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KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 9th April 2019

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

Co-optees Peter Bradshaw

Apologies: David Rigby (Co-Optee)
Lynne Keady (Co-Optee)

1 Minutes of previous meeting

RESOLVED - That the Minutes of the meeting held on 12 March 2019 be approved.

2 Interests

No interests were declared.

3 Admission of the public

All items were taken in public session.

4 Care Quality Commission

The Panel welcomed representatives from CQC, Kirklees Council Adult Social Care and North Kirklees Clinical Commissioning Group.

Ms Aris outlined CQC's four priorities to achieve its strategic ambition for 2016-2021 and explained that the delivery of the ambition was being done in line with some changes to its budget which meant that CQC was increasingly delivering an intelligence driven approach to regulation.

Ms Aris informed the Panel of key changes to CQC which include a new Chief Executive; new Chief Inspector; changes to re-inspection times for good and outstanding services; and a more targeted approach to services rated Requires Improvement.

Ms Aris outlined details of the new Key Performance Indicators, the approach to producing a shorter report format and the emphasis on a more intelligence driven inspection method.

Ms Aris presented the context of rated services which showed that the most challenging area was nursing care and the quality of nursing staff.

Health and Adult Social Care Scrutiny Panel - 9 April 2019

Ms Aris explained this was partly due to the low status of job attractiveness within the sector and this was a cultural problem that needed to be addressed.

Ms Aris presented the overall ratings picture for Kirklees and nationally for 2018 and 2019 which showed that the ratings for Kirklees were improving across all areas.

Ms Aris outlined key areas that were working well that included improved partnership working and highlighted a number of workshops and initiatives that had taken place with providers and partners.

Ms Aris presented the challenges in the adult social care sector that included the quality of staffing particularly in nursing care settings; services that were trapped in requires improvement rating; the older ageing demographic in Kirklees; and regulation 12 cases.

Mr Ross informed the Panel of some organisational changes to senior staff in the Primary Medical Services directorate.

Mr Ross presented a summary of current overall ratings in Kirklees and how it compared to the wider regional area of West Yorkshire and Harrogate.

Mr Ross presented a summary of the ratings for inspections that had been carried out in Kirklees during the last 12 months and explained that the numbers of inspections in Kirklees were relatively low when compared to the numbers carried out across the West Yorkshire and Harrogate footprint.

Mr Ross outlined the CQC ambition for the next 5 years and explained that CQC was aware of the changing landscape in primary medical care particularly in relation to the emerging primary care networks.

Mr Ross presented a time table that outlined the changes that CQC were making to how it regulated primary medical services that included the shift to focused rather than comprehensive inspections for good and outstanding GP services.

Mr Ross presented the Mental Health Hospitals Directorate and informed the Panel that the inspections of core services for 2017-18 had shown an improved picture compared to 2016-17.

Mr Ross informed the Panel of the key findings from the 2018 inspection of South West Yorkshire partnership Foundation Trust which had resulted in the Trust being rated as requires improvement.

Mr Weeks presented an overview of the dental inspection process and stated that CQC had inspected a further 10% of locations during the last 12 months.

Mr Weeks confirmed that CQC did not rate dental practices and practices were deemed to be either compliant or non-compliant.

Health and Adult Social Care Scrutiny Panel - 9 April 2019

Mr Weeks stated that there were 65 active locations across Kirklees and 20 of these had been inspected using the new CQC methodology. Mr Weeks stated that out of the 20 inspections 3 had been classed as being non-compliant.

Mr Weeks outlined the common issues from the inspections that included: not following a robust recruitment process; management of health risks; poor leadership; and a poor approach towards audit.

Mr Weeks outlined the positives from the inspections that included: a good awareness of up to date clinical guidelines; good infection control processes; and patients being fully involved in their treatment options.

Mr Weeks informed the Panel of the work that was being done on the cross directorate working that included a thematic probe where the dental directorate participated in some of the adult social care inspections to look at the health care provision in care homes.

