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

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Wednesday 11 August 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 19 August 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', on a light-colored background.

Julie Muscroft

Service Director – Legal, Governance and Commissioning

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

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

Member

Councillor Habiban Zaman (Chair)

Councillor Aafaq Butt

Councillor 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

Pages

1: Minutes of previous meeting

1 - 10

To approve the Minutes of the meeting of the Panel held on 8 July 2021.

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.

3: Admission of the public

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

4: Deputations/Petitions

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

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

5: Public Question Time

The meeting will hear any questions from the general public.

Questions should be emailed to richard.dunne@kirklees.gov.uk no later than 10.00 a.m. on 18 August 2021.

In accordance with Council Procedure Rule 51(10) each person may submit a maximum of 4 written questions.

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

6: Impact of Covid-19 on Kirklees Acute Hospital Trusts 13 - 60

Representatives from Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust will provide an update on the impact of Covid-19 on Acute Hospital Trusts.

Contact: Richard Dunne, Principal Governance Officer 01484 221000.

7: Covid-19 Update 61 - 76

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

8: Update from Healthwatch Kirklees 77 - 136

Representatives from Healthwatch will provide an update on their workplan; details of a recent public survey and engagement work; and present the Healthwatch Kirklees and Calderdale Annual Report 2020/21.

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

9: Work Programme 2021/22

137 -
144

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

Contact: Richard Dunne Principal Governance Officer: 01484 221000

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Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 8th July 2021

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

Co-optees David Rigby

In attendance: Nicola Bailey – Calderdale and Huddersfield NHS
Foundation Trust (CHFT)
Katie Booth - CHFT
Jane O'Donnell – Public Health Kirklees
Richard Parry – Strategic Director for Adults and Health
Kirklees Council
John McSorley – Yorkshire Ambulance Service
Andy Simpson – Yorkshire Ambulance Service

Apologies: Councillor Aafaq Butt
Lynne Keady (Co-Optee)

1 Minutes of previous meeting

The minutes of the meeting held on the 18 February 2021 were approved as a correct record.

2 Interests

No interests were declared.

3 Admission of the public

All items were taken in public session.

4 Deputations/Petitions

No deputations or petitions were received.

5 Public Question Time

No questions were asked.

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

The Panel welcomed John McSorley and Andy Simpson from the Yorkshire Ambulance Service (YAS) to the meeting.

Mr Simpson outlined the key service challenges that the ambulance service had faced during the pandemic. Mr Simpson stated that the challenges had crossed all health boundaries and the service had needed to quickly adapt and put actions in place to ensure that YAS could maintain a service to the most clinically vulnerable people.

Mr Simpson highlighted the key areas of challenge that included workforce and staff welfare, managing demand and infection prevention and control that included the health and safety of crews.

Mr Simpson stated that issues that YAS had to overcome included high levels of staff absence due to self-isolation or having the virus and explained in detail the innovative approach that had been taken to ensure there was sufficient staff resource deployed in front line services.

Mr Simpson informed the Panel that demand during the pandemic had been exceptionally high and unpredictable. Mr Simpson highlighted the significantly increased demand on the NHS 111 service and explained that as the gateway for Covid-19 NHS 111 was able to signpost people to the most appropriate services.

In response to a panel question regarding the impact of the pandemic on patient handover times Mr Simpson stated that handover times were a problem for YAS due to the high demand and the need to segregate patients between Covid and non Covid ambulances.

Mr Simpson explained that despite the high demand acute trusts had managed well and that new ways of working had been introduced that included pre-alerts and the deployment of additional triage nurses.

Mr Simpson informed the Panel that although the high demand had led to delays, they had impacted patients who were less clinically vulnerable and the patients with the highest clinical need had not been delayed.

Mr Simpson stated that the need to undertake intensive deep cleaning of ambulances had increased the time that the ambulances were out of action. To help support the crews and speed up the ambulance turnaround times YAS had brought in private provider cleaning teams.

In response to a question on recontact rates Mr Simpson stated that YAS did monitor this issue. Mr Simpson explained that the service focused on the 'hear and treat' approach which was supported by the increased clinical support at the triage stage which meant more people were being directed to the most appropriate pathway of care.

In response to a question on the perception from people living in the HD8 area that they were receiving an inferior service with ambulance response times getting longer Mr Simpson explained that there was no policy to keep crews out although the increased demand meant that there was currently little downtime for the crews.

Mr Simpson informed the Panel of the approach that YAS had taken to infection prevention and control which included procuring highly effective gold standard PPE.

Mr Simpson informed the Panel of the national standards for the UK ambulance service across the four categories of calls and explained that standards for categories 3 and 4 were locally negotiated.

In response to a Panel question Mr Simpson informed the Panel of the types of patients that would be allocated as a category 1 and 2 call and explained that category 1 was the smallest category in terms of demand and accounted for around 10% of the call volume.

Mr Simpson explained that category 1 were the most seriously ill patients and the most resource intensive as there was often a need to dispatch multiple resources and provide the patients with specialist clinical skills.

Mr Simpson outlined the demand and response times for category 2 calls and highlighted the differences in response times during the summer and winter months. Mr Simpson also highlighted the difference in demand during and after national lockdown.

Mr Simpson stated that category 2 patients were still clinically vulnerable and accounted for around 60% of the call volume. Mr Simpson informed the Panel that the highest areas of demand did tend to take resource away from the outlying areas of the district.

Mr Simpson explained that subject to having the available resources YAS tried to combat this by putting stand by points in those outlying areas although this wasn't always possible when demand was high.

Mr Simpson stated that to try and cope with demand YAS was focused on ensuring that its recruitment was on track and were hoping to reach full staff capacity by the end of August.

Mr Simpson outlined the approach that YAS took to supporting and mentoring newly qualified paramedics. Mr Simpson stated that YAS had increased its overtime budget although due to the pressures staff had been under this initiative had limited impact.

Mr Simpson informed the Panel of the support provided to staff through additional welfare and the provision of food and drinks at key times. Mr Simpson explained that YAS had a very good demand management plan which could be escalated to ensure that key patients were protected.

Mr Simpson stated that YAS were sending out key public information messages to manage public expectation and to highlight the pressures the service was under.

Mr Simpson informed the Panel that YAS had procured the service of private ambulance providers such as St Johns ambulance to help support YAS with its low acuity patients.

Mr Simpson outlined some local initiatives that included the quality impact assessment work that YAS had done on Calderdale and Huddersfield NHS Foundation Trust's reconfiguration of hospital services.

Mr Simpson informed the Panel of the work that had been done on ambulance vehicle preparation that include a full upgrade of facilities at the Huddersfield station which provide crews with a vehicle that was fully equipped and cleaned and ready for immediate use.

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

- A concern regarding the increased travel time for patients being conveyed from the Huddersfield area to Calderdale Royal Hospital.
- Clarification that YAS had looked at the data covering the increased travel time and that additional resources would be allocated to mitigate any delays.
- Confirmation of what type of patients would fall into categories 3 and 4.
- Confirmation that the Calderdale and Kirklees Joint Health Scrutiny Committee would be looking at the YAS Quality Impact assessment work.
- A question on whether the impact assessment included the time it took to convey a patient from a ward on one hospital site to a ward on the second hospital site.
- Clarification that the impact assessment included the pick-up time of the patient to the point when the ambulance became clear.
- A question on why the category 2 response times for May 2021 appeared to show that the response times for that Month were higher than any of the 13 previous months.
- An explanation from YAS that under normal circumstances the months of April, May and June were expected to be the quiet months following the winter period. However, since the continuation in the easing of lockdown measures YAS had seen demand increase and this had been compounded by an increase in staff absences.
- An explanation of how calls were analysed and confirmation that one of the biggest increases in call categories related to Covid-19.
- A question on what support had been put in place for staff who required additional support.
- Details of the support and welfare packages that were available to staff that included an occupational health service, an increase in management and supervision support and an enhanced post incident care process.
- Details of a personal experience in dealing with a 999 call handler who asked a significant number of personal questions about the person involved in the medical incident.
- A detailed explanation of the 999 call handling process and confirmation that the questions from the call handler did not delay the dispatch of the ambulance.
- An expression of gratitude for the work of YAS and details of the efficiency of the new process that had been adopted by the Patient Transport Service in South Kirklees.
- A question on whether YAS had experienced any issues with the supply or quality of PPE.

- Confirmation that YAS had not experienced any issues with its PPE supply.

RESOLVED –

1. That John McSorley and Andy Simpson be thanked for attending the meeting.
2. That the information presented by YAS be noted and a request that in any future meetings the data presented to the Panel includes the pick-up and drop off times.

7 Covid-19 Update

The Panel welcomed Jane O'Donnell Public Health Kirklees to the meeting.

Ms O'Donnell provided the Panel with an update on the cumulative position of confirmed Covid-19 cases in Kirklees and explained that current rates were being driven by the 10 -19 and 20 – 29 age groups.

Ms O'Donnell informed the Panel of the current position of rates in Kirklees and outlined details of how Kirklees rates compared to its neighbouring authorities and nationally.

Ms O'Donnell informed the Panel that Kirklees was an enhanced area of response following the announcement that Kirklees had been identified as an area of concern.

Ms O'Donnell outlined the initiatives that had been introduced to combat the increasing numbers of infections that included surge testing; enhanced contact tracing; and carrying out turbo vaccinations.

Ms O'Donnell explained in detail the work that had been carried out to support surge testing and outlined the results.

Ms O'Donnell presented the figures and headline data for work that had been done on the test and trace cases and contacts and explained that Kirklees used a door knocking service so they could speak directly to the contacts.

Ms O'Donnell informed the Panel of the Covid Vaccination Programme Equality Impact Assessment and highlighted the priority groups that had been identified from the findings.

Ms O'Donnell outlined the activity that had taken place to support high vaccination uptake and reduce inequalities that included a community champions programme; introducing a transport scheme; and targeting communications with the help of faith leaders and communities.

Ms O'Donnell explained that the Director of Public Health for Kirklees had been given local flexibility to target certain groups that were at increased risk of hospitalisation.

Ms O'Donnell informed the Panel of the uptake of the vaccine that included details of those areas in Kirklees that had the lowest levels of uptake.

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

- Whether plans were in place for public health officers to offer advice and information to businesses and highly populated public areas on safety measures following the further easing of restrictions.
- Confirmation that public health was waiting for updated guidance on working safely which could then be promoted to businesses.
- A question on whether there would be any local advice on the continued wearing of face coverings in shops and public transport.
- Confirmation that communication on face coverings would be based on the updated national guidance and discussions with other West Yorkshire authorities to ensure there was a consistent stance across the region.
- Questions on the current rate of covid-19 hospitalisations including the trend in Kirklees and the current assessment of the impact on people who had been diagnosed with long Covid.
- A question on whether any liaison work had been undertaken with Kirklees food banks and Huddersfield Mission to identify individuals for vaccination.
- Details of the work that have been undertaken with food banks and local communities to get the message out to all people in Kirklees on the importance of vaccination.
- A concern regarding the speed of the rules regarding the changes to the time scales between the vaccination jabs.
- Highlighting the concerns expressed by many older residents on the easing of restrictions and the requirement for the use of face coverings.
- Clarification on the NHS issued guidance on the interval between the first and second vaccination.
- The need for local businesses to still take Covid-19 into account when developing the health and safety risk assessment.

RESOLVED -

1. That Jane O'Donnell be thanked for attending the meeting.
2. That the information presented by noted and the response relating to the questions on hospitalisations and long Covid be circulated to the Panel.

8 Setting the Work Programme for 2021/22

A Panel discussion took place on setting the work programme for 2021/22 and included input from Richard Parry, Strategic Director for Adults and Health.

Mr Parry stated that he felt it would be helpful for the Panel if the item on the impact of Covid-19 could also include an area that looked at the broader impact on social care and people who were likely to need additional support.

Mr Parry informed the Panel of an Age UK research report that suggested that there had been an 11 per cent increase in the numbers of older people with social care needs because of the pandemic.

Mr Parry explained that many older people had experienced much reduced mobility over the last 15 months. The normal activities that would have kept them active and connected had been postponed due to Covid-19 and was feeding through to increased care needs.

A broader panel discussion took place that covered a number of areas in the work programme that included:

- A suggestion to include looking at the impact of 'long Covid'.
- To include a multi-agency input on how practice had been adapted to take account of the lessons learned from the pandemic.
- An overview of how practice had already been adapted to take account of lessons learned that included the need to change how the vaccination programme was delivered in different communities to take account of their needs.
- A need to include in the work programme a consistent theme that looks at lessons learned.
- A request to follow up the workshops to look at the Health and Care Bill 2021 and to discuss the services provided by South West Yorkshire Partnership NHS Foundation Trust.
- A suggest to include looking at the health problems arising from toxic air.
- Highlighting the work that was taking place to look at proposals to merge the Gateway to Care Service and the Locala Single Point of Contact Service.
- Highlighting a review and revision of the Direct Payment procedures.
- A comment that it was important for the Panel to ensure that a blended person-centred approach was maintained when taking account of the use of digital technology.
- A request to include in the mental health and wellbeing item a focus on encouraging proactive support for unpaid and working carers.
- Highlighting some additional funding that will be used, via a tender process, to provide additional community support services for health and wellbeing.
- A request to include looking at the new legislation regarding patient information when considering the item on digital technology.
- An agreement that the Lead member would start work on the agenda plan so it could be presented to the Panel at the next meeting.
- A request that priority be given to arranging the workshop session on the Health and Care Bill.
- Highlighting a concern regarding the poor experience of a patient who was transferred from Dewsbury Hospital to Pinderfields in a taxi while suffering with very high blood pressure.
- Examples of other patients who had received little or no medical support when accessing services at Mid Yorkshire Hospitals NHS Trust.

RESOLVED -

1. That the issues included in the draft work programme be taken forward for inclusion in the formal 2020/21 Work Programme to include the following additional issues:

- To review lessons learned from the pandemic to include looking at how services across the health and adult social care sector have adapted practice to take account of the impact of the pandemic.
- To assess the broader impact on adult social care including the increased social care needs for older people as a consequence of reduced mobility and access to services and activities during the pandemic.
- To look at the impact of Long Covid.
- To consider the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact Service.
- To assess the health risk associated with air pollution.

9 Rainbow Child Development Unit at Calderdale and Huddersfield NHS Foundation Trust (CHFT)

The Panel welcomed Nicola Bailey and Katie Booth from Calderdale and Huddersfield NHS Foundation Trust (CHFT) to the meeting.

Ms Bailey presented an overview of the Child Development Service (CDS) and explained that during the last 12 months the CDS team had been looking at opportunities to create a central community hub for families that would include co-location with specialist nursing input and community therapies.

Ms Bailey provided the Panel with more detail of the bespoke service provided by the CDS team that included details of the numbers of users and the geographical split between users from Calderdale and Greater Huddersfield.

Ms Bailey informed the Panel of the core facilities that would be required in the community hub to provide the best possible service that included an ambition to create a one stop shop for families.

Ms Bailey stated that the CDS team felt it was fundamental to have the service situated on a site located between Calderdale and Huddersfield and ease of access to the premises was a top priority.

Ms Bailey informed the Panel that many of the children who accessed the service were wheelchair users which meant that adequate safe parking was a key priority.

Ms Bailey presented an overview of the work that had been undertaken on appraising a range of options for the relocation of the service and described the approach to assessing and evaluating the options.

Ms Bailey stated that the preferred option had been determined as the Clock House Building located in Elland and explained that this option had been supported internally by the Trust and Clinical Commissioning Group colleagues.

Ms Bailey explained that the Trust was developing a communications and engagement plan that would include details on how the Trust would involve service users and families in the design work for the new premises.

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

- A question regarding how well the new premises was located for existing bus routes and how close it would be to the proposed development of a new rail station in Elland.
- A query on how important outside provision, such as a garden area, would be to service users.
- A query on whether the communication and engagement plan would be carried out inhouse or through an external company.
- An explanation of the work that had been done when looking at access to the new premises that included confirmation that there were direct bus services to Elland from both Huddersfield and Halifax bus stations.
- Confirmation that the assessment of accessibility included the walking distance from the bus stops.
- Confirmation that outside provision was important to families and the new design would incorporate an outside area.
- Clarification that the communication and engagement plan had been developed inhouse and that the Trust were keen to ensure that there was extensive engagement with families and service users.
- Confirmation that the Trust had undertaken discussions with engagement leads from the Clinical Commissioning Groups and intended to reach out to Healthwatch to get their views and input into the plan.
- A question on whether scrutiny members could provide suggestions on points of contacts or groups for the engagement.
- Confirmation that the Trust would welcome input and ideas on the engagement exercise.
- Clarification that parent carers organisations in Huddersfield would be involved as well as a wide range of community groups.
- A query on whether the Trust would involve GP Surgeries and the hub coordinators in each area who worked with targeted families through schools.
- Confirmation that the extensive list of stakeholders that had been compiled during the development of the engagement plan would be made aware of the proposals and given an opportunity to be involved.
- Details of the expected timelines of the development with a target date of spring/summer 2022 for the relocation of the service.

RESOLVED –

1. That the information on the proposed relocation of the Child Development Service be noted and that the preferred location for the central community hub be supported.
2. That the Panel be provided with the outcomes from the engagement work at a future meeting.

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

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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



Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 19 August 2021

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

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

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 CHFT and MYHT.
Cabinet member portfolio	Health and Social Care

Electoral wards affected: None Specific

Ward councillors consulted: Not Applicable

Public or private: Public

Has GDPR been considered? Yes. The report does not include any personal data that identifies an individual.

