

# Public Document Pack



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

**Julie Muscroft**

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Please ask for: Richard Dunne

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Wednesday 30 June 2021

## Notice of Meeting

Dear Member

### Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** meeting will take place remotely at **2.00 pm** on **Thursday 8 July 2021**.

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".

**Julie Muscroft**

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

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

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

### **Member**

Councillor Habiban Zaman (Chair)

Councillor Aafaq Butt

Councillor Bill Armer

Councillor Vivien Lees-Hamilton

Councillor Lesley Warner

Councillor Fazila Loonat

David Rigby (Co-Optee)

Lynne Keady (Co-Optee)

# Agenda

## Reports or Explanatory Notes Attached

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### Pages

**1: Minutes of previous meeting**

1 - 10

To approve the Minutes of the meeting of the Panel held on 18 February 2021.

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**2: Interests**

11 - 12

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

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**3: Admission of the public**

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

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**4: Deputations/Petitions**

The Panel 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.

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## **5: Public Question Time**

The meeting will hear any questions from the general public.

Questions should be emailed to [richard.dunne@kirklees.gov.uk](mailto:richard.dunne@kirklees.gov.uk) no later than 10.00 a.m. on 7 July 2021.

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.

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## **6: Yorkshire Ambulance Service (YAS) - Performance, demand and Quality Update**

13 - 42

Representatives from YAS will provide an update on performance, demand and quality in Kirklees.

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

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## **7: Covid-19 Update**

43 - 54

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

Contact: Jane O'Donnell, Head of Health Protection 01484 221000.

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## **8: Setting the Work Programme for 2021/22**

55 - 60

The Panel will set its work programme for 2021/22 and consider its forward agenda plan.

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

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Contact Officer: Richard Dunne

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Thursday 18th February 2021**

Present: Councillor Habiban Zaman (Chair)  
Councillor Aafaq Butt  
Councillor Vivien Lees-Hamilton  
Councillor Alison Munro  
Councillor Lesley Warner  
Councillor Bill Armer

Co-optees David Rigby  
Lynne Keady

In attendance: Rachel Carter - Greater Huddersfield and North Kirklees  
Clinical Commissioning Groups CCGs  
Lindsay Greenhalgh - Greater Huddersfield and North  
Kirklees CCGs  
Siobhan Jones - Greater Huddersfield and North Kirklees  
CCGs  
Carol McKenna – Greater Huddersfield and North  
Kirklees CCGs  
Jane O'Donnell – Public Health Kirklees  
Emily Parry-Harries – Public Health Kirklees  
Richard Parry – Kirklees Council  
Helen Severns – Kirklees Council

**1 Minutes of previous meeting**

The minutes of the meeting held on the 10 December 2020 were approved as a correct record.

**2 Interests**

Cllr Lesley Warner declared an interest as a member of the Calderdale and Huddersfield NHS Foundation Trust Membership Council.

**3 Admission of the public**

All items were taken in public session.

**4 Deputations/Petitions**

No deputations or petitions were received.

**5 Public Question Time**

The Panel received a question from Councillor Martyn Bolt regarding concerns that there appeared to be no co-ordination of provision between GP practice areas/boundaries. Cllr Bolt's question highlighted a number of issues that included:

An example of how the lack of co-ordination was impacting residents of a new housing development on Leeds Road , Mirfield where approximately two thirds of the development fell outside the practice boundary covered by the Mirfield Health Centre despite the Health Centre being the nearest location: That CCGs did not appear to have an overarching strategy that addressed this issue; That plans for new development across Kirklees increased pressure on GP practices and GP's did not currently to benefit from developer contributions used to help improve local infrastructure and provision; that there no longer appeared to be patient choice for registering with a GP practice; and there appeared to be no independent arbitration service for reviewing rejected registrations as appeals were heard by the practices who had rejected them.

Cllr Bolt was informed that the Panel would seek a formal written response from the CCG's.

**6 Independent analysis of the future size and shape of the older persons' care home market**

The Panel welcomed Richard Parry Strategic Director for Adults and Health and Helen Severns Service Director Integrated Commissioning to the meeting.

Ms Severns informed the Panel that the report presented to the Panel included the background to the commissioning of the care home market development and sustainability work, the early findings from the work to date and the plans for the next steps.

Ms Severns outlined the background to the care home market and stated that the Council was also working in partnership in the development of national policy including the NHS long term plan.

Ms Severns stated that the Council had also seen a development of services in the community which had included the increase in domiciliary care and a move away from time and task to support people in their homes to an outcomes focused care plan.

Ms Severns explained that the Council had also responded to people's needs through additional reablement services and outlined details of the pilot scheme in Kirklees called the urgent community response.

Ms Severns explained that there was also an increase in the use of technology and equipment. The Panel was informed of the Council's specialist accommodation strategy and that national research had shown that people wanted to be supported in their own homes for as long as possible provided it was safe to do so.

Ms Severns explained that research had also shown that there had been an improvement in the health of older people which meant that there was less demand for care home provision.

Ms Severns informed the Panel that the Council had recognised that the national and policy changes would lead to changes in the needs and demands of care home places in Kirklees especially in the older care market.

## Health and Adult Social Care Scrutiny Panel - 18 February 2021

Ms Severns stated that these changes in Kirklees had started before the pandemic, but the last 12 months had expediated the rapid change with the local care home sector facing significant challenges in reduced admissions.

The Panel heard that care homes had experienced an increase in death rates in people aged 75 and over, reduced occupancy and an increase in business costs.

Ms Severns stated that the draft report of the analysis of the future size and shape of the older person's care home market had been shared with local care home providers and outlined details of the key chapters in the report.

Ms Severns informed the Panel of some of the early findings identified in the report that included a likely need to change the base line for the care homes bed base to achieve the desired bed occupancy levels.

Ms Severns explained that the report's findings also indicated that the predicted demand for people with more complex needs and support would mean that people would spend a shorter period of time in the care home.

Ms Severns stated that these changes would have an impact on the skills for care home staff training and development; the buildings which would need to be utilised to provide the care; and the impact on care management.

Ms Severns outlined the next steps that included plans to continue to meet with the Care Home Association and to hold a workshop that would look at the report in more detail and start work on developing an implementation plan.

Mr Parry informed the Panel that there was a complexity to this matter, and it was about ensuring that the Council provided a broad offer that would enable people to live independently.

Mr Parry explained that the areas such as live time home approaches would be important and that the issues weren't Kirklees specific and affected a number of local authorities.

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

- A question on whether there were plans to also analyse the market for domiciliary care.
- Confirmation that work had already taken place on developing the domiciliary care market which had seen a significant increase in the hours provided each week in Kirklees and was expected to continue to increase.
- Confirmation that 18 months ago the domiciliary care market had been encouraged to increase its provision.
- Details of the work that had been undertaken with domiciliary care providers to ensure staff had the required level of training and development to meet the higher numbers of people with complex needs.
- Confirmation that the Panel would be able to consider the final report and a fully developed implementation plan around May or June 2021.

## Health and Adult Social Care Scrutiny Panel - 18 February 2021

- Details of the work done by an organisation called Into Care that supports recruitment into the care sector and the work being done in a specialist area of the market for self employed individuals or small organisations that focused on more niche areas of the market such as working with the BAME community or rural areas.
- A concern that the increase in work being undertaken through domiciliary care would have a detrimental impact on CQC ratings in the care home sector and a question on how this would be addressed.
- Details of the shift in the balance of care provision which would result in fewer people staying in care and nursing homes but with more complex needs and for shorter time periods.
- Clarification that the shift shouldn't have a detrimental impact on CQC ratings, but it would mean fewer care homes and providers adapting their model of delivery to meet the changes to demand in the coming years.
- A request that the Vision for Adult Social Care and the completed implementation plan is circulated to panel members.
- A question on whether the analysis of the market could have been undertaken in house rather than through an external organisation.
- A concern that the increasing life expectancy of people would result in more demand for convalescence services and whether the reduced number of care homes could result in fewer places for older people.
- The impact of Brexit on the numbers of staff working in the care sector.
- Confirmation that discussions regarding Brexit had already taken place with the Care Home forum and providers to encourage them to use the support that was available through the Council to ensure that people were registering as part of the Brexit process.
- Details of the business continuity plans that had been developed by care home providers.
- Confirmation that research had shown that although people were living longer, they were also staying healthier for longer but when they did require support it was for more complex needs.
- Confirmation that it was recognised that a workforce development and training strategy and a recruitment strategy was required to ensure that plans were in place to meet the future needs of older people.
- An overview of the Council's step-down care provision in two of its homes and details of the discharge to assess pathways that had been developed during the pandemic.
- Confirmation that this wasn't a new issue and there was a 5-year trend in decreasing numbers of people moving into residential and nursing homes
- Confirmation that one of the objectives of the analysis was to identify whether the trend in reducing numbers would continue.

