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## **KIRKLEES COUNCIL**

### **HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL**

**Wednesday 19th October 2022**

Present: Councillor Jackie Ramsay (Chair)  
Councillor Lesley Warner  
Councillor Jo Lawson  
Councillor Bill Armer  
Councillor Alison Munro

Co-optees Helen Clay  
Kim Taylor

In attendance: Andrew Bottomley – Lead for the Elective Care Programme for Kirklees Health and Care Partnership  
Steve Brennan - Kirklees Place Programme Director  
Helen Duke – Assistant Director of Operations Local  
Suzanne Dunkley – Director of Workforce Calderdale and Huddersfield NHS Foundation Trust (CHFT)  
Vicky Dutchburn – Director of Operational Delivery – Kirklees Health and Care Partnership  
Amanda Evans – Service Director Kirklees Council Adult Social Care Operations  
Jon Haigh – Finance Manager, Kirklees Council  
Jon Hammond – Acting Chief Operating Officer, CHFT  
Lindsay Jenson – Deputy Chief People Officer South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)  
Phil Longworth – Senior Manager, Integrated Support, Kirklees Council  
Alison Needham - Operational Director of Finance, Kirklees Health and Care Partnership  
Richard Parry – Strategic Director for Adults and Health, Kirklees Council  
Catherine Riley – Associate Director of Strategy CHFT  
Keely Robson – Director of Operations for Surgery, Mid Yorkshire Hospitals NHS Trust  
Philippa Styles – Director of Operational Development Locala  
Darryl Thompson – Chief Nurse & Director of Quality and Professions SWYPFT  
Catherine Wormstone - Director of Primary Care - Kirklees Health and Care Partnership

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Observers: Cllr Liz Smaje  
Stacey Appleyard – Director, Healthwatch Kirklees

Apologies: Councillor Vivien Lees-Hamilton

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

The minutes of the meeting held on the 6 September 2022 were approved as a correct record subject to the following acknowledgement:

That the Panel had noted the challenges on performance within the local health and adult social system due to the pressures on ambulance handover times, long trolley waits and delays in hospital discharges.

### 2 **Interests**

Cllr Jo Lawson declared an interest in items 6 (Resources of the Kirklees Health and Adult Social care Economy) and 7 (Capacity and Demand – Kirklees Health and Social Care System) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust's bank staff.

Cllr Lesley Warner declared an interest in items 6 (Resources of the Kirklees Health and Adult Social care Economy) and 7 (Capacity and Demand – Kirklees Health and Social Care System) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.

### 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**

No questions were asked.

### 6 **Resources of the Kirklees Health and Adult Social Care Economy**

The Panel welcomed representatives from South West Yorkshire Partnership NHS Foundation Trust (SWYFT), Kirklees Health and Care Partnership, Calderdale and Huddersfield NHS Foundation Trust (CHFT), Kirklees Council Adult Social Care and Healthwatch Kirklees.

Ms Needham Operational Director of Finance for the Kirklees Health and Care Partnership presented an overview the changing financial landscape following the creation of the new West Yorkshire Integrated Care Board on the 1<sup>st</sup> July 2022.

Ms Needham explained how funds were allocated within the new financial partnership arrangements and provided details of the West Yorkshire system financial structure.

Ms Needham informed the Panel of how the financial partnership reporting arrangements worked and stated that a key objective was to ensure best value for money on the spend that the system incurred.

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Ms Needham presented a financial overview of the West Yorkshire Health system that included a breakdown of the projected planned surplus or deficit for each organisation.

Ms Needham outlined details of the financial headlines for Kirklees that included a projected £9.1m deficit for the Kirklees ICB Health organisations in the current financial year.

Ms Needham stated that based on the month 6 financial position there were a number of risks to the financial projections that could lead to a further deterioration of the year end financial position.

Ms Needham outlined in detail some of the main risks to the delivery of the financial plan and highlighted the challenges that faced the system that included the impact of a further wave of covid cases and inflationary cost pressures.

Ms Needham provided a summary of the financial overview and highlighted a number of key challenges going forward that included the cost of living crisis and the potential for austerity measures to be introduced.

