

Public Document Pack



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Wednesday 16 September 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 24 September 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 Aafaq Butt

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 - 8

To approve the Minutes of the meeting of the Panel held on 23 July 2020.

2: Interests

9 - 10

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 23 September 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: Kirklees Care Homes Programme

11 - 26

The Panel will be presented with an overview of the Kirklees Care Homes Programme that has been developed by the newly established Care Home Board.

Contact: Richard Dunne Principal Governance Officer. Tel: 01484 221000.

7: Financial Position of the Kirklees Health and Adult Social Care Economy

27 - 34

The Panel will receive an update on the financial position of Greater Huddersfield and North Kirklees CCGs, Mid Yorkshire Hospitals Trust (MYHT), Calderdale and Huddersfield NHS Foundation Trust (CHFT), Kirklees Adult Social Care, South West Yorkshire Partnership NHS Foundation Trust and Locala.

Contact: Richard Dunne Principal Governance Officer. Tel: 01484 221000.

8: COVID-19 Update

35 - 44

The Panel will receive an update on the local position and response to the COVID-19 pandemic.

Contact: Emily Parry-Harries Consultant in Public Health / Head of Public Health Kirklees. Tel: 01484 221000

9: Work Programme 2020/21

45 - 50

The Panel will review its work programme for 2020/21 and consider its forward agenda plan.

Contact: Richard Dunne, Principal Governance Officer Tel: 01484 221000.

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Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 23rd July 2020

Present: Councillor Habiban Zaman (Chair)
Councillor Alison Munro
Councillor Lesley Warner

Co-optees David Rigby
Peter Bradshaw
Lynne Keady

In attendance: Martin Barkley – Mid Yorkshire Hospitals NHS Trust (MYHT)
Anna Basford – Calderdale and Huddersfield NHS Foundation Trust (CHFT).
David Birkenhead – CHFT
Helen Hunter – Healthwatch Kirklees
Emily Parry-Harries – Head of Public Health Kirklees
Andrew Smith - MYHT

Apologies: Councillor Fazila Loonat
Councillor Vivien Lees-Hamilton

1 Minutes of previous meeting

The Minutes of the meeting of the Panel held on 25 February 2020 were approved as correct record.

2 Interests

Lynne Keady declared an interest in item 6 (Impact of COVID-19 on Kirklees Acute Hospital Trusts)) on the grounds that she was a volunteer for Healthwatch Kirklees.

Cllr Warner declared an interest in item 6 (Impact of COVID-19 on Kirklees Acute Hospital Trusts) on the grounds that she represented Kirklees Council on the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.

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 Impact of COVID-19 on Kirklees Acute Hospital Trusts

The Panel welcomed Anna Basford and David Birkenhead from Calderdale and Huddersfield NHS Foundation Trust; Martin Barkley and Andrew Smith from Mid Yorkshire Hospitals NHS Trust; Emily Parry-Harries from Kirklees Public Health; and Helen Hunter Healthwatch Kirklees.

Ms Basford stated that Calderdale and Huddersfield NHS Foundation Trust (CHFT) had tested 12,000 people of which 500 had tested positive for COVID-19.

Ms Basford informed the panel that in recent weeks the numbers of people coming to hospital that had tested positive for the virus had reduced and there were currently low numbers of inpatients.

Ms Basford highlighted from the panel's presentation pack the work that had been done to segregate areas of the hospital and details of the demographics.

Mr Birkenhead explained that during the last few months COVID-19 had been a challenge for CHFT and outlined a number of challenges that included the impact of the absence of staff due to the virus.

Mr Birkenhead outlined in detail the demographics from a hospital perspective and highlighted that the majority of patients who had died as a result of COVID-19 had multiple comorbidities.

Mr Birkenhead informed the panel of the financial impact of COVID-19 and outlined the pathways to care that CHFT had introduced.

In response to a question on why males were at higher risk of the virus Mr Birkenhead stated that they weren't at higher risk of getting the virus but did suffer from more severe symptoms although the reasons for this were still subject to ongoing research.

In response to a question on how many inpatients CHFT could manage Mr Birkenhead stated that the trust had prepared to receive up to 400 COVID-19 patients and of these up to 70 needing intensive care support.

Mr Birkenhead confirmed that there was capacity at CHFT although the trust would potentially face further challenges during the winter months as it would have to be prepared for an increase in respiratory illnesses as a result of winter flu and cope with the risk of further surges in the virus.

Ms Basford explained that the capacity had been created by stopping routine planned surgery and the suspension and slowing down of elective surgery was a challenge as a second wave of the virus would impact further on these pathways of care.

In response a number of questions relating to testing; the use of face coverings in hospital; the availability of PPE; and the timescales for the commencement of the flu vaccination programme Mr Birkenhead stated that all patients discharged to care

Health and Adult Social Care Scrutiny Panel - 23 July 2020

homes were tested within 48 hours of discharge and would not be sent if they tested positive.

Mr Birkenhead explained that people visiting the hospital and staff were compliant in the use of face coverings and confirmed that PPE had been a challenge, but the trust had never run out of supplies. Mr Birkenhead also stated that the trust had started planning for the flu season and that the trust usually received the vaccination in September.

Dr Smith outlined details from Mid Yorkshire Hospitals NHS Trust (MYHT) presentation that included details of the COVID-19 patient profile; details of the trust's incident plan; changes in practice; the different pathways to care; the support that was provided to staff; and data and demographics for people in North Kirklees.

Dr Smith informed the panel of the financial impact on the trust as a consequence of COVID-19; details of key lessons learned; the changes to the estate that were required; the impact on services including the need to reduce elective surgery; the focus on finding innovative ways of working to mitigate the trusts reduced capacity; and the planning for future surges during the winter months.

Ms Hunter informed the panel of the feedback that Healthwatch Kirklees had received from residents that included the gratitude from members of the public for the commitment of NHS staff; the reasons why some people were not accessing hospital services; and the concerns that were beginning to emerge from people unable to access routine care.

Ms Hunter stated that Healthwatch felt there was a need to ensure that the narrative coming from Kirklees to its residents was clear. Ms Hunter informed the panel that Healthwatch was aware that there appeared to be an increase in the numbers of people accessing A&E because of mental health needs and were looking at the reasons for this.

Ms Hunter explained that Healthwatch had received mixed feedback on digital access and although many people had found digital access convenient most still wanted to have some face to face interaction with a clinician or health care specialist.

Ms Hunter stated that Healthwatch was concerned of the potential surge in demand from people who had not had earlier enough intervention for their medical need and how this would be managed alongside the surges in winter related illnesses.

Ms Parry-Harries informed the panel that the current focus for public health was to proactively reach into those communities where the council was currently seeing increases in contracting the virus.

Ms Parry-Harries explained the process they followed for reviewing the data which included a rapid mobilisation in those areas that were experiencing increases in the virus.

Health and Adult Social Care Scrutiny Panel - 23 July 2020

Ms Parry-Harries stated that the messages about COVID-19 were the same as the beginning of the outbreak and highlighted the importance of not over complicating the messages.

Ms Parry-Harries provided the panel with some good news stories that included the numbers of childhood vaccinations remaining stable; an increase in breast feeding rates; and the positive aspects of digital access to consultations.

Ms Parry-Harries informed the panel of the potential health debt that was being created by COVID-19 for those people who had not accessed medical services during the early stages of disease.

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

- A concern regarding the numbers of staff working in the NHS and Social Care and how they would cope with a second wave of the virus.
- An explanation of how reductions in the numbers of inpatients and activity in the operating theatres had enabled MYHT to redeploy its staff to work in its intensive care and high dependency units.
- The concerns and anxiety about the additional pressures that the hospitals could face in the autumn and winter months.
- The emotional and physical demands placed on NHS staff during the peak periods of the pandemic.
- The need to get across the message that despite the easing of the lockdown that the pandemic was still very prevalent in the community.
- An explanation of the use of private sector facilities during the crisis.
- The approach being taken by the council in targeting messages to those communities who were less compliant with the COVID-19 guidelines.
- The need to get better at conveying the messages on what people needed to do to protect themselves and others from the virus.
- The use of face coverings and the work undertaken by the voluntary sector in providing valuable support to the community through foodbanks.
- A question on whether public health was getting the level of data it needed to support an effective trace and isolate programme.
- An overview of the progress on the data being received that included confirmation that public health would imminently be receiving data at household level.
- A question on the relationship between local public health and Public Health England.
- An overview of the working relationship between Kirklees Public Health and Public Health England.
- A question on the progress that was being made in developing a trace and isolate app.
- An overview of the position of the pandemic in Kirklees and the good work that was taking place across all local organisations to respond to COVID-19.
- The need to capitalise on the lower levels of attendance at A&E departments but without deterring those patients who genuinely required immediate medical attention.

Health and Adult Social Care Scrutiny Panel - 23 July 2020

- Confirmation that there was currently sufficient capacity in the local system to cope with a resurgence of the virus.
- An appreciation of the collaborative working that was taking place across the local health and social care system.
- An overview of the increase in the numbers of people presenting at MYHT's A&E departments which included higher levels of attendances relating to mental health issues.
- The numbers of people who were attending emergency departments because they felt they could not access their GPs.
- The work being done with CCGs to ensure that there were clear messages being conveyed to the local population on accessing the right pathway of care.
- MYHT's appreciation of the work being carried out by Kirklees adult social care in helping to provide the efficient discharge of patients who required social care support.
- A question on what services had not yet restarted and the timescales for when these services would resume.
- An overview from CHFT on the work it was taking in prioritising referrals based on the clinical needs of patients.
- The challenges of dealing with the volumes of referrals when faced with a reduced capacity because of the pandemic.
- The concerns of Healthwatch that people were being discouraged from seeking the care they needed because they were struggling to access the correct service or pathway of care.
- The importance of having a clear message on the pathways of care for people who were on waiting lists and getting anxious due to the lack of progress or where their symptoms had started to deteriorate.
- The role of GPs in escalating urgent referrals and NHS 111 in assisting in emergency cases.
- Details from MYHT on how they were using senior clinicians in their emergency departments to triage patients and signpost them to the most appropriate pathway of care.
- A question on the progress made in the therapeutic treatment of patients with the virus.
- The work that was taking place nationally and internationally in developing a vaccine.
- An overview of some of the emerging therapies for treating the virus.
- An overview of the changes that had taken place in hospital services in response to the pandemic and the continuing importance of digital access.
- The impact of infection prevention control on inpatient services.
- The likelihood that home working for some staff would continue over the longer term.
- The advantages of digital consultation and the benefits of this approach to the NHS, patients and the environment.
- The desire to accelerate the use of digital technology to provide different forms of access because of the benefits for convenience and access.
- Acknowledgement that work would also need to take place to ensure that people who did not have access to digital technology were not disadvantaged.

