

Public Document Pack



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

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Wednesday 18 November 2020

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will hold a **Virtual Meeting - online** at **2.30 pm on Thursday 26 November 2020.**

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

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 Wellbeing Board members are:-

Member

Councillor Viv Kendrick (Chair)

Councillor Musarrat Khan

Councillor Carole Pattison

Councillor Kath Pinnock

Councillor Mark Thompson

Mel Meggs

Carol McKenna

Dr Khalid Naeem

Dr Steve Ollerton

Richard Parry

Rachel Spencer-Henshall

Helen Hunter

Karen Jackson

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

This is where members who are attending as substitutes will say for whom they are attending.

2: Minutes of previous meeting

1 - 8

To approve the Minutes of the meeting of the Board held on the 17th September 2020.

3: Interests

9 - 10

The Board Members 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 interest.

4: 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.

5: Deputations/Petitions

The Board 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.

6: Questions by members of the Public (Written Questions)

Due to current Covid-19 restrictions, Elected Members and members of the public may submit written questions to members of the Health and Wellbeing Board.

Any questions should be emailed to jenny.brycechan@kirklees.gov.uk no later than 5pm on Tuesday 24th November 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.

Members of the Board will provide an oral response to any questions received, or if they are not able to do so, a written response will be provided.

7: Covid-19 Update

The Board will receive a presentation at the meeting that will provide an update on Covid-19.

Contact: Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health, Tel: 01484 221000

8: Community Engagement during Covid-19

11 - 62

A report to enable the Health and Wellbeing Board to examine the views of Kirklees residents about their health and care experiences during the Covid-19 pandemic.

Contact: Helen Hunter, Chief Executive, Healthwatch Kirklees and Healthwatch Calderdale

9: Kirklees Children and Young People's Plan - November 2020 Updates

63 - 70

The Board will receive an update on the work in delivering the Children and Young People's Plan Priorities and; a presentation which provides a high-level overview to the background to the High Needs Transformation programme, the partnership with Impower, and the work priorities in the next period

Contact: Tom Brailsford, Children and Families - Service Director
Resources, Improvement and Partnerships and Jo-anne Sanders,
Service Director-Learning and Early Support, Tel: 01484 221000

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 17th September 2020

- Present: Councillor Viv Kendrick (Chair)
Councillor Musarrat Khan
Councillor Carole Pattison
Councillor Kath Pinnock
Councillor Mark Thompson
Mel Meggs
Dr Steve Ollerton
Helen Hunter
- In attendance: Emily Parry-Harries, Consultant in Public Health, Head of Public Health Policy, Kirklees Council
Jane Close, Locala
Cllr Habiban Zaman, Lead Member for the Health and Adults Social Care Scrutiny Panel
Catherine Riley, Assistant Director of Strategic Planning Calderdale and Huddersfield NHS Foundation Trust
Tim Breedon, Deputy Chief Executive South West Yorkshire Partnership NHS Foundation Trust
Matt England, Associate Director of Planning and Partnerships Mid Yorkshire Hospitals NHS Trust
Diana McKerracher, Chair, Locala
Phil Longworth, Senior Manager, Integrated Support, Kirklees Council
Natalie Ackroyd, Senior Strategic Planning, Performance and Service Transformation Manager
Ian Currell, Chief Finance Officer
NHS Greater Huddersfield CCG / NHS North Kirklees CCG
- Apologies: Carol McKenna
Dr Khalid Naeem
Richard Parry
Jacqui Gedman

51 Membership of the Board/Apologies

Apologies were received from the following Board members Richard Parry, Jacqui Gedman, Carol Mckenna and Dr Khalid Naeem.

Health and Wellbeing Board - 17 September 2020

Emily Parry-Harries attended as sub for Rachel Spencer-Henshall, Ian Currell attended as sub for Carol McKenna and Jane Close attended as sub for Karen Jackson.

52 Minutes of previous meeting

That the minutes of the meeting held on the 16 July 2020 be approved as a correct record.

53 Interests

No interests were declared.

54 Admission of the Public

All agenda items were considered in public session.

55 Deputations/Petitions

No deputations or petitions were received.

56 Questions by members of the Public (Written Questions)

No written questions were received.

57 Kirklees Economic Recovery Plan and Inclusive Economy

The Board was presented with information which outlined the draft Kirklees Covid-19 Economic Recovery Plan (ERP) which was approved for consultation by Cabinet on 13th July 2020.

The Board was informed that the Covid-19 pandemic has affected the economy locally, nationally, and globally in an unprecedented manner and the primary purpose of the ERP is to set out how the Council and other stakeholders across the public, private and third sectors can directly support the recovery.

The Kirklees Economic Recovery Plan works around a framework:

- **Spend with local impact** – health and care providers have significant budgets and when spent locally, this can help strengthen the local economy. Using a social value approach in procurement, this can drive positive benefits in terms of strengthening local supply chains
- **Employment** – ‘good work’ for employees in creating better work locally
- **Assets** – community uses for estate assets. The NHS and other providers have significant estates that can be used for community benefit
- **Tackling Poverty** – poverty proofing access to services. There is an opportunity to look at what poverty proofing access to services means and how this will impact on wider health experiences
- **Grassroots** – Voluntary & Community Sector (VCS) commissioning, social-prescribing, and the strength of the local communities

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- **Understanding local impact** – service data creating insight. By using intelligence, this creates a wealth of data which enables the better understanding of impact of economic factors on local communities
- **Environmental sustainability** – moving towards a carbon free sustainable economy in a way that does not disadvantage groups that have been disadvantaged by previous industrial transitions

The Board was informed that on a West Yorkshire context a lot of work has been undertaken to incorporate inclusive growth into the West Yorkshire and Harrogate Health and Care Partnership plans. This is essential to drive through good health outcomes and build health as a factor into the local industrial strategy.

The Board was presented with statistical information which highlighted the economic impact of Covid-10 on Kirklees and advised that the situation is very fast moving and each week new stats are coming out. In summary:

- Projected fall of 41% in local Q2 Gross Value Added (GVA)
- 50,400 workers furloughed by May
- 14,200 self-employed residents received support
- 85% increase in benefit claimants 10,225 in Mar to 18,870 in May
- Youth unemployment at 3,910 (10.4%) in May
- 60% reduction in live vacancies in Leeds City Region

The Council is putting together a £40m economic recovery fund by repurposing its property investment fund, start up and retention fund and prioritising capital investments. In addition, the Council will also be continuing to look at funding available from the government and West Yorkshire region which can be maximised for its benefit in Kirklees.

The Board was invited to make comment on the recovery plan and to highlight the actions being taken by partners to support the economic recovery and the broader inclusive economy objectives.

RESOLVED

That the information in the Kirklees Economic Recovery Plan be noted by the Board.

58 Covid-19 Update

The Board received an update on the current position regarding Covid-19 in Kirklees. In summary, the Board was informed that as of the 10 September 2020, the cumulative position is as follows:

- Number of confirmed cases in Kirklees: 3260
- Cases in the last week: 188
- Latest weekly rank: 26, for a little while Kirklees was in the top 10 for the being one of the worst performing areas in the country, Kirklees is now no longer in that position, with the latest weekly rank being 26.

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The Board was advised that there are significant issues with access to testing. The current high demand for testing nationally means Kirklees is struggling to get the testing capacity needed. It is not merely about getting the test, having the swab and have people present for testing it is about the capacity in the labs to process them. It is beyond local control however work is being undertaken nationally to rectify the issue.

The way in which people should access those tests is still through the government website or by calling 119. The message is very clear that people should only get tested if they are symptomatic. Those symptoms are a high temperature or a new continuous cough and a loss or change to your sense of smell or taste. Only if a person has one of those symptoms should they book a test. If a person does have symptoms they must get tested and the household must isolate while they wait for the results.

The Board was informed that with regard to care homes from the 6 July 2020 asymptomatic testing was 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. The Infection Prevention Control (IPC) Team has ensured all care homes are registered on the national portal to receive swabs. Residents are tested monthly, and staff are tested weekly. Identified positive cases are not retested for 6 weeks post positive test.

There are different pieces of work that is supporting the local response to Covid being undertaken, for example:

- Local Outbreak Control Plan (Covid-19) (with supporting Standard Operating Procedure (SOP) and Risk Assessment), which had previously been presented to the Board
- Communications Strategy, which runs alongside the Local Outbreak Control Plan
- Community Protection Plans, there is a weekly process of reviewing the data and looking at where the evidence shows an increase in numbers and then deploying community protection plans into particular areas
- Kirklees Test and Trace Group
- Health Protection Board
- Outbreak Control Board (cross party members)

In responding to the pandemic, making sure there are enough PPE supplies when they are needed has been a significant challenge for Kirklees. Kirklees has been responsible for managing the West Yorkshire Local Resilience Forum emergency supplies and has worked with all West Yorkshire Local Authorities, NHS England WY and others, providing emergency supplies to all community-based providers of health and social care and holds an emergency stockpile.

The Board was informed that 6 months into responding to this pandemic a great deal has been learnt and it is important to ensure that lessons learned are identified and shared. There needs to be early engagement to minimise any possible wider outbreak in the community and ensure that Covid-19 guidance is available in all

Health and Wellbeing Board - 17 September 2020

languages and establishing a relationship and rapport with local businesses, schools and care homes is essential to achieve effective communication.

The Board was reminded of the six key messages that needs to be in the forefront of people's minds:

- 1) Handwashing
- 2) Social distancing, maintaining 2 metres if possible and 1 metre where maintaining 2 metres is not possible
- 3) Limit social contacts
- 4) Isolate if symptomatic
- 5) Getting tested if displaying symptoms
- 6) The use of face coverings, particularly when using public transport or out and about especially where 2 metre social distancing cannot be maintained

RESOLVED

That the update on the current position of Covid-19 in Kirklees be noted by the Board.

59 **Stabilisation and Reset Phase 3 Planning**

The Board received an update on the approach being taken to 'stabilisation & reset' across the Kirklees health and social care system, receiving information on the requirements of the system and the subsequent timeline.

The Board was informed that further to the NHS phase 3 letter that was received on the 31st July 2020 and the much awaited publication of the planning guidance, the headlines from the guidance was that the NHS Emergency Preparedness, Resilience and Response (EPRR) was reduced to a level 3, with effect from the 1 August 2020. Discussion are ongoing with patients and clinicians, which have helped inform what the NHS priorities are for the third phase of stabilisation and reset.

In summary those priorities are:

- a) Returning to near normal level of pre-Covid activity
- b) Preparing for winter and any further potential Covid spikes
- c) Undertaking a & b, while retaining any good practice that was adopted during Covid, while supporting staff, and taking any action to reduce inequalities

In terms of the planning process within Kirklees, there is a well-established planning team, with systems and processes that have been set up and used for a number of years. As part of the planning process all Clinical Commissioning Groups (CCGs) were required by NHS England Improvement to submit an activity plan to cover elective and no-elective services for the remainder of this financial year. A draft was produced and submitted on the 27th August 2020 and the final plans were submitted on the 17 September 2020. The plan will continue to be refined and discussed to see how they aggregate up to an Integrated Care System level.

Both Mid Yorkshire & Calderdale and Huddersfield Foundation Trust Hospitals are working on phased implementation plans to meet the planning requirements and with regard to cancer services the aim is to restore full operation of cancers services, September 2020 to March 2021 to reduce 62 day and 31 day waiters to pre-pandemic levels. With regard to mental health the trust has done a detailed piece of modelling work, looking a referrals and contacts to be able to model pre-Covid and post-Covid detailed work. No services were ceased during Covid although a number of them were delivered differently and the urgent cases were seen by the mental health trust. Locally, from August there has been an increase of about 20% of the pre-Covid level of activity and that is backed up by the national picture.

RESOLVED

That the Board endorses the approach being taken to 'stabilisation and reset' in Kirklees.

60 Update on the Kirklees Health and Wellbeing Plan

The Board considered a paper which sought approval for proposals to ensure the updating and delivery of the Kirklees Health and Wellbeing Plan, refocussing the Kirklees Joint Strategic Assessment and timeline for developing a new Joint Health and Wellbeing Strategy.

The Board was reminded that the Kirklees Health and Wellbeing Plan was signed off by the Board in September 2018, and subsequently refreshed in March 2019. The March refresh reduced it from a 30-page document to a plan on a page which aimed to summarise the key priorities for improving the way in which the health and well-being system works in Kirklees.

The Board was further reminded that a peer review was undertaken in November 2019, and one of the key recommendations from the review to develop an Integrated Health and Care Leadership Board has been implemented. The Leadership Board is responsible for overseeing the Place-Based Plan.

The proposal is to refresh the plan as progress has been made. There is a recognition that the vision, values, outcomes, and behaviours are still relevant, and the priorities chosen before Covid are still the right ones. It is also important to recognise that progress has been made in developing Primary Care Networks, providing a more coherent community response for some of the most vulnerable people and building provider alliances.

The next step will be to refresh the plan to reflect that progress has been made and also to reflect the fact that the context has changed. The Kirklees Partnership has recognised that inequalities have been brought to the fore through Covid-19. Consequently, the Partnership is committed to tackling inequalities being at the heart of everything.

The Board received a report on the Kirklees wide approach to inequalities at the July 2020 meeting, and agreed an update on the Plan should be presented to a future Board meeting. Work is underway across a range of areas, including:

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- Kirklees inequalities action plan
- Tackling poverty
- Inclusive growth
- Digital inclusion

All of these are directly linked to the Health and Wellbeing Plan. As such it will be crucial for partners across the health and wellbeing system to contribute to shaping and implementing these programmes, and for the Health and Wellbeing Plan led programmes to work alongside them.