Ms Needham stated that the scale of the challenge would require all partners to think and work differently and look closely at how resources and services could be more efficiently utilised.

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

- A question on the timescale for developing the recovery plan and strategy.
- Confirmation that work on the recovery plan had started and was an ongoing process.
- Details of the work that was being done to look at how services could be delivered differently and more efficiently.
- Confirmation that health element of the system was aiming to finalise its forward financial plan by January 2023.
- A concern on how the system could deliver greater efficiencies when it was already under significant financial pressure.
- A concern on the impact that further changes to service delivery and working arrangements would have on staff morale.
- An acknowledgement that maintaining staff morale was a significant challenge.
- The positive benefits of organisations working together in a system wide structure.
- The potential benefits of scaling up smaller local initiatives to help drive improvements in performance and efficiencies.
- A question on the approach to consulting staff on changes to working practice.
- A detailed explanation of the approach taken to consulting with staff.
- A question on how many staff deployed on the front line were from agency or bank staff.
- Confirmation from CHFT that its preferred option was to utilise bank staff first.

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- Confirmation from SWYFT that its preferred option was to use bank staff first although the Trust would use agency staff if it was required to maintain the safety and quality of services.
- A question on whether the financial data had been produced before or after the recent mini budget which had impacted on interest rates and inflation.
- A question on what impact the cost of living crisis would have on the costs of providing adult social care.
- A detailed explanation of the steps taken by the local authority to increase the rates paid to providers of domiciliary care to cover additional expenses incurred by frontline staff such as fuel costs.
- An acknowledgement that the costs in energy and food prices had impacted residential care home providers during the last few months.
- An explanation that one of the biggest risks for care home and domiciliary care providers would be a bigger than anticipated increase in the minimum wage due to the high levels of inflation.
- Confirmation that the financial data provided to the Panel had been compiled before the mini budget.
- A question on whether the costs of the new health system structure was more or less than the previous structure.
- Confirmation that the costs of the new structure would be no more than before.
- A question on the reasons for the overspend and underspend reported by SWYFT and CHFT
- Confirmation from SWYFT that they had concerns regarding its underspend which the Trust would have wished to spend on staff and estate projects.
- Confirmation that a significant element of SWYFT's budget was spent on staff costs and that one of the Trust's biggest challenges was recruitment.
- Details of the incentives being used by SWYFT to help boost staff recruitment.
- An explanation that one of the biggest drivers for the underlying CHFT deficit was the Trust's difficulties in exiting the additional costs attributed to covid and the costs associated with the temporary measures put in place to fill vacancy gaps.
- An assurance that the system had to achieve a mental health investment standard and from a West Yorks system perspective mental health spending was increasing.

Mr Brennan outlined the challenges that the system was facing in the recruitment and retention of staff and stated that retaining staff was a priority for the local health and adult social care system.

Mr Brennan presented the work that was being undertaken on the systems strategic workforce planning and outlined details of the multi-year workforce modelling that was designed to bring together workforce information from a range of organisations to inform future workforce needs.

Mr Brennan informed the Panel of the focus on continuing professional development and workforce transformation to support staff development including upskilling and the development of new roles.

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Mr Brennan stated that the West Yorkshire Integrated Care System was refreshing its people strategy and the emerging areas of focus included growing the future workforce, looking after our people, new ways of working and system leadership.

Mr Brennan outlined details of the work that was taking place in overseas recruitment that had been focused on nursing roles. Mr Brennan stated that although the process took a lot of investment in time and money it was worth it as attrition rates for overseas staff was very low.

Mr Brennan provided examples of what the local system was doing to encourage local employment that included a Calderdale and Kirklees health and care programme that had developed a careers outreach in schools.

Mr Brennan presented details of the work that was taking place in supporting people into employment that included initiatives developed by the Princess Trust.

Mr Brennan informed the Panel of the In2Care programme that was supporting recruitment into the domiciliary and social care sector.

Mr Brennan outlined details of an initiative that had been introduced by the West Yorkshire Health and Wellbeing Hub to support staff's health and wellbeing by adding value to offers already in place by larger organisations and supporting those organisation that had no or little in house offers.

