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Tuesday 19 November 2024

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 27 November 2024**.

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 "S Lawton".

Samantha Lawton

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 Jo Lawson (Chair)

Councillor Timothy Bamford

Councillor Alison Munro

Councillor Eric Firth

Councillor Jane Rylah

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 - 4

To approve the Minutes of the meeting of the Panel held on the 9th October 2025.

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.

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: NHS 10 Year Plan

7 - 14

To receive an update on the 10 year NHS Health Plan.

Officer: Richard Parry, Executive Director Adults and Health.

8: Health System Financial Overview

15 - 28

To receive the Health System Financial Overview.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer.

9: Supporting Hospital Discharge

29 - 44

To receive information and assurance on how Adult Social Care are supporting hospital discharge.

Contact: Cath Simms, Service Director Adults Social Care Operations.

10: Work Programme 2024/25

45 - 52

The Panel will consider an updated work programme for 2024/25 and consider its forward agenda plan.

Contact: Nicola Sylvester, Principal Governance and Democratic
Engagement Officer.

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Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 9th October 2024

Present: Councillor Jo Lawson (Chair)
Councillor Timothy Bamford
Councillor Alison Munro

Co-optees Helen Clay

In attendance: Catherine Wormstone - Director of Primary Care Integrated Care Board
Saf Bhuta – Head of Service, In-house Care Provision, Kirklees Council
Cllr Bev Addy – Cabinet Member for Health and Adults Social Care
Steve Brennan – Director of Partnership Development, Integrated Care Board
Tom Strickland – Director of Operations, Calderdale and Huddersfield NHS Foundation Trust
Keeley Robson – Director of Operations, Mid Yorkshire NHS Teaching Trust
Helen Duke – Director of Operations, Locala
Nicola Goodberry-Kenneally – Chief Officer, Community Pharmacy West Yorkshire

Apologies: Councillor Eric Firth
Councillor Jane Rylah
Kim Taylor (Co-Optee)

- 1 Membership of the Panel**
Apologies were received from Councillor Eric Firth, Councillor Jane Rylah and Kim Taylor (Co-optee)
- 2 Minutes of previous meeting**
RESOLVED-
That the minutes of the meeting dated 21st August 2024 be approved as a correct record.
- 3 Declaration of Interests**
Councillor Jo Lawson declared an interest as a bank worker for Calderdale and Huddersfield NHS Foundation Trust.
- 4 Admission of the public**
All items were considered in public session.

5 Deputations/Petitions

No Deputations or Petitions were received.

6 Public Question Time

No Public Questions were received.

7 Communities Accessing Care

The Panel received a presentation on Communities accessing care in Kirklees which provided details on the continued work of health services in the community.

Catherine Wormstone - Director of Primary Care, Kirklees Health and Care Partnership advised that a fuller stocktake took place in 2022 where focus was directed toward building integrated teams in every neighbourhood, improving same day access for urgent care, the delivery of proactive care and preventative care and creating the national environment to support locally driven change. The Darzi review in 2024 highlighted the aftermath of the pandemic where people were struggling to see their GP, the impact on waiting lists and the focus on budget spend. It also highlighted the need to provide care closer to home which simplified and innovated care delivery for neighbourhood national health service.

The Panel was advised that in Kirklees there were 9 Primary care networks. These were a group of general practices (GP) which align key services across the community, including the local authority, voluntary and pharmacy sectors. Areas covered in the update were:

- Assessing progress of the integration of services and workforce,
- Consideration of the work that was being done locally to action the national delivery plan for recovering access to primary care,
- Access to GP services and hospital referrals,
- An update to the work being done by the Local Authority and Locals on providing reablement support, including the actions and initiative to support hospital avoidance and provide the appropriate level of care and support at or close to home,
- 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,
- The impact and uptake of pharmacy services to prescribe,
- The update of vaccination programmes.

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

- A referral to a social prescriber was completed primarily by the GP practice,
- Checks and balances to ensure patients were not sent home when seriously ill were completed by secondary care in Accident & Emergency or admitted to the virtual ward with oversight of a consultant, if admitted overnight assessments would be conducted by the frailty team,
- There was a national advertising campaign around the seven common conditions that pharmacies could treat, where patients could walk into a

pharmacy and receive treatment. Community pharmacies were supported with advertising for the flu season and encouraged to be pro-active,

- Sustainability of community pharmacies would depend on what the contract with Government looked like once negotiations nationally had taken place and contracts received,
- Work was ongoing for appointments lost through 'did not attend', one way was for practices to text patients to remind them of the appointment, additional appointments out of normal hours were looked at to see if they were made at the right time for the patient,
- Paramedics were employed for home visit approaches with the new model looking at the skillset of paramedics where patients could be directed to paramedics first,
- Intermediate beds were for patients who had care needs that were more complex and required therapy input. Recovery beds was for recuperation outside of a hospital ward within a safe environment.

RESOLVED –

- 1) That the presentation be noted,
- 2) That health representatives be thanked for their attendance.

