

27Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 27th November 2024

Present: Councillor Jo Lawson (Chair)
Councillor Timothy Bamford
Councillor Alison Munro
Councillor Eric Firth
Councillor Jane Rylah

Co-optees Kim Taylor

In attendance: Cath Simms, Service Director, Adults Social Care Operation
Richard Cumbers, Head of Service, Adults Social Care Operations
Vicky Dutchburn, Director of operational delivery and performance, Kirklees ICB
Gary Boothby, Director of Finance, Calderdale and Huddersfield NHS Foundation Trust
Councillor Beverly Addy, Cabinet Member for Health and Adults Social Care

Observers: Councillor Elizabeth Smaje
Stacey Appleyard, Kirklees Healthwatch

Apologies: Helen Clay (Co-Optee)

1 Membership of the Panel

Apologies were received from Helen Clay, Co-optee.

2 Minutes of previous meeting

RESOLVED-

That the minutes of the meeting dated 9th October 2024 be approved as a correct record with the following amendment - That Councillor Jane Rylah be recorded as an observer and not a member of the panel at this meeting.

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.

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5 Deputations/Petitions

No deputations or petitions were received.

6 Public Question Time

No public questions were received.

7 NHS 10 Year Plan

The Panel received a presentation on the NHS's 10-year plan.

Cath Simms, Service Director of Adults Social Care Operations explained that the 10-year health plan was part of the governments mission to build a health service fit for the future following Lord Darzi's independent review of the NHS in England, published on 12th September 2024. The government was now working to develop a plan to tackle the challenges, co-developing with the public, staff and patients through a detailed engagement exercise.

Ms Simms advised that there were 3 'shifts' that related to big changes to the way health and care services worked, with parties agreeing that necessary improvements to health and care services in England were:

- Moving more care from hospital to communities,
- Making better use of technology in health and care,
- Focusing on preventing sickness, not just treating it.

A consultation to hear organisations views was currently ongoing, with questions aimed at both the public and health and care sector workers, to ensure views and experiences could be shared with organisational responses, which was to be submitted by 5pm on Monday 2nd December 2024.

During discussion of this item, the Panel noted that in regards of technology in health and care, that within Kirklees footprint there would be a community diagnostic hub on the university campus from 2025, where MRI and CT scans would take place along with other diagnostics.

RESOLVED-

- 1) That the NHS 10-year plan be noted
- 2) That officers be thanked for their presentation.

8 Health System Financial Overview

The Panel received a presentation on Health System Financial Overview where financial performance management focused on Kirklees Integrated Care Board and Calderdale and Huddersfield NHS Foundation Trust. Health and Care Partnership included all partners along with Locala, Hospices and Local Authorities.

Gary Boothby, Director of Finance, Calderdale and Huddersfield NHS Foundation Trust explained that partners had planned an overspend of £6.75 million. To deliver the overspend it was assumed that partners were able to deliver savings of £125.6 million. At month 7, there was an adverse variance of £12.36 million, with drivers being pressures on health care budgets, pay award pressures, slippage of efficiency programmes and non-elective activity pressures. Kirklees Integrated Care Board and Calderdale and Huddersfield NHS Foundation Trust were forecasting that they

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would meet their plans, with Mid Yorkshire NHS Teaching Trust flagging that their plans would not be deliverable up to a total of £15 million for this year. Risks to delivering the agreed plans for the Integrated Care Board and Calderdale and Huddersfield NHS Foundation Trust were significant volatility on drugs and prescribing, Independent Sector activity, pay banding for staff and winter challenges. The Panel noted that at Calderdale and Huddersfield NHS Foundation Trust all available beds were currently in use, which was not planned. Year to date figures showed that there was an extra 7% of attendances at the Accident & Emergency department and a 14% increase on non-elective activity.

Mr Boothby advised that Calderdale and Huddersfield NHS Foundation Trust planned to spend £58.3 million on capital and were not planning on borrowing any further cash.

