, to keep the people of Kirklees safe from neglect and abuse, and putting people at the heart of everything we do.

Mr McCulloch informed the Panel of the approach that the Board took to deliver against the vision. Mr McCulloch stated that the Board was fortunate that Kirklees had a strong and committed partnership and that the people and agencies involved in the Board's work were very active.

Mr McCulloch outlined the Board's priorities and provided details of the Board's development session that had helped to inform the priorities that included building a confident workforce; learning from the experience of Covid; and to improve communication across the partnership.

Mr McCulloch presented details of the various board subgroups and explained that each subgroup was chaired by a representative from the various agencies in the partnership.

Mr McCulloch stated that the Annual Report included details of the work undertaken by each subgroup and highlighted the work of the Safeguarding Adult Reviews (SAR) subgroup and outlined details of two of the published SARs.

Mr McCulloch explained that the reviews were undertaken so that the Board could learn from them in order to minimise the level of risk so that the events did not happen again in the future.

Mr McCulloch informed the Panel that the Quality and Performance Subgroup had been working to develop a new dashboard to help the Board gain a better feel and sight of how the Board was progressing.

Mr McCulloch informed the Panel of the work of the Learning & Development (L&D) subgroup that included details of the number of courses it had delivered and the lunchtime bytes that provided an opportunity for representatives from any of the agencies to attend and gain insight into the subject of interest.

Mr McCulloch stated that all of the work undertaken by the Board and its subgroups were informed by the annual challenge event where a group of board members would individually meet with each agency to challenge each other on progress on the intention of each agency for safeguarding adults.

Mr McCulloch stated that the information from the event was used to inform a development session where the Board would create its new strategic plan.

Mr McCulloch informed the Panel that in the previous year the two main issues that emerged from the event was transitions and partnership working.

Mr McCulloch stated that the presentation of the annual report was later than normal and so he was able to update the Panel on the latest event which highlighted that agencies were still struggling with the impacts of the pandemic.

Health and Adult Social Care Scrutiny Panel - 5 April 2023

Mr McCulloch stated that the effects of the pandemic was being compounded by a complexity in the cases and increased acuity being reported by all agencies.

Mr McCulloch explained that the Board believed that the increased acuity was a result of people avoiding attending health appointments during the pandemic and because people's routines had been stopped due to their inability to carry on with their normal health routine.

Mr McCulloch explained that the increased complexity of the cases being seen by all agencies was very challenging for the workforce and retention and recruitment of staff was very difficult.

The item was opened to the Panel for comment and questions that covered a number of issues that included:

- A comment that the Quality and Performance subgroup aimed to be reactive rather than proactive although given the pressures on the workforce there was a question on whether there was sufficient resource to be able to work in the way they would wish.
- A response that there was a need to set a level of aspiration in the system although it was correct that many parts of the system felt that they couldn't deliver against this aspiration.
- An explanation of the impact of workforce shortages that included a risk that staff in the health and social care system couldn't always provide the personalised care that they would wish to deliver.
- A comment from the Panel on a story contained in the Annual Report that reported on the impact that the pandemic had had on one individual's mental health.
- A response that outlined the role of the Board as an overarching multi agency body to provide assurance to the whole partnership that it was working well towards reducing risk of any abuse.
- Details of the general frustration amongst the various agencies that they would wish to do more and that the proactive work could be seen through the agency audits that they undertook and how they prepared for dealing with the issues going forward.
- Details of the recruitment work that was taking place that included a focus on overseas workers to help bolster the workforce.
- An overview of the national campaign on training and recruitment.
- Details of the work being done to retain staff that included encouraging ex-staff to come out of retirement and back into their roles.
- The work that needed to be done to learn from the impact of the pandemic and put measures in place to help and support people.
- The important role of the safeguarding leads and how the work of the subgroups was triangulated to identify areas that required a proactive response.
- A reference to the scheme that piloted a police officer working in the safeguarding team and a question on whether this position was still in post and if training police recruits in sensitively dealing with mental health issues was taking place.