Health and Adult Social Care Scrutiny Panel - 23 July 2020

- The desire to keep the momentum on collaborative working that was taking place across the local Health and Adult Social Care sector.
- The importance of people getting tested if they genuinely believed they had the symptoms of COVID-19.
- The importance of having one central place-based message on how people could stay safe and prepare for the winter months.

7 **Setting the Work Programme for 2020/21**

Cllr Zaman informed the panel that the pandemic had resulted in fewer scheduled meetings due to the limited capacity available to support the council's virtual meetings.

Cllr Zaman stated that careful consideration would need to be given to prioritising the issues included in the panel's work programme for 2020/21.

The panel reviewed its work programme and agreed the following:

- Financial position of the Kirklees Health and Adult Social Care Economy should remain a priority and include the financial impact of COVID-19 on care homes and the implications for their long-term viability.
- Community Care Services should remain on the work programme and that discussions should include the changes to how primary care is accessed as a result of the pandemic.
- That it would be helpful to schedule additional informal meetings and workshop sessions in order to supplement the reduction in the number of formal public meetings.
- That a mental health services workshop be arranged with South West Yorkshire Partnership NHS Foundation Trust.
- That the item covering the Kirklees Integrated Wellness Service linked well with the work being done through the Kirklees Health and Wellbeing Plan 2018/2023.
- That the annual presentation from CQC on the Quality of Care in Kirklees should remain a priority with a focus on Adult social care and care homes.
- Suicide prevention should remain on the work programme.
- That the presentation of the Kirklees Safeguarding Adults Board Annual Report should remain a priority to include the impact of COVID-19 on safeguarding adults.
- That items 7 (Mid Yorkshire Hospitals NHS Trust Ambulatory Emergency Care Services and Services provided at Dewsbury and District Hospital); 8 (Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust); and 9 (Yorkshire Ambulance Service (YAS) Response Times) be monitored through written updates.
- That the panel be provided with details of any issues covered by the Joint Health Scrutiny Committees that linked to the work programme or had an impact on the local health and adult social care system.
- That the Kirklees Immunisation Programme should remain on the work programme.
- That winter planning remains a priority issue.

Health and Adult Social Care Scrutiny Panel - 23 July 2020

- That the proposed new issue looking at the pilot development of a local Community Care Package to include the new models of care in people's own home should remain.
- That item COVID-19 should be included as a standing item on all future meetings.
- That the item covering the effectiveness of smoking cessation arrangements in Kirklees should be included on the work programme to include a focus on how people with complex mental ill health were supported in this programme.

8 Dates of meetings for 2020/21

The dates of the meetings for 2020/21 were agreed.

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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.

Kirklees Health and Adult Social Care Scrutiny Panel

Briefing Paper – Kirklees Care Homes Programme

1.0 Introduction

1.1 The aim of this paper is to provide an overview of the Kirklees Care Homes Programme that has been developed by the newly established Care Home Board. The Board will develop and implement the programme plan, which will:

- Detail of the support to care homes during COVID
- Describe the medium and long term actions that are planned
- Describe the system-wide approach to enhancing health in the care homes and
- The plans to support the sustainability of the sector.

1.2 Kirklees currently has the following CQC registered care homes configuration (July 2020):

Kirklees Care home type	Number of homes	Number of beds
Older People's	70	2,949
Learning Disability	50	517
Mental Health	7	75
Total	127	3,541

The Kirklees Care Home Programme plan encompasses all the above care settings and residents within.

2.0 Background

2.1 The Kirklees Care Home Programme builds on the key elements of The Framework for Enhanced Health in Care Homes¹. This sets out a clear vision for providing joined up primary, community services, hospitals and social care to residents of all care homes, via a range of reach services.

2.2 The EHCH model has three principal aims:

- Delivering high-quality personalised care within care homes
- Providing, wherever possible, for individuals who (temporarily or permanently) live in a care home, access to the right care and the right health services in the place of their choosing
- Enabling effective use of resources by reducing unnecessary conveyances to hospitals, hospital admissions, and bed days whilst ensuring the best care for people living in care homes.

2.3 In the EHCH model, care providers work in partnership with individuals and their families, local GPs, community healthcare providers, hospitals, social care, and wider services to deliver care. Services are 'wrapped around' the individual and their family, who are connected to and supported by their local community. Proactive, personalised care and support becomes the norm (further detail in section 7.1).

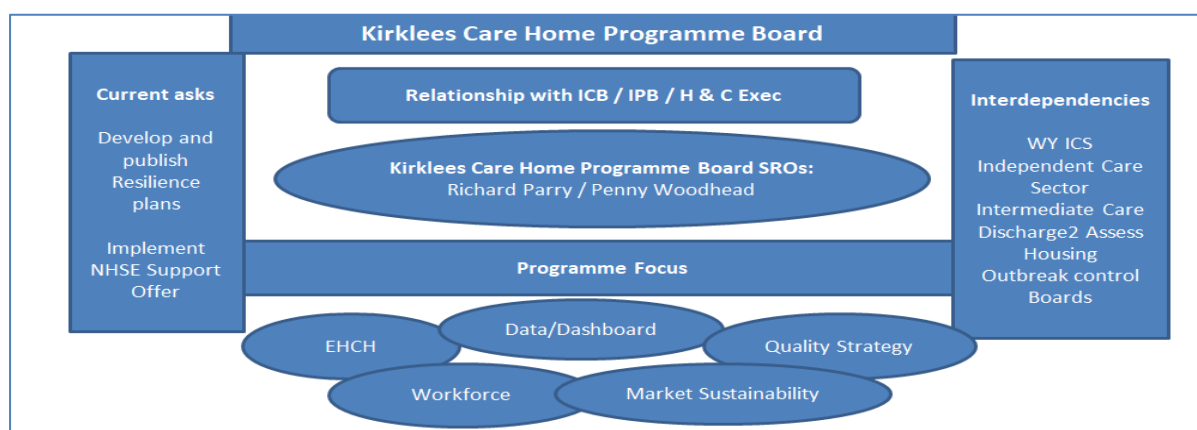
2.4 In addition, our Kirklees Care Home programme also incorporates the Kirklees care home contracting and quality infrastructure. This aims to capture all the work aligned to care homes across the health and social care system. It provides a basis on which to view care home support as a whole and identify any duplication; gaps in provision and areas to support improvement.

Briefing Paper – Kirklees Care Homes Programme

3.0 The Kirklees Care Home Programme Board

3.1 The Kirklees Care Home Programme Board is led by the Strategic Director Adult at Kirklees Council and the Chief Quality and Nursing Officer for the Clinical Commissioning Groups (CCGs). Membership includes senior representation from across partner organisations. The Board is responsible for the strategic development and short term operational delivery of care home support based on the Programme Plan.

3.2 The diagram below details the current focus of the programme.



3.3 The purpose of the Care Homes Programme Board is to provide strategic direction, oversight and to facilitate the delivery and implementation of the Kirklees Care Home plan. Its aim being to improve the health and wellbeing of people living in Kirklees care homes as well as providing support to ensure and maintain a vibrant high quality care home sector. It will do this by:

- Building relationships and trust with care homes and partner organisations
- Providing a forum for open and transparent sharing, discussion and debate regarding utilisation of health and social care resources to benefit people living in care homes and to help the health and social care economy make the best use of available resources
- To unblock system-wide barriers to improving health and wellbeing in care homes through use of a consistent and innovative approach to areas such as planning, performance, consultation and resource allocation
- To receive updates and recommendations from work stream leads and provide direction and escalation of issues where required.

4.0 Current focus

4.1 To complement the EHCH framework a number of requirements to support care homes have been developed as part of the COVID response, including:

- A universal healthcare support offer designed for implementation in the North East and Yorkshire designed by colleagues from across the Region which includes a set of guiding principles²

Briefing Paper – Kirklees Care Homes Programme

- An NHS England Care Homes Support Model³ which required implementation of a clinical service and service enablers from May 2020
- A COVID-19 Local Care Home Support Plan⁴ – guidance for local authorities and system partners.

All the above requirements are addressed through the programme plan which has been broken down in to short, medium and long term needs.

4.1.1 Develop and publish Resilience Plans

4.1.2 The Kirklees Council Infection Prevention and Control (IPC) team has visited and conducted yearly Care Home environmental audits to those homes with 12 or more residents. The team has developed a robust audit programme to gain assurances in relation to -The Health and Social Care Act 2008: code of practice on the prevention and control of infections (revised 2015). These care homes are provided with an audit score and action plan outlining good practice and recommended improvements as per the code of practice. The IPC audits generate a score that is RAG rated and dictates additional support visits to the home, any areas of concern are shared with key partners.

4.1.3 It is acknowledged that the routine and planned Environmental Care Home IPC Audit and support visits have been suspended due to the global COVID-19 pandemic, and national /local lockdown guidance. This has postponed the planned IPC programme of environmental audits to health and social care facilities. The IPC team receive information from PHE or from the homes themselves about Care Home COVID positive cases which instigates daily calls from the IPC team. The homes are provided with an outbreak pack and care plans, which assists the managers to ensure that prevention measures are followed. The IPC team continue to support and manage all outbreaks within care homes, providing specialist IPC advice, and documentation. All outbreaks are communicated via daily SITREP to all partner organisations.

4.1.4 On 29th April 2020 NHS England's Chief Executive Sir Simon Stevens and Chief Operating Officer Amanda Pritchard wrote a letter setting out the second phase of the NHS response to Covid-19.⁵

4.1.5 There was recognition of the scale of challenges faced within communities and it was reaffirmed that CCGs must continue to partner with local authorities and Local Resilience Forums (LRFs) in providing mutual aid with our colleagues in social care, including care homes.

