

Public Document Pack



**Service Director – Legal, Governance and
Commissioning**

Julie Muscroft

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Wednesday 15 July 2020

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** meeting will take place remotely at **2.00 pm** on **Thursday 23 July 2020**.

This meeting will be webcast live and will be available to view via the Council's website.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft", on a light-colored background.

Julie Muscroft

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Adult Social Care Scrutiny Panel members are:-

Member

Councillor Habiban Zaman (Chair)

Councillor Fazila Loonat

Councillor Alison Munro

Councillor Vivien Lees-Hamilton

Councillor Lesley Warner

David Rigby (Co-Optee)

Peter Bradshaw (Co-Optee)

Lynne Keady (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of previous meeting

1 - 6

To approve the Minutes of the meeting of the Panel held on 25 February 2020.

2: Interests

7 - 8

The Councillors will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interests.

3: Admission of the public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

4: Deputations/Petitions

The Committee will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

5: Public Question Time

Due to current covid-19 restrictions, Members of the Public may submit written questions to the Committee.

Questions should be emailed to richard.dunne@kirklees.gov.uk no later than 10.00 am on 22 July 2020. In accordance with Council Procedure Rule 51(10) each person may submit a maximum of 4 written questions.

In accordance with Council Procedure Rule 11(5), the period allowed for the asking and answering of public questions will not exceed 15 minutes.

6: Impact of COVID-19 on Kirklees Acute Hospital Trusts

9 - 38

Representatives from Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust will be in attendance to provide details of the impact of the COVID-19 pandemic and their response. Kirklees Public Health and Healthwatch Kirklees will also be in attendance to address any issues that come under their areas of responsibility.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – richard.dunne@kirklees.gov.uk or Tel: 01484 221000.

7: Setting the Work Programme for 2020/21

39 - 50

The Panel will set its work programme for 2020/21.

Contact: Richard Dunne, Principal Governance & Democratic Engagement – richard.dunne@kirklees.gov.uk or Tel: 01484-221000

8: Dates of meetings for 2020/21

To confirm the meeting dates for the 2020/21 municipal year as detailed below:

24 September 2020 – 2:00 pm

5 November 2020 – 2:00 pm

10 December 2020 – 2:00 pm

18 February 2021 – 2:00 pm

Contact: Richard Dunne, Principal Governance & Democratic Engagement – richard.dunne@kirklees.gov.uk or Tel: 01484 221000

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Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 25th February 2020

Present: Councillor Habiban Zaman (Chair)
Councillor Fazila Loonat
Councillor Alison Munro
Councillor Vivien Lees-Hamilton
Councillor Lesley Warner

Co-optees David Rigby
Peter Bradshaw
Lynne Keady

In attendance: Gary Auckland – South West Yorkshire Partnership NHS
Foundation Trust (SWYPFT)
Helen Hunter – Healthwatch Kirklees and Calderdale
Chris Lennox - SWYPFT

Apologies: David Flint (Co-Optee)

1 Minutes of previous meeting

The minutes of the meeting of the Panel held on 21 January 2020 were approved as a correct record.

2 Interests

Lynne Keady declared an interest in item 6 (Single Point of Access for Mental Health Services) on the grounds that she was a volunteer for Healthwatch Kirklees and was involved in the South West Yorkshire Partnership NHS Foundation Trust review of the Single Point of Access.

David Rigby declared an interest in item 6 (Single Point of Access for Mental Health Services) on the grounds that her was an ordinary member of South West Yorkshire Partnership NHS Foundation Trust.

3 Admission of the public

All items were taken in public session.

4 Deputations/Petitions

No deputations or petitions were received.

5 Public Question Time

No Questions were asked.

6 Single Point of Access for Mental Health Services

The Panel welcomed Gary Auckland and Chris Lennox from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and Helen Hunter, Healthwatch Kirklees and Calderdale to the meeting.

Ms Hunter outlined details of the work that Healthwatch had undertaken that captured the experiences of people who had contacted the Single Point of Access (SPA) for adult mental health services in Kirklees and Calderdale.

Ms Hunter explained that Healthwatch received more unprompted feedback and reviews about SPA than any other service and that the majority of the reviews were negative.

Ms Hunter outlined the background and reasons for the Healthwatch work on the SPA and provided details of the approach that was taken to obtaining feedback from users of the SPA.

Ms Hunter provided the Panel with an overview of the feedback that Healthwatch had received and explained that many of the negative comments were as a result of a misunderstanding of the service provided by the SPA.

Ms Hunter provided details of the numbers and types of respondents that had provided feedback. Ms Hunter explained that Healthwatch continued to receive comments about the service and that Healthwatch had worked with SWYPFT to undertake further engagement with service users to help inform the transformation of the service.

Mr Auckland outlined details of some of the work that SWYPFT had undertaken following the Healthwatch report that included some work by consultants that had looked at the SPA and an event in July 2019 that provided further service user feedback.

Mr Auckland explained that the review of the SPA had identified four themes that included: communicating the SPA and Mental Health support services offer; Referrals and support; Timely SPA Assessments; and Compassionate Staffing.

Mr Auckland informed the panel that the information gained from the review and engagement events had highlighted that the SPA webpages had not been updated and no longer adequately described the service.

In response to a panel question on the reasons why the website hadn't been updated Mr Auckland explained that work had now taken place to refresh the wording and further work was being done in preparation for a relaunch of the service.

Mr Auckland informed the panel of the new triage tool that had been established and explained in detail how the tool would help support a more responsive service.

Mr Auckland outlined details of the work that commissioners were undertaking in providing additional support by establishing a support and helpline service and explained the tendering process and time table that would be followed.

Health and Adult Social Care Scrutiny Panel - 25 February 2020

Mr Auckland outlined details of the plans to introduce a directory of services that would provide information of what support was available and would help in directing people to the appropriate service.