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- Confirmation that the police officer was still in the safeguarding operational team and any lessons learned were being fed back to police colleagues.
- A panel question on what was the biggest issue currently facing the Board.
- A panel question asking for the reasons why care homes had been identified as posing the highest risk.
- A question on how reliant the Board was on financial donations and how sustainable was the funding from the largest donor Kirklees Council.
- Confirmation that the biggest challenge was the workforce and the increased complexity and acuity of cases.
- Confirmation that there was oversight of the care provided by care homes and that each care home was quality checked by the Care Quality Commission (CQC).
- An overview of the active and direct interventions when required and oversight from Kirklees Adult Social care and health colleagues from the wider system.
- Confirmation that the resources of the Board matched what was happening nationally with funding coming from the statutory partners.
- A comment that the work of the Board was reliant on the commitment and involvement of all partner agencies.
- An explanation of the reporting of cases from care homes and the low thresholds they followed when reporting an issue.
- A question on the reasons for the increase in number of deprivation of liberty (DoLS) applications.
- An explanation for the reasons behind the increase in DoLS that included: more people living longer with complex needs; the reflections on some of the practices during the pandemic where questions were asked on whether they were restricting someone's liberty; and a growing awareness of the rights of individuals.
- An overview of the new arrangements that would cover DoLS and help to tidy up arrangements that had evolved over time.
- A question on whether the DoLS data was analysed to identify if there were greater numbers from a particular area or care home.
- Details of the difficulties in interpreting DoLS applications and the different levels of judgement applied by care homes.
- Confirmation that there were training programmes to help care homes understand their responsibilities.
- Details of the protective measures designed to ensure that the least restrictive practices were in place.
- A question on whether the analysis of the DoLS data was used to improve quality and performance.
- Confirmation that the data was used to profile referrals from care homes and that training would be provided to a care home if it was deemed to be outside the parameters of the profile that included an assessment of a wider range of soft intelligence.
- A further question on the high levels of DoLS referrals and whether there was a definite issue on over reporting which could be rectified through staff training.
- An observation on the types of reported abuse that included 51% cases of neglect and a question on whether this was due to the impact of the pandemic.
- A question on whether the pandemic had led to a trend in the types of safeguarding cases.

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- Confirmation that cases of neglect had always been one of the highest areas of concern and when looking at care homes and domiciliary care it was often due to unintentional abuse.
- Examples of the types of unintentional abuse that included issues such as an incorrect policy in a care home that needed tweaking.
- Details of the care home early intervention and prevention team that looked at quality of safeguarding.
- Details of a panel members personal story of a close relative who due to Alzheimer's was placed in a care home for a number of years and their love of outdoors.
- A comment on how the belief that safeguarding for older people should be focused on keeping them safe in homes and why those older people who were able to get out and about couldn't be electronically tagged to enable them the freedom to go outside.
- Details of a technology called just checking that had been used by a council that operated in a rural area to help support the walking pattern of an older person.
- The approach taken by the Council to promote different forms of assistive technology and to encourage discussions on positive risk taking.
- Details of the important principle of making safeguarding adults personal and that the decision to deprive someone of their liberty was often based around safety.
- The danger of being too cautious in safeguarding people to the extent that they had no quality of life.
- The dilemma that family members and professionals faced when considering how best to care for and safeguard a person.
- The important role of the design of care facilities that could enable residents to have greater freedoms.
- The role of a best interest assessor who would focus on developing personalised care and a care plan that provided the least restrictive options.
- A comment from the panel that there was risk in the community and there was an acknowledgement that services only had a degree of capacity to deal with the risks due to the workforce issues.
- A question on how frontline services and staff made quick and timely assessments to ensure that this element of safeguarding was right.
- The strengths of the partnership in Kirklees where people in the partnership knew individuals across the different services which helped to break down the boundaries between the agencies.
- The need for the Board to continue to encourage cross agency communication to ensure that each frontline service could continue to work effectively with others.
- Details of a proactive piece of work being led by the police in Kirklees that focused on reducing financial fraud where banks who were suspicious of a potential transaction would keep the people in the bank while alerting the police who would send an officer to the bank.

RESOLVED –

That the Kirklees Safeguarding Adults Board Annual Report 2021/22 be noted and attendees thanked for attending the meeting.

