

Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 10th July 2024

Present: Councillor Jo Lawson (Chair)
Councillor Beverley Addy
Councillor Timothy Bamford
Councillor Alison Munro

Co-optees Helen Clay
Kim Taylor

In attendance: Richard Parry, Executive Director for Adults and Health
Michelle Cross, Service Director, Learning Disabilities and Mental Health
Jo Walkinshaw, Operations Manager, Care Quality Commission (Virtual)
Melanie Kilgour, Operations Manager, Care Quality Commission (Virtual)

1 Membership of the Panel

No apologies for absence were received.

2 Minutes of previous meeting

That the minutes of the meeting dated 8th May 2024 be approved as a correct record.

3 Declaration of Interests

No Interests were declared.

4 Admission of the public

All items were considered in public session.

5 Deputations/Petitions

No Deputations or Petitions were received.

6 Care Quality Commission

The Panel received a presentation on the single assessment framework from the Care Quality Commission (CQC), which provided details on the new assessment process along with a presentation on Kirklees ratings by sector.

Melanie Kilgour, Operations Manager, CQC advised that from 21st November 2023 a new assessment process had started for all registered providers, with a roll out approach to implement the new changes. For Health and Care providers, there were some differences in how the quality of services was assessed, which included:

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Gathering evidence; Frequency of assessments and assessing quality. Evidence gathering to make an assessment took place both on site and off site, with assessments being responsive or planned.

Jo Walkinshaw, Operations Manager, CQC updated the Panel on provider ratings and how they currently looked. The ratings were broken down for sectors that the CQC regulated.

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

- Evidence gathering would be an ongoing process and not just at the point of inspection,
- Feedback from piloted areas in the North showed there were difficulties in providers using the provider portal, with a lot of fixes to try and improve their experience,
- Key differences with the new assessment system were being able to work more agile and flexibility in responding to improvements or concerns,
- After an unsatisfactory inspection, there was not a timeframe set to re-inspect. It was down to judgement of assessors, and to provide time for providers to submit an action plan and look at dates the provider had said they could comply. For enforcement action a re-inspection would take place within a shorter time frame,
- Primary medical services all had an inspection rating, for those with no rating it was likely to be due to having changed legal entity which required another assessment,
- For offsite inspections, capturing the voice of patients, service users, families and carers was a key area and pro-actively seeking feedback through GP Practices or through the providers asking for details of family/carers was vital,
- Information received through a notice of concern. Assessors had Key Performance Indicators regarding information received on safeguarding concerns and had to be responded to within 24 hours,
- Inspections that were completed via information rather than visits was due to not always needing to do a visit. Onsite inspections were important, however, information received remotely could be considered and assessed, this allowed a fluid movement where the provider did not have to wait for another inspection to change their rating,
- The CQC anticipated that for all Kirklees services to be inspected would take longer than a 12-month period,
- There was no timeframe set for when all initial assessments had to be completed,
- Planned assessments were assigned by a central hub, there was no timescale set for these to be completed,
- Oversight meetings took place weekly, any concern that came through to assessors would be discussed at those meetings. For an urgent safeguarding concerns visits would be arranged very quickly,
- There was no Key Performance Indicators in place for when an assessor should visit providers to inspect. If any information of concern was received, a decision to visit the service would be made the same day,

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- There were no Key Performance Indicators in place for the length of time a service could go without receiving an inspection,
- Resources was not a driver for the new model.

RESOLVED –

- 1) That the Care Quality Commission report be noted,
- 2) That representatives be thanked for their attendance and be invited back to the Scrutiny Panel in January 2025 to provide further information and an update on the service.

7 Work Programme 2024/25

A discussion took place on the 2024/25 work programme and agenda plan. The Panel agreed to add Access to Dentistry onto the work programme.