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## **KIRKLEES COUNCIL**

### **HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL**

**Tuesday 9th October 2018**

Present: Councillor Elizabeth Smaje (Chair)  
Councillor Nell Griffiths  
Councillor Fazila Loonat  
Councillor Alison Munro  
Councillor Habiban Zaman

Co-optees David Rigby  
Peter Bradshaw  
Lynne Keady

**1 Minutes of previous meeting**

That the minutes of the meeting held on 14 August 2018 be approved.

**2 Interests**

Co-optee David Rigby declared an interest in item 4 (Winter Pressures) on the grounds of being an ordinary member of Locala.

**3 Admission of the public**

That all items be taken in public session.

**4 Winter Pressures**

The Panel welcomed representatives from organisations across the Kirklees Health and Adult Social Care system.

Ms Severns informed the Panel that the report on winter pressures was focused on Kirklees the place and described how the Kirklees system was doing in response to the pressures.

Ms Severns stated that although there were pressures during the winter period the system was also facing pressures throughout the year. Ms Severns explained that they had already experienced a number of surges in demand during summer as a result of the hot weather.

Mr Longworth presented the findings of the review of Winter 2017/18 and the proposed actions that had been presented to the Kirklees Health and Wellbeing Board in September 2018.

Mr Longworth explained that the approach to the review had been based on the model that was being used by the Care Quality Commission (CQC) in their Local System Reviews.

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Mr Longworth informed the Panel that performance against 2 key metrics, delayed transfers of care and A&E waiting times, showed that the local system was doing well when compared with the national picture.

Mr Longworth stated that the lessons learnt from last winter had been widely shared and following conversation with all partners a list of proposed actions had been agreed.

Mr Longworth explained that a number of major changes to how services were delivered were being developed but due to the complexity and level of work involved they wouldn't be implemented until 2019.

Ms Graham provided an overview of the work of the Calderdale and Huddersfield A&E Delivery Board and explained that following the review of last winter it was clear that the Calderdale and Huddersfield system would need to focus on home care and care home capacity.

Ms Graham stated that they had focused a lot of the Improved Better Care Funding on the home care and care home market and this had helped to significantly improve capacity.

Ms Graham informed the Panel that they had undertaken a live desk top exercise to test the winter plan which had provided additional learning points.

Mr Singleton provided an overview of the work of the Mid Yorkshire A&E Improvement Group and explained that the Group had identified a number of work streams based on the review of last winter.

Mr Singleton explained that the work of the Group was an all year round programme in recognition of the pressures that the system now faced throughout the year.

Mr Singleton stated that the Group was finalising the winter plans and explained that the planning was continuous and referenced a recent announcement from government on funds being made available for social care to help manage winter pressures.

Ms Forster outlined the work that was being done by Locala and explained that their work reflected the planning being done by the two A&E Delivery Boards so Locala could align their plans to ensure there was consistency in approach across the Kirklees system.

Ms Forster explained that Locala did require a level of flexibility in how they delivered their services which would from time to time mean that there would be a difference in approach in some areas.

Ms Forster stated that Locala had made good progress in integrating their work with Adult Social Care and that they had focused on avoiding duplicating work carried out by Adult Social Care in order to maximise capacity in the system.

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Ms Forster outlined in detail the range of services that Locala delivered and explained a key challenge in community delivery was managing and balancing both hospital discharge and hospital avoidance.

Mr Forster informed the Panel of the work that was carried out in reablement and intermediate care and outlined the range of community services provided by Locala.

Mr MacDonald outlined the work that Adult Social Care had been doing with partners and explained that the service had already starting preparing for the winter period.

Mr MacDonald stated that the service had started implementing the new domiciliary care contract and there had been a focus on ensuring that the waiting lists were being reduced.

Mr MacDonald outlined some of the initiatives that were being implemented in care homes which included the bed state tool and the red bag system.

Mr MacDonald explained the work that Adult Social care was doing with Locala on intermediate care which included a focus on ensuring that people who were discharged from hospital and required rehabilitation were being provided with adequate support.