The Health and Wellbeing Board has a number of statutory duties, one such duty is to ensure that there is an up to date and useful Joint Strategic Assessment and that the Board receives regular updates and; need to start thinking now about the Joint Health and Wellbeing Strategy which runs out in 2020 and there is a duty to have a Joint Health and Wellbeing Strategy. The intention is to bring an update to the Board in early 2021.

RESOLVED

- a) That a revised Health and Wellbeing 'plan on a page' be presented to a future Board meeting for approval
- b) That approval be given to the proposed focus for the Kirklees Joint Strategic Assessment and overview
- c) That approval be given to the proposed timescale for developing a new Joint Health and Wellbeing Strategy

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KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC			
DECLARATION OF INTERESTS			
HEALTH AND WELL BEING BOARD			
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 & WELLBEING BOARD
MEETING DATE: 26th November 2020
TITLE OF PAPER: Community Engagement during Covid
1. Purpose of paper <ul style="list-style-type: none">- To enable the Health and Wellbeing Board to examine the views of Kirklees residents about their health and care experiences during the Covid-19 pandemic- To gather a comprehensive response to the views of local people as Kirklees establishes how it will deliver health and care services during the pandemic and in to the future- To encourage collaborative working to identify the perspectives of Kirklees residents and establish how these can influence both current access to care and adaptations in the future
2. Background <p>Healthwatch Kirklees is the consumer champion for health and social care services in Kirklees. In the early stages of the Covid-19 lockdown, the Healthwatch Kirklees (HWK) team focused on sharing clear messaging around safety and wellbeing, whilst supporting the community effort. Whilst this is a fundamental part of Healthwatch's role, after getting past those early stages, the team felt it was appropriate to begin asking people what their experience of health and care services had been like during the pandemic.</p> <p>From May to the end of August, HWK delivered a multifaceted engagement project, which involved a health and care experience survey, storytelling tools through which people could share their experience in more detail and regular review of our ongoing feedback mechanisms (such as our information and signposting service and our website reviews).</p> <p>HWK received survey responses from 696 Kirklees service users and carers, plus 36 responses from staff members. In addition to this, 36 people shared their experience in creative ways through our story telling tools.</p> <p>Opportunities to share experiences through the survey or storytelling were promoted on our website, through social media channels, with the support of key stakeholders, direct emails to community groups and with the support of some of the Community Voices. Due to the infection control regulations that were in place, the team were unable to go out in to communities to engage, and this does mean that many respondents were digitally enabled, and hence could complete the survey online.</p> <p>The feedback received was enormously varied, but 5 key themes were consistently and repeatedly mentioned by our respondents. These themes are:</p> <ul style="list-style-type: none">○ Access to services – covering telephone access, delay or cancellation of routine care and access to specific services such as dentistry, podiatry and antenatal/postnatal support.○ Digital access – covering the use of online booking systems and video call appointments○ Communication – covering how easily people were able to speak to a health professional, and the quality and timeliness of information and responses received.○ Quality of care – covering person-centred and flexible support

- **Cleanliness, hygiene and infection control** - covering personal protective equipment (PPE), social distancing measures and Covid- 19 testing

In addition to these key themes, the report has discrete sections indicating the impact of protected characteristics on the experience of the public, and mental health impacts of the pandemic.

Whilst these themes were routinely mentioned, this is not an exhaustive list of every theme mentioned by the respondents, and there is ongoing work taking place within HWK to look at those responses in more detail.

To see the final version of the summary report, the linked appendices, staff feedback report, and the accessible version, please follow this link: <https://healthwatchkirklees.co.uk/the-health-and-care-experiences-of-people-living-in-kirklees-during-the-covid-19-outbreak/>

HWK sees this report as a starting point in examining the changing views and perspectives of the people of Kirklees during the pandemic. There are gaps in the intelligence gathered (outlined in more detail in the report) and HWK intends to do follow-up work to create a more complete picture of the public's views of care during the Covid-19 pandemic. Key areas of interest are:

- Gathering the views and experiences of health and care services of those from Black, Asian and Minority Ethnic communities
- Gathering the views and experiences of those residing in care homes
- Gathering the views and experiences of those with disabilities and long term conditions
- Digital inclusion
- Accessing NHS dental care
- Discharge from hospital
- Mental wellbeing for adults and children

The team are working together to prioritise these and establish where they can add most value to ongoing discussions.

In addition to the engagement work delivered directly by the HWK team, staff are working to gather together a comprehensive list of the engagement work delivered by all partners during the pandemic. Each organisation represented on the Board, and many others besides, will have been seeking the views of their service users; Healthwatch staff have made contact to multiple organisations to seek clarity on what they have learned so that this intelligence can also be brought together to influence the work of the Kirklees health and care system.

3. Proposal

Healthwatch Kirklees asks the Health and Wellbeing Board to consider this valuable feedback from residents and staff in Kirklees whilst they adapt and review their services both during and after the Covid-19 pandemic. Each organisation represented at the Health and Wellbeing Board has been asked to provide a service response to key questions indicated in the attached paper. The request of the Health and Wellbeing Board is that it considers how the Kirklees health and care system can utilise this feedback in its strategic and operational development, and establish how the system as a whole will respond to the public's feedback at this time.

It is apparent that the Covid-19 pandemic is negatively impacting the wellbeing of the population of Kirklees. HWK hopes that by providing insight from the public, key agencies in

health and care footprint will be able to understand the added value that some service transformation has brought, as well as the challenges that some people are facing in accessing appropriate health and care. As we are functioning in a unique context, this updated understanding of the public's views should help us to identify appropriate courses of action to enable us to continue work towards the Kirklees outcomes.

Healthwatch Kirklees intends to share the responses of the individual organisations to the report to give the general public an understanding of how each large provider or commissioner is making use of their feedback. The ambition will be to create a video clip, with representatives from each organisation saying a short statement about how the views of the public, shared during the pandemic, have influenced what is being offered and delivered. It is essential to close the feedback loop between the public and services at this time to build trust.

As indicated above, this feedback is not a complete description of the views of all Kirklees residents, and it is essential that further work to engage the public is considered and undertaken, as responding only to this intelligence would not be responsive to all Kirklees communities.

4. Financial Implications

No specific financial implications

5. Sign off

N/A

6. Next Steps

Discussion about the report at the meeting will prompt the Health and Wellbeing Board to identify:

- unanswered questions about the public's views that they wish to explore in more detail
- a way in which they will respond to the feedback provided as a health and care system

Healthwatch Kirklees will take away any specific questions and aim to respond through closer examination of the data from the survey, and understanding gathered from health and care partner engagement.

Healthwatch Kirklees hopes that this will prompt more system wide engagement with the public about their views and expectations during the pandemic. To that end, Healthwatch staff have been involved in the development of the Kirklees Learning and Evaluation Project.

A specific request from Healthwatch Kirklees is that Board members encourage engagement colleagues in their organisations to respond to the Healthwatch Kirklees request for details of their pandemic specific engagement work, thus enabling us to provide a comprehensive picture of the public's views on the pandemic to date.

7. Recommendations

1. Consider how the Health and Wellbeing Board can make use of the information provided in the report to create a health and care system response to the public's views on the pandemic
2. Support Healthwatch Kirklees to develop a comprehensive picture of engagement in Kirklees during the Covid-19 pandemic

8. Contact Officer

Helen Hunter, Chief Executive, Healthwatch Kirklees and Healthwatch Calderdale

Email: helen.hunter@healthwatchkirklees.co.uk Tel: 01924 450379



The health and care experiences of people living in Kirklees during the Covid-19 outbreak

October 2020

Healthwatch Kirklees

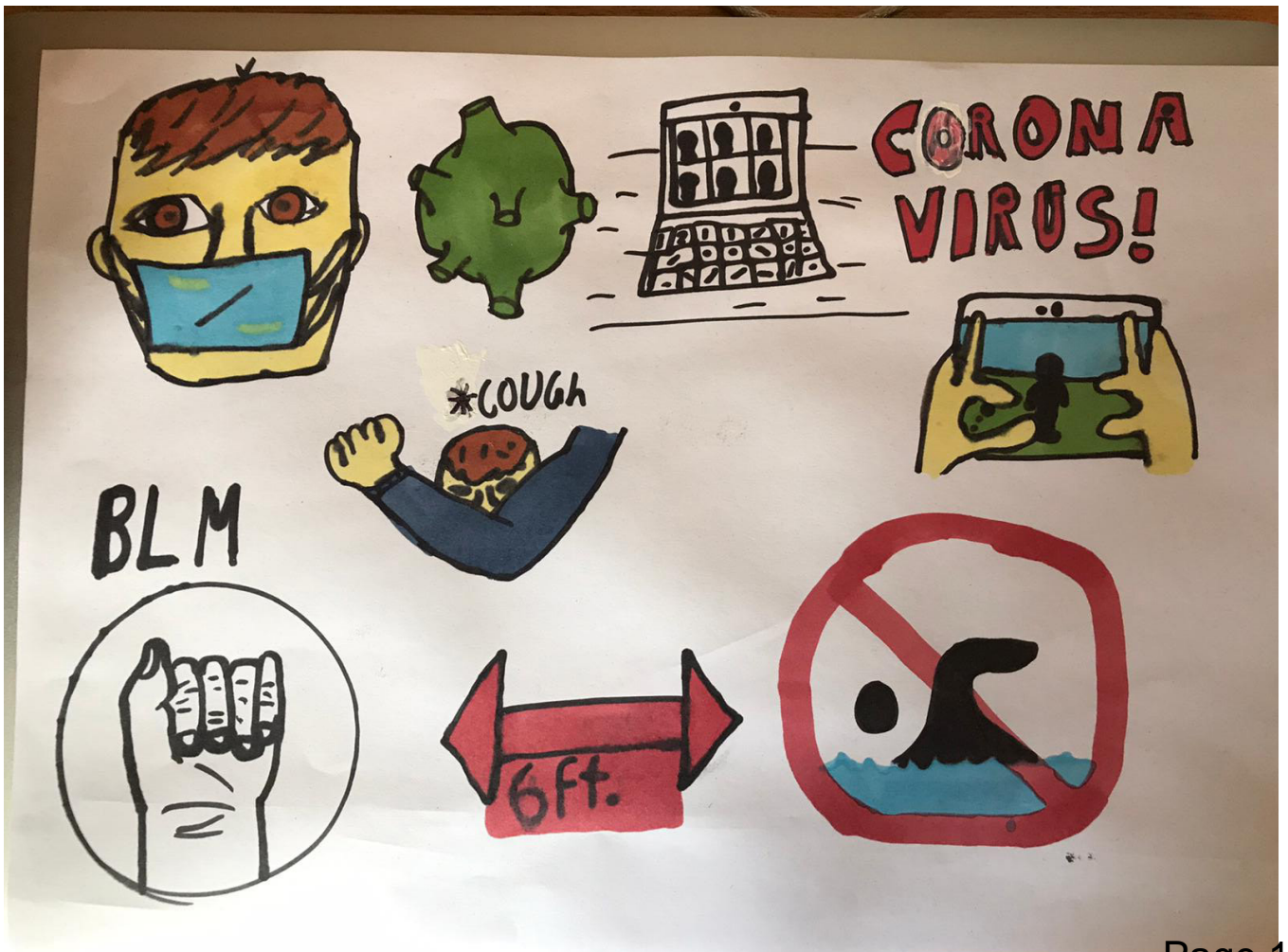
Unit 11-12 Empire House, Wakefield Old Road,
Dewsbury, WF12 8DJ

Email: info@healthwatchkirklees.co.uk

Tel: 01924 450379



We are aware that this document may not be the most accessible version for some people in our community. If you require a version that can be viewed via a screen reader please click the report [here](#).



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Our work at a glance

Health and care services changed dramatically and with little or no prior notice during the Covid-19 outbreak. In an unprecedented and constantly changing situation, services had to respond and adapt rapidly. As the United Kingdom was put into a 'lockdown' situation, people were asked to only leave their homes for essential journeys. However, throughout this time, people still needed to seek health care, support or treatment for various issues.

Our role at Healthwatch Kirklees is to listen to and make sense of what members of the public tell us about their experience of using health and care services, then use that knowledge to make health and care better for everybody.

To gather a full understanding of the experience of health and care services during the Covid-19 outbreak, over a period over of 12 weeks (end of May to end of August 2020) Healthwatch Kirklees used a variety of different engagement approaches and tools including a survey and virtual focus groups to talk to people living and working in Kirklees.

We asked people to tell us their experiences of accessing health and care services during the Covid-19 outbreak, if they experienced any change to the service that they would normally receive and what those changes were. We also asked people to tell us what was good about the service they received, what didn't work so well and what would have made their experience better.

We asked people to share their experiences with us in creative ways such as stories, pictures, poems and word clouds. You can view these [here](#).

We also asked staff to share their experiences of working and delivering a service during this time, and the responses from staff can be found in this [report](#).

In total we received 696 survey responses from service users, their families and carers as well as 36 responses from health and care staff. A total of 36 people submitted feedback in other creative ways such as stories, drawings and poems.

The majority of responses we received related to NHS care, in particular people's experience of accessing their GP surgery (497 contacts, 34%), Hospital care (301, 20%) and Pharmacy care (139, 9%). Other service types commonly commented on were community services (109, 7%), 999 and 111 (63, 4%) and dentists (52, 3%). This means that the majority of feedback that was received related to experiences of GP surgeries. As GP surgeries are universally accessible and a first point of contact for many health interventions, this is not surprising.

The key themes that are mentioned repeatedly throughout our survey responses and other engagement tools are:

- **Access to services** - covering telephone access, delay or cancellation of routine care and access to specific services such as dentistry, podiatry and antenatal/postnatal support.
- **Digital access** - covering the use of online booking systems and video call appointments
- **Communication** - covering how easily people were able to speak to a health professional, and the quality and timeliness of information and responses received.
- **Quality of care** - covering person-centred and flexible support
- **Cleanliness, hygiene and infection control** - covering personal protective equipment (PPE), social distancing measures and Covid- 19 testing

Feedback is mixed for all of these themes, with many people appreciating the necessity for change during the outbreak, but feeling that their experience could have been improved. Some respondents have made suggestions for how their experience could have been improved, which will hopefully offer some steer to health and care providers.