8 Demand and recovery of planned care services across Kirklees

The Panel received a presentation on demand and recovery of planned care services across Kirklees which included the focus of the work being done by core providers to manage capacity and demand and catch up with delayed planned surgery, therapeutics and diagnostics.

Tom Strickland – Director of Operations, Calderdale and Huddersfield NHS Foundation Trust provided an update on diagnostic waiting time and provided information on the management of waiting lists and plans to reduce and catch up with delays in planned surgery with a particular focus on numbers of people waiting 52 weeks or longer, along with a review of cancelled elective/planned procedures.

The Panel received information on new developments and initiatives the trust was taking to reduce backlogs, such as community diagnostic hubs that were being introduced.

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

- The community diagnostic hub was based in Wakefield, with a hub opening in Huddersfield based at the university campus,
- The consultant workforce gaps in Mid Yorkshire NHS Teaching Trust were not only for Mid Yorkshire NHS Teaching Trust, but there was also a lack of consultants across the National Health Service nationally,
- The lack of consultants available was due to the medical profession not training for specialist areas, along with some consultants moving abroad,
- Mid Yorkshire, Calderdale and Huddersfield, Leeds, Bradford, Harrogate and Airedale trusts met weekly, part of their discussion was impact on capacity and long waits, all trusts helped each other out to reduce pressures,

Health and Adult Social Care Scrutiny Panel - 9 October 2024

- There was a concern regarding Ears Nose and Throat, with capacity of appointments not being available, a recruitment process had taken place to reduce backlogs,
- There were no concerns with staffing at the Community Diagnostic Centre's.

RESOLVED-

- 1) That the presentation be noted,
- 2) That health representatives be thanked for their attendance.

9 Work Programme 2024/25

A discussion took place on the 2024/25 work programme and agenda plan.

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.



Report title: NHS 10 Year Plan

Meeting	Health and Adult Social Care Scrutiny Panel
Date	27 November 2024
Cabinet Member (if applicable)	Cllr Beverley Addy
Key Decision Eligible for Call In	Not applicable
Purpose of Report For information on NHS 10 Year Plan	
Recommendations <ul style="list-style-type: none"> To acknowledge the content of the presentation Reasons for Recommendations <ul style="list-style-type: none"> Item is for information only to inform Panel members 	
Resource Implication: N/A	
Date signed off by <u>Executive Director</u> & name	Give name and date for Cabinet / Scrutiny reports Richard Parry – 13/11/24
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?	N/A

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. Executive Summary

This item is to inform the Panel about this national consultation and provide context for this and future meetings.

- 2. Information required to take a decision**
Not applicable.
- 3. Implications for the Council**
Not applicable.
 - 3.1 Council Plan**
No specific implications.
 - 3.2 Financial Implications**
No specific implications.
 - 3.3 Legal Implications**
No specific implications.
 - 3.4 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)**
No specific implications.
Integrated Impact Assessment (IIA)
No specific implications.
- 4. Consultation**
Not applicable.
- 5. Engagement**
Not applicable.
- 6. Options**
Not applicable.
 - 6.1 Options Considered**
Not applicable.
 - 6.2 Reasons for recommended Option**
Not applicable.
- 7. Next steps and timelines**
That the Health and Adults Social Care Scrutiny Panel takes account of the information presented and considers the next steps it wishes to take.
- 8. Contact officer**
Richard Parry, Executive Director – Adults and Health
- 9. Background Papers and History of Decisions**
Not applicable
- 10. Appendices**
List all appendices
- 11. Service Director responsible**
Cath Simms, Service Director Adults Social Care Operations.



NHS – 10 Year Plan

Health and Adult Social Care Scrutiny Panel
27 November 2024



Background

- The 10 Year Health Plan is part of the government's mission to build a health service fit for the future.
- The first step was Lord Darzi's independent review of the NHS in England, published on 12 September 2024. This review aimed to understand the challenges facing the health service. Available here: <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
- The government is now working to develop a plan to tackle these challenges, co-developing it with the public, staff, and patients through a detailed engagement exercise.



The 3 'shifts'

There are 3 shifts that relate to big changes to the way health and care services work - that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England:

Shift 1: Moving more care from hospitals to communities:

- Delivering more tests, scans, treatments, and therapies nearer to where people live.
- This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays.
- Examples include urgent treatment for minor emergencies, diagnostic scans and tests, and ongoing treatments and therapies.

Shift 2: Making better use of technology in health and care:

- Improving technology use across health and care could have a significant impact.
- Examples include better computer systems, video appointments, AI scanners, and advanced robotics.

Shift 3: Focusing on preventing sickness, not just treating it:

- Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer.
- This approach could take pressure off health and care services.



