

Contact Officer: Richard Dunne

## **KIRKLEES COUNCIL**

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

**Tuesday 7th March 2017**

Present: Councillor Elizabeth Smaje (Chair)  
Councillor Andrew Marchington  
Councillor Sheikh Ullah  
Councillor Fazila Fadia  
Peter Bradshaw  
David Rigby

Apologies: Councillor Steve Hall  
Councillor Judith Hughes  
Sharron Taylor (Co-Optee)

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

**RESOLVED** - That the Minutes of the meeting of the Panel held on 7 February 2017 be approved as a correct record.

#### **2 Interests**

Co-optee David Rigby declared an interest in Agenda Item 6 (Healthy Child Programme) 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 Integrated Wellness Model**

The Panel welcomed Carl Mackie and Sue Richards from Kirklees Council to the meeting.

Mr Mackie presented an overview of the Wellness Model and provided details of the services that would be included in the Model.

Mr Mackie explained that the model had been designed to move away from a silo approach and focus on the early intervention and prevention agenda by developing activities within the community that would help to improve people's health and wellbeing.

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Mr Mackie informed the Panel that Kirklees Public Health had held a community focused partnership event which had included representation from the voluntary sector. In addition consultants had been commissioned to collate the views of other key stakeholders to help inform the development of the model.

Mr Mackie stated that public health was aiming to have the specification completed and signed off by the end of August 2017 and if more time was needed would be prepared to extend the terms of the existing contracts.

In response to a panel question Mr Mackie explained that public health didn't anticipate that services provided through the model would be reduced but would be enhanced in order to provide more holistic support to individuals.

Mr Mackie stated that public health was exploring a number of procurement routes which including looking at the option for the model to be run by 'staff mutuals' that could be established from existing providers.

In a response to a panel question Mr Mackie explained that the smoking cessation service had been previously delivered by South West Yorkshire Foundation Trust (SWYFT) together with primary support from GP's and pharmacies.

Mr Mackie informed the Panel that the contract with SWYFT wouldn't be renewed and explained that they had only been operating at 65% capacity due to the changing landscape for smoking which included the increased use of e-cigarettes.

Mr Mackie stated that public health was looking to transfer someone from the existing service with SWYFT in order to take this forward under the new model from 1 April 2017.

Mr Mackie informed the Panel that the provision for smoking cessation would continue with primary care and be included in the model. Mr Mackie explained that with the exception of those services that were currently directly commissioned by public health no final decision had yet been made regarding the scope of services that would be included in the specification.

Mr Mackie stated that the Wellness Model had been adopted in other areas of the country which had provided Kirklees with an evidence base in which to develop its own model.

In response to a question on how public health would ensure that the right people would get access to the services Mr Mackie stated that the intention was to use GP provision and local community groups to identify and target vulnerable groups.

In response to a question on how health improvement would be measured Mr Mackie outlined a number of proxy measures that would be used.

Mr Mackie stated that public health wanted to make it as easy as possible for people to access the service and that there would be a range of pathways that would include self-referral.

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In response to question on how public health had ensured that it had engaged with all relevant stakeholders Mr Mackie stated that public health had engaged with a wide range of partners and stakeholders and were planning more events.

Ms Richards informed the Panel that the model was similar to the function that would be delivered by the Healthy Child Programme and was based on the same principle of joining up service provision.

In response to a question on whether there was scope to measure the mental and emotional health of people Mr Mackie stated that the main measure would be done using the Warwick-Edinburgh Mental Well-being Scale which was a tool to measure people's resilience.

Ms Richards stated that the model was focused on prevention and providing support as early as possible to help reduce the demands for medical and social services.

In response to a question that sought clarification on whether some of the services that had been shown as being potentially integral to the model in the report that was presented to Cabinet in December 2016 had been discounted Mr Mackie explained no service had yet been ruled out and those services that would not be included would be aligned virtually with the model.

