

# Public Document Pack



**Service Director – Legal, Governance and  
Commissioning**

**Julie Muscroft**

Governance and Commissioning

PO Box 1720

Huddersfield

HD1 9EL

**Tel:** 01484 221000

Please ask for: Yolande Myers

Email: yolande.myers@kirklees.gov.uk

Tuesday 14 November 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 22 November 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', on a light-colored background.

**Julie Muscroft**

**Service Director – Legal, Governance and Commissioning**

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

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

### **Member**

Councillor 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

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**Pages**

**1: Membership of the Panel**

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

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**2: Minutes of previous meeting**

1 - 4

To approve the Minutes of the meeting of the Panel held on the 27 September 2023.

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**3: Declaration of Interests**

5 - 6

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.

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**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.

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**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.

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## **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.

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## **7: Castle Grange and Claremont House Care Homes Consultation**

7 - 20

To consider a summary of the aims, principles, methodology and emerging themes of the public consultation.

Officer: Richard Parry, Strategic Director Adults and Health

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## **8: Maternity Services**

21 - 36

Representatives from Calderdale and Huddersfield Foundation NHS Trust and Mid Yorkshire Teaching NHS Trust will be in attendance to present details of the work being done across Kirklees on access to Maternity Services.

Contact: Yolande Myers, Principal Governance Officer

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## **9: Work Programme 2023/24**

37 - 42

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

Contact: Yolande Myers, Principal Governance Officer

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Contact Officer: Yolande Myers

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Wednesday 27 September 2023**

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

In attendance: Councillor Elizabeth Smaje  
Michelle Cross, Service Director, Mental Health and Learning Disability,  
Saf Bhuta, Head of Care Provision, Kirklees Council  
Gill Greenfield, Service Director, Communities and Access Services  
Catherine Wormstone - Director of Primary Care, Kirklees Health and Care Partnership  
Vicky Dutchburn, Kirklees Place Director of Operational Delivery & Performance  
Dr Rizwan Ali – Planned and Urgent Care Lead  
Steve Brennan, Kirklees Place Programme Director, ICB  
Helen Carr – Chief Executive of Local Care Direct  
Helen Duke, Assistant Director of Operations, Locala Community Services  
Ruth Buchan – Community Pharmacy Clinical Lead, ICB

Apologies: Helen Clay (Co-Optee)  
Kim Taylor (Co-Optee)

#### **1. Membership of the Panel**

Apologies for absence were received on behalf of Kim Taylor and Helen Clay.

#### **2. Minutes of previous meeting**

The minutes of the meeting held on 16 August 2023 were approved as a correct record.

#### **3. Declaration of Interests**

No interests were declared.

#### **4. Admission of the public**

All items were taken in public session.

## **5. Deputations/Petitions**

No deputations or petitions were received.

## **6. Public Question Time**

No questions were asked.

## **7. Joined Up Care in Kirklees Neighbourhoods**

The Panel welcomed representatives from the Kirklees Health and Care Partners who provided an update on Joined Up Care in Kirklees Neighbourhoods and Capacity and Demand.

The presentation included an update on the Primary Care Access Recovery Plan, which was published in early 2023. A key element of the plan focused on access into general practice, as well as methods of access, particularly in relation to telephony systems. There were 20 GP practices already working towards implementing Cloud based telephony, which was a more resilient telephone-based system.

The Panel noted that the Primary Care Appointment Data showed demand for appointments was far higher than pre-pandemic and practices were struggling daily on how best to meet those demands. However the Additional Roles Re-imburement Scheme had created an further 17 roles that could be deployed into general practice teams.

The Panel was given an update in relation to Community Pharmacy and that there had been some challenges, but they were working hard to support primary care access through the Community Pharmacy consultation scheme, in which 9 out of 10 patients could be managed. The Community Pharmacy was also looking to develop better record access, offering a blood pressure check service and contraception service by the end of the year, which would help to relieve some pressure on General Practices.

The Panel was given an update in relation to Urgent Community Response which was the link for urgent care services across Kirklees. The Panel was informed that Kirklees was an innovator of the scheme and had operated in partnership across different organisations. The service was trying to foster a one door referral pathway to help people get access to urgent care more easily and had developed pathways with the ambulance services in order to help relieve pressure on the service.

The panel was informed in relation to Community Neighbourhoods that a five year programme was in place that focused on communities, and how patients could be supported in the places they lived. The plan was in its second year and the key priorities were (i) Community Support Movement (ii) Falls Prevention Work (iii) Proactive Follow Up Support and (iv) Self-management Support.

The Panel was advised that Mobile Clinical Van testing had been carried out in Neighbourhoods and work had been done in partnership with other organisations. This had been a huge success, and there was a need to consider how to expand the service further in terms of building on existing programmes, working collaboratively, and focusing on the key priorities.



In relation to Adult Social Care and Hospital Discharge, the Panel was advised that a strategic model for discharge was developed in collaboration which built on the strengths within the partnerships, recognising that home first was the best outcome for people coming out of hospital. It had created additional capacity for people to receive short term support, either homebased or bed based (which was a recovery hub for those with more complex needs), and also rationalised the offer of immediate care and home first which fundamentally supported all patients to go home and benefit from a home-based environment.

The Panel was given an update in relation to Workforce, and that the focus of a Kirklees Workforce Group was to add value to what individual organisations were already doing in terms of recruitment and retention of staff, along with staff health and well-being. The Panel was advised that access to good employment was key to people's health and wellbeing and helped in terms of retaining staff, but it could drive inequalities that existed in society.

Questions and comments were invited from Members of the Panel and the following issues were raised:

- In response to a question around access to GP's, the panel was informed that data showed 85% of appointments were on the day of request and that 80% of those appointments were face to face. Kirklees was high ranking in this area.
- In response to a question from the panel regarding how the Primary Care Network and place-based working came together, the Panel was advised monthly meetings took place with a range of representatives such as GP's, Community Providers, Voluntary Sector Providers etc to look at projects to improve the health needs of the population and to help embed relationships and improve the lives of patients.
- Following a question around new house building, the panel was advised that work was being undertaken to develop an estate strategy with the ICB that would take into consideration large developments and capacity.
- In relation to the NHS app, the Panel was informed that the app was more advanced in terms of access to record, requests to review medication, online consultations etc, and that there was potential to develop it further, however there was still a need to be mindful of digital inclusion.
- Following a question around access to pharmacies, the Panel was advised that the closures and reduction in hours were in line with pharmaceutical regulations. The Panel was informed that the Health and Wellbeing Board was to undertake an assessment to identify any gaps in service and how they could be addressed.
- The Panel was informed that the Pharmacy Access Scheme was a national scheme which provided some protection for pharmacies in relation to levels of deprivation, distance from other pharmacies and would allocate a fixed sum of money.
- In relation to wrap around care support the Panel was advised that a seven day offer had enabled up to three additional discharges on a weekend. Short term support was available for up to six weeks with a consideration for onward care with some good success.

- The Panel noted that there continued to be no waiting list for domiciliary care in Kirklees.
- The Panel noted the discharge package for people returning home and the backlog for home adaptations. There was a good equipment offer through Kirklees Community Equipment, however demand outweighed the capacity on specialised home adaptations.
- In response to a question regarding additional capacity for PCN's, The panel was informed that Kirklees had introduced Sundays and bank holidays for people who needed an urgent on the day appointment.
- Following a question regarding promoting access to services on a Sunday, the Panel was advised that it was part of the recovery plan and a national campaign to advertise services through tweets etc. Sunday was a pilot to support the system at a time of pressure and there had been little wastage of the slots available.
- In response to a question around the mobile clinical van the panel was advised that the clinical mobile van was a pilot and had been successful. There was lots of scope for expansion, but it had to be tested first.