1. Summary

- 1.1 The consequences of the pandemic have been felt by everyone and particularly for those people who work in the health and social care system. The pressure on frontline NHS staff has been unprecedented and many hospitals across the country have had to cope with significant increases in patients needing critical care support.
- 1.2 Many NHS staff have experienced a significant change in their work patterns and roles. Staff have also had to contend with the higher risk of exposure to infection which in some cases has resulted in isolation from family and friends.
- 1.3 These additional pressures have resulted in some staff experiencing high levels of distress and the true impact on the mental health and wellbeing of healthcare staff is still emerging.
- 1.4 Covid-19 has had a significant impact on core NHS services. During the peaks of the pandemic the NHS had to shut or significantly reduce many areas of Non-Covid care, and this combined with fewer patients seeking care during the lockdown periods resulted in a substantial drop in elective procedures.
- 1.5 The resulting backlog of planned surgery is a major concern for the NHS. The task of clearing the backlog will be a major challenge and will not only require additional resources and greater capacity but also an increased focus on changing the way that some services are delivered.
- 1.6 In line with the Panel's wish to maintain a close overview of the impact of COVID-19 on the local Health and Adult Social Care system representatives from Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust will be in attendance to provide details of the impact that the pandemic has had on their services.
- 1.7 Areas that the Trusts will cover will include:
 - impact on the workforce.
 - workforce support and wellbeing.
 - capacity to deliver services.
 - impact on planned surgery including plans to deal with the backlog.
 - Lessons learned.
- 1.8 Representatives from Healthwatch Kirklees will also be in attendance to help inform the discussions.
- 1.9 Information submitted by the trusts is attached.

2. Information required to take a decision

N/A

3. Implications for the Council

N/A

3.1 Working with People

No specific implications

3.2 Working with Partners

No specific implications

3.3 Place Based Working

No specific implications

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

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The impact of Covid-19

Kirklees Health and Adult Social Care Scrutiny Panel

2:00 pm on Thursday 19 August 2021

The Impact of COVID on CHFT's workforce

- 6,000+ complex physical and mental health issues as well as personal circumstances
- High levels of unavailability due to isolation
- Evidence of severe trauma, with some significant mental health challenges
- Clinically Extremely Vulnerable (CEV) workforce impact
- Redeployment – 500 colleagues impacted
- Life choices have changed dramatically
- Turnover in senior NHS roles has increased
- Current situation is having the biggest impact, and is the hardest task we have faced
- Over 1,000 colleagues working from home
- Rapid improvement in our uptake of technology – enabling us to provide virtual clinics
- Know more about our colleagues than we ever did
- The importance of colleague health and wellbeing and its impact on patient safety and care has never been better understood

Covid Sickness and Isolation

As at 20 July 2021, the Trust had **88** colleagues isolating and a further **27** colleagues absent due to Covid sickness, accounting for 25.0% of the Trust's unavailability.

The 88 colleagues isolating consists of:-

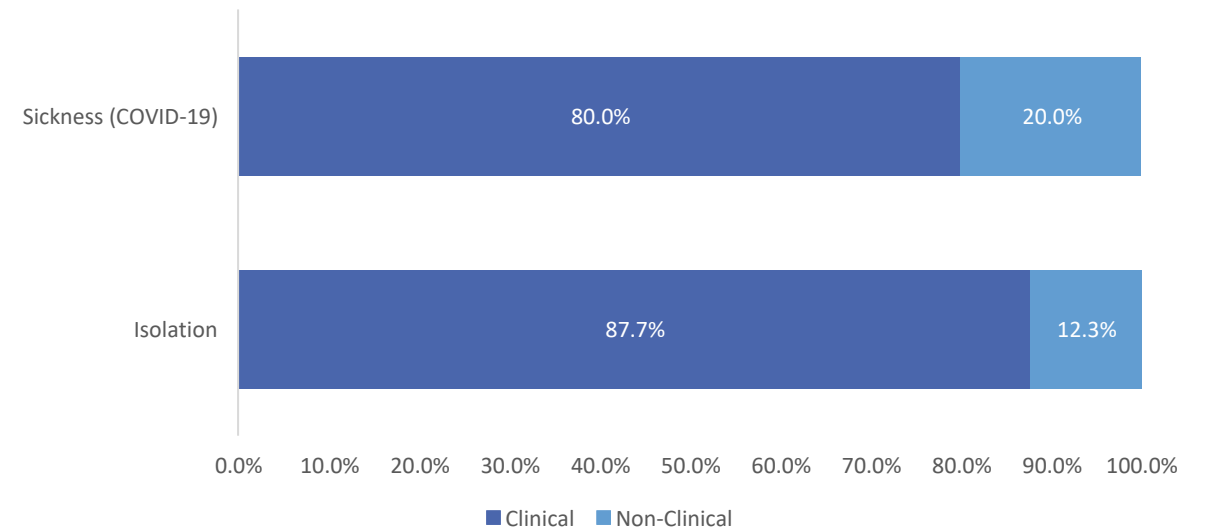
- 57 household isolations
- 19 self isolations
- 6 test and trace isolations
- 3 surgical isolations
- 3 other isolations

86.0% of Covid sickness and isolations is from clinical colleagues.

Of the 27 colleagues unavailable due to Covid sickness, 9 colleagues are absent due to 'Long Covid.'



Covid Sickness Absence and Isolations



Health and Wellbeing Offer

One Culture of care
Calderdale and Huddersfield NHS Foundation Trust

Support for our CHFT Colleagues
Caring for each other the same way we care for our patients

One Culture of care

- Mentors** - Help you to develop your skills and experience
- Resilience to Break up** - Help you to manage your stress and avoid burnout
- Peer Support** - Get help from colleagues who have been through the same experience
- Chatting to a friend** - Get help from colleagues who have been through the same experience
- Occupational Health** - Help you to manage your physical health and safety
- Emotional & Psychological Support** - Help you to manage your mental health and wellbeing
- Wellbeing Ambassadors** - Help you to manage your wellbeing and prevent burnout
- Compassionate Care** - Help you to manage your compassion and prevent burnout
- External support:**
 - Employee Assistance Programme** - 020 899 6938
 - Occupational Health** - 01484 857319
 - Compassionate Care** - 01484 857319

Bookable through email: nicola.hosby@chft.nhs.uk • Tel: 07755407704

More resources available via: theupboard.cht.nhs.uk

compassionate care



One Culture of
care

- Health and Wellbeing Risk Assessment for all colleagues
- 24/7 helpline
- Listening events
- Dedicated Schwartz rounds
- Managers guides
- Wellbeing Hour
- Wellbeing Ambassadors ensure basics of H&W Nutrition/hydration/ Facilities/sleep
- Deployed staff induction packs for new areas

Steps we are taking to improve availability

- Further, more intense focus on colleagues wellbeing – promoting the wellbeing hour and ensuring colleagues have carefully managed annual leave and down time
- Managers to ensure regular breaks and annual leave with a formal monitoring process in place
- One culture of care – compassionate, kind, understanding and supportive leadership
- Following guidance on isolation
- Develop roles for clinical colleagues to undertake off site if they are isolating
- Further push on virtual clinics and monitoring – whatever can be done off site
- Focus on discharge process early in morning to help flow and medical colleagues continuing to support nursing colleagues with general patient safety must dos on the ward
- Resource up at Site co-Ordinator level
- Wrap around support to critical teams with lower availability as a matter of urgency with an improvement plan in place
- Over recruit where we can to release pressure, being mindful of taking further resource from wider care sector which may be counter productive. Also be mindful of a need to have trained, able colleagues to assist

Impact on Elective (Planned) Care

CHFT and the wider system has always performed well but management of the pandemic has unfortunately resulted in the development of significant planned care backlogs at CHFT. Throughout the pandemic we have continued to provide timely care for people who have needed urgent care (such as cancer treatments) and emergency care. Providing treatment for people that have had their care delayed is a top priority.

In May 2021, CHFT agreed a framework and plan for restoring elective care (and details of this were reported at the public meeting of the Trust Board). The plan prioritises clinical need and Health inequalities over time waited with the exception being seeking to eliminate patients waiting over 104weeks from referral to treatment. This has enabled us to reopen elective services and work towards reducing the waiting lists safely and at pace.

This is being delivered in the face of immense challenges post-Covid such as the significant increase in demand for urgent and emergency care that has been experienced and whilst still coping with the output reduction that results from Infection Prevention and Control measures and the uncertainties of COVID. Despite these pressures, thanks to the dedication of our colleagues, we have been able to deliver close to, or greater than, pre-pandemic levels of planned care, while at the same time delivering the NHS COVID vaccine programme.

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CHFT Recovery Framework

Principles

- Patient & colleague safety & wellbeing
- Resilience
- Needs based
- Ensure learning reviewed & embedded
- Understand interdependencies including financial implications
- Ensure a positive training environment
- Incorporate our agreed Must Do's

Priorities

- Priority 1 & 2 patients
- People with a learning disability
- Waiting time equity for BAME & non BAME
- Appropriate waiting time equity across specialties
- Patients with a harm or independence risk
- Robust administrative support
- Services where increased risk of harm
- Services where no alternative provision
- All additionality will be voluntary
- Widen access to recruitment
- Compassionate leadership

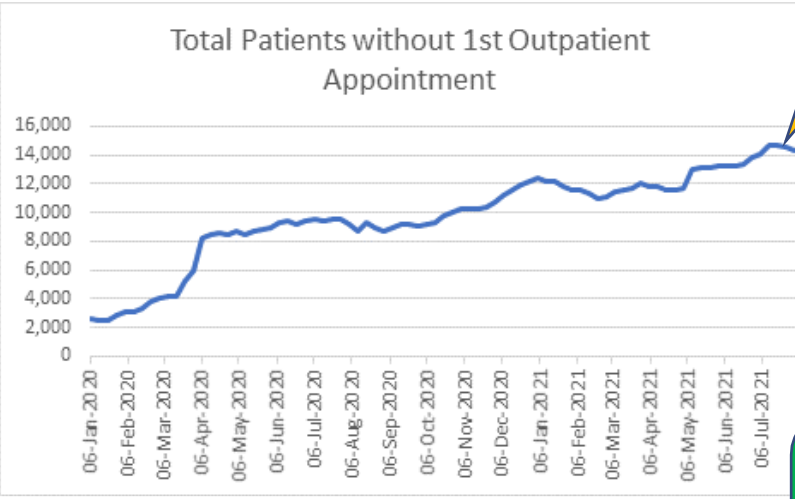
Health Inequalities

- Compliance with the 8 urgent actions
- Connection with communities used to inform including digital inclusion
- The lived experience with initial focus on families accessing maternity services
- Overlay clinical prioritisation to ensure recovery reduces health inequalities and ensure those most likely to benefit are prioritised
- Ensure a diverse and inclusive workforce with equal access to opportunities

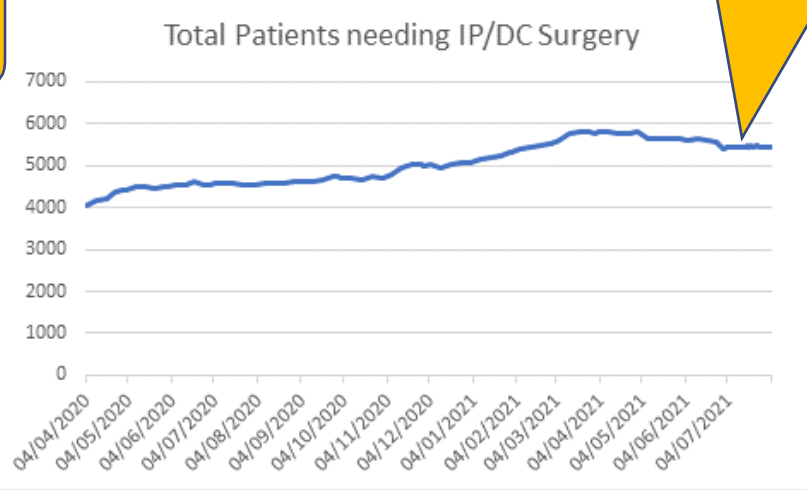
Modelling

- Clinical reference group in place
- Sept & March Milestones
- Based on priorities & current level of demand
- New outpatients, inpatient/daycase & Endoscopy completed
- Follow up outpatients, other diagnostics & therapies to be completed

Planned care position

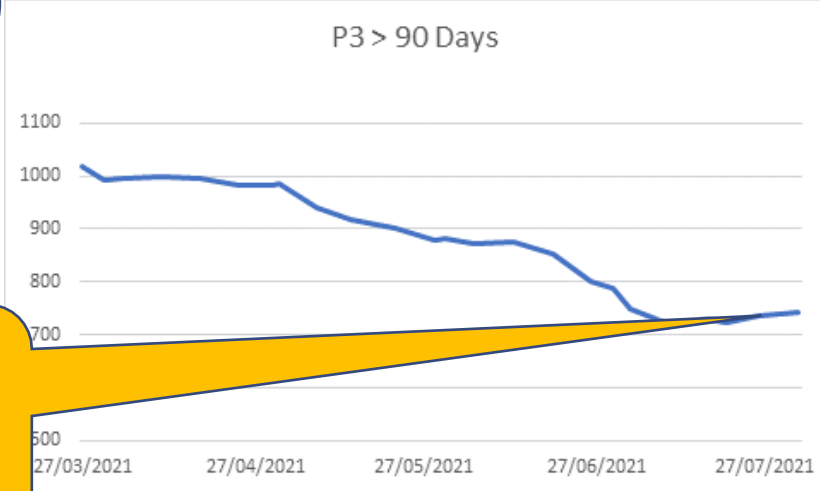
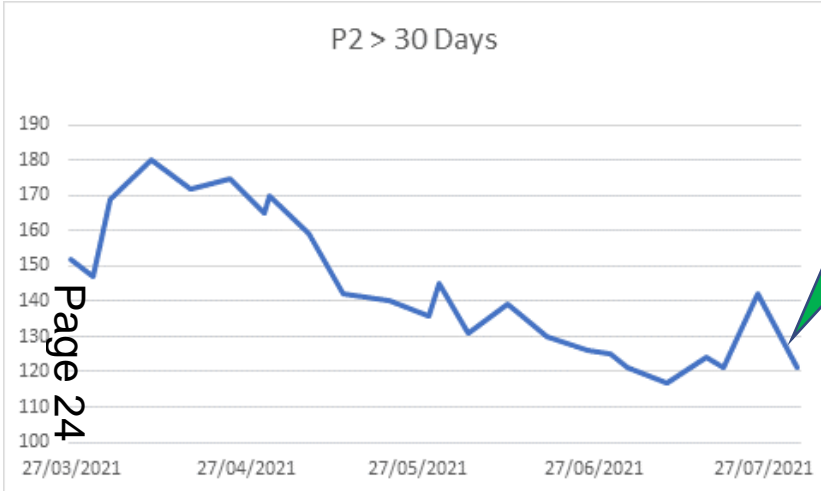


System decision to reopen to referrals very early in wave 1 to ensure all patients kept on a single list



Theatre staff redeployed to support respiratory & critical care. Recovery based on clinical need & health inequalities

Priority to ensure all clinically urgent patients treated within 30 days of prioritisation by end of September. On track despite seeing a significant increase in additions as a priority 2



Priority to ensure patients prioritised as semi urgent are treated within 90 days of prioritisation by end of September. Off track with more capacity diverted to support P2 increased demand. Recalculating

Diagnostic position

Endoscopy Waiting List Size



Endoscopy staff redeployed to support respiratory & critical care having significant impact on capacity for a prolonged period

Endoscopy % within 6 Weeks



Aiming to be at 6 weeks in Q3. significant additional capacity purchased

Initial increase in waiting time as capacity reduced but secured mobile, staffed scanners to aid recovery

Radiology Waiting List Size

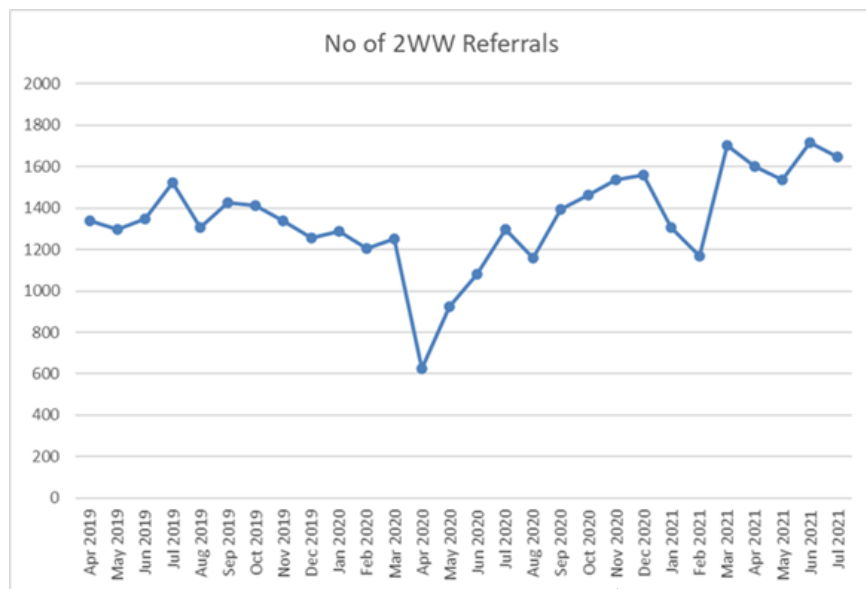


Maintaining performance at 6 weeks & delivering increased capacity for cancer diagnostics

