

Contact Officer: Richard Dunne

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Tuesday 16th January 2018**

Present: Councillor Elizabeth Smaje (Chair)  
Councillor Fazila Loonat  
Councillor Sheikh Ullah  
Councillor Habiban Zaman

Co-optees David Rigby  
Peter Bradshaw  
Sharron Taylor

Apologies: Councillor Richard Eastwood  
Councillor Richard Smith

**1 Minutes of previous meeting**

That the minutes of the meeting held on 12 December 2017 be approved as a correct record.

**2 Interests**

Co-Optee David Rigby declared an interest in item 6 (Winter Pressures in Kirklees) on the grounds of being a member of Locala.

Councillor Fazila Loonat declared an interest in item 6 (Wheelchair Services in Kirklees) on the grounds that members of her family were users of the Wheelchair Services.

**3 Admission of the public**

That all items be considered in public session.

**4 Update on the financial positions of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospitals NHS Trust and Calderdale & Huddersfield NHS Foundation Trust.**

The Panel welcomed Ian Currell Chief Finance Officer Greater Huddersfield CCG and Interim Chief Finance Officer for North Kirklees CCG, Martin Barkley Chief Executive Mid Yorkshire Hospitals NHS Trust (MYHT), Pat Keane Deputy Chief Operating Officer Wakefield CCG and North Kirklees CCG, Kirsty Archer Deputy Director of Finance and Procurement Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Amanda Evans Kirklees Council Service Director for Adult Social Care Operations.

Mr Currell provided an overview of the financial positions of Greater Huddersfield CCG, North Kirklees CCG, MYHT and CHFT which included details of the savings plans and forecasts and actions that were being taken to recover the financial position.

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Mr Keane informed the Panel of the work that was being done as part of the Mid Yorkshire Hospitals NHS Trust Acute Footprint System Recovery Plan and explained the importance of the co-dependencies that existed between North Kirklees and Wakefield CCGs and MYHT.

Mr Keane stated that the quality and delivery of standards was also very important and explained that the planning and delivery process included a clear focus on quality of performance as well as financial recovery.

Mr Barkley informed the Panel that MYHT was around £5m worse off than last year and was primarily due to the difficulty in identifying reductions in the cost base that wouldn't have a negative impact on patient safety and the increase in expenditure on agency staff.

Mr Barkley stated that the cost of each medical shift had increased and explained that although in the last 3 months MYHT had been booking less shifts the increase in cost meant that the Trust was still incurring an overall increase in expenditure.

Mr Barkley provided an explanation of the Trust's recurring deficit and the impact of the excess costs of the Trust's PFI contracts.

A question and answer session followed and covered a number of issues that included:

- A panel concern that the financial positions of all of the organisations appeared to be unsustainable and the difficulty in seeing where the additional savings could be achieved.
- An explanation of the national funding formula.
- The CCGs focus on reducing or holding costs by developing support for people outside of the hospital setting through the transformation of services.
- The challenges facing the NHS from inflationary and population demands.
- Clarification that the health system in Kirklees was not receiving significant levels of new monies to help fund transformation.
- An explanation on how the key areas identified to close the financial gap across the CHFT footprint would achieve its objective.
- Clarification on how community services were commissioned and delivered across the district.
- A detailed explanation of ways that demand could be reduced.

Ms Evans provided an overview of the financial position of Kirklees Council's Adult Social Care Services that included an explanation of additional pressures from demographic growth and price uplifts in domiciliary care.

In response to a question on how the system would manage to balance the books with the increase in demands particularly with the increasing number of people with complex needs Mr Currell explained how the national system would continue to provide financial support.

Mr Currell informed the Panel of the process that NHS organisations were required to follow to get back into balance and explained that the regulators would want to see schemes that demonstrated how this would be achieved.

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In response to a question on how the reliance on agency could be reduced Mr Barkley explained the pressures in recruiting sufficient numbers of nurses and junior medical staff.

In response to a question Mr Barkley provided a detailed explanation on the recovery control process for discretionary spend at MYHT.

Mr Currell outlined details of the work that the CCGs were doing to reduce discretionary spend in the current financial year that included a focus on filling vacant staff posts.