**RESOLVED** – That the update be noted, and attendees be thanked for attending the meeting.

| <b>KIRKLEES COUNCIL</b>                       |   |   |                                    |  |
|---|---|---|------------------------------------|--|
| <b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b> |   |   |                                    |  |
| <b>DECLARATION OF INTERESTS</b>               |   |   |                                    |  |
| 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.



# Castle Grange and Claremont House Care Homes Consultation

Health and Adult Social Care Scrutiny  
Panel – November 2023



# Introductions and Topics

## **Purpose:**

A summary of the aims, principles, methodology and emerging themes of the public consultation.

## **What we are going to discuss:**

- Overview of Castle Grange and Claremont House
- Care Homes proposals presented to Cabinet
- Consultation Aims and Approach
  - How to get involved
  - Timeline
  - Emerging Themes from Survey
  - Themes from Families Sessions
  - Themes from Other Stakeholders
- Impact Analysis/Assessment
- Options Considered
- Timeline
- Next Steps

# Castle Grange and Claremont House

Castle Grange is situated at the junction of Ing lane and Dawson Road in Newsome.

Claremont House is situated at the junction of Brighton Street and Claremont in Heckmondwike.

## Both Care Homes:

- Are owned and run by the Council, providing twenty-hour residential care and support for people over the age of fifty-five who have a Dementia diagnosis. Service users below these ages may be accommodated if the establishment clearly meets their needs, or in exceptional cases, on a temporary basis in emergency situations.
- Have provision for thirty long stay and short stay beds.
- Provide bedrooms which are single occupancy with en-suite shower facilities.
- Are two-storey building with use of either a lift or stairs to access the first floor. Each floor is divided into two self-contained suites that consist of ten personalised en-suite bedrooms, one open planned lounge and dining area, one kitchen with facilities to promote independence and one assisted bathroom.

Castle Grange is temporarily accommodating a Dementia Day care service, this has reduced the homes provision to thirty beds in total, twenty-six beds are currently occupied by long stay service users and four beds are used for short stay/emergency placements.

Claremont House is undertaking a series of decoration, this has reduced the homes provision to thirty beds in total, twenty beds are currently occupied by long stay service users and ten beds are used for short stay placements.

# Context – Cabinet Proposals

A report went to Cabinet on 26 September for approval to enter into formal consultation to close Castle Grange and Claremont House residential care homes and instead to provide care through other care homes instead.

The report asked for approval in principle (subject to stakeholder consultation) for:

- The Council to withdraw from the long stay residential care market
- The Council to focus direct care delivery in parts of the care market where there are fewer providers and options for people.

Current users of both care homes would continue to receive a residential care service but through independent sector care homes instead.

The proposal would involve consulting with the residents and families, and with the wider body of care providers about reassessing resident needs to provide suitable alternative accommodation in independent sector care homes. It would also involve consulting with staff and unions around the service reprovision.



# Consultation Aims

The aim of the consultation process is to:

- Communicate clearly to residents and stakeholders the proposals for the future of the dementia residential care homes run by the council.
- Ensure all stakeholders who wish to comment on the proposals have the opportunity to do so, enabling them to raise any impacts the proposals may have.
- Allow participants to propose alternative suggestions for consideration which they feel could achieve the objective in a different way.
- Provide feedback on the results of the consultation to elected Members to enable them to make informed decisions about how to best progress.
- Ensure that the results/findings are analysed in a meaningful, timely fashion, so that feedback is taken into account when decisions are made.

The consultation is not a vote nor is it a platform through which Cabinet decision to consult could be formally challenged, rather it enables participants to read about the preferred option, answer questions and make comments that will enable the final decision to be made.

# Consultation Approach

## **What are we consulting about?**

We are consulting on proposals presented to the Cabinet on 26 Sept to review and explore the potential closure of the Council's Long Stay Residential Care Homes – Castle Grange and Claremont House.

## **Rationale for proposals**

The strategic aim for social care is to support people to live independently in their own homes for as long as possible. This is reflected in the significant expansion in reablement and home care capacity across Kirklees and investment in the new build dementia day service at Knowl Park House.

The Council is a significant service provider in some areas where there are fewer alternatives e.g dementia day services and day services and respite for people with a learning disability. The Council has made significant investments in these areas.

In other areas of social care where there is a wider range of providers, the council provides a small part of the total provision. Examples include residential and nursing home care where the vast majority of provision is provided by the independent sector

# Consultation – How to get involved

## How to get involved in the consultation

| Method                  | Detail   |
|-------------------------|--|
| Web page                | Consultation page on the council website: <a href="http://www.kirklees.gov.uk/care-home-consultation">www.kirklees.gov.uk/care-home-consultation</a><br>This will be used in digital and non-digital communications  |
| Online survey           | <a href="https://online1.snapsurveys.com/carehome">https://online1.snapsurveys.com/carehome</a> consultation<br>direct link to survey  |
| Paper copies of survey  | Copies available in care homes and in other community settings /partners as required.<br><br>Contact <a href="mailto:carehome.consultation@kirklees.gov.uk">carehome.consultation@kirklees.gov.uk</a> should you need a paper copy                                       |
| Advocacy sessions       | To support people to take part in the consultation.  |
| Face to Face Meetings   | Aimed at families of residents and with structured themes for each session.<br>These are not *public* meetings.  |
| Dedicated email address | An email address has been set up for people to contact the council if they need to. All enquiries are being logged and dealt with in a timely manner.<br>The address is <a href="mailto:carehome.consultation@kirklees.gov.uk">carehome.consultation@kirklees.gov.uk</a> |

# Consultation Timeline

## Consultation Timeline

| Week  | Activity  |
|---|---|
| w/c 09 Oct<br>(week 1)                                      | Consultation launched 11 October 2023 – information shared with key stakeholders  |
| w/c 23 Oct<br>(week 3) through<br>to w/c 04 Dec<br>(week 9) | Activity during this period involves a range of ways in which feedback is gathered from key stakeholders. This includes: <ul style="list-style-type: none"><li>• Dedicated sessions with families of care home residents - format of each session is co-designed with family members</li><li>• Consultation with staff to gather their feedback on the proposals</li><li>• Attendance at key meetings and fora, including the Dementia Practitioner Forum and the Newsome Community Forum</li><li>• Engagement with care home providers, through engagement with the Kirklees Care Association</li><li>• Ongoing feedback and engagement with families of care home residents to ensure full, open and meaningful dialogue through the consultation process</li></ul> |
| w/c 02 Jan (week 13)  | Consultation ends 03 January 2024.  |
| w/c 05 Feb<br>(week 18)                                     | Results presented at cabinet – 06 Feb   |

# Consultation Survey – Emerging Themes

- The main method for gathering feedback through the consultation is an online survey (paper copies of the survey are also available)
- The survey provides appropriate amount of information to be included in a structured questionnaire, ensuring respondents are aware of the background and detail of the proposals.
- We have received 100+ responses to date – high level themes from the survey include:
  - Identifying Council savings and/or efficiencies through other initiatives to help protect social care services
  - Impact of the proposals on resident (and family) health and wellbeing, both short term and long term
  - Recognising the good quality care provided through Castle Grange and Claremont House, and identifying equivalent high quality choices in the wider care home provider market
  - Impact of the Council no longer being a provider of residential care for older people with dementia
  - Balancing the need for financial savings with the human impact of the proposals
- Detailed feedback will be shared with the committee after the consultation closes