5 Review of 2022/23 Work Programme

The Panel reviewed its activity and the work it had undertaken during 2022/23.

The following actions and comments were noted for each area of work:

1. Resources of the Kirklees Health and Adult Social Care Economy.

- The item had focused on workforce and finance.
- The discussions had highlighted challenges in the finance and that the biggest risk was recruitment and retention of the workforce.
- An agreement that the Panel should continue to monitor the position of resources across the local health and adult social care economy.
- Discussions had highlighted that South West Yorkshire Partnership NHS Foundation Trust (SWYFT) had underspent as a result of recruitment challenges.
- A proposal that further discussions should take place with SWYFT to include reviewing its finances with a focus on the underspend and workforce recruitment.
- A suggestion to include a resources item on the work programme to provide the Panel with an opportunity to gain wider understanding of the financial position of the local health and adult social care system.
- A proposal to cover the item during the early part of new municipal year 2023/24.
- A comment outlining concerns of the financial challenges facing adult social care and the need to promote the benefits of increasing the wages for staff working in the social care sector.
- A proposal that the item could include details of wage comparisons between workers in the health and social care sector and the minimum wage.

2. Impact of Covid 19.

- Cllr Ramsay reminded the Panel that it had been agreed that the impact of Covid 19 would be looked at throughout the year and not picked up as a single discussion item.
- It was noted that the Panel did have discussions on excess deaths.
- Reference was made to the national enquiry on the pandemic.
- A suggestion that it may help the Panel if it could see the results of the outcomes of any local organisational reviews and the impact it may have going forward on the local health and adult social care sector.
- A comment that issues relating to Covid 19 could be considered under two distinct areas. The first would be matters picked up through the national enquiry with a response to the pandemic at a national and local organisational level. The second would be the Covid legacy that would include looking at the increase in acuity and complex needs; the impact of the lockdowns in terms of people's long term functioning; and workforce impact.
- An agreement that Covid hadn't gone away and that the Panel should continue to monitor the impact on local services.

Health and Adult Social Care Scrutiny Panel - 5 April 2023

3. Capacity and Demand – Kirklees Health and Adult Social Care System
 - Cllr Ramsay summarised the key areas that had been covered that included a focus on the management of waiting lists and plans to reduce and catch up with delays in planned surgery.
 - A comment that this area of work was still very relevant and that the Panel should monitor the commitments of the hospital trusts to reduce the numbers of people waiting for more than 52 weeks for planned surgery.
 - An agreement to programme the challenges and pressures facing adult social care and the wider health system as two distinct areas of work.
 - A comment that the Panel should include the impact of the strikes taking place across the NHS on the waiting lists for planned surgery.
4. Joined up Care in Kirklees Neighbourhoods
 - Cllr Ramsay summarised the key area that had been covered that included looking at the Primary Care Networks (PCNs), and capacity in the community.
 - A comment that elements of work being undertaken in community settings were still being developed such as the proposed community diagnostic centres and the Council's primary care network.
 - A suggestion that the Panel should also follow up on the progress of the national reforms for community pharmacy.
 - A suggestion to follow up on the outcomes of a paramedic training pilot scheme that involved the University of Huddersfield.
 - A comment that when looking at health services in the community the Panel should continue to focus on the progress of the integration of services and workforce.
 - A proposal that the item should include access to GP services.
5. Mental Health and Wellbeing
 - The Panel was provided with a summary of the key issues covered that included workforce and placements of patients in out of area beds.
 - An agreement that mental health should continue to be a key issue on the work programme that would include a focus on access to inpatient services.
 - Confirmation that the Panel would be presented with details of the proposed transformation of Older People's Mental Health Inpatient services.
6. Unplanned Care.
 - A question on whether some elements of unplanned care could potentially be linked to the work that would focus on health services in the community.
 - An agreement that access to GP services was one element that would be incorporated into the item covering health services in the community.
 - An agreement that the Panel should ensure that it continued to monitor pressures in hospitals including patient flows.
 - A comment that a number of issues on the Panel work programme were long term strategic multiyear issues.