Mr MacDonald informed the Panel of a new service called reablement plus that would focus on the person's requirements in order to develop a unique service that would meet the needs of the person for the first 48 to 72 hours of care.

Mr Macdonald outlined details of a new service that would commence from November called choice and recovery beds that would help reduce blockages in hospital by providing short term nursing beds for people discharged from hospital while families made arrangements for longer term provision.

Mr MacDonald explained the work that was being done by care navigators based in the hospitals to help support people and help plan their pathways of care.

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

- A request from the Panel that future reports focused on the lessons learned from the review of the last winter period to include any new planned initiatives.
- A question on whether more could be done by the health and adult social system to ensure the voice of the patient wasn't lost.
- The discussions that had taken place with Healthwatch to look at ways of capturing the voice of the patient.
- The plan to focus the next winter pressures review on the practical aspects of the lessons learned.
- A question on the table of proposed actions which included a query on dates that the actions would be implemented.
- An explanation of the proposed actions and the categories outlined in the table.

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- A comment that the patients voice was absent from the actions outlined in the winter plan's next steps.
- An explanation of the surgeon escalation plan.
- Details of NHSE's involvement in monitoring winter pressures and the local plans.
- A question on staff shortages, preventing admissions, managing elective demand and reducing length of stay in hospital.
- An explanation of the memorandum of understanding between partners to offer mutual aid in times of high pressure.
- The guidance issued by the Department of Health on flu immunisation for staff.
- The work that was being done on implementing the wider flu immunisation programme.
- An overview of the priority work at Mid Yorkshire Hospitals Trust during the winter period.
- The protective elective work that was carried out at Pontefract and Dewsbury hospitals.
- An explanation of how Mid Yorkshire Hospitals Trust approached the redeployment of clinicians during the winter period.
- The work that was being done by Adult Social Care to help reduce the length of stay in hospital.
- The review being undertaken by Adult Social Care and Locala on intermediate care.
- The work being done by the CCGs in supporting GPs to implement the flu immunisation programme.
- Details of the national guidance issued to GPs on the flu immunisation programme.
- The work being done by Locala to promote flu immunisation.
- Details of the work being done by Community Plus on highlighting to local community groups and identified cohorts of people the importance of preventive measures in key areas of health.
- The work being done by Public Health and the Primary Care Networks in looking at the support and response required for whole cohorts of local population.
- The challenges facing the system in having sufficient capacity in nursing homes and care for people with dementia.
- The national issue of funding for adult social care.
- Details of the work that was taking place across Kirklees on expanding the care home support team.
- The work that was being done to develop a much wider range of specialist accommodation to provide a broader range of support options for people.
- A question regarding GP accountability in administering the flu immunisation programme including the approach to immunising people who were housebound.
- An overview of the GP plans for administering the flu jabs including the timescales for seeing people who were housebound.
- An explanation of the approach taken to monitoring the GP flu immunisation plans.
- The support provided to GPs by CCGs to help with their flu vaccination programmes.

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- A panel request to have increased representation from South West Yorkshire partnership NHS Foundation Trust on the A&E Delivery Board working winter group.
- An explanation of the table that outlined the high impact changes that could help local health and care systems reduce delayed transfers of care.
- The challenges in providing a fully integrated response due to the complexity of the acute footprints in Kirklees.
- A question on the potential impact of the Brexit negotiations on NHS staff and the supply of medications.
- Details of the technical guidance issued by government on how the NHS should prepare for a no deal Brexit.
- A question on Locala's ability to cope with a reduced number of inpatient beds in Huddersfield and what data was available that demonstrated how successful Locala was in keeping people out of hospital.
- An explanation of the performance indicators in Locala's Care Closer to Home contract and the challenges evidencing how you have prevented a person being admitted to hospital.
- The work being carried out on developing a set of key performance indicators for the whole system across Kirklees.
- Clarification from Calderdale and Huddersfield NHS Foundation Trust that based on lessons learned from last year they wouldn't be closing the Huddersfield Birthing Centre during the coming winter period.
- A panel request to receive regular winter pressures updates.
- Confirmation that it was the responsibility of GP practices to visit the housebound to administer the flu jabs.
- An overview of the approach to promoting the flu vaccination programme.

