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KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 11th November 2021

Present: Councillor Habiban Zaman (Chair)
Councillor Bill Armer
Councillor Lesley Warner
Councillor Fazila Loonat

Co-optees David Rigby
Lynne Keady

In attendance: Michelle Cross – Kirklees Council
Simon Baker – Kirklees Council
Chris Porter – Kirklees Council
Vicky Dutchburn – Kirklees CCG
Julie Oldroyd – Kirklees CCG
Jane Close – Locala
Helen Duke – Locala
Rachel Foster - Locala

Observers: Councillor Elizabeth Smaje
Peter Bradshaw

Apologies: Councillor Aafaq Butt
Councillor Vivien Lees-Hamilton

1 Minutes of previous meeting

The minutes of the meeting held on the 10 October 2021 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.

Lynne Keady declared a pecuniary interest as a Healthwatch Kirklees and Calderdale Volunteer, and as a carer representative advising Kirklees Council on projects relating to (i) the integration of the Gateway to Care and Locala Single Point of Contact Service (ii) direct payments and (iii) protocols of co-production.

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 Alison Munro regarding concerns around obtaining a same day GP appointment. Cllr Munro explained that as some GP practices had a system whereby you were expected to phone the surgery at 8am, this was causing long queues to speak to a receptionist. Some systems cut the caller off after half an hour of waiting, after which they would need to call again after which time they may not get a same day appointment. Cllr Munro advised that 8am was an inconvenient time for many people, as they were juggling work and getting children ready for school. Many people become so frustrated with attempting to get through to their GP practice that they give up. Cllr Munro questioned whether systems at GP practices could be reconsidered and new ways identified for obtaining same day appointments?

Cllr Munro was informed that the Panel would seek a formal written response from the Clinical Commissioning Group (CCG).

6 Care Homes Programme Board Update

The Panel welcomed Michelle Cross, Service Director Mental Health and Learning Disability, Simon Baker Head of Commissioning Partnerships and Market Development and Chris Porter Service Development Manager Integrated Commissioning to the meeting.

The Panel also welcomed Julie Oldroyd Lead for Transformation for Kirklees CCG to the meeting.

Mr Baker presented an update on the Kirklees Care Home Programme Board which outlined the issues and challenges of the care home sector and the work planned to address these.

Ms Oldroyd informed the Panel of the Ageing Well Governance Structure and explained how the Ageing Well Board flowed into the Health and Care Leadership Board and ultimately the Health and Wellbeing Board.

Ms Oldroyd advised that care homes was one of a number of programmes that sat beneath the Ageing Well Board, along with Anticipatory Care, Frailty, End of Life, Urgent Community Response and Discharge to Assess.

Ms Oldroyd explained that the benefit of having these together under the Ageing Well banner was the cooperation that could take place between the programmes given the interdependencies across areas.

Mr Baker stated that across Kirklees there were 131 care homes operating with 3,500 beds of which 2760 were for older people with care needs within 64 homes.

Of the 64 care homes in Kirklees, Mr Baker explained that 39 of them supported people with nursing care.

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Mr Baker informed the Panel that the last 20 months had been difficult for the care home sector with occupancy rates being impacted by residents passing away due to Covid and a lack of new placements.

Mr Baker confirmed that the aim for the social care sector was to keep people at home and independent for as long as possible, and this in turn had also impacted on occupancy rates within care homes.

Ms Oldroyd advised the Panel of the impact that Covid had on the Care Quality Commission (CQC) ratings of care homes and there were less care homes within Kirklees that were rated as 'good', and several more that now 'required improvement'.

Ms Oldroyd explained that there were robust quality processes in place, along with a good relationship with the CQC, and the Programme Board were in touch with the CQC on a weekly basis to discuss any emerging issues within care homes.

Mr Baker informed the Panel that there were just over 4,000 people working across the care sector which were typically part-time roles, with approximately 85% of the roles being filled by women.

The Panel heard that there was an increasing focus now on the skills required in the workforce and keeping the residents of care homes well was of paramount importance.

