

Contact Officer: Yolande Myers

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 1st March 2023

Present: Councillor Jackie Ramsay (Chair)
Councillor Lesley Warner
Councillor Alison Munro

Co-optees Helen Clay
Kim Taylor

In attendance: Richard Parry – Strategic Director, Adults and Health
Michelle Cross – Service Director, Mental Health and Learning Disability
Amanda Evans – Service Director, Adult Social Care Operations
Saf Bhuta – Head of Service, In-house Care Provision
Emma Hanley – Senior Contracting and Procurement Manager
Philip Gould – Service Development Manager
James Creegan – Director of Care, Croft Care Group & CEO of KirCA
Karen Pogson – Director of Active Social Care Ltd
Sandra Whiston - Dental Public Health Consultant, NHSE
Debbie Stovin - Dental Commissioning Manager, NHSE
Matt Collins – Chair Kirklees Local Dental Committee
Balqees Bi - Clinical Director & Specialist Care Dentistry, Locala
Catherine Wormstone - Director of Primary Care, Kirklees Health and Care Partnership

Observers: Councillor Liz Smaje

Apologies: Councillor Jo Lawson
Councillor Bill Armer

- 1 Minutes of previous meeting**
The minutes of the meeting held on 25 January 2023 were approved as a correct record.
- 2 Interests**
Cllr Lesley Warner declared an interest on the grounds that she was a member of the Calderdale and Huddersfield Foundation Trust Council of Governors.

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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 Adult Social Care - Community Provision in Kirklees

The Panel welcomed representatives from Kirklees Adults and Health which included Mental Health and Learning Disability, Adult Social Care Operations, In-house Care Provision, Commissioning and Procurement along with members of private sector care providers.

Richard Parry, Strategic Director for Adults and Health outlined the structure and purpose of the planned discussion which would include the national and local context of social care, particularly domiciliary care, residential care, care workforce and the role of immediate care.

Mr Parry explained that nationally 64% of councils experienced care home closures in the second half of 2022 compared to 25% in a similar period in 2019 with a 17% increase in home care delivery between 2021 and 2022 but with 87% increase in hours that couldn't be delivered nationally.

The Panel heard that in Kirklees fewer older people lived in care homes with a comparatively higher number of older people being supported to live at home.

Mr Parry informed the Panel that although there was a decrease in younger adults living in nursing and residential care during and shortly after the Covid 19 pandemic, these numbers had started to increase and permanent admissions remained above the target of 410.

Mr Parry described the Care Sector Programme Board whose role was to oversee five key work areas being (i) Market Sustainability (ii) Quality (iii) Workforce (iv) Training Development and Support and (v) Digital.

Ms Michelle Cross, Service Director - Mental Health and Learning Disability, gave an overview of the adult social care workforce in Kirklees, noting that if the workforce grew proportionally to the projected number of people aged 65 and over, then the total number of adult social care posts in Yorkshire and the Humber region would increase by 25% by 2035.

Ms Cross advised the Panel of the In2Care service which provided bespoke recruitment and support to increase workforce capacity across the Kirklees care sector.

Ms Cross explained that the service had produced excellent outcomes including winning the Guardian Public Sector award in 2019, and it continued to support an increased number of people into working in the care sector.

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Ms Cross informed the Panel of Domiciliary Care number in Kirklees which in January 2023 saw an average of 1,330 people across 79 home care providers, having an increased number of service users of 59% between April 2019 and January 2023.

The Panel was informed that unlike many places in the country, Kirklees had a minimal waiting list for care and support within domiciliary care which was a result of both investment into pay rates for care staff, and work with occupation therapists and rehabilitation services to maximise service users' independence.

Ms Cross presented an illustration of the CQC ratings for domiciliary care across Kirklees which presented a picture of a number of home support services that were good or outstanding.

Ms Cross explained that Kirklees had a package of support for providers who were deemed to require improvement.

Ms Cross informed the Panel that there were 125 care homes in Kirklees with sufficient capacity across the care home sector, again with a significant majority rated good or outstanding following CQC inspections.