### **RESOLVED –**

1. That attendees representing the Kirklees Health and Adult Social Care system be thanked for attending the meeting.
2. That the Panel is provided with a regular winter pressures update that outlines activity, performance and measures being taken by the Kirklees health and social care system to cope with the additional demand.
3. The Panel recommend that an integrated Kirklees winter plan is developed for future years to include:
  - a. A focus on hospital avoidance (all year round).
  - b. Ensuring that the plan reflects the voice and experiences of the patient.
  - c. Taking account of the lessons learned.
4. That the Panel receive details of the dates when the proposed actions, developed in response to lessons learnt from last winter, will be taken.
5. The Panel recommend that steps are taken to reduce the variance in how services are being provided across Kirklees with a focus on following best practice.
6. The Panel recommend that the A&E Delivery Board working winter group includes greater representation from South West Yorkshire Partnership NHS Foundation Trust.
7. That the Panel would wish to see that work takes place to improve communication and understanding between NHS and Adult Social Care on the pressures and capacity facing each organisation.

**5 Ambulatory Care Unit Dewsbury Hospital**

Ms Davies the Chief Operating Officer for Mid Yorkshire Hospitals Trust informed the Panel of the background to the Ambulatory Emergency Care Unit in Dewsbury Hospital and explained that the service had been consolidated onto the Pinderfields Hospital site.

Ms Davies informed the Panel that the reason for the closure of the service at Dewsbury Hospital was due to workforce challenges and explained the reliance on locum consultants which had led to a high degree of unreliability in providing a safe and robust service.

Ms Davies outlined the role of the Advanced Nurse Practitioner (ANP) and explained how consolidating the service on the one site would allow the Trust to support a training programme for its cohort of trainee ANPs.

Ms Davies informed the Panel of the benefits of centralising the Ambulatory Emergency Care (AEC) Unit on the Pinderfields site that included increasing the hours of opening that would provide a more comprehensive service.

Ms Davies explained that the reason for the success of the service last winter had been due to seeing more patients as a result of longer opening hours and providing clinical supervision that offered improved hospital avoidance services.

Ms Davies stated that the Trust recognised the need to provide an equitable service for residents of Kirklees and the Trust was committed to transporting people to the Pinderfields site.

Ms Davies informed the Panel that where the Trust could increase alternative services in Dewsbury it would do so and provided details of where this had been done with the Trust's frailty service.

Ms Davies provided an overview of the launch of improved surgical pathways on the Dewsbury site which meant that patients no longer needed to be transferred to Pinderfields because the workforce was available at Dewsbury.

Ms Severns informed the Panel of the work of the Joint Acute Working Group which included North Kirklees CCG, Wakefield CCG and the Mid Yorkshire Hospitals Trust.

Ms Severns explained that the working group had already started work on an impact assessment of the AEC unit closure and the outcomes of this work would be considered by each CCG.

Ms Severns informed the Panel that there was a joint Wakefield Governing Board and North Kirklees Governing Board meeting in November which would consider the outputs of the acute hospital reconfiguration report.

Ms Severns stated that a further impact assessment of the AEC unit closure would be looked at by CCGs in January 2019 and explained that from a North Kirklees

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CCG perspective the safety of patients and quality of care were paramount and for these reasons it was likely that the CCG would support the closure.

Ms Severns explained that CCGs would take account of the impact of the closure on the wider health and adult social care system including the impact on partners in the voluntary sector.

Ms Severns stated that the CCGs would also refer to national guidance on service closures and changes in order to assess the approach to dealing with the closure.

In response to a question from the Panel on how long the Trust envisaged the unit would be closed due to safety reasons Ms Davies stated that the Trust could not provide a definite period as they would continue to attempt to recruit appropriately skilled staff for the Dewsbury unit.

