

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 10th April 2018

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

Co-optees David Rigby
Peter Bradshaw

In attendance: Helyn Aris – Care Quality Commission (CQC)
Simon Baker – Kirklees Council
Saf Bhuta – Kirklees Council
Amanda Evans – Kirklees Council
Jenny Jones - CQC
David Ross – CQC
Jonathan Weeks - CQC

Apologies: Councillor Richard Eastwood
Councillor Richard Smith
Sharron Taylor (Co-Optee)

1 Interests

No Interests were declared.

2 Admission of the public

That all items be considered in public session.

3 Review of 2017/18 Work Programme

Cllr Smaje informed the Panel that following the discussions at the last panel meeting on the Adults Care Offer Consultation the concerns of the Panel had been looked at by officers from the service.

Cllr Smaje stated that the revised consultation materials that reflected the Panel's comments had been circulated to the Panel and confirmed that the consultation had now commenced.

The Panel undertook a review of its activity and progress during 2017/18 to identify areas of work that had been completed, agree items to be carried forward to 2018/19, identify items that would need to be monitored and to put forward new potential areas for scrutiny.

The Panel agreed to carry forward a number of items from the 2017/18 work programme that included:

- A continued focus on the financial position of the health and adult care social care system in Kirklees.

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- The Kirklees Sustainability and Transformation Plan (Kirklees Health and Wellbeing Plan) to include any emerging issues that related to the measures proposed within the Health Optimisation Programme that was withdrawn by the CCGs.
- The Integration of Health and Social Care to include the robustness of adult social care and the Better Care Fund.
- CQC inspections to include details of the provider's action plan and outcomes.
- All Age Disability and the new Adult Pathways that were being developed to be included as a Lead Member monitoring item.
- The Healthy Child Programme to be included as a Lead Member monitoring item.
- The Integrated Wellness Model.
- The CQC annual review looking at the state of care in Kirklees.
- Suicide Prevention.
- Podiatry Services.
- Mental Health Services.
- Care Closer to Home to include its effectiveness in helping acute hospitals to cope with the additional winter demands.
- Interim Changes to hospital services at Calderdale and Huddersfield NHS Foundation Trust.
- Care Act and Deprivation of Liberty Safeguards to remain as a Lead Member monitoring item.

The Panel considered the monitoring items for 2017/18 and agreed that the work on Tuberculosis in Kirklees was complete and that further work on the review that had been undertaken on mental health assessments was required on dual diagnosis.

Cllr Smaje highlighted the new issue wheelchair services that the Panel had looked at and confirmed that this work would also be carried forward to 2018/19 and would include a further meeting with the provider Opcare.

Cllr Smaje informed the Panel of the item Carers in Kirklees that had been included in the 2017/18 work programme and confirmed that work would continue in scoping out the key areas of focus prior to having discussions on how to take this issue forward.

To help provide a simple overview of the range of issues that would be covered by the Panel a request was made to the supporting officer to investigate the feasibility of producing a one page flow chart.

The Panel agreed to give consideration to including diabetes in the 2018/19 work programme.

RESOLVED – That following the review of the Work Programme those issues highlighted as ongoing work be carried forward for inclusion in the 2018/19 Work Programme.

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Care Quality Commission

The Panel welcomed Helyn Aris, David Ross, Jonathan Weeks and Jenny Jones from CQC and Amanda Evans, Saf Bhuta and Simon Baker from Kirklees Council to the meeting.

Ms Aris outlined the context for adult social care as detailed in the CQC State of Care report 2015/16. The Panel heard that following the Francis inquiry CQC had changed its methodology for inspections which now included key lines of enquires and a system of ratings.

Ms Aris explained that the new approach to holding providers to account was now more rigorous and thorough. This approach together with the rise in the number of elderly people with more complex needs had increased the pressures on providers of adult social care.

Ms Aris informed the Panel that another key area of pressure was nursing provision and stated that nationally there had been a 4 percent reduction in the number of nursing and residential homes.

Ms Aris stated that community services had increased 5 percent nationally and Kirklees was following that trend. The Panel heard that the increase was driven by the desire of people preferring to stay at home for longer.

Ms Aris outlined in detail the strategy called Quality Matters and explained that this was an important marker for understanding what quality meant for everyone who was involved in the provision of adult social care.

Ms Aris outlined CQC's four priorities to achieve its strategic ambition and explained in detail the processes that it followed to encourage improvement innovation and sustainability in care.

Ms Aris informed the Panel of CQC's intelligence driven approach to regulation; the approach it took to promoting a single shared view of quality; and the work that was being done to improve the efficiency and effectiveness of CQC.

Ms Aris stated that CQC's drive to reduce costs included a reduction in the number of inspections with a greater focus on targeting risk and explained that providers that were rated good or outstanding would have their next inspection moved from 24 months to 30 months.

Ms Aris explained in detail the changes to CQC's approach which included additional Key Lines of Enquiries; the additional power of prosecution under regulation 12; the move to hub working which provided the opportunity to deploy inspectors from across the region to help support other teams and target risk; and the process that was followed in following up inspections of services rated as requires improvement.

