

Public Document Pack



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Tuesday 8 August 2023

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Meeting Room 3 - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 16 August 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: Membership of the Panel

To receive apologies for absence from those Members who are unable to attend the meeting.

2: Minutes of previous meeting

1 - 6

To approve the Minutes of the meeting of the Panel held on the 5 July 2023.

3: Declaration of Interests

7 - 8

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

4: Admission of the public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Panel.

5: 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.

6: 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.

7: Older people's inpatient mental health services transformation programme

9 - 24

The Panel will consider information relating to the South West Yorkshire Partnership Foundation Trust (SWYPFT) proposals for inpatient mental health services for older people.

Contact: Yolande Myers, Principal Governance Officer

8: Resources of the Kirklees Health and Adult Social Care Economy

25 - 38

Representatives from key organisations across the Kirklees Health and Adult Social Care system will be in attendance to provide an update on their financial position.

Contact: Yolande Myers, Principal Governance Officer

9: Capacity and Demand - Kirklees Health and Adult Social Care System

39 - 110

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

Contact: Yolande Myers, Principal Governance Officer

10: Work Programme 2023/24

111 -
118

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

Contact: Yolande Myers, Principal Governance Officer

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Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 5th July 2023

Present: Councillor Bill Armer (Chair)
Councillor Beverley Addy
Councillor Itrat Ali
Councillor Jo Lawson
Councillor Habiban Zaman

Co-optees Kim Taylor

In attendance: Stacey Appleyard– Director Healthwatch Kirklees
Nicola Bailey – Assistant Director of Transformation and Partnerships Calderdale and Huddersfield NHS Foundation Trust.
Cllr Musarrat Khan – Cabinet Member for Health and Social Care.
Carol McKenna – Integrated Care Board Accountable Officer (Kirklees Health and Care Partnership).
Richard Parry – Strategic Director Adults and Health

Observers: Cllr Liz Smaje

Apologies: Councillor Alison Munro
Helen Clay (Co-Optee)

1 Minutes of previous meeting

The minutes of the meetings held on 1 March 2023 and 5 April 2023 were approved as a correct record.

2 Interests

Cllr Jo Lawson declared an interest in item 6 (setting the Work Programme 2023/24) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust's bank staff.

3 Admission of the public

All items were taken in public session.

4 Deputations/Petitions

No deputations or petitions were received.

5 Public Question Time

No questions were asked.

6 Setting the Work Programme 2023/24

A discussion took place on the Panel's work programme and agenda plan for the 2023/24 municipal year.

Cllr Armer, Lead Member of the Health and Adult Social Care Scrutiny Panel invited Cllr Musarrat Khan, Cabinet Member for Health and Social Care, to comment on the work programme and outline her priorities for the year.

Cllr Khan informed the Panel that she was currently refreshing the priorities for the year but that it would continue with a similar theme ensuring that people had an opportunity to address their health and wellbeing and the Council would also look to address health inequalities.

Cllr Khan stated that the focus would be on helping people to stay as well as possible independently and in their own home. Cllr Khan stated that the Panel's work programme did overlap with the Cabinet priorities and that the programme highlighted a number of important areas that needed to be reviewed.

Cllr Khan informed the Panel that she felt that the programme was very ambitious and expressed a concern that the Panel would not have sufficient enough time to be able to have a deep dive into each issue.

Cllr Armer stated that he shared Cllr Khan's concerns that there was a wide scope of issues on the work programme and was conscious of the potential problem of going to wide with the work and not scrutinising deep enough.

Cllr Armer invited to Nicola Bailey Assistant Director of Transformation and Partnerships for Calderdale and Huddersfield NHS Foundation Trust (CHFT) to make comment on the work programme.

Ms Bailey stated that the Trust had fed comments through the workshop and was comfortable with the work programme as presented.

Cllr Armer invited Richard Parry Strategic Director for Adults and Health to comment. Mr Parry stated that the Panel would need to get the right balance in its work programme to ensure it could provide sufficient focus on a number of important issues within the health and adult social care sector.

Cllr Armer invited Stacey Appleyard Director Healthwatch Kirklees to comment. Ms Appleyard informed that the Panel that Healthwatch had been provided with the opportunity to feed into the work programme and had no other comments to make.

Ms Appleyard stated that she would endeavour to attend the Panel meetings to ensure that the patient voice was reflected in the discussions.

Cllr Armer invited Carol McKenna Integrated Care Board (ICB) accountable officer for the Kirklees Health and Care Partnership to make comment. Ms McKenna stated that she had welcomed the opportunity to feed into the earlier work programme workshop and at present had no further comment to make.

Health and Adult Social Care Scrutiny Panel - 5 July 2023

The Panel and invited attendees discussed the draft work programme and the following comments and questions were noted:

1. Resources of the Kirklees Health and Adult Social Care Economy.
 - The approach and areas of focus as outlined in the work programme was agreed.
 - The ongoing financial challenges facing the local health and social care system was acknowledged.
2. Capacity and Demand – Kirklees Health and Adult Social Care System.
 - Confirmation that the Capacity and Demand and Resources items had been provisionally scheduled for the August meeting and would be presented as a whole system discussion.
 - Confirmation that the updated data would cover the same service areas that was presented to the Panel in 2022.
3. Joined up Care in Kirklees Neighbourhoods
 - A question on the impact that the Integrated Care System (ICS) would have on the local health system.
 - An overview of the ICB governance and decision making structure.
 - Confirmation that the formation of the ICB and the local health and care partnership would help to strengthen the ability for health partners to work together.
4. Mental Health and Wellbeing.
 - An overview of a workshop session, attended by health scrutiny members from Kirklees, Wakefield and Calderdale, to discuss the work that was being done to transform older people's mental health inpatient services.
 - Clarification that the work programme item had identified two elements of work one that focused on older people's mental health inpatient services and the other on child and adolescent mental health services (CAMHS).
 - An overview of the process for establishing a mandatory Joint Health Overview and Scrutiny Committee to oversee the older people's mental health inpatient services transformation programme.
5. Managing capacity and demand
 - The approach and areas of focus as outlined in the work programme was agreed.
6. Maternity Services
 - Details of a Lead Member briefing with representatives from CHFT that had provided an update on the position of maternity services provision in Kirklees.
 - Confirmation that an update from CHFT and Mid Yorkshire Teaching NHS Trust (MYTT) on the work being done to reintroduce birthing centres in Kirklees had been provisionally scheduled to take place at the November meeting.
 - Confirmation that MYTT had invited the Panel to discuss and visit the maternity services at Dewsbury and Pinderfields Hospitals.

Health and Adult Social Care Scrutiny Panel - 5 July 2023

- A comment that it was important for the Panel to move forward with this item and to follow up on its request to receive a timeline for the reopening of services and details of the proposed maternity services model in Kirklees.
 - A panel agreement that it should accept the invite from MYTT to visit the maternity services delivered at Pinderfields hospital.
7. Access to dentistry
- Confirmation that the specific issue regarding the delays to children requiring dental extractions under general anaesthetic would be covered in the capacity and demand item.
 - A proposal that the ICB could provide a general update on access to dentistry including the work it was doing in response to children's dental extractions later in the Panel's work programme.
8. Kirklees Safeguarding Adults Board (KSAB) and the Care Quality Commission (CQC).
- A comment that this item would enable the Panel to demonstrate that it had an understanding of the safeguarding system across Kirklees.
9. Adult Social Care (ASC).
- An overview of the new CQC inspection regime for ASC.
 - A proposal that the item would benefit from being scheduled for discussion late Autumn/early winter 2023 to tie in with the anticipated timescales for receiving feedback from the CQC pilot.
 - An overview of the ongoing workforce challenges in the adult social care sector.
 - An explanation of the pilot scheme.
 - Confirmation that CQC hadn't made publicly available their pilot approach.
 - Confirmation that ASC understood the broad areas of the pilot inspection regime and this could be shared with the Panel.
10. Joined up hospital services in Kirklees.
- A comment that it would be beneficial for the Panel to have the discussion with both acute trusts where they would be able to provide details of service areas that they were working together on for the benefit of Kirklees residents.
 - A suggestion that it would be helpful for the Panel to receive data that could demonstrate the benefits to patients for those services that were jointly supported and/or delivered.
11. External consultancy
- A detailed explanation of the work that an external commission consultant had been instructed to undertake that included: an understanding of adult social care future demand in the next 5 years; to help ASC to prepare for the reforms in 2025; and to look for opportunities to increase efficiencies by changing the way that ASC operated.
 - Confirmation that the outcomes of the work would be available from October 2023.
 - A question seeking more information on the consultants that were being commissioned and the level of experience of the consultants.

Health and Adult Social Care Scrutiny Panel - 5 July 2023

- Details of the consultants who were a national organisation and had worked in a significant number of other health and care systems.
- Details of the approach that the consultants would be taking for the Kirklees work.
- A comment and question outlining the importance of including the input of users and ex-users of ASC services in the consultants work.
- Confirmation that understanding the experiences of services users and ex - users would be a critical element of the work.
- A question on the timetable for implementation for changes to the way that services were operated.
- An outline of the timescale for change.

Cllr Armer outlined the golden threads that would be included in the work programme that included workforce recruitment and retention; impact of Covid-19; performance data; and inequalities in health.

The Panel discussed its outline agenda plan that included confirmation of the items for inclusion in meetings scheduled up to the early part of 2024.

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

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 16 August 2023

Title of report: Older people's inpatient mental health services transformation programme.

Purpose of report: To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the work that is being developed to transform older people's inpatient mental health services in Calderdale, Kirklees and Wakefield and to outline the next steps of the Panel's involvement in this programme.

Key Decision - Is it likely to result in spending or saving £500k 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?	
Cabinet member portfolio	Health and Social Care

Electoral wards affected: All

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 South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and Calderdale, Kirklees and Wakefield Health and Care Partnerships are working together to transform inpatient mental health services for older people.
- 1.2 On the 4 July 2023 Health scrutiny councillors from Calderdale, Kirklees and Wakefield attended an informal workshop with representatives from SWYPFT and the Calderdale, Kirklees and Wakefield Health and Care Partnerships.
- 1.3 During the session councillors were presented with details of the current model of care for older people inpatient mental health services, why they were proposing to transform the services, their vision for the services of the future, the options for development and criteria and the risks of not proceeding with the programme of change.
- 1.4 Although proposals are still being developed councillors from the three local authorities reached the conclusion that based on the information presented and the subsequent discussions that the older people's mental health transformation programme was highly likely to be a substantial development or variation in service provision.
- 1.5 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires NHS bodies to consult with the local authority about any proposals for a substantial development or variation of a health service in the area of a local authority.
- 1.6 Where a proposal for a substantial development or variation affects more than one local authority area, then those local authorities are required to establish a joint overview and scrutiny committee.
- 1.7 It was agreed that each local authority would take steps to consider the information detailing the reasons for the transformation programme and if the local health scrutiny panel agreed that the changes were likely to constitute a substantial variation in service provision to move forward with arrangements to participate in a Joint Health Overview and Scrutiny Committee.
- 1.8 Attached to this report is the briefing note from SWYPFT and the Calderdale, Kirklees and Wakefield Health and Care Partnerships that was presented at the July workshop and outlines the case for change.
- 1.9 The Panel is asked to take account of the information outlined in the briefing note and to consider if formal proposals to change inpatient mental health services for older people were developed whether this is likely to constitute a substantial development or variation in health service.

2. Information required to take a decision

SWYPFT and the Calderdale, Kirklees and Wakefield Health and Care Partnerships briefing note.

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

Subject to the decision of the Panel, officers will start the process of preparing for the next phase of scrutiny activity.

5. Officer recommendations and reasons

1. That the Panel determines whether any formal proposals that are developed to change inpatient mental health services for older people are likely to constitute a substantial development or variation in health service.

2. Should the Panel decide that future changes to services are likely to be substantial that officers are authorised to start making the necessary arrangements required to support the next phase of scrutiny activity.

6. Cabinet Portfolio Holder's recommendations

Not applicable.

7. Contact officer

Yolande Myers – Principal Governance Officer Yolande.myers@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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Older people's mental health transformation programme

Inpatient transformation – briefing note for Joint Overview and Scrutiny Committee workshop, 4 July 2023

The purpose of this briefing note is to support the workshop planned between the older people's mental health transformation programme team and the overview and scrutiny committees of Calderdale, Kirklees and Wakefield on Tuesday 4 July 2023.

The older people's mental health transformation programme is delivered in partnership between:

- South West Yorkshire Partnership NHS Foundation Trust
- Calderdale Cares Partnership
- Kirklees Health and Care Partnership
- Wakefield District Health and Care Partnership

Introduction

South West Yorkshire Partnership NHS Foundation Trust and the Calderdale, Kirklees and Wakefield Health and Care Partnerships are working together to review how we improve mental health care for older people in our inpatient wards.

Our older people's mental health inpatient services look after people who are diagnosed with dementia (also referred to as organic needs), and those with other mental health needs such as depression, anxiety and psychosis (often referred to as functional needs).

It is important that all older people diagnosed with dementia and functional mental health needs get the right care in a safe, appropriate and supportive environment.

Significant improvements have already been made through the older people's community mental health transformation programme, meaning that most people are cared for as close to home as possible.

We know that due to these improvements most people can be supported to live well in the community. But there is a need to better support the small proportion of people who are acutely unwell, who present with complex needs and co-morbidities, and therefore require admission to an inpatient ward.

About older people's mental health inpatient wards

The Trust has five older people's mental health wards. These include:

- A ward in Halifax at Calderdale Royal Hospital (mixed functional and dementia patients, 16 beds)
- Two wards in the Priestley Unit in Dewsbury, located in Dewsbury and District Hospital (mixed functional and dementia patients, 30 beds; 15 male beds and 15 female beds)

- Two wards in the Wakefield district – one on the Fieldhead Hospital site (mixed functional and dementia patients, 16 beds) and one at The Poplars in Hemsworth (dementia patients, 12 beds).

In South Yorkshire, the Trust has a ward for people with functional mental health needs (10 beds) at Kendray Hospital in Barnsley, which we do not envisage any change as part of this transformation.

A map of where our services are located can be found in figure 1 (please note that mixed functional and dementia wards are referred to as 'mixed needs'):



Figure 1 - map of locations of older people's mental health inpatient services within the South West Yorkshire Partnership NHS Foundation Trust footprint

Improvements to older people's mental health in the community

As part of the community transformation programme for older people's services (2015-2019), an initial set of requirements were established around best practice community models of care. These included age-appropriate specialist mental health services that are required to meet the needs of older people. We found that comprehensive specialist mental health services for older people needed to be reconfigured and developed, to ensure all parts of the system provided:

- access to crisis home treatment
- care home liaison
- general hospital liaison
- early diagnosis and intervention
- access to psychological therapies
- an equitable distribution of resources within mental health services that takes account of an ageing population.

Work on community models found a need to focus on the following areas:

- ensuring there are fit for purpose intensive community support services in all areas
- appropriate specialist workforce across all services
- improved care home liaison services that reduce unnecessary admissions
- equitable psychological services for older people
- maximise productivity to support sustainability.

When we spoke with service users and carers about community transformation, people were generally positive about the community proposals and told us they prefer to be supported to have their care closer to home or in the home, for as long as possible.

As a result of the work, a community model was established that operated as a framework to enable the community services to deliver transformation objectives. The model includes core central services with close links into GP practices and community physical health teams across Calderdale, Kirklees and Wakefield. These services support care being provided closer to home for those people accessing community services.

The community service offers the following service components across Calderdale, Kirklees and Wakefield (with some variation in the delivery models):

- Crisis teams: to assess and manage significant risks in the community through a variety of approaches such as: medication review, medication management, advice and support and risk monitoring visits.
- Community Mental Health Teams (CMHT): providing longer term input from a named nurse A multidisciplinary approach is key to a CMHT service offer, with nurses, OTs, Psychiatrists, Psychologists and Support Workers, all working together to plan support, provide psychological interventions, review medications and manage risk.
- Memory Assessment Services: offer a comprehensive assessment of memory, which may result in a diagnosis of dementia and potentially medications, signposting and advice to help manage the condition.
- Care Home Liaison Services – to offer support to paid care staff and to review and care plan for patients living in 24-hour care.
- Admiral Nurses – support carers of people living with dementia, to help to understand the condition, manage behaviours that challenge and help navigate support. Further work is in progress to improve carer support for people living in Calderdale.

Why we are proposing to transform older people's mental health inpatient services

Most of our older people's mental health inpatient wards care for people diagnosed with dementia and functional mental health needs – referred to as a mixed needs ward.

Evidence shows that the clinical and personal needs of people diagnosed with dementia, and people with functional needs are very different. There are different types of clinical leadership, supervision, interventions, and workforce skills required to provide specialist care for people with dementia and people with functional needs. On mixed wards it can be difficult to provide activities that are stimulating and care that is appropriate for both groups of patients. For example¹:

- people with dementia, by nature of their condition, are often not able to navigate the personal space of other people.
- the effect on people with dementia of sharing a ward with people with severe depression may also be unhelpful.
- people with severe depression, for example, may find that sharing their living space with other people with behavioural problems can make them feel worse.

- the type of supervision and clinical intervention and workforce skills needed for the two groups may be quite different
- on mixed needs wards, providing activities that would be stimulating and meet the needs of each individual can be challenging.
- incidents of falls, violence and aggression are higher on mixed needs wards than specialist wards.

We know that the current model means that patients can move wards, sometimes multiple times, during their inpatient stay to enable them to receive more specialist care. This increases length of stay and contributes to 30% of people being admitted to a ward outside of their local area.

We face challenges with some of our current estate which does not provide an optimum layout for providing modern, therapeutic care. Factors such as the environment, and the amount of personal space available, are also shown to make a big difference to people's overall wellbeing and experience of care. For example, not all rooms provide en-suite facilities, there are issues with line of sight, meeting single sex accommodation guidelines and managing isolation.

The geography of our current estate means that not all wards are well aligned to a main general or a mental health hospital. This leads to challenges such as ability to admit individuals who are acutely unwell staff isolation and access to urgent support, limiting numbers of patients that can be supported safely.

We want to make sure we give people the right care in a safe and supportive, needs-led environment.

Separate, specialist inpatient wards would be:



Figure 2 - a graphic showing how separate, specialist inpatient wards would be: safer, effective, caring and responsive.

National and regional context

NHS England, in their draft document, Acute Inpatient Mental Health Care for Adults and

Older Adults: draft guidance to support timely access to high quality therapeutic care, close to home and in the least restrictive setting possible (October 2022) have set out a vision for effective, good quality care in adult acute inpatient mental health services, which is based on seven key principles:

- care is personalised
- admissions are timely and purposeful
- hospital stays are therapeutic
- discharge is timely and effective
- services actively identify and address inequalities
- services grow and develop the acute inpatient workforce in line with national workforce profiles.

The West Yorkshire ICB strategy refresh [Five Year Plan - Our vision \(wypartnership.co.uk\)](https://www.wypartnership.co.uk) states that if you need hospital care, it will usually mean that your local hospital, which will work closely with others, will give you the best care possible and that access to care is equal for all. Local hospitals will be supported by **centres of excellence for services such as** cancer, vascular (arteries and veins), stroke and **complex mental health**. They will deliver world class care and push the boundaries of research and innovation.

What the evidence says

In 2019, the Care Quality Commission (CQC) gave the Trust a 'good' rating for inpatient care for older people. At the time, they were aware of plans to transform the service and the partnership work being done with commissioners to explore the development of a specialist dementia unit. The CQC:

- saw evidence of good dementia care as part of their inspection but pointed out that this was inconsistent
- heard from staff about the challenges of managing wards with mixed functional and dementia patients.
- gave the Trust the following action for improvement - **'The Trust should ensure that staff are supported to manage the mix of organic and functional patients and that dementia care is appropriate'**.

In 2022 the CQC also visited Ward 19 and The Poplars, where they:

- noted the location of The Poplars meant that staff were isolated in terms of access to urgent support or cover for unplanned staffing issues
- stated: "We were concerned that the distance from The Poplars to other trust locations would impact on out of hours medical assessments".