Mr Auckland informed the plan of the work SWYPDFT had undertaken with various partners that included Healthwatch and third sector organisations to help enhance the offer for service users.

Mr Auckland outlined details of the work that was being done to improve and streamline the referral process which included developing a new referral document that would simplify the process for GPs and other health partners.

Mr Auckland informed the panel of the working relationship between SWYPFT and NHS111 and explained that work had taken place to improve the referral process that NHS111 followed.

Mr Auckland provided details of the work that was being done to ensure timely SPA assessments and explained that commissioners had agreed additional financial support that would enable SWYPFT to recruit extra staff to provide additional capacity for the SPA.

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

- Details of the qualifications of staff at the SPA.
- An overview the training that was taking place with SPA staff that would focus on being compassionate and supportive to people.
- A question on the adequacy of night time staffing levels.
- Details of the expected timeline for the introduction of the new helpline service.
- The process that was call handling process followed by SPA administrative staff.
- A detailed explanation of the process followed when using the triage tool and the pathways that would be followed.
- The process that would be followed for handling calls made by carers, family or friends.
- An overview of the levels of referrals handled by the SPA and clarification that 80% were through GPs.
- A discussion on the process for dealing with the significant numbers of calls received through the SPA.
- An overview of the role of crisis cafes.
- The work done on developing a directory of services and the suggestion to include services users in its design and format.
- An overview of the increased investment that had been allocated to the SPA and other SWYPFT services.
- The work being done by SWYPFT to mitigate financial challenges; the focus on increasing investment to front line services; and the positive support from commissioners in Kirklees.
- Clarification that the new helpline would operate 24/7.
- An overview of the feedback received by Healthwatch from carers and service users.

Health and Adult Social Care Scrutiny Panel - 25 February 2020

- An explanation of the out of hours services provided by Liaison Nurses at the Police Hubs.
- An explanation of how the services provided by Liaison Nurses had been commissioned based on the levels of demand.
- The focus by SWYPFT on enhancing the community services offer.
- A question on how representative of Kirklees were the people who had responded to Healthwatch's SPA survey.
- Details of the approach that Healthwatch took to promoting and undertaking the survey.
- Details of the full public tender process undertaken for procuring the new helpline service.
- Concerns highlighted by Healthwatch on the numbers of people that they hear from you that have expressed suicidal tendencies and are struggling to access appropriate support.
- An explanation of the aim of the triage tool and the work being undertaken with partners to ensure that people are directed to the right service and provided with the appropriate level of support.

Mr Auckland outlined SWYPFT's action plan for the next steps that included strengthening information sharing and communication; arranging for service users and carers to help support staff training; implementing the new triage tool; enhancing support for its staff; and to re-launch the service.

RESOLVED:

1. That the Panel would welcome an update, at a date to be confirmed, on the SPA service following its re-launch to include: assessing the effectiveness of the service in addressing the key themes and issues highlighted by the Healthwatch review and engagement events; and progress of the action plan.
2. That a future update should include a focus on the crisis support in Kirklees to enable the panel to review the effectiveness of the service and ensure that its meeting the needs of communities across Kirklees.

7 Review of 2019/20 Work Programme

The Panel undertook a review of its activity and progress during 2019/20 to identify areas of work that had been completed, agree items to be carried forward to 2020/21, identify items that would need to be monitored and to put forward new potential areas for scrutiny.

The Panel agreed to carry forward for inclusion in the 2019/20 work programme the following items:

- The Financial position of the Kirklees Health and Adult Social Care Economy.
- Community Care Services to include: a focus on Primary Care Networks; Locala; and integration of health and adult social care.
- Kirklees Integrated Wellness Model.
- Quality of Care in Kirklees with a focus on Adult Social Care Services.
- Suicide Prevention.
- The Kirklees Safeguarding Adults Board Annual Report.

Health and Adult Social Care Scrutiny Panel - 25 February 2020

- Mid Yorkshire Hospitals NHS Trust Ambulatory Emergency Care Services to include a visit to Dewsbury Hospital.
- Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust to include looking at the programme of work being developed at Mid Yorkshire Hospitals Trust.
- Yorkshire Ambulance Services response times.
- Kirklees Immunisation Programme.
- Winter Planning.

Potential new issues and a new approach to current items included:

- Reviewing the outcomes of a local authority pilot initiative to develop a community care package led by Cllr Murgatroyd.
- Arranging a mental health services workshop to look in more detail at the various support services and redesign of services.

RESOLVED -

1. That following the review of the Work Programme those issues highlighted as ongoing work be carried forward for inclusion in the 2020/21 Work Programme.
2. That consideration be given to including the following issues in the 2020/21 Work Programme:
 - Reviewing the outcomes of a local authority pilot initiative to develop a community care package led by Cllr Murgatroyd.
 - Arranging a mental health services workshop to look in more detail at the various support services and redesign of services.

8 Date of Next Meeting

The date of the next meeting was confirmed as 24 March 2020.

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KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
Health & Adult Social Care Scrutiny Panel				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 23 July 2020

Title of report: Impact of COVID-19 on Kirklees Acute Hospital Trusts

Purpose of report: To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions on the impact of COVID-19 on Calderdale & Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	Not Applicable
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance? Is it also signed off by the Service Director for Legal Governance and Commissioning?	No – The report has been produced for information only and to facilitate the discussions on the panel's work programme.
Cabinet member portfolio	Health and Social Care

Electoral wards affected: None Specific

Ward councillors consulted: Not Applicable

Public or private: Public

Has GDPR been considered? Yes. Patients who have been named in presentations from the acute hospital trusts have given their permission for their names to be used in public communication messages.