Mr Baker explained that the funding remained an important consideration and was now a key challenge that faced the care home sector.

Mr Baker confirmed that a sustainable funding model approach for the care home sector remained a challenge with central government announcing some changes to the way that social care would be funded in the future, but the detail of that was yet to be clarified.

Mr Baker explained that there was a risk that the combination of finance needed to create a pay and conditions offer that attracted and retained the right workforce; funding required for more complex care; and reductions in the amount that people were required to contribute to the cost of their care could exceed the resources currently identified nationally.

The Panel heard the benefits that digital advancement had brought to the care home sector, increasing connections with partners to facilitate joined up care, reporting being completed once and used across varying reporting systems and opportunities for residents to connect digitally with their family and friends.

Mr Baker informed the Panel that feedback from the care home sector suggested that the negative portrayal of the sector in the media had significantly impacted interest in new care home placements from both LA funded and privately funded care.

Mr Baker advised that it was anticipated that there would be a small increase in demand as carers started to struggle to support people in their homes as their

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needs became more complex. Overall the demand was expected to be lower than in previous years although there was an expectation that it would increase to pre-pandemic levels.

Mr Baker confirmed that future demand was expected to be for shorter more complex packages of support in a care home and population predictions showed an increase in demand after 2025 when the baby boomer generation reached a point where care home support may be required.

Mr Baker explained that future demand had implications for buildings, staff skills and funding that reflected the complex nature of future support needed which in turn created an opportunity for the LA to reflect on its role as a provider and key stakeholder.

Ms Oldroyd advised the Panel that the Care Home Programme Board had a large programme of work, some of which came about from the closure of Oxford Grange and the framework for enhanced care homes, and the strategy within the programme of work reflected the outcomes identified.

Ms Oldroyd explained that the Programme Board had assisted in building relationships and trust with care home providers and partner organisations, and those relationships had strengthened throughout the past 20 months of the pandemic and provided opportunities to discuss issues and improve the way that the various organisations in the sector worked together.

The Panel was informed that there were five key work areas that the Programme Board reported on and Ms Oldroyd provided the Panel with a summary of the workstreams that included Quality Improvement Assurance & Contracting, Workforce, Data & Dashboards, Enhanced Health in Care Homes and Market Management & Sustainability.

Mr Baker gave the Panel an overview of the key findings from the Cordis Bright report which had been jointly commissioned by Kirklees and Rotherham Councils to look at the short, medium, and long-term challenges across the care home sector, and used their expertise, to advise on what future demand might look like.

Mr Baker advised that recruitment remained a challenge within the sector and along with the impact of Covid had meant that as some care homes struggled with occupancy rates, this impacted on their viability.

Mr Baker explained that the number of care home beds per 100 people had dropped slightly and that was something that continued to be monitored.

Mr Baker confirmed that a positive step within the care sector was the ability to keep people at home for longer which had been made possible by the increased capacity in the community, and support with equipment and adaptations at home.

Mr Baker informed the Panel that when people did enter the care sector, their needs were more complex, but they stayed for a shorter period of time, which in turn had an impact on the way care was managed and supported.

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Mr Baker outlined the work of the Programme Board in relation to Market Management and Sustainability and key areas of work within that included Care Association, Contracting, Fees and Funding and Strategic Assets and Diversification.

Ms Oldroyd provided the Panel with an update regarding the training and support provided to the care home sector that included the Verification of Expected Death, End of Life Care Plans and Testing and Swab Taking.

Mr Baker explained that the work and structure of the Care Home Programme Board and its plan of work had continued to evolve and be shaped by issues in the local market and advised the Panel that a representative of the sector would have a permanent seat on the Board.

Mr Baker concluded by advising the Panel that the Programme Board was working closely with the care home sector and with an integrated approach across health and social care.