Where there are examples of different groups of people and communities experiencing care in different ways, this has been highlighted in the **Equality** section of the report. Specific attention is drawn to discrepancies in experience for Asian/Asian British respondents, people who were shielding due to age or disability, and people with caring responsibilities.

Specific questions were asked about the impact of Covid-19 and the lockdown period on people's wellbeing, and there is a discrete section that states that for almost all respondents, there has been a **mental health** impact. However, it is important to note that, for some, that impact has been positive, with people finding life easier in lockdown, and for others the impact has been negative, with a struggle to adapt to the changes in our way of life.

In the following report, we share details of the clearest and most common themes in our engagement work. In each themed section, we indicate if there is feedback specific to a particular type of service, and share the ideas and solutions suggested by members of the public. We have also produced a detailed summary of responses from staff members, which you can find in this [report](#). To try to maintain our focus on these key themes, we have chosen to create a supplementary document of appendices which covers all the connected information. In the appendices is a detailed summary of feedback from the staff respondents to the survey.

We will share the findings of this report with the public via our website and with our stakeholders. We will ask NHS and social care organisations to respond to us within 20 working days so we can help to make health and care services better for everybody. We want to ensure that positives in health and care during the Covid-19 outbreak are not lost and the negatives do not become the norm.

Key themes

Access to services

During the Covid-19 outbreak, many health and care services changed the way they interacted with and cared for people, for example by offering telephone and digital options rather than face-to-face appointments. Other services were closed, relocated or care and treatment was put on hold.

Adapting the way people accessed services was essential to protect the health and wellbeing of staff and the public. Some changes were welcomed and led to improved access. Other changes led to difficulties for some people as they made access harder or more complex to navigate.

What worked well?

Some people found access generally easier and more efficient during this period; people mentioned how they benefited from being able to access services in a timelier, safe and convenient way.

“The whole process took 2 hours which is quicker than normal from requesting an appointment.” (GP)

“I still received the help I needed - telephone calls were at the agreed times, didn't have to wait long for them either.” (GP)

“My daughter has had regular contact with Adult Autism service via phone and have managed to continue working on her Communication Plan and contact with college (some of it taking longer for obvious reasons). Am pleased with this practical approach.” (GP)

“We were able to remain shielding at home. Service was more efficient than usual of having to travel to surgery and have a long wait.” (GP)

Telephone access was a real positive for some people who felt it was an easier, quicker, less time-consuming way to access services and one which also reduced the risk of being exposed to Covid-19.

“Have a telephone consultation as an option for patients. This would make my life much easier with children to care for.” (GP)

“Hospital appointment worked just as well over the phone - still able to diagnose and alter medication regimes effectively and collect from local pharmacy in a timely way.” (Hospital, Pharmacy)

“It had actually been much quicker/easier to get to speak to a doctor. Each time they've rung me back in an hour or so. It was also quicker & more convenient doing the reviews over the phone. I just received a text saying that they were going to ring (rather than a letter asking me to make an appointment). I managed to book a call with my regular doctor for my HRT review & again, she rang me back the same day. It's felt easier to discuss things & they've had to listen more & ask questions.” (GP)

Telephone appointments worked so well for some people that they would like to see a continuation of this offer. However, most people very much wanted face-to-face appointments to remain available, particularly where they are experiencing a new or more complex health issue.

“Happy to continue having phone consultation if the condition I’m calling for is minor however I wouldn’t want it to be telephone only for issues which need the doctor to have a look at something.” (GP)

“As the condition was minor and there was a previous case of my child having the same symptoms I was happy with the outcome, however if it was a new health issue I would have preferred a face to face contact for more reassurance.” (GP)

“I now think that GP telephone consultations may have a place in future. However, it should not replace the option of face to face appointment.” (GP)

What didn’t work well?

For various reasons, some people struggled with telephone appointments, in particular if they have mental ill-health or find it difficult to communicate by phone or struggle to explain their symptoms.

“Telephone appointment only which makes diagnosis difficult and explaining the issue harder.” (GP)

“I have a lot of anxiety using the phone and find it hard to process or retain information over the phone. I have speech difficulties sometimes that are worse with anxiety.” (GP)

“The doctors simply wouldn’t listen to my concerns. I was anxious about my baby’s health and telephone consultation do not alleviate anxieties. My baby was only around 10 weeks old at the time. There is no “relationship” or connection with the doctor via telephone, and they seem to use it as an excuse to brush you off. It felt like my concerns didn’t matter and I wasn’t being listened to.” (GP)

People described practical difficulties in getting through to services by phone and problems with arranging a timely, convenient call back. This issue is discussed in detail in the section entitled ‘communication’

Some people experienced delays or cancellations to routine care:

“Not been able to have routine appointment like smear test.” (GP)

Specific service feedback

Over half of the people who responded to our engagement commented about access to GP services and GP phone access. There were other health and care services which were specifically mentioned and can be seen below.

Dentistry

Access to NHS dentistry has been an issue in Kirklees for years and the Covid-19 outbreak exacerbated the issue.

“Requested emergency appointment at dental practice, I have to wait one week.”

“Had all my dental appointments cancelled.”

“Told me they couldn’t do anything about my broken molar tooth due to treatments not available due to Covid restrictions.”

“Tried NHS 111 who took a lot of questions then said I could have an appointment at a hub in Hull which is 95 miles away. How was I expected to drive in pain and on lockdown, I don’t know. I eventually got my dentist and had a telephone consultation and he prescribed antibiotics.” (NHS 111)

“Dentist advice was they are not open. Emergency extractions only. Told to buy a do it yourself repair kit.”

“Called 111 a few times and they said they couldn’t offer an appointment due to capacity during the Covid-19 outbreak. Tried every dentist in Huddersfield who had all said they couldn’t see me” (NHS 111)

Antenatal and postnatal care and support

People expressed concern about a lack of antenatal monitoring and not enough postnatal support.

“I needed perineal care and post birth trauma support which was missed and I suffered hugely. Physio over the phone is not the same as someone showing you.”

“The midwife did not return my call, I’ve never met her as my appointments have been changed to telephone which have been a waste of time.”

“No face to face breastfeeding support.”

“No direct midwife appointments - limited to telephone appointments - less appointments than expected - only one round of tests done (bloods, urine, weight, BP etc).”

“Reduced face to face contact with no face to face community midwife appointment between 8 weeks and 25, despite being high risk for infection and requiring regular screening.”

“No face to face until later means social issues are more likely to be missed - not able to form good relationship with community midwife.”

“The fact I have not seen my midwife. Not had her check the baby, heartbeat anything. I have ended up going to Barnsley hospital where they have done all the checks instead.”

Podiatry

Access to routine podiatry was mentioned as an issue for some people.

“Locala just stopped all Podiatry appointments without notice. Now feet very uncomfortable.”

“Locala Podiatry, usual monthly appointments were not available due to covid19 hence 2 visits to emergency clinic.”

“Routine podiatry appointments have been suspended I have diabetes, can't bend to cut my own nails, and they're becoming painful.”

“No everything has been excellent except Locala Podiatry. Being forced to looking at going private.”

Communication

Many respondents struggled with communicating with health services during the Covid-19 outbreak and the largest proportion of the comments regarding communication in the survey responses were negative.

Key topics that people mentioned around communication included; the use of inaccurate information, lack of responses to requests from members of the public and information not being provided in a timely manner. Additionally, participants also talked about fragmented communication between service providers as well as difficulties in being able to speak directly to health professionals.

There were also a number of comments relating to confusion around national guidance and local lockdown rules.

What worked well?

Whilst the majority of the comments around communication were negative, it is important to highlight there were a number of positive comments noteworthy of mention. These related to compassionate care and examples of good communication:

“... staff have been phoning me every 2 weeks to check we are all ok and saying they are there if we needed any help” (Respite services)

“I felt really ill last week, so I rang my GP surgery and told them I needed to see a doctor. I didn't really know what to expect as I knew the usual appointment system was on hold. The receptionist told me that doctor would contact me about lunchtime and checked which telephone number would be best for me. The doctor rang at 12 noon and, after discussion of my symptoms, diagnosed a urinary tract infection and prescribed antibiotics. These were delivered to my home that same afternoon.”

“The individual that I spoke to yesterday went out of her way to let me know about what is currently happening in the unit and went through with me any outstanding procedures and referrals to make sure I was all booked in.”

“I liked that the doctor did ring me back after receiving photo to reassure me that all was ok and to contact again in a few weeks if issue hadn't resolved itself.”

We heard an example of a GP surgery contacting a patient who was shielding to check they were OK and to reassure them that the practice could be contacted if anything was needed.

Another GP surgery made regular calls to a patient who had an infection; once when a course of antibiotics had been prescribed, again when the antibiotics were completed and then again a few days later.

A different GP surgery telephoned the patient regularly and reviewed their condition, adjusting medication accordingly. This person told us how well supported by the GP they felt.

A parent also shared that they had had really positive and encouraging telephone contacts from hospital and community paediatric diabetes staff.

Care homes were also praised on a number of occasions by relatives, notably for enabling relatives to keep in contact with their loved ones and providing updates to families on the wellbeing of their loved ones. It was reported that some care homes had been regularly using photos and updates (both of residents and families) as a way to enable relatives and residents to keep. Relatives stated that they found this reassuring.

“My Dad (almost 90) is in a Care Home...and we last were able to visit in early March. He has dementia & we felt trying video calls etc. would be adding to his confusion and we are thankful to know he is happy and cared for. The home has set up links with the families of the residents via social media so we can send photos and messages and get updates in return.... Every day we get an update with humorous captions and staff videos of activities i.e. VE day celebrations and details of how the staff are keeping up the spirits of the residents there. We are so grateful to the home and the care company itself who have also updated us weekly regarding the ongoing situation.” (Care home)

“I live alone as my husband is in residential care. I haven’t been able to visit but the care home has been marvellous, they are very busy but always take the time to let me know how my husband is when I call. It’s the little things they say that tell me they are taking good care of him such as someone now sits with him to make sure he has eaten his meals and he’s ‘put a little weight on’ so will need new pyjamas. It’s reassuring to hear and I can’t thank them enough.” (Care home)

With regard to examples of good communication, we received the following feedback:

“Thorough explanation from nurse” (District nursing)

“NHS staff are friendly and they communicate very well.” (Hospital and GP)

“Very good experience throughout, felt very safe and confident in the safety used at the hospital re Covid!! All clearly explained and followed throughout my visit e.g. Hand sanitation at each stage etc. mask given on entry and Covid checks made verbally.!” (Hospital)

What didn’t work well

People reported difficulties in getting through to medical services or particular health professionals. They spoke of leaving messages which were not responded to:

“Was promised someone would call back either that day or by the end of that week. No one has called back yet despite my calling to chase up last week.” (Mental health service)

“CAMHS, no call back for last 10 weeks despite numerous calls and professionals also asking for someone to call for urgent meds review.” (Mental health service)

We heard from a child’s father who asked how he could get advice regarding the adjustable dental brace his daughter has at present. He has called the orthodontic service several times, left voicemails and but has not received a reply.

We also heard from individuals who had experienced difficulty with regard to communicating with hospital clinics/departments, hospital doctors and maternity, mental health services and GPs:

“The problem was in getting through to the appointments department. There is no longer a queuing system on phone, just a message saying that if no one answers immediately hand up and try again. This meant I spent an hour each day for three consecutive days before I got through. This is totally unacceptable (blood tests at Huddersfield Royal Infirmary).” (Hospital)

“No working contact number for midwife.” (Maternity services)

“Was only able to speak to a Dr once, on the 6th day of dad being in hospital” (Hospital services)

“Very difficult to speak to someone - they just kept reiterating how busy they were with Covid-19” (GP services)

One individual reported having been unable to reach hospital staff by phone for an update on a loved one’s condition following their admission to hospital via the Accident and Emergency Department. Despite making repeated calls, it was not until the day following the admission that this person received news of their relative’s condition.

There was also feedback which indicated that some people felt they had not received adequate information from medical services during the Covid-19 outbreak. The incidences where information was not provided at all or was lacking related to a wide-range of services including GP, hospital and dental care as well as care homes. It concerned information regarding a number of issues.

A number of people felt they did not receive enough information relating to their own care or the care of a loved one:

“Lack of info, lack of support especially in early days.” (Hospital, Stroke Unit)

“Facing emotional news alone due to restrictions. Lack of information.” (Maternity services)

“My aunt has been prescribed end-of-life care. No organisation. No discussion with family or explanation of what to expect.”

Some specifically mentioned the lack of information around the rescheduling of appointments and timescales for appointments:

“... still waiting, some contact would be good!” (Dental services)

“Hospital blaming the GP and GP blaming hospital and neither informing me what was happening, why and the time scale.” (Hospital and GP services)

“No respiratory referral still waiting. Skin and Eye clinic app postponed, still not heard anything... Eyes & skin, not heard anything for over 4 months.” (Hospital services)

A number of the comments we received related to care homes. One person reported that information from the care home was not forthcoming in providing updates and that they only received information about their loved one when they called the care home to specifically ask about their wellbeing. They felt that the home was not proactive in giving regular updates. The information provided was also described as very limited, for example, ‘(the individual) is fine’ and very little else. Others also reported struggling to obtain information about their loved ones in care homes.