### **RESOLVED –**

1. That the report be noted.
2. That the Panel receive a copy of the 5 year Vision for Adult Social Care.
3. That the Panel receive a copy of the Final Report from Cordis Bright together with the implementation plan for discussion at a future panel meeting.



**7 Covid-19 Update**

The Panel welcomed representatives from Kirklees Public Health and Greater Huddersfield and North Kirklees Clinical Commissioning Groups.

Ms McKenna provided the Panel with an update on the Kirklees vaccination programme and confirmed that all residents in the top 4 cohorts had been offered a vaccine.

Ms McKenna informed the Panel that real progress had been made with the vaccination programme and across West Yorkshire just over half a million people had been vaccinated.

Ms McKenna informed the Panel of the sites across Kirklees that were delivering the vaccine which included the recent opening of the community vaccination centre at the John Smith Stadium and three community pharmacies.

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

- A concern for older people who had not yet responded to the call for a vaccine and who didn't have a car and were likely to be reluctant to travel to a community vaccination centre by public transport.
- An explanation of the work being done by the NHS in conjunction with the Council and voluntary sector providers to support and help vulnerable individuals to vaccination appointments.
- A question on what plans were in place locally to communicate and reach out to people from the BAME community to encourage them to come forward for vaccination.
- Details of the equality impact assessment being undertaken by the Council to ensure that the vaccine is being offered equitably across the local population.
- Confirmation that even in the population groups who have been more hesitant in coming forward the vaccination take up has still been good.
- The need to talk about the vaccine in positive terms to create confidence in the programme.
- Details of the work being done with local radio stations and local based webinars to get the positive messages out into those communities where there is more hesitancy about the vaccine.
- A question seeking clarification that people who've had their first jab would receive the same brand of vaccine for their second jab.
- Confirmation that there had been national assurance that areas across the country would receive reciprocal supplies to the first batches so that people would receive the same brand for their follow up jab.
- A concern regarding some online research that indicated a significant number of doctors had declined the vaccine.
- Confirmation that this research wasn't known locally and that all front-line health and care staff were being encouraged to be vaccinated.
- A question on the take up rates for the flu vaccine.
- Confirmation that NHS and public health were still focused on promoting the flu vaccine.

## Health and Adult Social Care Scrutiny Panel - 18 February 2021

- A further question querying how the flu vaccination rates for this year compared to previous years and the reasons why vaccination targets had not been achieved in some cohorts.
- A question on whether learning could be taken from the flu immunisation programme to help inform an action plan for future flu and Covid-19 vaccination programmes.
- Details of the flu immunisation programme and confirmation that the take up rates for the 2020/21 were higher than previous years.
- An overview of the reasons why some people in the clinical at risk groups declined the flu jab.

Ms O'Donnell presented an update on the work being done by public health in response to Covid-19 that included: community testing and the DPH targeted testing; Covid-19 schools update; care homes testing update; and Flu immunisation programme data update.

In response to a question on what was meant by a designated care setting Ms O'Donnell stated that this setting was an area where beds were allocated for Covid positive patients and could be located in a care home or a floor of a care home.

Ms O'Donnell confirmed that the discharge from hospital procedure was working well in Kirklees and there were examples of patients being sent to alternate designated settings if a care home was unable to accommodate or accept a resident back into the home.

In response to a panel question Ms O'Donnell confirmed that patients who had tested positive prior to discharge from hospital would not be tested again on discharge.

In response to a question on what was meant by the criteria "have a normal immune response" for people who had previously tested positive and were being discharged to a care home Ms O'Donnell stated that it was aimed at protecting those people who were required to shield due to their underlying health issues.

In response to a question on disinformation on vaccinations and how this was being combated locally Ms Parry-Harries stated that the Council aimed to provide good quality information so people could decide based on accurate information.

Ms Parry-Harries explained that the Council was not responding to every myth about Covid but was instead focused on working with different community groups across the district to ensure that the correct quality information was accessible to local people.

Ms Parry-Harries outlined details of the various initiatives that were taking place with known and trusted community leaders and figureheads so that the correct messages and communications could be relayed to local communities.

In response to a question on how carers were being identified for invitation to receive their vaccination Ms McKenna explained the process for carers that looked after clinical vulnerable people.

## Health and Adult Social Care Scrutiny Panel - 18 February 2021

Ms McKenna stated that for many unpaid carers in cohort six of the vaccination programme were recorded on the GP records and would be invited for a vaccine by the GP surgery.

Ms McKenna informed the Panel that guidance had outlined a need for local NHS to work with the voluntary sector to identify unpaid carers that were not on GP records and work was taking place with Carers Counts to follow this up.

Ms McKenna stated that some very recent guidance from NHSE indicated that there was going to be a national offer to identify unpaid carers that was likely to supersede the local initiatives.

In response to a question on what would happen if an individual decided against having the Pfizer vaccine Ms McKenna stated that there were only a very small number of people who would be unsuitable for the Pfizer vaccine due to a history of allergic reactions.

Ms McKenna stated that people were not offered a choice of vaccine, unless there were medical reasons, which was no different to other vaccine programmes such as the flu.

Ms Greenhalgh explained some groups would benefit from a particular brand of vaccine such as 16-18 year olds who would benefit more from receiving the Pfizer vaccine.

Ms Greenhalgh stated that Primary Care Networks (PCNs) didn't have a choice on the brands of vaccine they would receive and the supplies from NHSE included both Pfizer and Astra Zeneca vaccines.

Ms Greenhalgh explained that the Pfizer vaccine was received in its thawed state and its stability only lasted for three days. Despite this challenge PCNs had reacted quickly and efficiently to ensure that it was administered to local people within the three day window.

In response to a question on the flexibility on the time slots for domiciliary care visits Mr Parry explained the challenges of dealing with the demand for home care.

Mr Parry informed the Panel that the Council's new approach to home care was to step away from the relationship between the provider and individual who needed the support and allow the individual to negotiate more directly with the home care provider to build flexibility to their care package.

In response to a question on whether there were performance figures available for the test and tracing programme Ms Parry-Harries confirmed that there were, and that public health would be happy to provide an overview of the data to scrutiny.

Ms Parry-Harries presented an overview of the Covid-19 data that included: the cumulative position of cases in Kirklees; the weekly rates per 100,000 population; details on the number of cases of the Kent variant; and the key Covid-19 messages and communications;

**RESOLVED-**

1. That the report and information be noted.

**8 Future Configuration of Kirklees Clinical Commissioning Groups (CCGs)**

The Panel welcomed Carol McKenna, Rachel Carter and Siobhan Jones from Greater Huddersfield and North Kirklees to discuss the item on the future configuration of Kirklees Clinical Commissioning Groups (CCGs).

Ms McKenna presented an overview of the context and background to the item that included: details of the White Paper on health and social care; an overview of the proposals on Integrated Care Systems (ICSs); primacy of place that included a focus on local determination; the new duties; guidance to removing barriers to collaboration; and changes to procurement rules.

Ms Carter presented details of the plans to merge Greater Huddersfield CCG and North Kirklees CCG and create a Kirklees CCG that included: the administrative changes; public engagement; key themes that had emerged from the engagement process; concerns from the engagement; suggestions on how to address the concerns; and the next steps and timelines.

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

- A question on the costs of the merger and if there were plans being developed to ensure that commissioning would be equitable across Kirklees.
- Details of the technical costs and the cost benefits of the merger.
- Clarification that the key driver of the merger was to provide greater consistency in the commissioning of services for the residents of Kirklees.
- Details of services where consistency of service had already established and details of those services that were currently delivered differently.
- The importance of developing services to meet the specific needs of the different localities in Kirklees.
- An overview of the collaborative work that was already taking place across West Yorkshire.
- A question on the implications on the configuration of acute trusts in Kirklees.
- Details of the focus in the white paper on collaborative working between providers.
- An overview of services that were already delivered based on a regional footprint.
- A concern on the relatively low numbers of people that participated in the public engagement exercise.
- A question on the value of proceeding with a merger that would only last for a period of 12 months.
- Confirmation that CCGs did feel that there was value in proceeding with the merger as it would provide focus on commissioning with a Kirklees perspective and provide a strong base for developing a Kirklees based partnership.
- Details of how the pandemic had demonstrated the strengths and advantages of collaborative working.

## **Health and Adult Social Care Scrutiny Panel - 18 February 2021**

- An explanation of the new provider selection scheme that was currently being consulted on.
- The need for public reassurance that the new proposals was not looking to further fragment the NHS.
- The importance of having a transparent process for the procurement of services.
- An overview of the engagement process that included detailed and helpful conversations with representative organisations.
- A question on whether there had been any discussions to take account of Kirklees when looking at the alignment of services.
- An overview of the work of the Integration Board and the increased focus of the local acute trusts on Kirklees as a place.
- The significant impact that the White Paper will have on provider collaboration.
- The value of having a scrutiny workshop that covered the full breadth of the White paper.
- The importance of noting the concerns highlighted in the engagement work that a one size fits all approach would not meet the needs of the diverse population of Kirklees and address the health inequalities.
- Clarification that the new Kirklees CCG would not be located in Huddersfield or focused on the Greater Huddersfield population and that the CCG would be visible across the whole of Kirklees.