Consultation

- The Government would like to hear organisations' views from the outset as it begins work to develop the 10 Year Health Plan. The portal includes questions aimed at both the public and health and care sector workers to ensure they can share their views and experiences.
- Questions cover topics such as the best things about the NHS, the biggest challenges facing the NHS, and personal experiences with health and care services.
- **To access the portal please follow this link: [Change NHS online portal](#).**
- **Organisational responses should be submitted by Monday 2 December 2024 at 5pm**



Questions

Key Questions Being Asked:

- The portal includes questions aimed at both the public and health and care sector workers to ensure they can share their views and experiences.
- The topics cover:
 - Your experiences: public
 - Your experiences: workforce
 - Your ideas for change
 - Organisational responses
 - Feedback on the engagement

(A name and address will need to be provided to answer all the questions. The questions within the portal are optional). Details of how the data will be used and legalities are available on the website: [Change NHS: help build a health service fit for the future - GOV.UK](#)



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Report title: Health System Financial Overview

Meeting	Health and Adults Social Care Scrutiny Panel
Date	27th November 2024
Cabinet Member (if applicable)	Cllr Beverley Addy
Key Decision Eligible for Call In	Not Applicable
<p>Purpose of Report</p> <p>To provide members of the Health and Adults Social Care Scrutiny Panel with an overview of the Health System Finances.</p>	
<p>Recommendations</p> <ul style="list-style-type: none"> To consider the information provided and determine in any further information or action is required <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> To provide assurance on the Health System Finances. 	
<p>Resource Implication: Not applicable</p>	
Date signed off by <u>Executive Director</u> & name	N/A
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?	N/A

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. **Executive Summary**

- The Kirklees Health and Adults Social Care Scrutiny Panel as part of their 2024/25 Work Programme have asked representatives from key organisations across the Kirklees Health and Adults Social Care system to provide an update on their financial position to include an overview of the local financial landscape.
- Local health and adults 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 with plans and progression.
 - Drivers of the Adverse Variance.
 - Forecast.
 - Key risks to delivering agreed plans.
 - Efficiencies and benchmarking.

2. **Information required to take a decision**

Not Applicable.

3. **Implications for the Council**

Not Applicable.

3.1 **Council Plan**

No specific implications.

3.2 **Financial Implications**

No specific implications.

3.3 **Legal Implications**

No specific implications.

3.2.1 **Other (e.g. Risk, Integrated Impact Assessment or Human Resources)**

No specific implications.

Integrated Impact Assessment (IIA)

Not Applicable.

4 **Consultation**

Not Applicable.

5 **Engagement**

Not Applicable.

6 **Options**

Not Applicable.

6.1 **Options Considered**

Not Applicable.

6.2 Reasons for recommended Option

Not Applicable.

7 Next steps and timelines

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

8 Contact officer

Nicola Sylvester, Principal Governance and Democratic Engagement Officer
Nicola.sylvester@kirklees.gov.uk

9 Background Papers and History of Decisions

Not Applicable.

10 Appendices

Attached

11 Service Director responsible

Samantha Lawton – Service Director, Legal Governance and Commissioning.

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Kirklees Health and Adult Social Care Scrutiny Panel

Health System Financial Overview

27th November 2024

Partners



- For Health and Care Partnership –all NHS partners, plus Locala, plus Hospice, plus all Local authority
- For financial performance management, focus is on Kirklees ICB and Calderdale and Huddersfield NHS FT (CHFT)



Proud to be part of West Yorkshire Health and Care Partnership

2024/25 Plans and Progress

Partners have planned deficits (overspends) of £6.75m*.

- CHFT £1.25m
- MYTT £3.4m
- Locala £1.69m

In order to deliver those plans, savings of £125.6m were required

To month 7, there is a deficit of £18.22m against a plan of £5.86m, so adverse variance of 12.36m

*The deficit was originally planned to be higher but national funding has been provided – 25m CHFT and £14.1m for MYTT – all non-recurrent

NB - SWYPFT & Kirklees ICB – Plan Breakeven position

The Local Authority planned position will be reported to cabinet in December

Drivers of the Adverse Variance

- Pressures on CHC budgets
- Pay award pressures (includes risk to Locala and LA support required)
- Slippage on efficiency programmes
- Non elective activity pressures – all partners are delivering higher levels of activity. Acute providers increased unfunded bed capacity

Forecast

- ‘Official’ forecast currently showing NHS partners to deliver plans
- Likely forecast of challenge within MYTT of £11m to £15m
- Kirklees ICB and CHFT forecasting to meet their plans

Key Risks to Delivering Agreed Plans

- ICB
 - CHC
 - Prescribing volatility (Drugs and devices)
 - Independent Sector activity
- CHFT
 - Pay award, Band 2 to 3 pay progression likely to be covered
 - Winter – YTD £1.4m on additional bed capacity, YTD additional ED and NEL activity valued at £7m

Additional Information

Capital

- CHFT - Plan to spend £58.3m
- Reconfiguration
- Community Diagnostic Centres
- Pharmacy Manufacturing Unit
- Multi Storey car Park

Cash

- Following additional allocation and capital creditors, no further borrowing required in 24/25