One person stated:

“It depends who you get on the phone, the communication is really lacking at times.” (Care home)

Some participants reported confusion about what to do whilst attending a medical facility:

“Once the initial check was done it wasn’t very clear where I should be waiting. There was some misunderstanding.” (Hospital services)

“Lack of clarity over whether I could leave. I was sat waiting in the cubicle when I should have left the hospital.” (Hospital services)

Others remarked that information regarding service changes due to the Covid-19 outbreak was lacking:

“I would’ve found it useful if there was information from the surgery about the changes and if people wanted to book an appointment then what to expect.” (GP services)

“GP - better comms up front. Something specific on the website would have been good or a text after booking (they use text system a lot already).” (GP services)

People were also dissatisfied about the quality of information they received, describing it as inaccurate, lacking in clarity or conflicting:

“Conflicting information from surgery.” (GP services)

“Also I thought perhaps their website would be accessible but it wasn’t clear there either on what changes have been made.” (GP services)

“... But we did receive a reminder about the appointment which said we needed to wear a mask - but our appointment was via video conference so we didn’t need that bit so it meant the message was confusing.” (Child and Adolescent Mental Health Services)

One individual spoke of her experience as a relative of a person admitted by emergency to hospital. They felt that there was no consistency about what they were told by staff members; they received differing accounts of what was happening to their relative from various staff members as did another relative of this patient when they phoned to enquire after their loved one.

People expressed frustration regarding the fragmentation in the NHS and between the NHS and council services.

One person told us that they felt that the communication between staff and wards is not effective. Other talked of:

“Lack of link ups and communication.” (referring to GPs and district nurses)

“The organisation between GP’s was not good.” (GP services)

There was also significant confusion around national and local Covid messaging. We noticed for example that when the government’s message changed to ‘stay alert, control the virus’, this prompted a lot of discussion on social media about the potential confusion this could cause. There was also confusion around local lockdown messages:

“I was struggling to get clarity when certain restrictions were re-imposed in the Kirklees area - with specific regard to whether I could meet up with people from other households (who are not in my social bubble) outdoors at hospitality venues. It was impossible, at first, to locate specific related information and guidance - even the locally issued guidance was vague. I eventually had sight of a Kirklees Council bulletin that clarified the matter for me by specifying what could and couldn’t be done by Kirklees residents and visitors from other areas...”

A number of comments related specifically to shielding:

“Let’s move forward to shielding lifted 1st August, not an easy shift I can tell you especially as another local lockdown was announced at the same time, we found ourselves asking how is this safer now?”

“I think we needed more guidance as shielding lifted and much more reassurance to how to feel safe again.”

What would have made things better?

With regard to what would have improved people’s situations, a number of people stated that the information provided could have been improved both in terms of the communication channels used and the content of the information provided. Different people expressed preferences for communication in a range of formats, for example written via email, letters and leaflets, via the local media and also by means of verbal communication. This indicates the importance of using tailored communication channels to meet the needs of different target groups.

“The only improvement would be a leaflet type information document telling me when the practice is reopening and what can be treated at this time as I don’t have Facebook myself. Maybe updates on the door of the dental practice too.” (GP services)

“Maybe a letter from my GP explaining the situation with GP’s and giving me more reassurance on using the service.” (GP services)

“Once I got to A and E everything was explained but it would have been better to get the info of how A and E was running from the paper or news.” (Hospital: Accident and Emergency Department)

“Information by email on progress towards returning to a normal outpatient operation, would be helpful.” (Hospital, outpatient clinic)

One person also mentioned that they would like to see a system similar to the eConsult system used by GPs to be used in hospital clinics:

“Better communication systems - e.g. like the GPs online version. Someone answering the phones and dealing with messages.” (Hospital, outpatient clinic)

With regard to the content of the information provided by NHS services, people wanted clarity:

“Having to go to totally different building. No information about this listed on internet when even looking before going WHY!... More up to date clearer information where to go and if booking service needs to be followed and potentially how long you MAY have to wait to receive the service before booking.” (Hospital, Phlebotomy department).

“Unable to attend a GP appointment, so telephone appointment, and able to load BP readings on website (although initially difficult to find how to do it, and not clear instruction).” (GP services)

“In an emergency I wouldn’t know where to go locally to find info, GP? CCG? a website 111 website, 111 phone. I am happy to sort myself out, but can’t find info when needed...”

A number of people wanted more information relating specifically to their medical situation:

“In my case being given some more information regarding the recovery period after suffering a fracture.” (Hospital, Fracture Clinic)

“Given more information about pregnancy, birth, labour and emotional needs.” (Hospital: Maternity services)

Others talked more generally about wanting greater level of support from services:

“More cooperation from GP surgery. Receptionists more patience needed from both myself and those in charge. Mental stress from shielding very stressful.” (GP services)

“More help and support and understanding during the lockdown” (from a person with disabilities)

Finally, people also mentioned direct contact with a health professional and continuity of care by means of talking to a person who knew their situation, would improve the situation.

“Having contact with a professional I could speak to instead of a generic questionnaire that wasn't fit for purpose.” (GP services, NHS 111)

“Being able to talk to a clinician who knew my rare condition and how it presents in myself.” (Hospital, Maxillofacial Department)

“Had to deal with too many different medics regarding my husband's ongoing problems...If I could have talked to just one or two medics”. (GP services)

Digital Access

For some, digital technology was a great way to access health services while staying safe and saving time. For others, the barriers were too great and the inconveniences much outweighed the benefits. When faced without the possibility of going face to face, many praised the ability to do video calls. The lack of clarity in instructions and guidance made this option difficult for a lot of people however, and many wanted more options and choice.

Mostly, people were understanding of the constraints and appreciated still being able to contact their health professions. With more time and adaptation, many can see digital technology being a longer term part of health services.

What worked well?

When a face to face appointment is not available, a video call is preferred to a phone call. Many responders were keen to see their health professional through a video to better discuss their issues.

“Where video using e.g. zoom may replace just the phone consultation why not use it.” (GP)

“Ability to schedule telephone (or video calls) as it makes it much more accessible. Electronic prescriptions.” (GP)

“Maybe online instead of telephone so I could see the doctor.” (GP)

People with busy schedules or underlying health conditions also appreciated the option of video calls. The lack of having to travel helps both those with busy work lives, preventing them from taking time off to visit the GP, and those with health conditions making travel difficult.

“Certainly think this was quicker than if had had to have face-to-face appointments at normal times, as struggle to get these due to busy surgery and work times/place (work away a lot).” (GP)

“Yeah I really liked not having to go into a busy GP surgery exposing myself to poorly people. I much preferred the remote consultation. It saved me travel time, fuel, I was less anxious about the apt.” (GP)

“I know to the doctors and nurses it must be a much harder way to work, having to go through the calls/pictures on the app/text back to people etc.! But as a mum of four...being able to ring in, send a photo, and not have to get us all dressed and drag the other three to an appointment... it was bliss!!! Easiest thing ever! And I'd built it up to dreading it because I thought 'oh they'll have a list of priority things they have to deal with etc., but they were all lovely” (GP)

Video calls brought a lot of relief for those who find it quite difficult to visit health services in person.

“It has worked very well. My daughter does not like going to Folly Hall and preferred the video conference.” (Mental Health)

“The option of video conference is an excellent one especially for someone with autism who isn’t keen on places she’s not familiar with.” (Hospital)

Online consultation, held via text conversation or email proved to be a valuable alternative for some who didn’t need a phone or video call.

“Great to be able to email GP - not been able to do this before.” (GP)

“I think been able to just give an update if something had gone wrong over the weekend via phone or email is great rather than needing that consultation appt” (Hospital)

“Online consultation worked really well allowing me to write down more succinctly than I would otherwise have been able to express.” (GP)

Follow up appointments or advice from health professionals were streamlined for some and sent via app or text. This help cut-down appointment times and help people stay indoors.

“The MSK team sent me some exercises which you can access through an app on my phone.” (Community Services, GP)

“They sent everything electronically to the pharmacy and sick note via my phone so I didn’t have to interact with multiple people.” (GP)

What didn’t work so well?

Many people found great difficulty learning to use some of the digital platforms. This made them unable to communicate easily with their health professional, leaving them confused and frustrated at the system. Many relied on their family members to guide them during appointments.

Someone told us about the difficulties they’d experienced in navigating the online system their GP practice has put in place during the Covid-19 outbreak.

“There were lots of different menus/sub menus and it was confusing.” (GP)

“Am also having a video call with a doctor, I don’t use new technology so my family have to help me with it.” (GP)

“Clearer instruction on exactly how to upload home BP results.” (GP)

Some conditions were not appropriate for video calls or online consultations. Some would have preferred to go in so that a specialist can see the issue and diagnose it more accurately. This was a common theme for those with skin conditions.

“It would have been much better for the dermatologist to have seen the extent of the condition in real life instead of from loads of photos.” (GP)

“It is slightly more difficult to see something such as a rash via video call.” (GP)

For a lot of patients, this will be the first time setting up their online account in order to access online services for their health. While many were understanding of the pressures in the system, they were frustrated by the lack of clarity in instructions and the often slow response time.

“Some of them yes. Others no. Had to go 10 days with my antidepressants as GP not accepting telephone requests for prescriptions and had to be ordered online but didn’t have an online account so had to wait for them to set that up and then the actual prescription request was not available for another 7 days after the request was sent.” (GP, Pharmacy)

“Possibly a bit clearer instructions on how to initially set up the video conferencing but I realise it was a completely new experience for the staff too so not a complaint more feedback.” (GP)

For those who were able to register and access online services, they often ran into problems when trying to use them. Consultations not working, Apps not functioning correctly and technical issues were common themes in the responses.

“I was told to use E- consult which, after several attempts did not work” (GP)

“The NHS app was publicised by the surgery and I got it set up and set up was good but the online consultation submission on that was very frustrating and asked me lots of questions but then asked me again what my symptoms were and when I said “migraines” it said ring 111 and I lost all the data I had input previously and nothing was submitted to my GP. The web form was better via the surgery website; my medical records are on the app though which is good.” (GP)

“The connection wasn’t always great” (GP)

What would have made things better?

Some responders suggested ideas that could improve the use of digital technology in healthcare or where else it may be utilised.

“Some homes are offering phone calls and video calls which are useful for some people who can communicate in this way.” (Care Home)

“Email or text options maybe, especially with trying to get mental health support” (Mental health services)

“Measures could have been in place to video scans or do FaceTime, partners on phone/FaceTime while scans and appointments being done.” (Hospital)

“A video call where three parties can be present may be something to think about as in our case where I look after an elderly relative who lives on her own, a call where I can virtually be present with her would help her greatly.” (GP, Care Home)

Quality of Care

Access to health and care services has changed during the pandemic, with very little face-to-face support available and the majority of services being delivered online or over the phone, so we wanted to know if people have found changes in the quality of care they received.

Approximately 300 pieces of feedback related to quality of care, of these 53% were positive, 12% expressed negative views, and the remaining 43% were either mixed or neutral.

What worked well?

Some people were happy with the changes made by GP surgeries, and in some cases they felt like they were dealt with more quickly and efficiently. Telephone consultations worked well for many people, and those who had to visit the surgery felt reassured by all the measures put in place to protect patients and staff.

“Have found the GP very helpful... and we’ve sorted things out on the phone about the prescription without needing a face to face appointment.” (GP)

“Great the set times to ring for repeat prescriptions have been relaxed especially as I’m not sure what day of the week I’m on let alone time.” (GP)

“I was dreading ringing as I thought would be difficult to speak to anyone/everything would be very busy with probably much more serious things so I might not get to speak to anyone today. But it was completely the opposite. The lady on reception was super helpful and I had a call back from the GP within a couple of hours, who is clearly a very kind, thoughtful and efficient lady. I sent a picture to a link she sent me and within minutes she has prescribed antibiotics.”
(GP)

There was also positive feedback from several people who attended hospital and received an efficient and caring service. Examples of services which people have valued because they have made a real effort to take into account their needs are pharmacy delivery services, residential care for older people, and emergency dental services:

“Seen by consultant had mammogram and ultrasound and advised by consultant of results within 90 minutes” (Hospital)

“Every aspect of my care was nothing short of excellent, from the admin at A & E, staff at Dewsbury, right through to the ambulance crew who transported me from Dewsbury to Pinderfields, and all the staff at Pinderfields were superb” (Hospital)

“Excellent service, they bring at the same time each week, the medication is posted through the letterbox normally, and any additional medication that can’t be posted the delivery man knocks and waits. He is never in a rush to go, I try to get to the door to speak to him and say hello - he stands further away now in the garden but still passes the time of day with me. If he is busy, which he often is now more than before, I suppose due to more deliveries. He explains that he needs to go and can’t talk. Happy with this service” (Pharmacy)

“Mum is still living in her assisted living complex obviously also in lockdown and the staff there have also gone above and beyond for the residents. I am able to observe social distancing/hand hygiene in order to see her in the front lobby with her weekly supplies! She is getting daily updates too and also lunchtime meals are still being prepared and brought to her flat as and when she requires them” (Assisted living)

“Complementary filling kit. I was having trouble with my tooth as my filling had come out. I was wondering what to do when my daughter saw on Facebook that my dental practice was offering filling sets to help bridge the gap until the practice was running as normal. I called the practice and was told I could come down and collect the filling set. I was given information on how this could be done in a socially distance way as the surgery door would be closed. I rang in the morning and collected it the same morning, easy, efficient and a free kit. Really happy with how I was dealt with.” (Dentist)

We heard about examples of good person-centered care and compassionate care:

“Things have changed for the better when I next called and my suggestions had been taken into consideration. The triage has been changed with a more person-centred approach which means it works well for both patient and carer” (GP)

“Someone told us that their appointment here was positive and they felt they were treated with respect and care. The consultant said ‘this lovely lady’ which was a real lift to the person. The consultant explained the next steps and made sure the person was ‘clear and happy’”. (Hospital)

“The service I have received from all the Midwife’s at Calderdale maternity assessment unit, & my community midwife Philippa has been second to none. I’m so grateful of the care & support they have given. Each & everyone have gone up & Beyond. I feel very lucky to have them.” (Hospital)

What didn’t work well?

