

Contact Officer: Yolande Myers

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 16th August 2023

Present: Councillor Bill Armer (Chair)
Councillor Beverley Addy
Councillor Itrat Ali
Councillor Jo Lawson
Councillor Habiban Zaman

Co-optees Kim Taylor

In attendance: Michelle Cross, Service Director, Mental Health and Learning Disability
Catherine Wormstone - Director of Primary Care, Kirklees Health and Care Partnership
Alison Needham, Director of Finance, Kirklees Health and Care Partnership
Vicky Dutchburn, ICB Kirklees Place Director of Operational Delivery & Performance
Catherine Wormstone, Director of Primary Care Kirklees Health and Care Partnership
Johnny Hammond,
Rachel Foster, Assistant Director of Operations, Locala
Jackie Tatterton, Head of Transformation & Improvement
MYTT, Chief Operating Officer, CHFT
Chris Lennox, South West Yorkshire Partnership Foundation Trust

Apologies: Councillor Alison Munro
Helen Clay (Co-Optee)

- 1 Membership of the Panel**
Apologies for absence were received on behalf of Councillor Alison Munro and Helen Clay.
- 2 Minutes of previous meeting**
The minutes of the meeting held on 5 July 2023 were approved as a correct record.
- 3 Declaration of Interests**
Councillor Jo Lawson declared an interest on the grounds that she was a member of the Calderdale and Huddersfield Trust's bank staff.
- 4 Admission of the public**
All items were taken in public session.

5 Deputations/Petitions

No deputations or petitions were received.

6 Public Question Time

No questions were asked.

7 Older people's inpatient mental health services transformation programme

The Panel considered a report which set out the context and background to the work that was being developed to transform older people's inpatient mental health services in Calderdale, Kirklees, and Wakefield. The report set out the next steps of the panel's involvement in the programme.

A briefing note was provided for the Panel which outlined the details relating to older people's mental health inpatient wards, improvements to older people's mental health in the community, and why proposals were being considered to transform older people's inpatient mental health services.

The Panel was advised that where a proposal for a substantial development or variation affected more than one local authority area, then those local authorities were required to establish a joint overview and scrutiny committee.

The Panel was asked to consider the information outlined in the briefing note and consider if the proposals to change inpatient mental health services for older people would likely constitute a substantial development or variation in service provision.

RESOLVED –

- 1) That the formal proposals that were being developed to change inpatient mental health services for older people were likely to constitute a substantial development or variation in health service.
- 2) That officers be authorised to start making the necessary arrangements required to support the next phase of scrutiny activity.

8 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), Locala and Kirklees Council Adult Social Care.

The Panel received a presentation from the representatives setting out a financial overview, reflections on the financial year ending 2022/23 and the financial plan for 2023/24. It was reported that the financial position for the local authority area for 2022/23 was a £27m overspend with Locala holding a £1.8m deficit position due to the impact of the pay award. The submitted financial plan for West Yorkshire Integrated Care System for 2023/24 showed an overall balanced financial plan for the year, however the Panel noted that to achieve that position, a number of efficiencies would need to be achieved during the year.

Health and Adult Social Care Scrutiny Panel - 16 August 2023

The Panel was given a general update in relation to each organisations financial position, including the risks and mitigations, focusing particularly on transforming and sharing services along with reducing running costs to ensure value and long-term sustainability both in year and long term. The Panel noted the commitment from partners to continue to work together to ensure sufficiency, drive out health inequalities and to understand the needs of the population.

The presentation provided an overview of the next steps for the financial year, recognising that both the current year and future years would be challenging for all. The Panel was informed that the shared focus as part of the joint financial strategy was to (i) drive out health inequalities and understand the needs of the population (ii) undertake partnership working to reduce dual running and duplicated costs (iii) organisation / place / system work on recovery (iv) tighter controls on expenditure (v) joint transformation of services and share of resources (vi) national lobbying around financial pressure beyond the system control and (vii) driving value for money.

RESOLVED – That the update be noted, and attendees be thanked for attending the meeting.

9 **Capacity and Demand - Kirklees Health and Adult Social Care System**

The Panel received a presentation in relation to capacity and demand from partner organisations.

The Panel was advised that in relation to CHFT, overall the waiting lists were in line with recovery trajectories. However, there were some specialities that faced particular challenge, largely linked to workforce challenges, notably Ear, Nose and Throat and Gynaecology which have seen waiting list increases over the previous nine months.

The Panel noted that there were no patients waiting over 65 weeks which was the target set by NHS England to be met by the end of the financial year 2023/24. The additional challenge set by NHS England was for patients to wait no longer than 52 weeks by March 2025, and CHFT were on track overall to meet that target.

Further to the Panels concerns regarding the number of children awaiting dental extractions, Mr Hammond advised that there were currently 12 children awaiting surgical dental extraction.