Benchmarking

Org Code	Trust Name	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23
RCF	AIREDALE NHS FOUNDATION TRUST	98	101	111	100	122
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	94	98	104	101	76
RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	108	105	106	101	99
RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	96	103	93	113	97
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	102	104	109	103	106
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	100	98	98	94	92

Other Productivity / Efficiency

- Grip and controls in place
- Finance committee have reviewed efficiency / benchmarking from partners
- Developing Efficiency and CIP schemes for 2025/26
- Pathway design project with partners established
- Consideration of shared roles across partners across CKW

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Report title: Supporting Hospital Discharge

Meeting	Health and Adults Social Care Scrutiny Panel
Date	27th November 2024
Cabinet Member (if applicable)	Cllr Beverley Addy
Key Decision Eligible for Call In	Not Applicable
Purpose of Report For information and assurance on how Adult Social Care are supporting hospital discharge.	
Recommendations <ul style="list-style-type: none"> To acknowledge the content of the presentation Reasons for Recommendations <ul style="list-style-type: none"> To provide assurance on Kirklees council's support to hospital discharge 	
Resource Implication: Not applicable	
Date signed off by <u>Executive Director</u> & name	Richard Parry 13/11/24
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?	N/A

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. Executive Summary

- Supporting hospital discharges for the residents of Kirklees is a key priority for Adults Social Care at Kirklees Council.
- Across Kirklees, the council has two hospital discharges teams, one based at Huddersfield Royal Infirmary with the other based at Dewsbury District Hospital.
- The team at Dewsbury District Hospital support discharges from Wakefield Pinderfields Hospital and the Huddersfield Royal Infirmary team supported discharges from Calderdale Royal Hospital.
- To support discharges, a multiagency approach is undertaken via the daily Integrated Transfer of Care huddles which includes Social Workers, Therapists and providers supporting a Home First model of care.

2. Information required to take a decision

Not Applicable.

3. Implications for the Council

Not Applicable.

3.1 Council Plan

No specific implications.

3.2 Financial Implications

No specific implications.

3.3 Legal Implications

No specific implications.

3.2.1 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

No specific implications.

Integrated Impact Assessment (IIA)

Not Applicable.

4 Consultation

Not Applicable.

5 Engagement

Not Applicable.

6 Options

Not Applicable.

6.1 Options Considered

Not Applicable.

6.2 Reasons for recommended Option

Not Applicable.

7 Next steps and timelines

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

- 8 Contact officer**
Cath Simms, Service Director Adults Social Care Operations
Cath.simms@kirklees.gov.uk
- 9 Background Papers and History of Decisions**
Not Applicable.
- 10 Appendices**
Attached
- 11 Service Director responsible**
Cath Simms, Service Director Adults Social Care Operations.

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Supporting Hospital Discharge Richard Cumbers and Cath Simms

Health and Adult Social Care Scrutiny Panel
27 November 2024



Background

A total of 18,689 hospital discharges have been achieved in Kirklees across both MYT and CHFT since 1st January 2024 to 30 Sept 2024, across discharge pathways 0-3.

Kirklees MDC has 2 Hospital Discharge teams with Social Workers based at Dewsbury District Hospital (DDH) and Huddersfield Royal Infirmary (HRI). The DDH team also support discharges from the Wakefield Pinderfields Hospital and the HRI team support discharges from the Calderdale Royal Hospital.