4.1.6 An essential part of the mutual aid offer was to provide training within all CQC registered care homes across the CCG place (Kirklees) on PHE's recommended approach to infection prevention and control within these settings. This was intended to ensure all relevant precautions were in place and being adhered to, maximising the safety of the environment in which to live and work, particularly focusing on care homes that lack the infrastructure of the bigger regional and national chains.

4.1.7 Representatives from the Kirklees IPC team and the CCG Quality Team attended the virtual national super trainer programme. The model agreed nationally was to train 1 whole time equivalent (WTE) super trainer who then trained 10 WTE local trainers per 100 care homes with a minimum of 1 (WTE) super trainer per CCG.

Briefing Paper – Kirklees Care Homes Programme

4.1.8 Friday 29th May 2020 was the target set nationally to offer the training to all CQC registered homes, and where accepted, provide the training. This was just 4 weeks from the letter setting out the second phase of the NHS response to Covid-19.

4.1.9 Kirklees achieved 100% of homes being offered the training by Friday 29th May.

4.2.0 Out of 127 homes, 15 received face to face training, 73 by virtual means and 39 declined the initial offer; however, a further 11 came back to accept the offer and had the training provided at a later date.

4.2.1 Nationally, NHS England / Improvement reported that thanks to everyone involved the offer reached 99.8% of care homes accepting or declining the training and that training was delivered either face to face or virtually to 10,007 care homes by the target of Friday 29th May 2020.

4.2.2 The Kirklees approach to the provision of training was to provide care homes with a slide set produced by The Infection Prevention Society (2020) which demonstrates IPC best practice, outbreak management and environmental decontamination. Practical elements included demonstrations and participant practice of the correct donning and doffing of PPE.

4.2.3 Local Authority, CCGs, Locala and SWYPFT re-deployed colleagues were trained in order to deliver the IPC training in to care homes.

4.2.4 The IPC team has summarised PHE guidance and provided resources using the NHS platform and a weekly Kirklees Collaborative Communication for Care Homes was developed which encompasses all relevant Local Authority, IPC, Provider (acute, community, primary care) and CCG updates to care homes in one place. The communication is also circulated via email and has been well received.

4.2.5 Moving forward the CCGs and Local Authority are looking to develop a robust training programme for care home staff. The programme would be assured, competency assessed and supported by an agreed update process which allows assurance on IPC compliance to increase safety within the home the carer currently works in, and through the update mechanisms increase safety across the sector should staff secure new employment in different home settings.

4.2.6 The training programme would be based on a role specific training needs analysis and deliver training at an appropriate level dependant on confirmation of an NVQ qualification.

4.2.7 The partnership arrangements in Kirklees to ensure market resilience, the enhanced offer of support to all care homes and our next steps were described in a letter to Helen Whately, Minister for Care in response to the Support to Care Homes letter dated 14th May 2020.

4.4.2 Flu planning

- Support place-based approach to planning and delivery.
- Maximise patient access to the flu vaccine (making every contact count).
- Support the design of efficient, convenient and safe delivery models across the system.
- Bring about a step change in the uptake of vaccination among all eligible groups in line with national ambitions.

Briefing Paper – Kirklees Care Homes Programme

5.0 Engagement

5.1 Both the experience of COVID and development of the Programme plan have highlighted the need for improved engagement, communication and co-design of services with the care home sector, building upon work that has already been undertaken by the Kirklees Council Contracting Team and the Integrated Quality Team . The following positive engagement initiatives are a result of the ongoing joint working relationships across the care home system:

- Weekly system-wide care home communication briefing
- Weekly Virtual care home support meetings
- Monthly Care Home Provider Forum
- Invite to care home managers to join the Care Home Programme Plan group
- Work with providers started on co-designing the future of the care home market in Kirklees.

6.0 Finance

6.1 As a result of national Covid related financial initiatives to support the sector, and local engagement, the following financial support has been provided:

- Support with additional COVID related spend including an additional 5% premium on the care home weekly rate
- Disbursement of £4.5 million national Infection Control funding for Care Homes
- Financial underwriting of COVID related voids from March to end of September 2020.

Furthermore, market development and shaping including looking at pricing and fee structures is taking place.

6.1.1 Voids

6.1.2 Prior to March 2020 care home voids remained within 10-12% of total capacity (approximately 290 vacant beds) for older people residential and nursing settings. From April 2020 void levels began to increase reaching a peak in July 2020 with 22% of available beds vacant (approximately 520 vacant beds). Whilst void levels have started to decrease levels continue to remain higher than historical averages with voids for September 2020 at 20% (494 beds) of the total available care home beds in Kirklees (*See Appendix 1*).

6.1.3 The increase in voids is a direct result of the increased death rate experienced through the pandemic in turn with the reduction in placements being agreed within care homes during this time and the increase in the number of new community support / domiciliary care packages. The number of care home placements agreed has now increased to roughly pre pandemic levels (please not note all agreed placements actually commence). (*See Appendix 2*).

7.0 NHS Support Offer

7.1 The first NHS letter describing the *Clinical Services Model* support offer was received on 1st May 2020 and included the implementation of:

Briefing Paper – Kirklees Care Homes Programme

- A Weekly check-in process with all care homes led by general practice to review residents identified as clinical priority and supporting the use of remote monitoring
- Development and delivery of personalised care and support plans for care home residents
- Provision of pharmacy and medication support to care homes
- Align care homes to Primary care Networks (PCNs)
- Ensure out of hours provision
- Direct referrals into secondary care
- Wider COVID support.

7.2 The EHCH Group worked with the PCN Clinical Directors and quickly implemented the weekly check-ins and clinical lead role, supported by weekly catch ups. Both these roles are now under evaluation with any learning expected to inform delivery of the Care Home Direct Enhanced Service model.

7.3 During the COVID period, Locala have re-deployed staff to support the North Kirklees Care Home Sector around advanced care planning.

7.4 Re-deployment of Locala staff to support the North Kirklees Care Home Sector in advanced care planning, pharmacy support. This was related to End of Life Medication/Palliative care medication in line with national guidance around the national scheme to enable the re-use of these medications in specific circumstances. There has also been additional support from the CCGs Medicines Management team around clinical medication queries and more recently the involvement in establishing proxy ordering. This will enable remote ordering of medication by care home staff on behalf of care home residents (with patient/carer consent). In addition, work is ongoing to identify funding for Presquipp training⁶ which aims to:

- Support staff in the use of clear systems and processes needed across the medicines optimisation pathway to improve the safe and effective use of medicines in care homes
- Support the implementation of recommendations in the NICE guideline on managing medicines in care homes. It also supports statement 3 in the NICE quality standard on medicines management in care homes.

7.5 All care homes were aligned to PCNs; however Kirklees practices have gone one step further to align one practice to one care home across the district which will improve communication and relationships alongside more efficient working for both practices and care home staff. This will also help build relationships with all health partners.

7.6 Out of hours provision continues to be provided by Local Care Direct who also provide virtual reviews, where appropriate.

7.7 Relationships continue to build with secondary care teams around the ongoing support of the care home population with discussions around supporting the 0-2 hour's service and weekly check-ins.

7.8 Wider COVID support has included training; support and provision of PPE from the Infection Control Team; access to testing for staff and residents; use of remote consultations with GPs and community teams; provision of clinical equipment such as pulse oximeters and implementation of the SBAR communication tool (situation; background; assessment and recommendation)⁷.

Briefing Paper – Kirklees Care Homes Programme

8.0 Programme Focus

8.1 Data/Dashboard

8.1.1 The Capacity Tracker is an established tool that has been developed in partnership with NHS, local authorities, and care providers. It provides information that supports discharge planning processes and enables tracking of care home capacity and vacancies. All care homes are required to use Capacity Tracker to report the following information:

- Number of beds
- Number of bed vacancies
- Current status (e.g. open/closed to admissions, including the number of COVID-19 residents)
- Workforce/staffing levels
- Testing and mutual aid support.

8.1.2 Processes are in place to review the Capacity Tracker (CT) data on a daily and weekly basis and, as a system, act on the results. Plans are in place to look at collating the CT data with placement data to gain good insight into the market, however further work is also needed to identify other intelligence and data sources which will assist a deeper understanding of the market going forward.

8.2 Enhanced Health in Care Homes

8.2.1 The work stream is focussing on delivery of the EHCH Direct Enhanced Service (DES) which brings together community and primary care to deliver against:

- Supporting residents to register with their aligned care home
- Development of personalised care and support plans
- Weekly home rounds / Multi-Disciplinary Team working
- Structured Medication Reviews
- Development of record sharing protocols.

8.2.2 A system-wide EHCH Task and Finish Group, chaired by Care Home Clinical Leads (Dr Nadeem Ghafoor; Dr Razwan Ali) are working through the requirements for delivery of the DES alongside the wider Care Home Programme Plan requirements.

8.2.3 Achievements to date include:

- Delivery of the weekly check-ins and PCN clinical leads
- Alignment of one practice per care home
- Identification of a clinical care home lead per practice
- All practices coding care home residents to allow robust monitoring
- 100% of care homes have an NHS.net address
- 100% of care homes submit to the NHS Capacity Tracker tool
- Virtual reviews taking place across all care homes
- Pulse Oximeters/BP machines and thermometers delivered to care homes where equipment not already available
- Equipment training provided alongside implementation of the SBAR tool

Briefing Paper – Kirklees Care Homes Programme

- Older People's care homes supported with advanced care planning and end of life training
- Red Bag scheme rolled out across all Older People's care homes with plans to digitise the scheme
- Mapping training and education needs across all care homes.

8.2.4 The EHCH Task and Finish Group is currently planning further areas for improvement. An independent evaluation of the enhanced offer, led by Sheffield Hallam University, is currently taking place, Penny Woodhead is a member of the Steering Group overseeing this work. Reporting is anticipated in October 2020 and we will ensure any findings are considered by the Programme.

