

Contact Officer: Helen Kilroy

## KIRKLEES COUNCIL

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

**Tuesday 3<sup>rd</sup> October 2017**

Present: Councillor Elizabeth Smaje (Chair)  
Councillors Richard Eastwood and Fazila Loonat  
Peter Bradshaw – Co-Optee  
David Rigby – Co-Optee  
Sharron Taylor – Co-Optee

Apologies: Councillors Sheikh Ullah and Richard Smith

In attendance: Steve Ollerton, Alan Turner and Ian Currell - Greater  
Huddersfield CCG  
Emily Parry-Harris, Public Health (Kirklees)  
David Hamilton, Adult Social Care (Kirklees)  
Helen Kilroy, Principal Governance and Democratic  
Engagement Officer

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

**RESOLVED** - That the Minutes of the meeting of the Panel held on 12<sup>th</sup> September 2017 be approved as a correct record.

#### **2 Interests**

No interests were declared.

#### **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 Robustness of Adult Social Care**

The Panel welcomed David Hamilton from Kirklees Adult Social Care to the meeting and considered an update on the approach taken by Adult Social Care in order to continuously improve the robustness of the Adult Social Care System.

David Hamilton advised the Panel that this report was a follow up to the update considered by the Panel in December 2016 on the Robustness of Adult Social Care and the progress made to date. The Panel was informed that there were still challenges and pressures around Adult Social Care, but felt that the Service was moving in the right direction.

David Hamilton highlighted a number of new initiatives considered by the Panel in December 2016 which were being developed at the time, but had now been implemented, as follows:-

- Quality Assurance Frameworks and Quality Clinics were now held on a regular basis and were embedded in the service, which had helped to ensure that engagement with

front line staff was ongoing to understand the pressures on the them and that staff understood the expectations in terms of performance;

- A number of culture change events had taken place in September 2017 attended by approximately 250 staff on the future ways of working; these events helped to communicate the next steps of the Adult Social Care Vision across the workforce;
- A restructure had taken place for both North and South Adult Social Care, which had helped to make a link to the CCGs and Trusts across Kirklees;
- Teams were being reorganised into community hubs in North and South Kirkles, alongside colleagues from Community Plus – the hubs would provide opportunities for staff from different agencies to work together to develop relationships and new ways of working;
- Introduced mobile and agile working across the service so staff could be more efficient within the community and better outcomes could be achieved for people;
- Kirklees had retendered for the homecare service, which was hoped would address some of the capacity issues that had been prevalent in the past;
- The Council worked closely with care providers to be sure that they understood their difficulties and the service was working jointly with CCGs to ensure that the right support was offered to providers to encourage them to remain in the market;
- The Panel was informed that the Transformation Board was chaired by David Hamilton and was focussing on performance, capacity and around doing things differently; the Council had invested some additional capacity, mainly from Deloitte and some new members of staff to focus on the redesign services in an appropriate way led by Kirklees Council;
- The Service was adopting a continuous improvement approach and the challenge was to keep moving in the right direction and keep assessing what has been done to make a difference and improve outcomes for people.

In response to a question from the Panel regarding performance management targets and how a shortfall in performance would be rectified, David Hamilton made reference to a performance tool showing targets used by officers. The Panel was advised that performance was a continuous challenge for the service. David Hamilton further explained that the performance targets would be used at the clinics with staff and also that appropriate challenges should be made to undertake regular temperature checks of performance. The Panel was advised that when bench marked regionally and nationally, results had shown that the service was performing well. David Hamilton acknowledged that there were areas within the service that were not performing as well as they could be but this had to be balanced against the level of resources available.

In response to a question from the Panel regarding the fact that the report indicated 6 out of 10 people did not feel the service helped them feel in control of their own care, David Hamilton advised that the service needed to be more people focussed and needed to do more to find out why this was the case. The Panel noted that the service had recently reviewed the direct payments policy, which could have had an impact on how people felt as direct payments were at the heart of people feeling in control of their own care. David Hamilton advised that more conversations were needed with service users and carers to try and identify why they do not feel in control of their own care. The Panel was informed that the service would continue to drive direct payments and make it easier for people to access them.