1. Summary

- 1.1 The COVID-19 pandemic has impacted hospitals across the UK and all hospitals have significantly scaled back or postponed non-emergency care.
- 1.2 The consequences of the pandemic have been felt by everyone and particularly for those people who work in the health and social care system. The pressure on frontline NHS staff has been unprecedented and many hospitals across the country have had to cope with significant increases in patients needing critical care support.
- 1.3 Despite the recent reductions in the numbers of confirmed COVID-19 positive patients coronavirus is likely to remain a threat for some time which means the need for continued vigilance and for the health and social care system to be prepared for further surges in the numbers of infections.
- 1.4 In line with the Panel's wish to maintain a close overview of the impact of COVID-19 on the local Health and Adult Social Care system representatives from Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust will be in attendance to provide details of their response to the COVID-19 virus.
- 1.5 Areas that the Trusts will cover will include:
 - An overview of the impact and demands on the hospitals;
 - The work that has been done to develop safe pathways to care;
 - Lessons Learned including new ways of working;
 - Planning for future surges;
 - Reconfiguration of services; and
 - Patients Stories.
- 1.6 Representatives from Kirklees Public Health and Healthwatch Kirklees will also be in attendance to respond to any issues that come under their areas of responsibility.
- 1.7 Information submitted by the trusts is attached.

2. Information required to take a decision

N/A

3. Implications for the Council

N/A

3.1 Working with People

No specific implications

3.2 Working with Partners

No specific implications

3.3 Place Based Working

No specific implications

3.4 Climate Change and Air Quality

No specific implications

3.5 Improving outcomes for children

No specific implications

- 3.6 Other (e.g. Legal/Financial or Human Resources)**
No specific implications
- 4 Consultees and their opinions**
Not applicable
- 5 Next steps and timelines**
That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.
- 6 Officer recommendations and reasons**
That the Panel considers the information provided and determines if any further information or action is required.
- 7 Cabinet Portfolio Holder's recommendations**
Not applicable
- 8 Contact officer:**
Richard Dunne – Principal Governance and Engagement Officer
richard.dunne@kirklees.gov.uk
- 9 Background Papers and History of Decisions**
Not applicable
- 10 Service Director responsible**
Julie Muscroft – Service Director, Legal, Governance and Commissioning

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Response to the Covid-19 Pandemic

Update for Kirklees Health and
Adult Social Care Scrutiny Panel

23 July 2020

Context

10,603 patients tested for Covid

498 +ve for Covid

153 Covid deaths

372* discharged well

192 staff absent due to Covid (majority shielding)

Demographics

- Fewer non-Covid deaths than for the same 3 month period historically
- Twice as many males died at CHFT with Covid than females
- Peak age range of Covid +ve deaths was 80-90 years.
- Ethnicity of Covid deaths mirrors non-Covid deaths in the same time period and the overall annual mortality
- CHFT Covid mortality contrasts with national data where deaths in BAME patients have been disproportionately high.
- Majority of patients who died had multiple comorbidities especially Type 2 diabetes, ischemic heart disease, chronic obstructive pulmonary disease, chronic kidney disease, hypertension and dementia.

Finance

- In April and May the Trust incurred £6.82m additional costs that has been nationally funded.
- The financial forecast assumes the Trust will continue to receive CCG clinical income at current block levels and that Covid-19 costs and activity levels will remain at a broadly similar level to those seen in May and that the Trust will continue to have access to top up funding in future months.

Pathways to Care

- Both Emergency Departments have segregated Covid & non Covid facilities - use of CRH and HRI is necessary to provide the maximum number of beds and oxygen capacity
- Urgent and emergency care has continued through the pandemic
- During the height of the pandemic some services were consolidated on a single site (e.g. ambulatory care, chemotherapy) these changes have now been reversed
- All patients known to be or potentially Covid positive are isolated and cared for in single rooms or cohorted on designated wards. This includes all admissions from residential care facilities.
- All patients are tested on admission and if negative, tested again after 5 days.
- All patients in residential care are tested prior to discharge.
- Social distancing and use of face masks for visitors, patients and staff through-out the hospital
- Video and telephone access to out-patient services provided
- Digital options and support for remote visiting of inpatients
- Super Green area to provide elective surgery at HRI established and receiving positive patient and staff feedback
- All patients attending for elective surgery self isolate for 14 days and are tested prior to admission.
- Continued collaboration with independent sector hospitals to provide surgery capacity

Lessons Learned

- ‘Business Better than Usual’ – listening events with colleagues, partners, public and patients
- Some changes positive for example
 - integrated service models such as discharge to assess, care home support, collaboration with hospices, electronic prescribing and pharmacy delivery, integrated working of the frailty team with community services
 - direct assessment pathways
 - digital technology - patient appointments, working from home, visiting options, specialist in-reach and patient review
 - colleague wellbeing support

Planning for the Future

- Forward planning is cautious
- Currently modelling demand and capacity in context of on-going requirement for use of personal protective equipment (PPE), maintaining infection control measures such as enhanced cleaning, social distancing and zoned patient areas
- Prioritisation of patients based on need
- Some services suspended during the pandemic have been restarted – CHFT is accepting referrals, some elective surgery
- Risk assessments and actions identified to continue staff wellbeing support and ensure staff have time to recover
- Prepare for phase 2 and winter
- Understanding the impacts on the wider system and communities

Future design of the Hospital

- Planning for estate investment at HRI and CRH has continued and learning from the pandemic will inform the future estate design plans at HRI and CRH
- Infection control issues such as the provision of single bedrooms, corridor widths, flexibility to zone and segregate areas, size of public areas to enable social distancing are all under consideration with technical advisors
- Use of digital technology during the pandemic has brought benefits in relation to reduction in travel and carbon emissions – this will inform future travel plans and car parking requirements.