Some parents had concerns about babies being assessed and diagnosed by GPs over the phone as they felt it was important for babies to be examined properly so that symptoms weren’t missed.

“The way I was brushed off and had my concerns ignored. Babies should always be seen and parents should not be given explanations over the telephone when the baby has not had a physical appointment, it’s dangerous practice.” (GP)

“At first they refused to see my baby. I spoke to two different doctors on each occasion and they gave me an explanation for my sons noisy breathing without even seeing him, both of which proved to be wrong. This was over the phone. I explained that I wanted him assessed and they told me it wasn’t needed. I did not accept this. I eventually got a different doctor after ringing for a third time who actually listened and referred me to be seen by a doctor that day. He confirmed my little one has laryngomalacia” (GP)

Other people are also concerned that patients visiting hospital were not being treated with sufficient care and compassion, and that not enough consideration was being given to their individual needs, leading to unnecessary distress.

‘On the second occasion I walked outside from the A & E reception to Minor Injuries Unit through some water, past ambulances, wearing just a slipper on my injured foot although I had crutches. I would have liked a wheelchair to take me there because my foot was painful. I wasn’t offered any help.’ (Hospital)

‘Expecting a disorientated patient with little to no English to remain in hospital alone surrounded by staff walking around in PPE equipment and expecting patients to remain alone with no contact or support from family. Staff not even willing to put patient on the phone while he was supposedly awake, eating and talking. Once he was returned home, he returned unresponsive (the same state a week ago when taken to hospital, so didn’t eat, talk or wake up before he passed away the next day.’ (Hospital)

What would have made things better?

People mentioned a number of ways in which the NHS care received could have been improved. Care for people with long-term conditions was highlighted specifically. People felt that adjustments should be made in such cases (see Equality section for further information).

A number of people stated that the attitude of NHS staff needed to be improved:

“I understand the health care system is over stretched, extremely busy and underpaid. It does not excuse the kind of behaviours some staff display. My concern is how easily a human life is disregarded in a profession where compassion is paramount. However, does one need to behave in a detached, robotic manner with patients and their families. Patients come into hospital very poorly and usually do not want to be there, they have no contact with family and or may speak English as an additional language if at all. It is scary. Can hospitals staff stop adding to this by being unconcerned and rude. It is unprofessional and inhumane.”

“GPs listening skills”

Service specific feedback

Some people spoke to us about specific services and the quality of care they received, which can be seen below.

Hospital

“Quick, efficient, obviously only people in need were using the service. Usually at A&E there are dozens of people queuing with minor injuries.”

“X-ray & CT scans appointments were very quick, very well organised.”

GP services

'I've had nothing but good experience with Mirfield health centre over The last few weeks from drs to receptionists, they were so helpful the other day trying to get me set up online so I could order my repeat prescriptions'

Opticians

"Spoke to some late afternoon for "triage". I sent photos in an email. The optician rang the next day with diagnosis and reassurance - excellent service'

"I telephoned to ask how glasses could be fixed as they were broken. The optician said they're only dealing with urgent or emergency repair. Really helpful. Happy to make an appointment for me to come and choose frames or bring in glasses. When I explained that I was shielding with family, he asked lots of question about the two frames I have and colours/size and said if I had WhatsApp he could get measurements from my prescription and glasses frames and send me some pictures. It could then all be done by post. Good service so far."

Community services

A lady contacted us about her husband's continence assessment. She appreciates that the assessment can't go ahead at present but just wanted to talk it through with someone and wanted to get a bit of advice. Healthwatch Kirklees contacted Locala who provided contact details for a Continence Nurse. Once the lady's details had been passed on, the Continence Nurse contacted her within half an hour and she got the information and advice she needed.

Cleanliness, hygiene and infection control

This section will cover comments relating to social distancing; precautions taken by health and care organisations including the use of Personal Protective Equipment (PPE); and the availability of testing for Covid-19.

What worked well?

People commented positively that they felt safe in local health and care services due to; face masks, social distancing requirements, sanitising measures and changes in waiting rooms.

“Changes in the waiting room with social distancing. Much quicker than my previous experiences. Noticed some one-way systems.” (Hospital)

“At the pharmacy waited outside wearing a mask until my medication was ready.” (Pharmacy)

“Dentist PPE. Had temperature taken on entry. No chairs in waiting room. Every effort had been made for patient safety.” (Dentist)

“Extremely well organised both in making the appointment, the actual appointment and the very strict virus controls applied, both in PPE and cleaning before and after.” (GP)

We received positive feedback about some of the testing centres in Kirklees and the staff involved in the Covid-19 testing process.

Walk-in Covid-19 testing centre in Ravensthorpe, Dewsbury:

“All went smoothly helped by a young, very helpful girl I did the test myself and was given clear instructions as to what to do. Results in 24 hours.”

A volunteer for Locala had an antibody test at Eddercliffe Health Centre and told Healthwatch Kirklees about their experience:

“It felt very safe and the nurses were lovely. I hardly felt the blood test being done at all! They also took the opportunity to ask if I was safe at home and explained they were routinely asking this question to help identify any potential domestic abuse.”

What didn't work well?

Comments from people about what did not work well were; changes to services or treatment, perceived gaps in staff training, how people felt about PPE and testing and the Track and Trace system.

“Nurses and care workers to be given robust training on hygiene to prevent cross contamination. Train nurses to pay attention to the cleanliness of patients.” (Community services, Hospital)

“Particularly of those patients with no mobility, who have been at the hospital for a week or more and family are not allowed to meet the patient then to at least give them a wash once during their stay.” (Hospital)

“Wearing masks made the eye test longer as the optical lenses steamed up and had to be de-misted so I could see and read the letters.” (Opticians)

Feedback suggests that some of the Covid-19 testing procedures, locations and information could be improved.

“I applied online for a Covid-19 test because I’ve had a sore throat for weeks together with an aching body from time to time. No test ever arrived. I’m still waiting 3 weeks later!”

“The distance to get tested (in) Leeds and Manchester and the result time was far too long.”

“Clearer information and nearer testing plus quicker response.”

There were some mixed and neutral comments relating to the Track and Trace system; having to wait outside a surgery before being admitted, which may be a problem in adverse weather; and one comment relating to changes to baby immunisation.

“Waited outside surgery for 15 mins for nurse who then phoned to ensure I was there and then came out of surgery in full PPE to take temp and the we went in.” (GP)

“Waited outside for blood test, temp taken before entering GP surgery.” (GP)

“Nurse wore masks and protective clothing. Seated in a separate waiting area for babies. Didn’t write in red book. With my first child we were told to wait in waiting room for at least 10 mins in case of a reaction, in and out this time. Let out of a separate door to exit the surgery.” (GP)

People spoke to us about the different information they had been provided by different organisations and staff members.

“I was contacted by a restaurant I had eaten at to inform me that someone had tested positive for Covid-19. I asked what to do and they said look on GOV website. I had no information about whether it was a staff member or customer, or when they had been in the restaurant, even if it was the same time as me... I rang 119 who gave me very sketchy advice and I didn’t feel any wiser. I found where the test centre was in Ravensthorpe and went there for further advice. I asked what to do and they confirmed to have a test, they said the children should be tested too if I test positive, but said I must get someone else to bring them (putting them at risk) as I must isolate until the test comes back and then longer if positive. The staff were non-medical staff so I didn’t feel as if any clarification was given regarding whether I was doing the right thing as, again, not a lot of guidance. I did the test myself as advised”.

“I rang Public Health England as I didn’t know what to do and it was making me anxious. They gave different advice to the government - get tested if you have been in contact with someone with the virus. Advised didn’t need to test unless I had symptoms or been in someone’s company for 15 minutes’ close contact. I had no idea if I had as don’t know if it was a staff member or customer who had tested positive. I was never contacted by Track and Trace. The person at Public Health then said you could catch it from surfaces in a shopping centre which seems to be different from first advice. Maybe they need a flow chart, e.g. ‘did Track and Trace contact you? If not follow these guidelines’. This would help as neither I or anyone else seemed to know what to do. Not rocket science.”

What would have made things better?

There was a lot of support for the continuation of non-contact appointments. The following comments are ideas for future changes in care or nursing homes:

“In other areas of Kirklees, where there are fewer restrictions, garden visits are going ahead and some care homes are using pods and garden rooms for this purpose. As the colder weather approaches, having a sheltered space will become more important. Even these visits are often difficult for people with dementia in particular as residents can be frightened and upset by masks and not being able to touch or hear the voice of the person who is visiting.” (Care Home)

“Lacking understanding of hygiene: wearing gloves but not disposing of them once patient taken to the toilet. Using the same gloves to help support patient get to and in bed. The same was noted in hospitals prior to Covid.” (Hospital)

Service specific feedback

People did comment about cleanliness, hygiene and infection control in relation to specific health and care services, this can be seen below.

Hospital

Healthwatch Kirklees heard from a patient who’d attended an outpatient appointment at Dewsbury Hospital and he was shocked by the number of patients without a face covering and some of the receptionist’s/admin staff didn’t have masks. The patient also felt that everyone entering the building should have a temperature check. This comment was collected prior to face masks being mandatory.

A patient told us that when they went to Pinderfields Hospital for a surgical procedure in June, all the antibacterial hand gel containers on one corridor had signs on to say they were empty.

GP practice

Healthwatch Kirklees heard from someone who had asked their GP practice for an exemption letter as evidence of not being required to wear a face covering. The GP practice said this would cost the person £20. Healthwatch Kirklees looked into this and the government guidance states, ‘No person needs to seek advice or request a letter from a medical professional about their reason for not wearing a face covering’. There are free, printable cards and badges on gov.uk and a downloadable image to use on a mobile phone. The printable versions were posted to the person who contacted Healthwatch Kirklees.

We heard from a patient who felt their visit to their GP practice could have put them at risk of getting Covid-19. They felt the appointment could have been done digitally but this wasn’t an option. Healthwatch Kirklees contacted the practice and they gave reassurance about the measures they have put in place to protect patients and staff since the start of the lockdown.

Opticians

“Made appointment over the phone and went to the shop, he unlocked the door and explained why it was locked. He didn’t want any walk-in patients. All by appointment only. The optician wore gloves and a face mask to examine my eye. It all felt safe.”

Pharmacy

We also heard from the pharmacist at Boots Pharmacy in Mirfield about how they are keeping their patients and customers safe.

“We have adapted our store and working to make sure the chances of spreading the virus is reduced. We have had to make a rigorous cleaning rota for store to clean handles, screens and door handles three times a day and work surfaces and we check daily this is adhered to by signing who has completed the task. Boots have hired a specialist cleaning company to independently deep clean of stores to help stores out... The real positive - our retail and pharmacy business has increased a lot”.

Equality

Survey responses have indicated that there are specific issues and barriers that are being faced by some groups that experience greater health inequalities or have protected characteristics. The comments made in the survey indicate that there are differences in the experience of women who are pregnant or recently gave birth, older people, people with disabilities, and carers. A small number of comments were made relating specifically to race, language and religion. In the following section, there is a summary of the specific concerns raised by respondents from these groups. They include details indicating where people from a particular group have had disproportionate experiences by comparison to others.

Maternity

The delivery of maternity services has shifted significantly during the Covid-19 pandemic. Some mums spoke of a lack of general support from maternity services. This was especially concerning if they knew their pregnancy was high risk or if they had pre-existing mental health conditions.

‘Felt very little support during first pregnancy.’

“...haven’t had any support for my pregnancy which was high risk, no one has monitored my mental health this time and I have a history of depression and anxiety”
“I was unable to be seen by maternity - in particular the early pregnancy unit. I had phoned 4 times with my concerns but felt I was not being listened to and not a priority. They was also unaware if the early pregnancy unit was seeing anyone.”

“The midwife has seen me but has not given one on one advice or planning”.

“Midwife care has been inconsistent with appointments that I need at the hospital being missed due to being high risk and taking me multiple follow ups to try and arrange having to explain why I’m high risk to everyone despite it being in my notes that I lost my last baby due to infection”

Others spoke of the changes to services, brought about due to the Covid-19 outbreak, specifically that that mums-to-be are attending appointments alone, such as scans. Birthing partners have not been able to attend the hospital with the expectant mum as her labour begins. These changes left some women to feel unsupported.

“Going for a scan to confirm a miscarriage alone”

“I’ve had to visit the hospital alone”

For some mums, their birth partner has only been able to attend for the active labour, and then has had to leave quickly after the baby has been born.

“Partner not allowed to attend scans”

“Birth partner could only enter when on established labour and for a couple of hours after the birth”

There is a significant amount of confusion about why this is, as typically birth partners are from the same household as the expectant mum. Often the couple are in a separate room with their child at the birth unit. Respondents question what risk is being mitigated by birth partners spending limited time at the hospital.

“Husband could only stay a couple of hours after birth. If already there and staying in room, didn’t understand why he couldn’t stay longer”

“My husband being allowed to the dating and anatomy scan. We live in the same home, it is his child too after 7 years of IVF for this he will probably never get to experience this as we are unlikely to have more”

Many of the mums who reported this experience were disgruntled by what had happened, but some felt that it has fundamentally impacted their family’s maternity experience.

“My partner feels very upset about not being able to attend appointments with me. The midwife tries her best but it isn’t the same as having him there”

When reviewing the feedback about mental health from women who were pregnant or have given birth in the last 6 months, there is clear indication that the change to maternity services has resulted in some mums having poorer mental health. More so particularly feeling more isolated, and more afraid about the safety of their new babies. This has been compounded by the national and local restrictions.