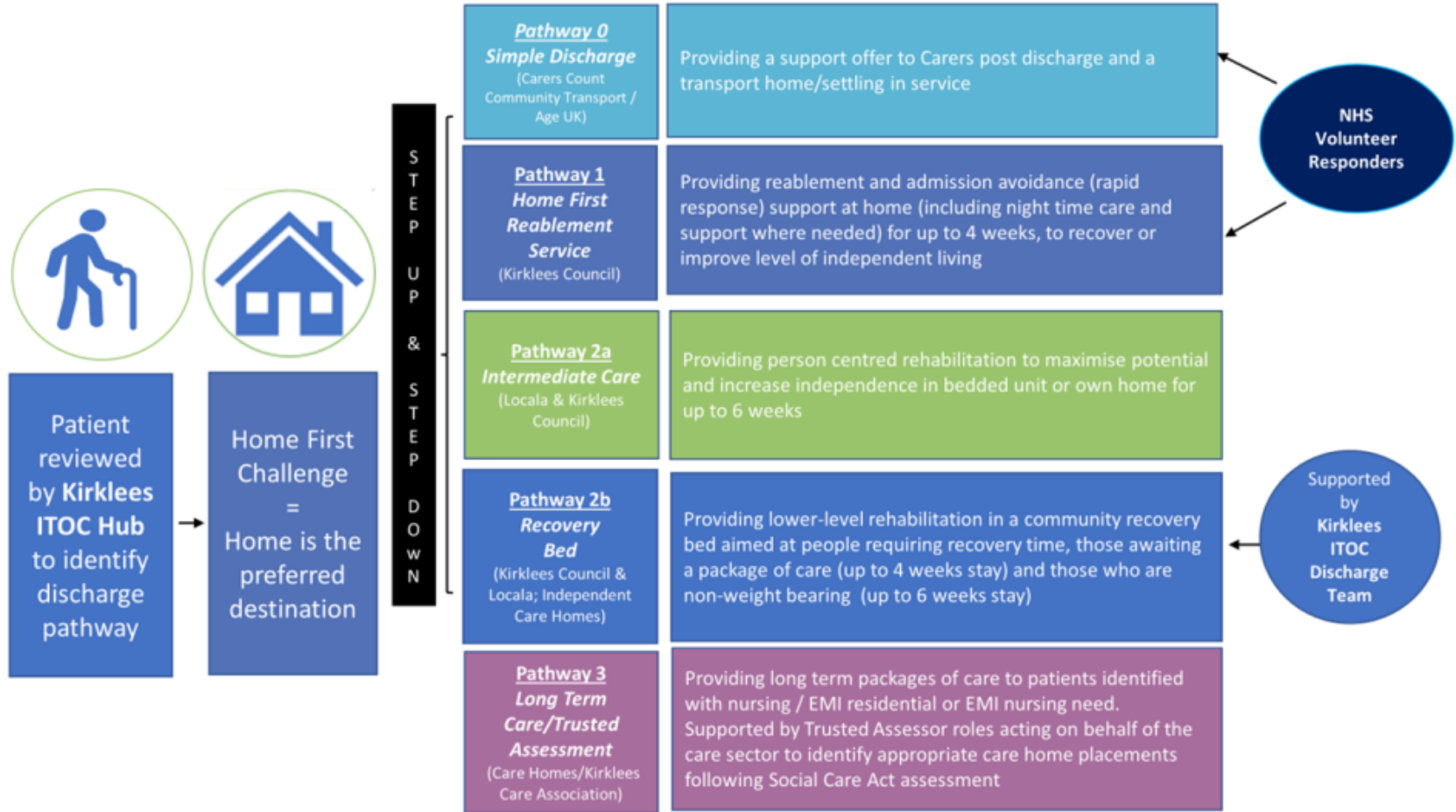
A total of 1528 Care and support plans have been completed by the Kirklees Hospital assessment teams since 1st January 2024 (to 1st Nov). Adult Social Care Performance is measured in Length of Stay (LOS) once a person is deemed medically fit.

A multiagency approach to discharge undertaken at the daily Integrated Transfer of Care (ITOC) huddles, including social workers, therapists, providers supporting a Home First model of care

LOS performance is difficult to report due to both trusts using separate case management systems. OPTICA is being rolled nationally.



Kirklees Home First Discharge Pathway



Kirklees Home First Discharge pathway

Home without any new support (Pathway Zero)	<p>The patient is ready to be discharged home without any new support.</p> <p>Community Transport and Age UK can take patients home from hospital and settle them back in. Carer Support can call carers to see how we are doing. NHS Volunteers Responders can also provide check-in and chat calls and support with some activities.</p>
Home with new support (Pathway 1)	<p>The patient is ready to be discharged home but needs some support at home to help him/her be as independent as they can be.</p> <p>The Home First Reablement Team will help the patient be as independent as they can be by supporting them with things like meal preparation and self-care.</p>
Intermediate Care (Pathway 2a)	<p>The patient is ready to be discharged from hospital, but not ready to go home yet.</p> <p>He/she needs extra support to regain their independence and will be cared for in an Intermediate bed setting until they are safe to go home.</p> <p>The Intermediate Care Team will support patient needs in the Intermediate Care bed setting. The patient will receive support from a range of people, including nurses, therapists and carers. Together, a plan will be agreed with the patient based on their abilities, needs and wishes to help them regain their independence.</p>
Recovery Bed (Pathway 2b)	<p>The patient is ready to be discharged from hospital, but not ready to go home yet.</p> <p>He/she needs extra support and recovery time and will be cared for in a Recovery bed setting until they are safe to go home.</p> <p>The patient will receive support from a range of people, including therapists and carers. Together, a plan will be agreed with the patient based on their abilities, needs and wishes to help them recover and maintain their independence.</p>
Long Term Care (Pathway 3)	<p>The patient is no longer able to be looked after safely at home. It is in their best interest to move into a care home.</p> <p>The Care Home staff will support the patients' needs. Together, a plan will be agreed based on the patient's abilities, needs and wishes to keep him/her at their best.</p>

Discharge Performance

- 94% of all discharges achieved in 2024 to 30 Sept have been on pathways 0&1- underpinning the Homefirst approach
- Only 6% of discharges have been on pathways 2&3

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Total	%
Kirklees - Total Discharges											
Pathway 0- Home (without additional support)	1847	1778	1626	1665	1658	1609	1862	1828	1795	15668	84%
Pathway 1 -intermediate care and reablement services provided in their own homes	223	228	207	197	202	174	233	245	225	1934	10%
Pathway 2 - residential care within the independent and community sector	41	45	45	41	37	49	39	38	35	370	2%
Pathway 3 - nursing care within the independent sector	103	84	82	80	94	74	69	64	67	717	4%
Total	2214	2135	1960	1983	1991	1906	2203	2175	2122	18689	100%