Patient Story

Usman Hanif on his way home and being cheered on his way after spending 42 days in a coma following a Covid-19 diagnosis. He has two children and a wife and has made a full recovery.



Patient Story

Joan Pearce, a former nurse, is 100-years-old and is shown here being discharged from HRI following recovery from Covid-19.





The Mid Yorkshire Hospitals
NHS Trust



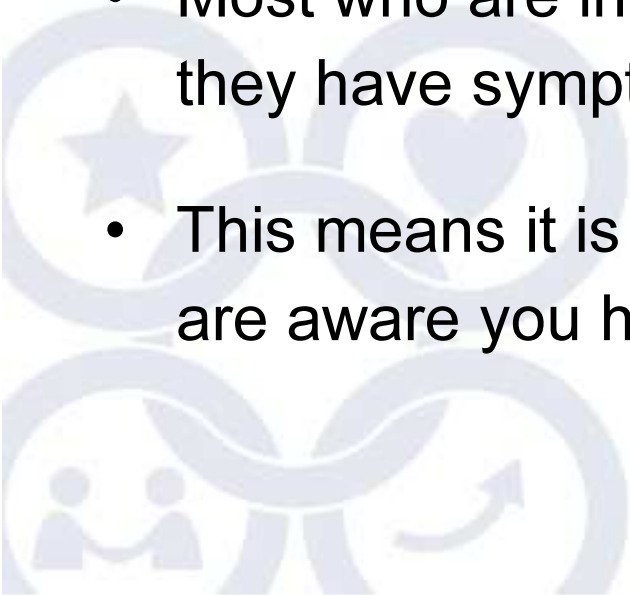
Kirklees Health and Adult Social Care Scrutiny Meeting July 2020

Striving for excellence

An Associated Teaching Trust

Introduction

- Coronavirus disease 2019 (COVID-19): Worldwide pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
- Most people (80%) who are infected have mild symptoms, some do not have any symptoms at all.
- Most who are infected, infectious for up to 2 days before they have symptoms.
- This means it is easy to spread this disease before you are aware you have it.



Main Symptoms of Coronavirus

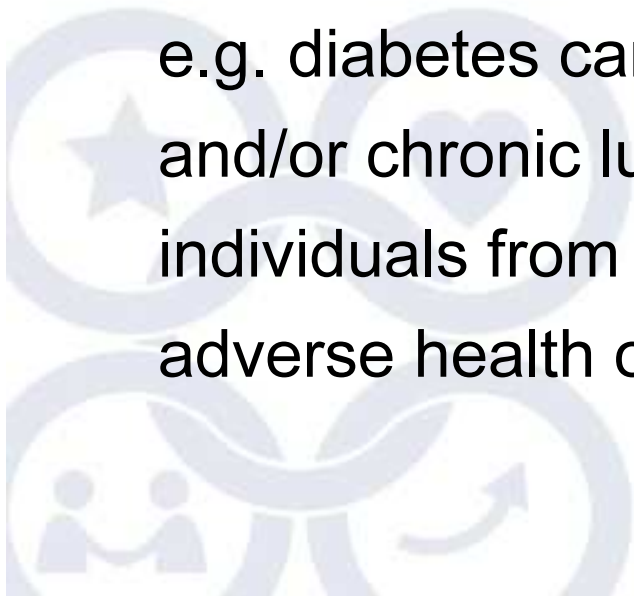
- **High temperature** – feel hot to touch on chest or back
- **New, continuous cough** – coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
- **Loss or change to your sense of smell or taste** – noticed cannot smell or taste anything, or things smell or taste different to normal*

* added to the case definition towards the end of the first phase.



COVID-19 Patient Profile

- Majority of symptomatic managed at home.
- 15-20% unwell and require hospitalisation.
- 5% required intensive care, some required breathing support through non invasive/invasive ventilation.
- Higher risk: male, older (>60), underlying conditions e.g. diabetes cardiovascular disease, hypertension and/or chronic lung disease. Growing evidence individuals from BAME backgrounds increased risk of adverse health outcomes following COVID-19.



COVID-19 Incident Plan

- Trust implemented a COVID-19 Incident plan
- Initially MY had no testing capacity: instalment of own testing capability has proved essential.
- Clear the COVID-19 incident would be a marathon not a sprint
- Comprehensive communication strategy in an incident is essential:
 - Command and control provided clear chains of communication
 - Communication team provided daily briefings and external communications throughout.
 - The direct communication to the trust personnel by the executive team welcomed.

Evidence of Implementation

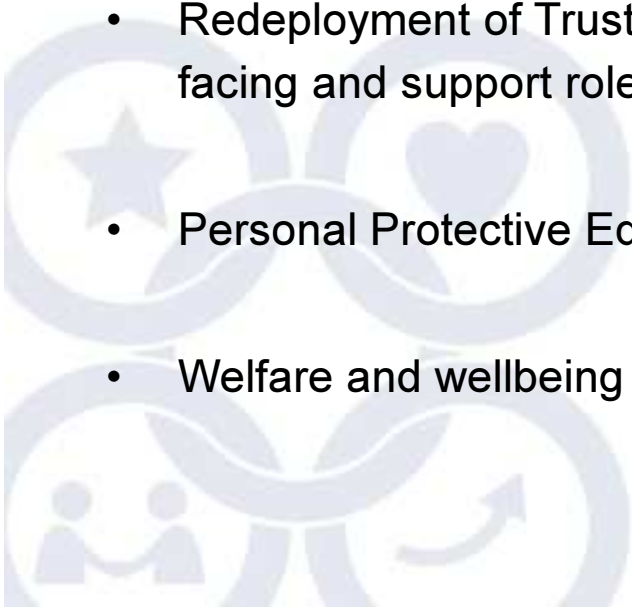
- Changes in practice: log of service changes due to COVID-19 went through a Quality Impact Assessment process signed off by the Medical Director and Director of Nursing
- The Covid-19 Strategic Group Decision and Action Log
Patient flow:

- Implementation of Red, Amber, Green pathways to support all patients – people still needed our support who didn't have Covid-19 – risk reduction was essential



Evidence of Implementation

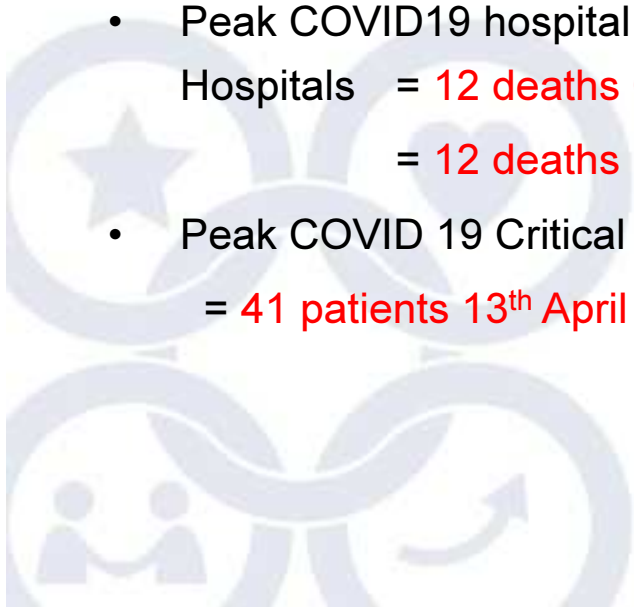
- Estate changes: Red and Green sites to reduce patient and staff risks. Conversion of the Pontefract site to a Cancer Hub. Changes to our Emergency Departments to segregate patients presenting with Covid symptoms from those not. Ward areas clearly identified with patient placement led by clinical presentation
- Clinical groups working differently and collaboratively across the Trust. Full redesign and implementation of new medical staff rotas
- Redeployment of Trust personnel to support front line care delivery in patient facing and support roles
- Personal Protective Equipment (PPE) – availability and safe use
- Welfare and wellbeing of Trust personnel – psychological support key



COVID-19 Incident Data:

Timelines:

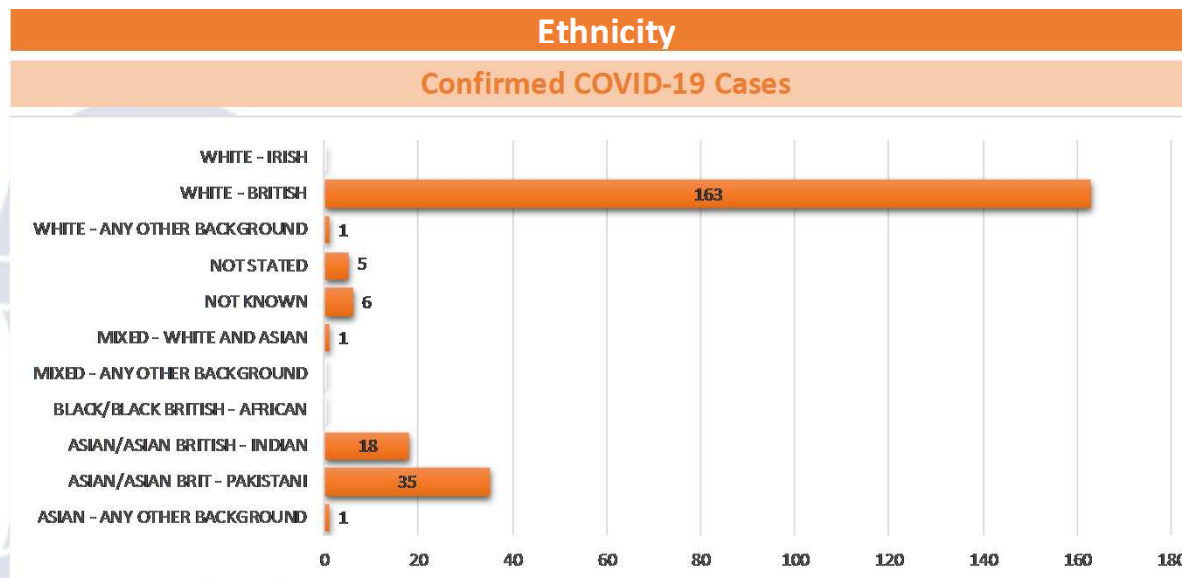
- First known Case of COVID19 – Wuhan = 31st December 2019
- First Known Case of COVID19 in the UK = 31st January 2020
- First Known COVID19 related death in the UK = 02nd March 2020
- First Known Case of COVID19 at Mid Yorkshire Hospitals = 15th March 2020
- First Known Death of COVID19 at Mid Yorkshire Hospitals = 23rd March 2020
- Peak COVID19 in hospital inpatients date and number at Mid Yorkshire Hospitals
= 170, 10th April 2020
- Peak COVID19 hospital deaths Incidence date and number at Mid Yorkshire Hospitals
= 12 deaths 04th April
= 12 deaths 19th April
- Peak COVID 19 Critical Care date and number at Mid Yorkshire Hospitals
= 41 patients 13th April 2020



North Kirklees CCG

NORTH KIRKLEES CCG		
Cumulative number of inpatients diagnosed with COVID-19	Cumulative number of discharges related to COVID-19	Cumulative number of deaths related to COVID-19
230	158	67
Mean age of patents diagnosed with COVID-19	Percentage of COVID-19 deaths with an existing comorbidity	Mortality Rate (in-hospital) related to COVID-19
70.9	91.04%	29.13%

