

Contact Officer: Yolande Myers

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 27 September 2023

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

In attendance: Councillor Elizabeth Smaje
Michelle Cross, Service Director, Mental Health and Learning Disability,
Saf Bhuta, Head of Care Provision, Kirklees Council
Gill Greenfield, Service Director, Communities and Access Services
Catherine Wormstone - Director of Primary Care, Kirklees Health and Care Partnership
Vicky Dutchburn, Kirklees Place Director of Operational Delivery & Performance
Dr Rizwan Ali – Planned and Urgent Care Lead
Steve Brennan, Kirklees Place Programme Director, ICB
Helen Carr – Chief Executive of Local Care Direct
Helen Duke, Assistant Director of Operations, Locala Community Services
Ruth Buchan – Community Pharmacy Clinical Lead, ICB

Apologies: Helen Clay (Co-Optee)
Kim Taylor (Co-Optee)

1. Membership of the Panel

Apologies for absence were received on behalf of Kim Taylor and Helen Clay.

2. Minutes of previous meeting

The minutes of the meeting held on 16 August 2023 were approved as a correct record.

3. Declaration of Interests

No interests were declared.

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. Joined Up Care in Kirklees Neighbourhoods

The Panel welcomed representatives from the Kirklees Health and Care Partners who provided an update on Joined Up Care in Kirklees Neighbourhoods and Capacity and Demand.

The presentation included an update on the Primary Care Access Recovery Plan, which was published in early 2023. A key element of the plan focused on access into general practice, as well as methods of access, particularly in relation to telephony systems. There were 20 GP practices already working towards implementing Cloud based telephony, which was a more resilient telephone-based system.

The Panel noted that the Primary Care Appointment Data showed demand for appointments was far higher than pre-pandemic and practices were struggling daily on how best to meet those demands. However the Additional Roles Re-imburement Scheme had created an further 17 roles that could be deployed into general practice teams.

The Panel was given an update in relation to Community Pharmacy and that there had been some challenges, but they were working hard to support primary care access through the Community Pharmacy consultation scheme, in which 9 out of 10 patients could be managed. The Community Pharmacy was also looking to develop better record access, offering a blood pressure check service and contraception service by the end of the year, which would help to relieve some pressure on General Practices.

The Panel was given an update in relation to Urgent Community Response which was the link for urgent care services across Kirklees. The Panel was informed that Kirklees was an innovator of the scheme and had operated in partnership across different organisations. The service was trying to foster a one door referral pathway to help people get access to urgent care more easily and had developed pathways with the ambulance services in order to help relieve pressure on the service.

The panel was informed in relation to Community Neighbourhoods that a five year programme was in place that focused on communities, and how patients could be supported in the places they lived. The plan was in its second year and the key priorities were (i) Community Support Movement (ii) Falls Prevention Work (iii) Proactive Follow Up Support and (iv) Self-management Support.

The Panel was advised that Mobile Clinical Van testing had been carried out in Neighbourhoods and work had been done in partnership with other organisations. This had been a huge success, and there was a need to consider how to expand the service further in terms of building on existing programmes, working collaboratively, and focusing on the key priorities.

In relation to Adult Social Care and Hospital Discharge, the Panel was advised that a strategic model for discharge was developed in collaboration which built on the strengths within the partnerships, recognising that home first was the best outcome for people coming out of hospital. It had created additional capacity for people to receive short term support, either homebased or bed based (which was a recovery hub for those with more complex needs), and also rationalised the offer of immediate care and home first which fundamentally supported all patients to go home and benefit from a home-based environment.

The Panel was given an update in relation to Workforce, and that the focus of a Kirklees Workforce Group was to add value to what individual organisations were already doing in terms of recruitment and retention of staff, along with staff health and well-being. The Panel was advised that access to good employment was key to people's health and wellbeing and helped in terms of retaining staff, but it could drive inequalities that existed in society.

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

- In response to a question around access to GP's, the panel was informed that data showed 85% of appointments were on the day of request and that 80% of those appointments were face to face. Kirklees was high ranking in this area.
- In response to a question from the panel regarding how the Primary Care Network and place-based working came together, the Panel was advised monthly meetings took place with a range of representatives such as GP's, Community Providers, Voluntary Sector Providers etc to look at projects to improve the health needs of the population and to help embed relationships and improve the lives of patients.
- Following a question around new house building, the panel was advised that work was being undertaken to develop an estate strategy with the ICB that would take into consideration large developments and capacity.
- In relation to the NHS app, the Panel was informed that the app was more advanced in terms of access to record, requests to review medication, online consultations etc, and that there was potential to develop it further, however there was still a need to be mindful of digital inclusion.
- Following a question around access to pharmacies, the Panel was advised that the closures and reduction in hours were in line with pharmaceutical regulations. The Panel was informed that the Health and Wellbeing Board was to undertake an assessment to identify any gaps in service and how they could be addressed.
- The Panel was informed that the Pharmacy Access Scheme was a national scheme which provided some protection for pharmacies in relation to levels of deprivation, distance from other pharmacies and would allocate a fixed sum of money.
- In relation to wrap around care support the Panel was advised that a seven day offer had enabled up to three additional discharges on a weekend. Short term support was available for up to six weeks with a consideration for onward care with some good success.

- The Panel noted that there continued to be no waiting list for domiciliary care in Kirklees.
- The Panel noted the discharge package for people returning home and the backlog for home adaptations. There was a good equipment offer through Kirklees Community Equipment, however demand outweighed the capacity on specialised home adaptations.
- In response to a question regarding additional capacity for PCN's, The panel was informed that Kirklees had introduced Sundays and bank holidays for people who needed an urgent on the day appointment.
- Following a question regarding promoting access to services on a Sunday, the Panel was advised that it was part of the recovery plan and a national campaign to advertise services through tweets etc. Sunday was a pilot to support the system at a time of pressure and there had been little wastage of the slots available.
- In response to a question around the mobile clinical van the panel was advised that the clinical mobile van was a pilot and had been successful. There was lots of scope for expansion, but it had to be tested first.

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