“It has massively worsened my postnatal depression and anxiety. I have been too paranoid to go out at times”

“Not having the support of my partner at scans and appointments is slowly making me sink further and there seems to be no end in sight for this area and its restrictions”

“Isolated new mum with no breastfeeding support or support at all, very distressing”

Age

Where responses to the survey specifically reference the age of a person needing care, they often refer to elderly people who are residing in a care home. Whilst family members and informal carers often acknowledge it is necessary for the safety of their loved one to comply with Covid-19 rules and regulations, several respondents commented about the detrimental impact on elderly relatives of not seeing their loved ones.

“Some care homes in these areas have completely stopped any type of visit (including ‘window’ visits), others are continuing with window visits only. This type of visit is extremely difficult for those with dementia as they don’t understand why the person can’t go into the building and get extremely frustrated and upset.”

“Could not visit my mum and still can’t since lockdown. She has significantly deteriorated without visitors”

Unpaid Carers

Most comments from family members and unpaid carers for people in care homes relate to their frustration and upset about not being able to spend time with loved ones.

“Although difficult to not see family member in care home, understand the importance of protecting the residents and staff alike - staff available over the phone to offer an update on how family member is doing”

“Can only see the lady we care for through the window”

“Struggling with no face to face contact as she is deteriorating”

There are other comments about the challenges that families face when not able to visit people who might be critically ill in hospital.

“Unable to visit my 84-year-old mum who was in hospital with pneumonia”

“Particularly of those patients with no mobility, who have been at the hospital for a week or more and family are not allowed to meet the patient then to at least give them a wash once during their stay.”

“Whilst the nurses and doctors are doing a good job looking after patients they sometimes forget that whilst relatives can’t visit they need to have empathy and provide real and relative information”

Some specific examples have been given by unpaid carers who were not able to see their loved one before they passed away.

“Sadly my dad passed away in June, and in normal circumstances I could of been with him”

The vast majority of this feedback has been received from female, white British carers, so this feedback cannot be considered to be representative of the caring experience of our wider population.

Disability

There were a number of specific comments related to disability, and these were from people with hearing impairments, who had faced additional difficulties accessing services provided by telephone and video call.

“I struggle to hear over the phone so it is not the best way for me to get the help I need but I have been told it will help to speed things up and it is helping to keep me and everyone safe.”

“I asked for the appointment call to be made over landline rather than mobile (as reception isn’t good in our area and I have hearing loss, so landline works better) and this didn’t happen.” (GP)

Another respondent stated that they found it difficult not being able to have a face to face conversation as they were partially deaf.

A deaf patient on shielding list with outpatient hospital appointment had to attend in person as there was no facility to have a virtual appointment. A phone call wasn’t suitable and no video appointments up and running yet for deaf patients. On a more positive note, the hospital was compassionate and was concerned how the patient would get to and from hospital and who was taking them.

In addition to this, a person with a hearing impairment said that mask wearing prevents them from being able to lip-read, which creates barriers. Another older person commented that it was not easy to hear with a mask on.

However, a good example of an adaptation to services for people with hearing impairments is a drop off service for hearing aid repairs.

Healthwatch Kirklees contacted the Audiology department at Dewsbury Hospital and they explained that hearing aids could be dropped off for repair and collected the same day. A staff member from Healthwatch Kirklees took the hearing aid, left it safely with the Audiology department (in a bag with the patient’s name on) and it was ready for collection within half an hour.

A number of people mentioned the lack of reasonable adjustments and support under the Equality Act 2010 for individuals with disabilities:

“Horrendous experience wish I had never allowed our lady to be admitted for pain management- she has severe learning difficulties and no communication and I was told after being there for 2 weeks to support her 24/7 that when lockdown was announced I could no longer stay with her due to new policies so she was left in there unable to communicate and her needs not being met or understood” (Hospice)

“They should be more lenient with people with learning disabilities and try to understand them more. I understand why the rules are in place but we did not feel safe or supported” (Hospital, Accident and Emergency)

“Asked that only one person stay with the person with learning disability, despite them being scared of hospitals, doctors and people they don’t know and are likely to lash out. Wouldn’t let a second person stay to help them feel calmer and prevent lashing out - said that nurses would help if they did lash out, even though they never have on previous occasions, they usually run away and sometimes call security. Wasn’t helpful” (Hospital)

“Doctor couldn’t see me to examine me so I had to go to the Covid hot hub due to temperature with an infection (despite no other Covid symptoms) and they had to send me to A&E for the physical exam to diagnose infection for antibiotics which was ridiculous given I just needed someone to look in my throat and am shielding”. (GP and Hospital)

“No screening/check- up for blood cancer following 6 rounds of chemotherapy. Not told when next appointment will be.” (Hospital)

One person said they had asked for a phone call from the hospital before their relative who had learning disabilities was discharged so they could understand the reason for the medical episode, what treatment had been given and what (if any) follow-up/after care was in place. This did not occur and thus this person felt this hindered their understanding of their relative’s health problem.

There were also a number of comments from people with long-term health conditions, which indicated that the diversion of NHS resources to support frontline Covid-19 related activities and the focus on controlling the pandemic has resulted in a disruption to their care and suboptimal management of their conditions:

“Advised patient is shielding but just told no routine blood tests being conducted yet recently started on diabetic medication and this was under review to stabilise HbA1C * and prevent kidney damage (transplant patient) therefore not routine...” (GP service)

“No communication left dumped with no or limited help, casualty and mental health services in crisis very poor, no beds for acute services my child life at risk.” (Mental health services)
“I didn’t get sent an appointment for March as planned - and no contact to say I wasn’t getting an appointment either. It’s now June and I still haven’t had contact to say I’m not getting an appointment (diabetic clinic).” (Community services)

“I had a long wait for my operation, which was initially fast-tracked. I had a phone call from the consultant at the beginning of lockdown to explain they were postponing and to reassure me, I think. I could have done with another call a few weeks later as I was starting to feel very anxious.” (Hospital)

“No screening/check- up for blood cancer following 6 rounds of chemotherapy. Not told when next appointment will be.” (Hospital)

Where there were issues relating to accessing health and care services, this sometimes resulted in a delay in diagnosis and/or treatment which has had a detrimental impact on some people’s health and wellbeing.

“I was able to access A&E I had to wait 6 weeks before I could have the tests I needed to get a diagnosis even though my tests were on the urgent list, then had to wait a couple of weeks for the results. during this time, I wasn’t allowed to drive, which impacted detrimentally for my job role as I am a keyworker and needed my car.” (Urgent Care)

“Contact with Rheumatoid clinic - very difficult getting through to department - no response to phone messages needing follow up calls, missed medication, missed letters.” (Hospital services)

A number of respondents with disabilities were very clear that they felt the diversion of services in the pandemic would cause harm to patients and result in excess deaths.

“All care stops for Covid, causing more deaths and making other health problems worse”

“Covid is awful. I understand the need to prioritise it but there are people who aren't getting the treatment and scans because of it...it could end up costing lives just like Covid...”

Others also felt there was a sole focus on Covid-19 during the pandemic at the expense of the care of long-term conditions:

“I feel that the NHS needs to review how it operates in a crisis and how better it can serve the public. I feel the NHS didn't do this unless you were a Covid patient, as this was all that were prioritised.”

A person told us about the death of a loved one which they felt could have been prevented if the GP hadn't dismissed the symptoms as Covid-19. The relative felt the GP did not pay close enough attention to the family history of a serious health condition which could have been causing the person's symptoms.

People also stated that they had been given no indication as to when services would be restored.

“They had no idea when it would be back to normal”.

There was also praise for the NHS from others with disabilities:

“A big THANK YOU to all people involved”

“I have been very satisfied with the care I have received during lockdown”.

Race and Language

Again, a small number of comments reflect the specific experiences of people from BAME communities. These comments related to challenges for patients who have limited comprehension of English.

“Patient has English as an additional language and will struggle to communicate even when conscious and alert”

There was one particular comment that indicated a clear, racially linked discrepancy experienced by someone as an inpatient in hospital.

“To give nurses training on racism so they don't think they are better than the [BAME] person they are dealing with and to have a face ache while treating them then behave like they have taken happy pills while dealing with the next patient who is white.”

What would have made things better?

A great deal of the feedback referenced in this section is about the involvement of family members and carers in a person's care journey. These respondents would like to see the safety of their loved ones respected, but they are clear that there is a need to find a way to enable care home and hospital visiting.

The relative told Healthwatch Kirklees that the ward agreed to help the patient to do video calls but these stopped as not enough staff to do so no direct contact at times. (Hospital)

“Care home excellent, video call a help”

For women who are pregnant or who recently gave birth, there is a clear request that partners are offered opportunities to be involved in the maternity care of the mum.

“Just let partners be involved”

“Allowing husband to attend maternity appointments”

Several carers reported that it would improve their experience to have clearer and less vague information from health and care organisations. This should be a routine and regular part of offering care particularly whilst people cannot visit.

Additional findings

There are some other elements of the data that suggest that people with different demographics have experienced health and care in different ways during the pandemic.

- People in the age 21-30 age group reported concerns about the involvement of carers and family members disproportionately to other age groups. On examination of this, this is linked to maternity care, with predominantly women making comments about attending maternity care appointments alone.
- People aged over 70 made more comments than other age groups about quality of care, and these comments were almost exclusively positive, with respondents in this age group stating they had received excellent care, and expressing a great deal of gratitude to those who had provided it.

Mental Health

Survey responses have indicated that there are specific impacts upon people's mental health throughout the Covid-19 outbreak.

In the following section, there is a summary of the specific concerns raised by respondents.

General mental health and wellbeing

In the responses received from service users and carers, there is indication that the most significant mental health impact from the Covid-19 outbreak is the effect upon people's general mental health and wellbeing.

"I live alone and this took its toll in the early days. I cried a lot and felt lonely and vulnerable at times. I used food as a comfort and gained weight. This, in turn made me feel low."

"Sense of feeling worthless, not contributing, not able to focus in some kind of structure as I'm shielding with my son"

"First time mum giving birth at the peak of the outbreak and then couldn't have any physical support once left the hospital from anyone. Plus no one has been able to hold my baby so have felt like I am mourning." (Hospital)

A number of people responded that the Covid-19 outbreak had a positive impact upon their mental health and wellbeing.

"Better mental health more time for myself have done more exercise spent more time outside."

"If anything, I would say that all the queueing that we've had to do has made me more relaxed. The reduced volume of traffic and more peaceful life has been very welcome. Simple values appreciated, friends, family, conversations, are treasured, bringing warmth and a smile to one's face."

"I have more time to do daily exercise. Feel healthier and fitter."

People who identified themselves as a carer said that their general mental health and wellbeing had been impacted upon during the Covid-19 outbreak, more so than any other factor.

Stress, anxiety and pressure

People spoke to us about the increased feelings of stress, anxiety and pressure in their day to day lives.

"Covid has been a stressful situation for everyone to deal with, this is then worsened by health issues you develop that are not covid related and therefore not seen as important. And the delay in treatment and diagnosis leads to more stress and anxiety."

“Mental health dipped slightly as I became anxious around the work life balance of completing an acceptable amount of work as well as engaging my child in activities”

“It has massively worsened my postnatal depression and anxiety. I have been too paranoid to go out at times.”

A few people commented about how the Covid-19 outbreak and lockdown period had a positive impact upon the amount of stress, anxiety and pressure they felt usually.

“I am an introvert (although quite sociable) and was suffering from a certain amount of anxiety prior to lockdown. Having to stay home was a relief as I no longer needed to pressure myself to go out more. I could stay put without feeling guilty as I had no choice and in any case, everyone else was doing it so for a while I was able to feel more ‘normal’.”

“I was working with IAPT prior to Covid 19 for work related stress. My stress levels reduced dramatically during lock down as I did not have to consider work and could concentrate on spending time with my family.”

“As my daughter has anxiety issues relating to social situations, since there haven’t been any her mental health is generally better.”

Males and people who were in receipt of benefits were more likely to comment about feeling increased pressure, stress and anxiety throughout the Covid-19 outbreak.

Depression

Many people responded that they had increased feelings of depression throughout the Covid-19 outbreak.

“Mental health dipped about 6 weeks in, that paralysed me, I felt stuck and wasn’t able to do much which made me feel guilty and rubbish.”

“I became mildly depressed due to the delay in operation and the resultant pain I had to bear not knowing when it would come to an end.”

“Deep depression at not physically seeing my 2 year old granddaughter and not being able to hold my new grandson.”

“My husband has found it really hard to keep up with all the information and because of his age and health problems he forgets the rules and gets upset when I remind him. He gets really depressed and sleeps a lot.”

Females and people claiming benefits were the most likely to comment upon feeling depressed during the Covid-19 outbreak.

Jobs and finances

People commented that their employment and financial situation had an impact upon their mental health during the Covid-19 outbreak.

“Anxiety about not working and job security.”

“Working from home whilst home schooling and entertaining a young child had its challenges. Mental health dipped slightly as I became anxious around the work life balance of completing an acceptable amount of work as well as engaging my child in activities.”

“My business has been closed down with no prospects for reopening any time soon so I am worried about the impact that will have on my business and the financial implications of that, both short and longer term.”

People commented that the furlough scheme and the reduced commuting had a positive impact upon their mental health.

“Having to shield because of my asthma but still receiving 80% of my wage through the government’s furlough scheme as taken away some of the worry.”

“It’s actually had a positive effect! Having the office to myself means that I can get on with work!”

“It has improved my mental health in the long term. No stress driving to work. Able to work from home. More time to do daily exercise. Feel healthier and fitter.”

Females and people aged 31-50 were more likely to comment about their employment and financial situation having an impact upon their mental health during the Covid-19 outbreak.

Isolation

People who live alone spoke in detail about their experiences of isolation and loneliness.