* 5 patients were still inpatients as at 30th June 2020



Financial Impact of Covid-19 Response

	April	May	June	Year to Date
Pay Costs	1,225	1,522	1,350	4,097
Non-Pay	651	1,745	744	3,140
Grand Total	1,876	3,267	2,094	7,237



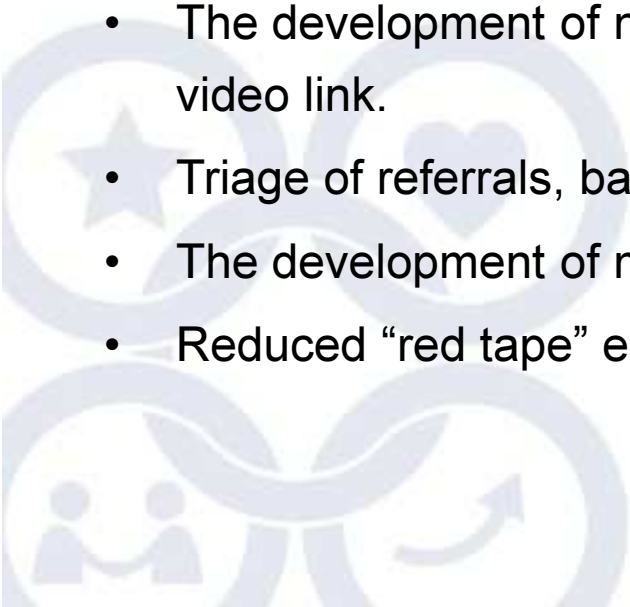
Lessons Learnt

- Implemented command and control at early stage of the incident
- Clear communication strategy
- Working remotely / redeployment of Trust personnel
- Seven day working for senior management team, operational and clinical.
- Collaborative working of clinical teams e.g. critical/respiratory/acute medicine.
- Estate changes facilitated flow and safety for both patients and staff.
- Trust personnel and patient safety at the centre of decisions.
- Communication strategies for friend and families with relatives.
- Enhanced welfare and wellbeing packages for Trust personnel.
- Medically Optimised For Discharge (MOFD) numbers reduced significantly to free up capacity in the Trust



Lessons Learnt

- The implementation of specialist teams to:
 - Procurement of PPE and operational decision-making.
 - Staff training delivered by the Corporate Nursing team.
 - Programme Management Office and analytical team supporting data capture and reports.
 - End of life ward for patients facilitating visitors and family contact
 - FFP3 fit testing teams.
- The development of non-Face to Face outpatient clinics – telephone and by video link.
- Triage of referrals, backlogs and clinics.
- The development of meetings through Teams.
- Reduced “red tape” enabling to implement change at pace.



Lessons Learnt

- Reassurance of the Trusts response to a protracted incident showing a patient centred approach with true professionalism.
- Trust wide understanding and acceptance of the command and control arrangements in a major incident.
- The need for flexibility and adaptability to the challenges of new incident such as COVID-19.
- Need for improved internal communication between functional areas when planning a change of use, move or changes in the estate infrastructure.
- Not all patients require nor request a face to face outpatient appointment.
- Where possible improved IT infrastructure to enable remote meetings.
- Social distancing



Planning for Future Surges / Winter

- Prevention is key with the emphasis on social distancing, use of PPE and Test & Trace Surveillance
- Reset and Delivery Group Implemented
 - Appointment of a Director of Reset and Delivery to guide the Trust through the Reset programme – this is complicated and we cannot just restart
 - Optimal use of all providers to improve resilience and bridge the capacity gap
 - Protect the Pontefract site as a cancer and diagnostic centre
 - Maintain less than thirty patients at any one time Medically Optimised for Discharge to support patient flows through the hospital
 - Delivery of a new referral pathway to prevent disruption of routine referrals in the event of a second spike
- Testing our new plans through multi-agency exercises
- Horizon scanning and proactively monitoring the situation to respond at pace if needed





Barbara Frain



Daisy Gardner



Brendan Sheridan



Masood Khawo



Sally Ann Hodson



Clare Truman



Nurse Becky



Clip from Sally Ann interview with Radio 4

COVID-19 SURVIVOR



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Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 23 July 2020

Title of report: Setting the Work Programme for 2020/21

Purpose of report: To consider the areas of work for inclusion in the panel's work programme for 2020/21.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	Not Applicable
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance? Is it also signed off by the Service Director for Legal Governance and Commissioning?	No – The report has been produced for information only and to facilitate the discussions on the panel's work programme.
Cabinet member portfolio	Health and Social Care

Electoral wards affected: None Specific

Ward councillors consulted: Not Applicable

Public or private: Public

Has GDPR been considered? Yes. There is no personal data contained in this report.

1. Summary

- 1.1 In February 2020, at the end of the 2019/20 municipal year, the Health and Adult Social Care Scrutiny Panel met to reflect on the work it had undertaken; identify where work had been completed; and to highlight those projects that remained an ongoing priority
- 1.2 In addition, panel members also considered additional issues that they considered to be of a strategic priority that they would wish to include in the 2020/21 work programme.
- 1.3 Following the Panel's review officers drafted a work programme that detailed the potential issues that could be included in the Panel's work schedule for 2020/21.
- 1.4 To help inform the proposed work of the Panel the draft 2020/21 work programme was sent to Kirklees Adult Social Care, Kirklees Public Health, Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCGs), Locala, Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust, Healthwatch Kirklees and South West Yorkshire Partnership NHS Foundation Trust requesting that they review the proposed issues and add any comments to include:
 - Detailing any proposed additional areas of focus (within the issues listed);
 - An indication of timescales for covering the issue(s);
 - Areas that they believe are not a priority and reasons why;
 - Highlighting any new issues for inclusion in the work programme.
- 1.5 Attached is a copy of the draft 2020/21 work programme that incorporates comments received from Kirklees officers and health partners and details of any new issues that have been put forward for consideration by the Panel.
- 1.6 In response to the COVID-19 virus Government has put in place legislation that allows local authorities to hold meetings remotely and for the foreseeable future all panel meetings will be held virtually.
- 1.7 Due to the additional resources required to support the running of virtual meetings the numbers of meetings that will be held by each Kirklees scrutiny panel will be significantly lower than normal.
- 1.8 Taking account of the reduced number of meetings panel members are asked to review the draft work programme and determine the issues for inclusion in the 2020/21 work schedule to include agreeing the issues of the highest priority and the approach to be taken for each area of work.