Radiology % within 6 Weeks

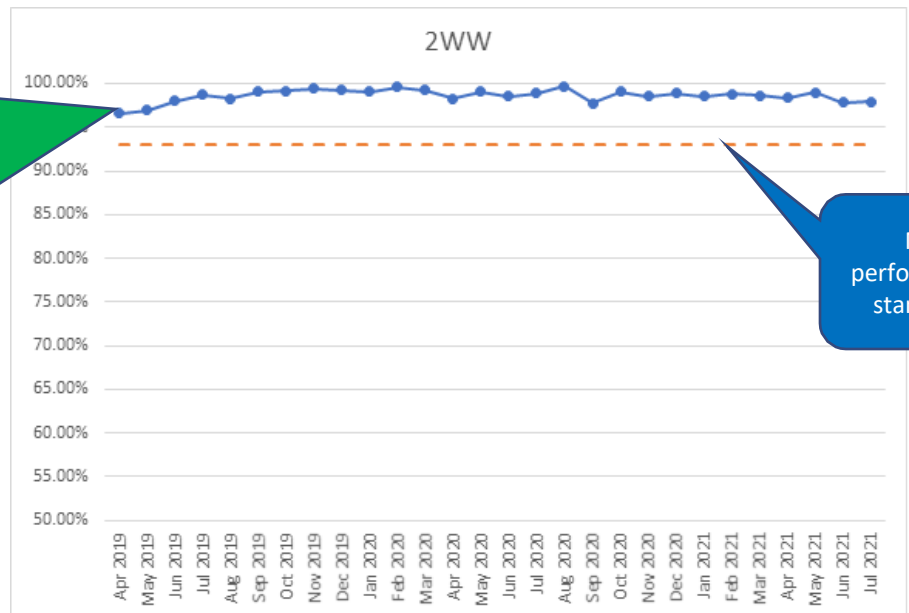


Cancer position



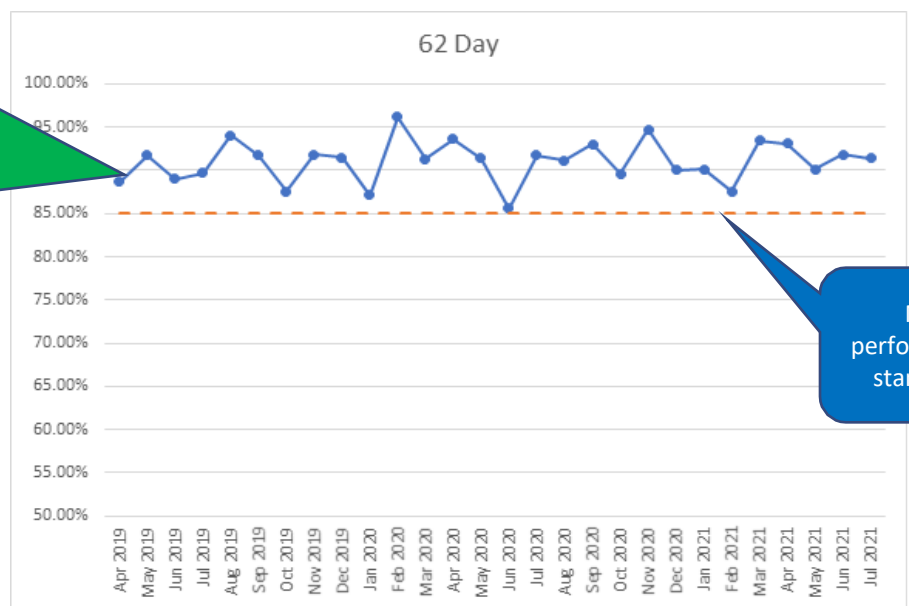
Some reduction at start of pandemic but rapidly returned and then exceeded pre pandemic levels of referrals

Maintained access for cancer services throughout ensuring patients continued to be seen within the 2 week standard even with increased demand

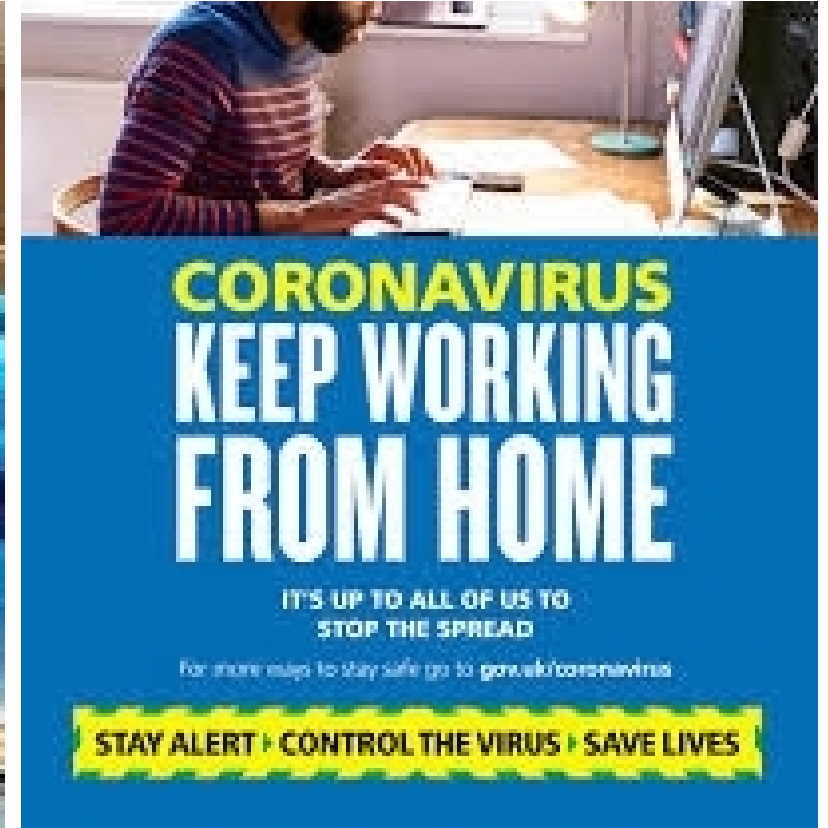


Ntl performance standard

Prioritised capacity for cancer patients, no backlog developed and ensured patients received treatment within optimal window



Ntl performance standard



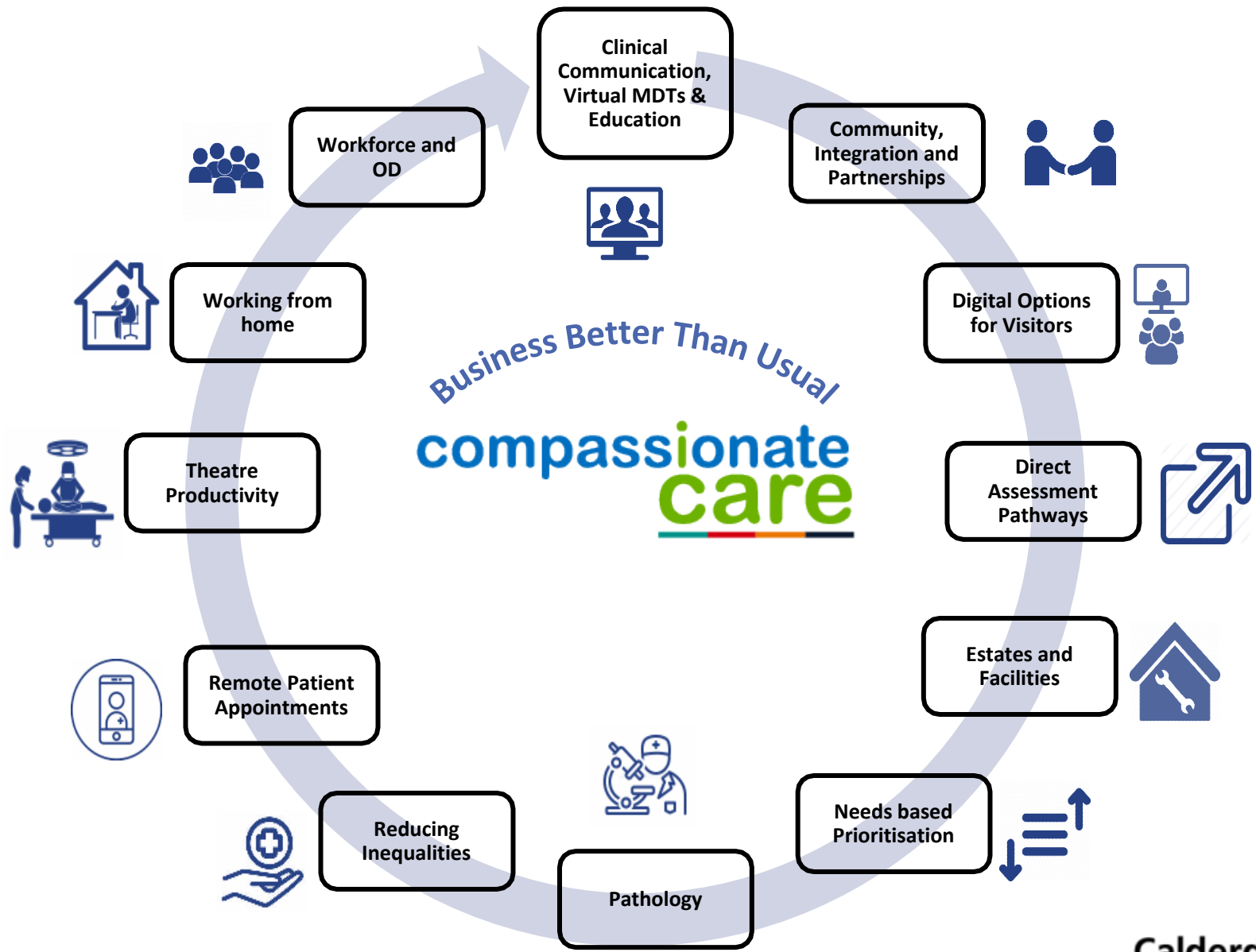
Learning from the Pandemic

Learning from the Pandemic

- During June 2020 engagement was undertaken to listen to people's views on the service changes implemented during the pandemic and to ask about their aspirations for future service delivery.
- 185 colleagues, 9 health and care partner organisations (e.g. Councils, CCGs, Locala, SWYPFT, YAS, Primary Care Networks) and; 1,377 patients and members of the public provided input to the engagement.
- The feedback provided from the engagement identified 12 key learning themes of new ways of working where there was agreement that this could have potential long-term benefit and should be sustained and amplified.

Business Better Than Usual

compassionate care



LEARNING FROM THE PANDEMIC - BUSINESS BETTER THAN USUAL

PLAN ON A PAGE

<p>Integration & Partnerships</p> <p>There has been a cultural ‘shift’ in the behaviour of the health and care workforce across Calderdale and Huddersfield, which has enabled working across organisational boundaries to support patients. Integrated models of care were implemented at pace during the pandemic and we want to embed and amplify these developments.</p>	<p>Remote Patient Appointments</p> <p>Digital or telephone appointments have been widely used during the pandemic. This has reduced the need for people to visit the hospital. We want to continue to offer this improved access and ensure the benefits of digital technologies are available to everyone, supporting patients who may lack skills, and confidence or have limited or no access to equipment and connectivity.</p>	<p>Needs based Prioritisation</p> <p>Some of the biggest impacts of the pandemic have been on the most disadvantaged and BAME communities. We are using Health Inequalities data to complement clinical prioritisation and our system’s post Covid-19 recovery for both planned and unplanned care. We are using real time data analysis of patient waiting lists in relation to index of multiple deprivation, ethnicity, and other protected characteristics to inform prioritisation of patient care. .</p>
<p>Workforce</p> <p>There has been increased focus on support for colleagues’ well-being and this must continue – to enable ‘one culture of care’ where we care for our colleagues in the same way we care for our patients.</p>	<p>Remote / Homeworking</p> <p>The option of remote working has brought benefits related to colleague wellbeing, productivity, and positive impact on climate change. There is agreement that remote working where it is possible should continue to be supported.</p>	<p>Theatres – New Ways of Working</p> <p>The restart of elective surgery has provided opportunity to redesign theatre scheduling to optimise productivity and this will inform long term planning.</p>
<p>Clinical communication, virtual Multi-Disciplinary Teams & Education</p> <p>The increased use of technology to provide virtual training and meetings has worked well for clinical colleagues and made it easier for colleagues to access meetings and education by reducing travel and improving attendance.</p>	<p>Reducing Health Inequalities</p> <p>The pandemic has emphasised the significant health inequalities experienced by our communities. We will work with local communities and use our resources and planned investment to target job creation, apprenticeships and training for the most vulnerable communities to create social value.</p>	<p>Direct Assessment Pathways</p> <p>New pathways implemented during the pandemic have delivered benefits of patients moving more quickly from A&E to speciality senior assessment. The aim is to continue and embed this way of working.</p>
<p>Pathology</p> <p>Redesign of the service considering options for delivery in the community (e.g. phlebotomy) and to take account of changing patterns of demand.</p>	<p>Estate</p> <p>The limitations and constraints of the existing hospital estate facilities at HRI and CRH has created additional risks to service delivery during the pandemic. The design of new buildings must include features that strengthen infection control, include learning from increased technology and support sustainability.</p>	<p>Digital Options for Visitors</p> <p>During the pandemic digital options for patient visiting in hospital have been made available and there is support for these to continue as an option available in the future - and potentially could have wider applicability in other care setting.</p>

Learning from the Pandemic is informing for example-

- **Future Configuration of Services** - During the Covid-19 pandemic dual site working and the limitations and constraints of the existing hospital estate facilities at Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH) has created additional operational risks and challenges to service delivery and infection control. The current estate configuration and limitations of the physical environment has resulted in a negative impact on patient and colleague experience during this time. Learning from the pandemic has further emphasised the urgent need for reconfiguration of hospital services and investment to improve the Trust's estate. As described in the NHS Long Term Plan *“separating urgent from planned services can make it easier for NHS hospitals to run efficient surgical services.”*
- **Future Estate Design** - We have specifically taken account of learning from the pandemic that relates to improved infection control in relation to: Space requirements; Storage; Engineering services (e.g. ventilation). For example this includes increased provision of single occupancy en-suite inpatient rooms.
- **Travel and Transport Plans** - Learning from the pandemic and new ways of working has informed our travel and transport plans. Digital technology has changed the frequency and need for patients and colleagues to travel to our hospitals and this learning is informing our future estate requirements and climate sustainability plans.

Questions and Discussion





Kirklees Health and Adult Social Care Scrutiny Meeting August 2021

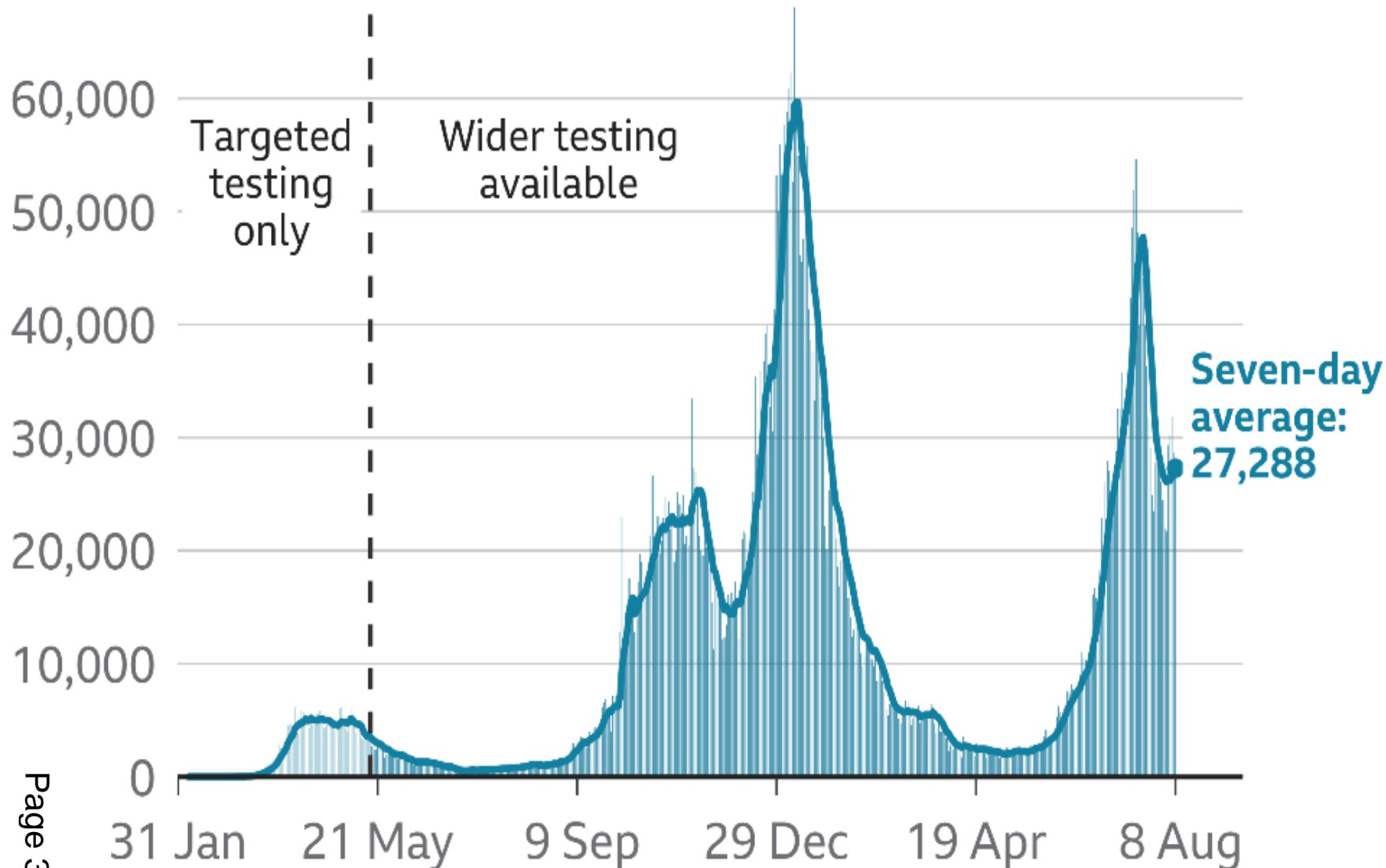
Kirklees Health and Adult Social Care Scrutiny

- Request:

“the impact on the workforce to include sickness/self-isolation levels, the approach to providing workforce support and wellbeing and the impact on your capacity to deliver services; the impact on planned surgery waiting lists (including numbers and trends); plans/initiatives for dealing with the backlog of delayed treatments (including diagnostic tests) ; and an overview of lessons learned during the pandemic and how these have influenced changes to the way services are delivered and examples of how you have adapted working practice.”

