

Contact Officer: Richard Dunne

## KIRKLEES COUNCIL

### OVERVIEW AND SCRUTINY PANEL FOR HEALTH AND SOCIAL CARE

**Tuesday 7th February 2017**

- Present: Councillor Elizabeth Smaje (Chair)  
Councillor Andrew Marchington  
Councillor Sheikh Ullah  
Councillor Steve Hall  
Councillor Judith Hughes  
Peter Bradshaw  
David Rigby  
Sharron Taylor
- Apologies: Councillor Fazila Fadia  
Christopher Horner (Co-Optee)
- In attendance: Sadaf Adnan – North Kirklees Clinical Commissioning Group (CCG)  
Michael Crowther – Kirkwood Hospice  
Brenda Devey – Locala  
Vicky Dutchburn – Greater Huddersfield CCG  
Rachel Foster – Locala  
Dr Nadeem Ghafoor – North Kirklees CCG  
Helen Green – Locala  
Peter Kirkham – Greater Huddersfield CCG  
Rachel Millson – North Kirklees CCG  
Sue Richards – Kirklees Council  
Helen Severns – North Kirklees CCG  
Richard Dunne – Principal Governance and Democratic Engagement Officer

#### **1 Minutes of previous meeting**

**RESOLVED** - That the Minutes of the meeting of the Panel held on 10 January 2017 be approved as a correct record.

#### **2 Interests**

Co-optee David Rigby declared an interest in agenda item 5 (Care Closer to Home) and 6 (End of Life Care) on the grounds of being a member of Locala.

**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 North Kirklees CCG Transformation Programme**

The Panel welcomed attendees from Kirklees Council and North Kirklees CCG to the meeting.

Ms Severns informed the Panel that the Meeting the Challenge programme had been going for some time and that commissioners had recognised the need to transform services in the community before any changes to hospital services were implemented.

Ms Severns stated that a key aim of the programme was to encourage and support patients to be able to take better care of their health and manage their own conditions.

Ms Severns explained that there was recognition of the need to develop a more collaborative approach across the health and social care system and this approach had now started to evolve.

Ms Severns informed the Panel that the transformation programme was still in the implementation phase and outlined the process that was followed to validate evidence prior to agreeing change.

In response to a question on the difference between population based and placed based commissioning the Panel was informed that commissioners had used the Kings Fund place based commissioning model.

Ms Millson provided an explanation of how placed based and population based commissioning differed and the Panel heard how services could be targeted to very specific areas to help improve outcomes for the local population.

In response to a question regarding the role of the A&E Department at Dewsbury the Panel was provided with an overview of how the department operated and was told that ambulances still conveyed patients to Dewsbury under the Yorkshire Ambulance Service protocols.

In response to a query regarding the protocols the Panel was informed that clarification regarding the ambulance protocols would be checked with colleagues at Mid Yorkshire Hospitals Trust.

Following a question on the definition of frailty for certain cohorts of patients the Panel was provided with a detailed explanation of the frailty and assessment process.

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In response to a question regarding concerns that older people who had multiple conditions could be missed as they did not meet the age criteria for the current cohorts of patients, the Panel was informed that there were plans to roll out support for a younger age group from April 2017.

Ms Severns provided an overview of the outcomes from the urgent care and frailty clinical summit and explained that there had been an agreement to establish a governance board for frailty that would include representation from providers.

Ms Richards provided the Panel with an overview of the work that was taking place to increase the integration and commissioning of health and social care and offered to attend a future Panel meeting to present examples of areas where integration had been progressed.

Ms Severns informed the Panel of the care pathways that were being developed to help support patients to manage long term conditions.

Ms Severns provided an explanation of what was meant by maximising patient choice of provider and explained that choice was focused on planned care and should not be confused with the emergency and urgent care pathways.

In response to a question on how funding would be made available to provide additional resource at weekends the Panel was provided with a detailed explanation on how increased efficiency, reduced duplication of work and a reduction in unelected operations would help to free up additional funds.

Ms Richards informed the Panel that focussing on outcomes would help to drive through system change. This would include looking at ways to reduce demand and increase efficiencies to generate savings that could be re-invested to help support the transformation change programme.