2. Information required to take a decision

N/A

3. Implications for the Council

N/A

3.1 Working with People

No specific implications

3.2 Working with Partners

No specific implications

3.3 Place Based Working

No specific implications

3.4 Climate Change and Air Quality

No specific implications

3.5 Improving outcomes for children

No specific implications

3.6 Other (e.g. Legal/Financial or Human Resources)

No specific implications

4 Consultees and their opinions

Not applicable

5 Next steps and timelines

Following the Panel's discussion, the agreed work programme will be taken forward and work will commence on developing the Panel's work schedule for the coming year

6 Officer recommendations and reasons

That the Panel review the draft work programme and agree the issues for inclusion in its 2020/21 work schedule.

7 Cabinet Portfolio Holder's recommendations

Not applicable

8 Contact officer:

Richard Dunne – Principal Governance and Engagement Officer
richard.dunne@kirklees.gov.uk

9 Background Papers and History of Decisions

Not applicable

10 Service Director responsible

Julie Muscroft – Service Director, Legal, Governance and Commissioning

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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2020/21

ISSUE	APPROACH AND AREAS OF FOCUS	OFFICER/PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES – CARRIED FORWARD FROM 2019/20		
1. Financial position of the Kirklees Health and Adult Social Care Economy.	Maintain a focus on the finances of the health and social care system in Kirklees to include: <ul style="list-style-type: none"> • Reviewing any emerging transformation programmes and assessing their contribution to increasing efficiencies and impact on services. • Considering the various Cost Improvement Schemes (CIPs) and their impact on the delivery and commissioning of services. 	Healthwatch Kirklees <ul style="list-style-type: none"> • Healthwatch Kirklees has a seat on the new Kirklees Integrated Health and Care Leadership Board. We would like to see joint decision making between providers and commissioners and new ways of working towards an integrated health and social care system. • How has Covid-19 impacted the financial position and transformation of our local health and care system? • How can we re-build from Covid-19 in a different way?
2. Community Care Services.	To assess the progress and effectiveness of Community Care Services (CCS) in Kirklees to include: <ul style="list-style-type: none"> • Reviewing progress of the Primary Care Networks (PCNs) to include the impact in providing greater accessibility and flexibility for patients accessing primary medical services. • Looking at the work being done by the networks to assess their local population through a targeted and personalised approach to provide support to people where it is most needed. • Assessing the relationship between the key providers of CCS to include PCNs; Locala; Community Plus; and the Kirklees Wellness Service. • Assessing how well the integration agenda is being implemented 	Clinical Commissioning Groups (CCGs) We note that if the panel's focus on PCNs is on access to general practice, this has changed significantly as a result of the COVID-19 pandemic we would suggest that it would be helpful to set the discussion in that context. Healthwatch Kirklees <ul style="list-style-type: none"> • Healthwatch Kirklees has had limited contact with PCNs up to this point. • We would like PCNs to offer assurance about how they are engaging their

	<p>through CCCS in Kirklees.</p> <ul style="list-style-type: none"> Assessing the impact of CCS in Kirklees in reducing avoidable A&E attendances; hospital admissions; delayed discharges; and reducing avoidable outpatient visits. 	<p>patients in the development of their work programmes and plans.</p> <ul style="list-style-type: none"> Impact of Covid-19 upon PCNs
3. Kirklees Integrated Wellness Service	To continue monitoring the development of the service and receive a 12-month update on progress of the service following the last discussions with scrutiny in November 2019.	
4. Quality of Care in Kirklees	Receive an annual presentation from CQC on the State of Care across Kirklees with a focus on Adult Social Care.	<p>CCGs</p> <p>Previous meetings have worked well when commissioners have been present. Depending on what areas the panel would be focusing on it is suggested that it would be helpful to include input from all relevant commissioners.</p> <p>Healthwatch Kirklees</p> <ul style="list-style-type: none"> Healthwatch Kirklees regularly feedback to the CQC regarding patient experience. Impact of Covid-19 on quality of care in Kirklees
5. Suicide Prevention	<p>Receive an update on progress of the work being done on suicide prevention since the panel meeting in January 2020 to include:</p> <ul style="list-style-type: none"> The impact that the pathfinder support workers have had in their work in providing advice, training, and support for men vulnerable to self-harm and suicide. The impact that the preventative and educational work on mental health that is taking place in schools is having in helping to reduce self-harm and suicide. 	<p>Healthwatch Kirklees</p> <ul style="list-style-type: none"> Healthwatch Kirklees has planned (alongside the local suicide prevention workstream) to engage with people who have previously tried to take their own life or self-harm. Our work is currently on hold due to the Covid-19 outbreak. Our aim is to gain insight into what it really feels like to be in this position and what help people in this situation