“As a mother with a baby and a 6yr old, being mostly stuck at home without any company or help has been very challenging. Even with restrictions lifting, I still feel I can’t really go anywhere due to lack of facilities open e.g baby changing facilities.”

“Scared to go out feeling really uneasy around people even though they live with me. Became very isolated and a bit panicked over little things. Stayed in the house not wanting to see anyone else.”

“As a single occupant I have found the restrictions very frustrating. Lack of conversation was very difficult. My phone bill increased. Found sleeping difficult.”

Some people told us that keeping busy or contacting friends and family had reduced the level of isolation they felt during the Covid-19 outbreak.

“Support of friends and local community helped me feel less isolated.”

“I am good with my own company, never get bored, love chatting to anyone, I have a garden which leads onto a field, a little Yorkshire Terrier called Brandy. I was able to get out every day in the garden & on the field the lovely weather has helped. I see my dog walking friends every day as well as my neighbours on the terrace so I’m lucky, I use a walker and 2 sticks to get about.”

Females were more likely to comment about feeling isolated during the Covid-19 outbreak.

Creative Feedback

We asked people to share their experience of the Covid-19 outbreak in creative ways, for example by writing a poem or short story. Here are a few examples from adults and the rest of the creative feedback from both adults and children and young people can be found [here](#).

Story feedback provided by a resident in Kirklees about bereavement

Another key and very challenging thing for me has been dealing with matters relating to bereavement during the lockdown period. Even now - with some of the restrictions having been lifted and then re-imposed - coping with poignant anniversaries and memories has been the hardest thing of all for me. With my usual sources of support and coping strategies being unavailable, I've found that my brain has still had to have input and when it couldn't find it in the present, it sought it within my memory bank and even though I might have, theoretically speaking, put a notice on the gateway saying: "Entry not permitted here at present" - my brain has ignored that and gone through the gateway anyway and I've found myself going back over things from the past: the "what if" and "what might have been" scenarios and that has proved to be very emotionally challenging. With a particular focus on my late son, John - fortunately I have been able to visit his grave as part of daily walking. I know of other people, though, who haven't had that option and that has been very distressing for them.

For a long time now, myself as a bereaved parent had been hidden behind my professional persona of going to meetings; delivering presentations and providing both carer and service user insight and representation. I did not make a conscious decision "to hide" - it was just a by-product of my busy lifestyle. During lockdown, I embarked on an enforced journey which I called: "Finding John's Mum" - identifying and addressing her personal wellbeing issues. I've met up for distanced walks with other bereaved parents via The Compassionate Friends - a peer group which provides an opportunity to both give and receive support. The face to face meetings have been paused due to the Covid 19 virus - but support is still available via virtual Zoom meetings; over the telephone and via face to face socially distanced walks.

The next stage of my journey - which I haven't started on yet - will be entitled: "Rediscovering Lynne as an individual". I've been through a process of confirming to myself that I am now ready to step back from a lot of the high level community work that I do. I've done the best I can, in that regard. I've used John's story to very positive effect and, between us, we have helped many, many people. Things are being done very differently now, as a result of the work that I have undertaken as part of a team and I've achieved far more than I ever expected I would. I'm carrying on with things for now - as I haven't got a great deal else to do and I can still have positive input and it gives my brain something to focus on - but when we come out the other end of this extraordinary and unprecedented Covid 19 virus experience, I will be cutting down significantly - albeit not completely. I want more quality time with family and friends and also more "me time".

Below is a poem from Ravensknowle, a residential setting for people with a learning disabilities

Locked Inside

At Ravensknowle Road we're locked inside,
From Covid-19 we're trying to hide
Missing our families, missing our friends,
When oh when will this lockdown end,

We keep ourselves busy,
We have lots of fun,
From morning till night,
We get so much done,

Parties and theme days,
And afternoon tea,
Singing and dancing,
Games on the Wii

Walks round the garden,
Through sunshine and rain,
Keeping healthy and busy,
So we don't go insane

Facetime on the portal,
A chat on the phone,
Keeping in touch,
We're not in this alone

Clapping for carers,
And NHS too,
Who are keeping us safe
And helping us through!

A resident of Kirklees provided us with a story explaining that even in the darkest days, the most beautiful things can be found.

Sometimes we are forced into situations that are out of our control.

There's a wise old saying that everything happens for a reason and with such sadness happening not only in my little town of Mirfield but the world, the reason seemed hard to find.

Although lockdown was such a worrying time for myself and my family I look back on lockdown and I do have fond memories.

I moved to Mirfield just under 2 years ago, myself, my partner and my little dog enjoyed a frequent walk around Hopton woods, which is a short drive from my house, but then suddenly going to our usual walking spot was out of bounds, GO HOME signs on fences and cable ties around car park gates left us feeling even more out of sorts. With a dog to walk and eager to get out of the house into nature, we were forced to walk around our house, one day we noticed a public footpath sign and followed it, and discovered the most wonderful walk right outside our front door, we watched as spring bloomed and our new woodland walk filled with bluebells, we felt the morning sunshine on our faces and we appreciate the time to find our new favourite walking route.

Below is a poem which tells of the initial shock felt by many when the Covid-19 pandemic hit.

March, March what a shock?

A virus came and stopped the clock,

Tick tock, tick tock the weeks passed by and all we could do was hope and sigh,

Some found it hard to cope, others thought it a big joke.

“What shall we do?” the fearful shout, let's shut our doors and trap it out.

Others roamed around the streets and spread the virus to the weak,

The virus raged and spread the land, we weren't allowed to shake a hand.

“Let's flatten the curve” the scientists warned, some just laughed and others scorned.

Most tried to do their bit, bending the rules a tiny bit.

“When will it stop?” the public cried, when will the dying all subside?

We are trapped, we are stuck, we are all indoors, wearing gloves and cleaning doors.

Rainbows painted in windows bright, to spread the news it would be alright!

Let's have some hope, let's fight this thing, we are not going to let it win!

Moving tides and stormy seas saw things change at breakneck speed.

First in, then out with altered plans. Love where you live, new nature fans.

Down the paths and in the woods, birds are tweeting and people greeting, nature's blooming,
the world's still moving, with new blue skies for all to see.

Slowly, slowly to the future go, with hugs and laughs and better times to show.

Report limitations

As is often the case when launching and sharing generic surveys about health and care services, we have received significantly more feedback about NHS care and treatment than social care support. This is largely due to the much smaller numbers of people who access social care, but those who do are likely to have far more significant needs, and it is important that we understand their experience.

Our data indicates that a majority of our survey respondents accessed the survey through social media and web links. Although we received mixed feedback about digital access to services, we are keenly aware that most respondents have access to the appropriate technology and connectivity to be able to complete our survey. This may mean that the picture of digital access is skewed toward those who are digitally enabled, we have not been able to reach those who face greater challenges getting online.

This is a substantial data set, and whilst we have reported here about the most prominent emerging themes, there are other interesting, detailed elements of the feedback that are still to be fully explored. For example, there is some feedback in the survey responses about care specific to Covid-19, from those who were ill with the virus or cared for a family member with the virus. There is some feedback from family members about the experience of having a loved one living in a care home. There's feedback about challenges accessing dental appointments; a pre-existing chronic issue which has been exacerbated by the restrictions due to Covid-19.

As Healthwatch Kirklees plans the next phase of our work, we will be looking at these areas in more detail to examine whether additional engagement is needed.

It's important to note that only around 60% of respondents provided equality monitoring information, so it is difficult for us to get a clear picture of the demographics of our respondents. When reviewing our equality monitoring information, there are gaps in the number of respondents with particular demographics. The most noticeable gap is low numbers of completed surveys from Asian/Asian British respondents, and from other minority ethnic groups.

The majority of survey respondents were female, and there were no survey responses in which people stated that they were trans.

Most respondents to the survey described themselves as heterosexual, which means we will not have gathered a broad understanding of the impact of sexuality on experience of health and care during the pandemic.

Next steps

We will publish this report on the Healthwatch Kirklees website and share it with all of our stakeholders as well as local NHS and social care organisations:

- Calderdale & Huddersfield NHS Foundation Trust
- Mid Yorkshire Hospitals NHS Trust
- Greater | Huddersfield Clinical Commissioning Group
- North Kirklees Clinical Commissioning Group
- South West Yorkshire Partnership NHS Foundation Trust
- Locala
- Yorkshire Ambulance Service
- Community pharmacy
- Pennine GP Alliance
- Curo Health
- West Yorkshire and Harrogate Health and Care Partnership
- Local Dental Committee
- Kirklees Health and Wellbeing Board
- Local councillors
- Kirklees Council inc. social care, care homes etc

We ask NHS and social care organisations to respond in writing to the following questions within 20 working days (upon receipt of this report) as per the timeframe set by the Health and Social Care Act 2012 and The Arrangements to be made by Relevant Bodies in respect of Local Healthwatch Organisations Directions 2013. *

- How will your organisation use the information in this report to make sure that services are more responsive, prepared and effective if Covid-19 remains a significant threat to public health or we experience a second wave of Covid-19 infections?
- How will your organisation use this information to ensure that services meet the needs of local people whilst we live with Covid-19 in the recovery phase, including Covid-19 specific care and routine health and social care?
- There is a real danger that the Covid-19 outbreak will significantly increase health inequalities, and there is evidence that this has already begun. How will your organisation use this information to ensure your services are designed to mitigate the risk of widening inequality by taking into account the ways in which some people will bear multiple impacts both in the short and long-term?
- How will your organisation use this information to shape and mould ongoing delivery of your services?
- As a result of listening to the feedback from the public, what will you stop, restart, let go, adopt & adapt?

* Gov.uk. (2013). The Arrangements to be made by Relevant Bodies in respect of Local Healthwatch Organisations Directions 2013. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/184970/The_Arrangements_to_be_made_by_Relevant_Bodies_in_respect_of_Local_Healthwatch_Directions_2013.pdf

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	November 2020
TITLE OF PAPER:	Children and Young People’s Plan priority updates
1. Purpose of paper	<p>The purpose of this paper is to inform the Health and Wellbeing Board on the work in delivering the Children and Young People’s Plan Priorities.</p> <p>The Health and Wellbeing Board has a central role in the governance of this work and it is important that it is sighted on its key developments.</p> <p>The Board’s insight and comments on the progress made in developing the Children and Young People’s Plan priorities is welcome.</p>
2. Background	<p>The Children and Young People’s Plan</p> <p>There is no longer a statutory requirement to produce a Children and Young People’s Plan. However, there is consensus that a Plan provides a collective focus and clarity about priorities to be championed and addressed across the Partnership. Work with the new Children and Young People’s Partnership has focussed on assessing intelligence and insight from a range of sources to agree priorities. (e.g. KJSA, Year 9 Health Survey, Community Hubs’ insight; young people’s voice and influence work and commentary; service key performance data on outcomes for the child population and for specific vulnerable groups).</p> <p>In November 2019, the Health & Wellbeing Board agreed to take responsibility for providing governance and oversight of three new Children and Young People’s Plan priorities and agreed a format to do so. The updates for the three priorities are attached:</p> <ul style="list-style-type: none"> • To support inclusion and better outcomes for LGBT+ young people –This work programme is coordinated in collaboration with the Brunswick Centre’s yOUTH project. • To grow our youth offer – places to go, people to see, things to do. This work is being developed and delivered through the new Youth Programme Development Board arrangements. • To tackle child poverty – This priority is being developed in collaboration with Tackling Poverty Partnership and its draft Action Plan work. <p>Governance and Accountability</p> <p>In 2019 discussions with relevant portfolio holders and senior officers in the council led to the proposal that the Health and Wellbeing Board take on the oversight of this work.</p> <p>The rationale for this was:</p> <ul style="list-style-type: none"> • The Board already has oversight for a range of local planning and services • The Board’s membership includes the relevant cross-sector organisations • The contribution that the Children and Young People’s Plan makes to achieving the Health and Wellbeing Strategy

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<p>3. Proposal</p> <p>a) That the Board maintains its support to develop the CYP Partnership as an open forum focussed on improving children's outcomes</p> <p>b) The Board maintains its responsibility for providing governance and oversight of the three Children and Young People's Plan priorities</p>
<p>4. Financial Implications</p> <p>None at this stage.</p>
<p>5. Sign off</p> <p>Mel Meggs, Director for Children's Services</p>
<p>6. Next Steps</p> <p>a) Work will continue to disseminate and secure awareness of the Children and Young People's Plan and Partnership arrangements</p> <p>b) Working groups and Thematic Partnerships will continue to develop working and reporting arrangements for the priorities in the Plan</p> <p>c) The HWB Board will receive an update on progress to deliver the Plan's priorities every 6 months. The format for reports updating the HWB on the priorities was agreed last year and the work outlines for each area are attached.</p>
<p>7. Recommendations</p> <p>The Kirklees Health and Wellbeing Board is asked to:</p> <p>a) Continue to endorse the working arrangements for the Children's Partnership</p> <p>b) Comment on the new Children and Young People's Plan updates attached</p>
<p>8. Contact Officer</p> <p>Tom Brailsford, Service Director Resources, Improvement & Partnerships, Children's Services. Tom.brailsford@kirklees.gov.uk tel:07711 015748</p> <p>Mary White, commissioning & Partnerships Manager, Resources, Improvement & Partnerships, Children's Services. Mary.white@kirklees.gov.uk tel:07976497683</p>

Priority: Inclusion and Outcomes for LGBT+ Young People.

Why is this a priority?

14% of respondents to the Kirklees Year 9 Health survey in 2018 identified as lesbian, gay, bisexual or transgender. The figure increased to 15% in 2019. Both the 2018 and 2019 figures include the 5% of young people who said that they were unsure about their sexual orientation or defined themselves in some other way. National and local evidence identifies that LGBT+ young people face additional barriers to achieving their full potential as a consequence of their experience or fear of discrimination.