In response to a question from the Panel regarding how engaged Kirklees was with the Care Closer to Home Strategy, David Hamilton advised that it was critical that Kirklees had

a strong relationship with health colleagues and the new hub structure in North and South Kirklees would help this to ensure that strong links were established. The Panel was advised of a Winter Planning Event on the 5<sup>th</sup> October led by Kirklees Council which health colleagues had been invited to.

In response to a question from the Panel regarding performance records, for example dealing with the impact of delayed discharge, were savings being measured as the public perception was that hospital resources were often put under strain due to the fact that Social Care could not transfer people from hospital quickly enough. David Hamilton advised that Kirklees was performing well in terms of delayed transfers of care but that was not to say that performance in this area could not be improved. The Panel was informed that the figures for delays in transfers of care and length of stay in hospital, was monitored regionally and locally. David Hamilton advised that there was evidence that some people did need long term care in hospital, even though this was a last resort.

The Panel was advised that where it was established that a care home placement was required, one of the new initiatives would be that Trusted Assessors would assess people on behalf of care homes to speed up the process of transfer of care from hospital.

In response to a question from the Panel regarding evidence showing improvements made by the service and linking this to health providers, David Hamilton advised that evidence could be provided if required by the Panel and would link to health providers such as Locala.

In response to a question from the Panel regarding North and South Kirklees and the acute footprints and how was the service ensuring that social care provision in Kirklees was equitable across Kirklees and did not depend on where people lived, David Hamilton advised that Amanda Evans had overarching responsibility for this area and would monitor the quality and level of service provided in the North and South areas to ensure it was consistent and to the same specification. The Panel was advised that there could be some variation in service in parts of the borough where the needs were different.

The Panel asked a question relating to the hospital based teams and Health Care Lead Nurse at both HRI and Dewsbury hospitals. The Panel highlighted that Mid Yorkshire had moved services to Pinderfields from Dewsbury and vice versa, and would there be a Health Care Lead Nurse in Pinderfields and how were patients in need assessed at Calderdale. David Hamilton agreed to get this information for the Panel.

The Panel highlighted the fact that the report did not contain sufficient performance information to evidence the robustness of Adult Social Care and improvements within the service.

In response to a question regarding the state and resilience of the Adult Social Care market as a whole, relating to payments where got supported living where moved from paying a lump sum to paying the living wage on an hourly rate which was having a significant effect on the providers of supported living and the issues around people being able to pay for this service from within their own budgets, David Hamilton advised that the service was moving away from providing some services that were not absolutely necessary and providing them in a different way, for example where appropriate assistive technology had been provided rather than night working staff, which was a much more cost effective

method in the right circumstances and was less intrusive therefore providing better outcomes for some people.

In response to a question regarding achieving excellence and quality assurance and events held for frontline staff around improvement on audit results

**RESOLVED -**

(1) That David Hamilton be thanked for attending the meeting

(2) That the update on the Robustness of Adult Social Care be noted.

(3) That a report detailing performance and evidence that improvements were being made in the Adult and Social Care Service be considered by the Panel at a future meeting – date to be determined.

**5 Health Optimisation Programme**

The Panel welcomed Steve Ollerton, Ian Currell and Alan Turner from Greater Huddersfield CCG and Emily Parry-Harris from Kirklees Public Health to the meeting and considered proposals to introduce new criteria encouraging patients who were overweight or smoking to improve their lifestyles before undergoing routine surgery.

Steve Ollerton advised the Panel that evidence from America had shown that stopping smoking for just a few days could make a huge difference to a person's health. The Panel was informed that people who were overweight or smoked had poorer recovery rates following surgery.