		<p>need. We need a better understanding of what people need to be safe, rather than making assumptions about what we think they need. Additionally, we want to understand what brought people to such a point and, just as importantly, what helped them at their time of crisis.</p> <ul style="list-style-type: none"> • Covid-19 and the subsequent fallout economically and emotionally is likely to have an impact on the incidence of suicide. We are involved in the Suicide Prevention Action Group, and we are keen to ensure that this group has a focus on this. <p>South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) We welcome the continued focus on suicide prevention and would be pleased to support Public Health in this review.</p>
<p>6. Kirklees Safeguarding Adults Board (KSAB) 2019/20 Annual Report</p>	<p>To receive and consider the KSAB Annual Report.</p>	<p>Healthwatch Kirklees</p> <ul style="list-style-type: none"> • Healthwatch Kirklees are a partner on the Safeguarding Adults Board. I would ask scrutiny to consider whether the report gives them an understanding of whether people in Kirklees are safer as a result of their work. • Impact of Covid-19 on safeguarding adults and children during periods of lockdown
<p>7. West Yorkshire Hospitals NHS Trust</p>	<p>To receive an update on the closure of the AEC unit at DDH and to look</p>	

(MYHT) Ambulatory Emergency Care (AEC) Services and Services provided at Dewsbury and District Hospital (DDH)	<p>at the wider range of services provided at DDH to include:</p> <ul style="list-style-type: none"> • A visit to DDH to see the provision of services that complement AEC services to include Frailty, hot clinics and partnership working with adult social care. • An overview of the range of services currently being provided at DDH to include a visit to key services selected by the Panel. 	
8. Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust (MYHT)	<ul style="list-style-type: none"> • Continue to monitor the programme of change at CHFT to include assessing the impact of the changes. • Reviewing the work being done by MYHT on its Outpatient Care to include a visit to its outpatients' areas. 	<p>Healthwatch Kirklees We continue to monitor public feedback about the transformation</p>
9. Yorkshire Ambulance Service (YAS) Response Times	<p>To receive an update on performance and demand across all areas of Kirklees to include:</p> <ul style="list-style-type: none"> • A focus on response times for categories 1 and 2. • Looking at the variances of performance across Kirklees. 	
10. Kirklees Immunisation Programme	<p>To consider the performance of the Immunisation programmes in Kirklees to include:</p> <ul style="list-style-type: none"> • Details of the local arrangements, structures, and responsibilities for immunisation. • Looking at Kirklees performance compared to national standards. • Details of policies that are in place to ensure that those residents that are 'at-risk' and eligible for vaccination are being targeted to include the approach to engagement with the more deprived communities in Kirklees. • An overview of key challenges and/or risks to the delivery of an effective immunisation programme. 	<p>Healthwatch Kirklees We are interested in how the risks of Covid-19 may influence the immunisation program, particularly if there is a second spike in winter months.</p>
11. Update on Winter Planning	Update on winter preparations from the Kirklees Health and Adult	Healthwatch Kirklees

	Social Care sector to include: <ul style="list-style-type: none"> Receiving details of the lessons learned from the winter period 2019/20 to include feedback and experiences of service users 		We are interested in how the risks of Covid-19 may influence winter pressures locally particularly if there is a second spike in winter months.
PROPOSED NEW ISSUE	Put Forward by	FOCUS	OFFICER/PARTNER COMMENTS
1. Development of a local Community Care Package (pilot)	Health and Adult Social Care Scrutiny Panel	Reviewing the outcomes of a local authority pilot initiative to develop a community care package led by Cllr Murgatroyd.	Adult Social Care <ul style="list-style-type: none"> We would suggest that this issue is broadened to cover “new models of delivering support in the community” as there are a number of new developments including but not limited to the Care Co-operative. We would also suggest that the focus includes reviewing the work on new models of care in people’s own home e.g. Colne Valley Care Co-operative, micro enterprises, PAs.
2. Mental Health Services Workshop	Health and Adult Social Care Scrutiny Panel	To arrange a mental health services workshop with South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to look in more detail at the various support services and redesign of services. Format and structure of workshop to be developed by the panel in conjunction with the Trust.	CCGs <p>We would suggest that consideration is given to broadening the workshop beyond just those services delivered by SWYPFT for example to include the breadth of provision across our mental health alliance.</p> <p>In addition, the panel may wish to consider updates on the work being undertaken by the West Yorkshire and Harrogate Integrated Care System (ICS) workstream on Mental Health and Learning Disabilities.</p>

			<p>SWYPFT</p> <p>We remain keen to develop a workshop with scrutiny and would suggest that if this is scheduled for the later part of 2020/21 we could include details of our early response to service provision as a result of the pandemic.</p>
<p>3. COVID-19</p>	<p>Health and Adult Social Care Scrutiny Panel</p>	<p>To consider the impact of COVID-19 on the local Health and Adult Social Care Economy to include:</p> <ul style="list-style-type: none"> • Looking at the key challenges; pressures; and measures taken to mitigate them. • Assessing the impact on the workforce. • Understanding the budget implications of dealing with the crisis and the longer-term financial impact. • Assessing the work that was undertaken to safeguarding vulnerable adults. • Lessons learned. 	<p>Locala</p> <p>We would be happy to provide a presentation of our reset and recovery plan.</p> <p>Healthwatch Kirklees</p> <ul style="list-style-type: none"> • Healthwatch Kirklees are currently engaging with the public and with staff around their experiences of health and care throughout the Covid-19 outbreak. Our engagement will come to an end 28th August 2020. All key findings will be provided to scrutiny approx. October 2020. • We are also interested in the experiences of people with family members who have passed away during the outbreak which are not Covid-19 related. <p>SWYPFT</p> <p>We would be happy to contribute to this item.</p>
<p>4. Effectiveness of smoking cessation arrangements in Kirklees.</p>	<p>Mid Yorkshire Hospitals NHS Trust</p>	<p>To review the effectiveness of smoking cessation arrangements in Kirklees.</p> <p>Areas of focus to be confirmed.</p>	

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