Services Supporting Hospital Discharge and Admission Avoidance

- **Carers Count** – Informal Carers support service
- **Age UK** supported 382 patients home via their Hospital to Home service in NK in 2024
- **Reablement** support 385 people each week from October 2024 (average 3 days from referral to receipt of service)
- **Recovery Bed Hub** at Moorlands Grange now fully staffed (40 beds). Admissions within 48 hours
- **Night Sitting** service fully established
- **Trusted Assessors** working with 60 care homes in Kirklees, 320 trusted assessments undertaken to date. Average time from referral to discharge = 4.5 days
- **Movement & Handling team** – looking to reduce “double up” calls and promote single handed care
- **SCOTS (Social Care Occupational Therapists)** - Primarily an assessment team, identifying needs, agreeing goals and determining interventions
- **KICES** – Kirklees Integrated Community Equipment Services



Carers Count Service

- Simple referrals to Carers Count from any service involved in discharge
- Carer receives: carer lanyard and contact with hospital patient experience team
- Carers Count make contact within 3 days where carer will provide personal care once returning home and no health or care professionals will be in contact with the family following discharge
- Carers Count offer support, advice, information, contingency planning, peer support, and assessment
- Carers Count work with range of partner services including ITOC hubs, social work teams, and discharge lounges to identify new carers
- Family carers have a route to follow up queries after discharge
- 231 carers have been supported since January 2024



Pathway 1 – Home First Reablement

The Home First Service helps people to regain the skills and confidence needed to live independently at home, particularly after an illness or a stay in hospital.

The Home First Service is a short-term service, provided in the home which is offered to people who have the potential to recover or improve their level of independence. This could include:

- Support to practice daily activities such as cooking and bathing to help regain skills and get confidence back
- Finding new ways to do some things to make people feel safer and more confident
- Looking at other options which may help to support independence at home. For example, use of assistive technology, equipment or alterations to the home
- Supporting with therapy plans, if prescribed by a physiotherapist or occupational therapist
- Night-time care and support, providing a full wrap around offer through night visits or night sits
- 0–2-hour admission avoidance where required.

The service is available free of charge for up to 6 weeks.

After 4 weeks, a Care Act Assessment will be completed. The person may require some ongoing care and support to remain at home (e.g. a domiciliary care package, equipment, day-time support, respite for a carer) or the person may require no further support at all.

We are working to 48 hour timescale of accepting people into the service from the point of receiving a referral.



Pathway 2a – Intermediate Care

The Intermediate care service provides support to people for up to 6 weeks in a community Intermediate Care Bed setting or in the person's own home. The team supports people to recover from an episode of acute illness, a fall or operation to maximise their independence and enable them to resume living at home

The bedded unit is provided at **Ings Grove, Mirfield** where the **Intermediate Care beds** are hosted. The unit is supported by a joint team from both Health and Social Care. Personal care is provided by the Social Care staff with health care and rehabilitation provided by Locala clinical Intermediate Care team.

The Intermediate Care team provide 24-hour support and care at Ings Grove. Therapists and care staff work with residents to ensure that they become more independent and can carry out day to day activities. Residents are encouraged to participate in daily rehabilitation. Discussions with residents and families are put in place to plan the person's return home and identify any support needs.

This service may provide home-based intermediate care within the 6-week period to continue rehabilitation, provided that the home is a suitable and safe environment. The Kirklees ITOC Hub may identify some people as suitable for Intermediate Care Support at home, directly on discharge. These patients will have the option to step up into the Intermediate Care Bed setting if required.

We are working to 48 hour timescale of accepting people into the service from the point of receiving a referral.



Pathway 2b – Recovery Beds

40 Recovery beds are based at Moorlands Grange (Netherton, Huddersfield) and provide support to aid post-discharge recovery and allow recuperation time alongside providing a low-level rehabilitation for people not quite ready follow the home first pathway home.

The service also supports people who are awaiting a package of care to go home and those who are non-weight bearing (NWB).

Length of stay in a Recovery bed is expected to be up to 4 weeks (6 weeks for NWB) with an aim to support people to go home earlier if possible, with appropriate support to meet the person's assessed social care and ongoing medical needs in the community.

People in Recovery beds are supported by the Kirklees ITOC Discharge Team who provide an initial holistic assessment within 48 hours of admission.

The team have a daily presence (during the hours of 8am to 5pm) supporting staff and patients to implement personalised care and support plans which encourage reablement.