8.2.5 The challenge of the COVID crisis has had a detrimental effect on the Care Home market across Kirklees, particularly the older people's market. Work is under way to look at the future of the care home market in Kirklees to make it fit for purpose and sustainable in the months and years to come. An independent evaluation of the market is being commissioned by the Council leading to a market sustainability plan along with providers developing a Care Provider Association.

8.3 Integrated Care Home Quality Strategy

8.3.1 The Kirklees Integrated Care Home Quality Strategy, implemented June 2019, identifies the strategic vision for care homes, but also presents the operational processes to be followed to deliver this when there is an identified risk of a failing Care Home Provider. The stages are clearly defined and described, as well as the requirements at an individual and organisational level at each stage.

8.3.2 The Strategy was developed to reflect the aims and requirements of the following, recognising, at the time, the future developments in regard to EHCH and the interfaces that would need to be defined and developed:

- The NHS 5 Year Forward View - improved health/ wellbeing, transformed quality of care delivery, and sustainable finances
- The Kirklees Health and Well Being Plan - the role Commissioners will take in supporting the delivery of sustained, safe care for the Kirklees population inclusive of those where a care Home is their Home
- Kirklees 2020 Vision – a joined-up health and social care system that delivers, no matter where they live, people in Kirklees live their lives confidently, in better health, for longer and experience less inequality.

8.3.3 These drivers support the commitment of Health and Social Care Commissioners of care homes to deliver on the following:

- Individual experience – both more effectively acting upon what individuals tell us and strengthening their voice in service improvement
- Safety of care home services, by targeting areas of concern raised by external or local intelligence
- Safe, effective, caring and compassionate practice
- Delivering dignified and respectful care, demonstration maximised independence and choice

Briefing Paper – Kirklees Care Homes Programme

- Robust pathways of care, including effective utilisation of currently commissioned health services, as well as implementation of the Enhanced Health in Care Homes guidance
- Commissioning intentions and implementing new models of service delivery.

8.4 Workforce

8.4.1 The programme plan includes the following development areas relating to workforce which will be addressed over the coming 12 months:

- Joint workforce planning to be undertaken at STP/ICS and local level with independent adult social care representation in order to ensure a sustainable supply of appropriately skilled staff
- Ensure investment in professional development for care home managers, nurses and care practitioners to maximise the training and professional development opportunities available. Training and development to be delivered through collaborative and contractual arrangements
- Ensure care practitioners are trained in competencies such as wound management, nutrition, and falls and all of the care elements and sub-elements of this framework. All staff to be offered training in other complex conditions such as dementia and end-of-life care
- Develop and test new roles within primary care, establishing nursing banks across an area, making changes to training pathways for pre-registration nursing (both Registered Nurse and Nursing Associate) students to expose them to the care setting
- In2Care workforce recruitment and development team support providers to recruit and retain staff within the care home sector.

9.0 In Summary

9.1 The Care Home Programme Board, supported by the Care Home Programme plans aim to enhance health and delivery of care in care homes with aim that all care homes achieve good or outstanding CQC ratings realized through a co-designed care home plan which is fit for the 21st century and recognises changes in demand and the Kirklees demographic.

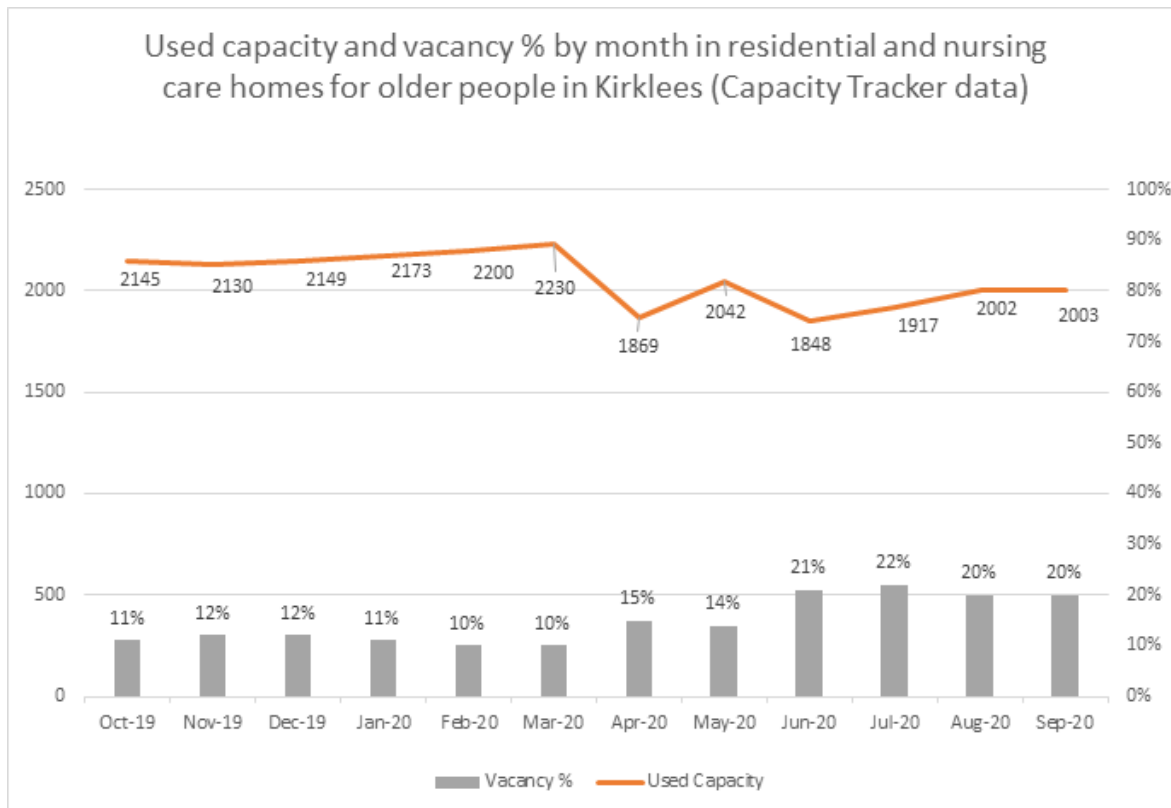
9.2 The aim is also to develop a market that is financially sustainable through robust commissioning and contract management, advice and guidance and provider support using a collaborative working between health and social care. This will be achieved by delivery of the programme plan, all sections working in tandem towards this aim supported by a clear partnership, system-wide approach.

Briefing Paper – Kirklees Care Homes Programme

APPENDICES

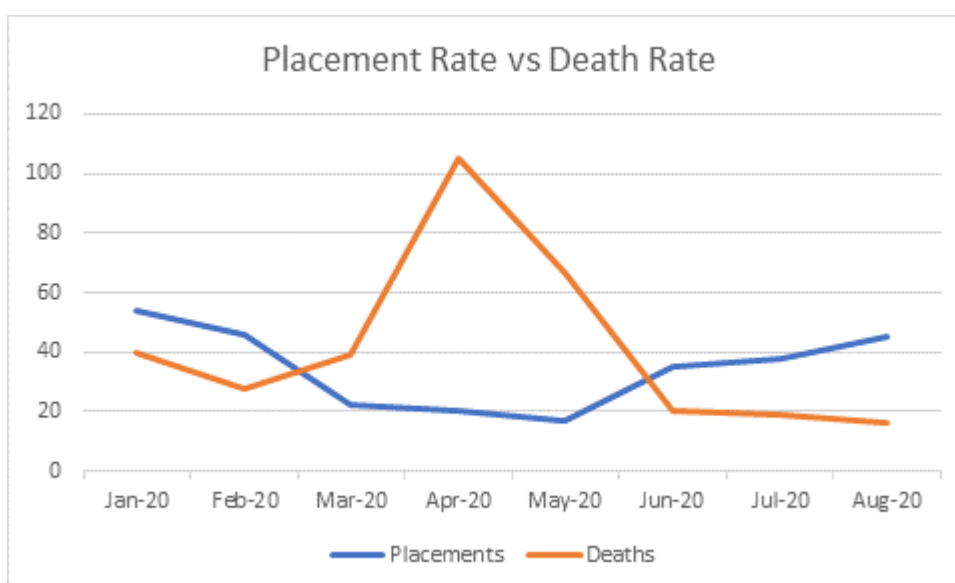
Appendix 1

Used capacity and vacancy levels

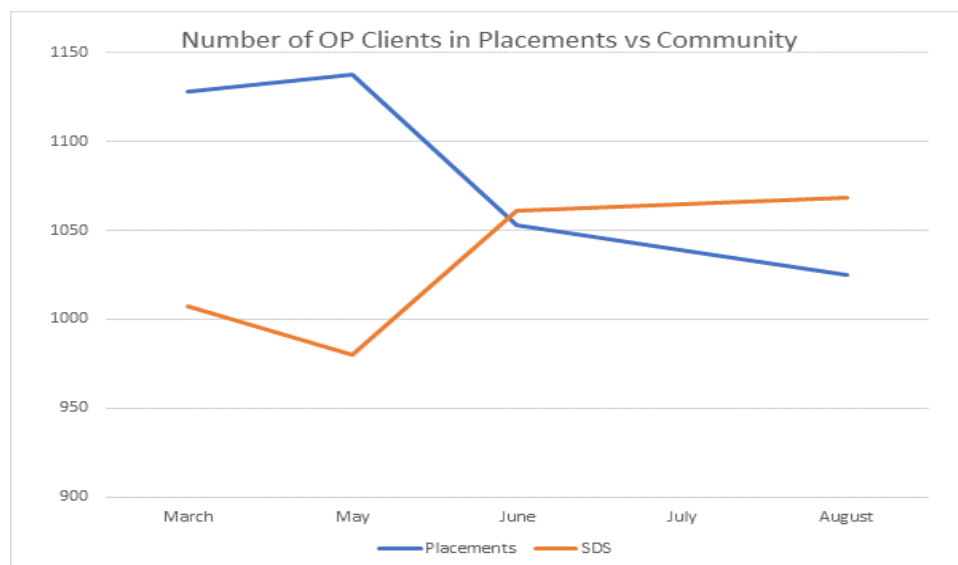


Appendix 2

Placement levels



Briefing Paper – Kirklees Care Homes Programme



Appendix 3

Details of letter sent to Helen Whately, Minister of State for Care, 29th May 2020

Dear Minister

I am writing in response to your letter dated 14 May 2020 – Support to Care Homes.