In relation to MYTT the key messages were that there had been an increase in the total waiting list, plus a slight increase in the follow-up backlog over the reporting period and work was being done to target both lists to ensure that they were aligned.

The Panel was advised that the cancer referral demand was high, with over 3000 patients per month requiring cancer referrals, and along with the industrial action, this had impacted on waiting lists. However, the Panel noted that MYTT's position was particularly good in relation to diagnostics.

Health and Adult Social Care Scrutiny Panel - 16 August 2023

The Panel noted that at MYTT 185 patients were waiting over the 65 week target, with 123 of those being attributed to Ear, Nose and Throat. 119 paediatric patients were currently awaiting surgical dental extraction.

The Panel was advised that access to primary care was a priority workstream at a number of levels at National, West Yorkshire and Kirklees and it presented a number of significant challenges and changes. Ms Wormstone advised that Primary Care Networks (PCN) were now delivering consistent hours outside of normal general practice hours.

The Panel noted that primary care demand was currently extremely high, and the position had only just been recovered to a pre-covid position, with workforce challenges more keenly felt in small GP practices.

The Panel noted that Digital First was the model that was still being worked through to understand patient requirements to get the balance of video / telephone and face-to-face consultations right, continuing to ensure that no groups of populations were digitally excluded.

Preparations were being made for winter preparedness and the Panel heard that covid and flu vaccinations were high on the priority list with primary care playing an active role in the delivery of this. This would be prioritised alongside the expansion of the shingles vaccination.

The Panel noted the figure of 8,000 missed appointments and the work being done with PCN's and patients to reduce that number.

In relation to adult social care, the Panel heard that there continued to be an increased demand from community and discharge support with the recruitment and retention challenges remaining across the sector. However, there had been a slight increase in people wanting to take up a post in social care.

Higher levels of complexity were being seen in patients being discharged from hospital, and the Panel noted that an increase in complexity had led to typical care packages increasing.

The Panel was pleased to note that there was currently no waiting list in Kirklees for home care provision.

The Panel noted that the home first approach continued with the overarching principle to discharge people home with the right support leading to the increased hours in care provision.

Regarding Locala, Ms Foster advised the Panel that the last winter had been particularly difficult and had led to an increase in waiting times over. However, Locala was reviewing its internal policies which had led to progress being made to manage the backlog.

In relation to the 18-week target, Locala was just about on track and also making progress on the target for four and six week for referral to first appointment.

Health and Adult Social Care Scrutiny Panel - 16 August 2023

Questions and comments were invited from Members of the Panel and the following issues were raised:

- With regard to cancer referrals to MYTT, the Panel noted that analysis had been completed around the areas that had the greatest volume, with dermatology in particular having a high volume of patients that came with a two-week referral with only a small number ultimately receiving a diagnosis of cancer. PCN's could now contact secondary care colleagues providing them with images to be able to review and determine the best route for that patient.
- In response to a question around dentistry and the impact of long waiting times for people waiting for dentistry, the Panel was advised that pain and pain markers was part of the initial assessment.
- Details were given regarding the Lung Health Programme, which is part of a pilot for NHS England, with the West Yorkshire ICB area performing better than anywhere else in the country and having a higher success rate in attracting people into screening programmes.
- Further to a query about primary and secondary care, and facilitating better use of joint working, PCN's were integral to discussions around clinical pathways, particularly in relation to advice and guidance contact lines with the PCN's able to access opinions from secondary care clinicians.
- The outcome of the joint working had been seen in reduced numbers of patients entering clinical pathways and secondary care.
- Details of the particular risks around the consultant strikes and it having a big impact on the volume of work that could be done.
- With regard to increased pressure on primary care, details of the development of a virtual ward in which the aim was to keep people out of hospital who didn't need to be there, facilitating earlier discharge but continuing consultant and community care oversight.
- The additional roles such as pharmacists and mental health advisors within GP practices also worked to alleviate some of the pressure.
- In response to a question around patients leaving hospitals needing adaptations, the Panel was advised that adaptations were solely based on assessment, but that clear delivery standards were set out so that most patients received core adaptations within 48 hours of leaving hospital.
- Confirmation that patients had several touchpoints whilst on a hospital waiting list, with signposts for services if their condition or symptoms had worsened whilst they were waiting.
- In response to the question around non-attendance at GP appointments, the Panel noted that there was a correlation between the longer wait between booking an appointment and the subsequent non-attendance.
- With regards to the virtual ward, the specialties currently included were respiratory, heart failure and elderly, with an aim to expand to other specialties including high risk patients with frequent hospital attendances and long length stays.

RESOLVED – That the update be noted, and attendees be thanked for attending the meeting.

- 10** **Work Programme 2023/24**
A discussion took place on the 2023/24 work programme and forward agenda plan.