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

- A question on why the Trust had considered that the AEC service had worked well last winter.
- An overview of the benefits of operating a single AEC service from the Pinderfields site which included being able to provide longer opening hours which reduced the risk of admitting people into hospital.
- A question on the Trust's strategy in providing a sole Advanced Nurse Practitioner (ANP) presence at Dewsbury District Hospital.
- An explanation of the Trust's preferred option to move to a mix of staff at the AEC unit at Dewsbury to include consultants and ANPs.
- The potential for the AEC unit at Dewsbury to provide a service with ANP staff supported by advice and guidance from A&E consultants located at Dewsbury.
- An explanation of the approach that would be taken to transferring patients from the Dewsbury site to Pinderfields that included the purchase of additional ambulance capacity and where appropriate the use of taxis.
- Confirmation that where transport had been arranged to take patients to Pinderfields that the patients would have transport provided to take them home.
- An overview of the training programmes for ANPs.
- An explanation of the pathway for referral to the AEC service.
- Details of the transport options that would be available to patients.
- The potential risk that should the Trust be unable to recruit consultants to the AEC unit at Dewsbury that it could remain closed until 2021.
- The work being done to increase the capacity of the "hot clinic" which provided same day or next day access to a consultant.
- The Trust's approach to retaining AEC ANPs by redeploying them to other service areas
- An explanation of the reasons for introducing and enhancing the frailty service in Dewsbury Hospital.
- A concern that the Trust's plan to increase outpatient appointments in Dewsbury hadn't materialised and a question on whether patients were being directed to the nearest hot clinic or the next available clinic.

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- An acknowledgement from the Trust that it needed to do more with its GP hot line by providing clinical support in the call centre that would provide the patient with a more timely appointment at the nearest facility.
- A question to the CCGs on their view that the planned reconfigurations in Mid Yorkshire Hospitals Trust and Calderdale and Huddersfield NHS Foundation Trust could result in no full A&E provision in Kirklees.
- Clarification that A&E consultant led services across Mid Yorkshire Hospitals Trust included a consultant on site until 10:00 pm unless there was a clinical requirement for them to stay.
- The plans for providing additional ambulance capacity for the winter period.
- The approach being taken by the West Yorkshire Association of Acute Trusts to sharing staff and providing additional capacity through outreach clinics.
- A question on whether the Trust was able to bring in qualified ANPs from other Trusts.
- Details of the scarcity of ANPs across West Yorkshire and the work being done by Mid Yorkshire Hospitals Trust and Barnsley Hospital NHS Foundation Trust to transfer stroke specialist nurses to Mid Yorkshire Hospitals as part of the restructuring of stroke services in South Yorkshire.
- A concern that the AEC service which was a key part of the Mid Yorkshire Hospitals Trust reconfiguration was not operating.
- Confirmation that as soon as the joint impact assessment was available scrutiny would need to take a view on whether the closure was a substantial change of service.

### **RESOLVED -**

1. That the Panel would wish to see as soon as possible details of the joint CCG and Mid Yorkshire Hospitals Trust impact assessment to include:
  - a. Looking at the capacity of a consolidated ambulatory care facility on the Pinderfields Hospital site.
  - b. The impact on the Yorkshire Ambulance Service of the increased demand in transferring patients to the Pinderfields site.
  - c. Plans to mobilise a workforce to provide a long term sustainable ambulatory care unit at Dewsbury Hospital.
  - d. The timescales for closure of the service at Dewsbury.

## **6**

### **Work Programme 2018/19**

The Panel reviewed progress of its work programme 2018/19.

Cllr Loonat highlighted an issue relating to the services provided to people with Down syndrome.

### **RESOLVED –**

1. That consideration be given to including a review of services provided to people with Down syndrome.
2. That progress of the work programme for 2018/19 and the forward agenda plan be noted.

## **7**

### **Date of Next Meeting**

**RESOLVED –** That the date of the next meeting be confirmed as 6 November 2018.