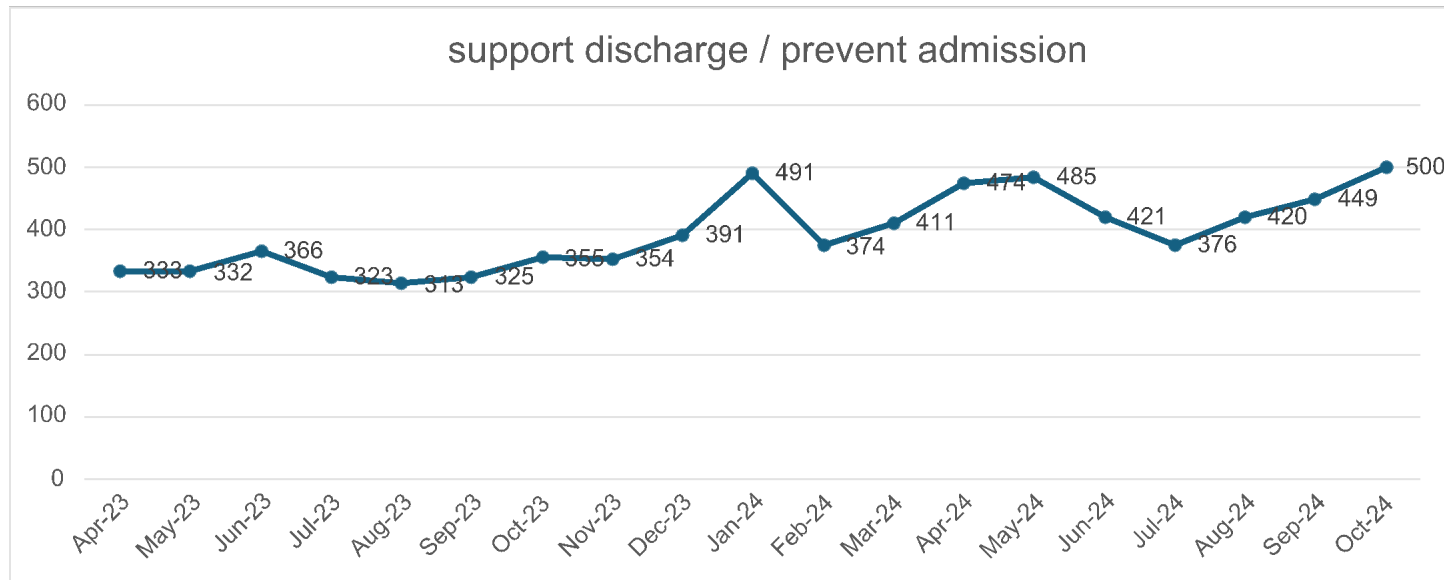
The team will also support discharge from the Recovery bed setting by arranging any equipment and referrals onto other services for post discharge support.



KICES – Kirklees Integrated Community Equipment Services

Kirklees Integrated Community Equipment Service. This service oversees the equipment budget which is jointly funded by the Council and Clinical Commissioning Group via a pooled budget Arrangement

Collaborative approach and responsive nature of KICES team ensures acute staff can make contact and deal with any issues in the moment ensuring no avoidable delays to discharge



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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

MEMBERS: Councillor Jo Lawson (Lead Member), Councillor Beverly Addy, Councillor Gwen Lowe, Councillor Alison Munro, Councillor Tim Bamforth, Helen Clay (Co-optee), Kim Taylor (Co-optee).

SUPPORT: Nicola Sylvester, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p>1. Services provided from Hospital to Home in Kirklees</p>	<p>To consider the resources of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> • An overview of the financial position of the local health and social care system to include: the work that is being carried out to meet current year budgets; and to identify any risks. • Access to services of adult’s social care to include: <ul style="list-style-type: none"> - Discharge care packages from hospital - Occupational Therapist assessments - Physio waiting times - Carers accessing support - Respite care 	
<p>2. Capacity and Demand – Kirklees Health and Adult Social Care System</p>	<p>To monitor the work being done by Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics, and diagnostics to include:</p> <ul style="list-style-type: none"> • Receiving updated data on waiting list times by services under pressure and to assess progress against data received by the Panel previously to include: • 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. 	<p>Panel meeting 09th October 2024</p> <p>Representatives from Kirklees Health and Care Partnership and Kirklees Council provided an update on demand and recovery of planned care across Kirklees which included the focus of the work being done across Kirklees core providers to manage capacity and demand and catch up with delayed planned surgery, therapeutics and diagnostics</p>