### **RESOLVED –**

1. That attendees be thanks for attending the meeting.
2. That the Panel acknowledges and notes the submitted report and information.
3. That steps be taken to arrange a panel workshop on the White Paper.

## **9 Work Programme 2020/21**

A discussion on the Panel's 2020/21 Work Programme and Agenda plan took place that covered a number of issues that include:

- The impact of the pandemic and constraint in the ways of working that had resulted in many issues on the work programme not being covered.
- The proposal to develop a future work programme based on themes.
- A proposal to have a workshop session to discuss and plan next year's work programme.
- The importance of ensuring that was a continued focus on the areas of mental health and wellbeing included on the Panel's agenda plan.
- Concerns regarding the ongoing pressures on the ambulance service.
- A request that the Panel looks further at the response times of the Yorkshire Ambulance Service and seeks a written update on the response times data across Kirklees.
- A wish to do more to promote the involvement of the public in the work of scrutiny.
- A suggestion to include the health risks of toxic air on the work programme.

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

Signed: ..... Dated: .....

## NOTES

### Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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



**Name of meeting:** Health and Adult Social Care Scrutiny Panel

**Date:** 8 July 2021

**Title of report:** Yorkshire Ambulance Service (YAS) – Performance, demand and Quality Update

**Purpose of report:** To provide members of the Health and Social Care Scrutiny Panel with a YAS update on performance, demand and quality in Kirklees.

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

**Electoral wards affected:** None Specific

**Ward councillors consulted:** Not Applicable

**Public or private:** Public

**Has GDPR been considered?** Yes. there is no personal information contained in this report.

## 1. Summary

- 1.1 In line with the Panel's wish to maintain a close overview of the local performance of the Yorkshire Ambulance Service (YAS) representatives from YAS will be in attendance to provide an update on performance and demand in Kirklees.
- 1.2 Areas that will be covered will include:
- A brief overview of work undertaken by the organisation;
  - The challenges and impact of Covid-19 on operational services;
  - The approach to managing demand;
  - Response times; and
  - An overview of local initiatives.
- 1.3 Information submitted by YAS is attached and includes an appendix that has additional information covering the latest response times for categories 1 and 2.

## 2. Information required to take a decision

N/A

## 3. Implications for the Council

N/A

### 3.1 Working with People

No specific implications

### 3.2 Working with Partners

No specific implications

### 3.3 Place Based Working

No specific implications

### 3.4 Climate Change and Air Quality

No specific implications

### 3.5 Improving outcomes for children

No specific implications

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

No specific implications

## 4. Consultees and their opinions

Not applicable

## 5. Next steps and timelines

That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.

## 6. Officer recommendations and reasons

That the Panel considers the information provided and determines if any further information or action is required.

## 7. Cabinet Portfolio Holder's recommendations

Not applicable

## 8. Contact officer:

Richard Dunne – Principal Governance and Engagement Officer  
[richard.dunne@kirklees.gov.uk](mailto:richard.dunne@kirklees.gov.uk)

**9 Background Papers and History of Decisions**

Not applicable

**10 Service Director responsible**

Julie Muscroft – Service Director, Legal, Governance and Commissioning

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**NHS**  
**Yorkshire  
Ambulance Service**  
NHS Trust



# **Kirklees Health and Adult Social Care Scrutiny Panel 2021**

**John McSorley – Head of Operations,  
West Yorkshire**



# Background information for HOSC members



# Our Purpose, Vision and Values



## Our Purpose

To save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it.

## Our Vision

To be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients.



# About Us



- Serve a population of over five million people across Yorkshire and the Humber
- A&E and NHS 111
- Non-emergency Patient Transport Service (PTS)
- Provide a vital 24-hour, seven-days-a-week emergency and urgent healthcare service
- We have a Resilience and Special Services Team (including our Hazardous Area Response Team)
- Provide clinicians to work on the Yorkshire Air Ambulance







# COMMUNITY ENGAGEMENT



Most successful  
Restart a Heart year ever -  
visited a record-breaking  
163 of Yorkshire's schools.

providing free  
CPR training to  
more than



# 46,000 students.



North Yorkshire Telecare  
Pendant scheme live utilising  
CFRs for low acuity falls and  
'Concern for Welfare' calls



Significant contribution from  
CFRs and PTS volunteer  
car drivers during  
COVID-19 response



Launched new  
999 Aspire programme



Achieved the Investing  
in Volunteers UK  
quality standard



# Contribution from Community First Responders (CFRs)

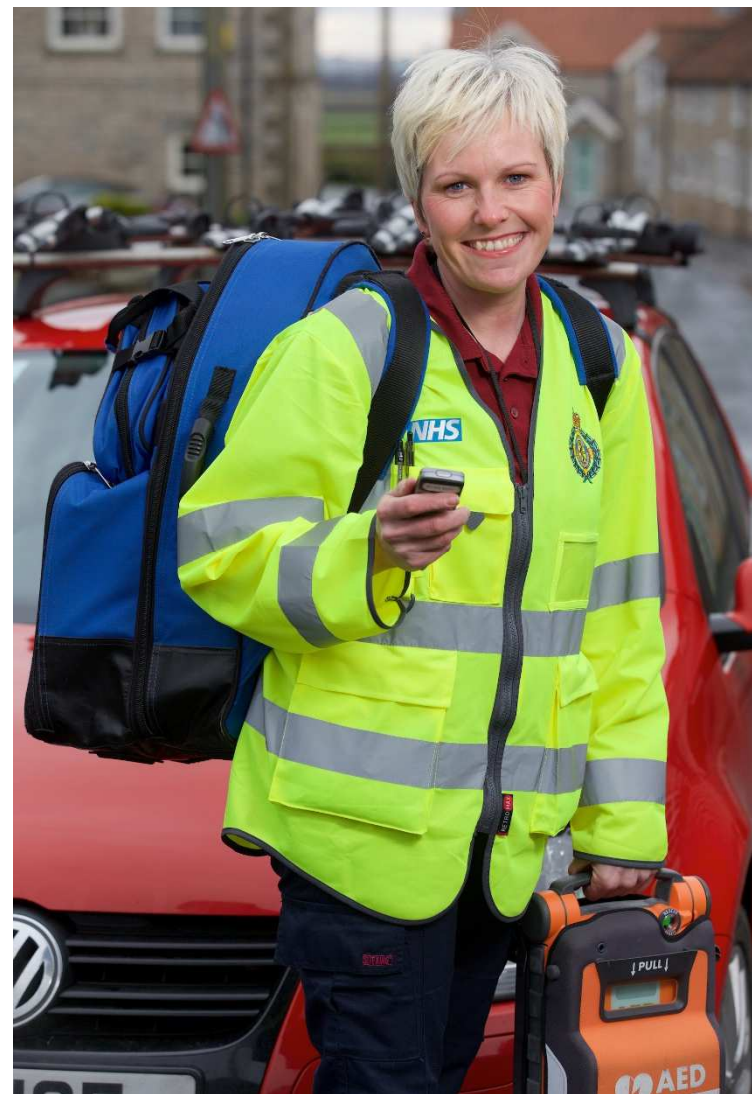


## North Kirklees and Greater Huddersfield

- 20 active schemes with 64 volunteers
- 51 community Public Access Defibrillators (cPADs) in North Kirklees
- 105 cPADs in Greater Huddersfield

## Achievements and Developments in 2021

- Since April 2020 CFRs have provided over 21,000 hours on call
- Also provided over 2,446 hours to patient transport
- Supported various roles across the Trust including NHS 111, EOC, Fleet, Procurement and YAS Vaccination Centres
- cPADs on ambulance stations' initiative
- Trialled volunteers providing a falls service with further development planned with support from NHS Charities Together
- Plans to increase the number and variety of volunteer roles we support
- Huddersfield University CFR Scheme



# Clinical Quality Indicators



All ambulance services in England are measured by, and report against, the clinical quality indicators (CQIs). This allows a comparison of data with other ambulance services across the country.

The CQIs are:

- **ST-elevation myocardial infarction (STEMI)**  
ST-elevation myocardial infarction is a type of heart attack resulting from a blockage in a coronary artery. This monitors the number of patients who receive best practice care in the management of a heart attack.
- **Return of Spontaneous Circulation (ROSC)**  
This indicator monitors the number of patients who suffer a cardiac arrest (heart stopped), and who are subsequently resuscitated and the heart restarts prior to their arrival at hospital.
- **Cardiac arrest - Survival to discharge (StD)**  
Following on from the second indicator, this monitors the number of patients who leave hospital alive after they have had an out-of-hospital cardiac arrest.
- **Management of Stroke**  
This requires ambulance services to measure the time it takes from the 999 call, to the time it takes to convey FAST-positive patients to a specialist stroke centre.
- **Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)**  
This focuses on how the whole urgent care system is working, rather than simply the ambulance service or A&E, as it will reflect the availability of alternative urgent care destinations (for example, walk-in centres) and providing treatment to patients in their home.