The joint commissioning panel for mental health guide advocates:

- where possible, separate ward space for functional and organic disorder (dementia)
- gender separation guidance for inpatient services should be properly applied.

Mental welfare commission for Scotland – older people's functional mental health wards in hospitals, themed visit report highlighted that where wards were mixed, nurses often described difficulties:

- "Challenge of meeting all individual needs for functional patients and dementia patients as needs can be complex."
- "When there is a higher percentage of patients with dementia this has a negative impact on patients with a functional illness."

Separating care for people based on their needs, is also consistently regarded as a model of good practice and is the model that most places have (see figure 3):

How our Trust benchmarks against others:

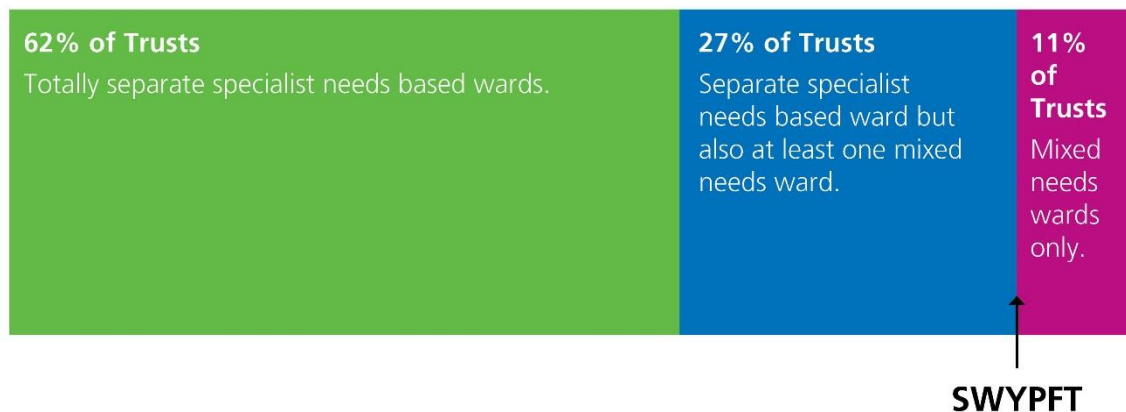


Figure 3 - how the Trust benchmarks against others

What people say

Below are some comments received from service users, families and carers who have experience of staying on one of our older people's mental health inpatient wards:

- It was very upsetting and worrying for me coming in to contact with someone with dementia for the first time. I was worried all night hoping the person could not get into my room.
- I think the 'time element' of support currently is more geared to service users with dementia. We all need support.
- Dementia patients are more awkward and need extra care. Having specialist ward helps to aid recovery with patients with the same illness.
- Everybody in a similar position so can be catered to the person's needs. Sometimes helps to talk to and share with others who suffer similar things.
- Some patient behaviour can be challenging and upsetting.
- Be easier for staff if functional only. The ward would be calmer and better especially for dementia patients, who required more care and looking after.
- Seriously unwell patients need to be segregated from other patients for the benefit of both staff and other patients.

Engagement to date

Engagement with our stakeholders has been a key part of our approach to the older people's community and inpatient mental health services transformation. A summary of our engagement work for the inpatient programme can be found in our journey map (figure 4):

Older people's mental health inpatient services transformation

Journey map (engagement to consultation)

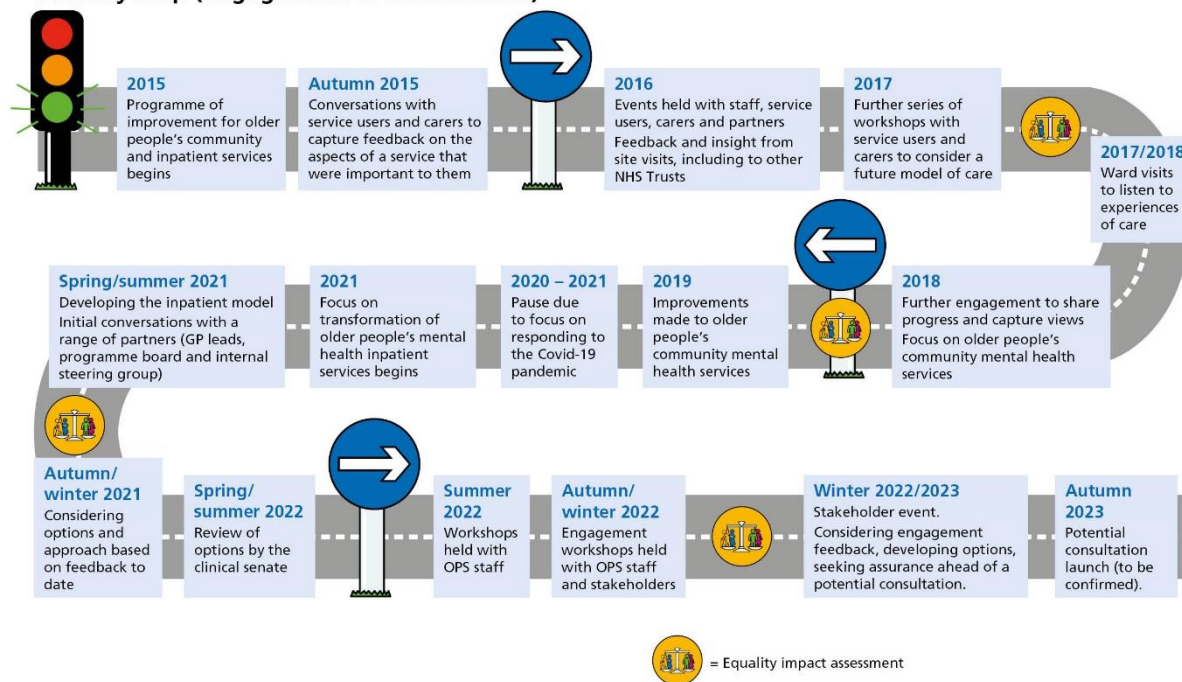


Figure 4 - journey map, older people's mental health inpatient services transformation

How many people need older people's mental health inpatient services

Only a very small proportion of older people need an acute mental health admission. The table below (table 1) shows the average number of admissions per year from these local areas:

2018-2022 average	Functional	Dementia	Total
Calderdale	47	24	71
Kirklees	75	27	102
Wakefield	50	33	83
Total	172	84	256

Table 1 - average admissions per year

The current model

The current older people's inpatient mental health model is not suitable for making sure that people get the right care in a safe and supportive, needs-led environment. Table 2 (below) gives an overview of the current provision in Calderdale, Kirklees and Wakefield, against some key best practice criteria.

		Calderdale	Kirklees	Wakefield
Separate wards for functional / dementia inpatients		N	N	N – Crofton Y – Poplars
Single sex accommodation guidelines met		Y	Y	Y – Crofton N - Poplars
Environment				
• Ward size (best practice)		Y	Y	Y
• Therapeutic		N	N	N
• Optimum for reducing incidents		N	N	N
Appropriate staffing levels		N	N	N
Staff able to provide specialist support		Sometimes	Sometimes	Sometimes
Continuity of care and pathways		Sometimes	Sometimes	N
Timely / appropriate length of stay		N	N	N
Access for:				
• Staff teams and partner organisations		Y	Y	Y – Crofton N - Poplars
• Patients, families and carers		Sometimes	Sometimes	Sometimes
• Protected characteristics		Sometimes	Sometimes	Sometimes
Capacity to meet demand		Y	Y	Y

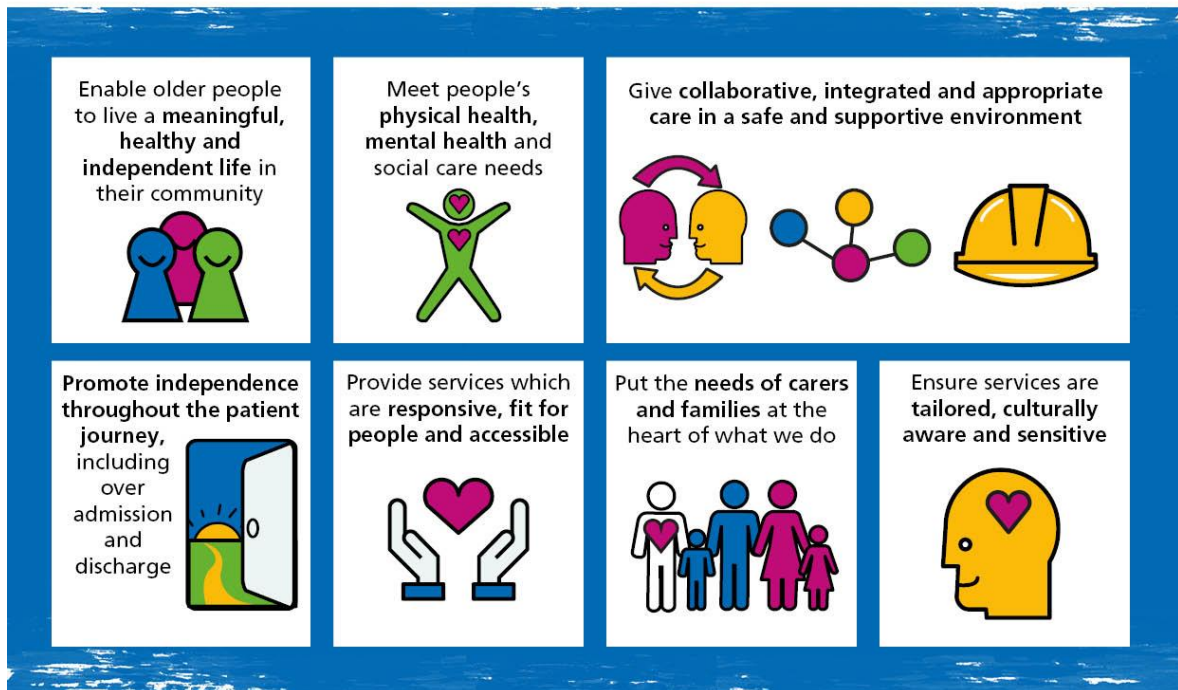
Table 2 - overview of current provision

Our vision

It is important that all older people diagnosed with dementia and functional mental health needs get the right care in a safe, appropriate and supportive environment.

As a system, we have a strong vision for what we want to achieve for everyone who uses older people's mental health inpatient services:

Our vision for older people's mental health services, is that we:



Options development and criteria

We are working through the development of proposed options to be taken forward to consultation. In the development of these options, we are considering the following best practice criteria:

- separate wards for functional / dementia inpatients
- single sex accommodation guidelines met
- environment: including ward size, if it is therapeutic, and if it is optimum for reducing incidents
- appropriate staffing levels
- staff ability to provide specialist support
- continuity of care and pathways
- timely / appropriate length of stay
- access for: staff teams and partner organisations, patients, families and carers, those with a protected characteristic (including carers)
- capacity to meet demand
- sustainability
- alignment with local, regional and national strategies
- value for money.

It is also important to highlight that the proposed options will also consider affordability, both in the context of providing value for money, but also the future financial positions of Integrated Care Systems.

Equality and insight

Equality and insight has been embedded throughout the course of our work to transform older people's mental health services, both in the community and our inpatient services.

Each service has an Equality Impact Assessment (EIA) which captures the data of those who use the service and the workforce profile. The EIA has been used to inform the development of proposed options.

Risks of not proceeding with the programme

If we continue with the current model for older people's mental health inpatient care we will be operating a system which carries the following risks:

- continuing with a model which is not best practice or aligned with other providers across the NHS
- poor patient experience
- a failure to meet the recommendation of the CQC of specialist needs based wards / environments.
- moving people between wards and causing unnecessary distress, increased length of stay, and impact on quality of care
- poor experience for families and carers
- failure to meet recommendations outlined in safer staffing guidance, including not addressing ongoing staffing challenges in terms of recruitment, having a specialised, skilled workforce, turnover and reliance on bank and agency cover
- isolated wards which lead to challenges in terms of emergency and medical access, as well as cross cover
- safety – increased incidents which could be preventable.
- failure to implement actions/ recommendations identified within CQC reports (October 2022)
- lack of appropriate therapeutic areas
- inability to deliver seclusion areas when appropriate.

Moving patients between wards

In recent years, about 30% of all admissions have been outside of locality, with Calderdale having the highest proportion, close to 50%.

As well as this, nearly 30% of people have been moved as part of their ward stay, with nearly half of patients with dementia being moved to another ward during their stay. The length of stay on our mental health inpatient wards for a patient diagnosed with dementia is a lot higher than it should be, averaging over 100 days.

There are a number of potential risks in moving people between wards during their stay, including:

- impairs continuity of care
- prevents the development and utilisation of therapeutic relationships.

- hinders access by carers due to the geographical differences.
- unnecessarily extends the length of stay.
- there is an additional period of assessment while a new care team and the service user get to know each other.
- an understanding of the wider multi professional team and their role in supporting care in the community need to be re-established.
- relationships between the carer and the care team need to be re-established.
- leads to attitudes to risks being lowered while impact is re-evaluated.
- increases the risk due to the change of environment / change of staff, for example, can also lead to increased confusion when moving people. The changes can't always be mitigated and there can also be an impact on carers.
- especially disruptive to the treatment of a person living with dementia:
 - increased confusion.
 - increased disorientation.
 - staff not being able to interpret the person's needs appropriately.

A needs-based model means that we expect older people diagnosed with dementia and functional mental health needs to get the right care in a safe, appropriate and supportive environment. This means they are admitted to a ward which meets their needs, first time, reducing the need to move between wards.

Incidents

We believe that a needs-based model can support a reduction of incidents such as falls and violence and aggression, across all older people's inpatient mental health wards, as they will provide the right specialist environment and right levels of supportive workforce.

Next steps

We hope that the workshop provides assurance of the approach taken by the programme to date, and that we can work together to establish a joint overview and scrutiny committee (JOSC) to support the ongoing governance of the partnership programme, ahead of potential consultation. We would hope to be in a position to present the potential options for consultation back to the JOSC in September 2023.

We look forward to an ongoing dialogue between JOSC and the programme team and would value your guidance on the best approach to this going forward, both on a place-based level and across Calderdale, Kirklees and Wakefield.

References / sources

1 - Audit Commission; Royal College of Psychiatrists; Care Services Improvement Partnership; The Mental Welfare Commission for Scotland; Royal College of Psychiatrists' Centre for Quality Improvement

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Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 16 August 2023

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

Purpose of report: To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the item – Resources of the Kirklees Health and Adult Social Care System.

Key Decision - Is it likely to result in spending or saving £500k or more, or to have a significant effect on two or more electoral wards? Decisions having a particularly significant effect on a single ward may also be treated as if they were key decisions.	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	Not Applicable
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance? Is it also signed off by the Service Director for Legal Governance and Commissioning?	No – The report has been produced to support the discussions with health and social care.
Health Contact(s)	Alison Needham – Operational Director of Finance Kirklees Place

Electoral wards affected: None Specific

Ward councillors consulted: Not Applicable

Public or private: Public

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

1. Summary

- 1.1 The Kirklees Health and Social Care Scrutiny Panel as part of their 2023/24 Work Programme have asked representatives from key organisations across the Kirklees Health and Adult Social Care system to provide an update on their financial position.
- 1.2 The October intelligence information, for additional context and background, can be found on the following link [Agenda for Health and Adult Social Care Scrutiny Panel on Wednesday 19th October 2022, 2.00 pm | Kirklees Council](#)
- 1.3 Local health and adult social care providers have collaborated to provide a presentation which is appended to this report and representatives will be in attendance to provide the Panel with:
 - A high-level financial overview of each organisation and financial risks, including risks and mitigations.
 - Challenges of escalating costs due to inflation.
 - The long term overall financial sustainability.
- 1.4 The presentation covering the areas above is attached.

2. Information required to take a decision

N/A

3. Implications for the Council

N/A

3.1 Working with People

No specific implications

3.2 Working with Partners

No specific implications

3.3 Place Based Working

No specific implications

3.4 Climate Change and Air Quality

No specific implications

3.5 Improving outcomes for children

No specific implications

3.6 Financial Implications for the people living or working in Kirklees

No specific implications

3.7 Other (eg Integrated Impact Assessment (IIA)/Legal/Financial or Human Resources) Consultees and their opinions

No specific implications

4 Consultation

Not applicable

5 Engagement

Not applicable

- 6 Next steps and timelines**
That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.
- 7 Officer recommendations and reasons**
That the Panel considers the information provided and determines if any further information or action is required.
- 8 Cabinet Portfolio Holder's recommendations**
Not applicable
- 9 Contact officer:**
Yolande Myers – Principal Governance Officer
yolande.myers@kirklees.gov.uk
- 10 Background Papers and History of Decisions**
Not applicable
- 11 Service Director responsible**
Julie Muscroft – Service Director, Legal, Governance and Commissioning

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Kirklees Health & Adult Social Care Scrutiny Committee

Financial Update

16th August 2023

Financial Overview

- The West Yorkshire Integrated Care Board (WYICB) was created in July 2022, and is made up of five places of which Kirklees is one. West Yorkshire reports financially as part of the Integrated Care System, which includes the wider NHS provider organisations to NHS England.
- Kirklees Integrated Care Board (KICB) receives its allocations from the WYICB, but the NHS system works together to agree how these funds are distributed to parties.
- Kirklees Health Care Partnership (KHCP) works together as part of the wider group of organisations within the health and social care system that provide services for the population of Kirklees.
- However, from a financial reporting perspective it is only the NHS organisations that feed into the West Yorkshire Integrated Care Systems (WYICS) overall financial position. The Local Authority will feed into their national financial reporting requirements.
- As part of managing the financial position we work collectively to drive financial sustainability across Kirklees and all sectors.
- For the purposes of this update the financial positions provided will relate to the NHS organisations (who form the WYICS and Kirklees place), the community provider Locala who is a social enterprise providing community services to our population and the Local Authority.

Financial reflection FY 2022/23

- The previous financial year for all organisations was challenging as we emerged from the years managing Covid, as we all anticipated and planned for.
- From an NHS perspective we were coming out of nationally mandated financial regime that we had been working under in financial years 2020/21 and 2021/22.
- This was alongside all sectors starting to see escalating costs due to inflation, staffing costs pressures, waiting list backlogs and the impact of the cost-of-living crisis.
- From a financial perspective the WYICS achieved its financial control targets for the year but recognised that the forthcoming financial year for all providers of services would bring challenges. This led to a long challenging planning round financially.
- For Kirklees place during the year developed a financial strategy that the partnership signed up to on how we would work to deliver financial sustainability and created a joint recovery group with its partners in Calderdale to support this work.
- The financial position for the LA for 2022/23 was £27m overspent and Locala a £1.8m deficit position due to the impact of the pay award.

Financial Year 2023/24 - WYICS

West Yorkshire ICS Planning numbers 23/24	
Organisation	Plan £m
Bradford ICB	6.2
Calderdale ICB	5.6
Kirklees ICB	5.7
Leeds ICB	1.6
Wakefield ICB	5.9
Core ICB	0
Total ICB Position	25.0

Airedale NHS FT	-4.3
Bradford District Care Trust	0
Bradford Teaching Hospital	0
Calderdale and Huddersfield NHS FT	-20.8
Leeds and York Partnership NHS FT	0.1
Leeds Community HC NHS Trust	0
Leeds Teaching Hospital NHS Trust	0
Mid Yorkshire Teaching Hospitals NHS Trust	0
South West Yorkshire Partnership NHS FT	0
Yorkshire Ambulance Service NHS Trust	0
Total Provider Position	-25

Total West Yorkshire Position	0.0
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Health and Care Partnership

- The financial plan for WYICS 2023/24 was developed as part of a joint approach across all partners, including Locala.
- The submitted plan for WYICS showed an overall balanced financial plan for the year. The Integrated Care Board (ICB) element recognised a surplus to balance the deficits that were showing in two of the providers.
- To note in order to achieve this position, it included a number of efficiency asks that would need to be achieved during the year.
- The plan included within WYICS a system risk share to in order to achieve this planning position.