# Sessions with Families – Initial Feedback

- Multiple face to face meetings have been held with family members of residents of Castle Grange and Claremont House before and during the consultation
- At the pre-consultation briefing families were made aware about the proposals and how they could get involved with the consultation as early as possible.
- Subsequent meetings have focussed on: understanding the Council's preferred model, understanding the cost and benefit of options explored, impact of proposals on resident wellbeing and family wellbeing, identifying and appraising alternative options etc.
- High level themes emerging from these sessions include:
  - Concern about the proposed review of these settings with a view to closure of the in-house dementia care homes and alternative options to be explored in the private sector.
  - Families are seeking assurance that the private sector can deliver the same high level of quality care and specialism in dementia care.
  - Identifying Council savings and/or efficiencies through other initiatives to help protect social care services, questions about the Council's investment in other services
  - An open dialogue about options explored and financial models used to arrive at the proposed Council model
  - Impact of the proposals on resident (and family) health and wellbeing, both short term and long term

# Stakeholders – Emerging Themes

- Throughout the consultation efforts have been made to ensure that as many key stakeholders as possible are aware of the proposals presented to Cabinet and that stakeholders had every opportunity to have their say.
- Key stakeholders include: staff working across the care homes, wider teams across the service/council, partners – including NHS, The Dementia Hub and wider community sector organisations, the care provider market (represented through Kirklees Care Association) and the general public
- High level themes to date emerging from stakeholders include:
  - Concerns about the overall availability/sufficiency of dementia residential and nursing care beds in Kirklees
  - Need for additional investment in the workforce to support with specialist dementia care
  - Impact of demographic change and the importance of early intervention and prevention services
  - Recognition of the high-quality environment and high-quality care and support provided by the staff across both Castle Grange and Claremont House
  - Role of the independent sector in the provision of care and support and the impact of the Council stepping out of this segment of the care market
  - ongoing engagement with care home providers to explore ways of working/models of care

# Impact Assessment - Themes

## Summary of most significant negative impacts

### Equality, diversity and inclusion - Protected characteristics

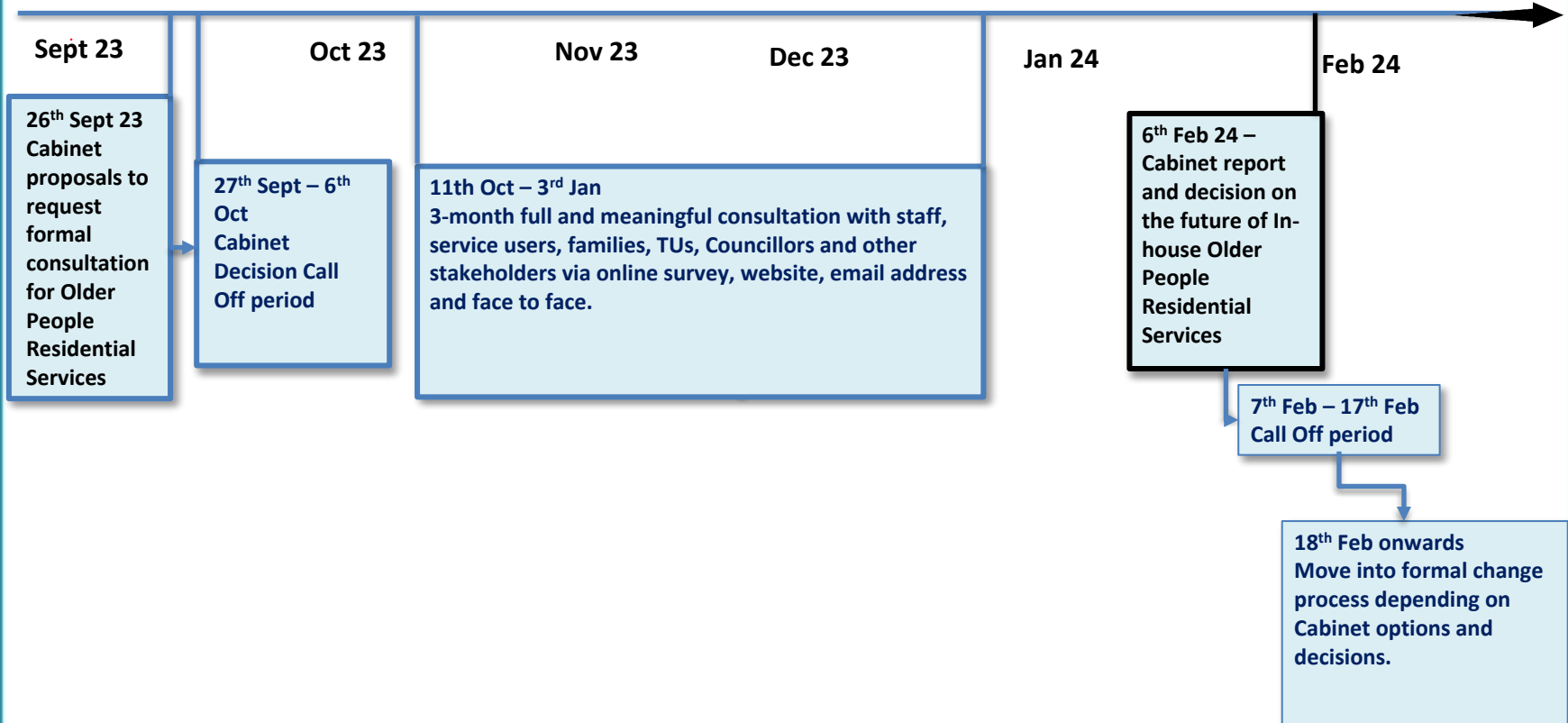
- **Age:** All residents are elderly and moving accommodation/relocation could be considered detrimental to resident wellbeing both in the short and long term. This risk/potential impact will be managed sensitively with residents, families/carers, staff at the care homes and with social work assessors to ensure any plans around relocation are safe and effective
- **Disabled Individuals:** All service users have dementia and transferring them to alternative accommodation will require detailed assessments. Also research shows that moving accommodation is a traumatic experience for care home residents and their families. This risk will be managed by ensuring each resident has an allocated social worker who will be the point of contact for the resident and their family
- **Gender:** The vast majority of employees are female and at risk, although, if required, we will work to support staff affected into alternative roles via deployment.
- **People in poverty or on low incomes:** The majority of staff affected are low paid workers who may be the only source of income in their household. Should Cabinet decide to close both care homes, the service will ensure all efforts are made to protect staff employment. We will ensure staff have access to flexible support, based on their individual needs, to access alternative posts across Adult Social Care and / or the wider council

### Access to services

- **Choice of Channels:** All service users have dementia and the majority, if not all will not have the capacity to understand this process. Many will have legal representatives through Power of Attorney (POA) to act on their behalf and/or family and we will ensure we engage with the POA at the earliest stages of any proposed service change



## Timeline: Care Homes Consultation Plan 2023/24



# Next Steps

- Consultation closes on the 3<sup>rd</sup> of January 2024
- Continue engagement with family members through ongoing communications and dialogue for the duration of consultation
- Ongoing focussed meetings with family members (and other stakeholders) – these meetings will be driven by the consultation needs of the families
- Ongoing consultation with staff to gather their feedback on the proposals
- Attendance at key meetings and fora, including the Dementia Practitioner Forum and the Newsome Community Forum
- Engagement with Care Home providers, through engagement with the Kirklees Care Association
- Consultation results to inform final Cabinet report on the future of the homes with a view to Cabinet meeting on 6 February 2024



Mid Yorkshire Teaching  
NHS Trust

## Update to Kirklees Health and Adult Social Care Scrutiny Panel

### November 2023

Lindsay Rudge, Chief Nurse and Gemma Puckett, Director of Midwifery and Women's Services, Calderdale and Huddersfield NHS Foundation Trust

Talib Yaseen , Chief Nurse and Dr Anne-Marie Henshaw, Director of Midwifery and Women's Health, Mid Yorkshire Teaching Trust



Agenda Item 8

# Objectives of the presentation

- An update on maternity services workforce.
- Update on the work being done by CHFT and MYTT to reintroduce birthing centres in Kirklees.
- Establish the timeline for the reopening of services and submission of the proposed maternity services model for Kirklees.
- Formally agreeing next steps to include the approach to communicating and publicising the issue.

