

Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 9th October 2024

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

Co-optees Helen Clay

In attendance: Catherine Wormstone - Director of Primary Care Integrated Care Board
Saf Bhuta – Head of Service, In-house Care Provision, Kirklees Council
Cllr Bev Addy – Cabinet Member for Health and Adults Social Care
Steve Brennan – Director of Partnership Development, Integrated Care Board
Tom Strickland – Director of Operations, Calderdale and Huddersfield NHS Foundation Trust
Keeley Robson – Director of Operations, Mid Yorkshire NHS Teaching Trust
Helen Duke – Director of Operations, Locala
Nicola Goodberry-Kenneally – Chief Officer, Community Pharmacy West Yorkshire

Apologies: Councillor Eric Firth
Councillor Jane Rylah
Kim Taylor (Co-Optee)

- 1 Membership of the Panel**
Apologies were received from Councillor Eric Firth, Councillor Jane Rylah and Kim Taylor (Co-optee)
- 2 Minutes of previous meeting**
RESOLVED-
That the minutes of the meeting dated 21st August 2024 be approved as a correct record.
- 3 Declaration of Interests**
Councillor Jo Lawson declared an interest as a bank worker for Calderdale and Huddersfield NHS Foundation Trust.
- 4 Admission of the public**
All items were considered in public session.

5 Deputations/Petitions

No Deputations or Petitions were received.

6 Public Question Time

No Public Questions were received.

7 Communities Accessing Care

The Panel received a presentation on Communities accessing care in Kirklees which provided details on the continued work of health services in the community.

Catherine Wormstone - Director of Primary Care, Kirklees Health and Care Partnership advised that a fuller stocktake took place in 2022 where focus was directed toward building integrated teams in every neighbourhood, improving same day access for urgent care, the delivery of proactive care and preventative care and creating the national environment to support locally driven change. The Darzi review in 2024 highlighted the aftermath of the pandemic where people were struggling to see their GP, the impact on waiting lists and the focus on budget spend. It also highlighted the need to provide care closer to home which simplified and innovated care delivery for neighbourhood national health service.

The Panel was advised that in Kirklees there were 9 Primary care networks. These were a group of general practices (GP) which align key services across the community, including the local authority, voluntary and pharmacy sectors. Areas covered in the update were:

- Assessing progress of the integration of services and workforce,
- Consideration of the work that was being done locally to action the national delivery plan for recovering access to primary care,
- Access to GP services and hospital referrals,
- An update to the work being done by the Local Authority and Locals on providing reablement support, including the actions and initiative to support hospital avoidance and provide the appropriate level of care and support at or close to home,
- An update on the work of community pharmacy and the proposals from Government and NHS on price concessions reform and relief measures to ease pressure on pharmacies,
- The impact and uptake of pharmacy services to prescribe,
- The update of vaccination programmes.

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

- A referral to a social prescriber was completed primarily by the GP practice,
- Checks and balances to ensure patients were not sent home when seriously ill were completed by secondary care in Accident & Emergency or admitted to the virtual ward with oversight of a consultant, if admitted overnight assessments would be conducted by the frailty team,
- There was a national advertising campaign around the seven common conditions that pharmacies could treat, where patients could walk into a

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- pharmacy and receive treatment. Community pharmacies were supported with advertising for the flu season and encouraged to be pro-active,
- Sustainability of community pharmacies would depend on what the contract with Government looked like once negotiations nationally had taken place and contracts received,
 - Work was ongoing for appointments lost through 'did not attend', one way was for practices to text patients to remind them of the appointment, additional appointments out of normal hours were looked at to see if they were made at the right time for the patient,
 - Paramedics were employed for home visit approaches with the new model looking at the skillset of paramedics where patients could be directed to paramedics first,
 - Intermediate beds were for patients who had care needs that were more complex and required therapy input. Recovery beds was for recuperation outside of a hospital ward within a safe environment.

RESOLVED –

- 1) That the presentation be noted,
- 2) That health representatives be thanked for their attendance.

8 Demand and recovery of planned care services across Kirklees

The Panel received a presentation on demand and recovery of planned care services across Kirklees which included the focus of the work being done by core providers to manage capacity and demand and catch up with delayed planned surgery, therapeutics and diagnostics.

Tom Strickland – Director of Operations, Calderdale and Huddersfield NHS Foundation Trust provided an update on diagnostic waiting time and provided information on the management of waiting lists and plans to reduce and catch up with delays in planned surgery with a particular focus on numbers of people waiting 52 weeks or longer, along with a review of cancelled elective/planned procedures.

The Panel received information on new developments and initiatives the trust was taking to reduce backlogs, such as community diagnostic hubs that were being introduced.

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

- The community diagnostic hub was based in Wakefield, with a hub opening in Huddersfield based at the university campus,
- The consultant workforce gaps in Mid Yorkshire NHS Teaching Trust were not only for Mid Yorkshire NHS Teaching Trust, but there was also a lack of consultants across the National Health Service nationally,
- The lack of consultants available was due to the medical profession not training for specialist areas, along with some consultants moving abroad,
- Mid Yorkshire, Calderdale and Huddersfield, Leeds, Bradford, Harrogate and Airedale trusts met weekly, part of their discussion was impact on capacity and long waits, all trusts helped each other out to reduce pressures,

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- There was a concern regarding Ears Nose and Throat, with capacity of appointments not being available, a recruitment process had taken place to reduce backlogs,
- There were no concerns with staffing at the Community Diagnostic Centre's.

RESOLVED-

- 1) That the presentation be noted,
- 2) That health representatives be thanked for their attendance.

9 Work Programme 2024/25

A discussion took place on the 2024/25 work programme and agenda plan.