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

- Feedback from Healthwatch Kirklees that indicated that people were reporting that the quality of care they were receiving, and the attitude of staff was excellent.
- A question on whether the nurse's bursary included costs for studying.
- A question on whether the overseas recruitment initiative was a national programme.
- Confirmation that Health Education England had a co-ordinating role in overseas recruitment.
- Details of a co-ordinated overseas recruitment programme for the adult social sector.
- Confirmation that although the overseas recruitment programme was a co-ordinated programme there was still an element of competition as each local system would need to promote the benefits of working in its region.
- Details of the pastoral care that was provided to staff recruited from overseas.
- Details of a nurse recruited from overseas who was unable to work due to ill health and had no access to public benefits/funds.
- A detailed explanation of the type of pastoral support provided to overseas recruits.
- A concern regarding the high staff vacancy and sickness levels in the mental health trust.
- Confirmation that the size of the local NHS and social care workforce had increased in the last 12 months although not at the required levels.

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- Confirmation that Calderdale and Huddersfield NHS Foundation Trust's (CHFT) absence rate was around 5% which compared well to other acute Trust's.
- Details of CHFT's staff turnover rate and confirmation that the Trust used bank staff to cover its staff absences and vacancies.
- Details of CHFT's focus on the financial, physical and mental wellbeing of its staff.
- A comment that local NHS and social care providers were also competing internationally for overseas recruitment.
- Confirmation that the local authority didn't have live data on the workforce numbers across the adult social care sector due to the wide range of providers operating in the sector.
- Details of the adult social care data from last year that showed a high level of staff turnover rates although this was balanced by the encouraging numbers of people who had enquired about working in the social care sector via the In2Care programme.
- Details of the improvement in salaries for social care sector workers.
- The importance of the retention of staff in the health and adult social care sector.
- A question on whether the local system had mapped out its workforce age profile to identify key risks such as large cohorts of staff leaving for retirement.
- Confirmation that the local system did have data on the workforce age profile and that each organisation had mapped out future workforce movements.
- Details of how the multi-year workforce modelling would help assist the wider system to identify future periods of workforce pressures including by profession.
- Confirmation that around 60% of recent recruitment adverts from adult social care providers were promoting pay that was in excess of the real living wage.
- Details of the local intervention to increase pay in the domiciliary care market and the plans to make a similar intervention in the residential care sector.
- An overview of the fair cost to care exercise that was part of the social care reforms.

### **RESOLVED –**

1. That attendees be thanked for attending the meeting.
2. That the Panel endorses the comments of the Lead Member that it is a credit to the Kirklees health and adult social care system that it can provide good quality care despite the significant challenges it faces.

## **7 Capacity and Demand - Kirklees Health and Adult Social Care System**

The Panel welcomed representatives from Kirklees Health and Care Partnership, Calderdale and Huddersfield NHS Foundation Trust (CHFT), Mid Yorkshire Hospitals NHS Trust (MYHT), Locala and Kirklees Council Adult Social Care.

Mr Hammond informed the Panel that CHFT's overall waiting list for elective surgery was reducing in line with its recovery trajectory. Mr Hammond outlined the service areas where the Trust was experiencing some difficulties that included Ophthalmology, ENT and maxillofacial surgery.

Mr Hammond explained that the Trust was working with the independent sector to secure additional clinical capacity and provided an overview of the work taking place in gynaecology and medical services.

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Ms Robson informed the Panel of the steps that MYHT was taking to manage its elective surgery waiting list and stated that its total waiting list was growing due to the referral demand.

Ms Robson stated that the Trust did not have any patients waiting for more than 104 weeks and the Trust's ambition to reduce the numbers of patients waiting for 78 and 52 weeks was on track.

Ms Robson outlined the services that were under most pressure that included ENT, gynaecology and ophthalmology.

Ms Evans presented details of demand and capacity in adult social care and stated that the sector had seen a significant increase in demand from people living in the community and for discharge support.

Ms Evans informed the Panel that adult social care did have significant recruitment and resource pressures particularly in terms of its qualified workforce needed to support its statutory duties.

Ms Evans stated that adult social care had seen a higher level of acuity which had resulted in an increase in the size of the individual packages of care.