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

- Confirmation that the LA had done several pieces of work to ensure the market position statement and forecasting had been shared with and shaped by the sector with consideration being given to what long-term contracts and fees should look like.
- Details about how the Board was working across other LA areas on a regional approach to consider the most appropriate level of intervention, of those suggested by Cordis Bright, given providers often worked across varying local authority areas.
- A question around the interrelationship between the residential home market and the domiciliary care market and confirmation from the service that although a similar report concerning domiciliary care hadn't been commissioned, the service was working closely with the domiciliary care partners.
- Information regarding the number of care hours provided in a person's home which had increased from 8,000 hours in 2019 to currently 17,000 hours, confirming that the aspiration to keep people at home was progressing well.
- Confirmation that there were some challenges within the domiciliary care market, but the service was trying to support all key markets with the aim of keeping people in their own homes for as long as possible.
- A question around the key challenges and issues in the sector with bed occupancy and bed vacancies, and in noting that nursing dementia care vacancies remained low, whether families were left facing challenges when loved ones required nursing dementia care.
- Confirmation that there were some gaps with complex dementia care and individuals who needed a speedy discharge from hospital, and consideration was being given to current provision and discharge to Kirklees in-house provision.

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- Details regarding the take up of vaccines for care home staff with 96 percent of independent sector staff having received their first vaccines, and 92 percent having received both doses which had equated to a loss of 200 people working within the care sector in Kirklees.
- Confirmation that for Kirklees in-house staff, the vaccine take up was almost 100 percent, following an intensive period of interaction with staff members, including myth busting sessions with GP's.
- A question regarding attrition and whether engagement was taking place with the staff who had not left the profession to learn lessons to avoid staff members leaving the sector in the future.
- Details regarding the recruitment campaign to attract workers to the sector with a regional workforce group considering how to recruit workers into the sector to make the role attractive for individuals.
- Confirmation that the LA was working with other authorities in the area to ensure parity of pay scales and to ensure that young people could choose a caring role with a clear career pathway for both LA carers and those in the independent sector.
- A question regarding pay rates and only receiving pay for hours worked with travel time often not being payable.
- Confirmation that the domiciliary care providers had a diminishing pool of workers as other service industries could offer better rates of pay.
- A question regarding care homes for people with learning disabilities and in noting that Kirklees had the highest rate of provision for people with learning disabilities in Yorkshire and Humberside, but a high number of out of area placements for people with learning disabilities, whether there was a strategy looking at what future provision would be needed.
- Details of how those with learning disabilities could be brought back into area, and although there had been some success, obstacles remained due to the complex nature of some of those disabilities.
- Details that it could take three to four years to identify and provide the most appropriate accommodation and care for those with complex learning disabilities.
- Confirmation that there was a reduction in the number of people with learning disabilities being placed out of area with only those with very complex needs being placed out of area following a robust review of the needs of these people at a system level.
- Details of the work being done with NHS England and the West Yorkshire ICS around whether those with the most complex needs could be placed within a West Yorkshire footprint, even if placement in Kirklees was not appropriate.
- A question whether other authority areas were meeting the care needs of those with learning disabilities in a different way, rather than in care homes, given that the number of care home beds was lower than in Kirklees.
- Confirmation that engagement continued with the families of those with learning disabilities to support the development of services either in hospital or the community.
- Details that other local authority areas were using the available capacity within Kirklees to place people in facilities within the area, but that it was

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important for the service to ensure that these other authorities maintained responsibility for their own population.

RESOLVED –

1. That officers and partners be thanked for attending the meeting.
2. That the information presented to the Panel be noted.
3. A request that further information be provided to the Panel around the capacity within care homes and current occupancy taking into account the impact of the Covid-19 pandemic.

7 **Community Care Services**

Due to the pecuniary interest declared by Lynne Keady, she took no part in the discussion on this item.

Jane Close, Helen Duke and Rachel Foster from Locala were welcomed to the meeting.

Ms Close advised the Panel that Locala and the LA had moved towards a more integrated Health and Social Care service and development work had seen the introduction of one health and social care integrated referral route for the Kirklees Independent Living Team services.