# Clinical Quality Indicators cont'd



- **Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene)**  
If patients have to call 999 a second time, it is usually because they are anxious about receiving an ambulance response or have not got better as expected. Occasionally it may be due to an unexpected or a new problem. To ensure ambulance services are providing safe and effective care the first time, every time, this measures how many callers or patients call us back within 24 hours of the initial call being made.
- **Call abandonment rate**  
This indicator ensures that we and other ambulance services are not having problems with people phoning 999 and not being able to get through.
- **Time taken to answer calls**  
It equally important that if people/patients dial 999 that they get call answered quickly. This indicator therefore measures how quickly all 999 calls that we receive get answered.
- **Service experience**  
All ambulance services need to demonstrate how they find out what people think of the service they offer (including the results of focus groups and interviews) and how we are acting on that information to continuously improve patient care.
- **Ambulance response time**  
This measures the speed of all ambulance responses to a patient and is recorded as a mean target.





# Presentation



# Service challenges – COVID-19



The COVID-19 pandemic provided multiple challenges for the organisation across our 999, NHS 111 and non-emergency patient transport services both internally and externally across the health economies we serve.

The challenges also created opportunities for new ways of working and as a learning organisation we were keen to operationalise the lessons learned.

## **Workforce and staff welfare**

Throughout 2020/21 we have experienced high COVID-related staff absence on our frontline and in our 999 and 111 call centres.

- Alternative clinical roles for vulnerable staff.
- Lower acuity support for the 999 service was successfully developed.
- Remote home-working for clinicians to support 999 and 111 call triage.
- Senior clinicians were redeployed from support and management roles to support frontline services. Clinical decision-making support gave paramedics more resilience to divert some responses to other providers.
- Developed community first responder staff to perform non-emergency patient transport roles.





## Managing demand

YAS experienced exceptionally high demand during the peaks of infection, creating significant challenges to ensure we maintained a response to the most seriously ill.

- NHS 111 was used as a gateway to manage demand appropriately.
- Increased clinical capacity in NHS 111 and 999 call centres, resulting in improvements to 'hear and treat' and 'see, treat and refer' outcomes.
- The Emergency Operations Centre increased clinical support which increased clinical triage and enabled greater numbers to be resolved at the telephone triage stage without the need to dispatch an ambulance.
- Video-assisted remote clinical assessment was introduced with video technology to supplement remote 'hear and treat' consultations – during the first peak of the pandemic over 600 video consultations were performed to support care closer to home.







## Infection prevention and control (IP&C)

Maintaining strict discipline around IP&C procedures was key to protecting our staff and patients:

- COVID-secure ambulance stations.
- Changes to clinical practice to ensure staff safety.
- Procurement of gold standard personal protective equipment (PPE).
- Introduction of cleaning and welfare teams at all hospital emergency departments to ensure all vehicles were cleaned after every patient journey.





# Ambulance Response Performance Standards



To deliver the response standards, YAS forecasts activity based on historical data and matches resource to demand. This chart details the patient response standards for UK ambulance services.

Categories	National Standard	How long does the ambulance service have to make a decision?
Category 1	7 minutes mean response time 15 minutes 90 <sup>th</sup> centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •30 seconds from the call being connected
Category 2	18 minutes mean response time 40 minutes 90 <sup>th</sup> centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected
Category 3	120 minutes 90 <sup>th</sup> centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected
Category 4	180 minutes 90 <sup>th</sup> centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected



# YAS 2020-21 Patient Response Times – previous year comparison



The demand pattern has been unprecedented this year. We have experienced dips in expected activity associated with lockdown, as well as two significant periods where YAS and the wider health system have dealt with peaks in infections. The winter is always a challenge for all health systems; this year all emergency departments and hospitals were operating at high capacity and this created delays in handover across all sites.

	Mean Performance	Target	90 <sup>th</sup> Centile Performance	Target
<b>Category 1</b>	7 minutes and 37 seconds (7 minutes and 12 seconds in 2019-20)	7 minutes	13 minutes and 9 seconds (12 minutes and 26 seconds in 2019-20)	15 minutes
<b>Category 2</b>	20 minutes and 36 seconds (20 minutes and 33 seconds in 2019-20)	18 minutes	43 minutes and 33 seconds (42 minutes and 41 seconds in 2019-20)	40 minutes
<b>Category 3</b>	47 minutes and 24 seconds (40 minutes and 44 seconds in 2019-20)	1 hour	1 hour, 58 minutes and 25 seconds (1 hour, 54 minutes and 36 seconds in 2019-20)	2 hours
<b>Category 4</b>			2 hours, 32 minutes and 16 seconds (3 hours, 1 minute and 10 seconds in 2019-20)	3 hours



# Ambulance Response Performance standards across Huddersfield and Kirklees postcodes



The following slides document the response times and demand for the Cat 1 and Cat 2 calls for the postcode areas requested, presented in a heat map format for ease of interpretation.

As requested, we have included the postcode areas for North Kirklees:

- Dewsbury
- Batley
- Birstall
- Birkenshaw
- Cleckheaton
- Heckmondwike
- Liversedge
- Gomersal
- Mirfield





# Category 1 Response Times



Postcode District	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
BD11	00:09:48	00:08:07	00:08:19	00:09:28	00:07:54	00:10:44	00:10:51	00:08:01	00:06:56	00:11:36	00:07:59	00:09:39	00:09:07
BD19	00:10:39	00:06:47	00:08:51	00:08:25	00:08:13	00:08:58	00:09:14	00:09:29	00:09:29	00:08:15	00:07:40	00:07:37	00:08:38
HD1	00:05:33	00:04:57	00:04:42	00:05:09	00:05:58	00:06:41	00:05:03	00:06:05	00:07:04	00:05:40	00:04:41	00:04:56	00:05:32
HD2	00:05:58	00:05:02	00:05:38	00:06:07	00:07:21	00:06:13	00:07:29	00:07:07	00:07:04	00:07:08	00:06:12	00:06:55	00:06:31
HD3	00:04:49	00:06:00	00:04:57	00:05:47	00:07:36	00:06:10	00:07:05	00:07:09	00:06:50	00:06:04	00:06:01	00:06:04	00:06:13
HD4	00:06:54	00:07:58	00:06:19	00:07:04	00:07:22	00:07:53	00:08:48	00:07:00	00:07:59	00:07:12	00:06:03	00:06:09	00:07:13
HD5	00:05:29	00:06:56	00:07:01	00:06:54	00:07:03	00:07:21	00:08:44	00:07:48	00:08:06	00:08:05	00:08:24	00:07:08	00:07:25
HD6	00:06:23	00:04:26	00:07:00	00:07:08	00:07:43	00:08:10	00:08:51	00:07:25	00:06:57	00:08:05	00:07:36	00:07:15	00:07:15
HD7	00:08:39	00:07:27	00:11:10	00:07:59	00:11:02	00:11:19	00:10:48	00:12:10	00:11:49	00:10:47	00:09:51	00:12:10	00:10:26
HD8	00:11:37	00:11:30	00:11:18	00:10:55	00:13:48	00:10:28	00:14:05	00:10:17	00:12:00	00:12:11	00:10:16	00:10:11	00:11:33
HD9	00:11:17	00:08:17	00:06:46	00:09:38	00:10:25	00:09:04	00:11:13	00:10:41	00:10:23	00:10:17	00:08:31	00:10:32	00:09:45
WF12	00:08:35	00:08:54	00:06:53	00:07:42	00:08:31	00:07:55	00:08:45	00:09:12	00:09:24	00:09:36	00:07:13	00:06:33	00:08:16
WF13	00:06:22	00:06:47	00:06:13	00:08:13	00:07:43	00:09:18	00:10:20	00:08:38	00:07:46	00:09:08	00:08:38	00:08:04	00:08:06
WF15	00:09:07	00:06:06	00:09:45	00:06:44	00:08:41	00:08:44	00:09:09	00:10:22	00:08:50	00:08:20	00:06:20	00:08:42	00:08:24
WF17	00:07:24	00:07:44	00:07:48	00:06:55	00:07:44	00:08:45	00:09:39	00:08:32	00:08:01	00:08:54	00:07:17	00:08:20	00:08:05