Ms Evans stated that the local authority took a home first approach which meant there was a focus on helping manage people to be able to go home from hospital so they could recover and have rehabilitation in their own environment.

Ms Evans presented an overview of market sufficiency and explained that the discharge to assess beds national funding had ended in March but there was local resource in place to help continue to place people away from the hospital while assessments took place.

Ms Evans stated that the local authority had been trying to reduce reliance on the assessment beds due to the high expense and were working in close partnership across the system to address this.

Ms Evans informed the Panel that the local authority was exploring assistive technology that could be used to support people rather than relying on manpower.

Ms Evans provided an overview of community equipment services that delivered equipment to people across the district. Ms Evans stated that the service was experiencing an increase in demand in terms of complexity and an increase in same day requests to support people being discharged from hospital.

Ms Evans informed the Panel that the local authority had relaxed its criteria for lending equipment to care homes to help support them when receiving people with complex needs.

Ms Styles outlined Locala's approach to waiting list management and clinical prioritisation and explained that Locala was actively managing the waiting lists to drive a reduction in waiting times.

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Ms Styles informed the Panel that patients on the list were risk assessed and prioritised and were being contacted and kept up to date on progress of their appointment and planned treatment.

Ms Riley informed the Panel of the diagnostic waiting times and provided an overview of the community diagnostic centres (CDC) national programme. Ms Riley confirmed that CHFT had put forward two business cases to develop diagnostic centres in Kirklees and Wakefield and a smaller CDC based in Kirklees.

Ms Wormstone informed the Panel that access to General Practice was a priority workstream in West Yorkshire and Kirklees and provided details of the significant changes that had taken place to provide appointments outside of usual working hours.

Ms Wormstone stated that demands for GP appointments was much higher than pre-pandemic and there continued to be significant workforce challenges within general practice including reception posts.

Ms Wormstone provided details of the wide range of roles that had been introduced through the Additional Roles Reimbursement Scheme that covered a range of professions such as clinical pharmacists, physiotherapists, and new roles such as care co-ordinators.

Ms Wormstone explained that although many people still wanted face to face appointments with a GP there was an increasing number of patients who were comfortable with a digital first offer to request appointments and participate in e-consultations.

Ms Wormstone outlined some of the steps that were being taken to address the additional pressures and demand that included a scaling up of the Additional Roles Reimbursement Scheme, increasing the number of available appointments, a focus on reducing the workload and admin burden and targeting smaller practices that required additional support.

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

- Confirmation that the waiting list data for CHFT and MYHT included the main geographical areas covered by the Trust's that included Wakefield and Calderdale.
- A question on how achievable were the trajectories for reducing the number of patients waiting for longer than 52 weeks for planned surgery.
- Confirmation from CHFT that it was on target to hit the NHSE and NHSI waiting list target.
- Details of the CHFT internal target to hit 0 patients waiting for 52 weeks or longer and the plans to introduce protected wards during the winter period to protect the Trust's elective capacity.
- Confirmation from MYHT that it was also on track to meet the national waiting list target and it was ahead of its own stretch target.