Health and Adult Social Care Scrutiny Panel - 5 April 2023

- A suggestion that the Panel could consider introducing quarterly high-level performance data that would provide the Panel with an overview of the performance of the local health and adult social care system that could help to inform distinct pieces of scrutiny work.
- A comment that the Panel had previously agreed that it should use data to triangulate with performance of services and the experiences of patients.
- A comment that the weekly winter performance reports had been useful and that it would be helpful to widen the data to include other organisations from the health and adult social care system.
- A question on CQC data.
- An overview of the approach that the Panel had taken in the past to receiving data from CQC that had been focused on looking at the overall state of care across Kirklees.
- A question on how the Panel would wish to approach the work undertaken by CQC and how its data could be utilised.

7. Maternity Services.

- Confirmation that the Panel would be looking to invite CHFT and Mid Yorkshire Hospitals NHS Trust (MYHT) to a meeting to provide an update on progress of the reopening of the birthing centres in Kirklees.
- Confirmation that a second letter had been sent to the chief executives of CHFT and MYHT.
- A suggestion that maternity services should be scheduled for a further panel discussion and a decision made on the approach to communicating and publicising this issue.

8. Access to dentistry.

- An agreement that dentistry should stay on the programme of work to follow up on the concerns of the Panel that had now been conveyed via a letter to the appropriate organisations.

9. Quality of Care in Kirklees.

- Confirmation that the approach to the CQC item would be considered.

10. Kirklees Safeguarding Adults Board (KSAB) 2021/22 Annual Report.

- A comment that having an annual discussion covering the activities of the KSAB was useful.
- A proposal for the Panel to receive the KSAB Annual Report in advance to enable panel members to highlight issues of interest and/or concern for discussion.
- A suggestion to combine the KASB with a discussion with CQC that would help provide the Panel with an overview of the quality and safety of adult social care provision.
- A suggestion that CQC could still present an overview of the state of care of regulated services across Kirklees.
- A proposal to consider the approach to discussions with CQC in either a workshop setting or a formal meeting.
- A question on the type of data the Panel would wish CQC to provide.

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- An agreement that previous presentations produced by CQC would be circulated to the Panel.
- Details of CQC previous presentations that had included a range of data across the local health and social care sectors, comparisons to the broader footprint that CQC covered, and any emerging themes.
- A comment that the performance and quality data together with the focus on resources could help to provide the context to the areas where the Panel may wish to undertake a deeper investigation.
- A question on whether organisations could be tasked to report to the Panel on their CQC inspections.

11. Inequalities in access to health care services.

- An agreement that inequalities should remain and that further work would be done to identify the key areas of focus.

12. New Plan for Adult Social Care Reform.

- Details of the plans for CQC to inspect council run social care services in the same way that Ofsted inspected education and children's services.
- A suggestion that the Panel may wish to consider looking at this new CQC inspection area of responsibility to understand the assurance regime; the Council's approach to preparing for the inspections; and to look at what was emerging from the pilot inspection sites.
- A suggestion that by understanding the context and approach to the inspections this could help shape some of the questions on accountability of performance and quality.
- A proposal that the Panel should also continue to look at workforce challenges in adult social care and how they were being addressed.

13. Palliative and end of life care.

- An agreement that the Panel was assured on the work that was being done to provide an integrated package of palliative and end of life care in Kirklees.
- A comment that the staff working in this area of work were inspirational and the importance of promoting the need to have early conversations about end of life and palliative care with children and young people.
- An agreement that the request to have a broader educational discussion on this matter should be highlighted to the Childrens Scrutiny Panel.

Cllr Ramsay asked panel members if there were any other issues that they would wish to consider for inclusion in the 2023/24 work programme.

The Panel was informed of the next steps that would include using the discussion from the meeting to start shaping the 2023/24 work programme that would be shared with key partners from across the Kirklees Health and Adult Social Care system for comment.

The Panel was informed that the proposal would be to hold a workshop early in the new municipal year to include input from representatives from the health and adult social care sector with the aim of refining and finalising the work programme.

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There was a request from the Panel to follow up on the progress of the virtual ward initiative.

Cllr Ramsay confirmed that virtual wards could be included in the unplanned care discussions as it would be part of the plans to help reduce unplanned admissions and support earlier discharge from hospital.