Financial Year 2023/24 – Kirklees place

Kirklees Organisations plan*	
Organisation	Plan £m
Kirklees ICB	5.7
Calderdale and Huddersfield NHS FT	-20.8
Mid Yorkshire Teaching Hospitals NHS Trust	0
South West Yorkshire Partnership NHS FT	0
Total Kirklees	-15.1

* only a % feeds into the overall Kirklees place - shown total for information only

Kirklees FOT as at QTR 1.			
Organisation	Plan - £m	Surplus/Deficit - £m	Variance - £m
Kirklees ICB	5.7	1.5	-4.2
Calderdale and Huddersfield NHS FT	-20.8	-20.8	0
Mid Yorkshire Teaching Hospitals NHS Trust	0	0	0
South West Yorkshire Partnership NHS FT	0	0	0
Total Kirklees	-15.1	-19.3	-4.2

Kirklees Place Financial plan

- The table presented shows the Kirklees ICB and the providers that feed into the Kirklees Health Care Partnerships position.
- To note the Kirklees place will only account for a percentage share of the providers presented, but the position of the provider to shown for completeness.
- Locala as part of their own internal planning recognised a balanced position – that again included efficiency reductions in order to achieve this value.
- The Local Authority plans submitted for the year recognised a financial deficit plan of £30m.

QTR 1 (month 3) – update

- From a WYICS position all providers are forecasting to be on plan. However, for Kirklees ICB as at qtr. the position shows an adverse variance to the plan of £4.2m. Therefore, showing a surplus position down to £1.5m.
- Locala is recognising a small adverse movement of £80k as at month three, the expected forecast position is to be breakeven.
- Local Authority are currently reviewing their financial numbers due to the different reporting cycles.

Financial Year 2023/24 – Organisation Update

The following provides an general update in respect to each organisations financial position, including risks and mitigations.

Kirklees ICB

Qtr. 1 – recognises an adverse movement in achieving its planned surplus of £5.7m, to a £1.5m achievement

- The risks currently facing the organisation include
 - Increased activity in a number of providers
 - Increase in premises costs due to inflationary pressures
 - Increased Prescribing costs due to volume and cost drivers
 - Delivery of efficiency targets.
- These are being mitigated by
 - Increased focus on recovery and transforming services to increase activity, reduce waste and align services
 - Lobbying nationally around inflation costs
 - System recovery and demand management with provider colleagues
 - Expenditure controls in place.

Mid Yorkshire Teaching Hospitals NHS Trust

Qtr. 1 – Forecast plan achievement– but flagging some year to date pressures of £5.6m

- The risks currently facing the organisation include
 - Strike Costs
 - Pay award and MS Licence costs
 - Delivery of efficiency targets
 - Agency costs to manage activity.
- These are being mitigated by
 - Controls on spend in areas
 - Focusing on staffing models and transformation of services in areas
 - Lobbying nationally around MS Licence costs.

Financial Year 2023/24 – Organisation Update

The following provides an general update in respect to each organisations financial position, including risks and mitigations.

Calderdale and Huddersfield NHS FT

Qtr. 1 – Current FOT on plan. Year to date deficit is £7.10m, a £0.98 adverse variance to plan.

- The risks currently facing the organisation include
 - Bed pressures and length of stay of patients awaiting transfers of care
 - Pressures due to strike costs
 - Inflationary pressures seen in a number of areas
 - Full delivery of efficiency targets
- These are being mitigated by
 - Controls on spend and budget holder accountability
 - Escalation of efficiency schemes – joint working

South West Yorkshire Partnership NHS FT

Qtr. 1 – Forecast plan achievement– but flagging some year to date pressures of around £300k

- The risks currently facing the organisation include
 - Pay award
 - Delivery of efficiency targets
 - Out of area Placement costs
 - Inflationary cost pressures
- These are being mitigated by
 - One off savings and opportunities
 - Growth of workforce less than planned (but is continuing to grow)
 - Expenditure controls

Financial Year 2023/24 – Organisation Update

The following provides an general update in respect to each organisations financial position, including risks and mitigations.

Locala

Qtr. 1 – Slight deviation to plan of £80k as at month three.

- The risks currently facing the organisation include
 - Funding for the non consolidated pay award from last year – impacting current year
 - Increased inflationary pressures
 - Pay award costs
 - Slippage on delivery of efficiency programme
 - Cost agency and bank staff to cover vacancy levels
- These are been mitigated by
 - Additional vacancy and man power controls
 - Reductions in agency spending
 - Lobbying for funding for impact of pay award
 - Increased transformation and efficiencies.

Local Authority

Qtr. 1 – Current position being worked through

The risks currently facing the organisation include

- Delivery of savings targets
- Volume and price increases in demand-led services
- Inflation impacting on staff costs (Pay Awards) and areas such as energy, waste contracts etc
- Increasing cost of capital
- Sustainability, Affordability and Prudence of Capital Programme
- These are been mitigated by
 - Implementation of Spending Controls
 - Identification of additional savings proposals
 - Review of Capital Programme
 - Acceleration of Asset Disposal Programme

Financial Year 2023/24 – Next steps

It is important to recognise that financially both the current year and future years will be challenging for us all.

However, as a system we understand that the work we undertake now will need to not only tackle our current financial risks but must consider our long term overall financial sustainability.

Our shared focus as part of our joint financial strategy will be to -

- Drive out Health Inequalities and understand the needs of our population
- Undertake partnership working to reduce dual running and duplicated costs.
- Organisation/place/system work on recovery.
- Tighter controls on expenditure.
- Joint transformation of services and sharing of resources (e.g., staff/one estate)
- National Lobbying around financial pressures beyond our system control
- Driving value for money in everything we do!

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Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 16 August 2023

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

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

Key Decision - Is it likely to result in spending or saving £500k or more, or to have a significant effect on two or more electoral wards? Decisions having a particularly significant effect on a single ward may also be treated as if they were key decisions.	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)</u>?	Not Applicable
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance? Is it also signed off by the Service Director for Legal Governance and Commissioning?	No – The report has been produced to support the discussions with health and social care.
Health Contact(s)	Natalie Ackroyd – Deputy Director of Planning and Performance

Electoral wards affected: None Specific

Ward councillors consulted: Not Applicable

Public or private: Public

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

1. Summary

- 1.1 The Kirklees Health and Social Care Scrutiny Panel as part of their 2023/24 Work Programme have asked representatives from Kirklees core “physical” providers to provide details of the work being done to manage demand and catch up with delayed planned surgery.
- 1.2 The October intelligence information, for additional context and background, can be found on the following link [Agenda for Health and Adult Social Care Scrutiny Panel on Wednesday 19th October 2022, 2.00 pm | Kirklees Council](#)
- 1.3 Providers have collaborated to provide a presentation which is appended to this report and representatives will be in attendance to provide the Panel with:
 - An overview of the work being done to manage demand with an overview of the waiting list position for surgery, therapeutics and diagnostics in 2022/23 and 2023/24.
 - Details of the NHS Long Term Workforce Plan and challenges over the next 15 years.
 - Details of local pressures to include details of which areas are facing the greatest pressures and reasons why.
 - Details of backlog of patient numbers and waiting times (by service).
 - The approach being taken to manage the backlog and progress being made.
 - Examples of any initiatives/work being done collectively to tackle backlog and manage demand.
 - Impact of pressures in adult social care and community services to include the capacity to meet demand, help reduce admissions and free up capacity in the hospitals.
- 1.4 The presentation covering the areas above is attached.

2. Information required to take a decision

N/A

3. Implications for the Council

N/A

3.1 Working with People

No specific implications

3.2 Working with Partners

No specific implications

3.3 Place Based Working

No specific implications

3.4 Climate Change and Air Quality

No specific implications

3.5 Improving outcomes for children

No specific implications

3.6 Financial Implications for the people living or working in Kirklees

No specific implications

3.7 Other (eg Integrated Impact Assessment (IIA)/Legal/Financial or Human Resources) Consultees and their opinions

No specific implications

4 Consultation

Not applicable

5 Engagement

Not applicable

6 Next steps and timelines

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

7 Officer recommendations and reasons

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

8 Cabinet Portfolio Holder's recommendations

Not applicable

9 Contact officer:

Yolande Myers – Principal Governance Officer

yolande.myers@kirklees.gov.uk

10 Background Papers and History of Decisions

Not applicable

11 Service Director responsible

Julie Muscroft – Service Director, Legal, Governance and Commissioning

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Kirklees Health & Adult Social Care Scrutiny Committee

Elective Capacity & Demand Update

16th August 2023

Questions raised and addressed in relation to Elective Capacity & Demand

- Updated data on waiting list times by service to assess progress against data received last year in October. This should include waiting times for **children requiring dental extractions under general anaesthetic** and actions being taken to reduce delays
- 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 community diagnostic hubs that are being reduced to address the backlog.

There are a number of golden threads that the Panel would like to see woven into reports and presentations where appropriate, and these are:-

- Workforce recruitment and retention
- Impact of Covid-19
- Inequalities in health include 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.

Approach

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

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

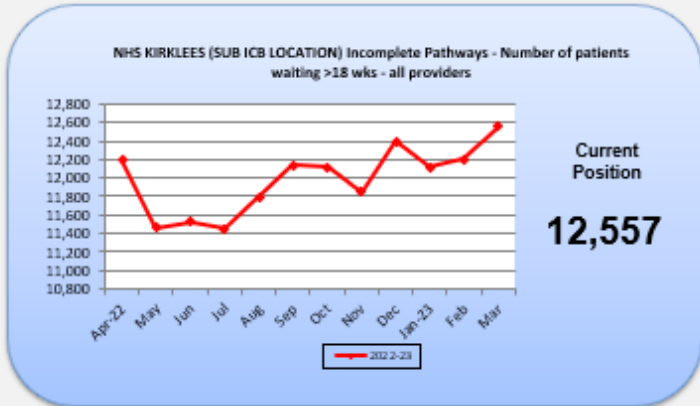
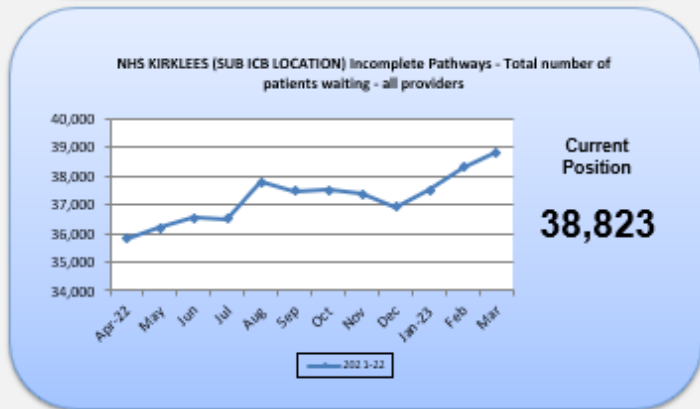
Kirklees Position – All Providers

Month 2

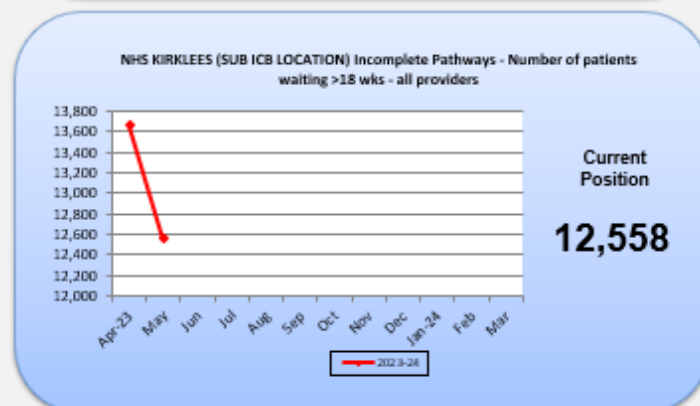
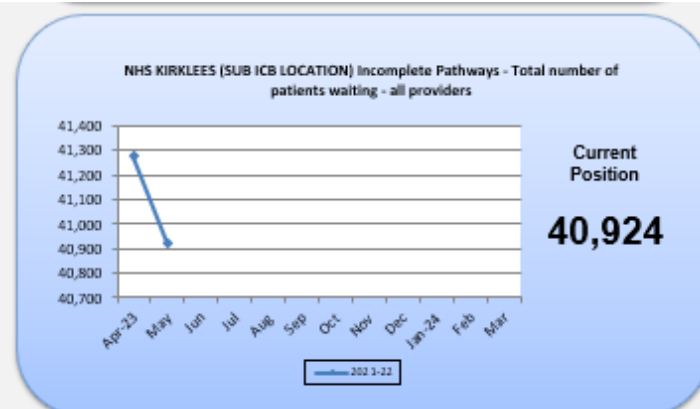


NHS West Yorkshire
Integrated Care Board

22/23 Waiting List



23/24 Waiting List



Referrals are now back to and exceeding pre-covid levels, the waiting list is not deteriorating with regards to the patients waiting over 18 weeks.

There are **40,924** patients on an incomplete waiting list in Kirklees across **ALL** Providers, with 70% waiting within 18 Weeks as at the end of May 2023.

MYTT – **14,912** (526 >52W & 4>78W)

CHFT – **15,340** (29 >52W & 0 >78W)

Gynaecological, Trauma & Orthopaedics and ENT being the 3 specialties with the highest volume of patients waiting and accounting for 35.6% of those waiting in excess of 18 weeks.

806 patients have been waiting in excess of 52 weeks.

17 >78 weeks

(6 LTHT/4 MYTT/4 Other)

6 patients waiting for T&O

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The NHS Long Term Workforce Plan considers the challenges facing the workforce over the next 15 years and sets out actions to address them

The first ever NHS Long Term Workforce Plan sets out supply and demand scenarios and projections for key workforce groups and professions. The plan then focusses on the three areas where we will take action to ensure that the NHS has the workforce it needs for the future:

Recruit: Grow the workforce

By significantly expanding domestic education, training and recruitment, we will have more doctors, nurses and other healthcare professionals working in the NHS. We will:

- Increase the number of undergraduate medical school training places, with more medical school places in areas with the greatest shortages to level up training.
- Increase the number of GP training places.
- Increase the number of nurse, midwife and health visiting training places registered nurses qualifying including through apprenticeship routes.
- increasing the number of advanced practitioners, independent prescribers, and Allied Health Professionals acting as senior decision-makers in appropriate settings.
- Increase the proportion of training for clinical staff through apprenticeship routes by 2030. This will ensure we train enough staff in the right roles and help widen access to opportunities for people from all backgrounds.
- Further expand medical degree apprenticeships.
- Expand dentistry places and consider how to incentivise dentists to offer more work to the NHS
- Train more NHS staff domestically. This will mean that we can reduce reliance on international recruitment.

Retain existing talent: Embed the right culture and improve retention

By improving culture, leadership, and wellbeing, we will ensure fewer staff leave the NHS over the next 15 years. We will:

- Build on the actions from the NHS People Plan, to make the NHS People Promise a reality for our staff.
- Work to deliver the actions set out in the NHS equality, diversity and inclusion plan.
- Back plans to improve flexible opportunities for prospective retirees and work with government to deliver the actions needed to modernise the NHS pension scheme.
- Ensure NHS organisations across the country, from day one of employment offer people flexible working and the best possible start to an NHS career
- Commit to ongoing national funding for continuing professional development for nurses, midwives and allied health professionals, so NHS staff are supported to meet their full potential.
- Reform how the NHS recruits staff, so that we offer a much better candidate experience, and support local jobs

Reform: Working and training differently

Working differently means staff can spend more time with patients, harnesses digital innovations and enables new and innovative ways of working. Training will be reformed, to give learners a better experience. We will:

- Take advantage of digital and technological innovations, such as AI, speech recognition, robotic process automation and remote monitoring to support the NHS workforce.
- Focus on expanding enhanced, advanced and associate roles to offer modernised careers, with a stronger emphasis on the generalist skills needed to care for patients with multi-morbidities, frailty or mental health needs.
- Encourage and support clinically-led work to consider how to make best use of new roles in clinical teams as they are brought on stream, to ensure they are a valued part of the wider multidisciplinary team.
- Explore measures such as tie ins to encourage dentists to spend a proportion of their time delivering NHS care.
- Work with the NMC, GMC and others to reform education and training for doctors and nurses so that learners have a good experience of training that prepares them for work in the NHS.
- Work with medical schools and the GMC to introduce four-year degree programmes and pilot a medical internship programme which could shorten undergraduate training time.

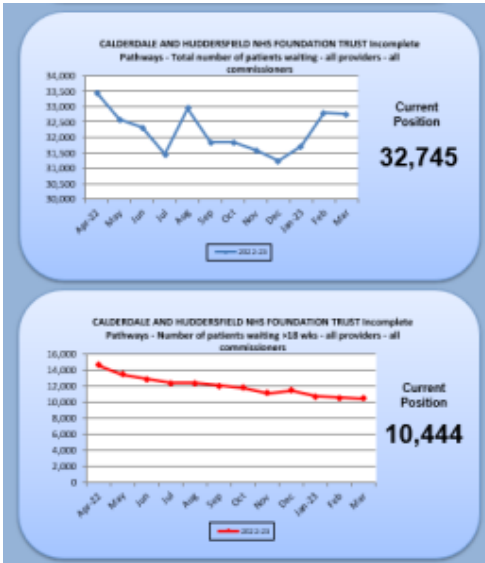
Calderdale & Huddersfield Foundation Trust

Specialty Performance (May 23)



NHS West Yorkshire
Integrated Care Board

22/23 Activity



23/24 Activity



There are 30,770 patients on an incomplete waiting list at CHFT, with 71.5% waiting within 18 Weeks.

General Surgery, Trauma & Orthopaedics and ENT being the 3 specialties with the highest volume of patients waiting over 18 weeks.

59 patients have been waiting in excess of 52 weeks as at May 23.

Treatment Function	>0 to 18 wks	>18 to 36 wks	>36 to 52 wks	>52 to 78 wks	>78 to 104 wks	>104 wks +	TOTAL
Cardiology Service	1,445	329	63	5	0	0	1,842
Cardiothoracic Surgery	0	0	0	0	0	0	0
Dermatology Service	374	100	11	0	0	0	1,085
Ear Nose and Throat Service	3,276	1,242	277	18	0	0	4,813
Elderly Medicine Service	85	29	7	0	0	0	121
Gastroenterology Service	1,676	420	129	10	0	0	2,235
General Internal Medicine	63	10	0	0	0	0	73
General Surgery Service	3,373	1,208	370	5	0	0	4,956
Gynaecology Service	1,663	718	130	2	0	0	2,513
Neurology Service	936	252	81	0	0	0	1,269
Neurosurgical Service	0	0	0	0	0	0	0
Ophthalmology Service	1,380	272	54	1	0	0	1,707
Oral Surgery Service	931	593	199	11	0	0	1,734
Plastic Surgery Service	142	155	62	0	0	0	359
Respiratory Medicine Service	560	135	43	5	0	0	743
Rheumatology Service	517	44	3	0	0	0	564
Trauma and Orthopaedics	2,121	658	111	0	0	0	2,890
Urology Service	891	532	128	1	0	0	1,552
Other - Medical Services	977	212	32	0	0	0	1,221
Other - Mental Health	0	0	0	0	0	0	0
Other - Other Services	143	22	1	0	0	0	166
Other - Paediatric Services	779	72	7	1	0	0	859
Other - Surgical Services	67	1	0	0	0	0	68
TOTAL	21,999	7,004	1,708	59	0	0	30,770

Proud to be part of West Yorkshire
Health and Care Partnership



Paediatric Dentistry

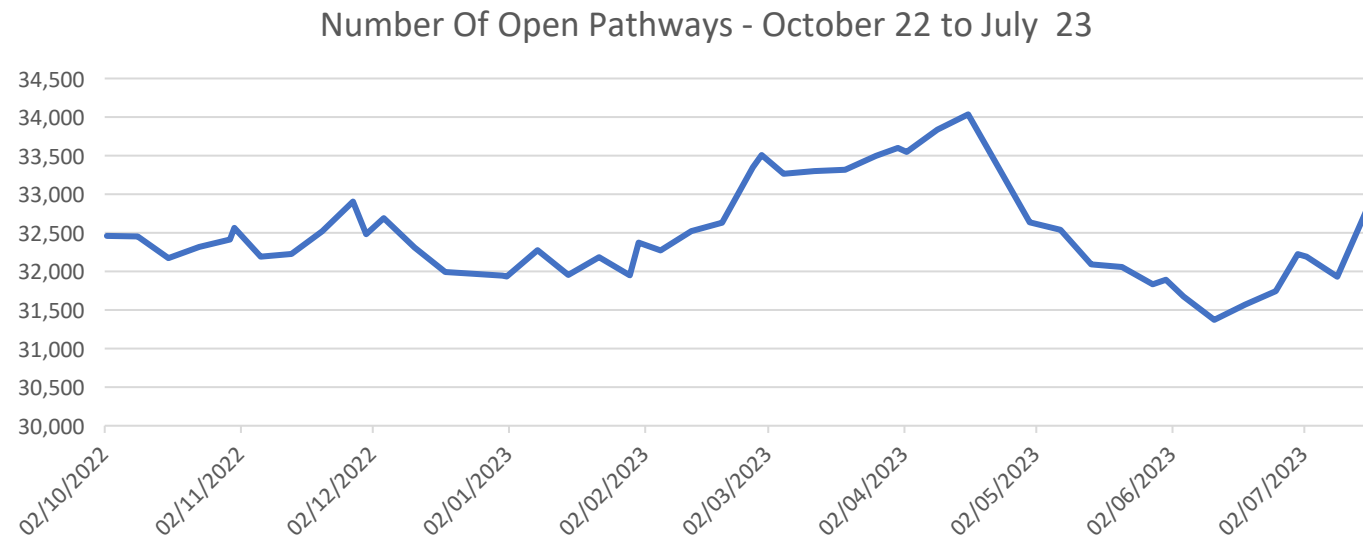
- There are no patients waiting at CHFT

Total Waiting List v Oct 2022



NHS West Yorkshire
Integrated Care Board

The Trust has a similar waiting list size in July 22 to October 23. ENT and Gynaecology have both seen the waiting list size increase during the last 9 months.