# Maternity Workforce CHFT

Since we last met:

- Birthrate Plus study commissioned – due to take place Q4 2023-24
- Maternity Workforce Strategy – attract, recruit, develop, retain.
- Vacancy has reduced with the number of internationally educated midwives and graduate midwives that have been recruited however remains at circa 19% against 2020 BR+ funded establishment.
- New midwives have commenced West Yorkshire and Harrogate Local Maternity and Neonatal System Preceptorship programme (Standardised programme across all Integrated Care Board Trusts):
  - October four week induction programme (Mandatory and essential training).
  - November through December 8 week supernumerary period.
- Further round of recruitment planned for November 2023 for Graduates due to qualify in March 2024.

# Maternity Workforce MYTT

Since we last met:

- Birthrate Plus study completed (July 2023).
- Summary of the study: Fewer births but higher complexity (obstetric and social) so no change recommended in either total midwife wte or skill mix from 2019 study.
- Maternity Workforce Strategy – attract, recruit, develop, retain.
- Forecast number of internationally educated midwives and graduate midwives have been recruited meaning vacancy rate is currently minimal.
- New midwives have commenced West Yorkshire and Harrogate Local Maternity and Neonatal System Preceptorship programme (Standardised programme across all Integrated Care Board Trusts):
  - October four week induction programme (Mandatory and essential training).
  - November through December 8 week supernumerary period.
- From January 2024, planned reduction in temporary workforce (Bank and Agency).



# Maternity Workforce – Challenges

Reported nationally, reflected locally:

- Proportion of Band 5 vs Band 6 midwives in workforce – affects placement of midwives, clinical supervision and support.
- Varying levels of confidence of midwives working in areas with no medical staff given the increase in complexity, changing guidance (For example Saving Babies Lives Campaign) and social/ media portrayal of midwives and maternity care.
- Personalised care and choice – more higher risk women choosing to birth at home or settings designed for low-risk birth.
- Working hours – 3 ‘long’ vs 5 ‘standard’ shifts, impact of on-call on family life and caring responsibilities and staff wellbeing.

# Birth Centres – CHFT

## Summary

### Calderdale Birth Centre

- Alongside location on Calderdale Royal Hospital Site
- Intermittent closure when staffed with 24/7 model
- Responsive model launched in May 2023 – following the women and not ‘staffing the building’

### Huddersfield Birth centre

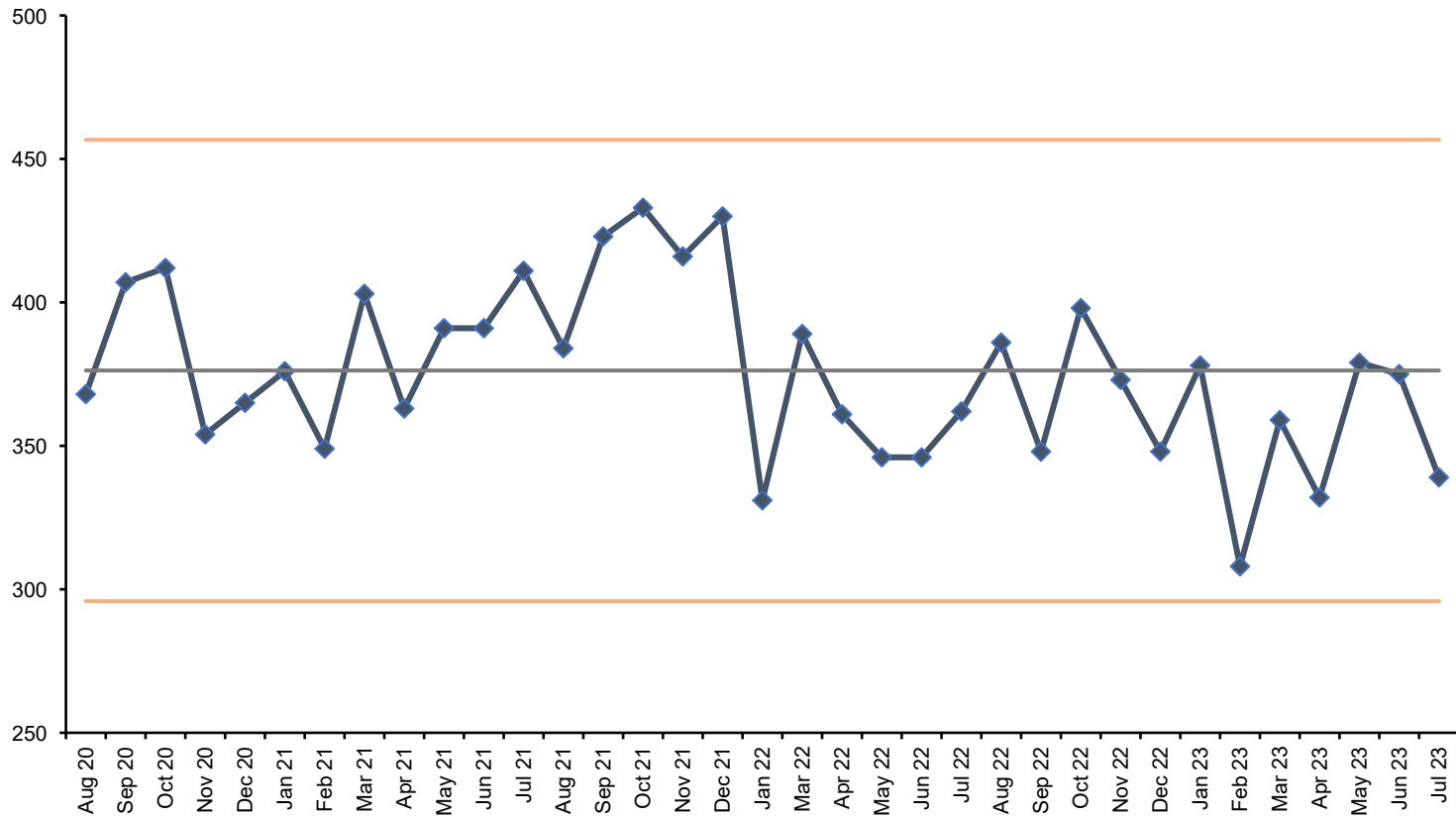
- Freestanding location on Huddersfield Royal Infirmary (HRI) Site.
- Service has been suspended since October 2020.
- Service suspension has not changed the provision of community midwifery services or increased their caseload sizes.
- There have been no unattended births on the HRI site during the suspension period.
- Service user feedback indicated disappointment at the suspension of the service at HRI



# Birth Centres – MYTT Summary

- Temporary suspension since June 2022.
- No interruption on Dewsbury & District Hospital (DDH) site in antenatal and postnatal services (inc scans, day units and consultant clinics) and homebirth.
- No changes to provision of community midwifery services or increase in caseload sizes.
- No incidents reported (e.g. birth on site at DDH) but women report to Friends and Family Test and MVP disappointment the service not currently offered