Ms Aris presented the ratings for 2016 which showed that Kirklees had poorer overall ratings when compared to the national picture. This was followed by an overview of the 2018 ratings which showed some improvement for Kirklees.

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Ms Aris presented the ratings and enforcement action in the West Yorkshire footprint which detailed the number of active locations and the regulatory responses across each local authority.

Ms Aris informed the Panel of the Key themes of concern that included lack of staff; changes and lack of a Registered Manager; lack of meaningful activities; and a poor record of quality oversight.

Ms Aris informed the Panel of the improvements that had been noted by CQC that included a better understanding of the Mental Capacity Act; that the majority of services were improving from the inadequate rating; and the introduction of more dignity champions.

Mr Ross informed the Panel of the types of inspections that had been carried out for primary medical services in Kirklees and presented a summary of the current overall ratings across Kirklees.

Mr Ross highlighted the headline findings from the State of Care Report for primary medical services and explained that the review of GP's practices had shown that quality was generally good.

Mr Ross informed the Panel that as with other health and social care services the rise in demand for GP services was not matched by the required growth in the workforce.

Mr Ross outlined details of the work that would be undertaken to implement changes in how CQC regulated primary medical services which included an overview of the timescales for each area of change.

Mr Weeks presented an overview of the dental inspection process and explained that the directorate only inspected 10% of locations each year because dental practices had been identified as lower risk than other directorates.

Mr Weeks explained that the reports for dental practices were not rated in the same manner as other directorates because the lower levels of inspections meant that the definition of a good practise or one that required improvement was less clear.

Mr Weeks stated that the dental inspections focussed on risk which was informed by customer complaints, whistleblowers and information from other organisations like the General Dental Council.

Mr Weeks explained that there were currently 66 active providers in Kirklees that included NHS, private and orthodontic practices. The Panel heard that on the whole practices that had been inspected were good and Kirklees followed the national standard of approximately 10% of practices being in breach of legal requirement.

Mr Weeks outlined the common issues found from inspections that included poor leadership, staff not keeping up to date with their training requirements and a poor assessment of risk.

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Mr Weeks informed the Panel of the positive aspects from the inspections which included providers being responsive to feedback; caring and friendly staff; good infection control procedures; and good access of appointments for registered patients.

Ms Jones presented details of the national picture from the 2016-17 State of the Care report for mental health services which showed a much improved picture compared to the previous year.

Ms Jones informed the Panel that South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) was currently rated good overall with 8 of the 10 core services rated as good and 2 rated as requires improvement.

Ms Jones stated that SWYPFT was currently undergoing an inspection and the report with new ratings was expected to be available in the next couple of months.

Ms Jones outlined the national picture for independent mental health services and stated that this sector also showed an improved picture compared to the previous year.

Ms Jones informed the Panel that the most recent inspection of Priory Hospital Dewsbury in July 2017 had been rated as good overall and was outstanding in the caring domain.

Ms Jones outlined the key themes that had been identified in mental health services from inspections during 2016 -17 that included too many patients in long stay rehabilitation services were out of area; some services still had mixed sex accommodation; and there was a mixed picture in relation to physical health for people with a mental health condition or a learning disability.

Ms Jones explained that the directorate also inspected substance misuse services and there were 4 registered Lifeline substance misuse locations across Kirklees.

The Panel heard that a re-inspection of these services in May 2017 had addressed the concerns regarding governance and training identified in an earlier inspection in 2016.

Ms Jones informed the Panel that the substance misuse services were now provided by Change Grow Live and no inspections of the new provider had yet been carried out.

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

- An explanation of the implications of the tipping point and pressures facing adult social care.
- The increase in the numbers of enquiries and information being sent to CQC.
- The work that was being done to redefine the relationships between providers, commissioners and the CQC to help manage the rise in demand.
- An explanation of the role of the Care Homes Early Support and Prevention Group and the work that was being in adult social care on prevention and early intervention.

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- An overview of the Quality Matters initiative.
- An explanation of the focus on clinical audit in primary care as part of the inspection process.
- The approach taken by CQC to engage with other services that work closely with GP practices.
- An explanation of CQC's approach to inspecting providers that work in partnership with other organisations.
- A question on whether CQC took account of scrutiny reports to help inform planned inspections.
- Issues of accessibility to NHS dentists and the work being done by Healthwatch Kirklees on patient recall as a way of increasing capacity for dental practices.
- A query on how the quality and safety of services being delivered by dental practices could be assured when the number of inspections being carried out by CQC were low.

RESOLVED –

- (1) That attendees be thanked for attending the meeting.
- (2) That the Panel's Supporting Officer be authorised to liaise with attendees to follow up the agreed actions to include seeking clarification from CQC:
 - i. On whether it takes account of the work of scrutiny when undertaking its inspections in particular the recent scrutiny review of mental health assessments.
 - ii. On whether there are people with learning disabilities staying long term in hospitals within Kirklees and if there are any Mental Health Services in Kirklees that still have mixed sex accommodation.