In response to a question on the out of hours GP service the Panel was informed that the out of hours service was located at the Dewsbury Health Centre. The Panel was told that the service that was provided by Local Care Direct was being reviewed and after April 2018 discussions would take place regarding the re-procurement of the service.

Dr Ghafoor informed the Panel that commissioners were looking at how they could bring together a more efficient and simplified system that would enable patients to get improved access to GP's and other key primary care services 24/7.

In response to a question on the Better Care Fund (BCF) the Panel was informed that although the fund helped to support community services there was no financial headroom to fund wider service changes.

### **RESOLVED -**

(1) That representatives from North Kirklees CCG and Kirklees Council be thanked for attending the meeting.

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

## 5 Care Closer to Home

The Panel welcomed attendees from Greater Huddersfield CCG, North Kirklees CCG and Kirklees Council.

Ms Dutchburn presented a brief overview of the background to the Care Closer to Home (CC2H) programme and explained that the report to the Panel included a number of patient stories that were designed to demonstrate how the programme had changed and impacted on patient pathways.

Ms Dutchburn informed the Panel that work was progressing on looking at the workforce and its capacity and the need to transform the workforce was seen as a critical element to ensure the delivery of high quality and effective community services.

Ms Dutchburn stated that commissioners had been tracking the impact of the programme on hospital admissions and informed the Panel that data at the end of December 2016 had shown that the services provide by Locala had resulted in a reduction of 643 admissions in Greater Huddersfield and 407 in North Kirklees.

Ms Dutchburn explained that commissioners were now looking in more detail at the data in order to identify the areas of specialities that the reductions covered and to help inform the commissioner's business case for change.

In response to a question on checking patient satisfaction of services Ms Dutchburn stated that the CCG's did look closely at patient feedback on the pathways of care.

The Panel was informed that a number of clinical reviews took place to measure the safety and quality of care and the reviews included assessing patient satisfaction.

In response to a question on the type of hard evidence that was used to review clinical outcomes the Panel was informed that reviews were carried out through national and local audits. The data from the reviews were reported to the CCG's Quality Board on a regular basis and this information could be shared with the Panel.

Ms Dutchburn stated that many of the indicators that were used to review outcomes from community services were similar to the hospital CQUIN's and included checks such as mortality rate reviews.

The Panel was told that the design of the CC2H model had included a projection on the use of services and the workforce model had been based on the assumption that 80% of activity would be through planned care and 20% unplanned.

The Panel was informed that a review of the assumptions had taken place and identified that in some service areas the levels of activity were different. Steps were now taking place to ensure that the workforce skill mix was changed so that it could meet the actual demand that was taking place.

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In response to a question regarding the importance of being able to provide a seamless health and social care service the Panel was told that work on integrating services was still being developed.

The Panel was informed that there was recognition of the need to improve the integration of services and to move to a position where a single trusted assessment of patients' needs could be carried out.

Ms Richards explained that the Caretrack database would assist the integration of services as it would provide a set of data that could be shared between health and social care and where the needs of the patient and the support they were receiving could be seen.

Ms Dutchburn stated that the Local Authority had been invited to contribute to the development of the CC2H specification to ensure that the Local Authority and health partners were both part of the journey to improve the integration of health and social care.

In response to a panel comment that an analysis of the model could identify areas where the roles of the workforce could be changed to encourage greater flexibility in service delivery and increased efficiency, the Panel was informed this was an area of work that had already started.

Ms Richards informed the Panel that the Local Authority would be looking at the re-procurement of the domiciliary care contract and as part of the process would review the specification with the aim of increasing the flexibility of service delivery.

In response to a question on the role of social workers the Panel was informed that a key focus for social workers related to safeguarding issues although the Local Authority was working towards increasing their role in supporting an integrated assessment process.

In response to a question on electronic patient records the Panel was provided with a detailed explanation of the challenges that health and social care faced in moving towards a fully integrated system that would provide access to records of care.

In response to a question on how the In-Reach teams located in Huddersfield Royal Infirmary and Dewsbury Hospital worked with Kirklees patients who were admitted to Calderdale Royal Hospital and Pinderfields, the Panel was provided with an overview of how the teams liaised and worked with the acute trusts and patients to bring them back into their local area.