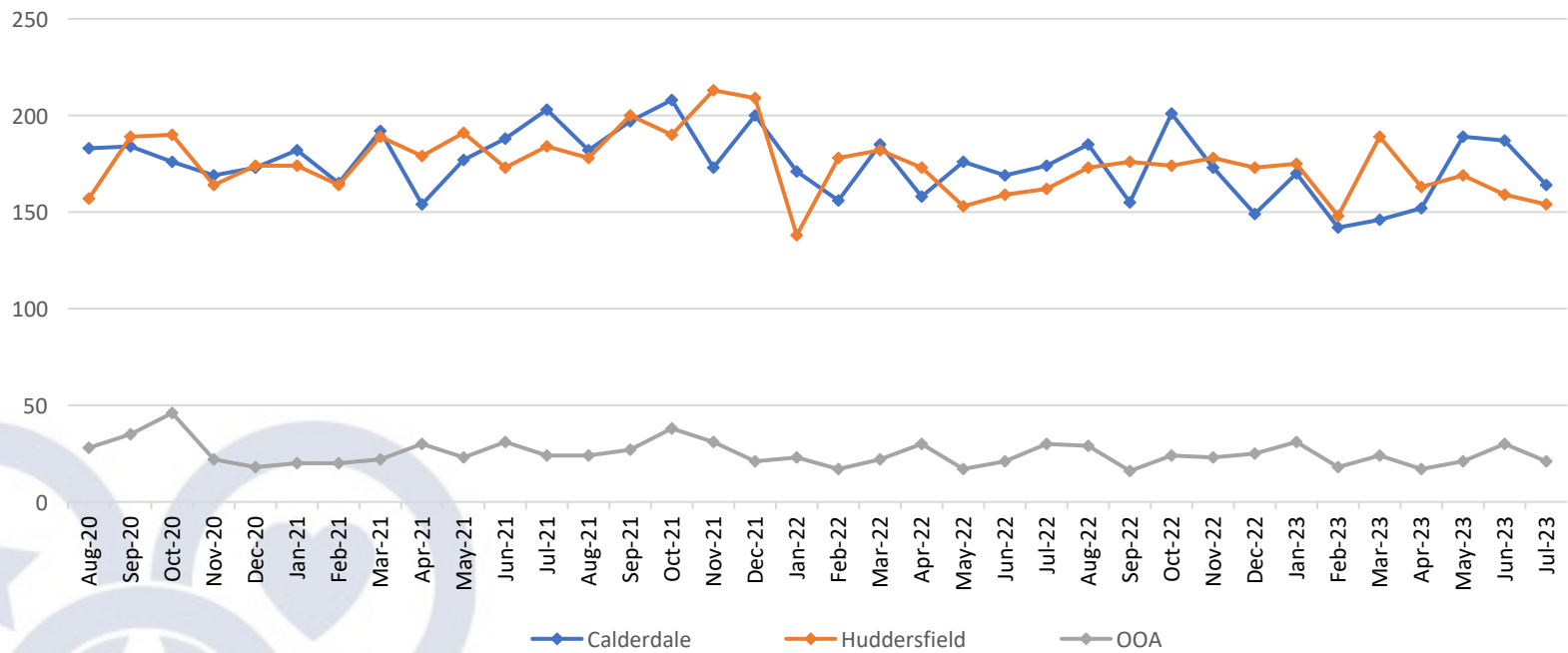
**Births per month for women who chose to give birth at CHFT Aug 2020 – July 2023**



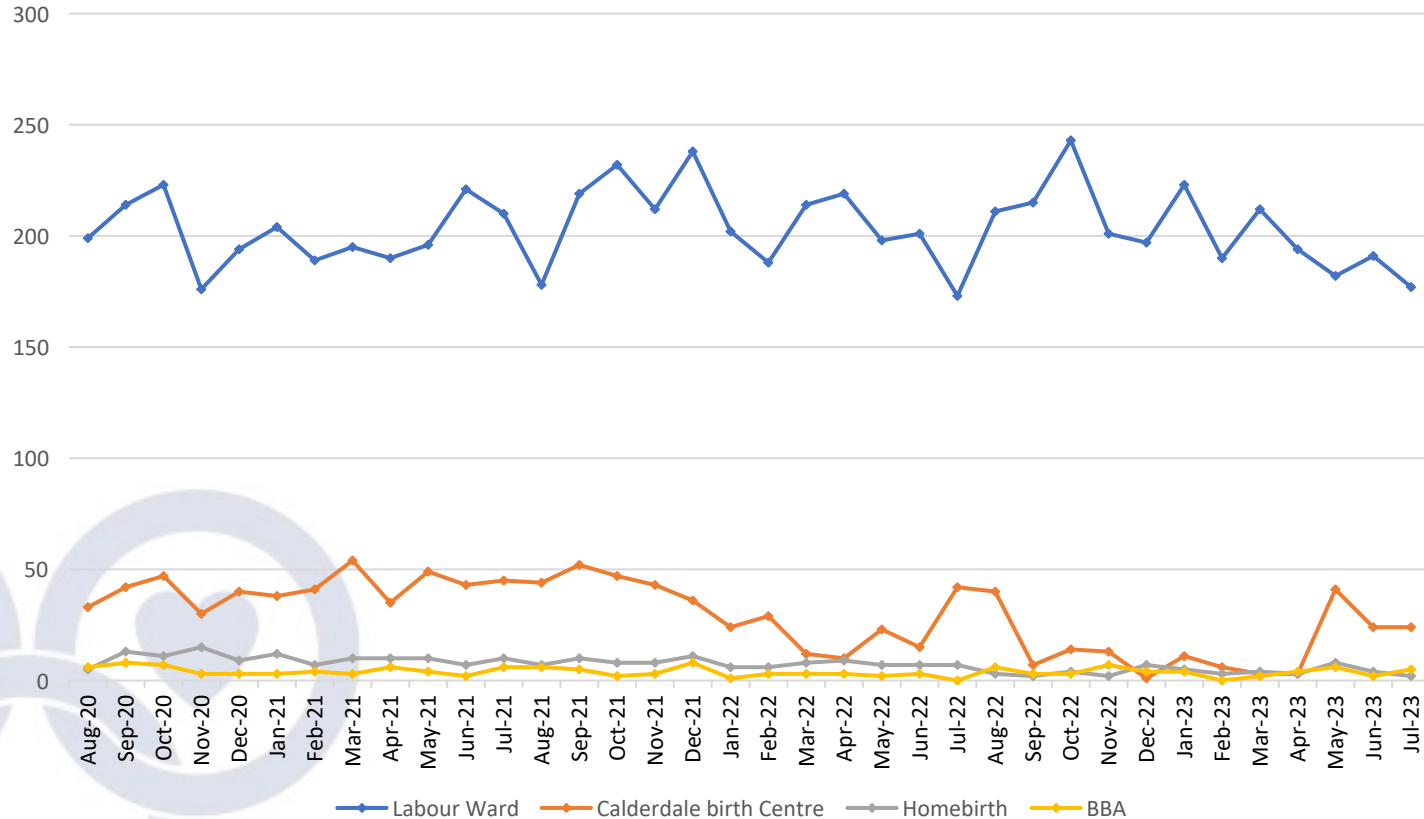
**Births per annum**

|             | 2019/20 | 2020/21 | 2021/22 | 2022/23 | *2023/24 |
|-------------|---------|---------|---------|---------|----------|
| End of Year | 4902    | 4554    | 4712    | 4312    | 4363     |