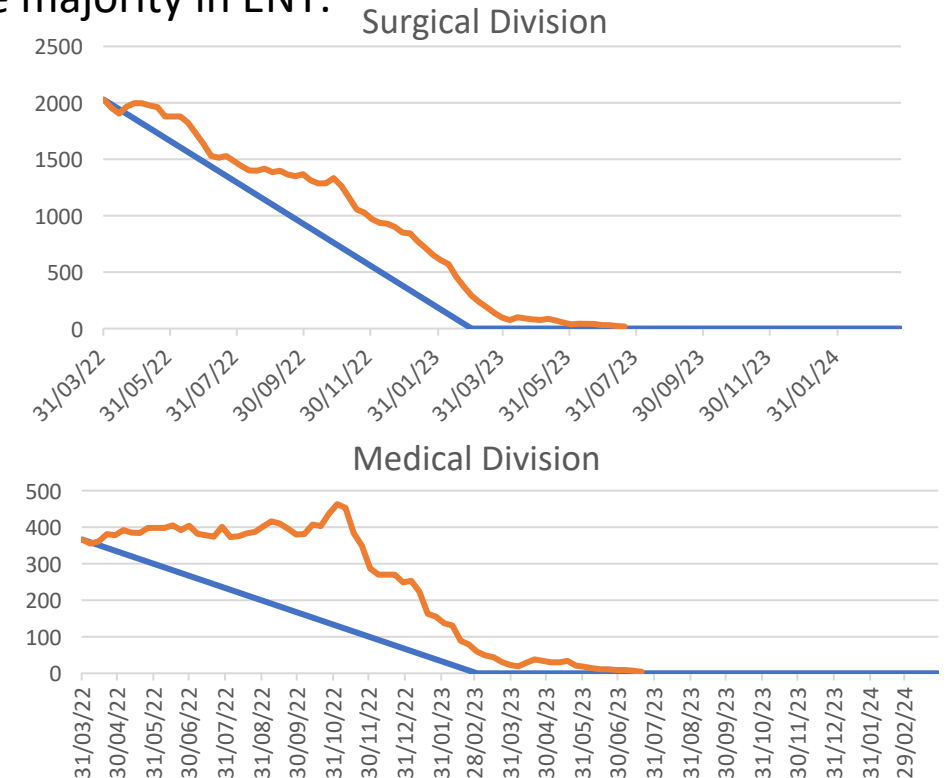
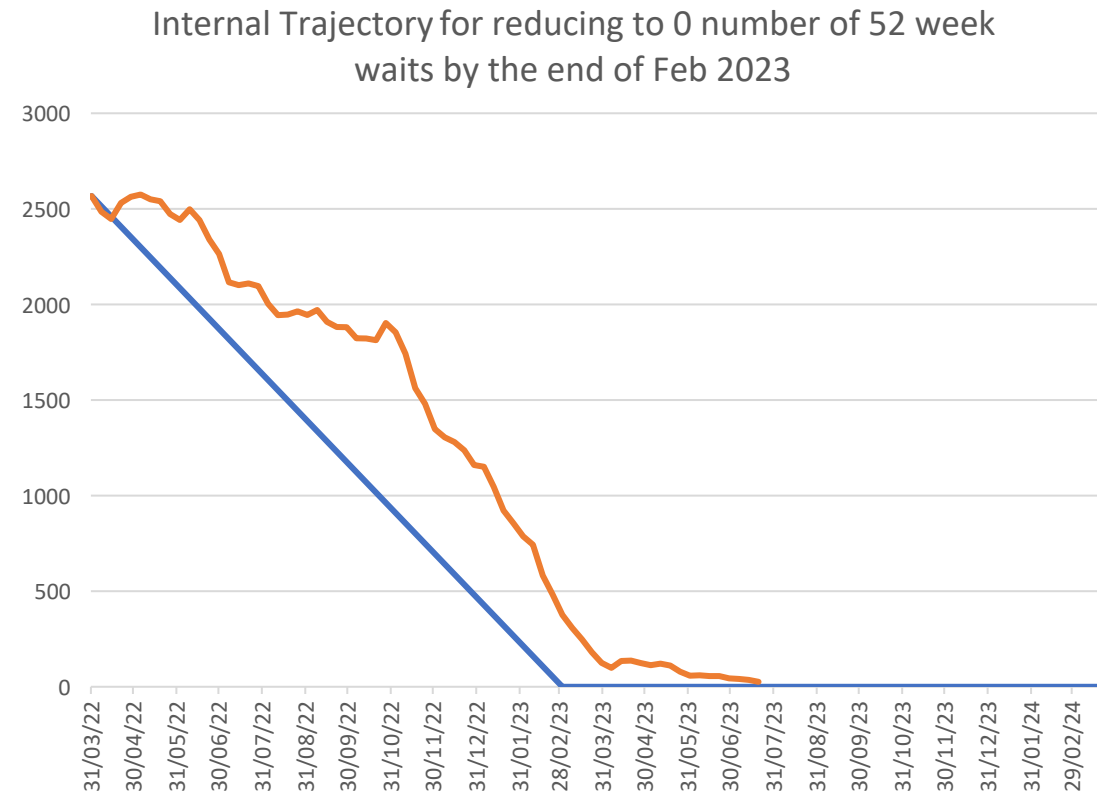
Proud to be part of West Yorkshire
Health and Care Partnership



Reducing the 52-week position

The Trust is on track overall to reduce the number of >52 weeks patients ahead of the national target of March 25

We now (July 23) have 24 patients waiting > 52 weeks with the majority in ENT.

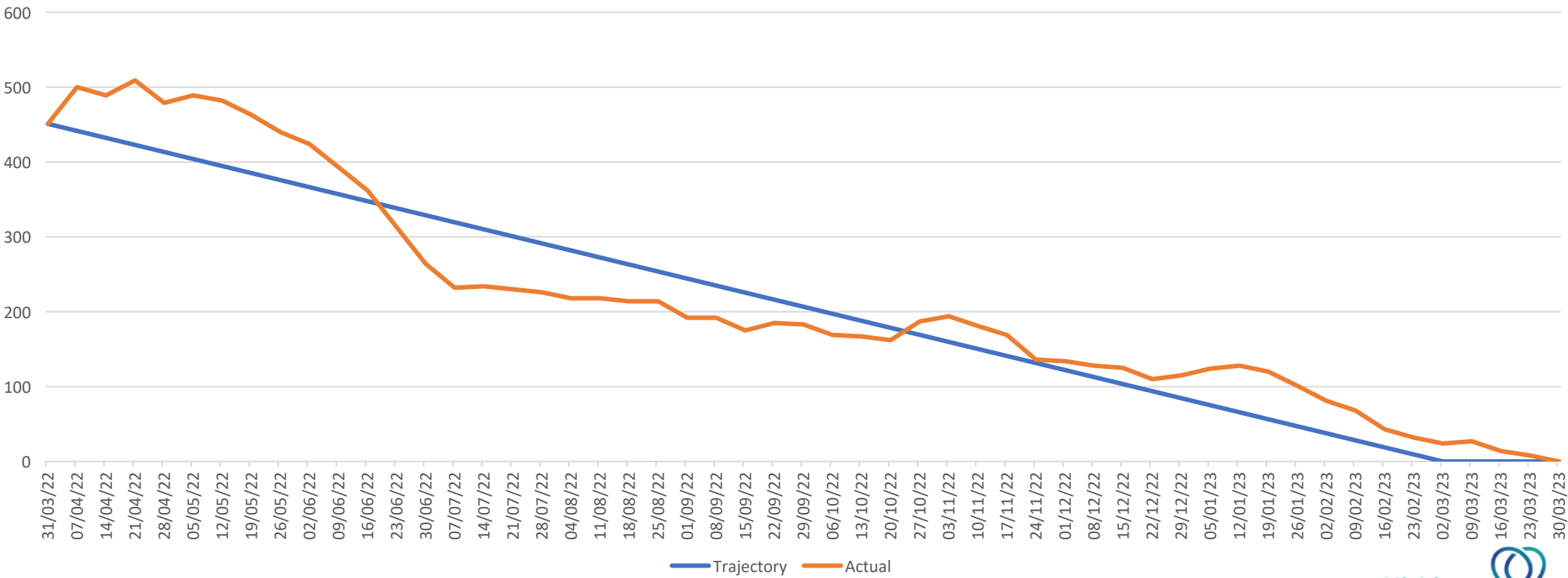


Reducing the 78-week position

The trust met the National aim of having no 78 week waits by the end of March 23.

We now have no patients waiting over 65 weeks (national aim by March 24)

Trajectory for reducing to 0 number of 78 week waits by the end of Feb 23

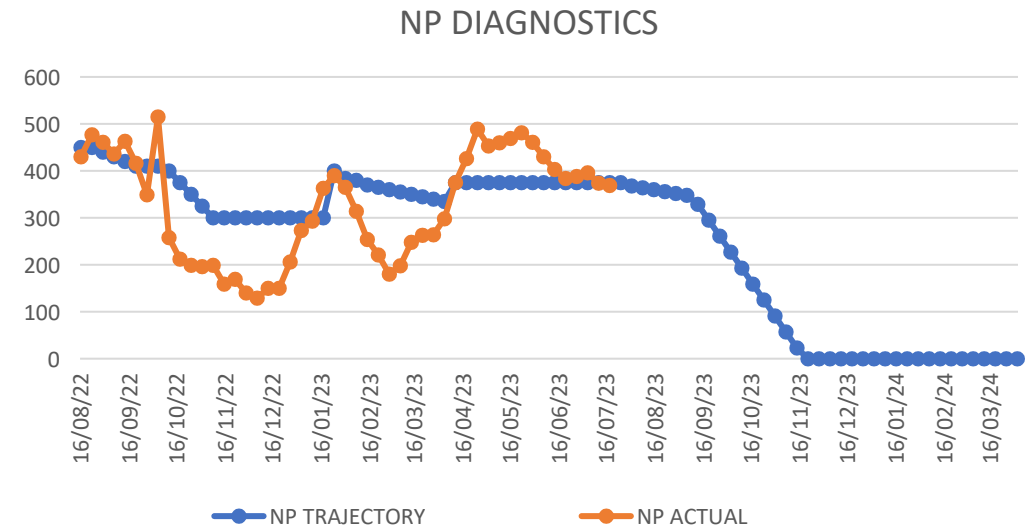
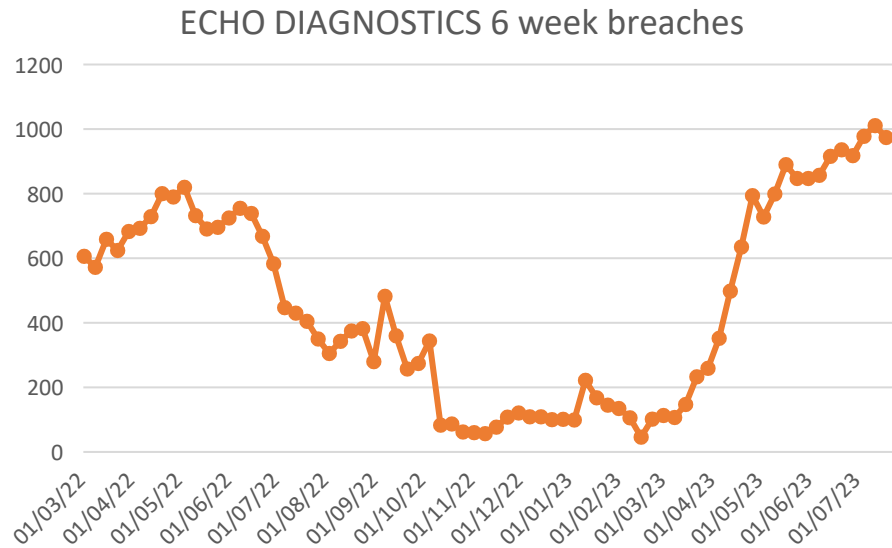


Diagnostic Pressures

Diagnostic waiting times - proportion waiting >6 weeks from referral at month end

% of Waits <6 Weeks	Diagnostic Test	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
Imaging	Magnetic Resonance Imaging	97.4%	97.8%	98.6%	99.0%	99.2%	98.7%	98.6%	98.6%	99.2%
	Computed Tomography	98.9%	99.1%	99.7%	99.6%	99.7%	99.8%	99.0%	99.1%	99.1%
	Non-obstetric ultrasound	99.3%	99.4%	97.3%	98.2%	99.8%	99.6%	99.0%	99.3%	99.8%
	Barium Enema	-	-	-	-	-	-	-	-	-
	DEXA Scan	100.0%	99.8%	99.8%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%
Physiological Measurement	Audiology - Audiology Assessments	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	99.1%	100.0%
	Cardiology - echocardiography	91.7%	89.6%	85.9%	88.2%	84.2%	64.5%	56.7%	58.6%	56.1%
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	78.4%	85.9%	61.9%	57.9%	75.7%	64.5%	50.7%	45.9%	48.7%
	Respiratory physiology - sleep studies	100.0%	97.6%	100.0%	98.4%	97.6%	95.2%	100.0%	97.9%	93.3%
	Urodynamics - pressures & flows	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endoscopy	Colonoscopy	98.5%	100.0%	98.4%	99.8%	98.2%	99.7%	98.6%	99.8%	99.8%
	Flexi sigmoidoscopy	99.1%	100.0%	97.3%	99.4%	98.7%	99.3%	99.2%	100.0%	100.0%
	Cystoscopy	95.6%	99.5%	95.0%	99.3%	99.4%	94.2%	91.6%	100.0%	98.9%
	Gastroscopy	97.1%	99.2%	97.8%	99.5%	99.8%	99.8%	99.5%	100.0%	99.5%
		95.8%	96.9%	93.8%	94.7%	96.0%	92.5%	87.1%	86.4%	86.6%

Diagnostic Pressures



- Accredited/Unaccredited staff balance. Staff are supervising and reporting all the trainees' lists/scans which prevents opening additional clinics. Current backlog of reports = 216 reports
- New appt system CRIS and reporting system AGFA has reduced lists
- Availability of bank staff – No extra shifts offered but reduced availability Mon-Fri
- Staff annual leave – Lot of leave for May/June
- Room space – Some days not enough space for staff and other days unable to cover more than 1 room
- Volume of referrals/Triaging
- New trajectory being put together currently

We have seen our backlog increase due to planned consultant sickness and consultant retirement which was also impacted by physiologists and junior doctors retiring and leaving respectively. The junior doctors and physiologists leaving has had particular impact as they delivered a high level of Outpatient clinical capacity. However, the service has managed to recruit two additional junior doctors who have been trained and are fully independent with further physiologists having recently started in July. We also have a new consultant who is starting in September 23. A revised trajectory has been set in line with the recent staffing changes that will see us back to 6 weeks by November 23.

Planned Care Programme

Elective Care Transformation

- Challenging programme established April 23 building upon the success of the Outpatient Transformation Programme
- Membership includes health partners from the Trust, primary care, commissioning, and WYICB working alongside patient representation and Healthwatch
- Providing System leadership & oversight to a robust, large scale transformation programme at Place level
- Partnership governance forum established for all elective transformation
- Adapts the learning, tools & models from the national Outpatient approach/ GIRFT to end to end pathway modelling
- Adopting specialty level frameworks to assess and deliver clinical efficiency & productivity
- Supports the transition from recovery to a sustainable operating models that maximise system capacity , digital capability and empowers patients
- Maximise capacity & capability across primary & secondary care
- Reducing inequalities in access to care
- 10 workstreams agreed across the most challenges specialities
- Leaders in delivering transformation ambitions across West Yorkshire
- Funding secured for a Patient Engagement Portal to support patients in accessing care and support where appropriate

GIRFT Further Faster Programme

CHFT 1 of 25 Trusts chosen as part of a national programme to drive with pace new models of care within the outpatient setting building upon evidence based best practice

CHFT Population Health & Inequalities Strategy

- Calderdale and Huddersfield has developed a Population Health and Inequalities Strategy which was approved by the Trust Board in November 2022.
- An outline of the key areas of focus is on the following slide (Plan on a page). This is focussed around:
 - **Work on how we can specifically support our communities, this includes**
 - Development of a new initiative called BLOSM for vulnerable patients presenting at A&E with an emphasis on coordination and signposting to services within the community that can offer support.
 - The Calderdale Community services team provide a pop-up health clinic in North Halifax supporting vulnerable service users (typically those who are homeless).
 - **Access to services**
 - Review of access to services with a specific emphasis on ensuring equitable access for the most vulnerable groups (i.e. Those living within higher IMD populations, those with Learning Disabilities and those from minority ethnicities).
 - **Diverse and inclusive workforce**
 - Work to monitor and promote offer of job opportunities and apprenticeships to those from the most vulnerable groups.
 - **Lived experience**
 - Examples of work here include targeted work to reduce incidence of smoking within the maternity service and those admitted as inpatients and to support vulnerable groups during the COVID pandemic (e.g. targeted work to support taxi drivers in our local community)
 - A range of work has been undertaken across Maternity services to enhance the experience of those receiving maternity care, including through improvements to accessibility, piloting English as a Second Language antenatal classes and cultural competence training for staff.
- The Trust works in collaboration with local partners on a number of different levels:
 - Within the Integrated Care System (ICS) Health and Care Partnership we work routinely with providers across the West Yorkshire footprint to improve services for our local population. This includes work within the WYAAT (West Yorkshire Association of Acute Trusts) and WY Community Collaborative.
 - We also work with our local authority, integrated care boards (Calderdale and Kirklees) as well as a range of primary care and voluntary care organisations to deliver support and interventions to our populations.

CHFT Population Health & Inequalities Strategy

CHFT Population Health and Inequalities Strategy

Connecting with our communities and partners



Harnessing our role as an anchor institution and key partner in the local health and care system, we will work to address inequalities in the wider determinants of health in our local communities, deliver social value, and work with system partners to identify and deliver shared priorities to improve population health.

Develop a joint strategic approach to inequalities with partners across Calderdale and Kirklees

Continue delivery of the **BLOSM** service in ED for vulnerable patients, including rollout of trauma informed practice and Trauma Navigators

Evaluate success of the **reducing inequalities in asthma pilot** with Greenwood PCN and look to expand learning and new approaches

Use the output from **Social Value Assessment** to inform implementation plans for estate developments

Equitable access and prioritisation



We will reduce inequalities in access to care by removing barriers, improving access for the most vulnerable groups, and moving towards a more holistic approach to prioritisation where a broader range of risk factors are considered.

