

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 5th April 2023

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: Rob McCulloch Graham Safeguarding Adults Board
Independent Chair
Richard Parry – Kirklees Council Strategic Director,
Adults and Health
Jacqui Stansfield - Service Manager, Kirklees
Safeguarding Adult Board

Apologies: Councillor Vivien Lees-Hamilton

1 Interests

Cllr Lesley Warner declared an interest in item 4 (Kirklees Safeguarding Adults Board 2021/2022) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.

2 Admission of the public

All items were taken in public session.

3 Deputations/Petitions

No deputations or petitions were received.

4 Kirklees Safeguarding Adults Board Annual Report 2021/22

The Panel welcomed Mr Rob McCulloch the Chair of the Kirklees Safeguarding Adults Board (KSAB), Richard Parry Strategic Director Adults and Health and Jacqui Stansfield, Service Manager, Kirklees Safeguarding Adult Board to the meeting.

Mr McCulloch outlined the three statutory duties that the KSAB had to undertake that included to produce a strategic plan; produce an annual report that included progress of the plan; and to undertake safeguarding adult reviews on cases where the Board felt there could be lessons learned.

Mr McCulloch informed the Panel that page 10 of the Annual Report presented the best outline on how the Board operated and highlighted the vision of the Board that

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was to work together to take action, to keep the people of Kirklees safe from neglect and abuse, and putting people at the heart of everything we do.

Mr McCulloch informed the Panel of the approach that the Board took to deliver against the vision. Mr McCulloch stated that the Board was fortunate that Kirklees had a strong and committed partnership and that the people and agencies involved in the Board's work were very active.

Mr McCulloch outlined the Board's priorities and provided details of the Board's development session that had helped to inform the priorities that included building a confident workforce; learning from the experience of Covid; and to improve communication across the partnership.

Mr McCulloch presented details of the various board subgroups and explained that each subgroup was chaired by a representative from the various agencies in the partnership.

Mr McCulloch stated that the Annual Report included details of the work undertaken by each subgroup and highlighted the work of the Safeguarding Adult Reviews (SAR) subgroup and outlined details of two of the published SARs.

Mr McCulloch explained that the reviews were undertaken so that the Board could learn from them in order to minimise the level of risk so that the events did not happen again in the future.

Mr McCulloch informed the Panel that the Quality and Performance Subgroup had been working to develop a new dashboard to help the Board gain a better feel and sight of how the Board was progressing.

Mr McCulloch informed the Panel of the work of the Learning & Development (L&D) subgroup that included details of the number of courses it had delivered and the lunchtime bytes that provided an opportunity for representatives from any of the agencies to attend and gain insight into the subject of interest.

Mr McCulloch stated that all of the work undertaken by the Board and its subgroups were informed by the annual challenge event where a group of board members would individually meet with each agency to challenge each other on progress on the intention of each agency for safeguarding adults.

Mr McCulloch stated that the information from the event was used to inform a development session where the Board would create its new strategic plan.

Mr McCulloch informed the Panel that in the previous year the two main issues that emerged from the event was transitions and partnership working.

Mr McCulloch stated that the presentation of the annual report was later than normal and so he was able to update the Panel on the latest event which highlighted that agencies were still struggling with the impacts of the pandemic.

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Mr McCulloch stated that the effects of the pandemic was being compounded by a complexity in the cases and increased acuity being reported by all agencies.

Mr McCulloch explained that the Board believed that the increased acuity was a result of people avoiding attending health appointments during the pandemic and because people's routines had been stopped due to their inability to carry on with their normal health routine.

Mr McCulloch explained that the increased complexity of the cases being seen by all agencies was very challenging for the workforce and retention and recruitment of staff was very difficult.

The item was opened to the Panel for comment and questions that covered a number of issues that included:

- A comment that the Quality and Performance subgroup aimed to be reactive rather than proactive although given the pressures on the workforce there was a question on whether there was sufficient resource to be able to work in the way they would wish.
- A response that there was a need to set a level of aspiration in the system although it was correct that many parts of the system felt that they couldn't deliver against this aspiration.
- An explanation of the impact of workforce shortages that included a risk that staff in the health and social care system couldn't always provide the personalised care that they would wish to deliver.
- A comment from the Panel on a story contained in the Annual Report that reported on the impact that the pandemic had had on one individual's mental health.
- A response that outlined the role of the Board as an overarching multi agency body to provide assurance to the whole partnership that it was working well towards reducing risk of any abuse.
- Details of the general frustration amongst the various agencies that they would wish to do more and that the proactive work could be seen through the agency audits that they undertook and how they prepared for dealing with the issues going forward.
- Details of the recruitment work that was taking place that included a focus on overseas workers to help bolster the workforce.
- An overview of the national campaign on training and recruitment.
- Details of the work being done to retain staff that included encouraging ex-staff to come out of retirement and back into their roles.
- The work that needed to be done to learn from the impact of the pandemic and put measures in place to help and support people.
- The important role of the safeguarding leads and how the work of the subgroups was triangulated to identify areas that required a proactive response.
- A reference to the scheme that piloted a police officer working in the safeguarding team and a question on whether this position was still in post and if training police recruits in sensitively dealing with mental health issues was taking place.

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- Confirmation that the police officer was still in the safeguarding operational team and any lessons learned were being fed back to police colleagues.
- A panel question on what was the biggest issue currently facing the Board.
- A panel question asking for the reasons why care homes had been identified as posing the highest risk.
- A question on how reliant the Board was on financial donations and how sustainable was the funding from the largest donor Kirklees Council.
- Confirmation that the biggest challenge was the workforce and the increased complexity and acuity of cases.
- Confirmation that there was oversight of the care provided by care homes and that each care home was quality checked by the Care Quality Commission (CQC).
- An overview of the active and direct interventions when required and oversight from Kirklees Adult Social care and health colleagues from the wider system.
- Confirmation that the resources of the Board matched what was happening nationally with funding coming from the statutory partners.
- A comment that the work of the Board was reliant on the commitment and involvement of all partner agencies.
- An explanation of the reporting of cases from care homes and the low thresholds they followed when reporting an issue.
- A question on the reasons for the increase in number of deprivation of liberty (DoLS) applications.
- An explanation for the reasons behind the increase in DoLS that included: more people living longer with complex needs; the reflections on some of the practices during the pandemic where questions were asked on whether they were restricting someone's liberty; and a growing awareness of the rights of individuals.
- An overview of the new arrangements that would cover DoLS and help to tidy up arrangements that had evolved over time.
- A question on whether the DoLS data was analysed to identify if there were greater numbers from a particular area or care home.
- Details of the difficulties in interpreting DoLS applications and the different levels of judgement applied by care homes.
- Confirmation that there were training programmes to help care homes understand their responsibilities.
- Details of the protective measures designed to ensure that the least restrictive practices were in place.
- A question on whether the analysis of the DoLS data was used to improve quality and performance.
- Confirmation that the data was used to profile referrals from care homes and that training would be provided to a care home if it was deemed to be outside the parameters of the profile that included an assessment of a wider range of soft intelligence.
- A further question on the high levels of DoLS referrals and whether there was a definite issue on over reporting which could be rectified through staff training.
- An observation on the types of reported abuse that included 51% cases of neglect and a question on whether this was due to the impact of the pandemic.
- A question on whether the pandemic had led to a trend in the types of safeguarding cases.

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- Confirmation that cases of neglect had always been one of the highest areas of concern and when looking at care homes and domiciliary care it was often due to unintentional abuse.
- Examples of the types of unintentional abuse that included issues such as an incorrect policy in a care home that needed tweaking.
- Details of the care home early intervention and prevention team that looked at quality of safeguarding.
- Details of a panel members personal story of a close relative who due to Alzheimer's was placed in a care home for a number of years and their love of outdoors.
- A comment on how the belief that safeguarding for older people should be focused on keeping them safe in homes and why those older people who were able to get out and about couldn't be electronically tagged to enable them the freedom to go outside.
- Details of a technology called just checking that had been used by a council that operated in a rural area to help support the walking pattern of an older person.
- The approach taken by the Council to promote different forms of assistive technology and to encourage discussions on positive risk taking.
- Details of the important principle of making safeguarding adults personal and that the decision to deprive someone of their liberty was often based around safety.
- The danger of being too cautious in safeguarding people to the extent that they had no quality of life.
- The dilemma that family members and professionals faced when considering how best to care for and safeguard a person.
- The important role of the design of care facilities that could enable residents to have greater freedoms.
- The role of a best interest assessor who would focus on developing personalised care and a care plan that provided the least restrictive options.
- A comment from the panel that there was risk in the community and there was an acknowledgement that services only had a degree of capacity to deal with the risks due to the workforce issues.
- A question on how frontline services and staff made quick and timely assessments to ensure that this element of safeguarding was right.
- The strengths of the partnership in Kirklees where people in the partnership knew individuals across the different services which helped to break down the boundaries between the agencies.
- The need for the Board to continue to encourage cross agency communication to ensure that each frontline service could continue to work effectively with others.
- Details of a proactive piece of work being led by the police in Kirklees that focused on reducing financial fraud where banks who were suspicious of a potential transaction would keep the people in the bank while alerting the police who would send an officer to the bank.