The Panel heard that progress had been made to ensure that a single discharge form would be completed which had reduced some administration.

Ms Close outlined the work programme that Locala were progressing regarding adult community services and the work that was being done to support admission avoidance, the immediate care service, an update on the community response pathfinder and the discharge to assess pathway.

Ms Close explained that from an acute perspective there was a same day emergency response ward and Locala were looking to replicate that within the community which would be trialled over winter in the Mid Yorkshire area.

Ms Close advised that the report provided to the Panel gave an update on the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact Service.

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

- A question whether the same day urgent emergency response model in the community, in conjunction with primary care networks, intended to include GP's.
- A question around that response model and where the patients would come from and how they would be able to access the scheme.
- Confirmation that since the report was written which identified GP practices triaging patients that needed same day response, it was also now envisaged

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that to ease pressure on the ambulance service, category three and four patients would be triaged through the emergency community response along with referrals from the 111 service.

- Confirmation that the same day urgent emergency response model would be based at the walk-in centre in Dewsbury with some locum GP support, with a close working relationship with the emergency department, and it would provide for patients who needed diagnostics such as a blood test or an x-ray.
- Details around patients who needed intravenous antibiotics and that the response model would provide for patients to have the canular inserted at the hospital and then to return home for ongoing treatment.
- A question as to whether the same day response model would be rolled out across primary care.
- Confirmation that the development of the Same Day Emergency Care service was work in progress as a pilot, and that it would develop as it progressed to ensure that services were available throughout the winter period.
- Details of the structured training programme for staff around the merger of the Gateway to Care Service and the Locala Single Point of Contact Service to ensure that a single person could answer a query about either service.
- The initial merger would be trialled until January with learning being taken on board for the training of the remainder of staff to ensure that as much as possible would be answered within one call.
- A question as to whether there would be collaboration with SWYFT to ensure consistency.
- A question around additional capacity when the pilots completed, and how much demand would be taken from hospitals and primary care.
- Confirmation that the model for the Same Day Emergency Care service, would provide for 240 appointments across five days with the GP element running from Monday to Friday for 12 hours per day.
- Confirmation that the pilot would be closely tracked to see what difference it made and would run from the end of November until the end of March.
- Details that the key performance indicators and the learning and intelligence gathered from the merger of the Gateway to Care Service and the Locala Single Point of Contact Service would be monitored to ensure that patients experience was of only having to tell their story once.
- The discharge to assess to model had supported around 900 people who had got health and or social care needs and the urgent response service supported 1400 patients in a 12 month period.
- A question around the dependencies on primary care and community services on hospital reconfigurations and whether this had been fed into the business cases for Calderdale and Huddersfield Foundation Trust.
- A question around access to GP services and face to face versus telephone appointments, and a concern around the elderly in particular being missed through the complexity of change.

RESOLVED –

1. That Locala be thanked for attending the meeting.
2. That the information presented to the Panel be noted.

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3. That the section 'How it Feels' within the Gateway to Care and Single Point of Contact Integration Blueprint, include the addition of i) as a carer and ii) as a community partner.

8 **Work Programme 2021/22**

A discussion took place on the Panel's agenda plan with a focus on the items scheduled to take place at the December and February meetings.

A general discussion took place on the focus of items for future meetings;

- Confirmation that the Care Quality Commission (CQC) would be attending the December meeting to give an update in relation to the overall state of care in Kirklees and would include a specific focus on adult social care and the impact of the pandemic on the quality of care.
- Confirmation that the Panel would consider proposals to reconfigure the dementia and Intermediate Care Beds across Moorlands Grange, Castle Grange, Ings Grove House and Claremont House to include a temporary decant of The Homestead Day Service at the December meeting.
- A request that the Mental Health and Wellbeing item which would be considered at the February meeting focus on suicide prevention, young people's mental health and support for unpaid carers.
- A request for information around access to GP services with a particular focus on the difficulties that some patients find when in a long telephone queue.