In a response to a question on the financial positions of GPs and community service providers like Locala Mr Currell explained that a number of organisations could have attended scrutiny to present their financial positions and stated that areas of the NHS like GPs faced very similar pressures.

In response to a question on how the overall provision of service in Kirklees was being managed while all of the different recovery plans were taking place Mr Currell explained that the recent focus on the integration of health and social care across Kirklees would help manage the process more effectively.

In response to a question on whether the two acute trusts in Kirklees were working together Ms Archer informed the Panel of the work that was being carried out through the West Yorkshire Association of Acute Trusts.

### **RESOLVED –**

- (1) That attendees be thanked for attending the meeting.
- (2) That the updates on the financial positions of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospitals NHS Trust, Calderdale and Huddersfield NHS Foundation Trust and Kirklees Council Adult Social Care Services be noted.

### **5 Wheelchair Services in Kirklees**

The Panel welcome Rory Deighton Healthwatch Kirklees, Karen Huntley Healthwatch Calderdale, Martin Pursey Greater Huddersfield CCG and Calderdale CCG and Vicky Dutchburn Greater Huddersfield CCG to the meeting.

Mr Deighton presented the Panel with an overview of the work that had been undertaken by Healthwatch to capture the experiences of users of the wheelchair services provided by Opcare in Kirklees.

Mr Deighton highlighted the Healthwatch perspective that the sustained and detailed stories that it had heard in the last 15 months had demonstrated that wheelchair service in Kirklees were not good enough.

Mr Deighton stated that a key issue was the lack of funding in NHS services and it was difficult to criticise the CCGs when they were being asked by the regulator to make significant savings.

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Mr Pursey outlined the context and background to the commissioning of the wheelchairs service and explained the position regarding the funding of the contract.

Mr Pursey explained that throughout the duration of the contract the CCGs had sought to manage the performance of the service within the financial envelope which they acknowledged was extremely tight.

Ms Dutchburn explained that the CCGs were now looking at what they wanted to re-procure at the end of the current contract and had requested additional non-recurring funding to manage the waiting list and prevent numbers on the list increasing.

Ms Dutchburn explained that CCGs were looking at two specific areas to address the standards of the service that included looking at what needed to be done for the remainder of the current contract to reduce the length of the waiting list to a maximum of 8 weeks and reviewing and consolidating the range of equipment available.

Ms Dutchburn informed the Panel that CCGs were also looking at a sustainable new contract which would start in October 2018 and would include a review of the specification and access and waiting time standards.

A question and answer session followed and covered a number of issues that included:

- A concern regarding Opcare's poor communication record with service users.
- The work that the CCGs would be undertaking in preparation for developing the new contract specification.
- The financial challenges facing CCGs and the competing pressures in the provision of services.
- The additional financial pressures created by the current inefficiency of the wheelchair service.
- The range of options that CCGs would develop to help inform the new contract specification.
- The work being undertaken by CCGs as part of the contract monitoring process.
- An explanation of the process that was followed to check the quality of services provided by Opcare.

Cllr Whittaker from Calderdale Council outlined the key concerns of the Opcare service that included poor communication with service users. Cllr Whittaker stated that the nature of the fixed monetary contract did not provide Opcare with an incentive to deliver the best quality service.

In response to a question regarding the process users followed to contact Opcare Mr Pursey explained that the provision was locally based and staff who took calls from service users had undertaken customer service training.

In response to questions on incentivising the contract and the waiting list system Mr Pursey informed the Panel that CCGs did not feel the contract was the issue as the provider was supplying the equipment.

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Mr Pursey explained the CCGs did feel that there was a question on whether the existing specification for the equipment was still suitable. Mr Pursey provide an explanation of the waiting list system and explained that it was people with more complex needs that tended to wait the longest.

Mr Deighton informed the Panel that consideration should also be given to the unintended consequences on the wider health and social system as a result of the length of wait for wheelchairs and poor fitting equipment.

Mr Deighton stated that Opcare was not a CQC regulated organisation which meant that Healthwatch had been unable to escalate the problems that related to the poor quality of the service being provided to service users.

In response to a question on how the CCGs would manage the service during the remaining period of the contract Mr Pursey stated that CCGs would be meeting with Opcare to discuss the themes that had emerged from the engagement work.