Postcode District	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
BD11	6	5	11	7	8	5	7	5	6	7	3	8	78
BD19	14	21	19	26	13	19	23	20	18	18	11	23	225
HD1	37	22	33	49	47	51	45	34	33	36	42	46	475
HD2	24	17	23	25	30	26	37	36	34	33	21	39	345
HD3	35	20	23	41	25	42	34	44	32	22	24	34	376
HD4	21	23	33	28	39	35	31	27	25	35	26	31	354
HD5	20	29	16	21	41	30	29	25	33	21	21	26	312
HD6	27	16	15	28	20	20	28	27	34	29	17	30	291
HD7	7	13	6	11	14	13	14	10	19	17	15	15	154
HD8	16	23	19	12	21	20	15	20	24	18	16	19	223
HD9	11	12	17	18	21	14	24	21	21	24	15	15	213
WF12	28	32	14	24	26	26	40	25	34	30	23	23	325
WF13	49	38	29	33	43	41	42	46	45	47	42	59	514
WF15	17	13	14	14	15	8	17	16	18	13	12	14	171
WF17	33	30	26	29	30	29	44	42	47	36	33	28	407



# Category 2 Response Times



Postcode District	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
BD11	00:15:59	00:13:57	00:13:48	00:15:46	00:18:55	00:28:46	00:35:43	00:34:58	00:30:14	00:22:35	00:22:43	00:23:11	00:23:03
BD19	00:15:11	00:14:23	00:14:30	00:18:25	00:21:14	00:22:31	00:31:09	00:32:40	00:33:28	00:28:49	00:26:54	00:24:50	00:23:40
HD1	00:11:13	00:08:51	00:09:44	00:12:21	00:16:20	00:21:48	00:26:43	00:29:16	00:25:46	00:26:50	00:17:31	00:21:01	00:18:57
HD2	00:13:36	00:10:05	00:12:48	00:15:06	00:19:20	00:22:52	00:28:03	00:31:33	00:28:46	00:26:22	00:21:26	00:21:51	00:20:59
HD3	00:12:47	00:09:51	00:12:22	00:13:59	00:19:33	00:22:38	00:28:54	00:27:07	00:29:46	00:26:42	00:23:06	00:21:55	00:20:43
HD4	00:13:59	00:09:35	00:12:04	00:18:17	00:21:01	00:25:15	00:27:06	00:32:18	00:30:47	00:31:21	00:21:48	00:25:01	00:22:23
HD5	00:13:24	00:11:07	00:14:19	00:17:27	00:19:32	00:25:56	00:30:49	00:31:40	00:33:17	00:31:41	00:23:15	00:24:33	00:23:05
HD6	00:12:33	00:11:03	00:12:23	00:15:45	00:18:01	00:23:46	00:28:20	00:29:45	00:26:59	00:26:15	00:27:09	00:20:29	00:21:02
HD7	00:17:39	00:13:48	00:15:06	00:19:59	00:24:48	00:26:58	00:33:02	00:32:05	00:37:14	00:30:23	00:27:20	00:30:14	00:25:43
HD8	00:21:19	00:14:48	00:17:10	00:23:04	00:26:56	00:27:43	00:37:39	00:35:06	00:37:58	00:32:01	00:30:23	00:31:08	00:27:56
HD9	00:18:10	00:13:49	00:15:19	00:19:49	00:25:08	00:30:33	00:36:03	00:33:40	00:43:59	00:34:14	00:28:22	00:31:44	00:27:34
WF12	00:16:43	00:13:07	00:14:20	00:16:41	00:22:51	00:29:18	00:33:28	00:30:00	00:30:41	00:33:50	00:28:52	00:27:05	00:24:45
WF13	00:14:38	00:11:55	00:13:44	00:16:11	00:23:15	00:26:36	00:34:41	00:32:18	00:29:01	00:31:24	00:25:31	00:28:01	00:23:56
WF15	00:16:42	00:12:23	00:12:58	00:16:55	00:23:20	00:25:09	00:33:15	00:32:30	00:34:01	00:32:27	00:23:27	00:25:04	00:24:01
WF17	00:16:29	00:11:30	00:13:26	00:16:03	00:19:54	00:26:22	00:36:03	00:31:58	00:29:28	00:30:45	00:25:11	00:26:51	00:23:40

Postcode District	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
BD11	65	67	54	83	72	68	70	77	72	54	59	57	798
BD19	161	126	132	127	134	142	136	172	147	165	134	151	1727
HD1	200	211	205	251	252	266	259	224	234	209	232	229	2772
HD2	207	174	198	189	197	213	213	234	218	232	198	213	2486
HD3	197	206	222	220	213	234	270	269	282	271	235	263	2882
HD4	188	171	190	193	229	199	224	222	223	232	209	218	2498
HD5	184	207	182	201	221	216	250	231	235	239	225	220	2611
HD6	158	167	174	189	162	199	237	229	212	212	171	207	2317
HD7	91	96	101	117	117	101	127	125	135	123	114	106	1353
HD8	154	156	169	173	151	151	194	222	192	205	183	189	2139
HD9	129	122	123	163	191	184	191	175	185	168	170	166	1967
WF12	193	182	184	198	229	200	243	258	222	192	213	236	2550
WF13	215	191	207	223	218	260	265	318	231	283	226	226	2863
WF15	103	106	113	112	103	108	136	115	135	103	92	112	1338
WF17	247	211	186	221	201	228	245	282	265	240	230	225	2781



# Local initiatives



## Reconfiguration of services

The current CHFT reconfiguration model will result in all ambulance patients being conveyed to Calderdale Royal Hospital. This change which will result in:

- An increased incident cycle time for patients being conveyed from Huddersfield.
- An increased number of inter-facility transfers.

YAS continues to work collaboratively with CHFT to develop a quality impact assessment (QIA) for the planned reconfiguration of services to ensure mitigation will be in place to ensure a smooth transition.

## Ambulance Vehicle Preparation (AVP)

- Investment at Huddersfield station has provided a full upgrade of the facilities to include a full AVP hub service for the surrounding stations.
- The AVP service is operated 24/7 to ensure that ambulance crews are able to access fully equipped, re-fuelled, cleaned and re-stocked ambulances at the beginning of every shift.





# Thank you



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**Latest Response Times Data  
Categories 1 and 2 - April and May 2021**

## Category 1 Response Times

POSTCODEDISTRICT	Month Year	M_Mean_Time
BD11	Apr 21	00:06:26
BD12	Apr 21	00:06:21
BD19	Apr 21	00:08:49
BD4	Apr 21	00:06:27
HD1	Apr 21	00:05:17
HD2	Apr 21	00:06:24
HD3	Apr 21	00:06:01
HD4	Apr 21	00:07:35
HD5	Apr 21	00:08:11
HD6	Apr 21	00:06:34
HD7	Apr 21	00:09:34
HD8	Apr 21	00:13:04
HD9	Apr 21	00:08:34
HX1	Apr 21	00:04:52
HX2	Apr 21	00:07:55
HX3	Apr 21	00:06:16
HX4	Apr 21	00:06:48
HX5	Apr 21	00:07:34
HX6	Apr 21	00:09:26
HX7	Apr 21	00:11:48
WF1	Apr 21	00:05:15
WF10	Apr 21	00:07:45
WF11	Apr 21	00:09:19
WF12	Apr 21	00:08:34
WF13	Apr 21	00:07:56
WF14	Apr 21	00:08:14
WF15	Apr 21	00:07:27
WF16	Apr 21	00:08:01
WF17	Apr 21	00:08:13
WF2	Apr 21	00:07:00
WF3	Apr 21	00:08:15
WF4	Apr 21	00:09:50
WF5	Apr 21	00:07:26
WF6	Apr 21	00:06:39
WF7	Apr 21	00:08:51
WF8	Apr 21	00:09:13
WF9	Apr 21	00:10:14

## Category 1 Response Times

POSTCODEDISTRICT	Month Year	M_Mean_Time
BD11	May 21	00:09:54
BD12	May 21	00:06:34
BD19	May 21	00:09:08
HD1	May 21	00:05:49
HD2	May 21	00:07:10
HD3	May 21	00:05:43
HD4	May 21	00:07:02
HD5	May 21	00:08:02
HD6	May 21	00:06:35
HD7	May 21	00:11:00
HD8	May 21	00:13:37
HD9	May 21	00:09:59
HX1	May 21	00:06:09
HX2	May 21	00:08:00
HX3	May 21	00:06:47
HX4	May 21	00:08:37
HX5	May 21	00:05:24
HX6	May 21	00:09:15
HX7	May 21	00:10:50
WF1	May 21	00:05:57
WF10	May 21	00:07:45
WF11	May 21	00:10:34
WF12	May 21	00:08:36
WF13	May 21	00:08:13
WF14	May 21	00:08:17
WF15	May 21	00:08:56
WF16	May 21	00:08:00
WF17	May 21	00:07:21
WF2	May 21	00:07:26
WF3	May 21	00:07:45
WF4	May 21	00:09:11
WF5	May 21	00:09:13
WF6	May 21	00:05:48
WF7	May 21	00:08:31
WF8	May 21	00:09:38
WF9	May 21	00:10:21

