

Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

OVERVIEW AND SCRUTINY PANEL FOR HEALTH AND SOCIAL CARE

Tuesday 6th December 2016

Present: Councillor Elizabeth Smaje (Chair)
Councillor Andrew Marchington
Councillor Sheikh Ullah
Councillor Fazila Fadia
Councillor Judith Hughes
David Rigby
Sharron Taylor
Christopher Horner
Peter Bradshaw

Apologies: Councillor Steve Hall

In attendance: Richard Parry, Director of Commissioning, Public Health and Adult Social Care
Siobhan Jones – North Kirklees CCG
Vicky Dutchburn – Greater Huddersfield CCG
David Hamilton - Kirklees
Dr Steve Ollerton, Clinical Leader of Greater Huddersfield Clinical Commissioning Group
Helen Kilroy, Principal Government and Democratic Engagement Officer

Observers: Fatima Khan-Shah
Rory Deighton - Healthwatch

1 Minutes of previous meeting

RESOLVED - That the minutes of the meeting of the panel held on 1 November 2016 be approved as the correct record.

2 Interests

The following members of the Panel declared an interest in Agenda Item 4 (Talk Health Kirklees):

Councillor Fadia declared an 'other' interest on the grounds of a close family member owning a pharmacy.

Councillor Smaje on the grounds of being in receipt of free prescriptions for gluten free products.

David Rigby, Co-optee, on the grounds of being a member of the Healthwatch Board.

3 Admission of the public

The Panel considered the question of the admission of the public and agreed that all items be considered in public session.

4 Talk Health Kirklees

The panel considered an update on the Talk Health Kirklees campaign and the current consultation process and welcomed colleagues from Greater Huddersfield and North Kirklees CCGs to the meeting.

Richard Parry from North Kirklees CCG advised the panel that within Kirklees the health economy was particularly challenged. Whilst both NHS North Kirklees and NHS Greater Huddersfield CCGs had received an increase in their budgets for 2016/17 of 2.5% and 3% respectively, cost pressures meant that they may not be able to deliver the 1% financial surplus required by NHS England this year. The panel was informed that the scale of the financial recovery challenge from 2016/17 onwards was significant and required transformational change and potentially controversial efficiencies. Richard Parry explained that the CCGs were looking at prioritising their expenditure and had put forward a number of propositions to the public on the proposed changes.

The panel was advised that North Kirklees CCG had, since July 2015, been having an ongoing conversation with the public about funding priorities. Healthwatch Kirklees had also undertaken a short piece of engagement to gain the views of the public on the prescribing of over the counter medication. The key themes raised from the engagement and activities were outlined within the report.

Siobhan Jones from North Kirklees CCG advised the panel that the CCGs had launched a public campaign on the 12th October called 'Talk Health Kirklees'. The Panel was informed that the CCGs wanted to have an open and honest discussion with local people about the things they could do to get better value from NHS spending. The panel noted that the first phase of the campaign had taken the form of a six week public consultation focussing on the following proposals:

- Stopping the routine prescribing of products that were available in shops and pharmacies e.g. suncream and multivitamins;
- Stopping the routine prescribing of gluten free products;
- Changing the criteria for individual funding requests;
- Prescribing generic (unbranded) medicines rather than the more expensive brand of products.

Siobhan Jones also explained that CCGs were planning to change the way some people ordered repeat prescriptions. On 1st April 2017, pharmacies and other

Overview and Scrutiny Panel for Health and Social Care - 6 December 2016

suppliers will no longer be able to order repeat prescriptions from patients through their own ordering services. The panel noted that instead, patients would have to order their repeat prescriptions directly with their GP practice. The Panel was informed that the CCGs had invited people to let them have their thoughts and suggestions about this change. Siobhan Jones advised the panel that the aim of the consultation had been to reach as wide a population as possible utilising various different mechanisms of communication. The panel noted that CCGs had developed an electronic leaflet, briefing and newsletter/website content, consultation document and online survey and disseminated them as follows:

- To over 250 community, voluntary and third sector organisations;
- To the 66 GP practices across Kirklees for onward cascade to patients and staff;
- To Community Pharmacy West Yorkshire and 105 Community Pharmacies across Kirklees;
- To a range of stakeholder and provider organisations including hospital trusts, local authority and community providers;
- To over 110 Care Homes across Kirklees;
- To members of the North Kirklees CCG, 'Your Health, Your Say' Network;
- To all GP practice patient reference groups to support local conversations and onward cascade to patients using their own mechanisms.

The panel was advised that the CCGs also used a regular health slot on Al Mubarak radio to discuss the consultation and encourage people to have their say. The CCGs Head of Medicines Management and GP Lead took part in the show, where they also answered questions from callers.

Siobhan Jones advised the panel that the CCGs also targeted specific groups/individuals using a range of different mechanisms and a list of the organisations contacted was outlined in Appendix A of the report. The panel agreed to receive details of the full list of organisations who had been contacted by the CCGS.