	<ul style="list-style-type: none"> Considering new developments and initiatives, such as the community diagnostic hubs, that are being introduced to address the backlog. 	<p>The Panel noted that a community diagnostic hub was to be opening at Huddersfield University Campus to help with backlogs along with noting the workforce gaps of consultants across MYTT and CHFT.</p>
3. Communities Accessing Care	<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. The impact and uptake of pharmacy service to prescribe. Access to GP services and hospital referrals. The uptake of vaccination programmes. An update to the work being done by the local authority and Local on providing reablement support, including the actions and initiatives to support hospital avoidance and provide the appropriate level of care and support at or closer to home. 	<p>Panel meeting 09th October 2024</p> <p>Representatives from Kirklees Health and Care Partnership and Kirklees Council provided an update on the continued work of health services in the community.</p> <p>The panel noted the 9 PCN's which were a group of general practices that aligned key services across the community, including the local authority, voluntary and pharmacy sectors along with actions and initiatives for reablement support for hospital avoidance and provide the appropriate level of care and support at, or closer to home.</p>
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"> Work being undertaken by Kirklees Local Offer for Adults Mental Health 	<p>Panel meeting 21st August 2024</p> <p>Representatives from Kirklees Health and Care Partnership, Kirklees Council and Southwest Yorkshire Partnership Foundation Trust provided an update on the Kirklees Health and Wellbeing strategy.</p> <p>The Panel noted that the Integrated Care Board would provide Z cards in Sept/Oct 24</p>

		that could be circulated to members, and proposed an action through the Mental Health Alliance on how the service received wider communication with the voluntary sector.
5. JHOSC Update	<p>To receive an update from JHOSC's on the following services:</p> <p>Maternity – Calderdale & Kirklees</p> <ul style="list-style-type: none"> • Feedback on the reopening of the Bronte centre • An update to the reopening of the Huddersfield centre • Birth data for women who live within a Huddersfield postcode and give birth in Calderdale along with women with a Dewsbury postcode who give birth in Calderdale <p>Mental Health – Calderdale, Kirklees and Wakefield</p> <ul style="list-style-type: none"> • An update on access to inpatient services including the proposals for transforming Older People's Mental Health Inpatient services. <p>Non-surgical Oncology – West Yorkshire</p> <ul style="list-style-type: none"> • Feedback from the public engagement in Kirklees on Non-Surgical-Oncology 	
6. Care Quality Commission (CQC)	<ul style="list-style-type: none"> • Receive a presentation from the CQC on the State of Care of regulated services across Kirklees. • 	<p>Panel meeting 10th July 2024</p> <p>Representatives from the CQC presented details on the work undertaken in relation to</p>

		<p>the single assessment process that had started for all registered providers along with an approach to implement the new changes.</p> <p>The panel were concerned regarding timescales set by the central hub, or initial assessments, or how long a service could go without receiving an inspection. The Panel invited the CQC to attend the scrutiny Panel in January 2025 to provide a further update on the service.</p>
7. Kirklees Safeguarding Adults Board (KSAB) and the	<ul style="list-style-type: none"> To receive and consider the KSAB Annual Report 2023/24 in advance of discussions with the KSAB Independent Chair to enable the Panel to identify areas of concern and/or interest. 	
8. Adult Social Care / CQC Inspection	<p>To continue to focus on the services being delivered by Kirklees Adult Social Care to include:</p> <ul style="list-style-type: none"> An understanding of the inspection process. Assurances are in place to manage the inspection. Learnings from the children’s inspection. Outcome of the inspection that has taken place. 	
9. 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 being taken to develop the partnership working between the two trusts including details of other services that have the potential to be jointly delivered and/or supported. 	<p>Panel meeting 21st August 2024</p> <p>Representatives from the Calderdale and Huddersfield NHS Foundations Trust and Mid Yorkshire Teaching NHS Trust provided an update on collaboration and partnership working. Current working areas included non-</p>

	<ul style="list-style-type: none"> Data to demonstrate the benefits to patients for those services that are jointly supported and/or delivered. 	<p>surgical oncology, community diagnostic centres, a strategic maternity partnership and shared leadership on digital services.</p> <p>The Panel noted the commitments from partners in continuing to work jointly across both trusts.</p>
Access to Dentistry (Kirklees issues)	<p>To continue the focus on specific issues affecting dentistry across Kirklees to include:</p> <ul style="list-style-type: none"> An update from the West Yorkshire Care Board on availability of appointments across Kirklees The current situation on regular attendance at dentists An update on surgical dental extractions for children Waiting list positions Imbalance in dental services across Kirklees Council Health inequalities across Kirklees 	
Healthy Child Programme		

Golden Threads: Workforce recruitment and retention.
Performance data to be included where appropriate to inform the individual strands of work.
Reducing Inequalities.

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**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –
2024/25**

MEETING DATE	ITEMS FOR DISCUSSION
10 July 2024	1. CQC state of Care
21 August 2024	1. Joined up Hospital Services 2. Mental Health and Wellbeing
09 October 2024	1. Communities Accessing Care 2. Capacity and Demand – Kirklees Health and Adults Social Care System
27 November 2024	1. Service provided from Hospital to Home in Kirklees 2. NHS 10-year plan 3. Financial position of the local health and social care system
22 January 2025	1. Access to Dentistry (Children’s Scrutiny to join) 2. Oral Hygiene 3. CQC State of Care 4. Kirklees CQC Inspection
26 February 2025	1. Healthy Child Programme 2. Kirklees Safeguarding Adults Board Annual Report 3. Update from JHOSC’s
09 April 2025	

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

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