## Category 2 Response times

POSTCODEDISTRICT	Month Year	M_Mean_Time
BD11	Apr 21	00:26:05
BD12	Apr 21	00:28:00
BD19	Apr 21	00:26:24
BD4	Apr 21	00:28:46
HD1	Apr 21	00:19:38
HD2	Apr 21	00:22:30
HD3	Apr 21	00:20:26
HD4	Apr 21	00:22:43
HD5	Apr 21	00:23:38
HD6	Apr 21	00:20:48
HD7	Apr 21	00:27:12
HD8	Apr 21	00:31:22
HD9	Apr 21	00:32:03
HX1	Apr 21	00:21:24
HX2	Apr 21	00:27:27
HX3	Apr 21	00:24:02
HX4	Apr 21	00:26:56
HX5	Apr 21	00:24:43
HX6	Apr 21	00:30:47
HX7	Apr 21	00:29:56
WF1	Apr 21	00:14:34
WF10	Apr 21	00:21:55
WF11	Apr 21	00:23:08
WF12	Apr 21	00:24:27
WF13	Apr 21	00:24:50
WF14	Apr 21	00:26:00
WF15	Apr 21	00:24:32
WF16	Apr 21	00:25:08
WF17	Apr 21	00:23:27
WF2	Apr 21	00:17:44
WF3	Apr 21	00:20:50
WF4	Apr 21	00:22:16
WF5	Apr 21	00:23:05
WF6	Apr 21	00:22:17
WF7	Apr 21	00:21:59
WF8	Apr 21	00:24:22
WF9	Apr 21	00:25:59

## Category 2 Response times

POSTCODEDISTRICT	Month Year	M_Mean_Time
BD11	May 21	00:37:10
BD12	May 21	00:33:38
BD13	May 21	00:13:46
BD19	May 21	00:32:28
BD4	May 21	00:43:39
HD1	May 21	00:25:48
HD2	May 21	00:24:44
HD3	May 21	00:27:04
HD4	May 21	00:27:19
HD5	May 21	00:27:59
HD6	May 21	00:32:01
HD7	May 21	00:31:15
HD8	May 21	00:36:50
HD9	May 21	00:34:19
HX1	May 21	00:26:01
HX2	May 21	00:30:25
HX3	May 21	00:28:31
HX4	May 21	00:27:44
HX5	May 21	00:32:38
HX6	May 21	00:31:09
HX7	May 21	00:34:40
WF1	May 21	00:19:31
WF10	May 21	00:28:30
WF11	May 21	00:29:12
WF12	May 21	00:32:31
WF13	May 21	00:33:10
WF14	May 21	00:33:56
WF15	May 21	00:33:40
WF16	May 21	00:31:43
WF17	May 21	00:31:00
WF2	May 21	00:21:34
WF3	May 21	00:19:51
WF4	May 21	00:27:28
WF5	May 21	00:27:49
WF6	May 21	00:24:40
WF7	May 21	00:27:01
WF8	May 21	00:28:11
WF9	May 21	00:28:08

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

Jane O'Donnell

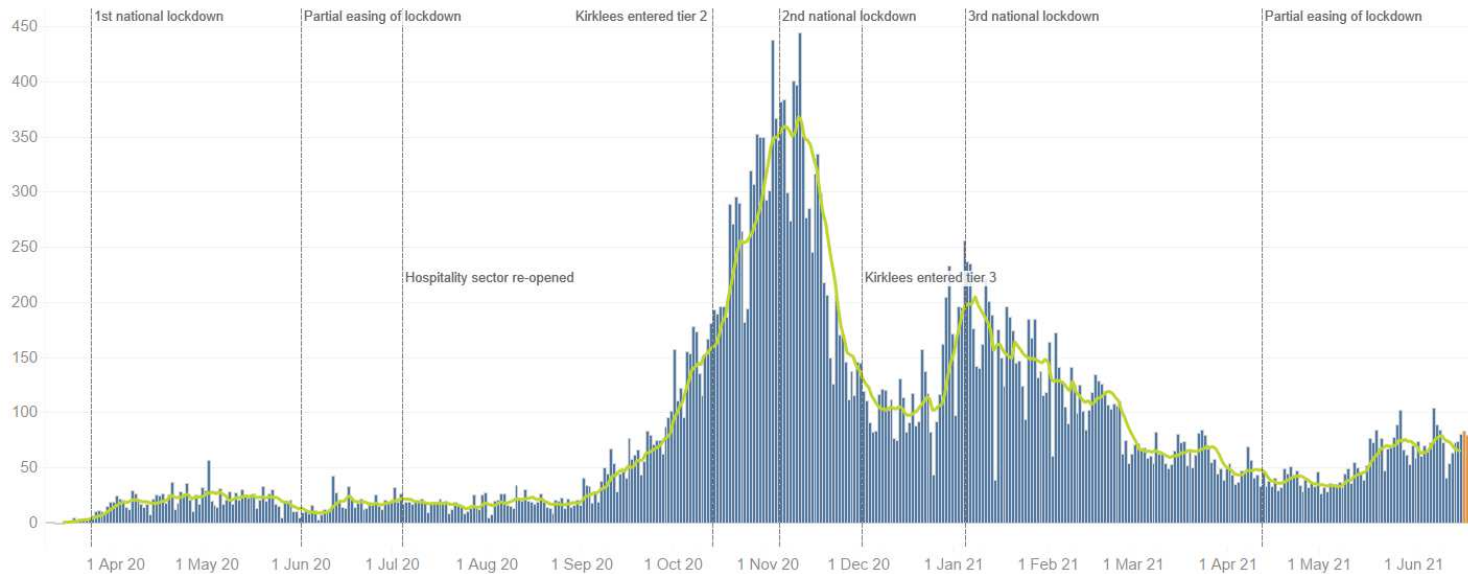


# Cumulative Position

- Number of confirmed cases in Kirklees: 37,098
- Cases in the last week: 458
- Latest weekly rank: 49
- Note: these are correct as of 21.06.2021

## Kirklees confirmed cases

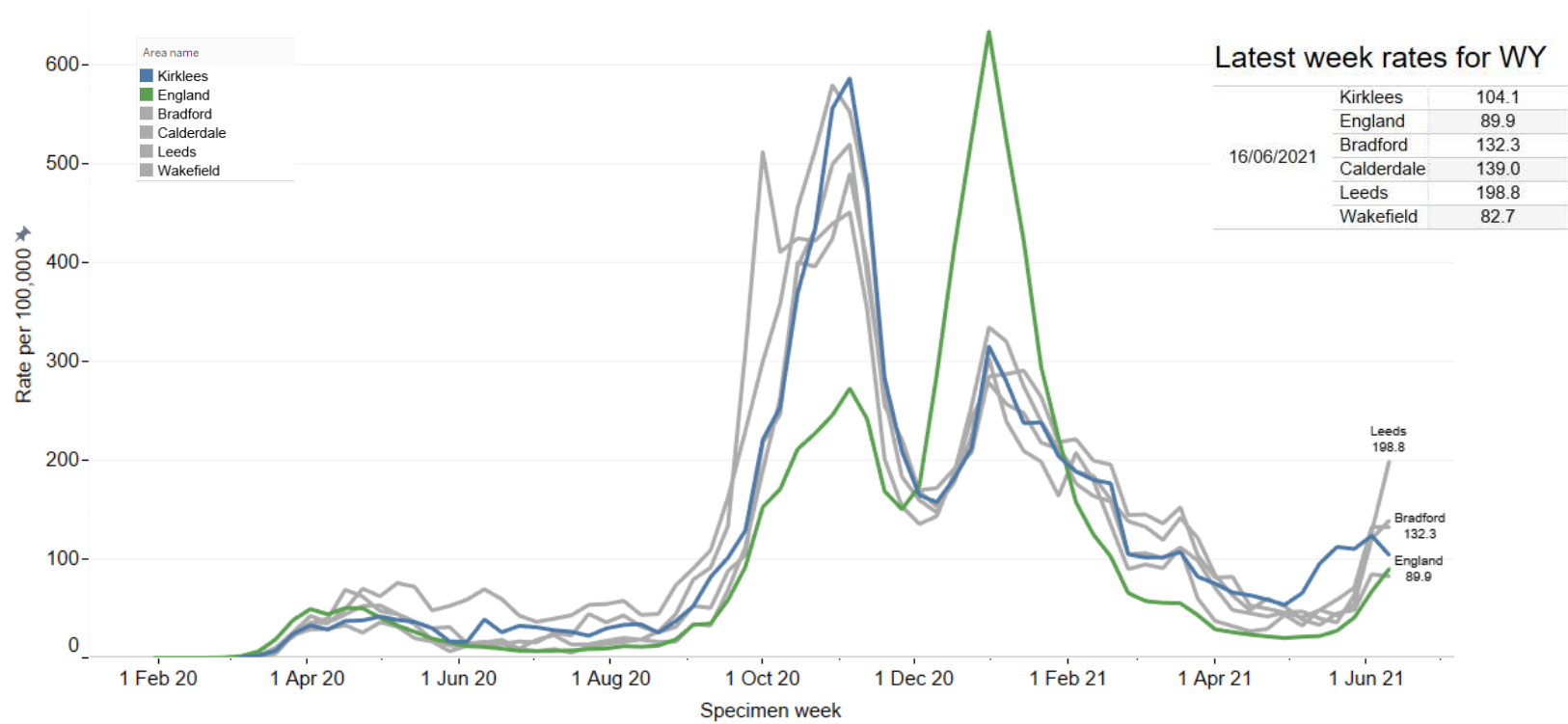
Number of daily cases of COVID-19 in Kirklees. **Green line** ◆ shows the 7-day rolling average. Data for the last 4 days is subject to change (coloured **orange** ◆). Annotations show national easing of restrictions and key national/local measures put in place.