Cllr Ramsay suggested that it would be helpful if panel members could review the work programmes golden threads to ensure that they were still valid and to consider what regular data would help the Panel to triangulate the information being fed back from patients.

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.

Agenda Item 6

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 5 July 2023

Title of report: Setting the Work Programme for 2023/24

Purpose of report: To consider the areas of work for inclusion in the Panel's work programme for 2023/24.

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>	No
The Decision - Is it eligible for call in by Scrutiny?	No
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?	The report has been produced for information only and to facilitate the discussions on the panel's work programme.
Cabinet member portfolio	Health and Social Care

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.

1. Summary

- 1.1 In April 2023 a draft of potential work programme items for 2023/24 was circulated to Kirklees Adult Social Care, Public Health, Kirklees Healthwatch and key organisations across the local health system for comment.
- 1.2 This was followed by an informal work programme workshop session in June 2023 attended by members of the Health and Adult Social Care Scrutiny Panel and representatives from the majority of organisations from the Kirklees health and adult social care sector.
- 1.3 The workshop provided an opportunity to evaluate the programme of work, prioritise issues, consider new proposed areas of work and review the approach to how the issues were scrutinised.
- 1.4 Comments and views expressed by attendees have been taken into account and work has taken to place to further refine the Panel's proposed areas of work for 2023/24.
- 1.5 Attached is a copy of the draft 2023/24 work programme that incorporates the feedback from the workshop.
- 1.6 Panel members are asked to review the draft work programme and to finalise the issues for inclusion in the 2023/24 work schedule.
- 1.7 To help assist the Panel the cabinet member for health and social care, representatives from adult social care and the Kirklees health system will be in attendance.

2. Information required to take a decision

N/A

3. Implications for the Council

- 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 Financial Implications for the people living or working in Kirklees
No Specific implications

3.7 Other (eg Legal/Financial or Human Resources) Consultees and their opinions
No specific implications

4. Next steps and timelines

Following the Panel's discussion, the agreed work programme will be submitted to the Overview and Scrutiny Management Committee (OSMC) for consideration. Subject to agreement by OSMC work will commence on developing the Panel's work schedule for the coming year.

5. Officer recommendations and reasons

That the Panel review the draft work programme and agree the issues for inclusion in its 2023/24 work schedule.

6. Cabinet Portfolio Holder's recommendations

Not applicable.

7. Contact officer

Richard Dunne – Principal Governance Officer richard.dunne@kirklees.gov.uk

8. Background Papers and History of Decisions

Not applicable

9. Service Director responsible

Julie Muscroft – Service Director, Legal, Governance and Commissioning

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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

MEMBERS: Cllr Bill Armer (Lead Member), Cllr Beverley Addy, Cllr Itrat Ali, Cllr Jo Lawson, Cllr Alison Munro, Cllr Habiban Zaman, Helen Clay (co-optee), Kim Taylor (co-optee).

SUPPORT: Richard Dunne, Principal Governance Officer and Yolande Myers, 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"> • An overview of the financial position of the local health and social care system to include: the work that is being carried out to meet current year budgets; and to identify any risks. 	
<p>2. Capacity and Demand – Kirklees Health and Adult Social Care System</p>	<p>To monitor the work being done by Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics, and diagnostics to include:</p> <ul style="list-style-type: none"> • Receiving updated data on waiting list times by service to assess progress against data received by the Panel last year (August 2022) to include: update on waiting times for children requiring dental extractions under general anaesthetic and actions being taken to reduce delays (see item 7). • An update on diagnostic waiting times. • An update on the management of waiting lists and plans to reduce and catch up with delays in planned surgery with a particular focus on the numbers of people waiting 52 weeks or longer. • Review of cancelled elective/ planned procedures. • Considering new developments and initiatives, such as the community diagnostic hubs, that are being introduced to address the backlog. 	

