

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 18th February 2021

Present: Councillor Habiban Zaman (Chair)
Councillor Aafaq Butt
Councillor Vivien Lees-Hamilton
Councillor Alison Munro
Councillor Lesley Warner
Councillor Bill Armer

Co-optees David Rigby
Lynne Keady

In attendance: Rachel Carter - Greater Huddersfield and North Kirklees
Clinical Commissioning Groups CCGs
Lindsay Greenhalgh - Greater Huddersfield and North
Kirklees CCGs
Siobhan Jones - Greater Huddersfield and North Kirklees
CCGs
Carol McKenna – Greater Huddersfield and North
Kirklees CCGs
Jane O'Donnell – Public Health Kirklees
Emily Parry-Harries – Public Health Kirklees
Richard Parry – Kirklees Council
Helen Severns – Kirklees Council

1 Minutes of previous meeting

The minutes of the meeting held on the 10 December 2020 were approved as a correct record.

2 Interests

Cllr Lesley Warner declared an interest as a member of the Calderdale and Huddersfield NHS Foundation Trust Membership Council.

3 Admission of the public

All items were taken in public session.

4 Deputations/Petitions

No deputations or petitions were received.

5 Public Question Time

The Panel received a question from Councillor Martyn Bolt regarding concerns that there appeared to be no co-ordination of provision between GP practice areas/boundaries. Cllr Bolt's question highlighted a number of issues that included:

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An example of how the lack of co-ordination was impacting residents of a new housing development on Leeds Road , Mirfield where approximately two thirds of the development fell outside the practice boundary covered by the Mirfield Health Centre despite the Health Centre being the nearest location: That CCGs did not appear to have an overarching strategy that addressed this issue; That plans for new development across Kirklees increased pressure on GP practices and GP's did not currently to benefit from developer contributions used to help improve local infrastructure and provision; that there no longer appeared to be patient choice for registering with a GP practice; and there appeared to be no independent arbitration service for reviewing rejected registrations as appeals were heard by the practices who had rejected them.

Cllr Bolt was informed that the Panel would seek a formal written response from the CCG's.

6 Independent analysis of the future size and shape of the older persons' care home market

The Panel welcomed Richard Parry Strategic Director for Adults and Health and Helen Severns Service Director Integrated Commissioning to the meeting.

Ms Severns informed the Panel that the report presented to the Panel included the background to the commissioning of the care home market development and sustainability work, the early findings from the work to date and the plans for the next steps.

Ms Severns outlined the background to the care home market and stated that the Council was also working in partnership in the development of national policy including the NHS long term plan.

Ms Severns stated that the Council had also seen a development of services in the community which had included the increase in domiciliary care and a move away from time and task to support people in their homes to an outcomes focused care plan.

Ms Severns explained that the Council had also responded to people's needs through additional reablement services and outlined details of the pilot scheme in Kirklees called the urgent community response.

Ms Severns explained that there was also an increase in the use of technology and equipment. The Panel was informed of the Council's specialist accommodation strategy and that national research had shown that people wanted to be supported in their own homes for as long as possible provided it was safe to do so.

Ms Severns explained that research had also shown that there had been an improvement in the health of older people which meant that there was less demand for care home provision.

Ms Severns informed the Panel that the Council had recognised that the national and policy changes would lead to changes in the needs and demands of care home places in Kirklees especially in the older care market.

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Ms Severns stated that these changes in Kirklees had started before the pandemic, but the last 12 months had expediated the rapid change with the local care home sector facing significant challenges in reduced admissions.

The Panel heard that care homes had experienced an increase in death rates in people aged 75 and over, reduced occupancy and an increase in business costs.

Ms Severns stated that the draft report of the analysis of the future size and shape of the older person's care home market had been shared with local care home providers and outlined details of the key chapters in the report.

Ms Severns informed the Panel of some of the early findings identified in the report that included a likely need to change the base line for the care homes bed base to achieve the desired bed occupancy levels.

Ms Severns explained that the report's findings also indicated that the predicted demand for people with more complex needs and support would mean that people would spend a shorter period of time in the care home.

Ms Severns stated that these changes would have an impact on the skills for care home staff training and development; the buildings which would need to be utilised to provide the care; and the impact on care management.

Ms Severns outlined the next steps that included plans to continue to meet with the Care Home Association and to hold a workshop that would look at the report in more detail and start work on developing an implementation plan.