A question and answer session followed and the key issues raised by the panel were as follows:

- The panel felt that engagement in South Kirklees had been low compared to North Kirklees and asked how the CCGs had engaged with South Asian communities in South Kirklees;
- The panel felt that Mosques in the Kirklees area should have been consulted on the changes;
- The panel agreed that it would have been useful if the CCGs had been able to split the information between North and South Kirklees as GPs often took different approaches in these areas;
- The panel feedback that some respondents had not fully understood the questions, due to the complexity of the information or language issues and did not understand the changes or impact on them;

Overview and Scrutiny Panel for Health and Social Care - 6 December 2016

- The panel asked about exemptions or exceptions to the changes and the impact of the changes on people on low incomes who would no longer be entitled to free prescriptions and how these changes would affect them;
- The panel asked what information had been sent to GP practices and pharmacies and had they been given any guidelines on how to cascade the information to staff and patients;
- The panel expressed concerns that some pharmacies and GPs had already begun to put the changes into practice.

The panel registered concerns around the consultation process and asked that CCGs looked at future processes for consultation, which must be representative of all affected Groups.

Rory Deighton from Healthwatch advised the panel that Healthwatch felt that the report by the CCGs on the consultation exercise was a fair reflection of who had been approached and what people had said.

In response to a question from the panel on how representative the consultation was, Siobhan Jones explained that the CCGs had explored which individuals may be more affected than others and had targeted these. The panel was advised that the CCGs had looked at the makeup of the population in Kirklees and tried to ensure that the survey had reached as many people as possible.

The CCGs advised that the consultation report on the findings had been shared with Kirklees in advance of the meeting, however, the panel had not received this information. The panel agreed to comment on the consultation report on the findings of the Talk Health Kirklees engagement and consultation exercise and feedback to the CCG's.

Steve Ollerton advised the panel that one to one meetings had been held with lead GPs on the Talk Health Kirklees proposals and posters and leaflets had been sent out to GP practices. The panel was advised that some GP practices had put the information regarding the consultation on their website. Steve Ollerton further explained that information was not currently available on how the consultation had been cascaded to patients. The panel was advised that the CCGs agreed that the relationships between the GPs and pharmacies was important and had asked GPs to work with local pharmacies to see how the changes would work for patients.

In response to a question regarding whether there was an exception policy, the CCGs advised that this matter was still being reviewed as to what would be the impact. The panel was informed that there would always be exceptions and that these would be subject to a clinical judgement by the local GP. The CCGs further explained that there were many variables to the levels of vulnerability and where people were taking medication for ongoing treatment, their arrangements for prescriptions would not be changed.

Richard Parry informed the panel that the issues which had been raised by the panel today were similar to the issues that had been raised by GPs and that there was a higher degree of triangulation.

The panel received a copy of the consultation report on findings and agreed to feedback to the CCG's.

RESOLVED -

(1) That officers from Greater Huddersfield and North Kirklees CCG be thanked for attending the meeting and that the report on Talk Health Kirklees be noted.

(2) That the panel's supporting officer be authorised to liaise with attendees to obtain any requested information and address the agreed actions.

(3) The panel agreed to comment on the consultation report of findings and that their response be fed back to the CCGs.

5 Assessing the Robustness of Assessments for Adult Social Care

The Panel considered a report that outlined the approach taken by Adult Social Care to improve the robustness of the Adult Social Care system. The Panel welcomed David Hamilton (Assistant Director for Adult Social Care and Wellbeing) and Richard Parry (Director for Commissioning Public Health and Adult Social Care) to the meeting.

David Hamilton gave a presentation to the Panel which outlined the national picture with regards to Adult Social Care and the pressures on Local Authorities.

The Panel was advised that Adult Social Care was in a period of significant change and transformation and the direction of travel was based on the new council philosophy, principles and expected behaviours. The Panel was informed that across Adult Social Care there were a range of initiatives and approaches already in place assisting to measure and therefore understand the impact on people who use the services. David Hamilton explained that in many areas these have been in place for some considerable time and were well established and imbedded in practice. The Panel was informed however, that it was also the case that these approaches were not used in all service areas and therefore the practice was not consistent or comprehensive. David Hamilton advised that in recognition of the inconsistencies, further work had been undertaken to improve the robustness of the Adult Social Care system.

In response to a question from the Panel with regard to the apprenticeship levy, Richard Parry advised that the Social Work teams would take on graduates who would fall out of the apprenticeship scheme, but that the Council could look at apprenticeships in terms of unqualified staff within Adult Social Care.

David Hamilton advised the Panel that the Council faced a challenge of attracting into home care work within the borough when people were able to earn more elsewhere. The Panel noted that home care had become a more demanding role as people were now in greater need and required a higher level of care, as the Council endeavoured to keep people at home and out of hospital wherever possible.