This letter outlines the details of the partnership arrangements in Kirklees to ensure care market resilience, the enhanced offer of support to all Care Homes and our next steps.

In developing the Kirklees Support Plan for care homes, we have used our existing strong partnership arrangements and agreed governance processes. Executive leadership from the Kirklees Director Adult Social Services, Director Public Health and the Chief Quality and Nursing Officer for the CCGs has ensured that the support offer to all our 129 care homes in Kirklees has been developed and implementation started.

The support offer includes IPC, Testing, PPE, Workforce and Clinical Support. The support plan aligns to national and regional guidance in relation to supporting Care Homes, for example the Chief Nurse letters, for 'Training the Trainers' on Infection Prevention and Control, COVID-19 response: Primary care and community health support care home residents, and the North East and Yorkshire Region 4 principles to deliver enhanced healthcare in care homes.

Assurance that actions are being implemented and plans are in place

We have established a Care Home Programme Board with joint SROs from the DASS and Chief Quality and Nursing Officer for the CCGs. There is senior representation from across partners. The Board is responsible for the strategic development and short term operational delivery of care home support.

The Council and the CCGs have a history of working in partnership with our care home sector to improve the quality of local provision. Over the last 18 months we have seen a positive increase in the CQC 'good' ratings of our homes from previous 'requires improvement' and 'inadequate' ratings. We have achieved this by working collaboratively with our care homes from an integrated perspective, providing specific or general support to ensure that improvements in the quality of care is delivered to residents.

Briefing Paper – Kirklees Care Homes Programme

We have arrangements in place to support providers with short term PPE when normal supply routes are unsuccessful. So far, this has resulted in the distribution of more than 45,000 items of PPE to social care providers.

Our IPC team have been providing substantial advice and support around IPC and access to testing arrangements.

Our approach to short-term financial pressures experienced by care providers

We have worked with our care home providers to develop a process for a new contract from 2021 which also includes reviewing the costs of providing care in Kirklees. The Council has on a consistent basis increased care home fee rates. For 2020/21 this was an increase of 5% on average across the sector from April 2020.

The Kirklees system has recognised the short term financial challenges that the sector has experienced. In April 2020, the Council and CCGs agreed a 5% provider relief to the care home sector.

Other support has included an extra 5% enhancement to a small number of mental health and learning disability care homes commissioned by the CCGs where enhanced observations and support were required due to Covid-19.

We have also established an offer of further financial support tailored to the circumstances facing individual homes.

These payments, combined with the fee rate increases, has resulted in every provider receiving an increase from April 2020 in the region of at least 10% (depending on the circumstances of the home) in line with the recommendation of the LGA and ADASS.

We have also worked with our Business and Economic Development unit to ensure Home Care providers have been informed of the range of additional financial support services from Kirklees Council that they may be eligible for.

Our approach agreed locally to provide alternative accommodation

The recent national guidance has set out how health and care systems and providers should change their hospital discharge arrangements and ensure the provision of community support during the coronavirus pandemic. Specifically, there has been a

requirement that “unless required to be in hospital, patients must not remain in an NHS bed” and they must be discharged as soon as it is clinically safe to do so.

Using our partnership approach, Kirklees has managed local capacity and demand to support discharge flow, comply with national requirements and acknowledge that recuperation is better in non-acute settings. This has been achieved by block contracting over 100 beds in a variety of care home settings across the district.

It has been recognised that we need to support our care home sector and shield them where possible from Covid-19 positive individuals that are deemed medically fit for discharge from an acute hospital bed.

To meet the needs of these individuals currently we are using the bed capacity within the two Kirklees Council intermediate care bed units (80 beds in total).

Briefing Paper – Kirklees Care Homes Programme

This will allow the flexible use of these bed bases as part of the Kirklees plan to meet the national Coronavirus (COVID-19): hospital discharge service requirements while supporting our care home providers.

Local co-ordination for placing returning clinical staff or volunteers into care homes

We use the capacity tracker daily to identify any pressures in services that require additional support including redeployment of staffing resource. Staff from the CCGs and the Council have been redeployed to support the work in care homes.

We have worked with the regional bring back staff programme to ensure we have a process in place to receive returners. We have a draft workforce sharing agreement should we need to enact it.

Through our existing, award winning, In2Care workforce recruitment and development team we have been supporting providers to recruit additional staffing.

We have a strong process in place supporting shielding patients through an extension of our community plus offer and the VCS and we can draw from this for volunteers to support the care home sector.

We are using our existing workforce steering group to co-ordinate this work.

Clinical Support Offer

The Council and CCGs are working with primary care, community, mental health, and hospital partners to deliver an enhanced health support offer to each care home in Kirklees. We are building on the work of the Care Home Support Team to enhance the offer into all homes across Kirklees.

This will consist of:

• A Daily Check in

By using the detail in the capacity tracker we will identify the homes that require any additional support around COVID infection; PPE; Training; Workforce and Mutual Aid. Homes will then be called to discuss the specific concerns raised by the Capacity Tracker and if required access to a specific service will be supported. In order to facilitate the daily call it is requested that care homes update the Capacity Tracker by 4pm daily. The service will commence on 1st June 2020.

• Weekly Check In

A multidisciplinary team (MDT) of GPs, community nurses and allied health professionals (AHPs) will deliver a weekly (virtual if appropriate) home round to support the care of the most vulnerable residents in each care home. This will start week commencing 1st June 2020 and will also support all residents to have an agreed personalised care and support plan.

• Clinical Lead

Every care home has a named clinical lead that will provide support, direction or coordinate requests to other partners across the system.

• Out of hours

Across Kirklees there is access to 24-hour support by telephone or video link. This will be by the normal contact routes – 111 with liaison to Local Care Direct or in an emergency 999.

Briefing Paper – Kirklees Care Homes Programme

Individuals that are purely Covid symptomatic with no other urgent health needs will be managed remotely. Visits will take place where other needs present that do not require a hospital admission/attendance.

• **Testing**

Guidance and support for testing is constantly evolving but we will ensure support is given regarding staff and resident testing as required and this will be updated and communicated with all care homes as the systems develop. This will also include training to staff to complement what has already been provided locally and nationally and will start on 1st June 2020.

• **IPC**

To support the Kirklees approach, NHS partners have deployed enhanced infection, prevention and control, PPE and COVID-19 testing training, in line with the NHS offer of mutual aid described in the CNO letter of 2nd May 2020. We have exceeded both the super trainers and trainers' target. All homes have been offered training in line with the mandated training offer. Those homes that have declined have been followed up and training resources have been shared. We will continue support in line with our local offer.

• **Capacity Tracker**

We have 100% of care homes on the capacity tracker and 95% have an NHS mail address. We are supporting the sector to update the tracker daily. We also have a weekly virtual meeting and provide a regular bulletin to all our homes with key information.

• **Workforce**

We will increase the educational support available to homes to ensure that staff have access to specialist support. This includes Infection Prevention Control. Care home staff will have access to psychological support via a number of online services including bereavement support. We will also work with the care homes and the staff to help them identify when they need to access support. We are completing a training needs analysis for all care homes on wider learning needs. So far we have identified moving and handling, the verification of expected death, end of life care plans, testing and swab taking for further training.

Yours sincerely

Jacqui Gedman

Chief Executive
Kirklees Council

Carol McKenna

Chief Operating Officer
NHS Greater Huddersfield Clinical Commissioning Group
NHS North Kirklees Clinical Commissioning Group

Penny Woodhead

Chief Quality and Nursing Officer
NHS Greater Huddersfield Clinical Commissioning Group
NHS North Kirklees Clinical Commissioning Group

References

¹ <https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf>

² Responding to COVID Principles to Deliver an Enhanced Universal Support Offer to Care Homes in the North East and Yorkshire Region (5/5/20)

³ NHS England Letter (Dr Nikki Kaniani) – COVID-19 Response: Primary care and community health support care home residents / COVID-19 Response: Identifying a clinical lead for all care homes

⁴ HM Government, Support for Care Homes, Helen Whately MP Minister of State for Care (14/5/20)

⁵ (<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf>)

⁶ <https://www.prescgipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f4171%2fprescgipp-care-homes-e-learning-courses-for-social-care-providers.pdf>

⁷ <https://improvement.nhs.uk/documents/2162/sbar-communication-tool.pdf>

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Kirklees Health and Adult Social Care Scrutiny Panel

24th September 2020

Update on the financial position of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospital NHS Trust, Calderdale & Huddersfield NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust, Locala and Kirklees Adult Social Care.

1. Purpose

To provide the Kirklees Health and Social Care Panel with an update on the financial position of South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), Greater Huddersfield and North Kirklees CCGs, Mid Yorkshire Hospitals NHS Trust (MYHT), Calderdale and Huddersfield NHS Foundation Trust (CHFT), Locala and Kirklees Adult Social Care..

2. System Financial Position

The 2019/20 planned and actual surplus / (deficit) are shown below along with the planned year end position and revenue budget for 2020/21.