Ms Cross advised the Panel that some of the illustrated CQC inspections were described as 'no published rating' which usually meant new registered companies inspected within their first year, or a change in the ownership of the company.

Mr Saf Bhuta, Head of Care Provision, explained that maximising independence and improving the pathway from hospital to home was at the heart of the vision for adult social care.

Mr Bhuta advised that intermediate care services were delivered jointly by Locala and Kirklees Council through the Kirklees Independent Living Team (KILT), which provided a single point of access for intermediate care and facilitated a 'home first' approach.

Mr Bhuta explained that following the briefing presented to the Panel in December 2020 around proposals for intermediate care, 60 beds had been reduced to 50 as the focus moved to the home first approach.

The Panel was advised that a further review of intermediate care beds was being undertaken to ensure that the model was a good fit in light of current challenges across secondary care and the hospital sector.

Mr Bhuta informed the Panel that there was still room for improvement within intermediate care, but operating as one unified team across Locala, Kirklees and other partners was going a long way in supporting the experience of service users.

Mr Bhuta gave an overview of the social work workforce noting the Recruitment and Retention Working Group which continued to progress action to secure a sufficient and skilled workforce, in conjunction with In2Care.

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

- A comment on the challenges facing the recruitment and retention of the workforce in adult social care, where it was noted that someone could earn more money from caring for dogs or working in a supermarket than they could in the social care sector.
- A question around whether schools could be encouraged to link with care home providers to provide a link between young people and residents of care homes.
- A question seeking clarification on the complexity of applications to become part of the framework for care providers or in applying for grants.
- Confirmation that support would be given to care providers in making applications.
- Confirmation that young people should be aspiring to work in the care sector and receive a pay rate that reflected the value of the work they undertook.
- A comment that during the Covid 19 pandemic people rightly applauded the NHS, gave NHS staff discounts, and bought free meals for them, but no one in the care sector got the same recognition despite the harrowing work in difficult circumstances.
- A reflection that the social care workforce had been a 'Cinderella Service' for a long time, and without social care the NHS would inevitably fail.
- A comment that a health worker in the NHS would on average be earning around £8k more than someone doing the same job in the social care sector.
- Confirmation that the rates of pay for the social care workforce was a national problem, but locally work was being done to address the issue, ensuring the workforce was respected and rewarded for the work they did in looking after the most vulnerable people.
- Details of the work being undertaken by the Kirklees Care Association, including career focus workshops with young people and those returning to work.
- Confirmation that the questions people usually asked about working in the care sector focused around pay rates, career progression and pension provision.
- Details of the ambassador scheme that was set up for domiciliary care companies to work with local schools and although that had been paused by the Covid 19 pandemic, it was shortly to be reinstated.
- Details of the links with care providers and learning institutes where students completing nursing degrees or A Level students who hoped to gain a degree in medicine could work part time in the sector whilst studying.
- A question around whether school children could complete their work experience in the care sector.
- Confirmation that pre-pandemic the care sector did provide for young people who wanted to undertake work experience with them.
- Details of a scheme with the Job Centre where young people could visit care providers to gain an insight into what a career in the care sector would look like.
- Details of programmes such as the Active Social Care company's £50 bonus scheme to refer a friend that the company subsequently recruited.