The Panel noted that people from other districts came to care homes within Kirklees. David Hamilton further explained that people could move across borders for places within care homes and that Kirklees could currently resource this,

Overview and Scrutiny Panel for Health and Social Care - 6 December 2016

however there were challenges relating to lack of nursing care, beds and also dementia care.

David Hamilton advised the Panel that the council has a responsibility to ensure that the quality of care homes within the borough was viable but that some homes were at risk of closing down. There were concerns nationally among Directors of Adult Social Care with regard to the threat of closure on some of the largest care homes within the country.

The Panel was advised that Adult Social Care had developed a Quality Assurance Framework 'Achieving Excellence Quality Assurance Framework' (QAF) which had been launched in April 2016. The Panel was advised that the QAF provided the framework for the Council's approach and signalled a wider perspective beyond that of performance management. The Panel noted that in order to deliver the QAF, a Quality Implementation Group (QIG) had been established involving Service Managers and chaired by the Principal Social Worker.

David Hamilton advised that there was now a concerted shift towards developing a business intelligence approach for Adult Social Care which combined a comprehensive list of performance data, information and feedback from various sources in order to provide a more holistic view and understanding of the impact of what the Council can do to make people's lives better. David Hamilton further explained that this had resulted in the development and implementation of Quality Performance and Resource clinics (QPRs) which were designed to engage front line staff as well as middle and senior managers in understanding and improving the quality of services provided.

The Panel discussed the fact that people lived longer in extra care housing and acknowledged that this type of housing was a half-way house between hospital and the person's own home. The Panel noted that communal facilities within extra care housing helped people to remain more independent and was a better environment within which to live.

In response to a question from the Panel regarding case load for Social Workers, the Panel was advised that the caseload would depend on the seniority of the Social Worker as the more high risk cases would be dealt with by the more senior officers. The Panel was further advised that Team Managers had the responsibility to regularly scrutinise Social Worker case workloads.

In response to a question from the Panel regarding whether Social Worker caseloads within Kirklees were sustainable and how many agency staff were in place, the Panel was advised that two agency Social Workers were currently in post, out of 75 posts. The Panel noted that supervision of social workers was robust and that case file audits were undertaken across all areas on a regular basis.

The Panel was advised that monthly meetings were held with Unison, Managers and staff within Adult Social Care and staff vacancies and recruitment were discussed at these meetings.

Overview and Scrutiny Panel for Health and Social Care - 6 December 2016

Richard Parry advised the Panel that some teams, for example, Learning Disability, did not currently have sufficient staff to deal with the current volume and complexity of cases. Richard Parry further explained that the number of deprivation of liberty safeguarding cases had increased.

Richard Parry advised the Panel that Sue Richards, Assistant Director for Early Intervention and Prevention, was currently looking at a recruitment and retention package for Adult Social Care.

In response to a question with regards to what areas within Adult Social Care were high risk if they were subject to an Ofsted inspection, Richard Parry advised that a sub diagnostic had identified issues around quality assurance, recruitment and retention and prioritisation of Social Worker caseloads.

David Hamilton advised the Panel that work was on going within the Council on the review of direct payments, the aim of which was to increase the take up of the facility. Officers felt confident that the review would improve the process for direct payments and numbers would increase. The Panel noted that an update on the Review of Direct Payments would be considered by the Panel in March 2017.

David Hamilton advised that the Quality Assurance Framework had been launched with staff and they were aware of the standards required of them. David Hamilton further explained that managers selected two cases per month to audit and these were selected on a random basis. The Panel was advised that there had been no incidents of whistleblowing raised by staff within Adult Social Care, but Richard Parry confirmed that a culture was needed which meant staff felt they could raise concerns. The Panel noted that the Audit Clinics would be a good environment for people to discuss areas they were not happy with and have open and frank conversations with the Director regarding any challenges or issues.

Richard Parry advised the Panel that on the Quality Assurance Framework a progress report outlining any significant findings would be available in the near future and the Panel agreed to receive a copy of this for consideration.

The Panel agreed to receive more information with regard to the following areas:

- Staff shortages within Learning Disabilities;
- Milestones on how the new Quality Assurance Framework was working.

The Chair of the Health and Social Care Scrutiny Panel agreed to keep a watching brief on this issue and report back to the Panel as required.

RESOLVED –

(1) That David Hamilton and Richard Parry be thanked for attending the meeting and that the update on assessing the robustness of assessments for Adult Social Care be noted.

(2) That the Panel supporting Officer be authorised to liaise with attendees to obtain requested information on and address the agreed actions.

(3) That the Chair of the Health and Social Care Scrutiny Panel keep a watching brief on this issue and report back to the Panel when appropriate.

6 Work Programme 2016/17

RESOLVED – that progress on the work programme for 2016/17 be noted.

7 Date of Next Meeting

RESOLVED - That the date of the next meeting be confirmed as 10 January 2017.