Alan Turner advised the Panel that Greater Huddersfield and North Kirklees CCGs had moved to an outcomes-based programme to benefit the population as a whole and were engaging with clinical practitioners and GPs in North and South Kirklees to make sure all the transitional elements were in place and fit for purpose. The Panel was informed that the CCGs were planning to implement the Programme by January 2018, but would not go live until they had sought assurance that everything was in place accordingly.

Emily Parry-Harris advised the Panel that Public Health were working to protect the Wellness Model, but wanted to strengthen the relationship with CCGs and move more towards a prevention agenda. The Panel was informed that Public Health would like to see GPs having conversations with patients who smoked or were overweight at an early point and not just those people awaiting routine surgery. The Panel was advised that conversations were in the early stages between Kirklees Public Health and the CCGs, so that the Health Optimisation Programme could be incorporated within the Wellness Model.

Alan Turner advised that the CCGs were seeing a growing population of young people with increased BMIs due to the fact that they were not active enough. The Panel was advised that the BMI rates would rise over the next 10 years.

Steve Ollerton advised the Panel that the CCGs were not going to put people at risk as the Programme was only meant for people who were waiting for non-urgent surgery and that about 20% of people waiting for routine surgery could be helped by the Programme.

The Panel asked a question about other avoidable illnesses, for example the effects of alcohol, and whether other CCGs across the country had looked at this issue. Alan Turner

advised the Panel that most Trusts had started with smoking and obesity, but acknowledged there was potential within the programme to expand to other avoidable illnesses.

Emily Parry-Harris advised the Panel that the focus for Public Health was that a better approach to smoking cessation and obesity was needed, even if the person did not need an operation and that GPs should be having these conversations frequently and as early as possible.

Rory Deighton from Healthwatch asked a question regarding the timescales for both the Wellness Model (due to start September/October 2017) and the Health Optimisation Programme (due to start in January 2018). Healthwatch asked if assurance could be given that the Programme would be signed off as a joint integrated approach by the CCGs and Kirklees Public Health. Alan Turner responded to advise that the CCGs needed to ensure that mechanisms should be in place to ensure the right intervention approach across the CCGs to bridge the current gap. Emily Parry-Harris advised the Panel that Public Health expected to have come to a common understanding with the CCGs on what should be delivered, but that conversations were still at an early stage.

The Panel advised that outcomes should be about tackling health inequalities long term and were concerned that Kirklees Public Health and the CCGs were not yet in agreement in relation to the Health Optimisation Programme.

In response to a question regarding whether evidence was available that showed financial savings made by implementing this programme, Ian Currell advised that short-term a small amount of savings would be made by the Trusts, but long term savings would depend on the success of the Programme. The Panel was informed that the majority of freed up demand would be used to get people off the waiting list for routine operations.

Steve Ollerton advised the Panel that the Programme was for a period of 6-12 months and if at the end of that time the person had been unable to lose weight or stop smoking they would still get the surgery if required. The Panel was advised that only about 15% of people stopped smoking with a cessation programme and about 85% stopped smoking of their own accord. Steve Ollerton further explained that early conversations needed to take place between GPs, Clinicians and patients to encourage them to improve their lifestyles, as longer term this would reap benefits.

In response to a question regarding lifestyle rationing by the CCGs, Alan Turner advised that as part of the engagement process undertaken within Kirklees, a number of events and public meetings had been held. The Panel was advised that 500 questionnaires had been returned with very mixed views showing that some people felt the programme was what was needed to change the population culture, where-as others had said they felt it was about rationing or hitting the most deprived.

Rory Deighton asked a question regarding health inequalities and advised the Panel that some of the data showed stark health inequalities within different parts of Kirklees. Alan Turner advised the Panel that robust systems would be put into place by the CCGs to monitor the discrepancies across the country.

In response to a question from the Panel regarding whether evidence was available from other Trusts across the country which showed improved outcomes following the

implementation of the programme, Alan Turner advised that the CCGs were working with Harrogate who had implemented the Programme in November 2016 and that an evaluation report was being finalised, but was not yet available for public view.