	2019/20 plan surplus / (deficit) £m	2019/20 outturn surplus / (deficit) £m	2020/21 plan surplus / (deficit) £m	2020/21 Rev Budget £m
South West Yorkshire Partnership NHS FT	(0.2)	1.0	0.0	224.5
Greater Huddersfield CCG	0.0	1.0	0.0	361.7
North Kirklees CCG	(8.0)	(4.9)	0.0	302.4
Mid Yorkshire Hospitals NHS	(26.3)	(28.9)	0.0	535.0
Calderdale & Hudd NHS FT	(37.99)	(38.27)	0.0	435.3
Locala	0.6	1.7	1.2	73.5
Kirklees Adult Social Care	0.0	0.0	0.0	100.3

Notes NHS 19/20 outturn figures are before any national support
 NHS 20/21 plan figures are based on new Covid national financial framework which includes break even for each organisation
 () indicates a deficit

Each year all organisations face cost pressures increasing at a faster rate than the growth in their income. In order to deliver their planned year end positions organisations have to deliver ambitious savings programmes. Organisations are increasingly looking to do this in partnership with each other, taking a whole system view. The level of savings required and achieved for each organisation in 2019/20 is set out below:

	2019/20 plan £m	2019/20 outturn £m
South West Yorkshire Partnership		
NHS FT	10.6	10.7
Greater Huddersfield CCG	5.3	4.9
North Kirklees CCG	5.9	4.4
Mid Yorkshire Hospitals	19.0	18.7
Calderdale & Huddersfield NHS FT	11.0	11.0
Locala	1.6	2.6
Kirklees Adult Social Care	2.1	1.9

3. Individual Organisations : 2019/20 financial position and plan for 2020/21 including impact of Covid 19

3.1 North Kirklees CCG

North Kirklees CCG was set a target in year deficit for 19/20 by NHS England of £8.0m. If we achieved that target figure then NHS England would provide one off funding of an additional £8.0m (commissioner support fund) in year to support the CCG in getting to an in year balanced position. That would not improve the recurrent underlying position going forwards but it would prevent any further increase to the cumulative deficit (which is calculated by adding up all the previous years deficits and which at the end of 19/20 stands at £13.7m) which must one day be paid back.

In 19/20 North Kirklees CCG actually achieved a £4.9m in year deficit which was therefore £3.1m better than plan. This better than plan position was largely achieved through non recurrent measures and the underlying position remains at circa £7m annual in year deficit.

North Kirklees is part of a recovery plan process and, before Covid 19, the CCG was required to reduce its in year deficit to £5m in 20/21, £2.2m in 21/22 and then back to break even from then onwards.

As part of the NHS response to Covid 19 the financial regime for CCGs has been changed for 20/21. The CCG no longer receives an allocation based on its population but an allocation based on its current operating costs plus extra allocations as reasonably required to tackle Covid 19. This new allocation methodology means that North Kirklees CCG is required to break even in 20/21.

In the first 6 months of this year the CCG has been able to re-claim actual reasonable costs incurred for responding to the Covid 19 pandemic. For the last 6 months of this financial year this process of retrospective claims will be replaced by a prospective budget allocated at a West Yorkshire ICS level.

The CCG is currently forecasting that it will achieve a break even position in 2020/21 under the new temporary NHS financial regime.

The CCG is assuming that in 21/22 and onwards we will return to a financial regime when North Kirklees CCG will be required to achieve a continued reduction in its deficit position against a

population based funding allocation. The CCG has an underlying deficit of circa £7m when it entered 20/21 and at this stage there is no reason to expect any significant change when we return to the previous financial regime in 21/22. The CCG is therefore putting in place plans to enable it to operate within its anticipated future financial allocation.

3.2 Greater Huddersfield CCG

Greater Huddersfield CCG was set a target financial position of break even against its allocation for 19/20. The CCG ended the year with a £1m in year surplus. This additional surplus will be available for the CCG to draw down in future years.

As part of the NHS response to Covid 19 the financial regime for CCGs has been changed for 20/21. The CCG no longer receives an allocation based on its population but an allocation based on its current operating costs plus extra allocations as reasonably required to tackle Covid 19. Greater Huddersfield is required to achieve break even in 20/21.

In the first 6 months of this year the CCG has been able to re-claim actual reasonable costs incurred for responding to the Covid 19 pandemic. For the last 6 months of this financial year this process of retrospective claims will be replaced by a prospective budget allocated at a West Yorkshire ICS level.

The CCG is currently forecasting that it will achieve a break even position in 2020/21 under the new temporary NHS financial regime.

The CCG has previously made a commitment to increase investment in out of hospital services to transform service provision and enable patients to stay out of hospital for longer. Despite the Covid 19 pandemic the CCG has started to commit resource to make this happen. The stable financial position of Greater Huddersfield CCG should enable that program of investment and service transformation to continue.

3.3 Mid Yorkshire Hospitals NHS Trust

MYHT posted a deficit pre PSF of £ (28.9) m that was £ (2.6) m behind plan. However as a result of the position within the rest of the ICS was able to receive £ 29.0 m PSF\MRET and posted a post PSF surplus of £ 0.1m.

In year the Trust delivered a CIP of £ 18.7 m that was below plan by £ 0.3 m.

Contract Income was behind plan by £ 0.5 m due to lower levels of activity although the Trust benefited from the Aligned Incentive Contracts agreed with Wakefield and North Kirklees CCG's.

Expenditure was kept in line with plan despite pressures arising in the year that included underfunding of the Medical Pay award of £ 0.4 m and additional costs associated with delivering activity.

The 2020/21 plan figures are based on the new financial regime operated nationally during COVID.

At present the Trust has been allocated a funding target for the first six months of the year based upon the average spend in November to January in the previous financial year adjusted for

inflation. Income has been allocated on a bloc methodology and topped up to an assumed breakeven position. Additionally the Trust has been reimbursed for COVID expenditure to enable MYHT to report a balanced position in the first half of the year.

The position for the remainder of the year is still unclear at present however the Trust is planning to report a balanced position based on the allocations that will be made to the ICS to cover additional COVID and Reset expenditure.

The Trust could face incentives\penalties if it does not achieve the mandated levels of activity for Elective and Outpatient work.

3.4 Calderdale & Huddersfield NHS Foundation Trust

The year end position for 19/20 is a surplus of £0.05m (with the inclusion of national support funds), a £9.76m favourable variance from plan. This includes indicative additional incentive Financial Recovery Funding (FRF) of £10.04m awarded for achieving agreed financial targets. The underlying position was in line with the planned £38m deficit. Cost Improvement Programmes achieved efficiencies of £11m in 19/20 as planned. Agency staffing expenditure for the year was £7.10m, £4.46m below the planned level and significantly below the NHSI ceiling, a reduction on previous years supported by staff recruitment and in-house staff bank provision.

Initial plans for 2020/21 saw the Trust's acceptance of a Financial Improvement Trajectory (FIT) for 2020/21, set by NHS Improvement at a £27.48m deficit (excluding national support funding). Acceptance of this trajectory would have enabled the Trust to access conditional Financial Recovery Funding (FRF) totalling £27.48m and therefore an overall breakeven position.

As described for other NHS organisations, the Trust's own financial plan for 2020/21 has been replaced by an NHSI derived plan which assumes a breakeven position will be achieved for the first half of the financial year. In support of this, in the year to month 4 the Trust had claimed an average of £2.4m retrospective top up funding per month to cover net additional Covid costs.

3.5 Locala

Locala planned for a surplus of £600k, 1% of income, in 2019/20, as part of our financial strategy to achieve a 2% surplus year on year. This is to support delivering financial sustainability and support capital investment. This was overachieved, with a final position of £1.7m (pre audit). An efficiency target of £1.6m was overachieved in year with non recurrent savings and cost avoidance, although recurrently underachieved by £0.26m, creating a pressure in 20/21.

Additional support was put into clinical quality and professional support, with development in our services and colleagues leading to our successful CQC review, where we achieved a Good rating in all domains. Through our social value investment, as part of the requirement on us as a Community interest Company, we supported local voluntary groups and charities with £100k of grants and donations.

Initial plans for 2020/21 were for a 2% surplus (£1.2m), in line with our strategy and consistent with NHS levels, to support investment. This gave Locala a 3% efficiency requirement (£1.8m) to

achieve this, given the efficiency requirements in our contracts. Efficiency plans have largely not progressed through Covid, and work is underway to recommence schemes or find alternatives in the remainder of the year. The concerns over the rest of the year are the potential impact of Covid, providing the full range of services, and staffing to deliver them, against the potential impact of winter and further covid pressures.

3.6 Kirklees Adult Social care

Prior to the Covid-19 pandemic, Adult Social Care was facing a number of significant challenges:

- Changes in the levels of those needing support (rising over a number of years)
- Increasing levels of complexity in the needs of those receiving support
- Increasing pressure on social care costs, arising from inflation and, more notably the National Living Wage which affects around 75% of the social care workforce.
- The care provider market was becoming more and more fragile.
- Social care is often being prioritised in the local authority budget-setting process at the expense of other service areas, some of which have seen significant funding reductions. As a proportion of the total Council budget, Adult Social Care represented 33.5% in 19/20 compared to 28.4% of the total in 14/15. Over the same time, the total Council budget has reduced by 11.5%
- Reductions in overall funding for local government. By 2020, local authorities will have faced a reduction to core funding from the Government of nearly £16 billion over the preceding decade. The levels of funding have fallen by 7.2% per year in real terms from 2010-11 to 2015-16, and then 7.3% per year from 2015-16 to 2019-20.
- Sustainability of Adult Social Care within current budget levels. This has partially been alleviated by short term funding released at a national level - an improved Better Care Fund, an Adult Social Care Support Grant, additional funding for social care packages to ease NHS winter pressures and a Social Care Support Grant in 2019/20 to support adult and children's social care services.
- Government have also granted Councils with Social Care responsibilities local discretion to uplift Council tax in 2020/21 up to a maximum of a further 2% (Adult Social Care precept). For Kirklees Council this equates to £3.6m. Note that it is assumed in the updated budget plans that the ASC precept will be in place for one year only. For context, the level of volume growth and cost inflation budgeted for in 20-21 alone is £10.6m.
- A lot of the funding listed above is time limited or one-off, bringing uncertainty around the level of funding post-2020. As such, long term budgeting is problematic with almost 20% of the social care budget based on non-recurrent funding.

All told, the financial challenges around Adult Social Care continue to be significant. As in previous years, the budget for 2020-21 attempts to address these, with the ongoing pressures

around volume growth and high levels of cost inflation being balanced against uncertainties around the funding available.

Adult Social Care (Kirklees) – 2019-20 Outturn position

Inclusive of *in-year* additional funding, the outturn position for Adults Social Care was a break-even position.