Develop and pilot a "**Health Inequalities Vulnerability Matrix**" to support a more holistic approach to prioritisation

Monitor and proactively respond to **key inequalities indicators**: waiting times, Did Not Attend, unplanned admissions

Development and implementation of the **Digital Inclusion Strategy**

Carry out **Reasonable Adjustments audit**, and review of **patient contact preferences** and requirements

Lived experience and outcomes



We will address disparities in experience of care to improve patient outcomes. We will focus on improving the lived experience of patients, particularly those known to be most at-risk of experience inequalities and poor outcomes. We will take a holistic and compassionate approach, recognising the importance of behavioural and wider determinants of health.

Smoking
Rollout Long-Term Plan smoking cessation pathway for all inpatients

Maternity
Health pregnancy classes, ESOL antenatal classes, discovery interviews, cultural competence

Learning Disability
Deep dive into care pathway for LD patients, business case for LD care navigators, 90% staff completion of LD e-learning

Mental Health
Pilot of goal setting support sessions to aid patient transition to self-management, promotion of inpatient and screening and referral for depression

Diverse & Inclusive Workforce



We are committed to ensuring our workforce reflects the diverse populations we serve and that we take action to promote equality of opportunity. We will promote colleague health and wellbeing and create a compassionate and inclusive environment in which all our workforce feels valued in line with our One Culture of Care approach.

One Culture of Care values and behaviours implemented into recruitment

EDI Awareness and Education Programme, EDI module in leadership development for managers

Growing inclusive recruitment through the **Widening Participation** channels, growing the **apprenticeship programme**

Promote, support and engage with the **Equality Networks**

12-month **Inclusion event programme**

Ways of working: data and intelligence, collaborative working, leadership

Challenges & Risks

Consultant workforce gaps

For surgery particular difficulties are seen in Ophthalmology (particularly Glaucoma), ENT (particularly Head and Neck) and Max Fax. We are working with the Independent sector and in sourcing. For Gynaecology (where support from the independent sector is difficult) we are struggling to outsource work. In the medical specialty of neurology we are working with the independent sector for additional clinic capacity and Consultant triage, in rheumatology additional clinics are being provided in house and for dermatology additional independent sector input is being sought.

Access to Theatres

The theatre teams are now fully established and so we are running at full capacity. The trust is ahead of the national RTT waiting time standards – it is planned that by August 2023 CHFT will have no patients waiting more than 52 weeks, and by the end of January 2024 the trust is working to having no patient waiting more than 40 weeks.

Complex surgical cases

Many of the longest waiting routine patients are now very complex and long surgical cases, requiring significant time in theatre and occasionally multiple surgeons. Some cases can take a full day in theatre. There are also patients who we need to transfer to other Hospitals to complete their pathways.

Urgent and cancer cases

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

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

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

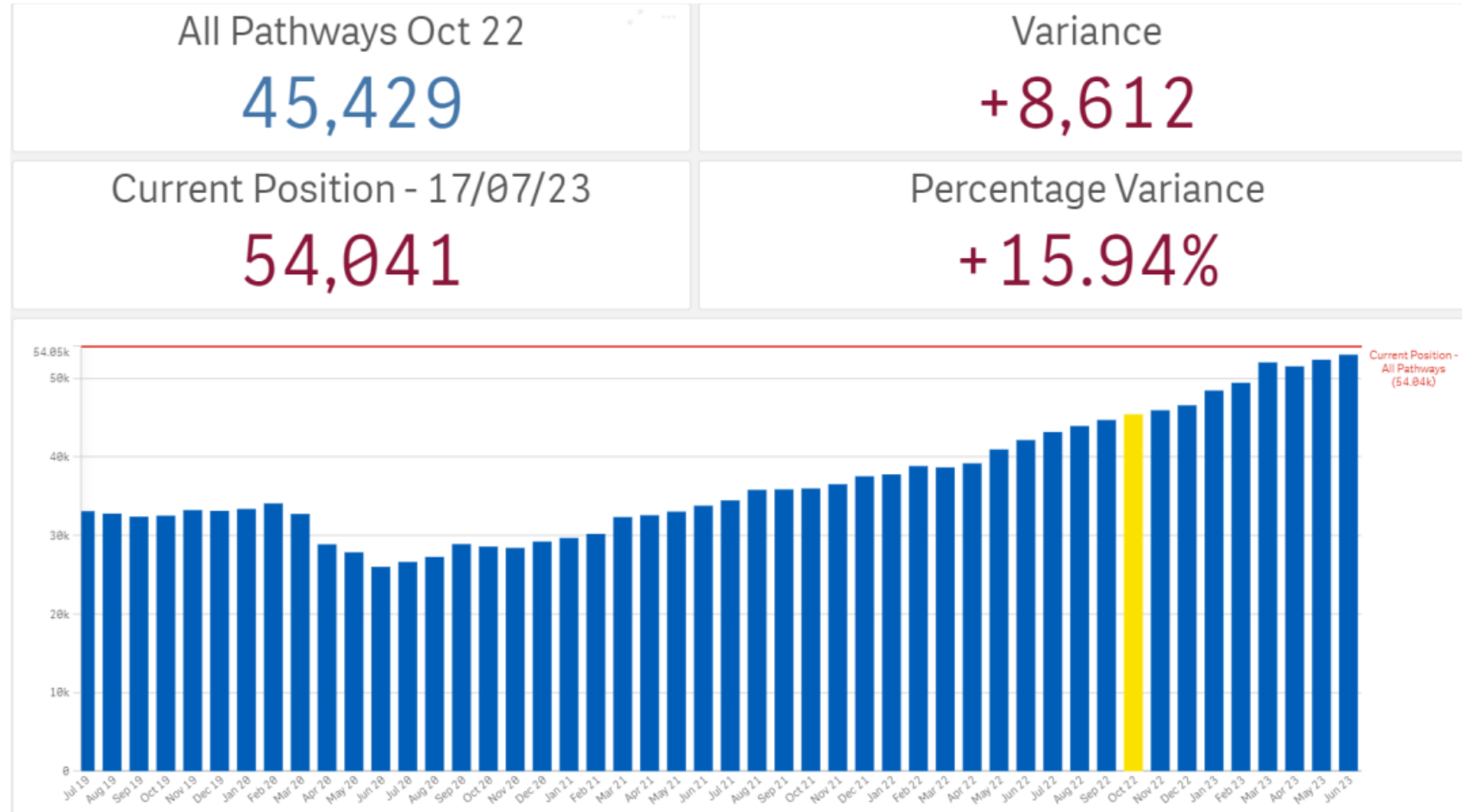
Demand – cancer and routine

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

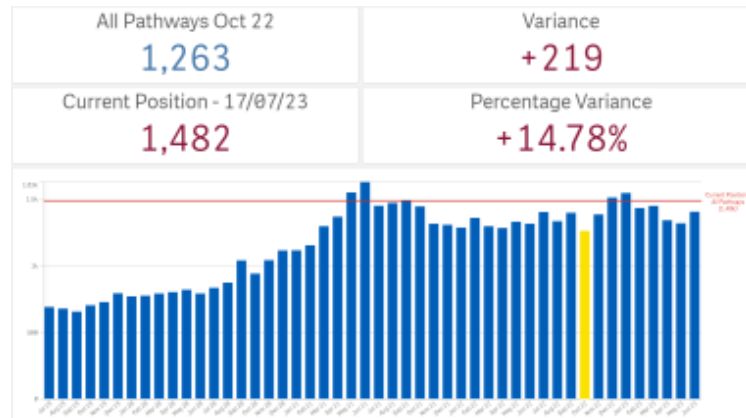
Routine referrals overall have not returned to pre-pandemic levels for all specialties, where possible pre referral support packages are being developed by commissioners to support Primary care colleagues to support patients in General Practice and ensure that all referrals require secondary care input.

Mid Yorkshire Teaching NHS Trust

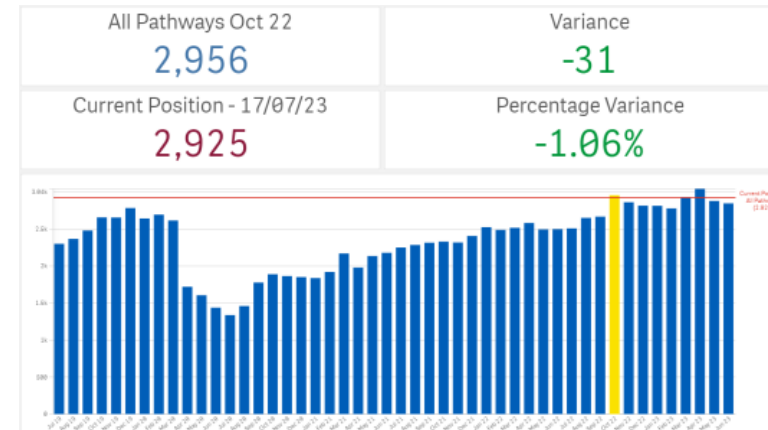
Total Waiting List v Oct 2022



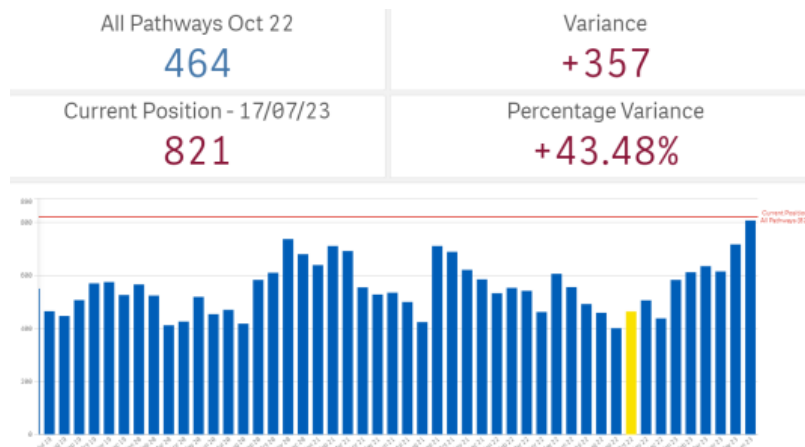
General Surgery waiting list (all patients)



Urology waiting list (all patients)



Breast waiting list (all patients)



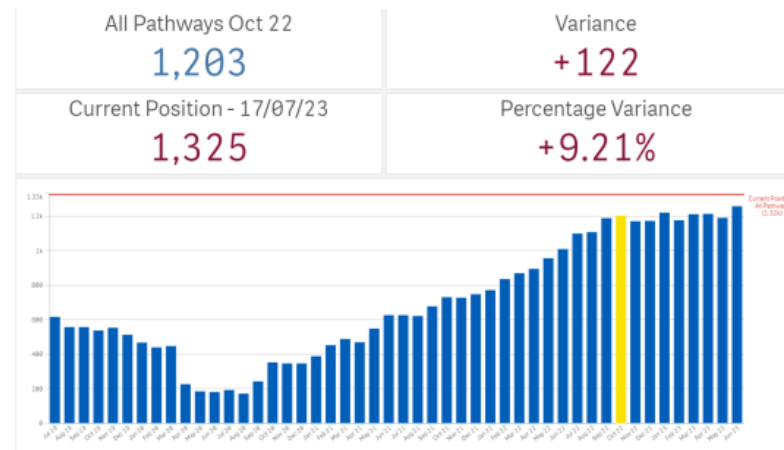
Colorectal waiting list (all patients)



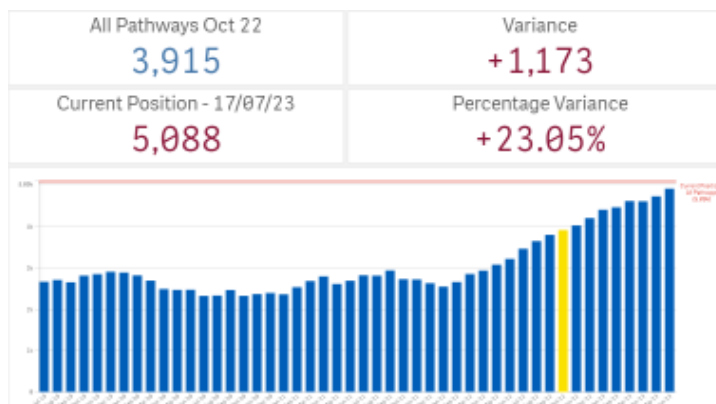
Upper GI waiting list (all patients)



Vascular waiting list (all patients)



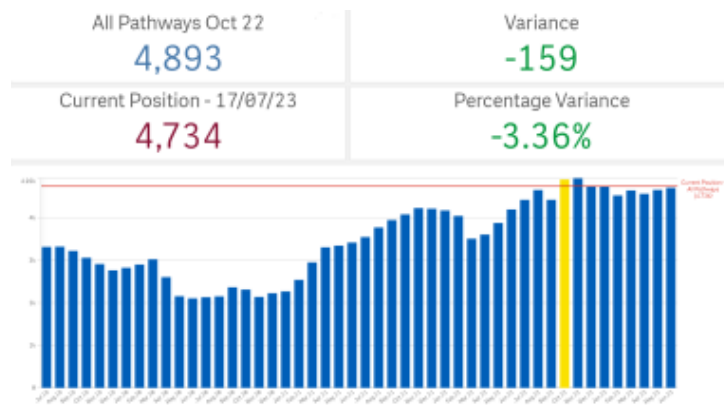
Orthopaedics waiting list (all patients)



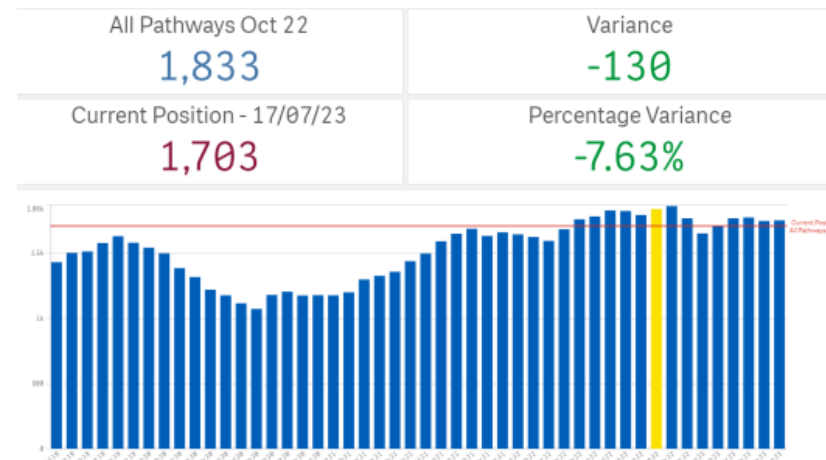
ENT waiting list (all patients)



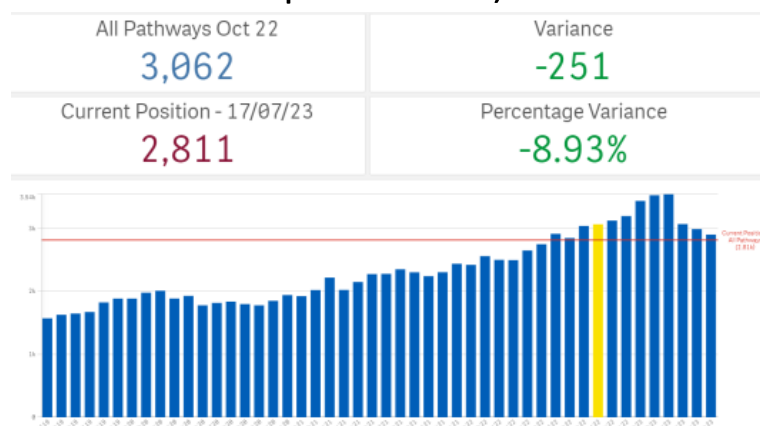
Ophthalmology waiting list (all patients)



Plastics waiting list (all patients)



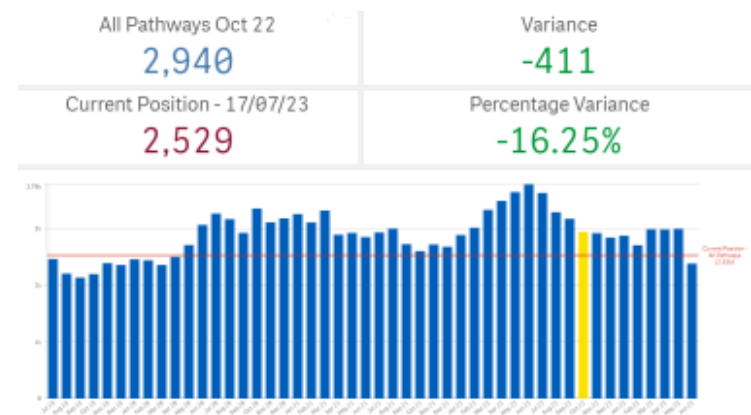
OMFS waiting list (all patients)



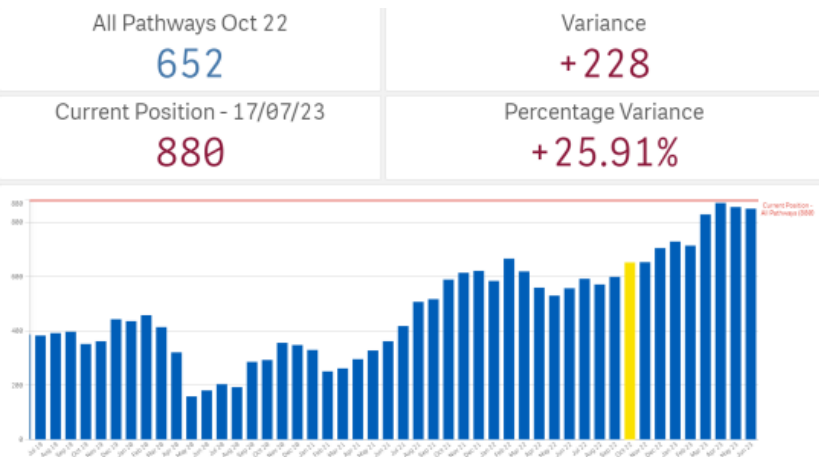
Pain waiting list (all patients)



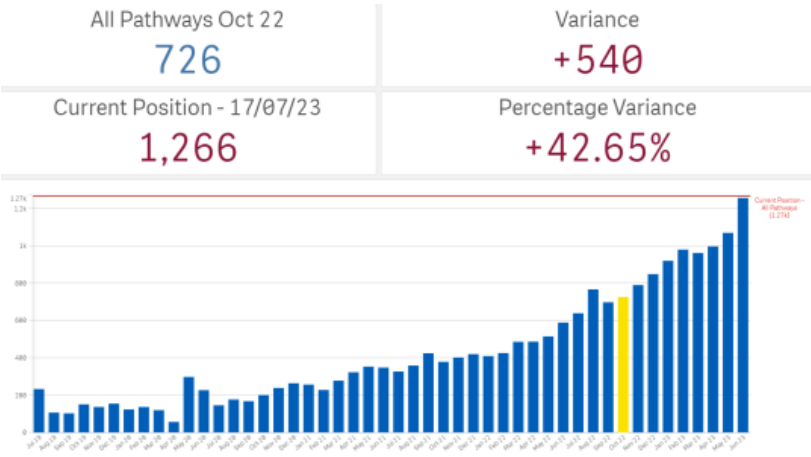
Gastroenterology waiting list (all patients)