In response to a question on whether the next contract would be based on a fixed monetary value Mr Pursey stated that the CCGs would look at a different contract structure to include an incentive based element.

### **RESOLVED –**

- (1) That attendees be thanked for attending the meeting.
- (2) That the Panel's Supporting Officer be authorised to liaise with attendees to address the agreed actions.

## **6 Winter Pressures in Kirklees**

Ms Evans provided an overview of the impact winter pressures was having on adult social care services which included an explanation of the winter plan and the review of operational escalation levels.

Ms Evans outlined the work that was being done by the social work teams based in the hospitals which included a focus on keeping on top of the increased demand.

Ms Evans informed the Panel that residential placements were broadly available although one problem area was the availability of nursing placements particularly in dementia care.

Ms Evans outlined the ongoing pressure of availability of domiciliary care in the community and although there had been some improvement in capacity following the start of the new contracts it had been noted that reablement were delivering 440 hours of domiciliary care.

Ms Evans stated that the service was over performing on delayed transfers of care although the service was mindful of the pressures in the system that resulted from any delays that occurred.

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Ms Evans outlined some of the initiatives that were being developed to aid discharge and highlighted the importance of the whole health and social care system working together.

Mr Barkley informed the Panel of the significant operational pressures that had resulted from the increased demand and explained that the numbers of admissions had gone up by 8% against an expected increase of between 2-3%.

Mr Barkley outlined the difficulties that had resulted from the increase in admissions which included the need to use surgical and escalation beds at both Dewsbury and Pinderfields hospitals.

Mr Barkley informed the Panel that the delays in moving people out of A&E and into a bed had led to significant overcrowding at Pinderfields Emergency Department.

Mr Barkley outlined the impact that the overcrowding had on both staff and patients in terms of the working environment and the ability of staff to provide the quality of care they would wish to deliver.

Mr Barkley stated that despite the pressures the Trust had been experiencing the number of 4 hour breaches week on week was less than the same time last year.

Mr Barkley outlined in detail the activity levels at Dewsbury and Pinderfields hospitals which included the approach to dealing with patients who had flu and the impact from an outbreak of norovirus.

Ms Barker informed the Panel of the position of Calderdale and Huddersfield NHS Foundation Trust going into the new year and outlined the number of people who attended A&E on New Year's day and experienced a waiting time in excess of 4 hours

Ms Barker provided a detailed explanation of the approach that the Trust had taken to dealing with the higher than anticipated numbers of admissions.

Ms Barker outlined the actions that the Trust had taken to deal with the additional demand that included closing down the day case capacity; and reducing outpatient capacity;

Ms Barker explained that the Trust had been working closely with partners across the health and social care system which included a focus on providing additional capacity in the community.

Ms Barkers informed the Panel that the Trust was working with partners to move towards a more proactive discharge to assess model to ensure there was sufficient capacity to deal with acutely unwell patients.

A question and answer session followed and covered a number of issues that included:

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- The increase in the numbers of acutely unwell patients being seen at A&E which was largely driven by the higher numbers of elderly patients being referred and admitted to hospital.
- The increase in GP provision during the Christmas period.
- The work that being done to help reduce the numbers of readmissions to hospital.
- The approach being taken by CHFT to proactively manage the cancellations of elective day case operations.
- An explanation of the additional winter pressures funding from government.
- Concern that the high level of demand could continue until post Easter.
- The process that the CCGs followed to communicate the additional capacity in primary care.
- Clarification that the additional GP hubs were only available to the public through a referral from NHS 111 or Local Care Direct.
- An update on ambulance handover times at MYHT and CHFT

**RESOLVED** – That attendees be thanked for attending the meeting and providing the verbal update on the current impact of winter pressures on the health and social care system in Kirklees.

### **7 Update on Tuberculosis (TB) in Kirklees**

**RESOLVED** – That the update report on TB in Kirklees be received and noted.

### **8 Work Programme 2017/18**

**RESOLVED** – That progress on the work programme for 2017/18 be noted.

### **9 Date of the Next Meeting**

**RESOLVED** – That the date of the next meeting be confirmed as 13 February 2018