<p>3. Joined up Care in Kirklees Neighbourhoods</p>	<p>To continue to review the work of health services in the community to include:</p> <ul style="list-style-type: none"> • Assessing progress of the integration of services and workforce. • Considering the work that is being done locally to action the national delivery plan for recovering access to primary care. • An update on the work of community pharmacy and the proposals from Government and NHS on price concessions reform and relief measures to ease pressure on pharmacies. 	
<p>4. Mental Health and Wellbeing</p>	<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"> • A focus on access to inpatient services including the proposals for transforming Older People’s Mental Health Inpatient services. • 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. 	
<p>5. Managing capacity and demand</p>	<p>To look at the work that is being done in the community to reduce unnecessary admissions to hospital to include:</p> <ul style="list-style-type: none"> • Considering the actions and initiatives to support hospital avoidance and provide the appropriate level of care and support at or closer to home. • To look at the work being done by the local authority and Locala on providing reablement support to include work being done pre-discharge, during discharge and post discharge. • To review the data on the numbers of discharges and readmissions (after 28 days) from all health care settings over the last 12 months. 	

<p>6. Maternity Services</p>	<p>To follow up on the concerns of the Panel that women who live in Kirklees are currently unable to access a birth centre located in their local district to include:</p> <ul style="list-style-type: none"> • An update on the work being done by CHFT and MYHT to reintroduce birthing centres in Kirklees. • Establishing a timeline for the reopening of services and submission of the proposed maternity services model for Kirklees. • An update on maternity services workforce. • Formally agreeing next steps to include the approach to communicating and publicising the issue. 	
<p>7. Access to dentistry</p>	<p>To follow up on the concerns of the Panel regarding the significant delays for children requiring dental extractions under general anaesthetic to include:</p> <ul style="list-style-type: none"> • An update from Locala, CHFT and MYHT on the actions being taken to enable the availability of appropriately staffed theatre time to support the management of the waiting list. • Input from the West Yorks Integrated Care Board (WYICB) to include its response to the delays as the new commissioner of dental services in West Yorkshire. 	
<p>8. Kirklees Safeguarding Adults Board (KSAB) and the Care Quality Commission (CQC)</p>	<ul style="list-style-type: none"> • To receive and consider the KSAB Annual Report 2022/23 in advance of discussions with the KSAB Independent Chair to enable the Panel to identify areas of concern and/or interest. • Receive a presentation from CQC on the State of Care of regulated services across Kirklees. • To arrange a discussion with both KSAB and CQC to help provide the Panel with an overview of the quality and safety of adult social care provision. 	

<p>9. Adult Social Care (ASC)</p>	<p>To continue to focus on the services being delivered by Kirklees Adult Social Care to include:</p> <ul style="list-style-type: none">• Considering the new CQC inspection areas of responsibility to understand the assurance regime.• Looking at the Council’s approach to preparing for the CQC inspections.• To look at emerging themes and outcomes from the CQC pilot inspection sites.• Workforce challenges.• Receive details of the broader range of changes that the Council is developing to improve the social care offer.	
<p>10. Joined up hospital services in Kirklees.</p>	<p>To look at the work being developed by Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Teaching NHS Trust to provide joined up services in Kirklees to include:</p> <ul style="list-style-type: none">• The approach to delivering non-surgical oncology services for Kirklees residents.• The approach being taken to develop the partnership working between the two trusts including details of other services that have the potential to be jointly delivered and/or supported.	
<p>11. External Consultancy</p>	<p>Adult social care has recently instructed an external commission consultant to support the identification of pathway and demand efficiencies. The commission will take the form of an exploration/analysis stage and then a potential change programme of work to embed efficiency opportunities.</p>	

Golden Threads:

Workforce recruitment and retention.

Impact of Covid-19.

Performance data to be included where appropriate to inform the individual strands of work.

Inequalities in health to include checking the work being done to promote the range of services and support available to deprived communities and actions/initiatives to increase uptake of services and screening programmes.

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**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –
2023/24**

MEETING DATE	ITEMS FOR DISCUSSION
5 July 2023	1. Setting the Work programme 2023/24
16 August 2023	1. Resources of the Kirklees Health and Adult Social Care Economy 2. Capacity and Demand – Kirklees Health and Adult Social Care System
27 September 2023	1. Joined up Care in Kirklees Neighbourhoods
22 November 2023	
24 January 2024	
28 February 2024	
17 April 2024	

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

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