In response to a question on whether the Locala Single Point of Contact system failures that were highlighted in the report had been resolved the Panel was informed that work was taking place with the Council to address the IT and telephone issues.

In response to a question on whether Locala had sufficient numbers of nurses Ms Millson informed the Panel that turnover of staff wasn't a particular concern but there was an acknowledgement that the workforce mix wasn't right in all teams.

Ms Millson explained that steps were being taken to address the skills mix in the teams and highlighted the ongoing challenge that Locala and other health organisations faced in the recruitment of nurses.

The Panel was informed of the work that Locala was doing in upskilling Healthcare Assistants and other parts of the workforce and provided an overview of the apprenticeship reform and levy.

**RESOLVED -**

- (1) That all attendees be thanked for their contribution to the discussion.
- (2) That the update on the implementation of the Care Closer to Home Programme be noted.
- (3) That the Panel's Supporting Officer be authorised to liaise with attendees to obtain the requested information and address the agreed actions.

**6 End of Life Care**

The Panel welcomed attendees from North Kirklees CCG, Greater Huddersfield CCG, Kirklees Council, Locala and Kirkwood Hospice.

Ms Dutchburn presented an overview of the approach that was being taken to develop an integrated End of Life Care Service in Kirklees and outlined the context to the key areas of activity that were currently taking place to develop a Kirklees wide offer.

Ms Dutchburn explained that the six ambitions that were contained in the national framework for local action called 'Ambitions for Palliative and End of Life Care' had also been incorporated into the review.

Mr Crowther informed the Panel of the background to the work of Kirkwood Hospice and explained that the Hospice worked alongside colleagues in health and the Council to ensure that there was a joint approach to the provision of services.

In response to a question regarding local people's expectations of the services that Kirkwood Hospice provided Mr Crowther stated that the Hospice provide a wide range of support and each year helped around 1500 people the majority of which received support outside of the Hospice.

Mr Crowther explained that the Hospice helped to provide support to many people who suffered from a wide range of illnesses and included the provision of round the clock inpatient care.

In response to a Panel question on how the different organisations that provided end of life care worked together the Panel was informed that further work was needed with primary care to ensure that people were signposted to the appropriate services.

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Ms Devey informed the Panel that it was important to have early discussions with people in order to assess individual need and identify the appropriate pathway of care.

Ms Dutchburn stated that the pathway of care also depended on where the patient was receiving treatment for example people who received specialist cancer treatment in Leeds would often be referred to Macmillan nurses.

Ms Richards informed the Panel there was a fast track system for people in Kirklees who required end of life services which seemed to be working well.

In response to a question regarding the proposed re-commissioning of end of life services Ms Dutchburn informed the Panel that an End of Life Prior Information Notice had been issued in order to soft market test whether there were suitable providers interested in operating in this market.

Ms Dutchburn explained that commissioners were currently undertaking an analysis of the market test, working through the governance arrangements and would be putting together a package of options for consideration.

In response to the question on dependency of the End of Life Care Strategy on GP's the Panel was informed that the Electronic Palliative Care Co-ordination Systems (EPaCCS) which enabled the recording and sharing of people's care preferences and key details about their care had been rolled out and GP's were able to access this information.

Dr Ghafoor informed the Panel that GP's would usually try and gauge the needs of people and respect their needs. Dr Ghafoor stated that GPs did at times find it difficult to decide on the appropriate support for patients because of the diverse range of services that were currently available.

The Panel was informed that the aim of the strategy was to establish a service that could be delivered through a lead provider. This model would help to assist health professionals such as GP's as it would enable them to refer patients to one lead provider who would take on the responsibility of identifying the appropriate pathways of support.

### **RESOLVED**

- (1). That all attendees be thanked for their contribution to the discussion.
- (2). That a further update be arranged at a date to be confirmed to receive details of the Service Specification covering new arrangements for the provision of End of Life Services in Kirklees.

## **7 Work Programme 2016/17**

The Panel reviewed progress of its work programme and agenda plan 2016/17.

### **RESOLVED**

That progress of the work programme for 2016/17 and the agenda plan be noted.

**8 Date of Next Meeting**

**RESOLVED** - That the date of the next meeting be confirmed as 7 March 2017.