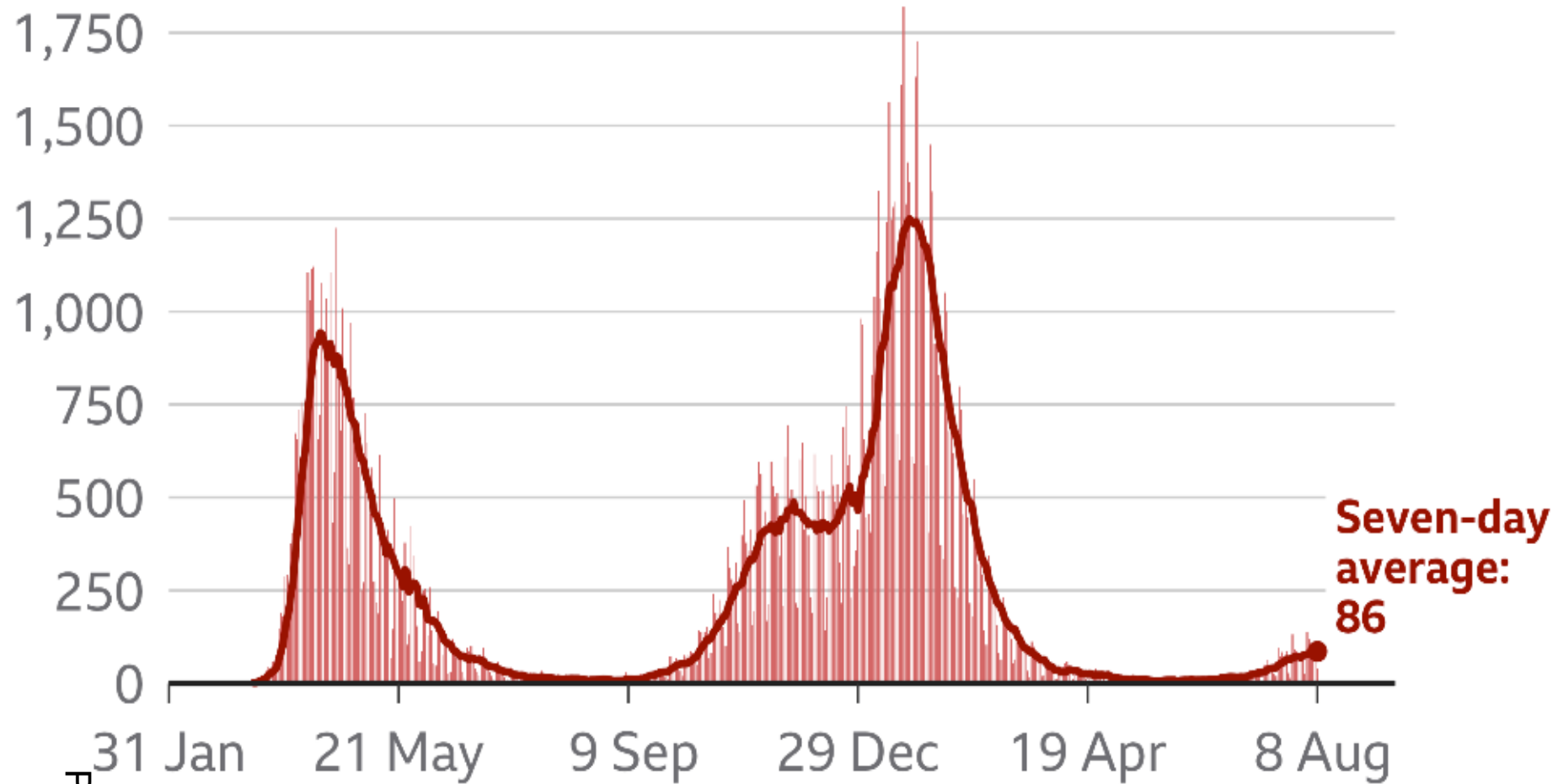
Number of new cases levelling off

Daily confirmed coronavirus cases by date reported



Daily deaths remain low

UK daily reported deaths with coronavirus

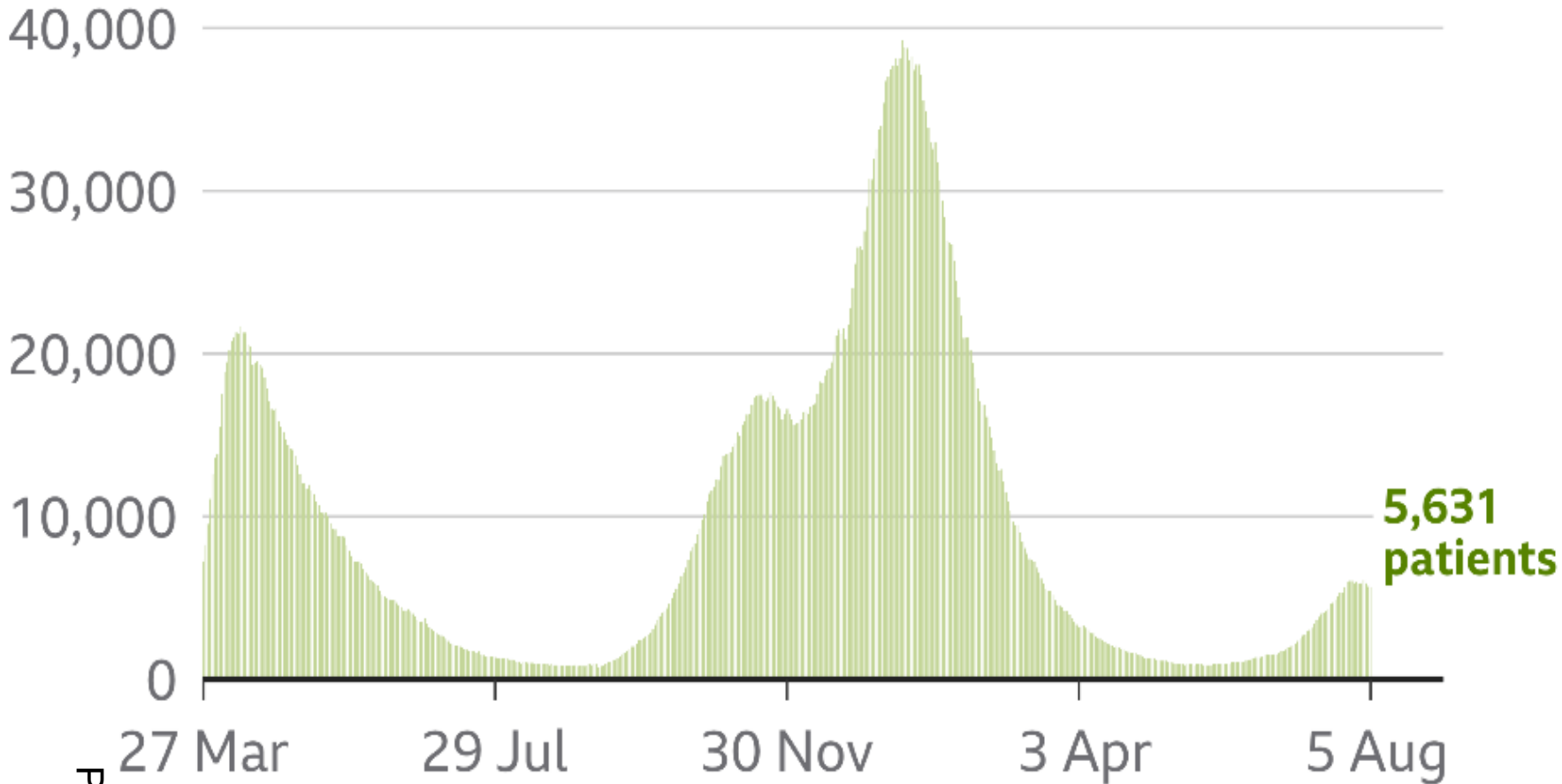


Figures include only those who tested positive for coronavirus

Source: Gov.uk dashboard, updated 8 Aug

Number of patients in hospital falling

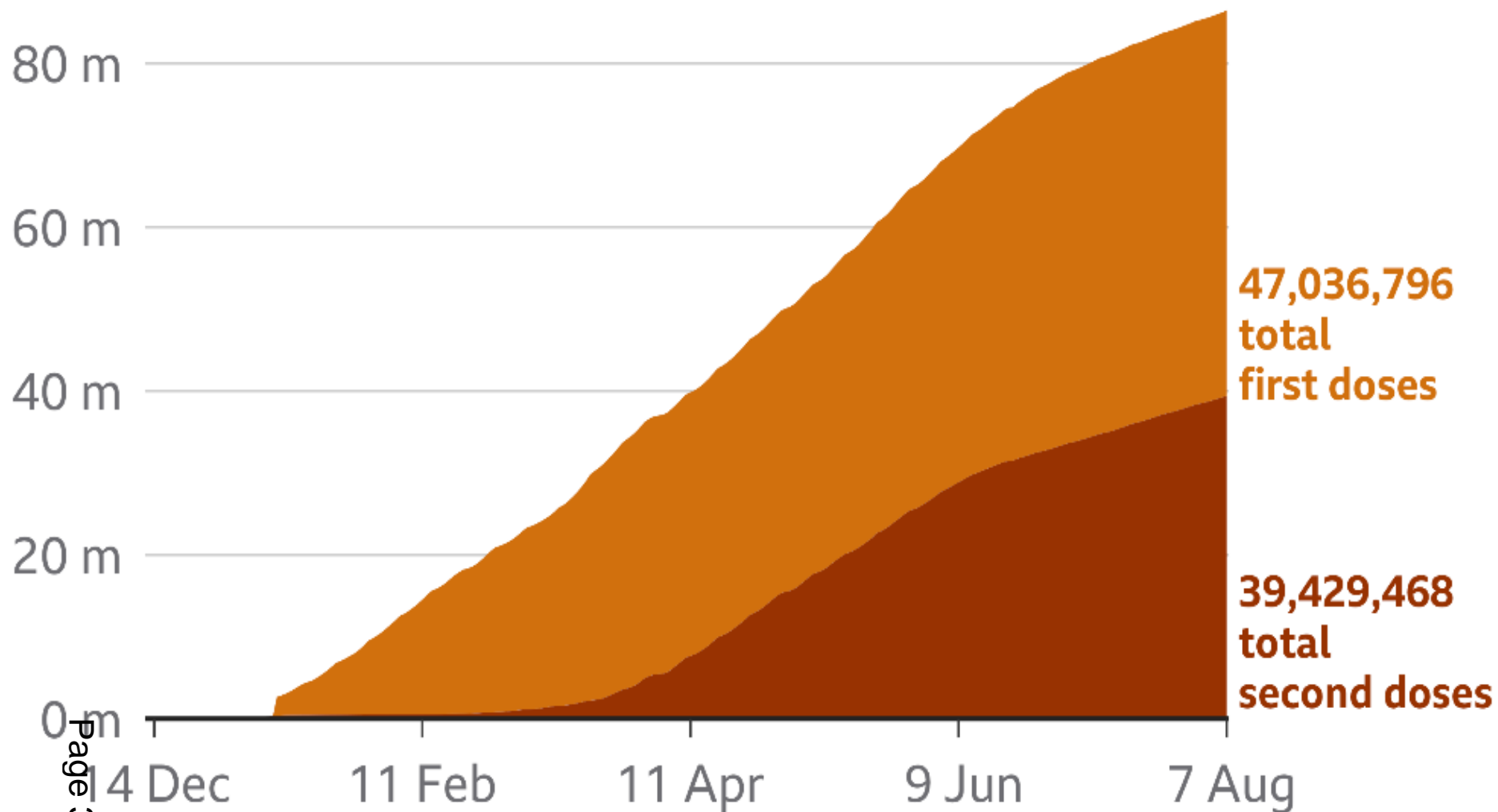
People in hospital with coronavirus, by date



Most recent data for all nations is for 5 Aug

Source: Gov.uk dashboard

More than 86m vaccine doses received across the UK, to 7 Aug



08.08.21 Data at Mid Yorkshire Hospitals:

- COVID-19 Inpatients (10:30):
 - Positive: 76
 - 13 of which are requiring higher acuity care
- Medically Optimised For Discharge = 80
- COVID Related workforce absence = 196
 - Combination of Covid positive (22), isolating (174)
 - 23 able to work from home
- Total workforce 9206, total absence 650.

7 Day Position for Pillar 1 & Pillar 2 Cases - West Yorkshire, Boundary Areas and England Position

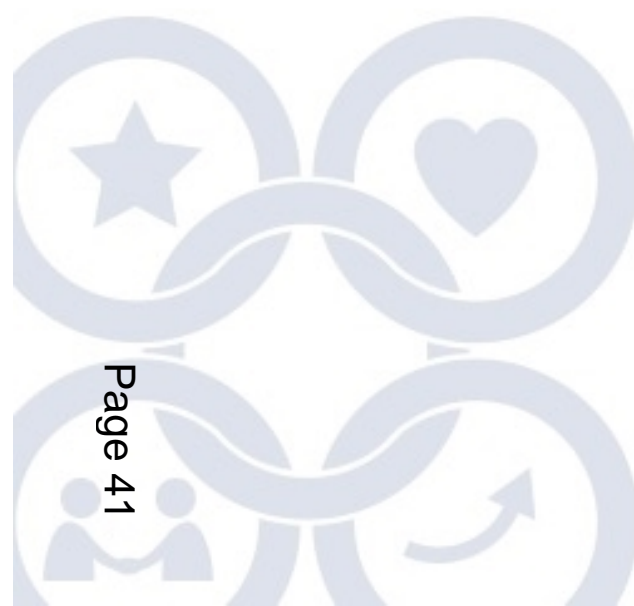
5 August 2021

Latest Cases	Latest Day	Latest 7 Days Total	Previous 7 Days Total	Weekly Change	Latest 7 Days Total Per 100k Population	Previous 7 Days Total Per 100k Population	Weekly Rate Change	Cumulative Cases	Cumulative Rate per 100k
▲									
Barnsley	142	821	853	↓ -32	331.0	343.9	↓ -12.9	28,877	11,640.6
Bradford	270	1,663	1,806	↓ -143	306.8	333.1	↓ -26.4	66,734	12,309.6
Calderdale	127	824	831	↓ -7	389.7	393.0	↓ -3.3	21,401	10,121.6
Doncaster	167	1,065	1,277	↓ -212	340.5	408.3	↓ -67.8	34,906	11,159.7
Kirklees	235	1,523	1,326	↑ 197	345.1	300.5	↑ 44.6	47,094	10,671.9
Leeds	470	3,138	2,999	↑ 139	392.8	375.4	↑ 17.4	93,525	11,708.4
North Yorkshire	272	1,621	1,613	↑ 8	261.2	259.9	↑ 1.3	44,941	7,241.4
Wakefield	182	1,269	1,297	↓ -28	360.9	368.9	↓ -8.0	38,858	11,052.0
West Yorkshire Total	Latest Day	Latest 7 Days Total	Previous 7 Days Total	Weekly Change	Latest 7 Days Total Per 100k Population	Previous 7 Days Total Per 100k Population	Weekly Rate Change	Cumulative Cases	Cumulative Rate per 100k
▼									
West Yorkshire	1,284	8,417	8,259	↑ 158	358.9	352.2	↑ 6.7	267,612	11,410.9