The Panel raised concerns regarding the fact that the report seemed to indicate the majority of engagement and consultation had been undertaken in Huddersfield and that not enough engagement had been carried out in North Kirklees. The Panel also felt that the report was not reflective of the ethnic groups in Kirklees. Alan Turner advised that engagement had been carried out within North Kirklees with a wide range of representatives from hard to reach communities and that some feedback had been positive.

The Panel advised that BMI levels in Asian men were high and felt that the report did not reflect this.

Alan Turner advised the Panel that the CCGs felt the Health Optimisation Programme complemented the Wellness Model and was not a duplication. The Panel was advised that the access pathways would be increased as a result of the Health Optimisation Model, whilst also pushing the prevention agenda.

Alan Turner advised that exclusions outlined within the report stated that if a patient was at risk they would not be referred to the Health Optimisation Programme. The Panel was informed that the deferral exclusions had been designed by clinicians.

Steve Ollerton advised that all the CCGs across West Yorkshire had been told to look at the issue of postcode lotteries and that Greater Huddersfield and North Kirklees CCGs would endeavour to minimise this within Kirklees.

In response to a question from the Panel regarding why the CCGs did not see this proposal as a significant variation to public service, Alan Turner advised that they had worked through the proposal and guidelines with their Legal Team who had advised this was not a significant change or variation to public service. Alan Turner further explained that the engagement and consultation carried out already had not been a statutory requirement and that other Local Authorities had implemented the Programme without any consultation or engagement.

Steve Ollerton advised the Panel that when a patient came off the waiting list for routine surgery to go onto the Health Optimisation Programme, they would return to the same place on the waiting list at the end of the programme.

In conclusion, the Panel made the following recommendations:-

1. The Panel agreed that the Health Optimisation Programme proposed a significant variation in service to the public and requested that the CCGs undertake a period of consultation for 6 weeks.
2. The Panel agreed that the engagement already carried out was not as robust as it could have been and that it had not sufficiently targeted hard to reach groups in North Kirklees.
3. The Panel would like to see a more robust consultation carried out so that the CCGs can clearly outline what is being proposed to the public and get their views.

4. That early conversations take place between the CCGs and Public Health as soon as possible so that they are 'on the same page' and commissioning services that will help people and achieve what was outlined in the report to the Panel.
5. The Panel would like to be reassured that the CCGs and Public Health ensure that what is being provided does not contradict one another and that the systems will be robust enough to deal with the numbers coming through.
6. The Panel requested that the CCGs also consult with Hospitals and asked for reassurance on who was being consulted and how the CCGs will reach both patients and clinicians on this proposal.
7. The Panel would like to see earlier conversations taking place with the Panel in future on issues they feel might be perceived as a significant variation in service.
8. Cllr Smaje agreed to meet separately with CCGs and Public Health following the Panel meeting to discuss the issues raised by the Panel in more detail – Scrutiny Briefing on the 26<sup>th</sup> October 2017.
9. The Panel requested that CCGs report back to the Panel with the results and outcomes of the 6 week consultation once it has been completed – date to be agreed.

**RESOLVED -**

- (1) That representatives from Greater Huddersfield CCG and Kirklees Public Health be thanked for attending the meeting and that the report on Health Optimisation Programme be noted.
- (2) That the Panel's supporting officer be authorised to liaise with attendees to address the agreed actions.
- (3) The panel agreed that the changes proposed within the Health Optimisation Programme were a significant change to public service and therefore agreed to scrutinise the proposals. The Panel requested that Greater Huddersfield CCG undertake a further 6 week period of consultation, particularly with hard to reach communities in North Kirklees, and report back to the Panel – date to be determined

**6 Work Programme 2017/18**

The Panel reviewed its activity and progress during 2017/18 and its agenda plan for 2017/18.

**RESOLVED –**

- (1) That progress on the work programme for 2017/18 be noted.

**7 Date of the Next Meeting**

That the date of the next meeting will be 14 November 2017.