Mr Parry informed the Panel that there was a complexity to this matter, and it was about ensuring that the Council provided a broad offer that would enable people to live independently.

Mr Parry explained that the areas such as live time home approaches would be important and that the issues weren't Kirklees specific and affected a number of local authorities.

A question and answer session followed that covered a number of areas that included:

- A question on whether there were plans to also analyse the market for domiciliary care.
- Confirmation that work had already taken place on developing the domiciliary care market which had seen a significant increase in the hours provided each week in Kirklees and was expected to continue to increase.
- Confirmation that 18 months ago the domiciliary care market had been encouraged to increase its provision.
- Details of the work that had been undertaken with domiciliary care providers to ensure staff had the required level of training and development to meet the higher numbers of people with complex needs.
- Confirmation that the Panel would be able to consider the final report and a fully developed implementation plan around May or June 2021.

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- Details of the work done by an organisation called Into Care that supports recruitment into the care sector and the work being done in a specialist area of the market for self employed individuals or small organisations that focused on more niche areas of the market such as working with the BAME community or rural areas.
- A concern that the increase in work being undertaken through domiciliary care would have a detrimental impact on CQC ratings in the care home sector and a question on how this would be addressed.
- Details of the shift in the balance of care provision which would result in fewer people staying in care and nursing homes but with more complex needs and for shorter time periods.
- Clarification that the shift shouldn't have a detrimental impact on CQC ratings, but it would mean fewer care homes and providers adapting their model of delivery to meet the changes to demand in the coming years.
- A request that the Vision for Adult Social Care and the completed implementation plan is circulated to panel members.
- A question on whether the analysis of the market could have been undertaken in house rather than through an external organisation.
- A concern that the increasing life expectancy of people would result in more demand for convalescence services and whether the reduced number of care homes could result in fewer places for older people.
- The impact of Brexit on the numbers of staff working in the care sector.
- Confirmation that discussions regarding Brexit had already taken place with the Care Home forum and providers to encourage them to use the support that was available through the Council to ensure that people were registering as part of the Brexit process.
- Details of the business continuity plans that had been developed by care home providers.
- Confirmation that research had shown that although people were living longer, they were also staying healthier for longer but when they did require support it was for more complex needs.
- Confirmation that it was recognised that a workforce development and training strategy and a recruitment strategy was required to ensure that plans were in place to meet the future needs of older people.
- An overview of the Council's step-down care provision in two of its homes and details of the discharge to assess pathways that had been developed during the pandemic.
- Confirmation that this wasn't a new issue and there was a 5-year trend in decreasing numbers of people moving into residential and nursing homes
- Confirmation that one of the objectives of the analysis was to identify whether the trend in reducing numbers would continue.

RESOLVED –

1. That the report be noted.
2. That the Panel receive a copy of the 5 year Vision for Adult Social Care.
3. That the Panel receive a copy of the Final Report from Cordis Bright together with the implementation plan for discussion at a future panel meeting.

7 Covid-19 Update

The Panel welcomed representatives from Kirklees Public Health and Greater Huddersfield and North Kirklees Clinical Commissioning Groups.

Ms McKenna provided the Panel with an update on the Kirklees vaccination programme and confirmed that all residents in the top 4 cohorts had been offered a vaccine.

Ms McKenna informed the Panel that real progress had been made with the vaccination programme and across West Yorkshire just over half a million people had been vaccinated.

Ms McKenna informed the Panel of the sites across Kirklees that were delivering the vaccine which included the recent opening of the community vaccination centre at the John Smith Stadium and three community pharmacies.

A question and answer session followed that covered a number of issues that included:

- A concern for older people who had not yet responded to the call for a vaccine and who didn't have a car and were likely to be reluctant to travel to a community vaccination centre by public transport.
- An explanation of the work being done by the NHS in conjunction with the Council and voluntary sector providers to support and help vulnerable individuals to vaccination appointments.
- A question on what plans were in place locally to communicate and reach out to people from the BAME community to encourage them to come forward for vaccination.
- Details of the equality impact assessment being undertaken by the Council to ensure that the vaccine is being offered equitably across the local population.
- Confirmation that even in the population groups who have been more hesitant in coming forward the vaccination take up has still been good.
- The need to talk about the vaccine in positive terms to create confidence in the programme.
- Details of the work being done with local radio stations and local based webinars to get the positive messages out into those communities where there is more hesitancy about the vaccine.
- A question seeking clarification that people who've had their first jab would receive the same brand of vaccine for their second jab.
- Confirmation that there had been national assurance that areas across the country would receive reciprocal supplies to the first batches so that people would receive the same brand for their follow up jab.
- A concern regarding some online research that indicated a significant number of doctors had declined the vaccine.
- Confirmation that this research wasn't known locally and that all front-line health and care staff were being encouraged to be vaccinated.
- A question on the take up rates for the flu vaccine.
- Confirmation that NHS and public health were still focused on promoting the flu vaccine.

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- A further question querying how the flu vaccination rates for this year compared to previous years and the reasons why vaccination targets had not been achieved in some cohorts.
- A question on whether learning could be taken from the flu immunisation programme to help inform an action plan for future flu and Covid-19 vaccination programmes.
- Details of the flu immunisation programme and confirmation that the take up rates for the 2020/21 were higher than previous years.
- An overview of the reasons why some people in the clinical at risk groups declined the flu jab.

Ms O'Donnell presented an update on the work being done by public health in response to Covid-19 that included: community testing and the DPH targeted testing; Covid-19 schools update; care homes testing update; and Flu immunisation programme data update.

In response to a question on what was meant by a designated care setting Ms O'Donnell stated that this setting was an area where beds were allocated for Covid positive patients and could be located in a care home or a floor of a care home.

Ms O'Donnell confirmed that the discharge from hospital procedure was working well in Kirklees and there were examples of patients being sent to alternate designated settings if a care home was unable to accommodate or accept a resident back into the home.

In response to a panel question Ms O'Donnell confirmed that patients who had tested positive prior to discharge from hospital would not be tested again on discharge.

In response to a question on what was meant by the criteria "have a normal immune response" for people who had previously tested positive and were being discharged to a care home Ms O'Donnell stated that it was aimed at protecting those people who were required to shield due to their underlying health issues.

In response to a question on disinformation on vaccinations and how this was being combated locally Ms Parry-Harries stated that the Council aimed to provide good quality information so people could decide based on accurate information.

Ms Parry-Harries explained that the Council was not responding to every myth about Covid but was instead focused on working with different community groups across the district to ensure that the correct quality information was accessible to local people.

Ms Parry-Harries outlined details of the various initiatives that were taking place with known and trusted community leaders and figureheads so that the correct messages and communications could be relayed to local communities.

In response to a question on how carers were being identified for invitation to receive their vaccination Ms McKenna explained the process for carers that looked after clinical vulnerable people.

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Ms McKenna stated that for many unpaid carers in cohort six of the vaccination programme were recorded on the GP records and would be invited for a vaccine by the GP surgery.

Ms McKenna informed the Panel that guidance had outlined a need for local NHS to work with the voluntary sector to identify unpaid carers that were not on GP records and work was taking place with Carers Counts to follow this up.

Ms McKenna stated that some very recent guidance from NHSE indicated that there was going to be a national offer to identify unpaid carers that was likely to supersede the local initiatives.

In response to a question on what would happen if an individual decided against having the Pfizer vaccine Ms McKenna stated that there were only a very small number of people who would be unsuitable for the Pfizer vaccine due to a history of allergic reactions.

Ms McKenna stated that people were not offered a choice of vaccine, unless there were medical reasons, which was no different to other vaccine programmes such as the flu.

Ms Greenhalgh explained some groups would benefit from a particular brand of vaccine such as 16-18 year olds who would benefit more from receiving the Pfizer vaccine.

Ms Greenhalgh stated that Primary Care Networks (PCNs) didn't have a choice on the brands of vaccine they would receive and the supplies from NHSE included both Pfizer and Astra Zeneca vaccines.

Ms Greenhalgh explained that the Pfizer vaccine was received in its thawed state and its stability only lasted for three days. Despite this challenge PCNs had reacted quickly and efficiently to ensure that it was administered to local people within the three day window.

In response to a question on the flexibility on the time slots for domiciliary care visits Mr Parry explained the challenges of dealing with the demand for home care.

Mr Parry informed the Panel that the Council's new approach to home care was to step away from the relationship between the provider and individual who needed the support and allow the individual to negotiate more directly with the home care provider to build flexibility to their care package.