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- A question around the number of extra care housing and bungalows locally, and how realistic it was that more could be built with increasing building costs and when this building would take place.
- Confirmation that Kirklees was investing in supporting people who required extra care whether it was through an out of area care package or a capital investment in their own premises required to support them in their own home.
- Confirmation that the Council was looking at a number of small plots of land that it owned, often garage sites, for small scale developments on these sites.
- Details of the two extra care housing schemes that were under development in Kenmore Drive Cleckheaton and Ashbrow with a specialist accommodation board that considered demand and the development opportunities.
- Details of the specialist housing development at Layman's Lane for people who have very complex needs who previously were living in a hospital setting.
- A question around whether there would be an age restriction for people living in extra care housing.
- Confirmation that getting the mix of people living in the scheme was important but that younger people would likely want to live in an environment with people of similar age, which would lend the service to consider small scale bungalow developments.
- Confirmation that discussions with individuals about what would work for them was important, noting that some compromise may be needed.
- A comment that as bungalows had no age restriction, some areas had experienced antisocial behaviour.
- A question around where specialist equipment was required, whether there were any barriers or waiting times in receiving the equipment and if there was, how these issues were being addressed.
- Confirmation that the profile of people coming out of hospital was more acute, complex and with a higher dependency, and this acuity was causing some pressure around the provision and availability of equipment.
- Confirmation that more complex equipment was difficult to source and nationally there was a supply chain issue causing some bottlenecks in Kirklees.
- Confirmation that the picture of an increased number of people being able to return to their own home provided reassurance that local efforts were yielding good results and heading in the right direction.
- Details of the Principal Occupational Therapists that Kirklees invested in a number of years ago which saw a shift from a medical model to a social one.
- Confirmation that these therapists, working as part of the reablement service, supported people in reaching their optimal levels of independence.
- Details that the moving and handling provision was led by a team manager who was a consultant for Leeds City Council, and they brought their research and education in understanding the latest equipment and therapy provision to support the approach.
- A question about care home visits and travel time and carers not being able to spend enough time with the service users locally.
- A question around using agencies that had either failed the framework or were registered but had not yet been inspected by the CQC.

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- Confirmation that the process of spot purchasing provision was taking place, but that this would only be for a set period of time, and as soon as capacity was available on the framework, the individual would move to that provider.
- Details of the Kirklees Care Association's engagement with partners that had grown out of the pandemic and all were now working better together with the support of a grant from Kirklees.
- Details of the work being done at a regional level with the Yorkshire and Humberside Care Alliance with a Call to Action Group that met once a month followed by a meeting with Councillors every three months.
- Confirmation that although the acuity of services users had increased, the money paid to care providers remained the same.
- Confirmation that care providers and key partners now had seats at strategic meetings and decision making boards, notably the Kirklees Integrated Care Board meetings where decisions around funding were made.
- Details of the Kirklees Registered Manager Network, which was established before the pandemic, but had flourished during the pandemic, with a well-used WhatsApp group sharing good practice and guidance that was being issued throughout Covid.
- Confirmation that the WhatsApp group was also supporting new providers to benefit from the knowledge and experience of more established providers.
- Details of the close working relationship with Locala, particularly around training for some of the complex needs that service users were presenting with following discharge from hospital.
- Confirmation that the CQC worked on a risk basis alongside Kirklees, with regular information being shared between the two so that the CQC could consider which organisations they would prioritise to inspect.
- Confirmation that most care calls were now longer than 15 minutes, and if a provider disclosed that this is all they have been commissioned for, it was raised with Kirklees.
- Details of how Kirklees had tried to move away from time and tasks in care calls, and now worked with providers and service users' families to negotiate what might work better for the service user.
- Confirmation that the aim was to meet outcomes on care calls, but with it still being monitored through electronic call monitoring data.
- Confirmation that care providers felt listened to by Kirklees, had a voice within the wider sector, and support was provided where it could be.
- Confirmation that spot contracts had reduced by half over the winter and now only formed less than 10% of all the hours in domiciliary care with work done to ensure as many care providers were moved onto the framework as possible.
- Confirmation that a further discussion should take place around direct payments, the review of intermediate care beds, and social work vacancy levels to understand delays in moving care on or assessing for care needs with social workers.
- An awareness that further reductions in intermediate care beds might create pressure points.
- Confirmation that Kirklees and the ICB were undertaking a piece of work to consider that if a patient was removed from a bed based solution, what would that then look like at home and did that need further investment.