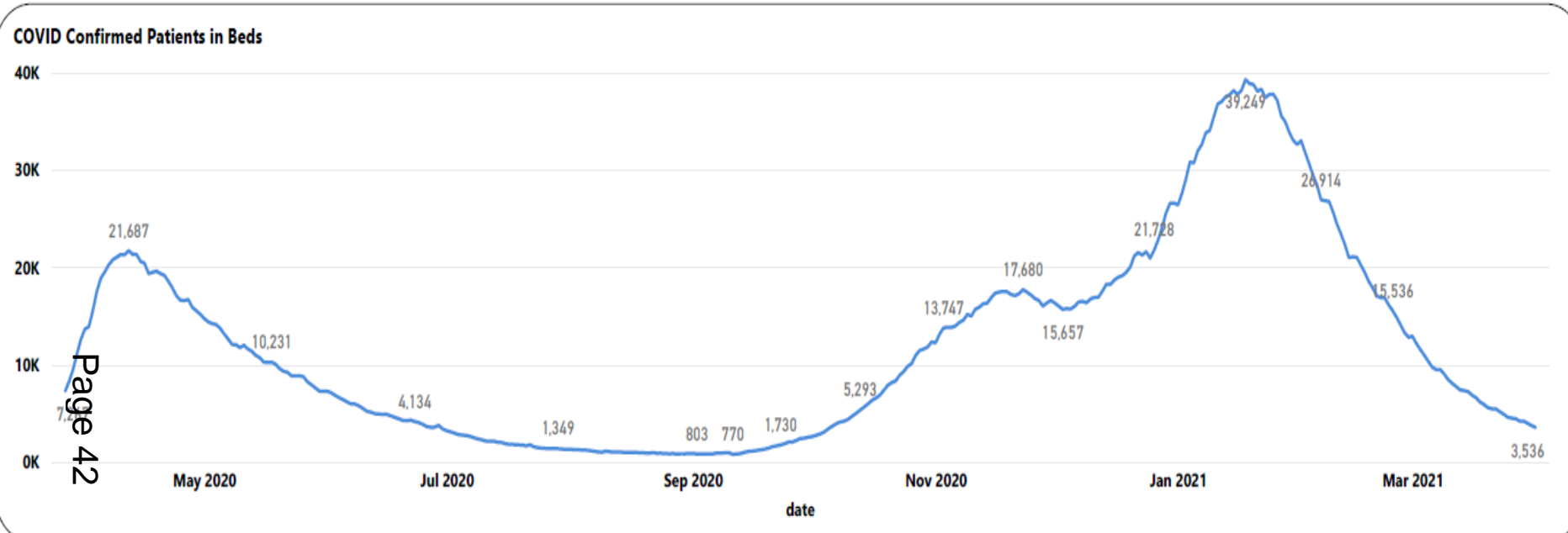
England Total	Latest Day	Latest 7 Days Total	Previous 7 Days Total	Weekly Change	Latest 7 Days Total Per 100k Population	Previous 7 Days Total Per 100k Population	Weekly Rate Change	Cumulative Cases	Cumulative Rate per 100k	Top 15 Local Authorities with the highest rates per 100k for the last 7 days:			
										Latest Rates	Latest 7 Days Total Per 100k Population	Previous 7 Days Total Per 100k Population	Weekly Direction
England	26,555	164,080	164,914	↓ -834	290.1	291.6	↓ -1.5	5,302,555	9,376.7	Kingston upon Hull, City of	558.0	504.4	↑
										Torbay	493.3	396.4	↑
										Bournemouth, Christchurch and Poole	482.9	496.7	↓
										Brighton and Hove	476.5	366.1	↑
										Blackpool	476.2	519.6	↓
										Sheffield	473.0	449.1	↑
										North East Lincolnshire	465.6	472.5	↓
										Plymouth	428.0	453.5	↓
										Peterborough	423.4	287.2	↑
										Middlesbrough	416.9	574.0	↓
										Bristol, City of	397.1	421.4	↓
										Leeds	392.8	375.4	↑
										Calderdale	389.7	393.0	↓
										Salford	383.3	424.8	↓
										Southampton	376.5	406.1	↓

Mid Yorkshire Hospitals NHS Trust Third Wave EPRR Report

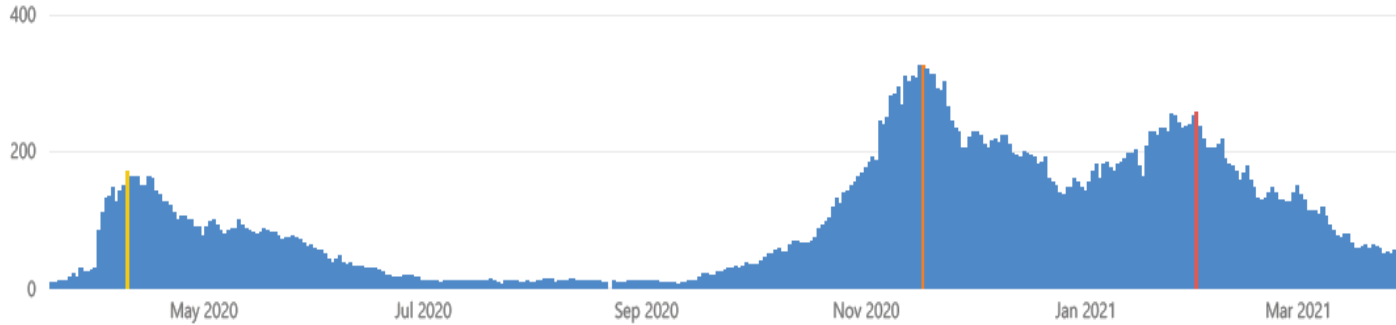
Reflection and Learning from the COVID-19 Incident



MYHT COVID-19 National Position up to 31 March 2021



Hospital Inpatients - Confirmed COVID Patients in Beds



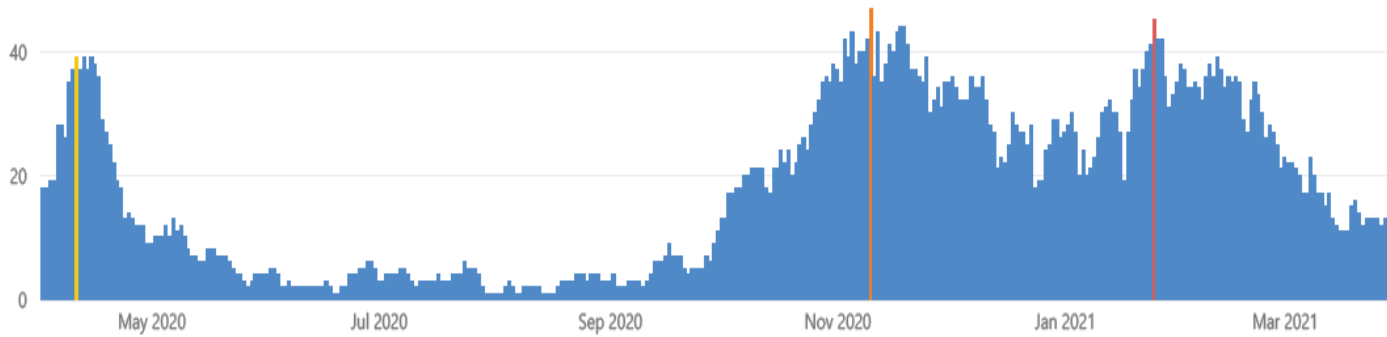
Peaks:

First Wave = 170, 10 April 20

Second Wave = 332, 17 November 20

Third Wave = 257, 25 January 21 (and 256, 1 February 21)

Critical Care Inpatients - Confirmed COVID Patients in MV or NIV Beds



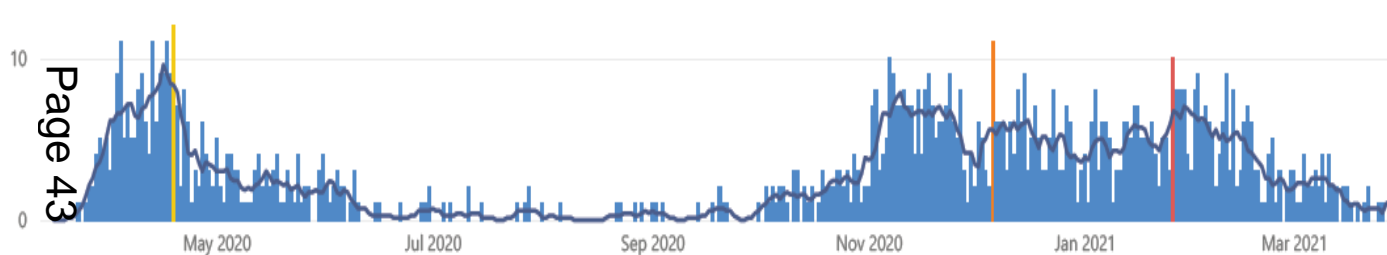
Peaks:

First Wave = 39, 11 April 20

Second Wave = 47, 10 November 20

Third Wave = 45, 25 January 21

Hospital Deaths - COVID Related Deaths



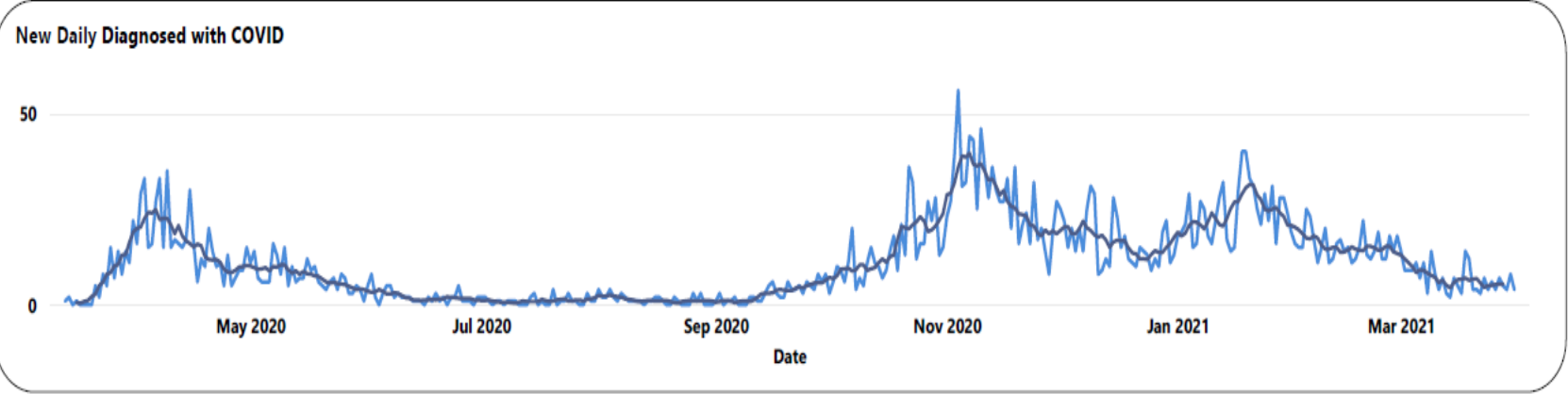
Peaks:

First Wave = 12, 19 April 20

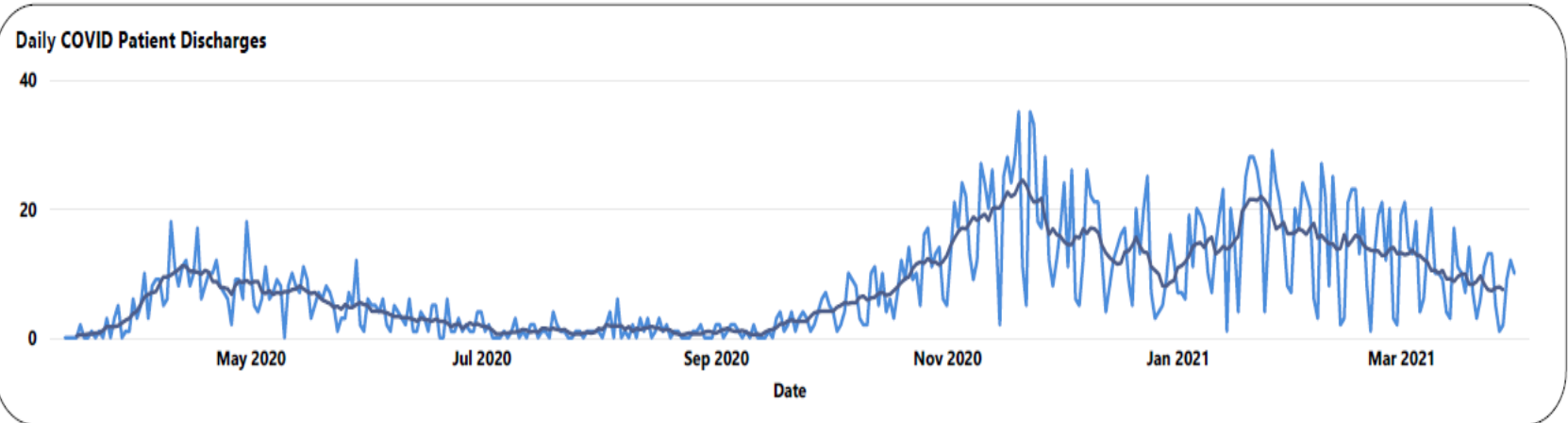
Second Wave = 11, 6 December 20

Third Wave = 10, 26 January 21

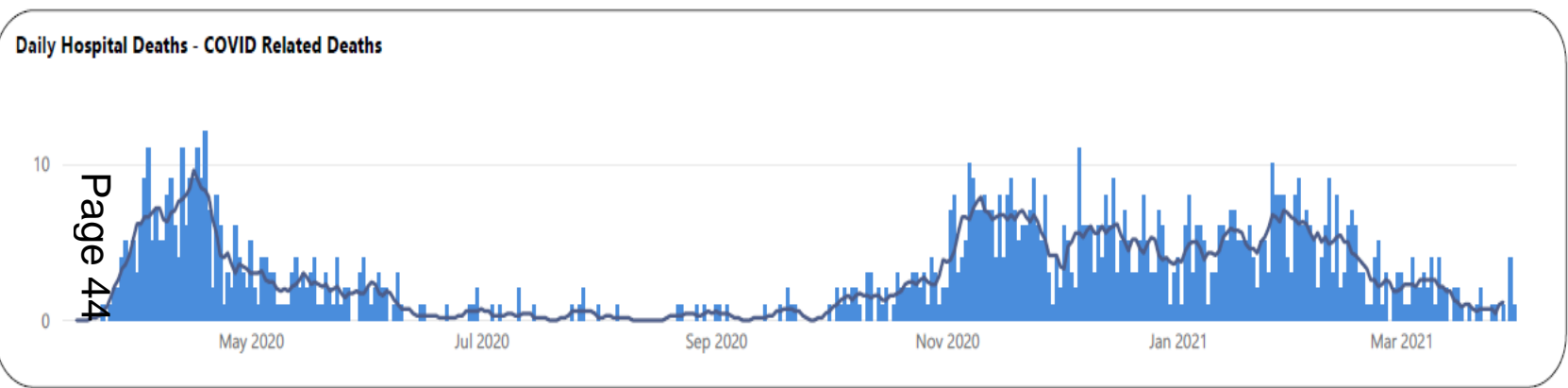
MYHT COVID-19 Position up to 31 March 2021



4,262
YTD Inpatients



3,151
YTD Discharges



1,054
YTD Deaths

Lessons Learnt during the COVID Waves

- Health and well-being: staff support and wellbeing offered by the Trust.
- Corporate Nursing leading a daily staffing huddle to ensure balanced risk assessments.
- Working from home possible and encouraged where relevant.
- Good strong governance for executive meetings and associated bronze divisional structures.
- **Critical Care** Hub established way of working between high acuity areas to balance risk
- Support from multi-disciplinary team to Critical Care vital to ensure efficient response to surge – pharmacy, therapies, IPC, Supplies, Estates, Medical gases, medical equipment etc.
- **Radiology:** Use of external van providers to increase the Trust's own radiology equipment due to the impact of social distancing within the Trust estate
- **Pathology:** increased point of care Covid testing across the Trust and provided laboratory testing capacity.
- **Therapy:** Redeployment of staff to support the Trust

Lessons Learnt

- **Programme Management Office:** Team changed their focus from programme management to supporting the significant increase in external reporting requirements
- **Estates** -Linkage into the Daily Bed meetings to ensure that continuity of communications and awareness for all parties. Transacted at speed significant changes to the physical environment within the Trust
- **Facilities** - Regular staff briefings and reassurance to staff to maintain staff welfare.
- **IT and Digital Services** - Continuing the rapid roll out of devices to facilitate working from home.
- **Work force:** Amended our recruitment processes to safely bring new staff into the workforce more quickly than previously. Supported retire and return opportunities and increased the number of volunteers significantly
- **Occupational Health:** Central Test Trace & Isolation team set up with corresponding support to maintain 7 day workforce information support. Fit testing team resources – manage the anticipated changes to available FFP3 stocks. Pillar 1 testing – providing a rapid test to enable staff who test negative a rapid return to work.
- **PPE** – central team enabled, changes to procurement, national monitoring of stock levels, including ICU consumables, revised distribution arrangements.

Improve resilience to second and third wave compared to first wave

Optimal use of Any Qualified Provider (AQP) and local Independent Sector activity to improve resilience

From Oct 20 to Mar 21, the Trust transferred 8,350 patients to independent sector and AQP providers. This was across a number of specialties including dermatology, physiotherapy, radiology, T&O, ENT, gastroenterology, endoscopy, gynaecology, oral surgery, general surgery and urology.

Protect the Pontefract site as a cancer and diagnostic centre

The Cancer and diagnostic unit at PGI remained as a minimised risk area however due to the increased numbers of high acuity patients, staff had to be redeployed from running theatres to increasing staffing in ICU.

Maintain less than thirty patients at any one time Medically Optimised For Discharge

This has been a challenged metric to meet, with an inability to reduce this number in line with our requirement. The Trust is committed to implementing Reason to Reside as a solution to this challenge in 2021/22.

Delivery of the new referral pathway to prevent disruption of routine referrals in the event of a second wave

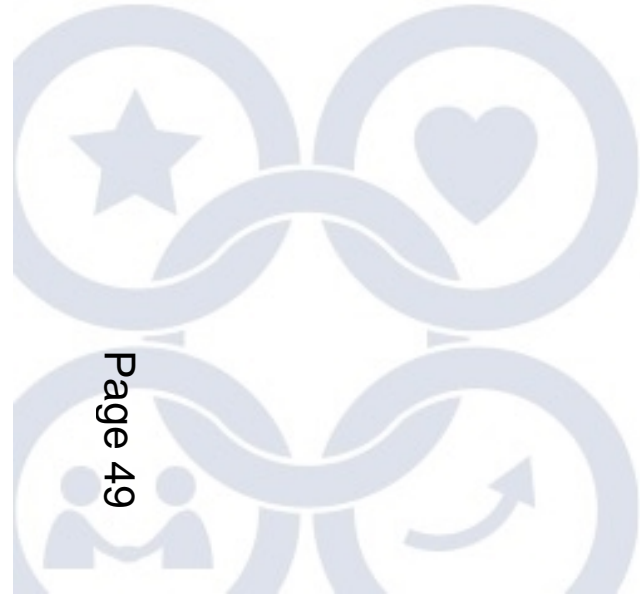
The pathway has been implemented in 4 specialties – cardiology, paediatrics, gynaecology and respiratory. There has been positive impact on the reduction of patients needed a secondary care appointment but also significant increase in the volume of e-consultation supporting GPs to manage these patients in primary care. Full roll out into other specialties is planned for 2021/22.