# Current Position

- Kirklees rate is 104.1 per 100,000 (week ending 16/06/21)



➤ Note: Updates can be tracked here:

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



# Kirklees Enhanced Response Area

19 May 2021 the Secretary of State for Health and Social Care announced that Kirklees had been identified as an area of concern due to cases of the Delta variant and increasing case numbers across Kirklees.

- Surge testing
- Enhanced contact tracing, Enhanced support offer for people to self isolate; to help bring down transmission rates locally.
- Ability to carry out turbo vaccination



# Surge Testing

- By Using PCR test kits positive results are sent for genome sequencing at specialist laboratories, helping to identify Covid-19 cases with a variant of concern and prevent their spread. This was a 4 week programme
- A surge testing plan had previously been developed and exercised.
- Extra MTUs were agreed in areas of enduring transmission
- Established MTUs/ local testing sites were able to offer asymptomatic testing
- Worked with five high schools that had high infection rates



# Surge Testing Results

- At the MTUs/Local Testing Sites approximately 2500 test kits were registered for asymptomatic testing with 230 positive cases identified.
- 4500 PCR kits were hand delivered and returned with 80 people testing positive.
- 7000 PCR test kits were handed out at the five high schools, identifying 162 positive cases.



# Test and Trace cases and contacts

- National figures to 22/06/21

		Total	Completed	% completed
Cases	7-day	517	457	88.4%
	Cumulative	37548	32238	85.9%
Contacts	7-day	1396	1356	97.1%
	Cumulative	78381	63550	81.1%

- Local Contact Tracing Service

## Headlines

Date of Report: 23 June 2021

Kirklees	Total No of cases received:	2750	% of finalised cases completed:	56%	Average daily No of cases received: (last 7 days)	0	Average daily No of cases where FUF-Not Reached (last 7 days)	0
Kirklees_PR	Total No of cases received:	413	% of finalised cases completed:	72%	Average daily No of cases received: (last 7 days)	15	Average daily No of cases where FUF-Not Reached (last 7 days)	3

\* PR is enhanced contact tracing for surge testing

## Daily Test and Trace data for Kirklees

Source: NHS Test and Trace Web based tool



# COVID Vaccination Programme Equality Impact Assessment

In line with guidance from NHSE, early on in the COVID-19 Vaccination Programme, a local Equality Impact Assessment (EIA) was undertaken to consider whether certain groups in Kirklees may be differentially impacted by the vaccination programme, focusing particularly on the potential to create, exacerbate or improve health inequalities.

The impact on all protected characteristic groups, unpaid carers, those in poverty or low-income households, and health inclusion groups and other potentially vulnerable groups was considered, considering national and local evidence.

**Based on the findings from the EIA, the following priority groups were identified:**

- Black, Asian, and Minority Ethnic groups
- Adults with learning disabilities
- Muslim communities
- Unpaid carers
- Rough sleepers and people who are homeless
- Asylum seekers, refugees, and migrants
- Roma, Gypsy and Traveller communities
- Sex workers
- People with SMI
- People with addiction or substance misuse problems



# Activity to support high uptake and reduce inequalities

- **Community champions programme** – priority groups: Black Asian and Minority Ethnic communities: people with disabilities (Learning or Physical) and unpaid carers
- **Transport scheme** – particularly aimed at patients who are socially isolated, have mobility issues and/or are financially vulnerable (50% have chosen to pay)
- **Social prescribers supporting uptake with outreach work** – e.g. there is a social prescriber working out of cathedral house to encourage uptake, particularly working with African-Caribbean communities
- **Following up those who have declined a vaccine** – social prescribers and Community Plus
- Targeted **work with faith leaders and communities** – targeted comms, pop-up vaccination sites in mosques
- Communications and outreach work re: **Ramadan** – including work with Al Mubarak radio
- Targeted work with **rough sleepers and homeless, and asylum seekers and refugees**
  - Work group with specialist GP input, third sector and LA colleagues who work with this specific population.
  - Drop in clinics within the princess royal site and pop ups within the B&Bs.
  - Using Welcome mentors to support uptake in asylum seekers and refugees.
- **Kirklees-wide communications strategy** to promote high uptake – the approach will focus on creating a **positive 'social norm'**, good news stories, and community case studies with targeted action to address specific concerns or barriers to uptake where appropriate
  - Addressing the 3 cs – confidence, convenience, complacency



## Director of Public Health – JCVI Discretion

The JCVI has given evidence of increased risk of hospitalisations in men, those from certain ethnic groups, people with a BMI of more than 30 and those experiencing deprivation. JCVI recommended that Directors of Public Health be allowed local flexibility to specifically target these groups, while being mindful to not slow progress in the universal programme.

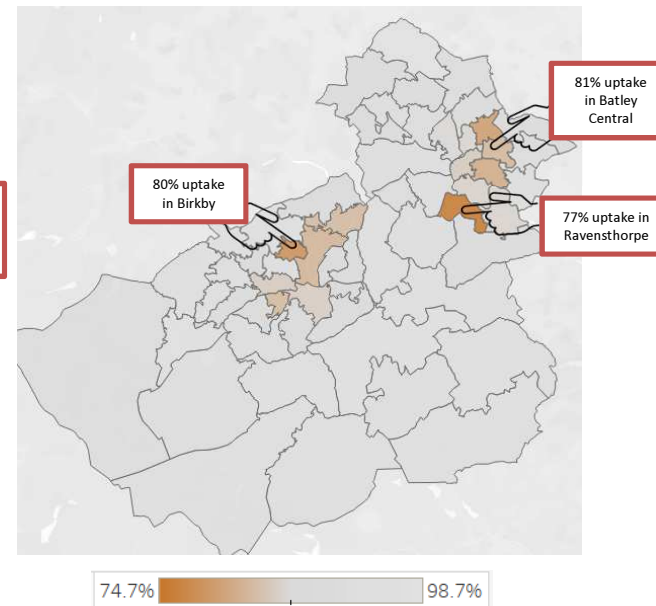
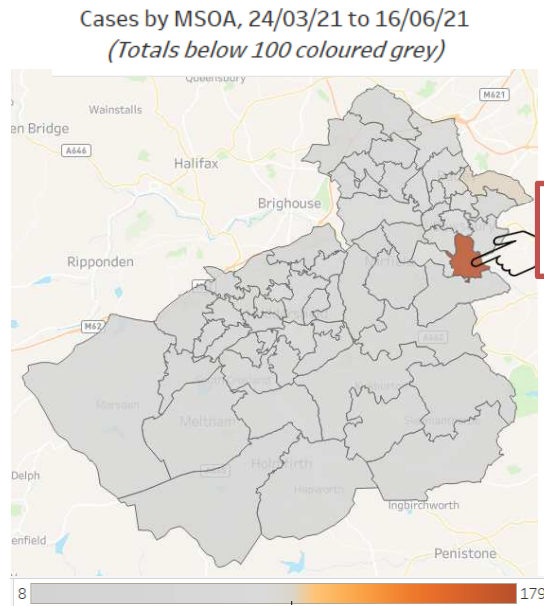
- Universal - continued communication and engagement with the whole community recognising that there are still gains to be made across the whole of Kirklees
- Onsite collaboration with manufacturing sites
- Roving model targeting communities with enduring transmission





# Uptake by MSOA

- Map 1 (left) of COVID-19 Cases: coloured areas show higher number of cases in the last 12 weeks.
- Map 2 (right) of COVID-19 Vaccination Uptake: Coloured areas show uptake at less than 90%.
  - Uptake rate is less than 80% uptake in one MSOAs: Ravensthorpe, at 77%.