- There was a planned saving on independent sector home care of £0.5m, and this was achieved, in part due to strengths-based approaches (new approaches that promote independence and focus on individual's strengths) having an impact. However, there was a further £1.25m home care underspend; mainly due to current capacity challenges in the Independent Sector Home Care market. This resulted in some re-direct of anticipated Home Care spend to other activities; notably self-directed support (direct payments), which saw an overspend of £1m.
- Home care capacity measures were implemented part-year to support providers. This is factored into the £1.25m home care underspend figure above. The level of weekly hours provision of home care (and therefore cost) was higher at year end than it was in October (when the measures were put in place).
- Another variance seen was on Independent Sector Residential and Nursing Placements (£0.7m underspend), with strength-based approaches having an impact here also.
- The other main cost area of note in Adults relates to employees. A Programme has been undertaken to further develop understanding around demand and growth predictions, levels of productivity and the workforce shape required to best deliver pathways. It will enable an intelligence led approach to vacancy management. In addition, there has been a risk assessment of the sustainability of social work staff savings. The outcome of the above has been reflected accordingly in future budget plans.

For the outturn for 2019-20, the Adult Social Care reported against savings targets totalling £2.1m. Against this, savings of £1.9m were achieved, with a £0.2m under-achievement.

Moving forward, the key pressures remain. In line with other departments across the Council, Adults Social Care has factored in no further significant savings into its budget for 2020-21, with a focus on managing the current/previous pressures.

2020-21 picture and the impact of Covid-19

The advent of Covid-19 has drastically impacted on Adult Social Care. Adult social care providers have seen significant operational and financial pressures, including additional vacancies arising in care homes, additional costs of providing services in the context of Covid-19, impacts on cash flow, and uncertainty within the market. Such challenges have been well documented locally, regionally and nationally. One of the main changes in-year is the difficulty faced by the care home market, with rising costs, uncertainty, and a heightened level of voids (empty beds). At the same time, there has been an increased demand for community-based support, notably on Home Care, with the latter seeing some individuals who would otherwise have moved into residential care. The dynamic is markedly different than the previous year.

The Council is currently engaging with Care Providers on the response to the current issues being seen and is undertaking provider support measures in response to Covid-19. Officers have also been working closely with local partners to establish a programme of practical support to providers, particularly care home providers.

Key elements of support provided include:

- 5% premium paid to care home providers in addition to the business as usual % uplifts that were applied for the new financial year.
- Partial payment for additional vacancies arising in care homes, and support for costs beyond the care home beds purchased by the Council.
- Movement to 2 weeks in arrears / 2 weeks in advance for payments to care homes.
- Payments have also been made to care homes to cover the 3 days after death of a resident.
- A programme has also been undertaken with the 2 CCG's to support hospital avoidance and early hospital discharge.
- Arrangements have also been made to support Domiciliary care/Extra Care/Supported Living providers. This has involved payment on planned rather than actuals. Alongside this there has also been specific, targeted support for providers.

The Adult Social Care picture is being closely monitored, with an ongoing focus on ensuring the continuation of support to vulnerable residents. Options around provider support and the means of tackling the issues brought by Covid are being continually reviewed and reported on. A further focus and area for consideration as we move forward is on how the issues being seen will shape the budget need for future years.

3.7 South West Yorkshire Partnership NHS FT

The Trust was pleased to generate a small surplus in 2019/20 which was a consequence of increases in income, non-recurrent measures, improved efficiency and tight cost control. Prior to the application of provider sustainability funding (PSF) the net surplus of £1.0m compares to a deficit of £1.6m in the previous year.

It is worth noting that the level of vacancies in a number of geographies and professions contributed to the financial performance and the Trust remains committed to further improving recruitment and retention of staff. It is particularly pleasing to report a much reduced use of out of area bed placements compared to 2018/19 with total spend decreasing from £3.9m to £1.9m year on year.

The pressure on our inpatient wards remains intense with safer staffing requirements (including cost) increasing. £10.7m of financial improvement was delivered during the year, however only £5.6m of this was recurrent in nature. The cash position is healthy at £36m and 99% of all suppliers were paid within 30 days.

A draft plan for 2020/21 was in the process of being completed when the Covid-19 pandemic resulted in a suspension of planning and contracting activity. As such temporary financial arrangements are in place across the NHS until the end of September which basically enable all Trusts to break even. SWYPFT is therefore in a position it has broken even year-to-date and is reclaiming actual costs incurred in the response to Covid-19. These have averaged £0.5m per month and have covered such items as additional staffing, digital solutions to care and enabling staff to work from home and infection prevention.

24th September 2020

Ian Currell
Chief Finance Officer
Greater Huddersfield CCG
North Kirklees CCG

Gary Boothby
Director of Finance
Calderdale & Huddersfield NHS Foundation Trust

Jane Hazelgrave
Director of Finance
Mid Yorkshire Hospital NHS Trust

Jon Haigh
Finance Manager
Kirklees Council

Richard Mellor
Finance Director
Locala Community Partnerships C.I.C

Mark Brooks
Director of Finance
South West Yorkshire Partnership NHS Foundation Trust

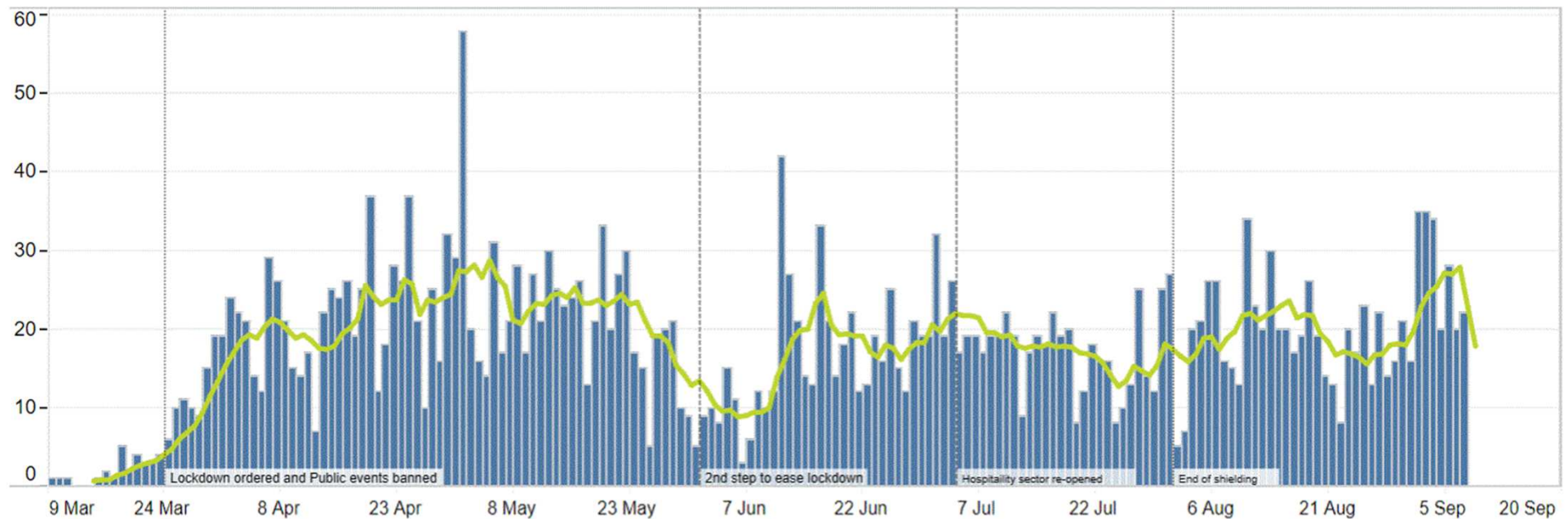
Covid-19 Update: Health and Adult Social Care Scrutiny Panel

24 September 2020

Cumulative Position

- Number of confirmed cases in Kirklees: 3260
- Cases in the last week: 188
- Latest weekly rank: 26
- Note: these are correct as of 10 September 2020

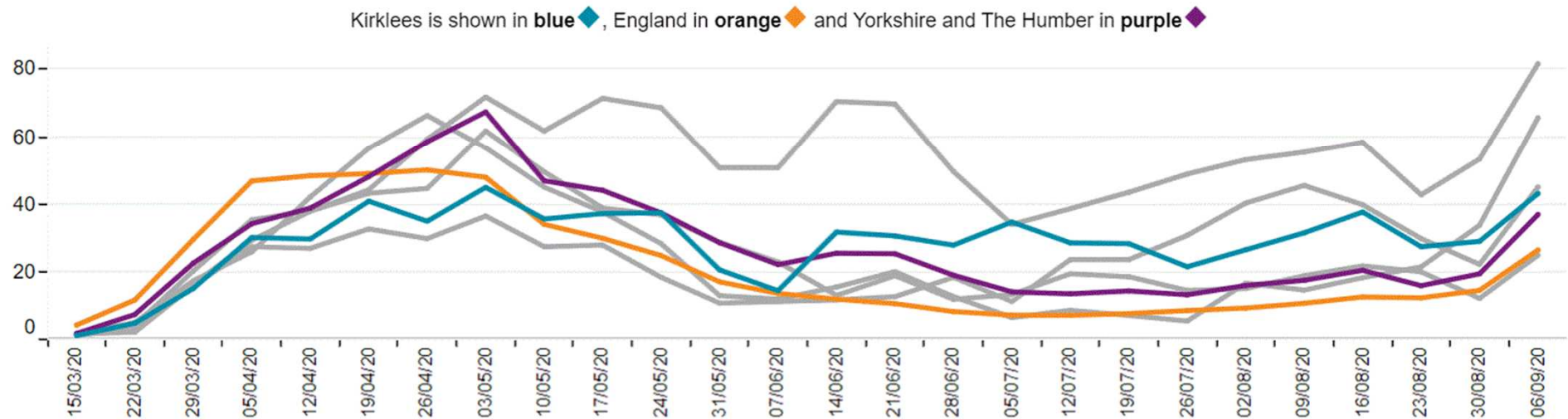
Number of daily cases of Covid-19 in Kirklees. **Green line** ◆ shows the 7-day rolling average. Data for the last 5 days is subject to change (coloured **orange** ◆). Annotations show national easing of restrictions.



Current Position

Comparison of weekly rate per 100,000 people of confirmed cases.
Use the drop-down selection box to change charts.

West Yorkshire LAs: Includes local authorities within the region of West Yorkshire.
Yorkshire and the Humber: Includes local authorities within Yorkshire and the Humber.
England UTLAs: Shows all local authorities.
Top 10 by weekly rate: Shows the top 10 local authorities which have the highest weekly rate for the latest full week.