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

- A question on the principle causes in Kirklees for the deterioration of standards within care homes.
- An explanation of the underlying improvements in the ratings of care homes in Kirklees.
- The work being done by the commissioners and the Local authority in providing support to providers.
- The role of CQC as an agent for improvement.
- The focus on working in a collaborative manner.
- The range of options available to lever improvements for services that were rated inadequate.
- The challenges facing services that had poor leadership and governance.
- The importance of having stable leadership.
- The need for CQC to demonstrate the user voice throughout an inspection and the approach taken by CQC in getting input from service users.
- The increased intelligence being provided to CQC.
- The benefits of CQC having a meeting with the provider following an inspection to outline CQC's expectations and help lever improvements.
- The multi-agency approach to dealing with a care home that had been rated inadequate of requires improvement.
- The consistent message coming from thematic reviews on staffing issues.
- The work being done in developing a quality improvement programme for providers.
- An explanation of Community Care.
- An overview of how primary care services inspections were carried out including the changes to inspections and how the methodology was evolving.
- How the intelligence gathered prior to an inspection helped to shape the inspection visit.
- An explanation of independent consulting doctors.
- Confirmation that the general standards for primary care services across Kirklees did not appear to be falling as a result of the planned changes to hospital services.

Health and Adult Social Care Scrutiny Panel - 9 April 2019

- The plans by CQC to undertake local system reviews that would like at care provided across the whole health and social care system.
- The plans by CQC to increase the themed reviews that cut across the different CQC directorates.
- The work being done to look more closely at the causes of admissions to acute hospitals from care homes in order to identify more proactive support for providers.
- An overview of the beyond barriers report published by CQC.
- A suggestion that it would be of benefit for the Panel to look at the CQC data profiles that provided a place based view of the thematic care being provided locally.
- The process for actioning CQC recommendations following an inspection of a primary care service.
- The implications of a primary care service being put into special measures.
- The plans for the Mental Health Directorate to develop and provide training to the adult social care inspectors.
- An overview of the context of ratings for the Mental Health Hospitals Directorate.
- The view that the local Mental Health Trust was struggling with the numbers of referrals into its inpatient unit.
- An explanation of the process for selecting the 10% dental locations that were inspected each year.
- The issues that could arise if CQC were to introduce ratings for the inspection of dental practices.
- An explanation of the reasons for the number of inspections carried out on Kirklees primary care services when compared to the numbers carried out across the West Yorkshire and Harrogate area.

RESOLVED –

(1) That attendees from CQC be thanked for attending the meeting.

(2) That the presentation outlining CQC's activity, scope of work and the results of inspections across Kirklees be noted.

5 Review of 2018/19 Work Programme

The Panel reviewed its 2018/19 Work Programme.

The Panel requested that consideration be given to obtaining a written update on how Kirklees was performing on its immunisation programme.

Cllr Smaje outlined details of the NHSE proposed changes in West Yorkshire to vascular emergency cases and complex overnight surgical admissions to hospital in an arterial centre.

Cllr Smaje explained that it was for the Panel to decide on whether the proposals were a substantial change to service for the residents of Kirklees and invited comments from the Panel.

The Panel highlighted a number of issues that included: concern regarding the distances people would have to travel to receive emergency vascular intervention; concern that these changes would be followed by the loss of other locally important services; and the impact on patient waiting times.

Health and Adult Social Care Scrutiny Panel - 9 April 2019

The Panel agreed that the proposals did constitute a substantial change in service for Kirklees.

Cllr Smaje outlined the next steps that included the process that would be followed for establishing a mandatory joint health scrutiny committee.

RESOLVED –

(1) That progress of the work undertaken throughout the 2018/19 municipal year be noted.

(2) That the Panel agree that the proposed changes to specialist vascular services for adults in West Yorkshire constitutes a substantial change in health service for the residents of Kirklees.