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- Details of MYHT's plans to maximise its two cold sites for elective surgery located at Dewsbury and Pontefract during the winter period.
- Confirmation that after the pandemic MYHT had resumed its elective surgery activity at a faster rate than CHFT which was why the two Trusts were currently in different positions with their waiting times.
- Feedback from Healthwatch Kirklees that people were reporting that planned surgery waiting times was still a big concern for people in Kirklees.
- Feedback from Healthwatch Kirklees that delays in planned surgery were impacting people's mental wellbeing as well as the physical aspects of their health.
- A question on the approach taken to communicating with patients on the waiting lists.
- Confirmation from MHYT that it aimed to communicate regularly with patients using text messages and letters.
- Confirmation from CHFT that it took a similar approach to MYTH and that it made every effort to stay in connect with patients.
- Confirmation that both Trusts focused on validation of the lists and clinical prioritisation.
- An overview of the work being done to ensure that close contact was maintained with vulnerable patient groups.
- A question on the percentage split between inhouse activity and surgery that was outsourced.
- Confirmation that the information of the split between inhouse and outsourced activity could be provided.
- A question on the cost implications of outsourcing surgery.
- Confirmation that the cost differences between inhouse and outsourced surgery depended on the type of surgery taking place.
- Confirmation that many areas of the outsourced surgery was because of workforce issues which did impact on price.
- A concern that increased pressures on GPs would lead to more GPs leaving the profession.
- An acknowledgement of the challenges facing primary care services and the benefits of the increased numbers of roles being introduced that was helping to support the demand.
- Details of the working being done to improve GP's telephony systems.
- Details of a poor ranking GP practice in Kirklees.
- The focus on the GP annual patient survey and confirmation that there was variation in the performance of GPs across the district.
- A question on which were the most challenged Primary Care Networks.
- An overview of the broad range of indicators from the patient survey.
- A question on whether the use of spot contracts for domiciliary care increased during the winter period to manage increased demand.
- An overview of the approach to using spot contracts to manage demand.
- A question on the risks associated with the increased use of spot contracts particularly where providers were not accredited.
- An explanation of the CQC registration process and the review process that was undertaken to ensure people's needs were being met.
- Details of the local authority's framework for providers working in the domiciliary care market.

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- Details of the local authority's responsibility under its duty of care and an overview of the work of the care alliance.
- An explanation of the differences between a block and a spot contract.
- A question on patient discharges from hospital and reports that some discharges had been delayed due to the lack of suitable equipment and home adaptations needed to assist recovery at home.
- A question on the timescales between patients who were medically fit for discharge and acceptance to a reablement or intermediate care service.
- Confirmation that there weren't currently any delays on the availability of stocked assistive equipment although due to shortages of parts there could be delays at times for bespoke equipment.
- Details of the integrated system for both reablement and intermediate care services.
- Details of the workforce capacity issues in intermediate care that had reduced the numbers of admissions in the last few weeks and the work that was being done to provide alternative options to increase capacity.
- A question on how many people were currently in hospital that were medically fit for discharge and the impact on the flow of elective surgery.
- Confirmation from CHFT that it had approximately 100 people awaiting discharge of which around 50% were based at Calderdale and 50% at Huddersfield Royal Infirmary.
- Confirmation from CHFT that the patients awaiting discharge were not in elective surgery beds and there was currently no impact on the planned surgery activity.
- Confirmation from MYHT that the numbers awaiting discharge were similar to CHFT and there was no impact on elective surgery activity.
- A question seeking clarification on Locala's waiting lists for therapy and dental services and details of the benefits of the waiting list ambition tracker.
- An acknowledgement of the challenges facing dental services that had been compounded by the limited services that had been running due to the covid virus.
- The approach that was being taken to prioritising dental treatment for vulnerable groups and patients in pain.
- An overview of the challenges in waiting times for adult therapy services with the longer delays attributed to an educational course on diabetes and controlling diabetes that had been impacted by covid.
- The work being done to change the diabetes course to an online programme.
- The work being done on prioritising the speech and language programmes and modernising adult therapy services.
- Details of the work that was being done to improve access to those services that currently had 2 year waiting lists.
- The specific challenges associated with the DAFNE (Dose Adjustment For Normal Eating) courses.

### **RESOLVED –**

1. That attendees be thanks for their presentation and attending the meeting.
2. That the Panel note the pressures in the local health and adult social care system in managing the demand for elective surgery and achieving some of the waiting list targets.

**8 Work Programme 2022/23**

A discussion took place on the 2022/23 work programme and forward agenda plan.

It was confirmed that the item on integration of health and adult social care that was scheduled for the December meeting would now focus on joined up care at neighbourhood level and would include a focus on Primary care Networks.

A comment that there was a lot to cover on the access to dentistry item and that there were sufficient enough issues from a Kirklees perspective to bring this forward for a discussion at the March 2023 meeting.

It was confirmed that the new plan for adult social care reforms would be covered at the December meeting. The Lead member informed the Panel that she would be meeting with Public Health Kirklees and the Chief Executive of The Kirkwood Hospice to discuss the item on end of life care.

It was confirmed that issues relating to the work that was being undertaken on mental health support in local communities would be covered in the item on joined up care at neighbourhood level.