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- A question as to whether there was a backlog in any area due to a person's complexity and waiting for the complex package to be put into place.
- A question about care packages for those wanting to stay their own homes and needed it adapting in some way.
- Confirmation that Kirklees were supporting almost 10,000 people to live a good life in the community, and as Kirklees did not have a waiting list for a care package, this did not prevent a person from leaving hospital.
- Details that some delays and pressures came from those with a long term condition who were currently on the NHS waiting list, and those with increasing complexities who needed greater use of technologies or adaptations to their home.
- Confirmation that the increased volume of care and the ability to recruit and support a workforce who were confident to deal with the complexity also provided some difficulties.

RESOLVED – That the representatives from Kirklees Adults and Health including Mental Health and Learning Disability, Adult Social Care Operations, In-house Care Provision, Commissioning and Procurement and the members of private sector care providers be thanked for attending the meeting.

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Dentistry in Kirklees

The Panel welcomed Debbie Stovin, Dental Commissioning Manager, NHSE Helen Duke, Interim Assistant Director of Operations - Integrated Communities, Sandra Whiston - Dental Public Health Consultant, NHSE Matt Collins, Chair Kirklees Local Dental Committee, Catherine Wormstone, Director of Primary Care, Kirklees Health and Care Partnership and Balqees Bi, Clinical Director & Specialist Care Dentistry, Locala to the meeting.

Ms Stovin outlined the range of dental services that were commissioned from NHS England from High Street Dentistry through to secondary care specialist services.

Ms Stovin explained that there were 50 primary care practices across Kirklees which were all commissioned at various levels of activities based on units of dental activity.

Ms Stovin informed the Panel that the NHS remit was for commissioning of dental services with oral health and dental health improvement sitting under the responsibility of the Local Authority.

Ms Stovin described some of the difficulties country wide and being experienced in the Yorkshire and Humber region that were linked to legacy contract arrangements from 2006 which couldn't be changed.

Ms Stovin explained that the legacy contracts could not be changed unless there were performance concerns, or where a contractor wished to terminate their contract.

The Panel heard from Ms Stovin that patient perception caused some confusion, particularly in that patients assumed they would be registered with a dentist in a similar way to being registered with a GP.

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Ms Stovin informed the Panel that NHSE had no control over private dentistry, with dental practices often having a mixed contract of NHS patients and private work.

Ms Stovin described the difficulty new patients had in being able to see an NHS dentist with the NHS UK digital platform being in place to navigate around dental practices, but it was often not clear which practices were taking on new patients.

The Panel heard that Covid 19 had an enormous impact on dentistry with several months of dental practice closures in 2020 creating a backlog for patients accessing services.

Ms Stovin informed the Panel that there were two specialist orthodontist services in Kirklees, one in Huddersfield and one in Dewsbury, and although patients had been placed at the service nearest to their home, some patients were not at their ideal practice.

Ms Stovin explained that an appeals panel had been set up to consider appeals from patients who had complained about which practice they had been allocated.

Ms Stovin informed the Panel that NHSE had a scheme in place running from November to the end of March with some non-recurrent money to try and ensure better access for patients who needed urgent care or emergency dental work.

More appointments were being made through this urgent care system Ms Stovin explained, and although not all practices had taken up the scheme, eight practices had, and provided 24 sessions per week with seven appointments per session.

Ms Stovin advised the Panel that workforce recruitment was a current difficulty with incentives being put in place, such as a one off payment for someone coming to work in areas deemed as high need to assist with the shortage of dentists.

Ms Stovin explained that flexible commissioning had been in place since the end of 2019 to improve access to dental care and increase delivery of evidence based prevention in primary care.

The Panel was informed that this flexible commissioning had been expanded following a successful evaluation with five practices currently in place, another two that started in December 2022 and one more recently.

Ms Stovin informed the Panel that a recent review had been undertaken with Locala around community dental services, which was for adults and children with additional needs and vulnerable groups.

The Panel heard that the review would help inform future commissioning, service design, and paediatric general anaesthetic patient care.

Ms Stovin explained that care home dentistry was patchy and inconsistent with some areas having more services than others, with the service being more reactive rather than proactive.

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The Panel was advised that a review was being undertaken regarding care home dentistry to ensure better provision for care home residents and those who were housebound.