Mr Mackie informed the Panel that the development of the specification was currently ongoing and was based on discussions with health colleagues and partners and was included in the wider budget debate.

In response to a question regarding the role of GP's in the new model Ms Richards explained that the local authority already worked closely with GP's across a number of areas and the new model would help to make many of the pathways much clearer.

Mr Mackie stated that GP's would continue to work with public health on undertaking health checks, which would also be extended to outreach workers, and smoking cessation.

Ms Richards informed the Panel that public health would start work on scoping out a timeline which would include key milestones and decision making for the service specification.

Cllr Smaje outlined the key areas of the guidance on health scrutiny and confirmed that the Panel would wish to receive more detail on the Model's function and the specification and to understand the outcomes and impact on service users.

### **RESOLVED -**

- (1) That attendees be thanked for their contribution to the discussion.
- (2) That the Panel's Supporting Officer be authorised to liaise with attendees to address the agreed actions.
- (3) That a further update be arranged at a date to be confirmed.

**5 Delays in Provision of Care Packages**

The Panel welcomed Amanda Evans from Kirklees Council to the meeting.

Ms Evans outlined the background to the Council's duty under the Care Act to make arrangements to meet assessed, eligible social care needs and explained that there was some impact on the waiting time for care packages due to the lack of capacity in domiciliary care.

Ms Evans informed the Panel of the numbers of people on the waiting list for initial care packages outlined in the scrutiny report and explained in detail the Kirklees response to the Freedom of Information request on the numbers.

Ms Evans stated that there wasn't large numbers of people without care. The Council had a strong relationship with domiciliary care providers and had provided an enhanced package to help support them.

Ms Evans explained that the Council was reviewing the prices for providers whose contract had come to an end with the aim of making the provider more resilient and stated that the Council's preference was to have larger more stable providers.

Ms Evans informed the Panel that initiatives such as electronic call monitoring would help to make the move towards a more outcome focused service and empower the customer to have more discussions with the provider with less focus on the provision of service through pre-arranged time slots.

In response to a panel question Ms Evans explained that key challenges still evolved around skills, capacity and money and stated that the workforce was still female dominated. Recruitment was also a challenge as providers were competing with the retail sector which offered more attractive rates of pay and terms and conditions.

Ms Evans informed the Panel that the Council was working with providers to provide support with recruitment and retain more people. It was hoped that the significant uplift in price for the providers would be used to reward front line staff.

In response to a panel question regarding the ability to provide care for all people Ms Evans stated that the Council was looking at the potential issue of over provision for some people.

Ms Evans explained that some people had two carers at a time and this didn't always provide the best outcome. The Council was looking at equipment that could support the provision of single handed care which would be more efficient and less intrusive.

In response to a question on whether the waiting list was monitored Ms Evans stated that the Council was looking at the processes it followed that included how frequently the list was reviewed.

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In response to a panel question on how the Council was ensuring that the people who were in temporary arrangements were having their needs met Ms Evans provided assurance that people who were in interim residential care were being provided with the same quality of care as any other resident.

Ms Richards explained that there were a number of reasons that people were placed in intermediate care beds but the primary reason was due to the lack of domiciliary care packages.

In response to a panel question Ms Evans stated that the waiting list had grown over the last six months and the Council was reviewing the numbers to understand the underlying cause of the increase.

Ms Richards stated that the Council's aim was to reduce waiting times for care packages and it was difficult to compare the performance of Kirklees with other authorities as there wasn't a national figure or measurement for waiting times.

Ms Evans informed the Panel that the Council was looking to publish a monthly report on the waiting times for care packages in an attempt to ensure that the Council was seen to be on the front foot in dealing with the issue.

Ms Richards stated that the Council was in the top quartile for supporting the discharge of people from hospital and getting people into intermediate care was better than having to remain in hospital.

### **RESOLVED -**

(1) That Amanda Evans and Sue Richards be thanked for attending the meeting.