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

- Calderdale and Huddersfield NHS Foundation Trust were not in a position to resolve the adverse variant, however, they were working with national teams regarding the challenges and were doing everything within their control.
- The number of patients attending Accident & Emergency was due to increased acuities than previously,
- All organisations had tight vacancy controls, with each organisation implementing quality impact assessment to ensure there was no adverse clinical impact,
- Bed occupancy was a challenge nationwide,
- Hospitals were not responsible for community pharmacists,
- Community pharmacists could prescribe for 5 diagnostics, which was first level antibiotics only,
- Pharmacies within GP practices tended to do better than community pharmacies. Small independent pharmacies struggled with wider prescribing, due to the cost of some drugs,
- The lack of availability of some drugs was due to the lack of manufacturing availability and importing due to Brexit,
- There was capital investment for a pharmacy manufacturing site at Acre Mills, Huddersfield to help with the availability of some drugs,
- For governance of monitoring performance, Mid Yorkshire hospitals NHS Trust's performance was monitoring through Wakefield's Integrated Care board. It was noted that for Calderdale and Huddersfield NHS Foundation Trust the Integrated Care Board lead was Kirklees, South West Yorkshire NSH Foundation Trust's Integrated Care Board lead was Calderdale and Mid Yorkshire hospitals NHS Trust's Integrated Care Board lead was Wakefield. All leads then reported to the West Yorkshire Integrated Care Board. All partners were part of the Health and Care Board.
- The pay award for band 2 to band 3 pay progression was in specific areas. This was a national challenge, with a lack of clarity around how far back the pay award should go. Calderdale and Huddersfield NHS Foundation Trust was currently in discussion with trade unions regarding this.

RESOLVED-

- 1) That the Health System Financial Overview report be noted
- 2) That officers be thanked for their presentation.

9 Supporting Hospital Discharge

The Panel received a presentation to provide information and assurance on how Adult Social Care were supporting hospital discharges.

Richard Cumbers, Head of Service, Adults Social Care Operations advised the Panel that supporting hospital discharges for resident of Kirklees was a key priority for Adults and Social Care at Kirklees Council. Across Kirklees the council had two hospital discharges teams, one base at Huddersfield Royal Infirmary and the other based at Dewsbury District Hospital. The team at Dewsbury District Hospital supported discharges from Wakefield Pinderfields Hospital and the Huddersfield Royal Infirmary team supported discharges from Calderdale Royal Hospital. To support discharges, a multiagency approach was undertaken via the daily integrated transfer of care huddles which included social workers, therapists and providers supporting a Home First model of care.

The Panel noted that a total of 18,689 hospital discharges had been achieved in Kirklees across Mid Yorkshire NHS Teaching Trust and Calderdale and Huddersfield NHS Foundation Trust since 1st January 2024 to 30 September 2024, across discharge pathways 0-3.

Mr Cumbers explained that:

- Pathway 1-Home First Reablement was a free of charge care package for up to 6 weeks in people's home. A social care assessment would then take place after 4 weeks if required.
- Pathway 2 – Intermediate care services provided support up to 6 weeks in a community Intermediate care bed setting or persons' own home. The time frame from referral to placement from hospital to Ings grove in Mirfield was 48,
- For Kirklees Integrated Community Equipment Services, the number of pieces of equipment ordered was delivered within the correct timeframe.

Cath Simms, Service Director, advised that acute trusts operate an Opel level with Calderdale and Huddersfield NHS Foundation Trust currently being in Opel 4. This was where the trust could describe when there were pressures, and Kirklees Council could respond appropriately. The response from the council was to work towards getting a speedy discharge where possible. When the Opel level dis get to a level where additional support was required, Kirklees Councils plans were put in place with additional support from other teams.

The Panel noted that the number of people who shouldn't be residing was at a similar level to last months figures and even similar figures in the summer months and asked if there were any plans to reduce the figures. Cath Simms responded to explain that the pathway redesign, and work undertaken across partners was the ambition to reduce this.

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The current Opel 4 situation arose due to an outbreak on some wards, which meant no one could be discharged from those wards, this wasn't a system error, it was about being prepared once the outbreak was finished.

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

- The trust assessors were based in hospitals, they did work on behalf of care homes, sharing information across multiple homes,
- Residents discharged onto pathway 1, if it was felt support was needed long term, the assessment would be carried out whilst the reablement was undertaken with support starting immediately on discharge,
- The reason for the 'No need to reside' figures in the summertime that was 17-18% was various reasons with an example of no reason to reside being at the point deemed medically fit for discharge. This could change prior to discharge for several reasons,
- The number of discharges across trusts was average compared with national statistics,
- GP's were notified of patients who had been discharged from hospital, providing reasons for admission and any follow up's required,
- Long term package targets for pathway 3 was to turnaround the package within 5 days,
- Feedback from Healthwatch Kirklees advised that for the past 3-6 months they had worked with discharge teams and made recommendations to the aging well board and discharge working groups. Healthwatch confirmed that they had noted improvements from their recommendations
- Support for carers on pathway 0 was a support service, where carers could go for advice.

RESOLVED:

- 1) That the supporting hospital discharge presentation be noted,
- 2) That information be provided to the Panel on the percentage of patients who had been discharged on pathway 0-1 who were then re-admitted
- 3) That an update be provided to the Lead Member for Health and Adults Social Care when Opel 4 is in place for a consistent length of time
- 4) That officers be thanked for their presentation.

10 Work Programme 2024/25

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