Ms Stovin informed the Panel that the ICB delegation commenced on 1 April which included responsibility for budgeting and the whole of primary dental care, and work was in progress to ensure a smooth transition.

Ms Stovin explained that NHSE was ensuring that the ICB was fully aware of the different challenges facing dentistry, particularly around workforce recruitment.

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

- A question around how many people were waiting for an NHS dentist, and how asylum seekers and refugees accessed dental services.
- A question as to whether preventative oral health care was being undertaken.
- Confirmation that there was no central list that detailed the number of people on waiting lists, and there was no central number where patients could call, as this would be done directly with a dental practice.
- Confirmation that a waiting list survey had been undertaken to understand and gauge the wait that patients were experiencing.
- A question around how many additional dentists were needed in Kirklees.
- Confirmation that the incentivised pay scheme might give some indication of how many dentists were needed, but this would only give a picture in the areas of Kirklees covered by the scheme.
- Confirmation that the flexible commissioning would offer practices flexibility in relation to preventative work using the skill mix already in place at the practice.
- Details of a piece of work being carried out around the waiting lists to understand better what the workforce capacity was.
- Confirmation that many years ago a waiting list was held, but the cost of maintaining the list became prohibitive.
- Confirmation that dental contracts form part of the difficulties with prevention, as the work was part of the service offered by dentists but wasn't paid for.
- Details of the underfunding for NHS dental treatment, meaning practices needed a mix of both NHS and private work to ensure profitability.
- Confirmation that it was easier to fill dental vacancies in some areas as opposed to others, often depending on how near to dental training it was.
- Confirmation that the flexible commissioning and urgent access sessions were working well but would need to continue once the funding had transferred to the ICB.
- A question around what procedures dental therapists were able to undertake, and if their work was funded as well by the NHS given their work could be considered preventative.
- A question as to whether the NHS funded more complex procedures such as crowns and root canals.
- A question around health equity auditing and when this would be undertaken, and findings published.

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- Confirmation that all dental professionals, dentists, therapists, hygienists, dental nurses, were registered therapists and hygienists were now able to undertake direct access for NHS patients.
- Details of a 'loophole' that therapists and hygienists would need patient group directives in order for them to prescribe local anaesthesia and fluoride varnish.
- A question as to whether NHS patients who were being treated for fillings were routinely offered pain relief.
- Confirmation that therapists were able to do simple fillings if they were trained to do so.
- Confirmation that some patients might prefer to have fillings without pain relief, and it was not always possible to completely numb a patient.
- A question around complex care and whether dentists were taking on these cases under the NHS.
- Confirmation from the ICB that the sharing of information and understanding from NHSE around challenges was being undertaken.
- Confirmation that the current contract for NHS general dental practitioners was not fit for purpose because a dental practice would get the same amount of money to do 2-3 fillings on a patient as it would if they needed 20 fillings.
- Confirmation that it was not financially viable for practices to treat patients who needed several fillings, and practices often treated patients at a loss.
- Details of the costs of treating patients who would need letters to specialists as the NHS did not adequately fund those patients.
- A question around the urgent access initiatives funding post March.
- A question as to whether consultation took place when the orthodontists were reduced from four to two in Kirklees.
- Confirmation that work was undertaken to understand the level of need across the areas and based on those figures two specialist orthodontic contracts were awarded.
- Confirmation that following the volume of calls regarding patients having to travel to their orthodontists, patients were being moved wherever it was possible to do so.
- Confirmation that there was a huge level of need for orthodontic services across the Yorkshire and Humber.
- Details of how the referral system for orthodontists operated with a central system where practices could pull down referrals when they had space.
- A question as to whether the capacity had reduced or if it remained the same capacity across the two different centres.
- Confirmation that the level of need for orthodontists remained the same but that the number of orthodontic specialists across West Yorkshire had reduced by around one third.
- Confirmation that orthodontists also had recruitment and workforce difficulties which were exacerbating the difficulties.
- Confirmation that the waiting list for new patients was approximately two years and even with an increased number of referrals over the last 18 months the waiting list remained the same due to the challenges of recruiting additional dentists.