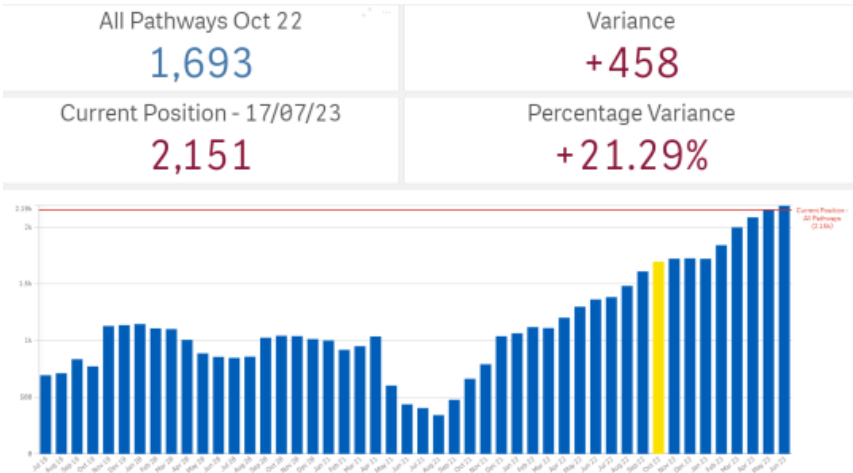
Endocrinology waiting list (all patients)



Hepatology waiting list (all patients)



Neurology waiting list (all patients)



Weeks until First Appointment

Clinic Specialty	Average Referral to First Attendance Weeks
Totals	6.6
341 - RESPIRATORY PHYSIOLOGY	25.4
328 - STROKE MEDICINE	24.7
430 - GERIATRIC MEDICINE	16.0
400 - NEUROLOGY	21.1
143 - ORTHODONTICS	12.5
191 - PAIN MANAGEMENT	12.0
306 - HEPATOLOGY	18.8
655 - ORTHOPTICS	12.3
410 - RHEUMATOLOGY	11.6
106 - UPPER GI SURGERY	9.6
107 - VASCULAR SURGERY	11.1
120 - ENT	8.6
302 - ENDOCRINOLOGY	8.4
501 - OBSTETRICS	4.5
320 - CARDIOLOGY	9.4
340 - RESPIRATORY MEDICINE	11.4
130 - OPHTHALMOLOGY	6.1
303 - CLINICAL HAEMATOLOGY	7.6

Clinic Specialty	Average Referral to First Attendance Weeks
Totals	6.6
503 - GYNAECOLOGICAL ONCOLOGY	3.4
101 - UROLOGY	5.6
330 - DERMATOLOGY	6.0
145 - OMFS	8.8
160 - PLASTIC SURGERY	5.3
420 - PAEDIATRICS	3.5
800 - CLINICAL ONCOLOGY	2.0
104 - COLORECTAL SURGERY	3.8
370 - MEDICAL ONCOLOGY	1.8
301 - GASTROENTEROLOGY	9.8
103 - BREAST SURGERY	1.2
110 - T&O	10.5
502 - GYNAECOBGY	5.0
300 - GENERAL MEDICINE	0.5
307 - DIABETIC MEDICINE	2.3
100 - GENERAL SURGERY	2.3
560 - MIDWIFE EPISODE	3.4

Paediatric Dentistry

- June/July 2023 Position
- 9 patients waiting to be assessed
- 119 patients assessed and waiting for treatment
- Longest Wait 73 weeks – complex care
- Avg 53% completing treatment within 18 weeks.
- Avg time from new patient to extraction – 6 weeks

Diagnostic waiting times - proportion waiting >6 weeks from referral at month end

Diagnostic Test	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Trend
Magnetic Resonance Imaging	94.9%	95.6%	94.1%	95.5%	95.9%	96.8%	94.9%	99.9%	99.9%	
Computed Tomography	99.0%	99.9%	99.9%	99.8%	99.7%	99.4%	99.9%	99.9%	99.9%	
Non-obstetric ultrasound	99.3%	99.9%	99.8%	100.0%	99.7%	99.8%	99.7%	100.0%	99.9%	
Barium Enema	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
DEXA Scan	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	99.6%	100.0%	
Audiology - Audiology Assessments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cardiology - echocardiography	100.0%	99.9%	100.0%	100.0%	100.0%	99.8%	97.8%	98.7%	99.9%	
Cardiology - electrophysiology	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Neurophysiology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.7%	100.0%	
Respiratory physiology - sleep studies	100.0%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%	
Urodynamics - pressures & flows	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Colonoscopy	84.9%	99.6%	98.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	
Flexi sigmoidoscopy	93.3%	98.8%	99.4%	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%	
Cystoscopy	96.0%	99.2%	97.2%	90.2%	95.7%	98.7%	100.0%	98.3%	97.3%	
Gastroscopy	86.0%	98.7%	93.0%	99.1%	98.6%	99.5%	100.0%	99.7%	100.0%	
Total >6 weeks	96.4%	98.8%	98.3%	99.1%	99.2%	99.4%	99.3%	99.1%	99.9%	

Challenges & Risks

Fragile Services

ENT, Gynaecology, Andrology and Neurology are fragile services and have seen significant increases in referral demand, especially in ENT. Capacity challenges have arisen from both challenged medical staffing levels and reduced capacity through industrial action impact, whilst services are deployed to maintain safe acute services. Andrology has been a single handed service, due to acute sickness the Trust is working with LTHT in order to transfer the service sooner than anticipated.

Urgent and cancer cases

The Trust continues to receive high demand for cancer 2 week and is consistently receiving over 3,000 referrals per month. Demand has increased for urgent suspected skin cancer in line with seasonal trends and currently patients are not being booked within the 14 day urgent suspected cancer target for skin.

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

Digital Mutual Aid System

The Trust has contacted patients that have waited a long time for their treatment and offered additional capacity through DMAS (initially for Gynae and ENT) where patients have consented to this. Not all patients consent to either travelling or transfer to another provider and in these cases the patients are prioritised for MYTT treatment in line with clinical and chronological order.

Challenges & Risks

Theatres

The Theatres roadmap has brought some success with Theatres opening to 21 GA Theatres in Q1 2023, however this then reduced to 16 GA Theatres at the start of Q2 due to anaesthetic attrition and absence. Additional recruitment is on track and the services expect capacity to return to 21 GA theatres by the end of Q2 with an ambitious target of 25 open Theatres by the end of 2024

Demand and System

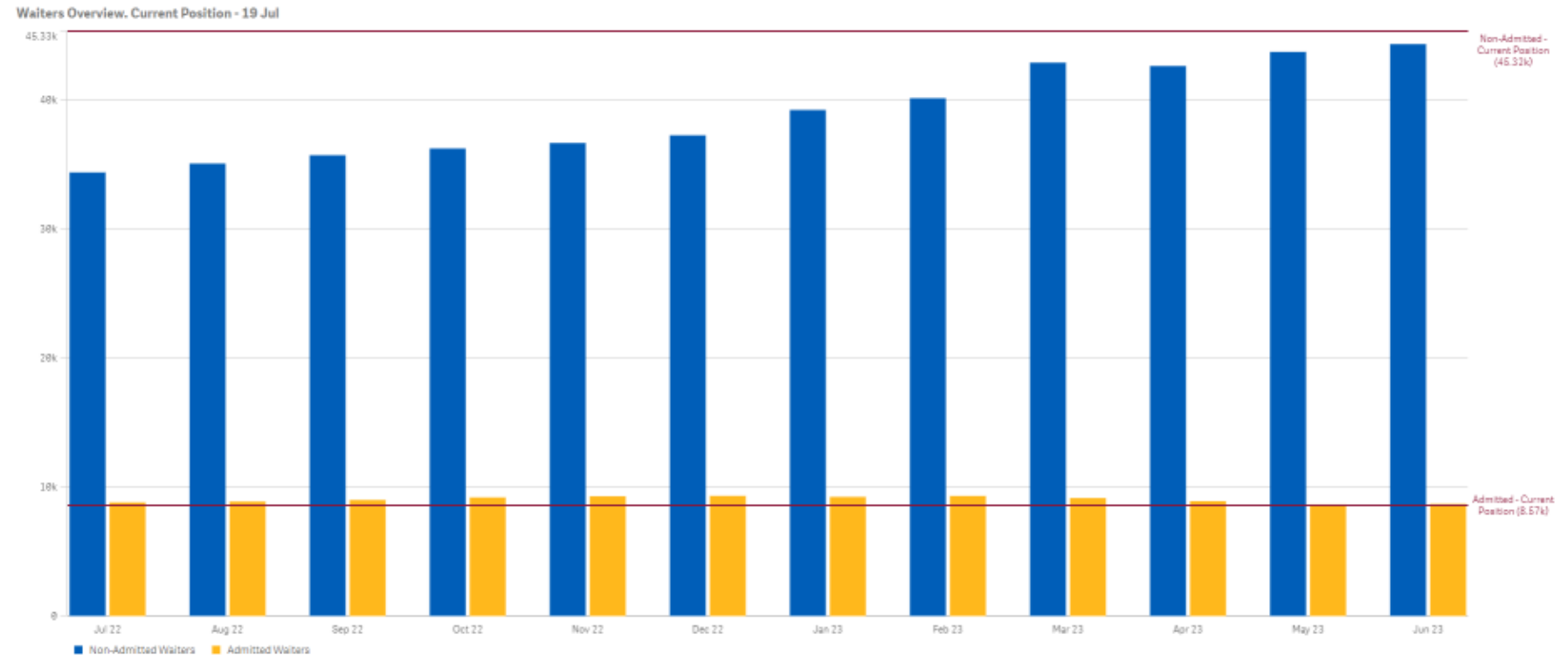
Work is underway for to review areas of concern in relation to demand growth to seek support from system partners in order to meet the needs of our population. Deep dives are taking place in all fragile services with validation and data quality checks increasing to ensure that there is a reduction in Did Not Attends and cancellations. To ensure the effective use of capacity, choice codes are being added to the system so that patients that request delays to their treatment are identified and managed effectively.

Impact of Industrial Action

For recent Industrial Action, services have rescheduled activity in order to provide a safe acute service and in order to mitigate staffing shortages due to clinical workforce taking part in the strikes. The Trust has cancelled around 3,000 appointments to date, however this does not show the true loss of capacity as not all appointment slots had been booked at the point in which a strike was announced. The Trust has reviewed run rates to compare usual activity numbers by each service and this data suggests that so far, around 7,000 patient appointments have been lost in the industrial action that has taken place until July 2023.

Routine Elective Waits

Challenges remain in routine elective care with the total waiting list growing from 43,180 in July 2022 to 53,015 in June 2023. Cancer demand, Industrial Action and Surgeon availability have contributed to this growth



104 weeks

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

78 weeks

MYTT have reported 14 non-admitted 34 admitted and 1 diagnostic breach since April 2023, driven by patient choice and capacity in the fragile services (ENT, Gynae and Urology)

65 Weeks

MYTT are 185 patients away from trajectory, ENT make up 123 of this variance

Planned Care Redesign Programme

Carolyn Gullery – SRO for Planned Care Redesign
James Brownjohn – Programme Manager

Programme Aim:

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

System Project Deliverables in Work Streams

1. Planned Care Performance

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

2. Transformation in Outpatients

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

3. Partnership Delivery

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

4. Designed Pathways

- Deliver the Community Diagnostic Centre
- Develop care pathways approach and repository at the point of care

5. Prepared and Informed Care

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

Key Themes: 1. Reducing Health Inequality 2. Digital Opportunities 3. Personalised Care
Golden Threads: Co-design, Meeting Patient Expectations, Benefits Driven

Transformation Updates to Support Elective Care

NHS West Yorkshire
Integrated Care Board

NEW Planned Care Alliance Forum – new joint forum for planned care senior leads commencing in August to improve collaboration and strategy across planned care. In addition the Planned Care provider network starting to engage all providers.

Joint Service Reviews in Neuro, MSK, Gynae, Dermatology, Pain, Weight Management, Outpatient Follow Up Backlog and GP Demand – Detailed reviews taking place in specialities with high demand to increase active waiter (RTT) activity based on implementing best practice and guidance (e.g. GIRFT & NICE) including use of interface services.

Consensus work - consensus work ongoing to support improve Primary Care access and agree opportunities to work differently between hospitals and GPs for better patient shared care

Waiting Well & Social Prescribing – HSJ Award Nominated for Patient Safety supporting patients while waiting.

Validation of longest waiters– Admin validation of over 4000 patients has taken place, contacting those who are waiting for an appointment or treatment. 55% of patients responded with an approx. 6% removal rate from patients stating they no longer required and appointment.

NEW Care Pathway mapping – platform being investigated to support and capture collaboratively agreed care pathways made available at the point of care in both the primary and hospital settings. Impact will be to right size demand and make use of all services available including VCSE.

NEW Dermatology – Skin 2WW – In July we launched a new Shared Care process between Primary & Secondary Care as extension to SRP, to manage patients with suspected lesions – to ensure our population receives the level of urgency they require and unnecessary appointments to the hospital are avoided.

Transformation Updates to Support Elective Care

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Shared Referral Pathway (SRP) – Is available for primary care to have access to specialist support for our population prior to, or instead of a referral. Allowing specialist support within a few days. Available across 14 specialities. This is used to support around 4,000 people a month.

Patient Initiated Follow Up (PIFU) – Is now available for all specialities, if clinically appropriate a patient can be given a PIFU to allow them to decide before an agreed time scale whether they require a follow up appointment or not. This is to avoid patients being given a follow up appointment that they do not need. This is currently used for around 1,800 patients a month.

Virtual Outpatients – Working with Patient Knows Best (PKB) to provide patients with innovative ways to access and get the specialist support they need virtually.

NEW Community Diagnostic Centre – The centre will provide access to additional diagnostics capacity outside of our hospitals - due to be launched towards to end of 23/24.

NEW Surgical & Treatment Hub – Providing additional capacity for surgical procedures and outpatient appointments – first phase due to be delivered in Dewsbury early 24/25.

Primary Care

Access to General Practice & Winter 2023



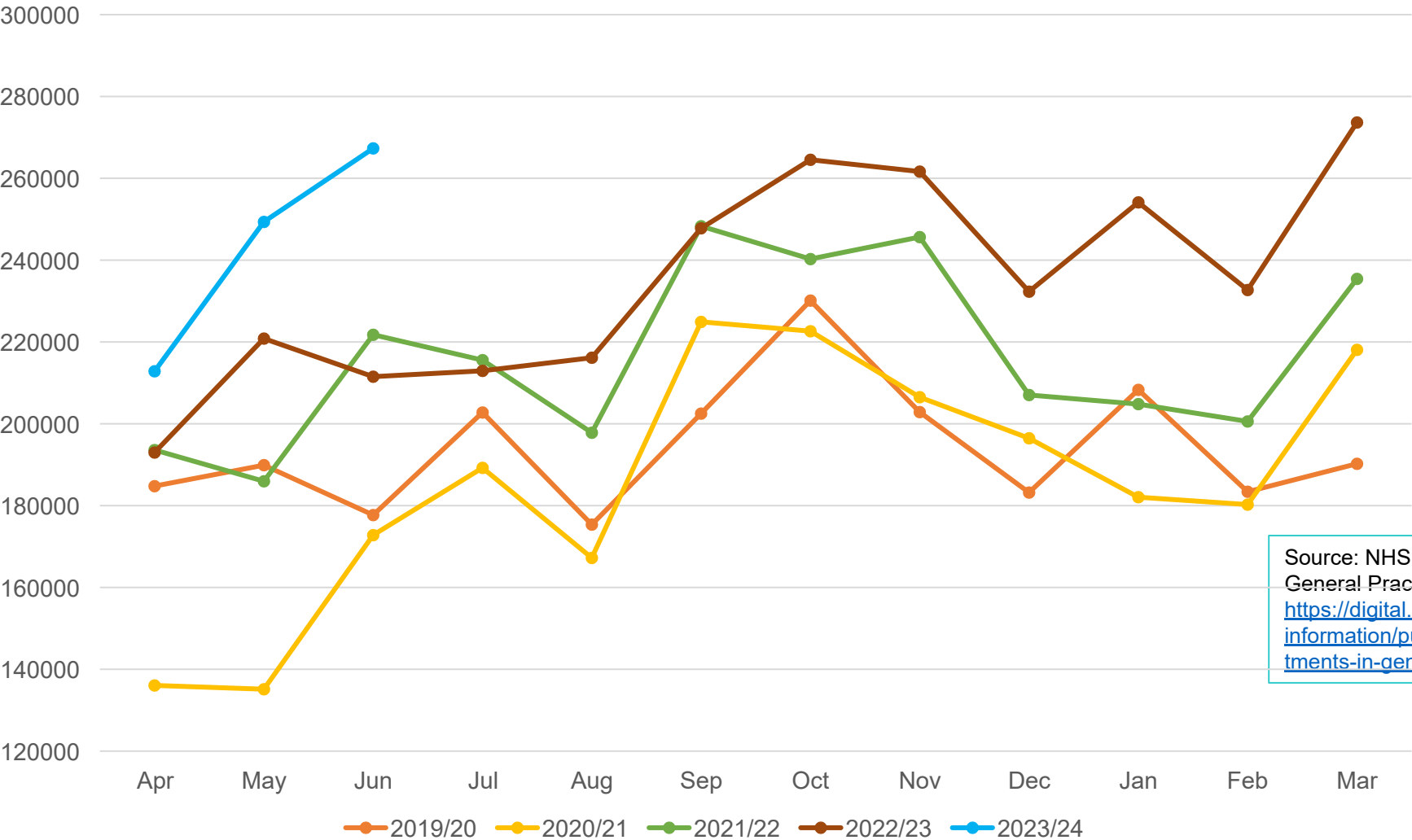
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- Access to General Practice is a priority workstream at a number of levels - National, West Yorkshire and in Kirklees. This presents a number of significant challenges and changes
- **Enhanced Access** - Primary Care Networks (PCNs) are responsible for delivering appointments outside of usual working hours - Network Standard Hours (6:30-8:00pm Monday to Friday and 9am to 5pm on Saturdays)
- **Sundays** – Funding approved for PCNs to offer up to 4 hours of appointments each Sunday commencing in August. 8 PCNs trialled opening 2 Sundays 16 & 23 July supporting wider system during doctor strikes.
- **Demand** - demand is increasing and is higher than pre-pandemic levels (see next slide) – rising issue with the number of DNA's.
- **Workforce** – challenges with recruiting and retention are widely acknowledged across the NHS but this is also being keenly felt in small GP practices operating as independent businesses. NHS Long Term Workforce Plan published June 2023.
- **Additional Roles Reimbursement Scheme (ARRS)** – funded scheme to support accessing different roles for PCNs
- Patterns, methods and preferences of accessing appointments have changed during the pandemic. Changes notable around concept of '**digital first**' balanced with preferences for **face to face** appointments
- **Winter pressures** - plus predictions for flu and covid, support for care homes and housebound
- Active role in delivery of **vaccination** for Covid and Flu

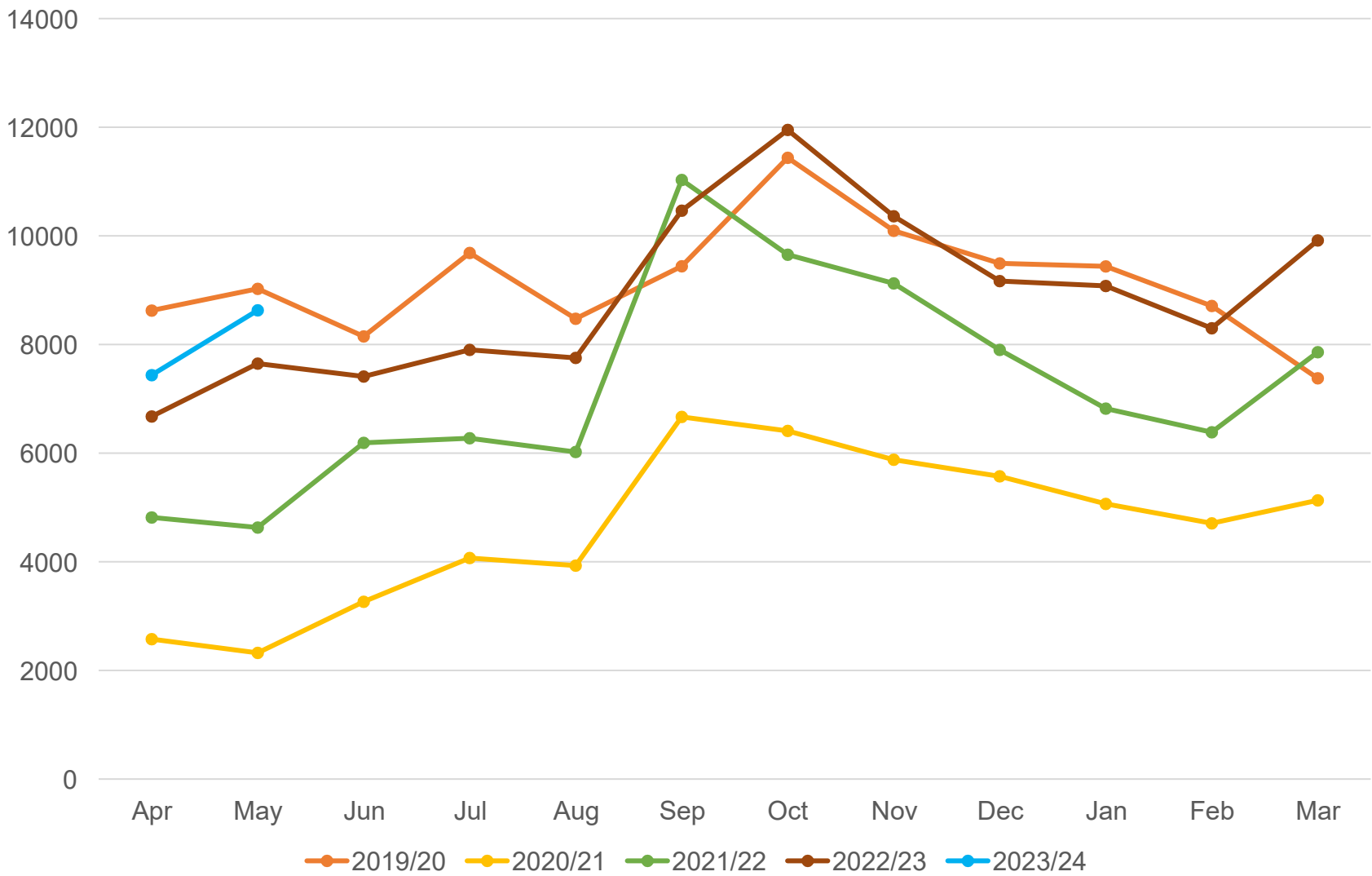
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Appointments in General Practice



Did not attend appointment



Primary Care Access Recovery Plan

May 2023

The plan focuses on four areas to support recovery of access and deliver the ambitions.