RESOLVED –

That the Kirklees Safeguarding Adults Board Annual Report 2021/22 be noted and attendees thanked for attending the meeting.

5 Review of 2022/23 Work Programme

The Panel reviewed its activity and the work it had undertaken during 2022/23.

The following actions and comments were noted for each area of work:

1. Resources of the Kirklees Health and Adult Social Care Economy.

- The item had focused on workforce and finance.
- The discussions had highlighted challenges in the finance and that the biggest risk was recruitment and retention of the workforce.
- An agreement that the Panel should continue to monitor the position of resources across the local health and adult social care economy.
- Discussions had highlighted that South West Yorkshire Partnership NHS Foundation Trust (SWYFT) had underspent as a result of recruitment challenges.
- A proposal that further discussions should take place with SWYFT to include reviewing its finances with a focus on the underspend and workforce recruitment.
- A suggestion to include a resources item on the work programme to provide the Panel with an opportunity to gain wider understanding of the financial position of the local health and adult social care system.
- A proposal to cover the item during the early part of new municipal year 2023/24.
- A comment outlining concerns of the financial challenges facing adult social care and the need to promote the benefits of increasing the wages for staff working in the social care sector.
- A proposal that the item could include details of wage comparisons between workers in the health and social care sector and the minimum wage.

2. Impact of Covid 19.

- Cllr Ramsay reminded the Panel that it had been agreed that the impact of Covid 19 would be looked at throughout the year and not picked up as a single discussion item.
- It was noted that the Panel did have discussions on excess deaths.
- Reference was made to the national enquiry on the pandemic.
- A suggestion that it may help the Panel if it could see the results of the outcomes of any local organisational reviews and the impact it may have going forward on the local health and adult social care sector.
- A comment that issues relating to Covid 19 could be considered under two distinct areas. The first would be matters picked up through the national enquiry with a response to the pandemic at a national and local organisational level. The second would be the Covid legacy that would include looking at the increase in acuity and complex needs; the impact of the lockdowns in terms of people's long term functioning; and workforce impact.
- An agreement that Covid hadn't gone away and that the Panel should continue to monitor the impact on local services.

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3. Capacity and Demand – Kirklees Health and Adult Social Care System
 - Cllr Ramsay summarised the key areas that had been covered that included a focus on the management of waiting lists and plans to reduce and catch up with delays in planned surgery.
 - A comment that this area of work was still very relevant and that the Panel should monitor the commitments of the hospital trusts to reduce the numbers of people waiting for more than 52 weeks for planned surgery.
 - An agreement to programme the challenges and pressures facing adult social care and the wider health system as two distinct areas of work.
 - A comment that the Panel should include the impact of the strikes taking place across the NHS on the waiting lists for planned surgery.

4. Joined up Care in Kirklees Neighbourhoods
 - Cllr Ramsay summarised the key area that had been covered that included looking at the Primary Care Networks (PCNs), and capacity in the community.
 - A comment that elements of work being undertaken in community settings were still being developed such as the proposed community diagnostic centres and the Council's primary care network.
 - A suggestion that the Panel should also follow up on the progress of the national reforms for community pharmacy.
 - A suggestion to follow up on the outcomes of a paramedic training pilot scheme that involved the University of Huddersfield.
 - A comment that when looking at health services in the community the Panel should continue to focus on the progress of the integration of services and workforce.
 - A proposal that the item should include access to GP services.

5. Mental Health and Wellbeing
 - The Panel was provided with a summary of the key issues covered that included workforce and placements of patients in out of area beds.
 - An agreement that mental health should continue to be a key issue on the work programme that would include a focus on access to inpatient services.
 - Confirmation that the Panel would be presented with details of the proposed transformation of Older People's Mental Health Inpatient services.

6. Unplanned Care.
 - A question on whether some elements of unplanned care could potentially be linked to the work that would focus on health services in the community.
 - An agreement that access to GP services was one element that would be incorporated into the item covering health services in the community.
 - An agreement that the Panel should ensure that it continued to monitor pressures in hospitals including patient flows.
 - A comment that a number of issues on the Panel work programme were long term strategic multiyear issues.