Communication and Engagement

- Bi-weekly Trust wide communication from the CEO to all staff
- Bi-weekly reset meetings with key leaders internally
- Bi-weekly strategic meetings with wider stakeholders and partners
- Weekly performance report shared internally and externally
- Daily Bronze commands and huddles within division to share updates, learning, risks and issues
- Key focus on staff Health and Well being and resilience

Priorities for 2021/22

- Health & Wellbeing Support for Staff
- Minimising clinical risk and supporting patients waiting for treatment
- Operational delivery of activity and performance



MY Elective Recovery Principles:

Q1 Elective Recovery & Restoration

- Collaborative working for the benefit of our local population
- Adoption of a whole-system response:
 - recognising the primacy of place-based,
 - acute trust care,
 - supporting the development of innovative, resilient, cross system working.
- Clinical & chronological prioritisation of patients

Health & Wellbeing Support for Staff

In March 2020, a collaboration between Occupational Health Staff Wellbeing (OHSW), Clinical Psychology (OH PWT) and Organisational Development led to the development of the "MY Wellbeing Matters" programme.

My Wellbeing Matters is a package of staff support which has been put together in response to the Covid-19 pandemic situation and offers the following services (all accessible through the MY Wellbeing Matters intranet page):









- Advice for Leaders
- Bereavement Services
- Health & Wellbeing Support for NHS Staff
- Common Rooms
- Occupational Health Services
- Useful Advice
- Induction and Training

- YouTube Videos
- Chaplaincy Support
- Health Coaching
- Schwartz Rounds
- External Coaching Offering
- Staying Safe/Suicide Awareness









1:1 Staff Support Service

A new remote access staff support service has been created specifically to support staff dealing with the impact of the pandemic situation. It offers confidential telephone or video appointments for staff who are worried, have concerns or fears and are being emotionally affected by their experiences.











Activity (compared to 19/20)

Measure		Target	Week Ending - 18 July 2021	Previous Month (Validated) - June 21
Day Cases 	Day Case Delivery Rate 	90%	85.4%	86.4%
Elective Inpatients 	Elective Inpatient Delivery Rate 	90%	77.0%	75.6%
Total Outpatients 	Total Outpatient Delivery Rate 	100%	91.2%	75.6%
	NFTF - Combined % 	35%	31.8%	31.1%

Cancer Performance

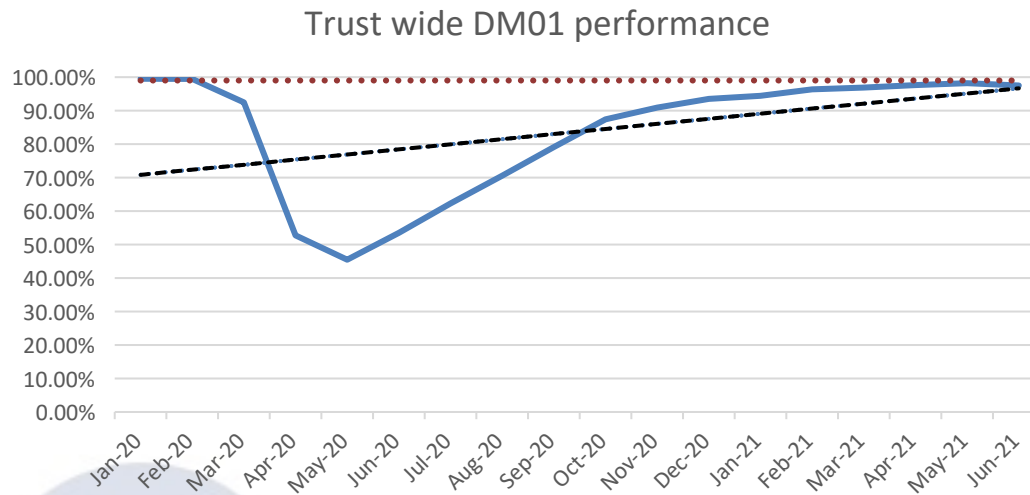
		Measure	Target	Current Month to Date - July 21	Previous Month (Unvalidated) - June 21
Cancer		2 Week Performance 	93%	96.7%	97.8%
		28 Day Performance 	75%	85.1%	80.7%
		62 Day Performance 	85%	80.3%	78.6%
		62 Day Backlog 	99	119	111

RTT Performance

RTT (Incomplete)	Measure	Detail	Target	Current Month to Date - July 21	Previous Month (Validated) - June 21	National Average	Achieving Target	National Ranking	Quartile Range	
		18 Week Performance		92%	73.7%	75.2%	67.4%	3	46/136	Inter
		Total Waiting List		-	34,492	34,844	n/a	n/a	n/a	n/a
	>52 (Total) 	% of Total Waiting List >52 Weeks		-	2.6%	2.9%	6.4%	n/a	52/136	Inter
	>52 (Admitted) 	>52 Week Waiting List (Non-Admitted)		0	46	39	n/a	n/a	n/a	n/a
	>52 (Non-Admitted) 	>52 Week Waiting List (Admitted)		999	864	963	n/a	n/a	n/a	n/a

Diagnostic position

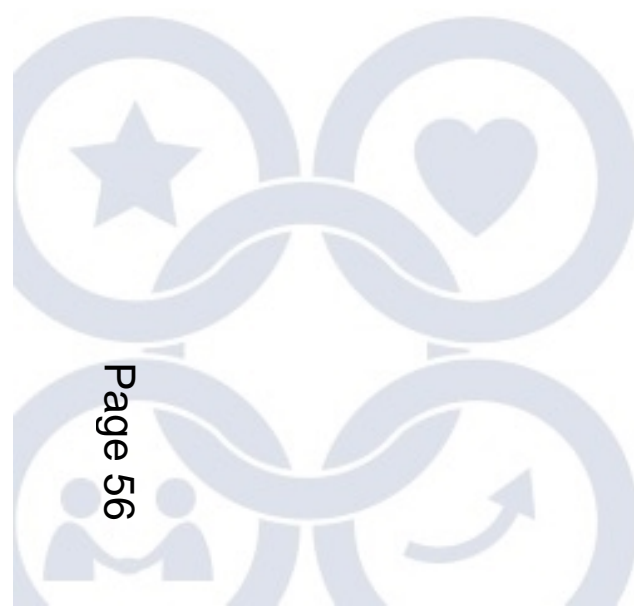
- Deteriorating DM01 performance from 96.89% (Mar 21) to (forecast) 93.37% (Jul 21)



- Increased radiology activity back to 19/20 levels. Cancer and Urgent demand profile increased, impacting on routine waiting times.
- Workforce constraints and equipment breakdown impacting on capacity.
- Exploration of additional workforce, Independent Sector and imaging van capacity underway to mitigate capacity loss and routine waiting time position.

Elective Recovery Trajectories

Metric	Position
NA Backlog > 18 weeks	On track
Admitted Backlog > 18 weeks	On track
NA 52 week Backlog	On track
Admitted 52 week Backlog	On track



Transformational Care

- Implemented a transformational approach to our outpatient services including
 - Shared Referral Pathway to provide advice and guidance to primary care and ensuring only agreed patients are referred
 - Telemedicine to reduce unnecessary visits to hospital while maintaining appointments including telephotos for dermatology
 - Patient Initiated Follow UP to support patients to access care when they need it
- Identifying opportunities for High Volume Low Complexity elective care via a fast track protective hub

Risks & Issues

- Availability of staff due to Covid absence (sickness absence and Test, Trace and Isolate)
- Staff continually being re-deployed from their substantive areas to support staffing shortfalls in acute areas:
 - Obs & Gynae moved from routine clinics to support ANC clinics or labour ward.
 - Community, specialist and outpatient paediatric nurses to support Gate 46.
 - specific areas to support higher Acuity ARCU.
- Lack of theatre staff/capacity:
 - 18/25 theatres across 3 sites (vacancies, maternity leave and long term sickness).
 - Theatre staff being re-deployed across sites to support gaps due to TTI/short term sickness & annual leave ensuring treat our patients in clinical and chronological order.
- Services working collaboratively to support acute inpatient wards - impact across the general elective work to support.
- Increased number of Non-face-to-face appointments offered to ensure that patients are being reviewed and provided an increased access to e-consultation for the GPs.
- SDEC provision increased divisionally to support admission avoidance for patients.
- Changes in demand (profile & quantity) – reconfiguration of services to deal with suspected cancer referrals
- Patients willingness to attend for treatment and supporting decision making
- Demands on the Trust across the system – some services were already exhibiting a significant capacity and demand imbalance prior to Covid-19
- Well being of Trust personnel

Mid Yorkshire Hospitals NHS Trust

Third Wave EPRR Report

- Closing comment from the Conclusion:

“Ahead lies the continued challenge of monitoring and managing the COVID-19 incident, respecting the possibility of further waves, while resetting the provision of all aspects of care within the Trusts remit.

Thorough and careful planning, accepting the lessons learnt, the engagement of the Mid Yorkshire System partners and the tremendous, continued response of the work force will see the Trust deliver the best care possible for its patients while ensuring the safety and well-being of its personnel.”

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

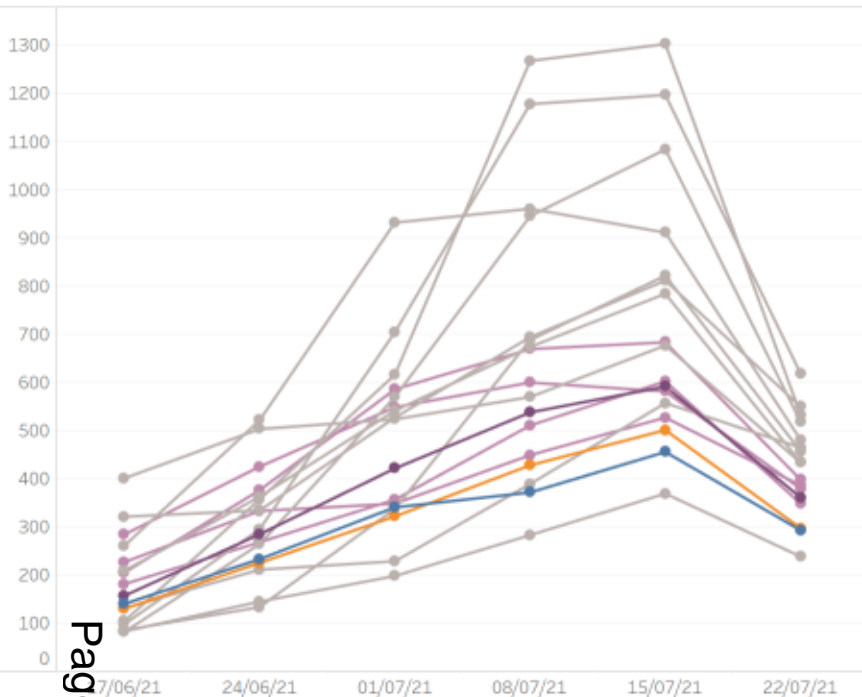
Jane O'Donnell & Emily Parry-Harries



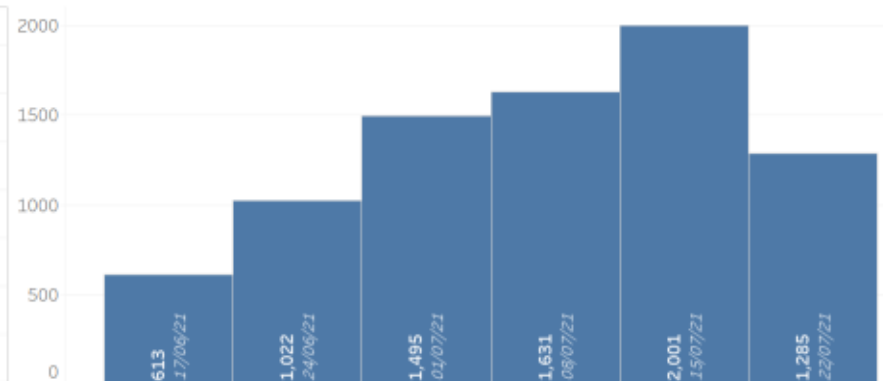
Infection rates

- Kirklees weekly cases 36% down on previous week; Kirklees ranked 78th (out of 149 Upper Tier Local Authorities) with a rate of 292 per 100,000 – close to the England average, and the lowest rate in West Yorkshire

Weekly rates per 100,000



Kirklees weekly cases



	22/07/21	
1	Middlesbrough	617.8
2	Blackpool	548.6
3	Redcar and Cleveland	532.3
4	Stockton-on-Tees	517.4
5	North East Lincolnshire	480.1
6	Kingston upon Hull, Cl..	476.6
7	Bournemouth, Christc..	463.9
8	Plymouth	456.3
9	Bristol, City of	432.9
10	Salford	432.7
17	Wakefield	397.3
21	Calderdale	385.4
26	Leeds	378.6
36	Bradford	347.6
78	Kirklees	292.2

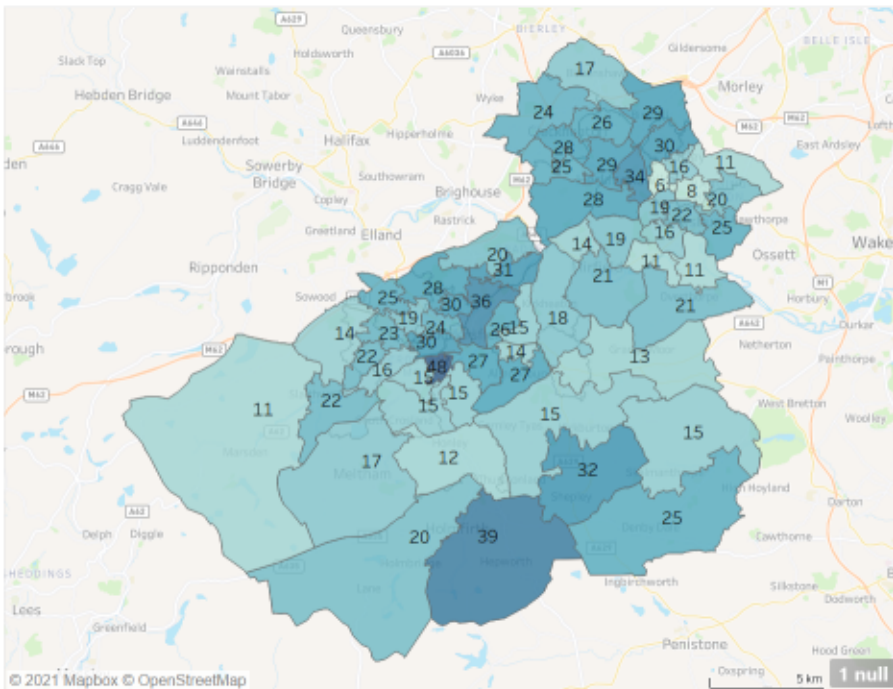
Kirklees weekly cases



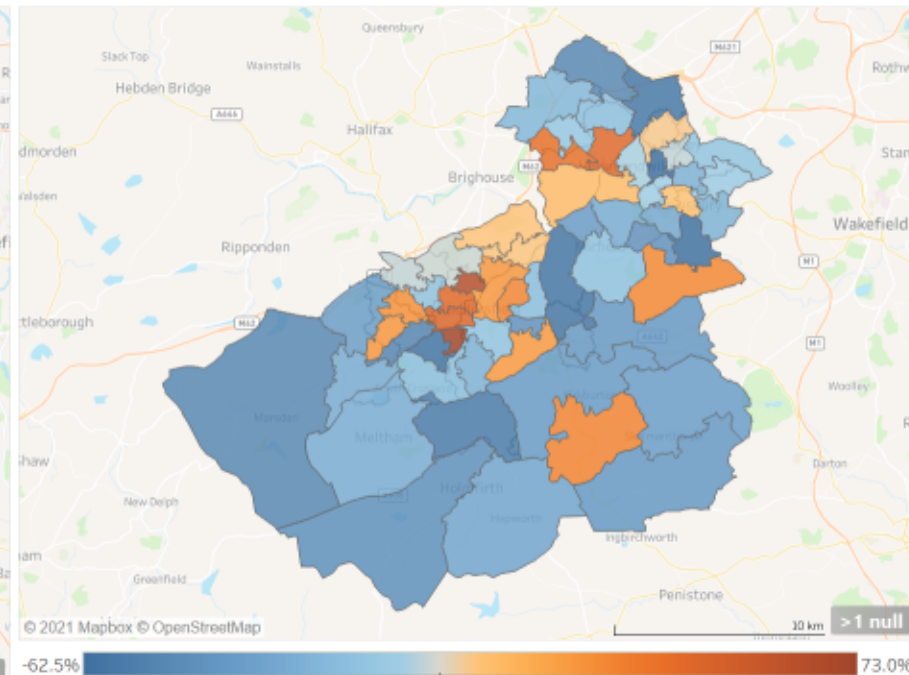
Cases by Middle Super Output Area

- Latest complete week (left) and difference to previous four weeks (right)
- Highest numbers in Lockwood (48 cases), Holmfirth/New Mill/Hepworth (39), and Huddersfield Leeds Road/Fartown (36) in latest week