1



Empower patients

- Improving NHS App functionality
- Increasing self-referral pathways
- Expanding community pharmacy

2



Implement new Modern General Practice Access approach

- Roll-out of digital telephony
- Easier digital access to help tackle 8am rush
- Care navigation and continuity
- Rapid assessment and response

3



Build capacity

- Growing multi-disciplinary teams
- Expand GP specialty training
- Retention and return of experienced GPs
- Priority of primary care in new housing developments

4



Cut bureaucracy

- Improving the primary-secondary care interface
- Building on the 'Bureaucracy Busting Concordat'
- Streamlining IIF indicators and freeing up resources

PCN Capacity and Access Improvement Plans

In June 2023, each of the 9 PCNs in Kirklees developed a Capacity and Access Improvement Plan for 2023/24.

PCNs have set out their plans to make improvements in three areas:

- 1. Patient experience of contact**
- 2. Ease of access and demand management and**
- 3. Accuracy of recording in appointment books**

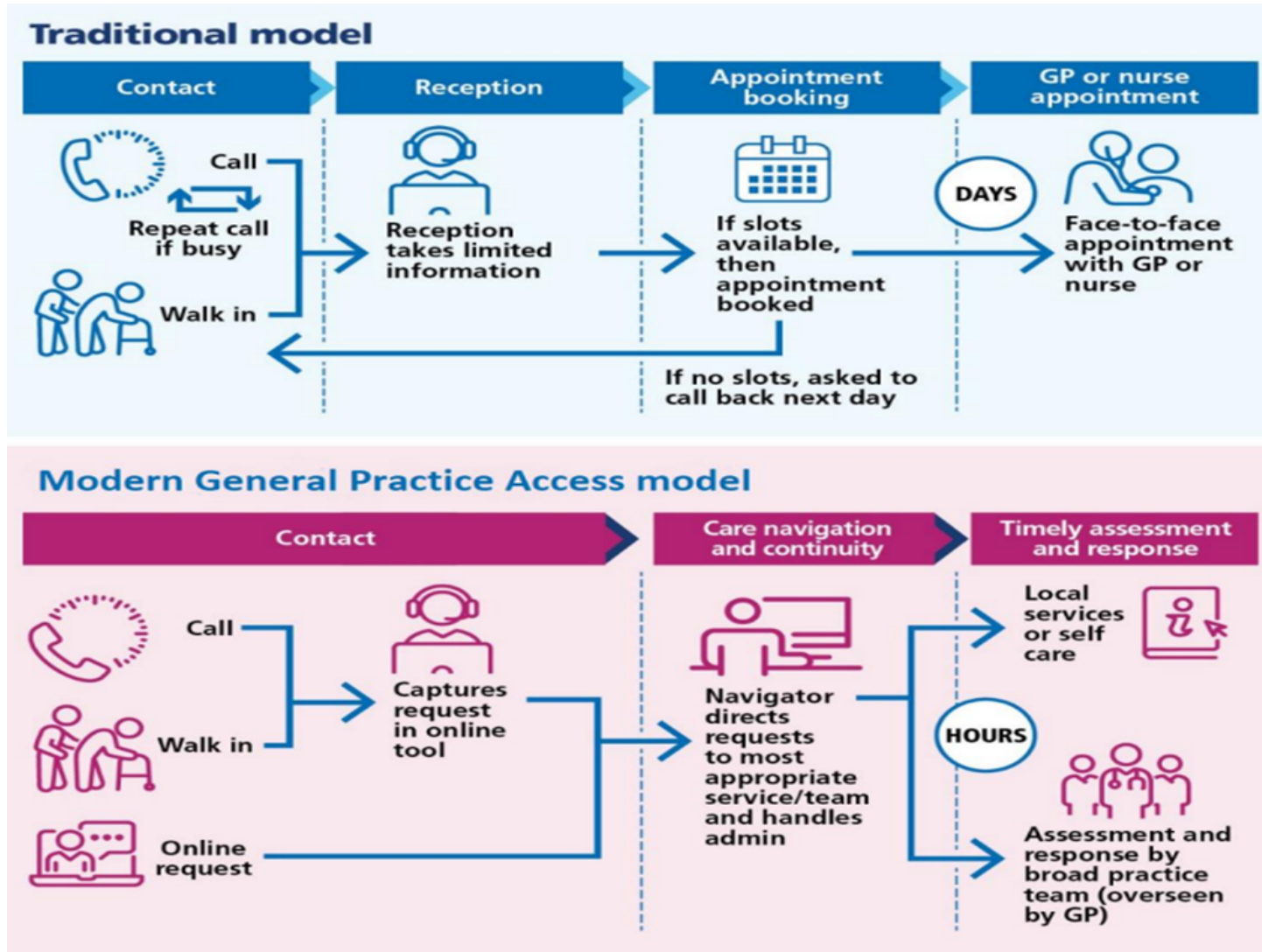
The aims of the plans are:

- to tackle 8am rush and the number of people struggling to contact practices
- for patients to know on the day they contact their practice how their request will be managed

Themes within the Kirklees PCN Access Plans

- Informed by what patients are saying and experiencing through a number of data sources including patient surveys, Friends and Family Test, capacity and demand audits, Healthwatch, some working with Patient Participation Groups and community groups
- Heavy focus on care navigation to a wider range of roles and services – how do we collectively support patients to better understand the new workforce in General Practice.
- Increasing the use of online consultations – mindful of digital inclusion
- Maximising recruitment and use of Additional Roles Reimbursement Scheme (ARRS)
- Ensuring all practices are enabled for cloud based telephony (20/64 practices)
- Reviewing websites for accessibility
- Appointment slot mapping
- Patient Journey project
- Increasing use of Community Pharmacy Consultation Service (CPCS)

Modern General Practice Access Model



Supporting General Practice through Winter

- NHSE issued a letter on 27 July sets out the national approach to 2023/24 winter planning.
- Delivery of Primary Care Access Recovery Plan but specific focus on:
- Maximising recruitment, retention and use of ARRS roles
- Winter Vaccination Campaigns – Flu and Covid alongside expansion of shingles vaccination
- Expansion of capacity – delivering more appointments to meet demand – part of a commitment for an extra 50m appointments every year nationally
- High Impact Interventions – Acute Respiratory Infection Hubs – mobilised these successfully last year within primary care in the Winter months
- Increasing capacity with larger multidisciplinary teams, including over the Christmas period.
- Improving the primary-secondary care interface.
- Offer Bank Holiday & Sunday appointments (over and above national requirements)

Annual GP Patient Survey - 2023

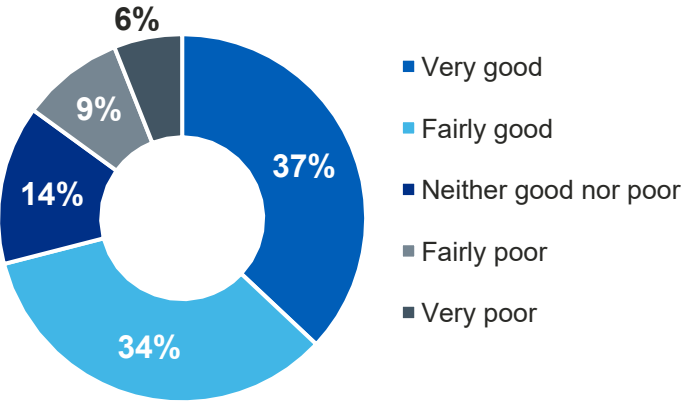
- The GP Patient Survey results were published on 13th July. The survey assesses patients' experiences of healthcare services provided by GP practices and experience of NHS dental services <https://gp-patient.co.uk/surveysandreports>
- Nationally, the proportion of patients reporting a good overall experience of the GP practice decreased to its lowest level for six years (71%) – a 1percentage point decrease compared with the 2022 survey (72%) but 12 percentage points lower than 2021 survey (83.0%). This had steadily declined from 2018 to 2020, followed by an increase in 2021.
- Overall, 55% had used at least one online general practice service in the 12 months before taking part in the survey, the same level as the 2021 survey
- In West Yorkshire, the question relating to overall experience of your GP practice rated the same as the national average of 71% but there is variation across practices and Primary Care Networks.

Overall experience of GP practice

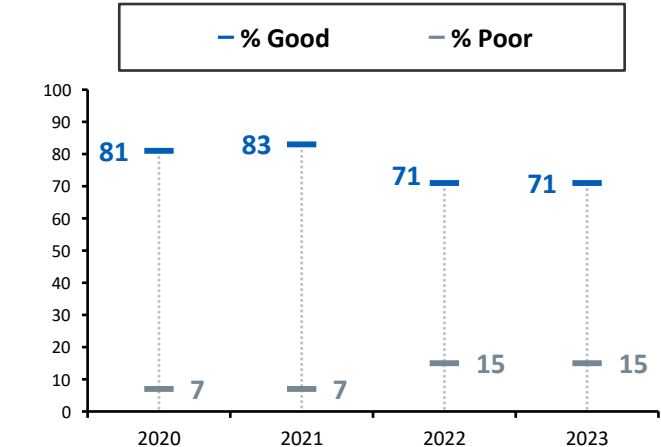
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Q32. Overall, how would you describe your experience of your GP practice?

ICS result

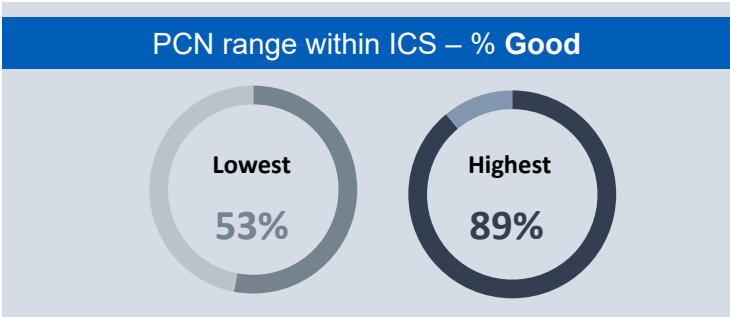


ICS result over time



Comparison of results

ICS		National	
Good	Poor	Good	Poor
71%	15%	71%	14%



%Good = %Very good + %Fairly good
 %Poor = %Very poor + %Fairly poor

Primary Care Workforce

From April 2022 to March 2023 there were a total of 192 Full Time Equivalent (FTE) employed via the Additional Roles Reimbursement Scheme (ARRS) in Kirklees:

- 16 different roles employed, included: 80 FTE Clinical Pharmacists, 20.5 FTE Care Coordinators, 14 Social Prescribing Link Workers (SPLW) and 5 Mental Health Social Prescribing Link Workers
- Personalised Care Approach – teams hosted by the Local Authority include SPLW, MH SPLW, Care Co-ordinators and Health and Wellbeing Coaches
- All PCNs are required to complete workforce plans twice a year (August and October), when plans are updated and set out recruitment intentions for the next financial year.
- ARRS roles have a significant amount of investment as part of the national commitment to stabilise the workforce and assist with rising demand.
- In Kirklees the budget for 2022/23 was around £7m and for 2023/24 the allocation is increased to c£10m to reflect new flexibilities and extra roles within the scheme.

Kirklees Council

Demand and capacity

- Increased demand from community and for discharge support.
- Context of recruitment and retention challenges across the sector
- Higher level of complexity evident through increased individual packages of care and numbers being supported. 11.5hours 2020 to 13.5 in 2023.
- Discharge to assess approach being sustained
- Home first through reablement and intermediate care to ensure decisions about long term needs are made following rehab and recovery and in the right setting.

Market Sufficiency

- D2A beds, local level funding, with a plan to reduce reliance.
- We have an agreed set weekly rate for D2A beds which takes into account the higher turnover of these beds and the additional work involved by the provider in facilitating speedier assessments and paperwork.
- We continue to fund Kirklees Care Association and we are seeing considerable benefits for providers across the Social Care Market due to the work of the Association, particularly in terms of increased digital funding, provider representation on key system wide meetings and support with workforce development.
- Care home placements are at pre pandemic levels with significant increase in domiciliary care provision – 9,000 hours in 2020, 21/22 17,000, 22/23 18,000 to 20,000 hours in 2023.
- We have completed the Fair Cost of Care Exercise and submitted our Market Sustainability plans to the DHSC.

Assistive Technology

- Exploring opportunity for enhanced use to support demand and improved outcomes
- Community equipment services-
 - Increased demand in terms of complexity
 - Increase in same day requests to support discharge to assess
 - Clinical capacity increased in the team supporting equipment prescribers to consider cost effective equipment that creates better outcomes for people
 - Relaxed criteria to support care homes through short term loan

Knowing Ourselves Well - Performance Information

Pathways

- 87% of patients who were discharged from hospital and referred to the Discharge Team/KILT received an onward referral to a Pathway Outcome 1 service
- 9% of patients who were discharged from hospital and referred to the Discharge Team/KILT received an onward referral to a Pathway Outcome 2 service
- 93% of patients who were discharged from hospital and referred to the Discharge Team/KILT were not re-admitted within 31 days of the referral being received

Urgent/Crisis Response

- More than 70% of patients who required a 0–2-hour Urgent Community Response were seen and assessed within the target timeframe, with more than 80% of patients who required reablement following an urgent community response provided with a service within the target timeframe
- Number of referrals to LA Rapid Response service increased by 12% on last year to an average of 85 per month. Average length of stay on LA Rapid caseload equates to 17 days

Kirklees Reablement Service

- Increase in referrals to an average of 122 per month (influenced by low levels during early part of Covid)
- People who had a successful outcome following reablement improved and latest data is at 81%

Intermediate Care Service

- % of referrals into a bed-based offer is reducing, with a proportionate increase in home based intermediate care through the KILT – this is in line with our shared strategic intent
- 98.7% of patients who were referred to a Locala Intermediate Care Service demonstrated an improved or maintained level of functioning on transfer or exit from service
- The average length of stay for patients in Intermediate Care Bed had regressed to 40 days during the period Oct 2022 to April 2023

Discharge to assess beds

- Local funding identified to support D2A beds whilst the development of the Home First pathway has been implemented
- The Acute pressures relating to increased footfall and conversions of A&E attendances alongside the recent Doctors' strikes have created high levels of demand for all discharge services.

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

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

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

Discharge Workshop Event held on the 12th of May, involving Adult Social Care and a wide range of partners in Kirklees with a view to:

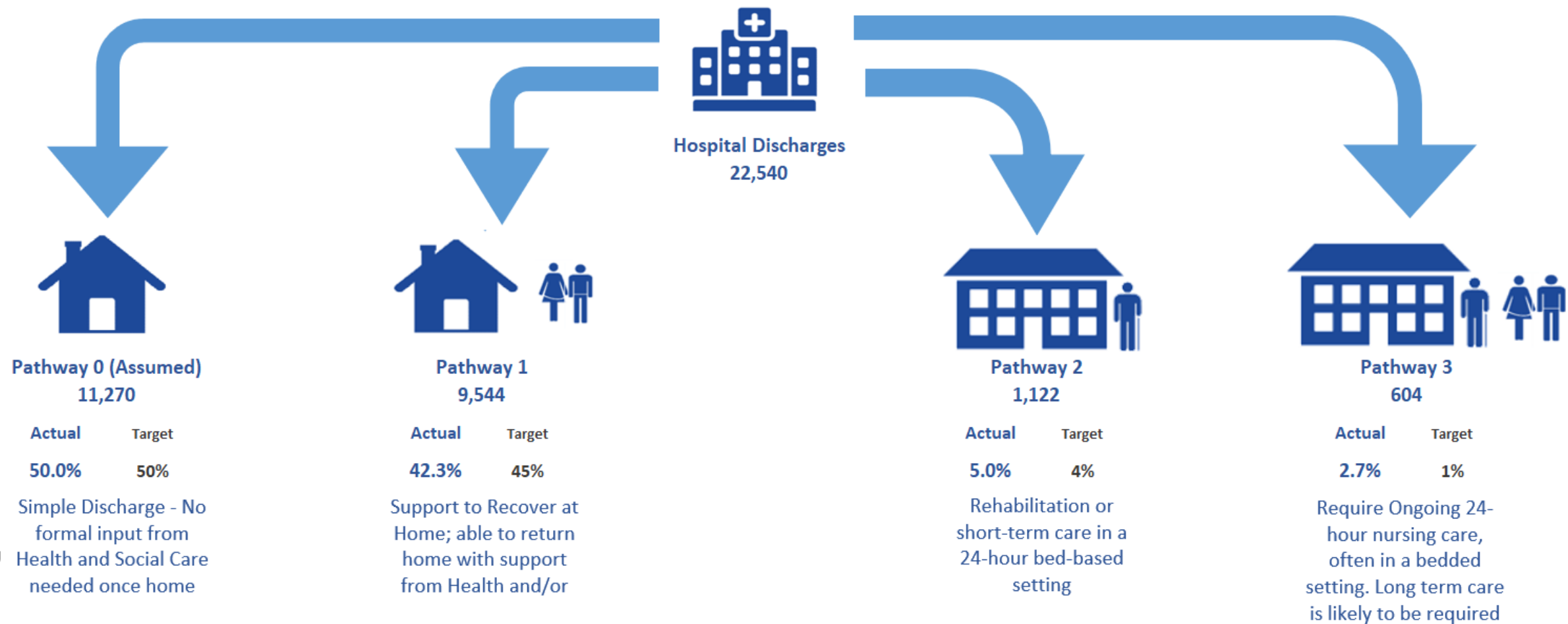
- Understanding the capacity and demand variations for post hospital care provision, and
- Developing scenarios and recommendations for addressing capacity gaps and meeting current/anticipated levels of discharge demand flows

As a Care and Health ‘system’, there is collective agreement that the current model for discharge to assess is unsustainable:

- Short term funding through Covid19, winter initiatives and the D2A beds introduced during the pandemic have resulted in a variety of fragmented initiatives to support the acute trusts with patient flow.
- There is a shared ambition to reduce the reliance on discharge to assess beds in the long term by enhancing the range and capacity of other initiatives that result in improved outcomes for individuals and their carers and reduced demand for long term care and support.