➤ Note: Updates can be tracked here:

<https://public.tableau.com/profile/kirklees.intelligence.service#!/vizhome/CoronaviruscasesKirklees/PublicFacingDashboard>

Testing Update

- Mobile Testing Units:
 - Drive through sites. Serve dual function of providing community testing and responding rapidly to areas of community need, working alongside regional testing sites. Samples sent to lighthouse labs to enable increase support of testing nationally. Appointments are needed for these sites.
 - Current locations: Batley (Wards Hill), Holmfirth (Sports Centre), Dewsbury (Cliffe Street Car Park) and Fartown (Spaines Road).
 - If needed the Director of Public Health (DPH) will re-deploy to areas requiring site specific testing or experiencing a spike in cases based on intelligence pointing to a need.
 - A weekly update on uptake at these sites is provided from the national coordinators.

- Local Testing Sites:
 - Walk up sites where appointments in advance are not required.
 - Current locations: Ravensthorpe (Queens Street Carpark), Saville Town (Wharf Street)
 - Potential upcoming locations: Earlsheaton
 - These are in place every day of the week for a minimum of 4 weeks.

- Asymptomatic Testing
 - Kirklees successful in being one of the LA areas that can offer asymptomatic testing in ward areas with higher case numbers.
 - Time limited.
 - Swab kits being delivered by volunteers to individuals who can complete self tests if they wish.
 - Returned to lighthouse laboratories by Royal Mail priority mailboxes (pre-paid postage)

Testing Update

➤ Care homes:

- 6 July 2020 asymptomatic testing rolled out nationally to all registered care homes for those aged over 65 and for those suffering dementia. From 31 August 2020 (with despatch dates from 7 September 2020) asymptomatic testing remaining care homes can participate.
- Infection Prevention Control (IPC) Team has ensured all care homes are registered on the national portal to receive swabs
- Residents are tested monthly. Staff are tested weekly.
- Identified positive cases are not retested for 6 weeks post positive test.
- Since 9 March 2020, IPC Team has supported 66 care homes with outbreaks of covid-19. Of these, ten identified by whole care testing. Eight care homes have had more than one outbreak. The IPC Team support the care homes to the closure of the outbreak at 28 days.
- IPC Team members and a number of Clinical Commissioning Group (CCG) colleagues with clinical qualifications became nationally recognised IPC super trainers – providing support to care homes in: Personal Protective Equipment (PPE) donning and doffing, environmental cleaning, decontamination of equipment.

Plans and Arrangements

- Local Outbreak Control Plan (Covid-19) (with supporting Standard Operating Procedure (SOP) and Risk Assessment)
- Communications Strategy
- Community Protection Plans
- Kirklees Test and Trace Group
 - Health Protection Board
- Outbreak Control Board (cross party members)

Incident/Outbreak Management

- Outbreak incidents can be defined as:
 - an incident in which two or more people experiencing a similar illness are linked in time or place
 - a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
 - a single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio
 - a suspected, anticipated or actual event involving microbial or chemical contamination of food or water
- Public Health England (PHE) or other partners will Notify the DPH of any incidents of concern at which point the DPH will request an Incident Management Team to be set up.
- An Incident Management Team is a formal meeting of all partners to investigate controls and provide management for an outbreak.
- Incident Management Team (IMT) work to determine and agree:
 - If the outbreak is linked to the setting or if it is community transmission.
 - Risks.
 - Appropriate control measures.
- IMT work closely with the affected area(s)/setting(s) to ensure an appropriate response Which can include neighbouring Local Authorities and wider neighbouring partners.

PPE

- Kirklees has managed the West Yorkshire LRF emergency supplies during Covid-19
 - Worked with all WY Local Authorities, NHS England WY and others
 - Provided emergency supplies to all community based providers of health and social care
 - Holding an emergency stockpile
- Strong collaboration across all West Yorkshire NHS providers and Councils with emphasis on mutual aid
- National PPE Portal now operational to provide emergency supplies for primary care contractors, most social care providers, hospices and substance misuse services

Lessons Learned

- The Incident Management Team consider all Covid-19 outbreaks or community clusters, to reduce to a minimum the number of cases of illness by promptly recognising the incident, defining how cases have been exposed to Covid-19, identifying and controlling the source of that exposure, and preventing secondary exposure. The Kirklees Council IPC and Environmental Health team have conducted joint visits to companies/factories experiencing an outbreak -providing specialist support and advice.
 - Early engagement is key to minimise any possible wider outbreak in the community.
 - Establishing a relationship and rapport with local companies/businesses- schools and care homes is essential to achieve affective communication.
 - A site visit provides an opportunity to review the current standards of practice and to identify areas for immediate improvement and a Covid-19 safe environment.
 - Recognition of areas within a building that pose as “pinch points”. Support all settings with hygiene measures which reduce or eliminate contamination e.g. hand hygiene, environmental decontamination. Provide a written report with recommendations.
 - Curtailing normal daily activities or services -temporary closure through voluntary agreement. Provide ongoing contact and support.
 - To communicate with other services, community partners, professionals, the media and the public as required providing accurate and timely information.
 - The identification that certain activities in settings increase risk of transmission- such as break times – car sharing.
 - Ensure that Covid-19 guidance is available in all languages – Romanian, Polish
 - Ensure lessons learned are identified and shared.

Ongoing Considerations

➤ Changes to PPE system

- Obtain PPE via National online portal for PPE to be used in adults and children's services, and primary care
- Routine deliveries to LRF cease as of 11 September 2020. Stockpile that will be delivered prior to this will be held as a strategic reserve

➤ Seasonal flu planning

- Member of West Yorkshire and Harrogate Integrated Care System (ICS) Flu Board to maximise uptake of flu vaccine to eligible community members
- Council “voucher” scheme for free flu jabs
- Support place-based approach to planning and delivery
- Maximise patient access to the flu vaccine (making every contact count)
- Support the design of efficient, convenient and safe delivery models across the system
- Bring about a step change in the uptake of vaccination among all eligible groups in line with national ambitions

➤ Winter and Possible Second Wave

- Increased pressures on the wider health system is normal – but with Covid-19 and the potential for a second wave this will add even more pressures
- Second wave preparedness being carried out

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2020/21

MEMBERS: Cllr Habiban Zaman (Lead Member), Cllr Aafaq Butt, Cllr Alison Munro, Cllr Vivien Lees-Hamilton, Cllr Lesley Warner, Peter Bradshaw (Co-optee), David Rigby (Co-optee), Lynne Keady (Co-optee).

SUPPORT: Richard Dunne, Principal Governance Officer.

FULL PANEL DISCUSSION		
ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
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. • Impact of COVID-19 on the local health and adult social care economy to include care homes and the implications for their long-term viability. 	
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 that COVID-19 has had on patients access to 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. 	

	<ul style="list-style-type: none"> • Assessing how well the integration agenda is being implemented through CCCS in Kirklees. • Assessing the impact of CCS in Kirklees in reducing avoidable A&E attendances; hospital admissions; delayed discharges; and reducing avoidable outpatient visits. • Looking at the approach being taken by PCNs to engage with patients in the development of their work programmes and plans. 	
3. Kirklees Integrated Wellness Service	<p>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.</p> <p>To consider the development of the service in conjunction with the work being done through the Kirklees Health and Wellbeing Plan (2018/2023).</p>	
4. Quality of Care in Kirklees	<p>Receive an annual presentation from CQC on the State of Care across Kirklees to include:</p> <ul style="list-style-type: none"> • A focus on Adult Social Care • The impact of COVID-19 on the 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. • The impact of COVID-19. 	

6. Kirklees Safeguarding Adults Board (KSAB) 2019/20 Annual Report	To receive and consider the KSAB Annual Report to include consideration of the Impact of Covid-19 on safeguarding adults during periods of lockdown.	
7. Mid Yorkshire Hospitals NHS Trust (MYHT) Ambulatory Emergency Care (AEC) Services and Services provided at Dewsbury and District Hospital (DDH)	To receive a written update on the closure of the AEC unit at DDH.	
8. Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust (MYHT)	To receive a written update on: <ul style="list-style-type: none"> • The programme of change at CHFT. • The work being done by MYHT on its Outpatient Care. 	
9. Yorkshire Ambulance Service (YAS) Response Times	To receive a written update on performance and demand across all areas of Kirklees to include: <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	To consider the performance of the Immunisation programmes in Kirklees to include: <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. 	

	<ul style="list-style-type: none"> An overview of key challenges and/or risks to the delivery of an effective immunisation programme to include the impact of COVID-19. 	
11. Update on Winter Planning	<p>Update on winter preparations from the Kirklees Health and Adult Social Care sector to include:</p> <ul style="list-style-type: none"> Receiving details from key organisations across the local health and adult social care section on preparations for winter to include the key areas of focus; lessons learned from the winter period 2019/20; feedback and experiences of service users from last winter period; Details of measures that will be put in place to mitigate any additional pressures created by a resurgence of COVID-19. 	
12. Development of a local Community Care Package (pilot)	<p>Reviewing the outcomes of a local authority pilot initiative to develop a community care package led by Cllr Murgatroyd to include:</p> <ul style="list-style-type: none"> Looking at the wider work being done on developing “new models of support in the community” to include reviewing the work on new models of care in people’s own home e.g. Colne Valley Care Co-operative, micro enterprises, PAs. 	
13. Mental Health Services Workshop	<p>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.</p>	
14. COVID-19 (To be included as a standing item for the remainder of the 2020/21 municipal year)	<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. 	<p><u>Panel meeting 23 July 2020</u> Representatives from CHFT & MYHT presented details of their response to the COVID-19 virus. Input on the current position locally was also</p>

	<ul style="list-style-type: none"> • 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>provided by Public Health and Healthwatch Kirklees.</p> <p>No specific actions were agreed.</p>
<p>15. Effectiveness of smoking cessation arrangements in Kirklees.</p>	<p>To review the effectiveness of smoking cessation arrangements in Kirklees to include a review on how people with complex mental ill health are supported.</p>	

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