Cases by MSOA, latest week

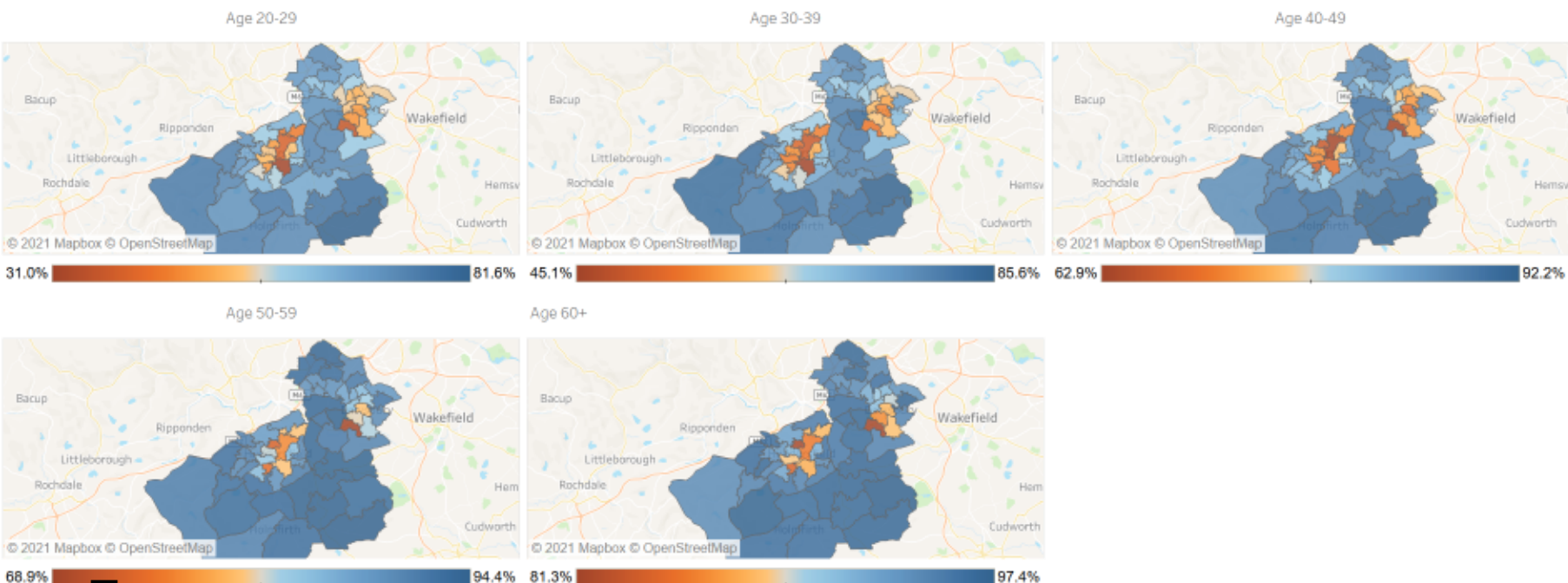


Difference to previous 4 weeks



Vaccination dose 1 uptake maps by age

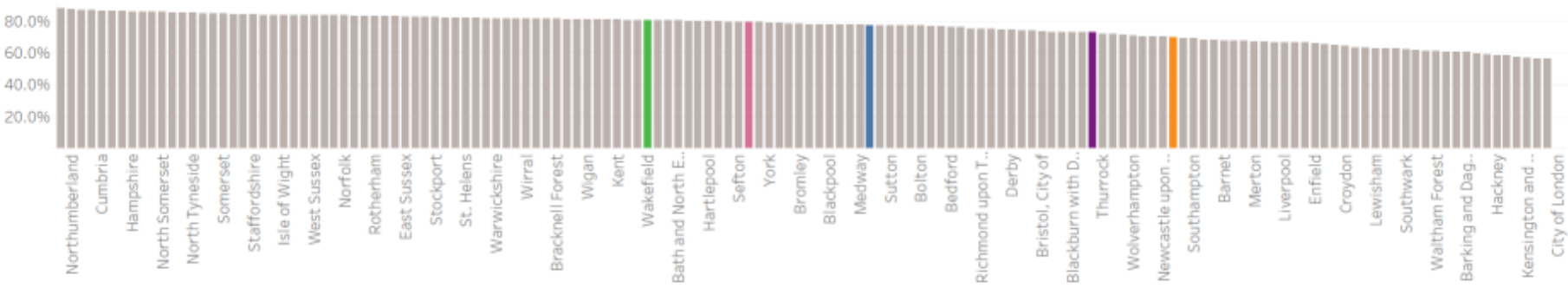
- Blue areas have highest uptake rates and orange areas have lowest rates; note uptake range varies by age group (eligible population used as denominator, data to 01/08/21)



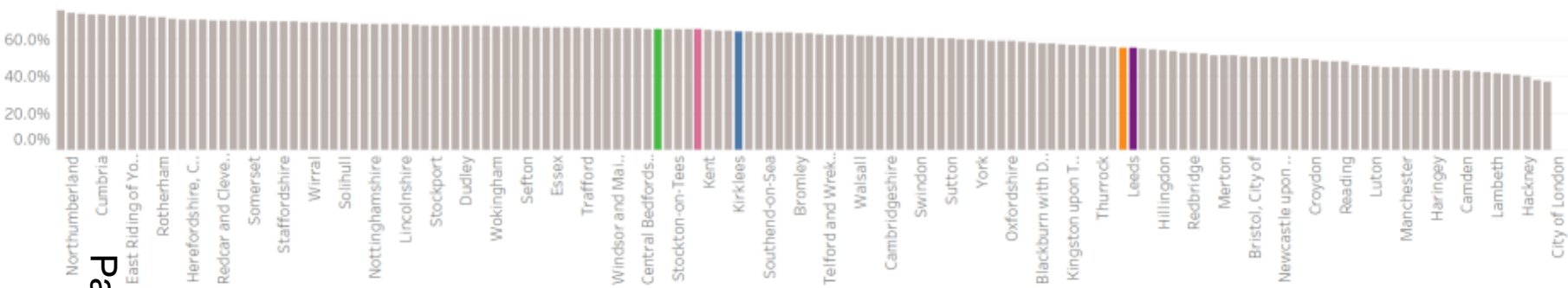
Vaccination uptake comparison, UTLAs

- West Yorkshire LAs highlighted (Wakefield green, Calderdale pink, Kirklees blue, Leeds purple, Bradford orange)

Dose 1 uptake rate (% of eligible population age 16+)

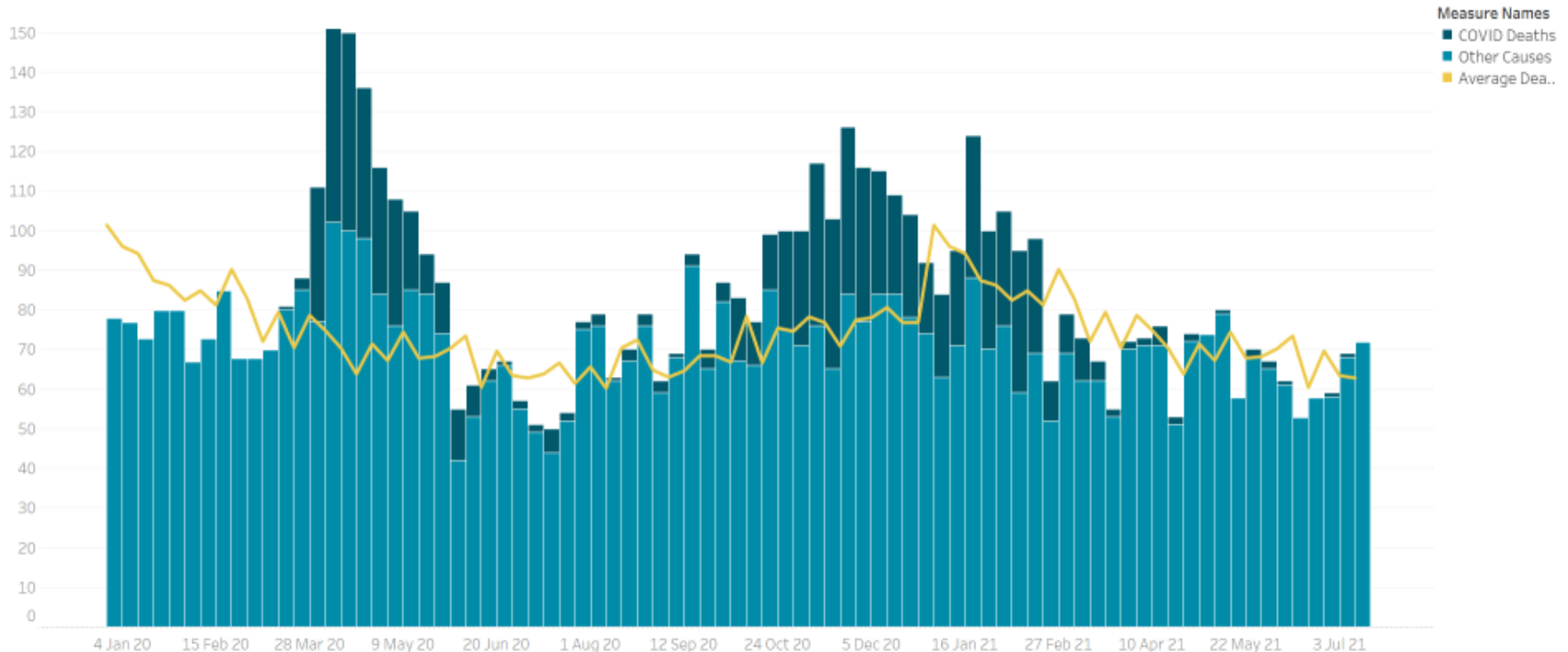


Dose 2 uptake rate (% of eligible population age 16+)



Overall and excess deaths (ONS)

- Total number of deaths above the 5-year weekly average for latest two weeks



The approach being taken by Public Protection to offering advice/guidance/information to businesses on health and safety measures

- Step 4 Letter to all Hospitality
- Working with Health and Safety Executive completing advice visits to all Manufacturing Business throughout Kirklees
- Health and Safety/Covid Compliant Business visits – Supermarkets, Restaurants, Takeaways and Public Houses
- Gyms
- Children's Soft play
- Covid 19 advice through SAG to event organisers
- Door Knocking Visits- Positive Cases/Contacts/LCTS- Average 250-300 per day
- Covid Outbreak – advice visits



The approach to dealing with local events and public spaces where there are likely to be high numbers of people

Prior to step 4 on 19 July 2021- Infection Prevention Control and Environmental Health colleagues have been heavily involved in the process of the Safety Advisory Group, ensuring that covid-19 measure were in place for example Funfairs.

Inspections by Officers have taken place to ensure compliance/support/challenge.



Local enforcement options

Need to consider :

Reason to take enforcement;

- Complaints
- Outbreaks linked to the business
- Failure to comply with advice/guidance
- Level of Risk to Employees/Members of the Public (Exposure)
- Are staff or Customers in an High Risk Group
- Have they completed a Risk Assessment

Limited Enforcement Available:

- Section 21 Health and Safety at Work Act – Improvement Notice (Min 21 days)
- The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 (27th Sept 21)

Serve a Direction imposing prohibition, requirement or restriction on: An Event

Public Outdoor Space

Premises



The approach to dealing with Covid booster vaccination including Flu vaccinations

JCVI has now published their interim guidance on booster vaccinations:

“JCVI advises that any potential booster programme should begin in September 2021, in order to maximise protection in those who are most vulnerable to serious COVID-19 ahead of the winter months. Influenza vaccines are also delivered in autumn, and JCVI considers that, where possible, a synergistic approach to the delivery of COVID-19 and influenza vaccination could support delivery and maximise uptake of both vaccines”.



Stage 1:

- adults aged 16 years and over who are immunosuppressed;
- those living in residential care homes for older adults;
- all adults aged 70 years or over;
- adults aged 16 years and over who are considered clinically extremely vulnerable;
- frontline health and social care workers.

Stage 2:

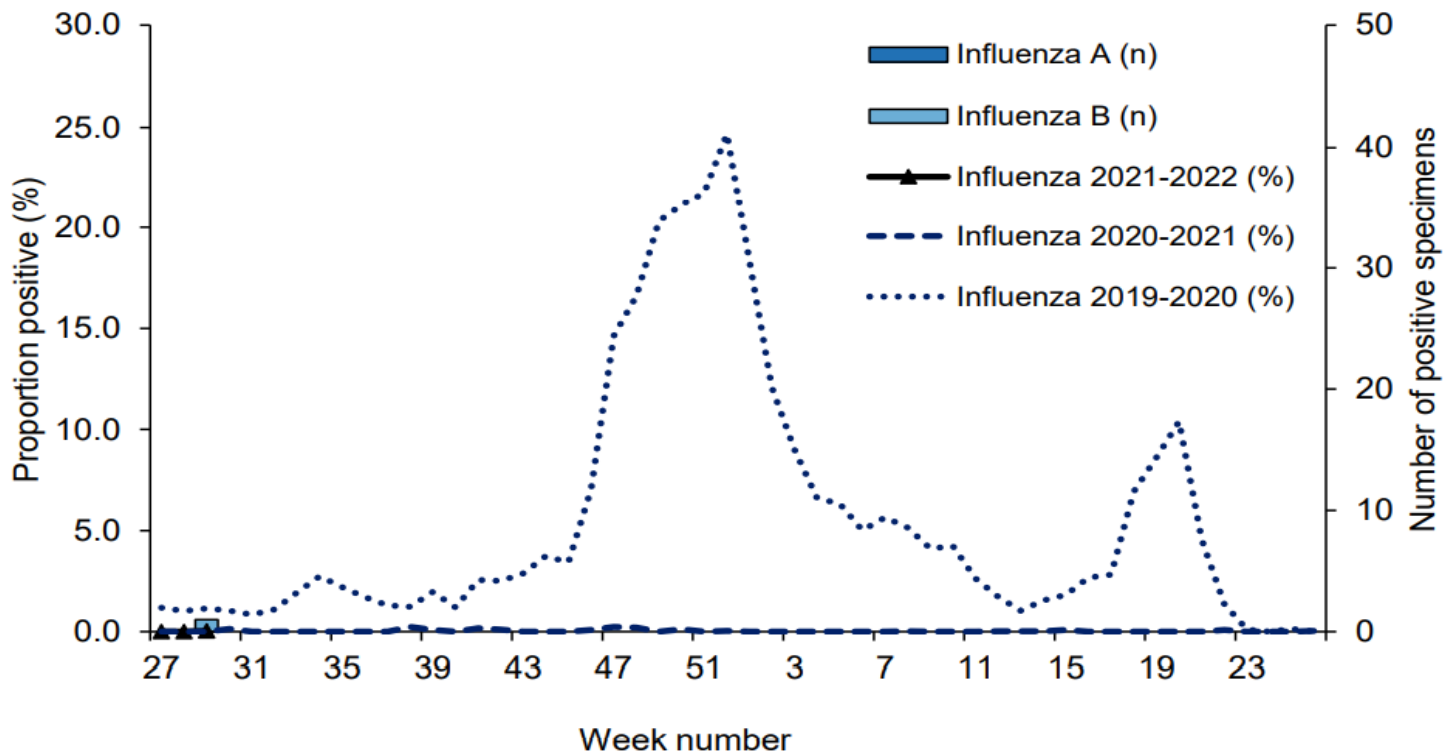
- all adults aged 50 years and over
- adults aged 16 – 49 years who are in an influenza or COVID-19 at-risk group.
- adult household contacts of immunosuppressed individuals'

No decision on the vaccination of younger adults yet, this will be provided when more information is available.



Weekly positivity (%) for Influenza in England up to Week 23 (up to 13 June 2021)

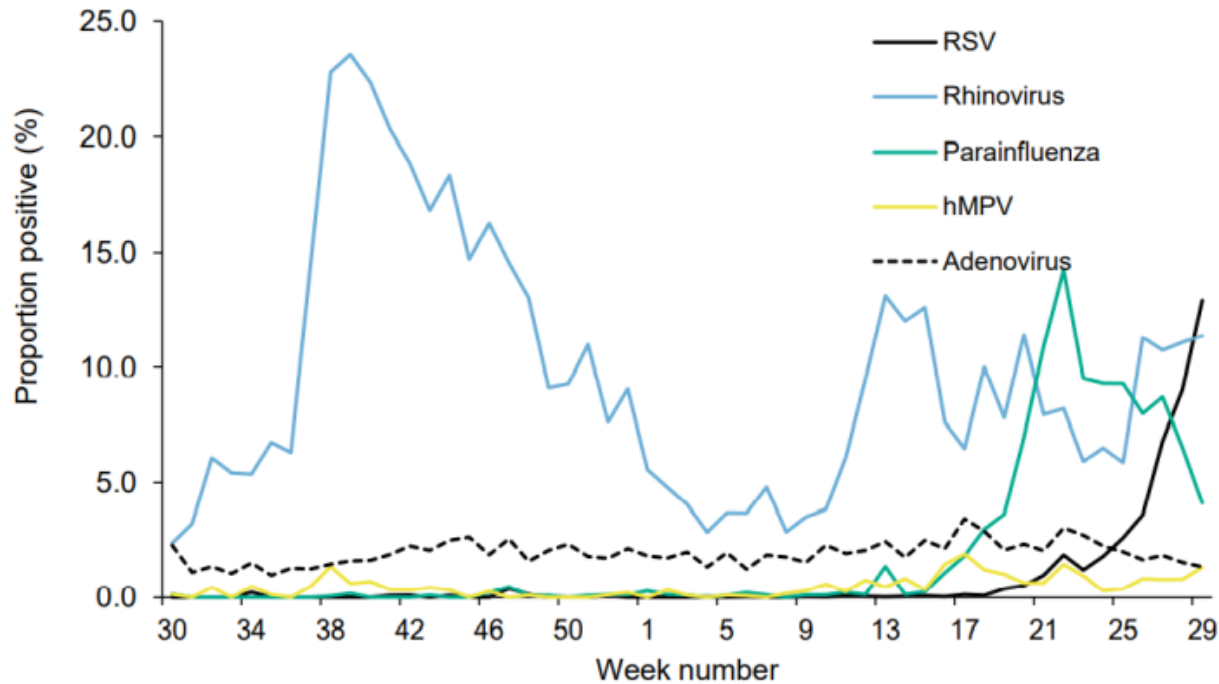
Figure 14: DataMart samples positive for influenza and weekly positivity (%) for influenza, England



Respiratory Syncytial Virus (RSV) up to week 29 (up to 18 July 2021)

Respiratory infections in young children have begun to rise out of season, following low infection levels in response to COVID-19 restrictions and good infection control measures that have been in place.