Key Findings – D2A Pathways (‘as is’ model)

Pathway Destinations for Hospital Discharges April 2022 - March 2023



Key Findings – Discharge Activity and Pathways

- Our local model has a continued over-reliance on bedded support
- Outcomes for patients/service users through bed based solutions are not consistent with the outcomes we want to pursue as a system - - 78% of people remain as 'short stay' residents at 28 days - on average an additional 3 weeks LOS*
- There are opportunities to take a prevent/reduce/delay approach by maximising the opportunities for patients/service users to benefit from short term reablement support at home, further embedding the home first ethos and maximising independence

Modelling estimates indicate that to achieve the 45% national expectation for Pathway 1, **approx. 3 additional patients a day** would need to move from being admitted to a **D2A bed** to being discharged **home first** with the necessary health and care support.

Workforce

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

Key areas of work

- Joining together an overall workforce development approach for care homes and other providers.
- Reducing barriers for new entrants to the sector.
- Support the provision of learning and staff development on the ground.
- Continue to support the resilience of the care market through the In2Care offer

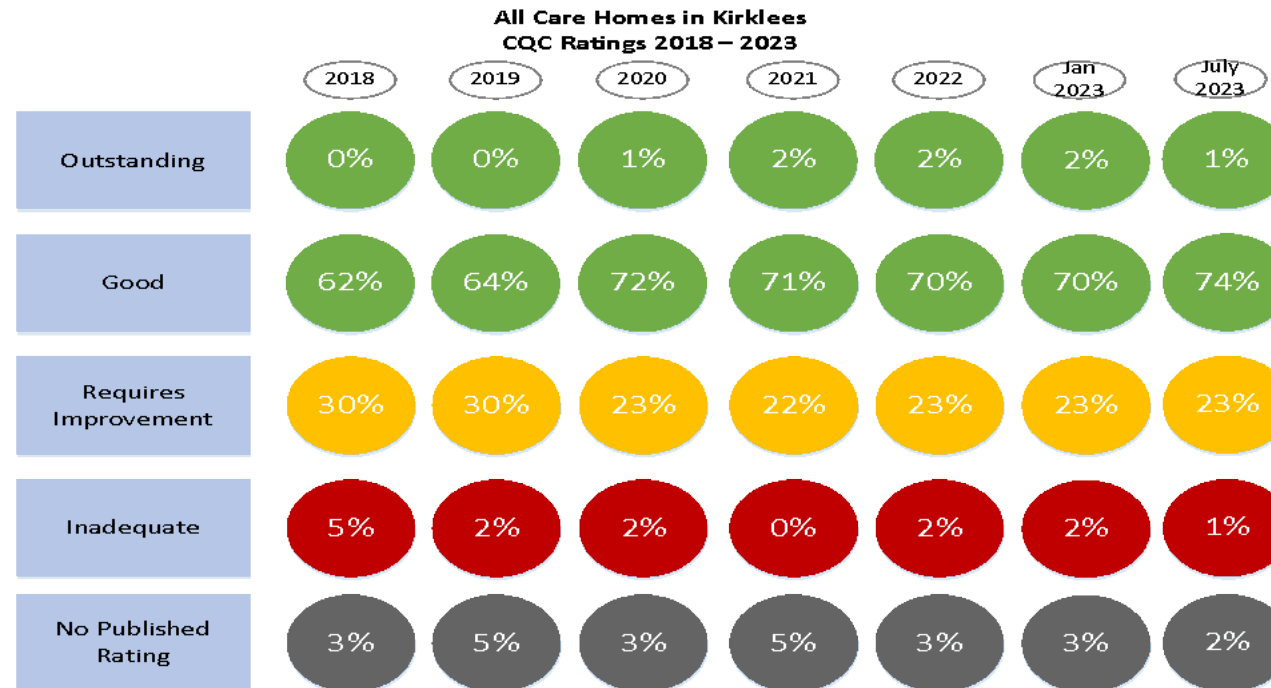
Progress made

- attracting more people to work in social care through In2Care by providing a bespoke matching service between applicant and employer - supported approximately 1860 local people into local social care jobs since 2020.
- Mapped, collated and marketed a range of development opportunities.
- Piloted Trainee Nurse Associate roles with academic network.
- Providing fortnightly themed virtual learning sessions.
- Wellbeing supported through menu of opportunities.

Key issues and challenges in the sector

Quality in care homes

- After the Pandemic CQC changed their inspection regime to focus on the highest risk homes, so ratings were expected to dip.
- The development of our Enhanced Quality Surveillance processes and Multi-Agency EQS processes have enabled the system to put support into the homes where required.



Figures may not sum due to rounding

Kirklees Council – ASC & Public Health – 2023/24

Council

Significant unbudgeted pressures being seen – Cost of living , energy, pay award etc
The council reported a £27m overspend at Outturn 2022/23
Management actions to mitigate inflationary pressures in-year, and for future budget planning
£47m of further savings are needed to achieve a balanced budget in 2024/25

Adult Social Care

Outturn position = £+1.4m, £2.3m of savings planned for 2023/24
Provider cost pressures (energy/fuel/cost of living)
Workforce recruitment & retention (across the market)
Ongoing pressures on demand led activities + heightened complexity of packages
Further savings are identified for 2024/25

Other key ASC issues

‘Fair cost of care’ for placements/home care, a govt driven programme – what is the fair cost? Sustainability plan
Charging policy reform – Cap on care costs, changes for self-funders, impact on the market?
Continued joint working – Regional and local partners continue to work jointly for maximum local benefit.

Public health issues

£0.3m of efficiency targets planned for 2023/24
Cost of living impact on commissioned providers

Locala Community Services

Community: Waiting List Management

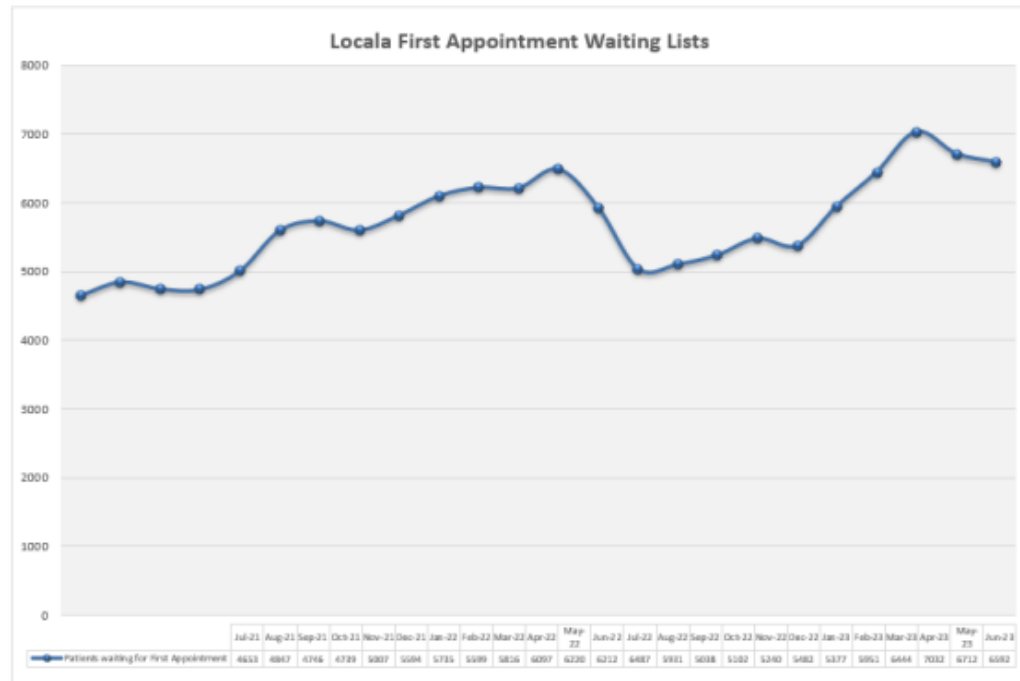


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- Reviewed internal policy and developed trajectories for services to ensure focus on meeting waiting time targets
- Details of backlog including patient numbers and waiting times (by service)
- Approach being taken to manage the backlog and progress being made
- Focus on equality, diversity and health inequalities as part of triage and risk management
- Identifying which areas are facing the greatest pressures and underlying reasons to implement Quality Improvement strategies
- Continuing to work with system partners to review and manage impact of pressures in adult social care and community services to include the capacity to meet demand, help reduce admissions and free up capacity in the hospitals.

The Current Position

As of June 2023, there were 6592 patients waiting for a First Appointment for a Locala Service in comparison to 4653 patients in July 2021, **which is an increase of 42% compared to two years ago**



Unit	Jul-21	Jun-23
Locala Community Rehabilitation	1040	953
Locala Ageing Well Service		14
Locala Cardiology Team	22	40
Locala Care Home Support Team	59	81
Locala Community Nursing	11	
Locala Continence Service	277	1238
Locala Dental	1468	1658
Locala Diabetes Specialist Nurses		64
Locala Discharge Team & KILT		4
Locala Musculoskeletal South	717	216
Locala Paediatric Services	362	694
Locala Podiatry	410	783
Locala Respiratory Service	95	136
Locala Self Help Advisory Service	190	206
Locala Stockport Community Gynaecology		484
Locala TB Liaison	2	21
Total	4653	6592

Services proactively manage waiting times at an individual patient level for waits beyond 18 weeks and report routinely to the ICB. The impact of the revised policy is starting to reduce numbers of people waiting. Dental service continue to hold the longest waiting times

Clinical prioritisation and Risk



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Each service continually monitors their waiting lists, ensuring patients are prioritised depending upon their needs. Any patients deemed to be a higher risk is supported through a clinical priority process and additional resource is sought to manage and reduce risk. Reports provided to Locala's Quality Committee to assess and mitigate risk to patient safety. Focus on equality, diversity, health inequalities and reducing disparities.

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

Patient information includes when to escalate any changes in condition to ensure waiting is clinically safe.

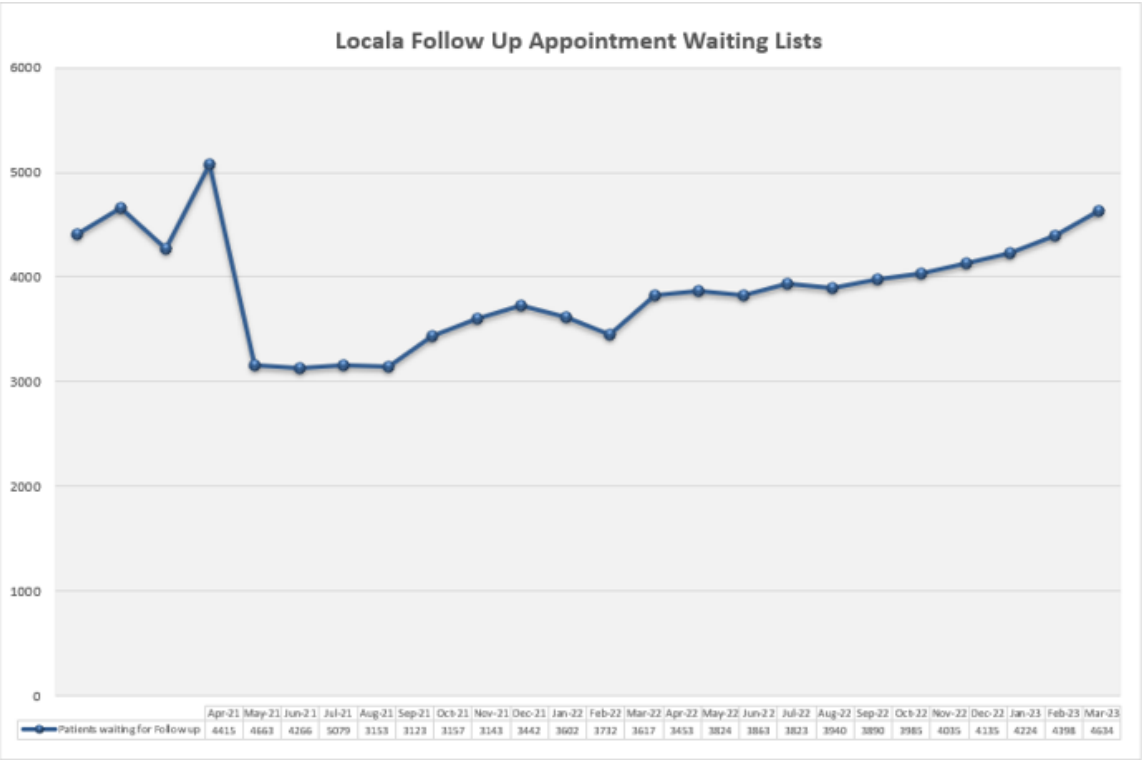
Approach being taken to manage the backlog

Locala have developed an inhouse bespoke Waiting List Management tool to gain valuable insight into the resource required to reduce a Waiting List to an agreed ambition level. The tool reports the level of weekly referrals received and the number of clinics available, it builds in the existing backlog of patients waiting and works out the optimum number of clinical appointments required to drive down waiting lists to the ambition target.

The Current Position

As of June 2023, there were 4568 patients waiting for a Follow Up Appointment for a Locala Service in comparison to 5079 patients in July 2021, **which is an increase of 11% compared to two years ago**

PIFU and virtual reviews



Unit	Jul-21	Jun-23
Locala Community Rehabilitation	46	42
Locala Continence Service	1	
Locala Dental	2410	3195
Locala Dermatology South	369	540
Locala Intermediate Care	12	
Locala Musculoskeletal South	172	89
Locala Paediatric Services	181	459
Locala Plastic Surgery	2	
Locala Podiatry	1843	
Locala Respiratory Service	41	150
Locala Stockport Community Gynaecology		93
Locala TB Liaison	2	
Total	5079	4568

Community Developments



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

Urgent Community Response and the **Integrated Transfer of Care** (Hospital Discharge) in place with dedicated teams to support the demand around hospital discharge and admission avoidance. **Virtual ward** now in place across working across Calderdale, Kirklees, Wakefield footprint to enhance resilience and consistency for Kirklees where there are two acute hospitals. Supporting acute patients in community and improving transfer of care

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

Kirklees Community Services contract review underway with all specifications reviewed and gap analysis undertaken. ICB leading with Locala and other partners to ensure future community provision is fit for purpose

CKW Community Diagnostics Centres

Background

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

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

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

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

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

What is a community diagnostic centre?

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

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

Tests include imaging, physiological measurement, pathology

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

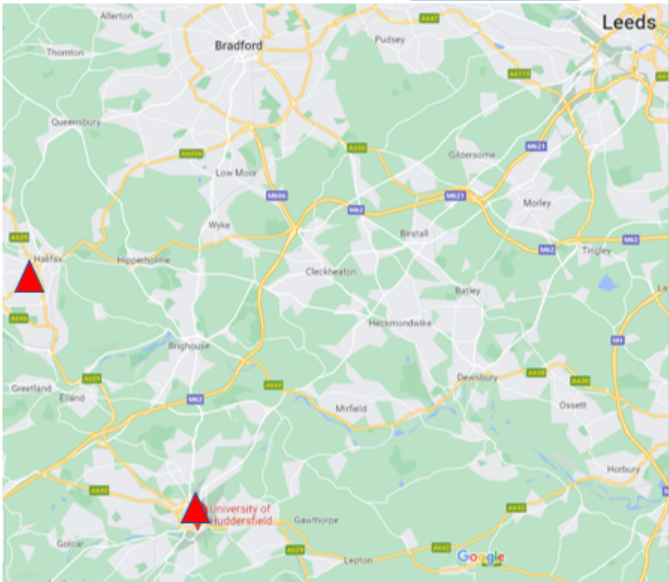
Update for Calderdale & Huddersfield

CHFT will open a CDC Hub on the University of Huddersfield (UoH) Health Campus in January 2026. An interim capacity plan is in place to deliver CT activity from October 2023 and MRI activity from July 2024. The UoH campus is a town Centre location with excellent transport links. It also provides significant opportunities for training, development of new roles, advancement of research and innovative use of technology.

The business case for a CDC Spoke at Broad Street, Halifax was approved in June 2023. Activity will start to be delivered from December 2023, with full opening planned for Q1 2024.

Achievements to date: design and project teams for both schemes in place; commercial partnership with University of Huddersfield in draft; interim capacity plan confirmed; workforce planning underway. Successful bid for funding to support international recruitment of 10x radiographers and 4x radiologists.

	22/23 Cap / Rev £m		23/24 Cap / Rev £m		24/25 Cap / Rev £m	
Huddersfield Hub	0.1		1.3	0.653	18.276	TBC
Halifax Spoke			7.916	1.958		6.746



Services	University (Hub)	Halifax Shopping Centre (spoke)
Imaging	Yes	Yes
Pathology	Yes	Yes
Physiological Measurement	Yes	Yes
Endoscopy	No	No

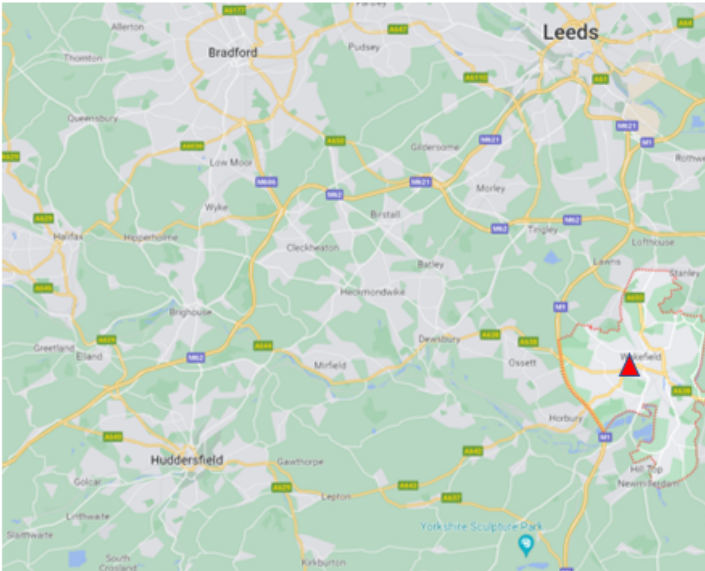
Update for Wakefield

The location of the Wakefield Community Diagnostic Centre (CDC) is Westgate Retail Park, Ings Road. It has been chosen for its excellent accessibility. This includes being close to bus routes, Wakefield Westgate train station and with free customer parking.

Achievements to date: capital equipment procured; design team in place; building design completed; re-fit tender issued; workforce plans in place for all modalities/services

Teams are working towards opening the CDC in December 2023. This includes completing the building fit out; Northern PowerGrid confirming sufficient electricity supply; equipment installation; CQC registration for the new location, and ongoing workforce and operational planning.

22/23 Cap / Rev £m		23/24 Cap / Rev £m		24/25 Cap / Rev £m	
5.93		6.309	2.032		TBC

	
Services	Town Centre (Hub)
Imaging	Yes
Pathology	Yes
Physiological Measurement	Yes
Endoscopy	No

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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
1. Resources of the Kirklees Health and Adult Social Care Economy	<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. 	
2. Capacity and Demand – Kirklees Health and Adult Social Care System	<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. 	

3. Joined up Care in Kirklees Neighbourhoods	<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. 	
4. Mental Health and Wellbeing	<p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> • 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. 	
5. Managing capacity and demand	<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. 	

6. Maternity Services	<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. 	
7. Access to dentistry	<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. 	
8. Kirklees Safeguarding Adults Board (KSAB) and the Care Quality Commission (CQC)	<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. 	

9. Adult Social Care (ASC)	<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. 	
10. Joined up hospital services in Kirklees.	<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. • Data to demonstrate the benefits to patients for those services that are jointly supported and/or delivered. 	
11. External Consultancy	<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 20223	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 3. Older people’s mental health inpatient services transformation programme
27 September 2023	1. Joined up Care in Kirklees Neighbourhoods 2. Managing Capacity and Demand.
22 November 2023	1. Maternity Services in Kirklees 2. Joined up hospital services in Kirklees
24 January 2024	1. Adult Social Care 2. External Consultancy
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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