In response to a question on whether there were performance figures available for the test and tracing programme Ms Parry-Harries confirmed that there were, and that public health would be happy to provide an overview of the data to scrutiny.

Ms Parry-Harries presented an overview of the Covid-19 data that included: the cumulative position of cases in Kirklees; the weekly rates per 100,000 population; details on the number of cases of the Kent variant; and the key Covid-19 messages and communications;

RESOLVED-

1. That the report and information be noted.

8 Future Configuration of Kirklees Clinical Commissioning Groups (CCGs)

The Panel welcomed Carol McKenna, Rachel Carter and Siobhan Jones from Greater Huddersfield and North Kirklees to discuss the item on the future configuration of Kirklees Clinical Commissioning Groups (CCGs).

Ms McKenna presented an overview of the context and background to the item that included: details of the White Paper on health and social care; an overview of the proposals on Integrated Care Systems (ICSs); primacy of place that included a focus on local determination; the new duties; guidance to removing barriers to collaboration; and changes to procurement rules.

Ms Carter presented details of the plans to merge Greater Huddersfield CCG and North Kirklees CCG and create a Kirklees CCG that included: the administrative changes; public engagement; key themes that had emerged from the engagement process; concerns from the engagement; suggestions on how to address the concerns; and the next steps and timelines.

A question and answer session followed that covered a number of issues that included:

- A question on the costs of the merger and if there were plans being developed to ensure that commissioning would be equitable across Kirklees.
- Details of the technical costs and the cost benefits of the merger.
- Clarification that the key driver of the merger was to provide greater consistency in the commissioning of services for the residents of Kirklees.
- Details of services where consistency of service had already established and details of those services that were currently delivered differently.
- The importance of developing services to meet the specific needs of the different localities in Kirklees.
- An overview of the collaborative work that was already taking place across West Yorkshire.
- A question on the implications on the configuration of acute trusts in Kirklees.
- Details of the focus in the white paper on collaborative working between providers.
- An overview of services that were already delivered based on a regional footprint.
- A concern on the relatively low numbers of people that participated in the public engagement exercise.
- A question on the value of proceeding with a merger that would only last for a period of 12 months.
- Confirmation that CCGs did feel that there was value in proceeding with the merger as it would provide focus on commissioning with a Kirklees perspective and provide a strong base for developing a Kirklees based partnership.
- Details of how the pandemic had demonstrated the strengths and advantages of collaborative working.

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- An explanation of the new provider selection scheme that was currently being consulted on.
- The need for public reassurance that the new proposals was not looking to further fragment the NHS.
- The importance of having a transparent process for the procurement of services.
- An overview of the engagement process that included detailed and helpful conversations with representative organisations.
- A question on whether there had been any discussions to take account of Kirklees when looking at the alignment of services.
- An overview of the work of the Integration Board and the increased focus of the local acute trusts on Kirklees as a place.
- The significant impact that the White Paper will have on provider collaboration.
- The value of having a scrutiny workshop that covered the full breadth of the White paper.
- The importance of noting the concerns highlighted in the engagement work that a one size fits all approach would not meet the needs of the diverse population of Kirklees and address the health inequalities.
- Clarification that the new Kirklees CCG would not be located in Huddersfield or focused on the Greater Huddersfield population and that the CCG would be visible across the whole of Kirklees.

RESOLVED –

1. That attendees be thanks for attending the meeting.
2. That the Panel acknowledges and notes the submitted report and information.
3. That steps be taken to arrange a panel workshop on the White Paper.

9 Work Programme 2020/21

A discussion on the Panel's 2020/21 Work Programme and Agenda plan took place that covered a number of issues that include:

- The impact of the pandemic and constraint in the ways of working that had resulted in many issues on the work programme not being covered.
- The proposal to develop a future work programme based on themes.
- A proposal to have a workshop session to discuss and plan next year's work programme.
- The importance of ensuring that was a continued focus on the areas of mental health and wellbeing included on the Panel's agenda plan.
- Concerns regarding the ongoing pressures on the ambulance service.
- A request that the Panel looks further at the response times of the Yorkshire Ambulance Service and seeks a written update on the response times data across Kirklees.
- A wish to do more to promote the involvement of the public in the work of scrutiny.
- A suggestion to include the health risks of toxic air on the work programme.