(2) That the Panel's supporting Officer be authorised to liaise with attendees to address the agreed actions.

## **6 Healthy Child Programme**

The Panel welcomed Keith Henshall from Kirklees Council and Lorna Peacock and Maria Collins from Locala to the meeting.

Mr Henshall presented an overview of the work that had been undertaken in the development of the Healthy Child Programme (HCP) and explained that the work was a good example of the integration of a range of systems and a collaborative approach to the delivery of services.

Ms Peacock informed the Panel that Locala had engaged with partners in advance of the development of the specification and were committed to continuing to work with partners during the implementation phase of the programme.

In response to a Panel question on the re-design of the workforce Ms Peacock explained that Locala had undertaken a thorough process to identify the demands of the programme and the required capacity.

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Ms Peacock stated that Locala had a planned programme for upskilling the workforce over the next five years which would include training and supporting partners in the development of their workforce.

Ms Collins explained the national profile for health assistants and outlined the approach to a professional development programme. The Panel was informed that a team of nurses were working with the University of Huddersfield to develop a training programme for the workforce.

Ms Peacock informed the Panel that Locala had developed a process for assessing the quality of the workforce which had been driven by the programmes specification and financial modelling.

Mr Henshall explained that as commissioners of the service public health didn't specify the mix of the workforce as it was the provider's responsibility to develop the workforce to meet the requirements of the specification.

In response to a panel question on the significance of the interface between health visitors and social workers Ms Collins stated that Locala was working with social care and other colleagues on the responsibilities of safeguarding.

Ms Richards informed the Panel that the HCP should be seen in the context of the early help agenda. The Council would be more reliant on partners and a significant element of the early support would start at school.

The Panel welcomed the principles of the model and highlighted that in some cases the school setting could have a negative outcome. The collaborative approach was seen as a positive way forward.

In response to a question on how Locala would overcome the risks if staff attrition rates didn't address the required reductions in staff numbers Ms Peacock explained that Locala would use a voluntary severance scheme (MAR) should it be necessary.

Ms Peacock explained that there was a balancing act between upskilling Locala's lower band workforce to meet the required mix of skills and retaining the numbers of staff in the higher bands.

Ms Collins stated that Locala had an ageing workforce and in response to this issue had starting a recruitment exercise. Locala had also changed the role of team leaders to include a greater focus on helping the organisation to support the transformation of the workforce.

Ms Peacock informed the Panel that Locala had developed a Communication and Engagement Plan which would focus on the requirements of the programme and allay fears such as workforce changes.

Mr Henshall explained that the programme was in the mobilisation phase and communications would be tailored to highlight key messages to the various stakeholders.

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In response to a panel question on the bids lack of definition of Long Term Conditions Mr Henshall stated that this hadn't been defined and provided a detailed explanation of the approach that providers had been asked to take to provide the required support for Long Term Conditions through a management plan.

Mr Henshall informed the Panel that the funding for the programme had been achieved through a pooled budget from the Councils existing 0-5 and 5-19 budgets and an element of transformation funding.

In response to a question on how the waiting lists were being managed for children with an autistic spectrum condition the Panel was informed Locala was working closely with Kirklees Council to take a whole package approach to deal with the issue.

Mr Henshall informed the Panel that the HCP was a five year contract primarily because the Council didn't know what the budget position would be after this period of time.

### **RESOLVED**

- (1) That attendees from Public Health and Locala be thanked for attending the meeting.
- (2) That the update be noted.

## **7 Update on 'Review of Direct Payments'**

The Panel discussed the update on the Direct Payments Project which aimed to review the whole system and processes that were in place to ensure that the Council had robust monitoring and management systems.

### **RESOLVED**

- (1) That the report be noted.
- (2) That the Head of Social Care and Community Health Partnership be informed that no further action will be required by Scrutiny.

## **8 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.

## **9 Date of Next Meeting**

**RESOLVED** - That the date of the next meeting be confirmed as 23 March 2017.