The Kirklees Year 9 Health Survey identified that our young LGBT population is more likely to experience poor mental health, to adopt risky health behaviours (including smoking, drinking, risky sexual behaviour, higher self harm rates, comparative lack of personal support, and higher experiences of crime & bullying

Consultation with local young LGBT+ people and partners working with young people acknowledged a need to improve awareness of concerns and determine what good practice in this area looks like for services to respond more appropriately and fairly.

There is evidence to show that trans people have on average higher levels of educational attainment, yet experience disproportionate levels of unemployment, homelessness and domestic abuse [source: Transforming Outcomes report 2018, LGBT Foundation]

LGBT people are disproportionately affected by poor mental health (NHS digital 2018). Stonewall (2017) noted that 61% of LGB and 84% of trans young people self-harm; 70% of LGB and 72% of trans youth have suicidal thoughts and 22% LGB and 45% trans young people have attempted suicide.

The Children and Young People’s Partnership used data and insight on the issue to consult partners and agree that this area of work is a high priority for the Partnership.

Outcomes:

To narrow the gap in health inequalities for LGBT+ young people and the Kirklees child population.

The year 9 Health survey will be used to track progress in improving outcomes as this provides local, robust evidence. Changes in experience and behaviours can be tracked year on year. In 2018, data evidenced:

	2018 All pupils	2018 LGBT+	2019 All Pupils	2019 LGBT+
‘I worry most days’	40%	64%	35%	64%
‘I have someone to talk to’	40%	25%		
‘I have no-one to talk to’			14%	35%
When I have a problem I...				
Eat More	22%	32%	16%	32%
Eat less	13%	31%	12%	31%
Smoke:	3%	13%	3%	11%
Drink	3%	16%	3%	11%
Take drugs	2%	10%	3%	9%

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Work with the Brunswick Centre's yOUTH project (for LGBT+ young people and their friends and families) provides insight in to lived experience. The yOUTH project is undertaking longitudinal research that informs practice and direction for this priority.

Key Focus:

There are four workstreams for this priority:

- 1. Developing resources and training for services to effectively and confidently meet the needs of LGBT+ young people and improve inclusive practice*
- 2. Voice and influence work with LGBT+ young people*
- 3. Work to celebrate the LGBT+ community and challenge transphobia and homophobia*
- 4. Work to improve data quality and monitoring about LGBT+ people and issues to better understand experiences and where to focus effort.*

Actions & progress:

Workstream 1:

- Collated a signposting list of best practice resources to support partners to address CPD needs;*
- A Relationships Sex & Health Education Charter has been developed with input from LGBT+ YP;*
- 4 x 90-minute webinars were delivered for 24 participants on sexual orientation and gender identity in April & May 2020;*
- We are developing an 'LGBT+ champions' training programme, network and handbook, to be implemented in 2021. This will support partners to improve inclusive practice.*

Workstream 2:

- Brunswick Centre delivers monthly Voice & Influence sessions (currently online). This group responds to services' requests for LGBT+ engagement and consultation and leads a 'Mystery Shopping' project to survey LGBT+ inclusion and access in partner agencies.*
- Work with the Regional Youth Work Unit to engage with & lobby MPs on LGBT+ issues.*
- We are engaging with generic youth provision to support their inclusive practice. E.g. supporting groups to have opportunities for YP to discuss issues of inclusion and identity; advice on developing an inclusive curriculum in open access provision*

Workstream 3:

- encouraging attendance and sharing information about LGBT+ History Month events (February), IDAHT Events (May 17th is International Day against Homophobia, Transphobia and Biphobia); Pride (June). Info about online events was circulated to partners.*
- Commissioning the LGBT+ youth group to develop short 'This is me' animations / videos to be used to increase awareness, promote inclusive practice and offer the participants the opportunity to influence, and develop creative and technical skills.*

Workstream 4

- CK Careers and NHCFT are in the early stages of a project to develop practice in collecting identity markers of service users to track differences of experience, opportunity and outcomes.*
- Kirklees Intelligence team are working with young people to shape identity questions in the annual Y9 Health Survey Work with to improve the availability of LGBT+ data and practice in this area*

Leadership:

A Partnership Working Group meets every 2 months to manage and review this work. Membership is: Jean Hatton, Senior lecturer, Huddersfield University; Kate Ribchester – Targeted Interventions Coordinator, The Base; Kay Parry – Engagement Officer, One Voice team, Kirklees Council; Mabe Keogh – Senior Project Leader, Northorpe Hall CFT; Mary White – Commissioning & Partnerships Manager, Kirklees Council; Russell Oxley – Service manager, yOUTH Project, the Brunswick Centre; Sarah Grant – Learning Partner, Kirklees Council; Susan Greenwood – Kirklees Youth Alliance

<p>Priority: To Grow Our Youth Offer – Places to Go, People to See, Things to Do.</p>
<p>Why is this a priority?</p> <p>The Children and Young People’s Partnership identified this priority after considering a range of data, intelligence and insight on the positive and preventative impact that engaging in informal learning opportunities can have on young people’s outcomes, especially vulnerable and marginalized young people. Austerity had a significant impact on the provision of youth services, particularly statutory funding and provision. Locally, £7.5m per annum of funding was taken out of the system between 2014 and 2017.</p> <p><i>Places to go, people to see and things to do</i> are particularly important for children and young people’s physical, social and emotional development. Youth provision provides spaces for trusted adults to develop positive relationships with young people and opportunity for young people to receive support when this is not readily available in their home and school lives. Youth provision can be an important early warning and support system, as well as a source of fun, informal learning, and achievement.</p>
<p>Outcomes:</p> <p>The Youth Development Programme workstreams have a particular contribution to make to Best Start and Aspire & Achieve shared partnership outcomes. The workstreams (see below) are identifying measurable outcomes that will then be considered by the YPDB to agree some overall Board outcomes.</p> <p>Perhaps the most significant outcomes of this work will be the increased capacity and resources to deliver effective local youth work.</p>
<p>Key Focus:</p> <p>This work is being delivered through the Youth Development Programme Board. The work streams are:</p> <ul style="list-style-type: none"> • Detached Youth Work – targeted work with young people at risk • Youth Places – developing appropriate facilities, safe spaces and provision for youth work • Practice Model – integrating practice and services for especially vulnerable young people (• Youth / Community Offer – generic, preventative places to go, people to see, things to do in young people’s own community settings • Prevention Pathway – linking closely with the Youth / Community Offer, and providing early support to young people who may otherwise be at risk.
<p>Actions & progress:</p> <ul style="list-style-type: none"> • A Youth Programme Development Board has been established, chaired by the Director for Children & Families. Terms of Reference have been agreed and work programmes are developed or in development for the workstreams • A detached youth work and a play team have now been recruited to fully, and a framework developed to commission third sector partners to co-deliver detached work • Significant work across the partnership to respond to the pandemic – including the development of Youth Central as an online space for youth work, work with partners to understand and respond to relevant Covid 19 guidance to be able to make safe offers of provision or online alternatives. • A new practice model - The Youth Engagement Service (YES) - has been developed. YES is an amalgamation of services working with young people to provide support and interventions when risks of exploitation are identified. YES services include Risk & Vulnerability, Youth Intervention and Youth Offending Teams (non-statutory work) with

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additional support from Multi Systemic Therapy, Early Support, Detached Youth Work and partner agencies.

- There is political appetite for Places To Go (including additional activities for young people) to be spread across the district. This work needs co-production with young people to seek their views on appropriate, accessible spaces, alongside collaboration and planning with third sector providers, regeneration programmes (such as Blueprint), and national enablers, Onside.
- The Our Voice team have undertaken some detached work across Kirklees over the summer to gain an understanding of how the pandemic has affected young people. They are currently revisiting that work.

Covid 19 lockdown, regulations and restrictions are having an inevitable effect on the provision of 'live' group based youth provision, with restrictions on numbers able to attend, access to buildings and the availability of staff and volunteers.

Leadership:

The Youth Programme Development Board was established in late 2019. It is chaired by the Director for Children & Families. The four workstreams are each chaired by a senior manager in Kirklees Youth Alliance (Community Youth Work Offer) and Children and Young People's Services (Detached Youth Work; Youth Engagement Service & Youth Places).

A wide range of organisations are represented on the workstreams and the Board and workstreams, including:

Brunswick Centre; Children with a Disability; CK Careers; Communities Service; Conscious Youth; Detached Youth Work team; Elected members; Greenspace; Housing Services; HTAFC Foundation; Huddersfield Giants / The Zone; Huddersfield University; Kirklees Active Leisure; Kirklees College; Kirklees Youth Alliance; Learning & Early Support; Local Integrated Partnerships; Local Services 2U; Northorpe Hall Child & Family Trust; One Voice Team; PIVOT; Public Health; Resources, Improvement & Partnerships; Safeguarding & Corporate Parenting; School Community Hub representatives; Shape Lindley; The Base / CGL; West Yorkshire Fire & Rescue Service; West Yorkshire Police; Yorkshire Children's Centre; Youth Offending Team.

Priority: Reducing the Effects of Poverty on Children

Why is this a priority?

‘Poverty has a significant impact of the lives of people who are experiencing it. It can affect life chances, the ability to find and maintain employment, the quality of housing which is affordable and the ability to ensure that it is heated to a comfortable level. Living in poverty also has a significant impact on physical and emotional health.’ - Kirklees Joint Strategic Assessment

Reducing the effects of poverty on children is identified as a priority by the Children and Young People’s Partnership because poverty has an impact on children and families’ daily lives, and on children’s life chances and outcomes. Children living in poverty are more likely than their peers to have poorer educational, employment and mental and physical health outcomes.

The Partnership decided to focus on poverty because of its obvious contribution to good – and poor – outcomes, and because addressing the effect of poverty on children requires the whole system to collaborate to have an impact.

At age 4/5, 74% of children from the 20% most deprived areas have a healthy weight – and 85% of children from the most affluent quintile are a healthy weight. At age 10/11, the figures are 58% (most deprived) and 68% (least deprived).

There are gaps in educational outcomes between children who are eligible for free school meals (FSM) and their peers at the start and the end of statutory education:

Early Years Foundation Stage Scores “attaining a good level of development”:

	2018 All pupils	2018 FSM pupils	2019 All pupils	2019 FSM pupils
Kirklees	69.4%	55%	69.7%	55%
Y&H	69.4%	54%	70%	54%
England	71.5%	57%	71.8%	57%

Average Attainment 8 Score (i.e. average grade across 8 subjects):

	2018 not FSM pupils	2018 FSM pupils	2019 not FSM pupils	2019 FSM pupils
Kirklees	48	34.9	48.4	33.4
Y&H	47	33.2	47.6	33.7
England	48.4	34.5	48.6	34.9

Source – Kirklees JSNA / Kirklees Learning Service

Outcomes:

The outcomes that we are tracking to measure who lives with poverty are:

1 Eligibility for Free School Meals

In January 2020, 19.1% of primary school pupils were eligible for free school meals (17.7% nationally); **22.8%** of secondary school pupils are eligible for free school meals (**15.9%** nationally).

Both rates have increased year-on-year: Primary 2017/18: **17.8%** (**13.8%** nationally); 2018/19: **18.3%** (**15.8%** nationally); Secondary 2017/18: **20.1%** (**12.4%** nationally); 2018/19: **21.6%** (**14.1%** nationally).

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Covid-19's economic impact can be evidenced in the in-year rise in eligibility and claims for Free School Meals. In January 2020, **13,628 pupils** / 19.6% claimed FSM; On 23rd October 2020, **15,541** / 22.4% of pupils were claiming.

2 The proportion of 0-15-year-olds living in relative poverty in Kirklees and nationally. This has been increasing year-on-year:

2018/19: 25.9% of 0-15-year-olds are living in relative poverty (**18.5%** nationally); this is around **23,200 young people** across Kirklees, an upward trend.

For comparison, earlier data is:

2017/18: **23.5%** of 0-15-year-olds are living in relative poverty (**18.2%** nationally)

2016/17: **21.9%** of 0-15-year-olds are living in relative poverty (**17.2%** nationally)

2015/16: **21.5%** of 0-15-year-olds are living in relative poverty (**16.4%** nationally)

2014/15: **20.7%** of 0-15-year-olds are living in relative poverty (**15.5%** nationally)

In 2018/19, more than **2 in 3** of these children are from working families (**18.2%** v **7.7%** from non-working families). (Source: PHIU)

Key Focus:

Areas of focus have been co-produced with Children and Young People's Partnership and Tackling Poverty Partnership members. They are:

- Working with schools and others to develop and share good practice in relation to 'poverty proofing', promoting a high take up of Free School Meals and encouraging improved financial literacy for young people
- Work across the Children and Young People's Partnership to address the food and activity needs of young people through the whole year, including the support required over weekends and during holidays
- Supporting the work of the Economic Partnership to address the particular needs and inequalities of young people in and entering the labour market.

Actions & progress:

- Partners have worked as part of the cross agency council led Tackling Poverty Partnership to develop the draft Tackling Poverty Action Plan. The March 2020 CYP Partnership meeting consulted with partners to share information, provide challenge, gain insight and intelligence about children and families' experiences of poverty and contribute to the emerging strategy and action plans
- Contributing to the development of the Inequalities Plan and Inequalities commission, which will include a focus on learning from people with lived experiences of inequalities, including poverty.
- The Partnership's work is also influencing work on economic recovery, with a focus on the disproportionate effect of Covid-19 on young people entering learning and the labour market. The June 2020 CYP Partnership meeting focussed on young people's transition in to the labour market.
- Covid-19 response work to support families in crisis to access food, benefits and other needs based support during the pandemic.

Leadership:

Work in this area is being led by the Tackling Poverty Partnership. The Partnership's draft Tackling Poverty Plan has immediate priorities (related to the pandemic) with medium and long term actions and priorities for sustained interventions.