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- Confirmation that it was difficult to recruit to the Community Dental Service and general dental practitioners had been given opportunity to join Locala and train within their service.
- Confirmation that there were currently one and half thousand waiting with the majority being children.
- Confirmation that Locala had been unable to recruit a paediatric consultant specialist despite the post being advertised a number of times.
- Details of the nationwide difficulties in recruiting specialists.
- Details of the limited access to general anaesthetics for extractions which was why the waiting list remained so long.
- Confirmation that CHFT had a shortage of paediatric nurses despite a recruitment drive which had resulted in Locala being unable to restart the paediatric general anaesthetic list.
- Details of the nationwide difficulties in recruiting paediatric nurses.
- Confirmation that Locala had lost the ability to refer patients to Dewsbury District Hospital due to changes they had made and their lack of theatre space.
- Confirmation there was no access to theatre lists at Mid Yorkshire Hospitals NHS Trust.
- Details of a new procedure that had been put in place to restart the hospital list but was subsequently put on hold due to CHFT advising that they had insufficient numbers of paediatric nurses.
- Confirmation that there was a minimum number of paediatric nurses required when putting children under general anaesthetic.
- Confirmation that Leeds General Infirmary had been stepping in to assist with urgent cases.
- Details that a number of dentists had been recruited including two bank dentists to try and reduce the waiting lists.
- Confirmation that some of the team from NHSE would be transferring to the ICB.
- Details of the Community Dental Services Review which would focus on the access to general anaesthetic services.
- Confirmation that the West Yorkshire Association of Acute Trusts were aware of the difficulties around the shortage of anaesthetists, operating theatre staff and access to theatres.
- Details of the concerns of parents whose children were having multiple episodes of acute pain or infection, and that these children were often referred to the Leeds Dental Institute.
- Confirmation of the hard work done by staff in managing the waiting lists, including the offer of working any day required if the theatre space was offered.
- Confirmation that as patients wait so long on the waiting list, they reach an age where they could cope with local anaesthetic, and so they could be treated and then discharged back to their own dentist.
- A question as to whether some of the children on the waiting lists also had additional complex needs as well as the dentistry problem.
- Confirmation that children with complex learning disabilities or autism were still being treated by and receiving care under general anaesthetic.

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- An acknowledgement of the impact of the Covid pandemic on hospital theatre lists which mean the hospitals had to prioritise their workload and theatre space.
- Confirmation that these were not new issues, were endemic, and combined with Covid, had resulted in a waiting list of two years.
- A question on whether money for dentistry would be ringfenced when it moved to the ICB.
- A question as to whether a child would need to wait two years in pain whilst on the waiting list for extraction.
- Confirmation that it would not generally be the case that a patient would be in constant pain for two years, and that the Royal College of Surgeons produced guidance on prioritising patients.
- Confirmation that children with very severe problems, or trauma would have a pathway to either the maxillofacial surgery team, or the Leeds Dental Institute.

RESOLVED –

- 1) That Debbie Stovin, Helen Duke, Sandra Whiston, Matt Collins, Catherine Wormstone, and Balqees Bi be thanked for attending the meeting.
- 2) That the Health and Adult Social Care write to CHFT and Mid Yorkshire Trust outlining their concerns around access to theatre lists, requesting details of how the issue is being addressed.
- 3) That the ICB be asked to attend a further meeting of the Panel to address any problems that they have encountered regarding theatre lists following the transfer from NHSE.

8 Work Programme 2022/23

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

It was noted that the April meeting would be the last meeting of the municipal year and would include a review of the work programme for 2022/23 and look ahead to the 2023/24 forward plan.

Cllr Ramsay confirmed that a further letter would be sent to CHFT and Mid Yorkshire Hospitals NHS Trust following the Panel's visit to the Birthing Centre at Calderdale Royal Hospital that would cover concerns regarding the robustness and current fragility of maternity services in Kirklees.