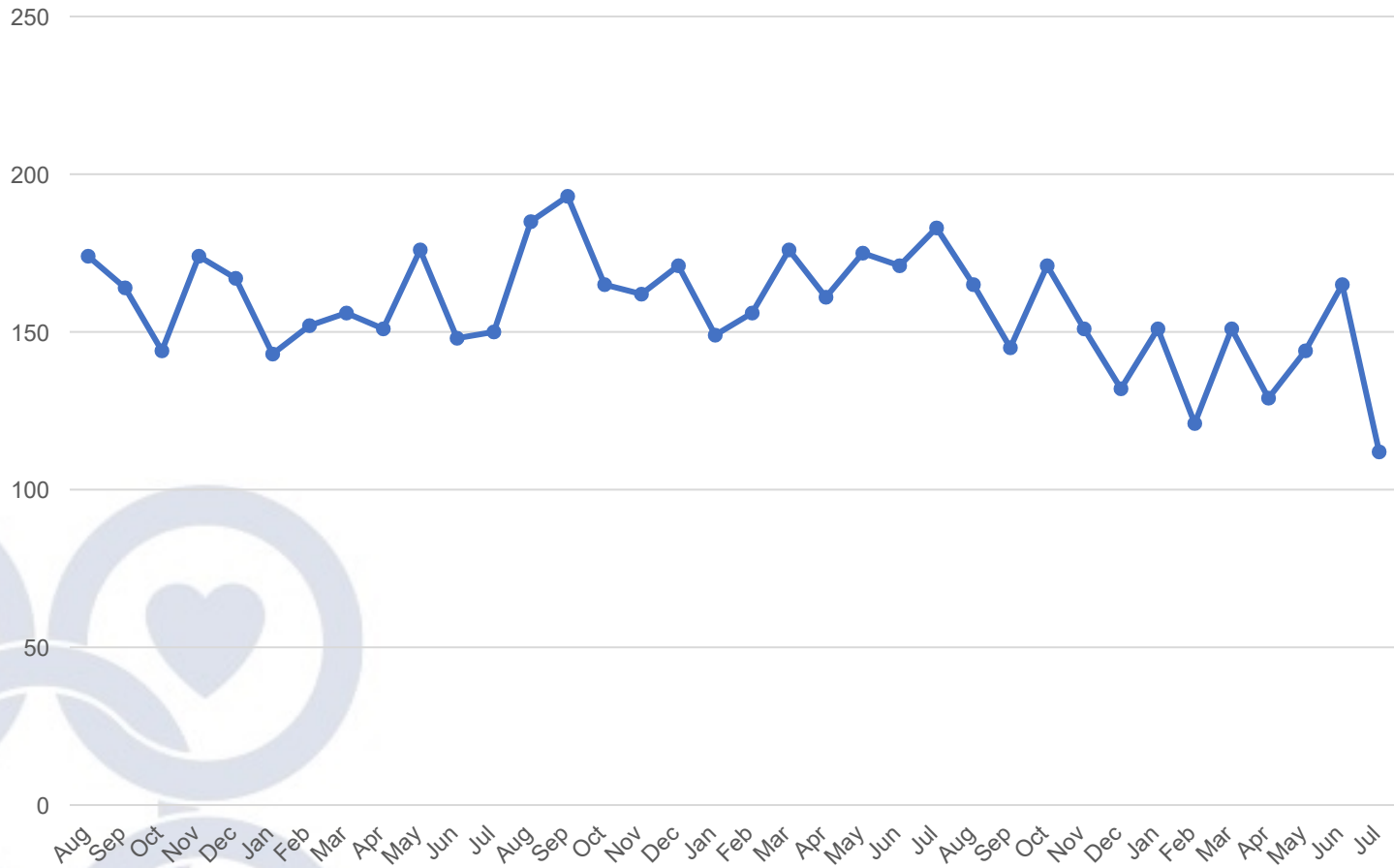
## Births per month based on 'Resident' for women who chose to birth at CHFT



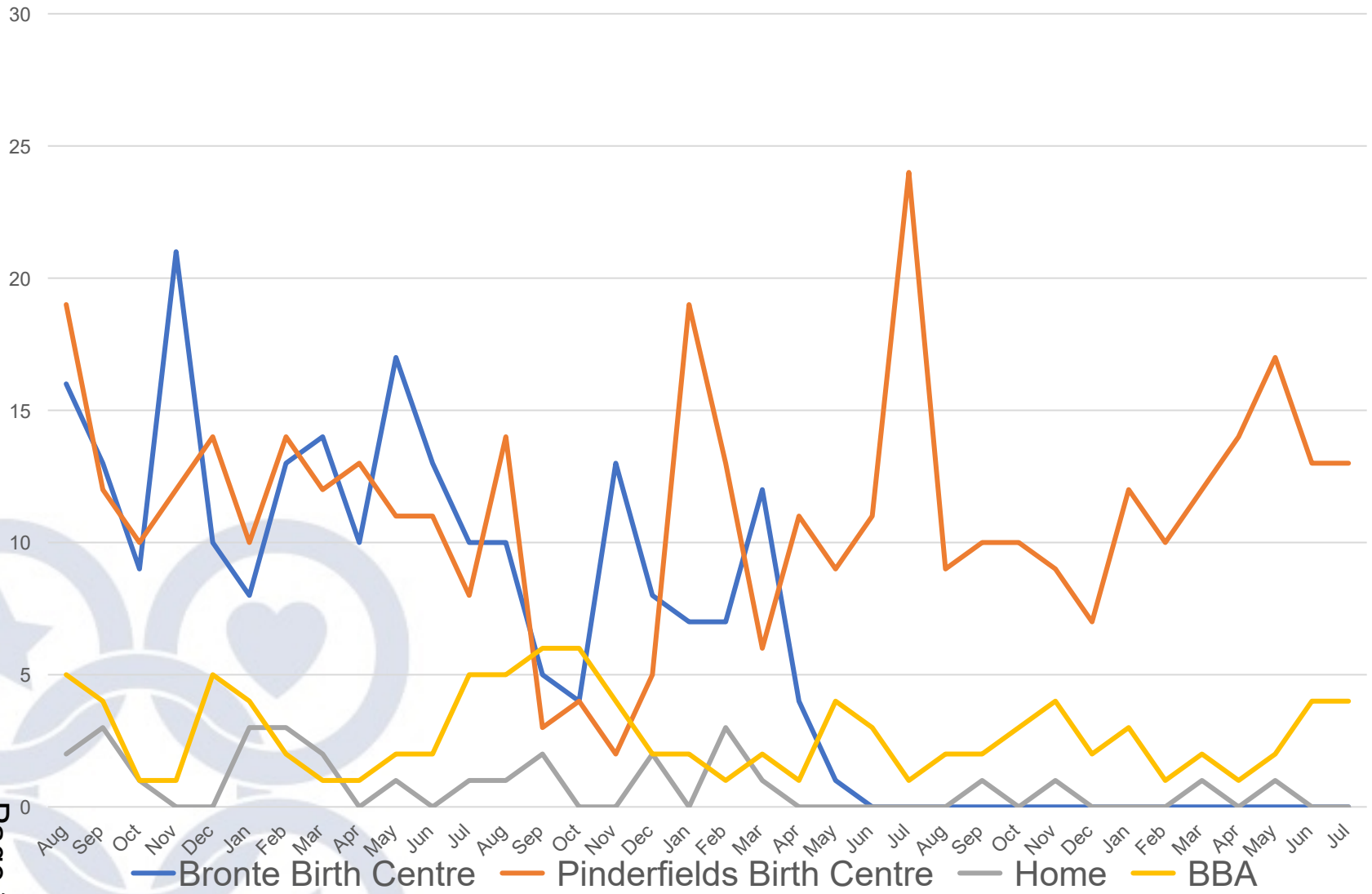
**Births per month based on 'Clinical location of Birth' at CHFT August 2020-  
July 2023**