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- A suggestion that the Panel could consider introducing quarterly high-level performance data that would provide the Panel with an overview of the performance of the local health and adult social care system that could help to inform distinct pieces of scrutiny work.
- A comment that the Panel had previously agreed that it should use data to triangulate with performance of services and the experiences of patients.
- A comment that the weekly winter performance reports had been useful and that it would be helpful to widen the data to include other organisations from the health and adult social care system.
- A question on CQC data.
- An overview of the approach that the Panel had taken in the past to receiving data from CQC that had been focused on looking at the overall state of care across Kirklees.
- A question on how the Panel would wish to approach the work undertaken by CQC and how its data could be utilised.

7. Maternity Services.

- Confirmation that the Panel would be looking to invite CHFT and Mid Yorkshire Hospitals NHS Trust (MYHT) to a meeting to provide an update on progress of the reopening of the birthing centres in Kirklees.
- Confirmation that a second letter had been sent to the chief executives of CHFT and MYHT.
- A suggestion that maternity services should be scheduled for a further panel discussion and a decision made on the approach to communicating and publicising this issue.

8. Access to dentistry.

- An agreement that dentistry should stay on the programme of work to follow up on the concerns of the Panel that had now been conveyed via a letter to the appropriate organisations.

9. Quality of Care in Kirklees.

- Confirmation that the approach to the CQC item would be considered.

10. Kirklees Safeguarding Adults Board (KSAB) 2021/22 Annual Report.

- A comment that having an annual discussion covering the activities of the KSAB was useful.
- A proposal for the Panel to receive the KSAB Annual Report in advance to enable panel members to highlight issues of interest and/or concern for discussion.
- A suggestion to combine the KASB with a discussion with CQC that would help provide the Panel with an overview of the quality and safety of adult social care provision.
- A suggestion that CQC could still present an overview of the state of care of regulated services across Kirklees.
- A proposal to consider the approach to discussions with CQC in either a workshop setting or a formal meeting.
- A question on the type of data the Panel would wish CQC to provide.

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- An agreement that previous presentations produced by CQC would be circulated to the Panel.
- Details of CQC previous presentations that had included a range of data across the local health and social care sectors, comparisons to the broader footprint that CQC covered, and any emerging themes.
- A comment that the performance and quality data together with the focus on resources could help to provide the context to the areas where the Panel may wish to undertake a deeper investigation.
- A question on whether organisations could be tasked to report to the Panel on their CQC inspections.

11. Inequalities in access to health care services.

- An agreement that inequalities should remain and that further work would be done to identify the key areas of focus.

12. New Plan for Adult Social Care Reform.

- Details of the plans for CQC to inspect council run social care services in the same way that Ofsted inspected education and children's services.
- A suggestion that the Panel may wish to consider looking at this new CQC inspection area of responsibility to understand the assurance regime; the Council's approach to preparing for the inspections; and to look at what was emerging from the pilot inspection sites.
- A suggestion that by understanding the context and approach to the inspections this could help shape some of the questions on accountability of performance and quality.
- A proposal that the Panel should also continue to look at workforce challenges in adult social care and how they were being addressed.

13. Palliative and end of life care.

- An agreement that the Panel was assured on the work that was being done to provide an integrated package of palliative and end of life care in Kirklees.
- A comment that the staff working in this area of work were inspirational and the importance of promoting the need to have early conversations about end of life and palliative care with children and young people.
- An agreement that the request to have a broader educational discussion on this matter should be highlighted to the Childrens Scrutiny Panel.

Cllr Ramsay asked panel members if there were any other issues that they would wish to consider for inclusion in the 2023/24 work programme.

The Panel was informed of the next steps that would include using the discussion from the meeting to start shaping the 2023/24 work programme that would be shared with key partners from across the Kirklees Health and Adult Social Care system for comment.

The Panel was informed that the proposal would be to hold a workshop early in the new municipal year to include input from representatives from the health and adult social care sector with the aim of refining and finalising the work programme.

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There was a request from the Panel to follow up on the progress of the virtual ward initiative.

Cllr Ramsay confirmed that virtual wards could be included in the unplanned care discussions as it would be part of the plans to help reduce unplanned admissions and support earlier discharge from hospital.

Cllr Ramsay suggested that it would be helpful if panel members could review the work programmes golden threads to ensure that they were still valid and to consider what regular data would help the Panel to triangulate the information being fed back from patients.