Note: MSOA data is publicly available data

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**Name of meeting:** Health and Adult Social Care Scrutiny Panel

**Date:** 8 July 2021

**Title of report:** Setting the Work Programme for 2021/22

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

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

**Electoral wards affected:** None Specific

**Ward councillors consulted:** Not Applicable

**Public or private:** Public

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

## **1. Summary**

- 1.1 Due to the pandemic the number of formal meetings held during 2020/21 were limited and resulted in far fewer meetings than normal. During the year a key area of work for the Panel was assessing the impact of the Pandemic on the health and adult social care sector. This additional area of focus coupled with fewer meetings meant that many of the issues identified in the Panel's work programme were not covered.
- 1.2 In January 2021, the Lead Member of the Panel agreed that it would be helpful to hold an informal workshop to re-evaluate the programme of work and to have an open discussion on how to take forward the work of the Panel to include looking at how best to manage the agenda plan; prioritising issues; and reviewing the approach to how the Panel reviewed and scrutinised issues.
- 1.3 In addition, the session was also used to obtain input from Clinical Commissioning Groups (CCGs), Adult Social Care and Public Health to help inform the Panel's future programme of work and discuss the implications of the "re-setting" of NHS and care services and new ways of working in a post Covid world.
- 1.4 The workshop also provided the Panel with an opportunity to identify where work had been completed; and to highlight those projects that remained an ongoing priority. Panel members also put forward additional issues that they considered to be of a strategic priority and would wish to include in the forward work programme.
- 1.5 A key outcome of the session was an agreement that where appropriate the work programme issues would be grouped into overarching themes.
- 1.6 Attached is a copy of the draft 2021/22 work programme that incorporates the feedback from the workshop and the input of key NHS and adult social care partners.
- 1.7 Panel members are asked to review the draft work programme and to finalise the issues for inclusion in the 2021/221 work schedule.
- 1.8 To help assist the Panel representatives from adult social care and CCGs will be in attendance.

## **2. Information required to take a decision**

N/A

## **3. Implications for the Council**

N/A

### **3.1 Working with People**

No specific implications

### **3.2 Working with Partners**

No specific implications

### **3.3 Place Based Working**

No specific implications

### **3.4 Climate Change and Air Quality**

No specific implications

### **3.5 Improving outcomes for children**

No specific implications

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

No specific implications

**4 Consultees and their opinions**

Not applicable

**5 Next steps and timelines**

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

**6 Officer recommendations and reasons**

That the Panel review the draft work programme and agree the issues for inclusion in its 2021/22 work schedule.

**7 Cabinet Portfolio Holder's recommendations**

Not applicable

**8 Contact officer:**

Richard Dunne – Principal Governance and Engagement Officer  
[richard.dunne@kirklees.gov.uk](mailto:richard.dunne@kirklees.gov.uk)

**9 Background Papers and History of Decisions**

Not applicable

**10 Service Director responsible**

Julie Muscroft – Service Director, Legal, Governance and Commissioning

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**HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2021/22**

**MEMBERS:** Cllr Habiban Zaman (Lead Member), Cllr Bill Armer, Cllr Aafaq Butt, Cllr Vivien Lees-Hamilton, Cllr Fazila Loonat, Cllr Lesley Warner, David Rigby (Co-optee), Lynne Keady (Co-optee).

**SUPPORT:** Richard Dunne and Yolande Myers, Principal Governance Officers

<b>FULL PANEL DISCUSSION</b>		
<b>THEME/ISSUE</b>	<b>APPROACH AND AREAS OF FOCUS</b>	<b>OUTCOMES</b>
<p><b>1. Financial position of the Kirklees Health and Adult Social Care Economy</b></p>	<p>Maintain a focus on the finances of the local health and social care system to include:</p> <ul style="list-style-type: none"> <li>• An update on the impact of Brexit and Covid-19 to include exploring the implications on staff numbers/shortages.</li> <li>• Assessing the local approach to developing a workforce strategy.</li> <li>• A focus on the implications of the financial pressures on services provided and commissioned by Adult Social Care.</li> </ul>	
<p><b>2. Impact of Covid-19 on the Health and Adult Social Care Sector</b></p>	<p>To look at the impact of Covid-19 on the local health and adult social care sector to include:</p> <ul style="list-style-type: none"> <li>• Considering the capacity of the system</li> <li>• Monitoring the impact on planned surgery waiting lists</li> <li>• Considering planned changes to service delivery as a consequence of the pandemic.</li> <li>• Assessing the impact of the “health debt” due to delays in health screening, cancer treatments, vaccinations etc.</li> <li>• Looking at the local plans for catching up with delayed treatments.</li> <li>• Lessons learned.</li> </ul>	

<b>3. Integration of Health and Adult Social Care</b>	<p>An overarching theme that covers the move to increasing the integration of services across the health and adult social care sector to include:</p> <ul style="list-style-type: none"> <li>• Looking at the progress and effectiveness of Community Care Services (CCS) in Kirklees.</li> <li>• Reviewing progress of the Primary Care Networks (PCNs) to include the effectiveness of their integration with other key services and agencies across the local health and social care network.</li> <li>• Assessing the impact of CCS in Kirklees in reducing avoidable A&amp;E attendances; hospital admissions; delayed discharges; and reducing avoidable outpatient visits.</li> <li>• To consider the implications of the changes from legislative proposals that are intended to integrate care within the NHS and encourage greater collaboration between the NHS and local government and other agencies to include: <ul style="list-style-type: none"> <li>○ How the changes will impact on local commissioning and delivery of service.</li> <li>○ Considering the changing health and care landscape to include a focus on the progress of collaboration between local providers.</li> </ul> </li> </ul>	
<b>4. Digital Technology</b>	<p>An overarching theme that looks at the impact of the use of digital technology in the delivery of health and adult social care services.</p>	
<b>5. Mental Health and Wellbeing</b>	<p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> <li>• Reviewing progress of the work being delivered through the Kirklees Integrated Wellness Service.</li> <li>• Suicide prevention</li> <li>• Looking at the Council's work in supporting mental health provision across the various localities in Kirklees.</li> </ul>	



	<ul style="list-style-type: none"> <li>To look in more detail at the services provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPF) to include redesign of services and any post pandemic new initiatives.</li> </ul>	
<b>6. Quality of Care in Kirklees</b>	<p>Receive an annual presentation from CQC on the State of Care across Kirklees to include:</p> <ul style="list-style-type: none"> <li>A focus on Adult Social Care</li> <li>The impact of COVID-19 on the quality of care in Kirklees.</li> </ul>	
<b>7. Kirklees Safeguarding Adults Board (KSAB) 2019/20 Annual Report</b>	<p>To receive and consider the KSAB Annual Report to include consideration of the Impact of Covid-19 on safeguarding adults during periods of lockdown.</p>	
<b>8. Yorkshire Ambulance Service (YAS) Response Times</b>	<p>To receive an update on performance and demand across all areas of Kirklees to include:</p> <ul style="list-style-type: none"> <li>A focus on response times for categories 1 and 2.</li> <li>Looking at the variances of performance across Kirklees.</li> </ul>	
<b>9. Kirklees Public Health</b>	<p>An overarching theme that looks at the work of Public Health Kirklees to include:</p> <ul style="list-style-type: none"> <li>Continuing to receive regular updates on the impact and response to Covid-19 (to be kept under review)</li> <li>Assessing the performance of the Immunisation Programmes in Kirklees to include any future coronavirus programmes.</li> <li>To review the work being done on population health management.</li> </ul>	
<b>10. Update on Winter Planning</b>	<p>Update on winter preparations 2021/22 from the Kirklees Health and Adult Social Care sector to include: Receiving details from key organisations across the local health and adult social care section on preparations for winter to include the key areas of focus.</p>	

	<ul style="list-style-type: none"> <li>• lessons learned from the winter period 2020/2021.</li> <li>• feedback and experiences of service users from last winter period.</li> </ul>	
<b>11. Effectiveness of smoking cessation arrangements in Kirklees.</b>	To review the effectiveness of smoking cessation arrangements in Kirklees to include a review on how people with complex mental ill health are supported.	
<b>12. Kirklees Care Homes Programme Board including analysis of the home care market</b>	<p>Receiving a update on progress of the Board to include:</p> <ul style="list-style-type: none"> <li>• Looking at the key issues and challenges identified by the Board and the actions taken to address them.</li> <li>• Details of the training and support that will be provided to care homes on the verification of expected death, end of life care plans and testing and swab taking.</li> <li>• Continue monitoring the outcomes of the analysis of the home care market to include receiving a copy of the final report from Cordis Bright and implementation plan.</li> </ul>	
<b>13. Healthwatch Kirklees</b>	To develop the working relationship with Healthwatch Kirklees to include sharing of work programmes and identifying local areas of concern to inform the work of the Panel.	
<b>LEAD MEMBER BRIEFING ISSUES</b>		
<b>ISSUE</b>	<b>AREAS OF FOCUS</b>	
<b>1. Mid Yorkshire Hospitals NHS Trust (MYHT) Ambulatory Emergency Care (AEC) Services and Services provided at Dewsbury and District Hospital (DDH)</b>	Update on the closure of the AEC unit at DDH.	

<b>2. Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust (MYHT)</b>	Receive an update on progress of: <ul style="list-style-type: none"><li>• The programme of change at CHFT.</li><li>• The work being done by MYHT on its Outpatient Care.</li></ul>
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