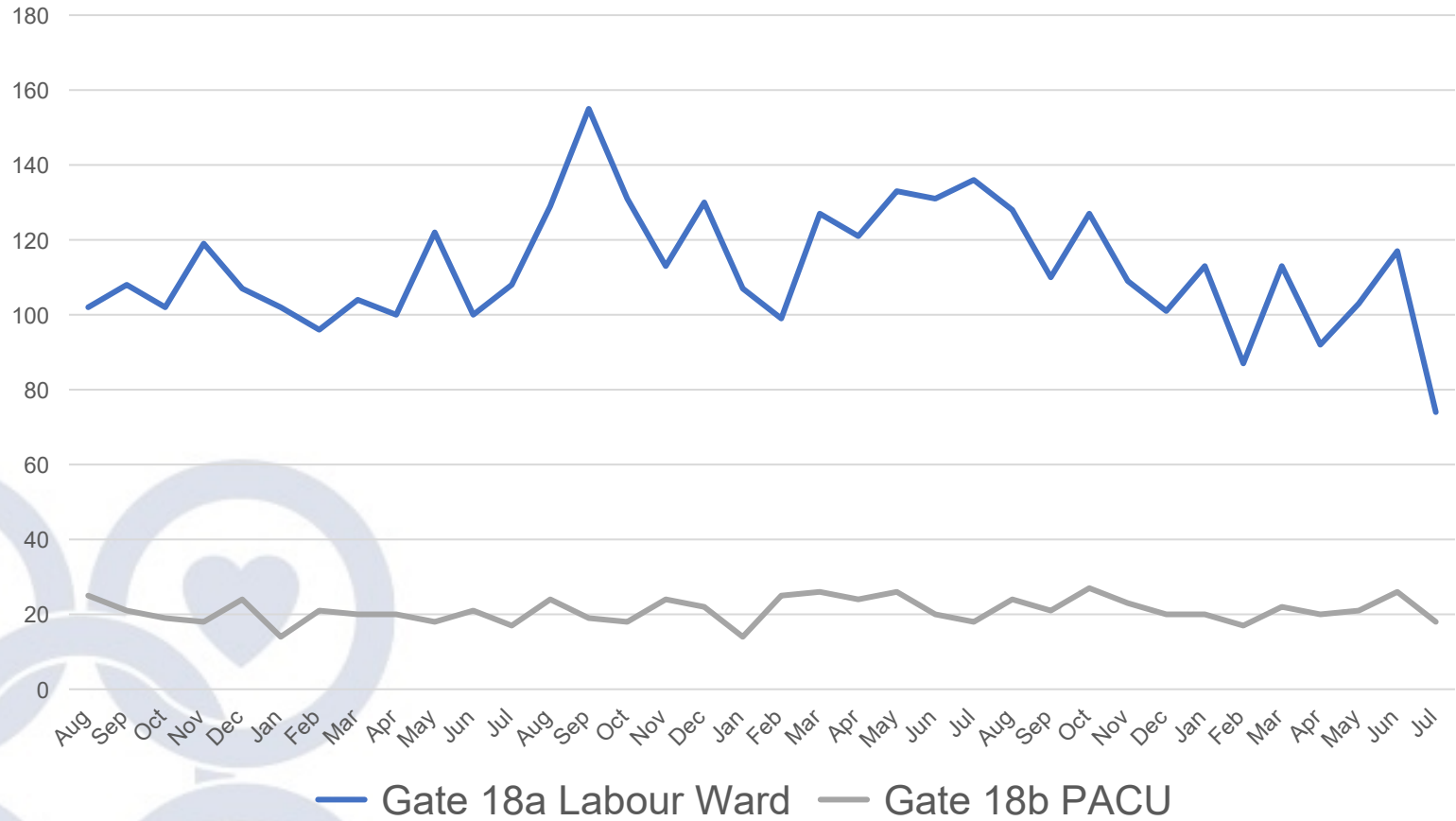
# Births per month for women resident in N Kirklees who chose to give birth at MYTT by month, August 2020 - July 2023



# Place of Midwife Led Birth for women resident in N Kirklees August 2020-July 2023



## Labour Ward and PACU Birthrate for women resident in N Kirklees August 2020-July 2023



# Working toward reopening Birth Centres – Huddersfield Birth Centre

## Background

- Temporarily suspended for over 12 months
- Staffing deficit across the maternity service – up to 18%
- National recommendation to maintain safety across community and hospital settings and consolidate intrapartum areas if staffing insufficient.

## During the suspension

- Organisational offer of birth centre at Calderdale Royal Hospital site
- Staff consolidated to single intrapartum area at times of pressure
- Joined the MUSA (Midwifery Unit Self-Assessment) Programme – national recommendations to support sustainability
- Responsive model for Calderdale Birth Centre (CBC) launched in May 2023

## Future:

- Staffing deficits are forecast into the New Year with recruitment campaigns to date not securing enough experienced midwives for the free-standing birth centre
- Re-evaluate in Q1 of 24-25 once new graduates in post to assess if the staffing position has changed sufficiently to introduce a responsive model utilising community Midwifery



# Working toward reopening Birth Centres - DDH Bronte Birth Centre

## Background

- Temporarily suspended for over 12 months – 60% unavailability of staff from August 2022 due to maternity leave
- Staffing deficit across the maternity service – up to 18%
- National recommendation to maintain safety across community and hospital settings and consolidate intrapartum areas if staffing insufficient.

## During the suspension

- Continued to offer homebirth, ANC, ultrasound scans and ANDU in DGH
- Joined the MUSA (Midwifery Unit Self-Assessment) Programme – national recommendations to support sustainability
- Restructured leadership team
- Appointed new fulltime experienced Birth Centre Manager (due to start November 2023)
- Engagement meetings with staff (w.c.16 October 2023)
- Assuming Newly qualified Midwives (NQM) complete supernumerary periods as expected, plan to reopen to intrapartum care before 1 April 2024 (Q4 2023/4).

NHS E Continuity of Carer (CoC) Leads visiting Trust November 2023 – building blocks for CoC

# Calderdale, Kirklees and Wakefield Strategic Maternity Partnership

- Provide strategic maternity leadership across the CKW (Calderdale, Kirklees, Wakefield) footprint **in line with NHS England three-year delivery plan** for maternity and neonatal services and NHS England Perinatal Quality Surveillance Framework.
- Work alongside Calderdale, Huddersfield, North Kirklees, and Wakefield maternity voices partnership groups to **interpret national strategy, ensuring equity and equality across the sector.**
- Implement a **shared oversight and governance framework that reflects local and national ambitions.** The framework will provide comprehensive and sufficiently robust systems of internal monitoring and control to provide assurance to the public, Boards of Directors, the Local Maternity and Neonatal System and regulatory bodies.
- **Drive continuous improvement in patient safety and quality** and embed the Maternity Patient Safety Incident Response Framework (PSIRF).
- Optimize the strategic and local contribution of the **Executive and Non-Executive Maternity Safety Champions.**
- **Grow leadership capability**, and the capacity to **transform services** creatively and sustainably for the benefit of our local communities.
- Improve culture across the partnership, inspiring our workforce to achieve their personal and collective goals, **making the partnership the employer of choice for local graduates.**
- **Advance maternity research** to inform national and local transformation, policy, education, and practice.

## 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:** Yolande Myers, Principal Governance Officer

| THEME/ISSUE   | APPROACH AND AREAS OF FOCUS   | OUTCOMES  |
|---|---|---|
| <p><b>1. Resources of the Kirklees Health and Adult Social Care Economy</b></p>     | <p>To consider the resources of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>  | <p><u>Panel meeting 16 August 2023</u></p> <p>Representatives from key organisations provided an update in relation to each organisation’s financial position, which included the risks and mitigations in the longer term, and also provided an overview of the next steps for the current financial year and future years.</p> <p>The Panel noted the commitment from partners to continue to work together to ensure sufficiency, drive out health inequalities and to understand the needs of the population.</p> |
| <p><b>2. Capacity and Demand – Kirklees Health and Adult Social Care System</b></p> | <p>To monitor the work being done by Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics, and diagnostics to include:</p> <ul style="list-style-type: none"> <li>• 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</li> </ul> | <p><u>Panel meeting 16 August 2023</u></p> <p>Representatives from partner organisations presented details of the work being done in relation to capacity and demand.</p>   |

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|  | <p>extractions under general anaesthetic and actions being taken to reduce delays (see item 7).</p> <ul style="list-style-type: none"> <li>• An update on diagnostic waiting times.</li> <li>• 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.</li> <li>• Review of cancelled elective/ planned procedures.</li> <li>• Considering new developments and initiatives, such as the community diagnostic hubs, that are being introduced to address the backlog.</li> </ul> | <p>The information was noted, and the Panel acknowledged that primary care demand was currently extremely high, and the position had only just been recovered to a pre-covid position, with workforce challenges more keenly felt in small GP practices.</p> <p>The Panel noted that the home first approach continued with the overarching principle to discharge people home with the right support leading to the increased hours in care provision.</p> |
| <p><b>3. Joined up Care in Kirklees Neighbourhoods</b></p> | <p>To continue to review the work of health services in the community to include:</p> <ul style="list-style-type: none"> <li>• Assessing progress of the integration of services and workforce.</li> <li>• Considering the work that is being done locally to action the national delivery plan for recovering access to primary care.</li> <li>• 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.</li> </ul>   | <p><u>Panel meeting 27 September 2023</u></p> <p>Representatives from the Kirklees Health and Care Partners provided an update on Joined Up Care in Kirklees Neighbourhoods.</p> <p>The Panel acknowledged that the information submitted did provide good evidence of the progress that was being made in integrated working despite the pressures in the local health and adult social care system.</p>   |

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| <p><b>4. Mental Health and Wellbeing</b></p>  | <p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> <li>• A focus on access to inpatient services including the proposals for transforming Older People’s Mental Health Inpatient services.</li> <li>• 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.</li> </ul>   | <p><u>Panel meeting 16 August 2023</u></p> <p>The Panel agreed to set up a formal JHOSC with Calderdale and Wakefield Council to consider the Older People’s Mental Health Inpatient Services.</p> <p>The first meeting of this JHSOSC will be on 27 November 2023 in Wakefield.</p>  |
| <p><b>5. Managing capacity and demand</b></p> | <p>To look at the work that is being done in the community to reduce unnecessary admissions to hospital to include:</p> <ul style="list-style-type: none"> <li>• Considering the actions and initiatives to support hospital avoidance and provide the appropriate level of care and support at or closer to home.</li> <li>• 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.</li> <li>• To review the data on the numbers of discharges and readmissions (after 28 days) from all health care settings over the last 12 months.</li> </ul> | <p><u>Panel meeting 27 September 2023</u></p> <p>The Panel heard from representatives from the Kirklees Health and Care Partners who provided an update on managing Capacity and Demand, and was assured that necessary admissions to hospital were being reduced.</p> <p>The Panel was pleased to note that there was currently no waiting list in Kirklees for home care provision.</p> |
| <p><b>6. Maternity Services</b></p>           | <p>To follow up on the concerns of the Panel that women who live in Kirklees are currently unable to access a birth centre located in their local district to include:</p> <ul style="list-style-type: none"> <li>• An update on the work being done by CHFT and MYHT to reintroduce birthing centres in Kirklees.</li> <li>• Establishing a timeline for the reopening of services and submission of the proposed maternity services model for Kirklees.</li> <li>• An update on maternity services workforce.</li> </ul>  | <p>(A visit to Pinderfields Birthing Centre took place on Monday 16<sup>th</sup> October 2023)</p>  |

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|   | <ul style="list-style-type: none"> <li>Formally agreeing next steps to include the approach to communicating and publicising the issue.</li> </ul>   |   |
| <b>7. Access to dentistry - (Kirklees Issues)</b>   | <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"> <li>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.</li> <li>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.</li> <li>An update following the WY JHOSC meeting on 23<sup>rd</sup> November 2023 where the West Yorkshire Integrated care board will provide information on spending / budgets, flexible commissioning, local workforce plan and the influence on national policy.</li> <li>To identify and follow up on the specific issues affecting Kirklees i.e access to acute theatres.</li> </ul> | <p><u>Panel meeting 27 September 2023</u></p> <p>The Panel was advised that CHFT, at the time of writing of the report, had 12 children awaiting surgical dental extraction. At the time of the report preparation, 119 paediatric patients in MYTT were currently awaiting surgical dental extraction.</p> <p>The issue of access to dentists and paediatric surgical dental extraction remains an area of concern for the Panel.</p> <p>Further information will be provided to the Panel following the West Yorkshire Joint Health Scrutiny Meeting on 23 November 2023.</p> |
| <b>8. Kirklees Safeguarding Adults Board (KSAB) and the Care Quality Commission (CQC)</b> | <ul style="list-style-type: none"> <li>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.</li> <li>Receive a presentation from the CQC on the State of Care of regulated services across Kirklees.</li> <li>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.</li> </ul>   |   |
| <b>9. Adult Social Care / CQC Inspection</b>  | <p>To continue to focus on the services being delivered by Kirklees Adult Social Care to include:</p>  | <p><u>Panel meeting 26 October 2023 (informal)</u></p>  |

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|  | <ul style="list-style-type: none"> <li>• Looking at the Council’s approach to preparing for the CQC inspections</li> <li>• Considering the new CQC inspection areas of responsibility to understand the assurance regime.</li> <li>• To look at emerging themes and outcomes from the CQC pilot inspection sites.</li> <li>• Receive details of the broader range of changes that the Council is developing to improve the social care offer.</li> <li>• Supported Living.</li> </ul>  | <p>The Panel noted that ASC will be given five weeks notice of the inspection and the inspection could be as early as November, or up to 18 months time.</p> <p>The Panel was satisfied that the ASC team in Kirklees was well along with its preparations for the five key ‘I’ statements and the core themes emerging from pilot areas.</p> |
| <p><b>10. Consultation on the closure of Claremont House and Castle Grange</b></p> | <p>The Panel will consider the consultation in relation to the proposals to closure 2 care home in Kirklees to focus on:</p> <ul style="list-style-type: none"> <li>• What has been done to date with the consultation.</li> <li>• Emerging themes coming out of the consultation process and how these will be addressed.</li> <li>• The plans for the remaining weeks before a decision will be formulated and decided upon by Cabinet.</li> <li>• The Integrated Impact Assessment</li> <li>• Longer term impact information</li> </ul> |   |
| <p><b>11. Joined up hospital services in Kirklees.</b></p>                         | <p>To look at the work being developed by Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Teaching NHS Trust to provide joined up services in Kirklees to include:</p> <ul style="list-style-type: none"> <li>• The approach to delivering non-surgical oncology services for Kirklees residents.</li> <li>• 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.</li> </ul>        |   |

|                                   |  |   |
|-----------------------------------|--|---|
|                                   | <ul style="list-style-type: none"> <li>Data to demonstrate the benefits to patients for those services that are jointly supported and/or delivered.</li> </ul>   |   |
| <b>12. External Consultancy</b>   | <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>   | <p><u>Panel meeting 26 October 2023 (informal)</u></p> <p>The Panel noted the reasons for instructing the external consultancy Newton Europe due significant challenges facing ASC over the coming years, including national and local current financial challenges.</p> <p>The Panel was satisfied that the officers, along with Newton would be in a position to deliver the transformation needed to safeguard the council and its population.</p> |
| <b>13. Carephones Restructure</b> | <p>The Panel will consider the decision in in respect of the Key Decision Principles:</p> <ul style="list-style-type: none"> <li>Relevant considerations – Lack of evidence that due regard has been given to the impact on service users, particularly disabled people.</li> <li>Consult - lack of consultation with service users</li> <li>Options considered – No detail of alternative options considered and reasons for disregarding any potential options.</li> </ul> |   |

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.