Figure 16: DataMart weekly positivity (%) for other respiratory viruses, England



Long Covid

The 'Short report on Long Covid' from the Office of National Statistics dated 22/7/2021 states "there is no universally agreed definition of long COVID, but it covers a broad range of symptoms such as fatigue, muscle pain and difficulty concentrating".

Over the period 7 April to 13 June 2021, 6.2% of adults said they may have experienced long COVID since the start of the pandemic; this includes 3.6% who said they had experienced long COVID, and 2.6% who said they were unsure if they had experienced long COVID;

A further 10.1% reported they had at some point had a positive test for or believed they'd had coronavirus (COVID-19) but had not experienced long COVID.



Long Covid plan 2021-22

Further £100m investment Ten point plan –

1. £30m to develop locally enhanced services by GPs.
2. £70m for diagnostics, rehabilitation and assessment clinics.
3. Care co-ordination – clinical role
4. 15 long Covid paediatric hubs
5. Develop rehabilitation pathways
6. Extend use of Your Covid recovery.
7. Collect and publish data from Sept 2021.
8. Focus on equity of access to services and outcomes.
9. Promote good clinical practice through national learning network.
10. Support NHS staff suffering from long Covid by timely access to services.



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Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 19 August 2021

Title of report: Healthwatch Kirklees

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions with Healthwatch 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 to support the discussions with Healthwatch Kirklees.
Health Contact	Helen Hunter, Healthwatch Kirklees

Electoral wards affected: None Specific

Ward councillors consulted: Not Applicable

Public or private: Public

Has GDPR been considered? Yes. The report does not include any personal data that identifies an individual.

1. Summary

- 1.1 Healthwatch is an independent consumer champion for both health and social care. Healthwatch operates at two levels one at a local level (local Healthwatch) and also at a national level (Healthwatch England).
- 1.2 A key aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge the provision of local health and social care services. It will do this by gathering feedback, either positive or negative, from the general public about their experiences of NHS and Social Care services in Kirklees.
- 1.3 The Panel has included in its work programme for 2021/22 an objective to develop the working relationship with Healthwatch Kirklees to include sharing the respective work programmes and to identify local areas of concern to inform the work of the Panel.
- 1.4 Representatives from Healthwatch Kirklees will be in attendance to provide the panel with:
 - an overview of the current Healthwatch work programme
 - the outcomes of a survey looking at the experiences of public accessing Local hospital services.
 - The initial findings from the Healthwatch Kirklees and Calderdale engagement work on public access to health and care services.
 - Healthwatch Kirklees and Calderdale Annual Report 2020/21.
- 1.5 Information covering the areas above is attached.

2. Information required to take a decision

N/A

3. Implications for the Council

N/A

3.1 Working with People

No specific implications

3.2 Working with Partners

No specific implications

3.3 Place Based Working

No specific implications

3.4 Climate Change and Air Quality

No specific implications

3.5 Improving outcomes for children

No specific implications

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

No specific implications

4. Consultees and their opinions

Not applicable

5. Next steps and timelines

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

- 6 Officer recommendations and reasons**
That the Panel considers the information provided and determines if any further information or action is required.
- 7 Cabinet Portfolio Holder's recommendations**
Not applicable
- 8 Contact officer:**
Richard Dunne – Principal Governance and Engagement Officer
richard.dunne@kirklees.gov.uk
- 9 Background Papers and History of Decisions**
Not applicable
- 10 Service Director responsible**
Julie Muscroft – Service Director, Legal, Governance and Commissioning

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Our Current Work

Project title and details	Which Healthwatch?	What stage is the work at? Red = at the start Amber = mid-way through Green = establishing impact Blue = on hold	What is the scale of the piece of work at the moment?	Predicted end date for completion of our work (not including impact and influence)	Who is leading on this?	Which of the 7 +1 Kirklees Outcomes (where needed) does this map to?
<p>Adult Social Care</p> <ol style="list-style-type: none"> 1. Social care co-production Kirklees 2. Enhancing our Enter and View Programme by delivering critical friend visits to care home identified as in need of our support by CQC. 3. Working with Calderdale Council around social care transformation 4. Working with Calderdale Council around care homes <ul style="list-style-type: none"> - Initial work with Safeguarding Adults Board - Addressing the voicelessness of people residing in care homes 	<p>Kirklees</p> <p>Kirklees and Calderdale</p> <p>Calderdale</p> <p>Calderdale</p>	<p>Co-production of projects with Kirklees Council and partners moving forward. Advisory role at present</p> <p>On hold</p> <p>Helen has made an approach to the new operations managers at adult social care in Calderdale but not heard back as yet.</p>	<p>Large</p>	<p>Project to re-start 2021</p>		<p>Well Independent</p>
<p>Single Point of Access for Mental Health</p>	<p>Kirklees and Calderdale</p>	<p>We continue to work with SWYPFT. The SPA team have completed their compassion training.</p>	<p>Small</p>	<p>Ongoing</p>	<p>Clare</p>	<p>Well Independent</p>

<p>Neurological Conditions Support Group</p> <p>1. Supporting the ME group in Kirklees and Calderdale.</p>	<p>Kirklees and Calderdale</p>	<p>HWK will be meeting with the ME group once they restart their face-to-face meetings. The ME has expanded their remit to include people who have long covid due to the presenting symptoms.</p>	<p>Small</p>	<p>Jan 2021</p>	<p>Debbie</p>	<p>Independent</p>
<p>Care for people with hypermobility syndromes</p>	<p>All Healthwatch across Yorkshire and Humber, led by Calderdale and Leeds</p>	<p>National report currently in draft. CHFT have a copy of the national and local reports and are providing a response.</p> <p>Re-start correspondence with NHS England early 2022.</p> <p>KH was a guest speaker at an international conference on the gaps in care via pre-recorded submission, Jan 2021.</p>	<p>Medium</p>	<p>Ongoing</p>	<p>Karen</p>	<p>Well Independent</p>
<p>Understanding the caring experience for people from ethnic minority communities</p> <ul style="list-style-type: none"> - Focusing on issues of inequality for Kirklees' diverse communities 	<p>Kirklees</p>	<p>Report now finalised and being shared with stakeholders.</p>	<p>Small</p>	<p>Ongoing advisory role</p>	<p>Deborah</p>	<p>Independent</p>
<p>Health service issues for asylum seekers and refugees</p> <ul style="list-style-type: none"> • People who are being placed in Calderdale as part of a resettlement programme and now being dispersed across Calderdale. This means that a new selection of GP surgeries are coming into contact with these communities and there are new issues around enrolment at GP surgeries and interpreting • Interpreting has also been raised as an issue with regard to dentistry and 	<p>Calderdale</p>	<p>Ongoing feedback received from support services indicating that some health care basics are not in place for this group.</p> <p>Frequent involvement with St Augustine's centre who have also made use of the right to register cards.</p>	<p>Small</p>	<p>Ongoing</p>	<p>Jo</p>	

Calderdale and Huddersfield NHS Foundation Trust						
CAMHS - concerns	Calderdale	Ongoing concerns around CAMHS	Small	Ongoing	Julie	
Neurology clinic concerns - CHFT Several complaints linked to a specific clinician at CHFT who works within the neurology clinic	Calderdale	Report being drafted	Small	Ongoing	Julie	
Dentistry <ol style="list-style-type: none"> 1. Ravensthorpe dental practice 2. Keeping an overview of national work on dental access <ul style="list-style-type: none"> - Await responses from HWE / Y&H Dental Commissioning Exec - Produce summary of progress on the issue 3. Develop a project plan for a Yorkshire and Humber piece of engagement work related to access to dentistry 4. Working with Scrutiny around access to dentistry during the pandemic <ul style="list-style-type: none"> - Suggestion already made to Calderdale scrutiny 5. Mystery shopping piece/social media campaign to establish whether dentists are complying with guidance in Covid-19 period 6. Access to out of hours dental care and aftercare following emergency treatment 7. Dentistry in care homes 8. HWE work 	Calderdale & Kirklees	<p>We have reviewed our work to date around dentistry and continue to feel that those who are most impacted by the lack of dental access are those people with complex dental health needs, plus chaotic or difficult lives.</p> <p>We have experienced a considerable increase in contacts from the public around dental access during the Covid-19 pandemic and this has continued into August 2021. Our volunteers have completed mystery shopping with all dental practices in both localities. We did not find any NHS dental practices accepting NHS patients.</p> <p>HWK & HWC along with all other Healthwatch in West Yorkshire, will continue to highlight the lack of local NHS dental appointments to NHS England, Healthwatch England and The West Yorkshire & Harrogate Health and Care</p>	Large	Ongoing	All	

		Partnership. We will continue to work alongside these partners to ensure that NHS dentistry is at the forefront of their national plans and regional plans.				
Improving the complaints process with SWYT	Calderdale	We continue to regularly meet with SWYT to discuss complaints	Small	Ongoing		
Involving people network (Calderdale) - Follow-up with all contacts to request learning from engagement work		Ongoing regular meetings to discuss engagement on an operational level. Further work is to be completed around a strategic oversight group for this network.	Medium	Ongoing	Helen	
Mapping of learning from engagement work (Kirklees) - Initial email to all contacts regarding engagement work being delivered in Kirklees	Kirklees	We continue to have conversations with local partners about how we can move this forward.	Medium	Ongoing	Clare	
Suicide prevention during Covid-19 - WY work	Kirklees and Calderdale	WY&H messages shared locally. We continue to attend suicide prevention meetings.	Small	Ongoing	Clare	
Covid-19 engagement follow up: 1. Reviewing the impact of the Covid-19 engagement work 2. How do we use the information we have gathered to further impact health and care services? 3. Close the feedback loop with the public using the creative		We have received responses to our findings from partners in Kirklees and Calderdale. CHFT found our report useful and were able to use it in their service planning.	Large	Ongoing	All	

<p>engagement stories and pictures we gathered across Kirklees and Calderdale</p> <p>4. Outpatient Transformation at CHFT</p> <ul style="list-style-type: none"> - Transforming various outpatient clinics in different ways - Work carried out on access to telephone and video clinics for people with protected characteristics <p>5. Digital inclusion in Kirklees</p> <p>6. Digital transformation with CHFT - with focus on inequalities</p>		<p>We have engaged further with the public around delays to medications and delays to care.</p> <p>New piece of work around patient portals, how to improve waiting for care - focus groups support.</p> <p>RK attending meetings in Kirklees. Project looking at the barriers of digital access in a more practical sense. WIFI enabled buildings across Kirklees rather than people's ability to use smartphones or digital technology. This could also include the aspect of those who do not wish for digital access to health and care services. Links well with the digital data we received from the Covid engagement work.</p> <p>KH to attend CHFT meeting on issue. Advisory only at present.</p>			<p>Karen/ Jo/ Joanne</p> <p>Karen</p>	<p>Well Independent</p>
<p>PCP Extended Access in Huddersfield - new work ahead of PCN responsibility changes</p>	<p>Kirklees</p>	<p>SA has not had a response to progressing this work further.</p>	<p>Small</p>		<p>Stacey</p>	

Website review and redesign	Kirklees and Calderdale	Website changes are complete User guides and training to be provided to all staff members	Medium	Finalised Jan 2021	Rio	
Kirkwood hospice engagement	Kirklees	Report complete and shared locally.	Small	Ongoing	Katherine	
Community Kindness 1. Information and signposting for business and organisations locally 2. Link with CCG frailty strategy 3. During Covid-19 we experienced a great deal of community kindness how do we harness this moving forward? 4. Loneliness strategy 5. Befriending calls		CC created project plan SA in contact with Nicola, to provide insight of aging well. Kirklees Council are working in partnership with organisations around reducing loneliness within Kirklees. Advisory capacity at present Paused currently to find additional funding.	Medium Small Small Small Small	Ongoing April 2021 onwards Ongoing Ongoing	Clare Stacey Stacey Clare	
One care home one GP - CCG work	Kirklees	Completed, CCG has also provided a response to our work.	Small	To be completed Jan 2021	Katherine/Debbie	
Adult Autism diagnosis and care	Calderdale	Meetings with CCG and other partners regarding choice in mental health, with regard to ADHD and Autism assessments. CCG is currently undertaking independent legal advice and will update us in September.	Small	Ongoing	Jo	

<p>Safeguarding Board involvement - Calderdale</p> <ul style="list-style-type: none"> - LeDer reviewers? - Safeguarding Champions - digital launch? - Update of the workplan in line with notes from the C&E subgroup meeting - Leading Calderdale SAB & Safeguarding Children's Partnership Comms and Engagement Sub-group <p>COMMISSIONED WORK</p>	Calderdale	<p>In Calderdale, the safeguarding adults board have asked for a project where we work with people to find out if they feel safer after having been through a safeguarding intervention. They would like this to be a detailed case study piece of work to help them understand whether or not they are "making safeguarding personal" which is one of their key objectives. KH providing case studies.</p> <p>In Kirklees, we have started a similar piece of work to Calderdale, but on an ongoing basis with about 40 people per month. CC started making contact.</p>			Clare/Helen	<p>Safe and cohesive</p> <p>Independent</p>
<p>Medequip reference group</p> <p>COMMISSIONED WORK</p>	Kirklees	<p>Using a co-production model, Medequip would like to work with Healthwatch Kirklees and other local partners to improve their approach to collecting and acting on people's feedback to enhance service provision. They would like to establish a service user forum as one of the ways to maximise opportunities to gather the views and lived experience of local people accessing their services.</p>	Small	Ongoing	Clare/Helen B	
<p>Access to medication</p>	Kirklees and Calderdale	<p>Following up from the feedback we received during our Covid-19 work we engaged with the public about access to medications throughout the past 12 months. Data analysis and report writing currently underway.</p>	Medium	Ongoing	Karen, Stacey, Rio, Joanne, Helen B	

Delays to care	Kirklees and Calderdale	Following the feedback we received from the public via survey engagement and signposting contacts, we are currently engaging with people in Kirklees and Calderdale around delays to primary and secondary care.	Medium	Ongoing	Stacey, Karen, Jo, Rio, Helen B	
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Our work currently on hold

Project title and details	Which Healthwatch?	What stage is the work at? Red = at the start Amber = mid-way through Green = establishing impact Blue = on hold	What is the scale of the piece of work at the moment?	Predicted end date for completion of our work (not including impact and influence)	Who is leading on this?	Which of the 7 +1 Kirklees Outcomes (where needed) does this map to?
Children and Young People - Ensuring that we are engaging with children and young people within every project we have moving forward	Kirklees and Calderdale Calderdale	Rio to write up engagement information he already has collected from previous children and young people work. On hold- To be embedded into all projects moving forward.		Ongoing	Rio / Joanne / Jo	Best Start
Enter and View visits: Hospices	Kirklees and Calderdale	All Enter and View to be put on hold for the foreseeable future Potentially could hold virtual visits in April/May 2021	Large	On hold	Katherine	

CHFT membership	Calderdale & Kirklees	CHFT are skill keen to work with us about their membership. WE will be providing a list of events we are attending for Governors to attend and talk to the public.	Small	On hold		
Suicide Prevention	Kirklees and Calderdale	CC completed project plan for engagement with JB We would like to understand more about the journey that leads people to consider or attempt to take their own life, so that preventative measures can be targeted in the right way. We would like to work with the suicide prevention/reduction groups in each area to help them identify what they would want to know, and how they could use the intelligence.	Large	On hold, has to be done face to face	Clare	

Potential commissioned work

Project title and details	Which Healthwatch?	What stage is the work at? Red = at the start Amber = mid-way through Green = establishing impact Blue = on hold	What is the scale of the piece of work at the moment?	Predicted end date for completion of our work (not including	Who is leading on this?	Which of the 7 +1 Kirklees Outcomes (where needed) does this map to?

				impact and influence)		
Primary Care Network engagement <ul style="list-style-type: none"> - How do we refresh our approach and respond to the emerging needs of PCNs? - Work to develop the brief, to be redistributed to PCN Clinical leads - do we know what their needs are now? - Link in with Julie Bollus 	Calderdale with the potential to be extended into Kirklees	Commissioned piece of work around Healthwatch engaging with the public and patient reference groups on behalf of primary care networks. Joanne and Jo to update HH original project plan			Jo/ Joanne Additional staff member	

Our Watch List

Project title	Summary	Priority score (out of 18)	Work type	Type of care	Resource needed (all projects involve management time)	Where?	When?
Wheelchair Services	<p>Instigated by: feedback from the public</p> <p>Our engagement work was completed several months ago, however we are still interested to see how the contract process progresses and are watching this closely.</p> <p>We continue to support individuals to raise complaints and concerns about the current provider.</p>	-	Challenging the system	Secondary	REPORT COMPLETED Time for impact and influence	C&K	-
Care for people who make extensive use of health services	<p>Instigated by: North Halifax Community Wellbeing Partnership</p> <p>Partners attending this group wanted to understand why some people make extensive use of GP services for non-clinical issues. One to one interviews were completed and a report of findings was provided to the Partnership for their use.</p>	-	Helping the system	Primary	REPORT COMPLETED: Awaiting further feedback on use of the data from NHxCWP	C	-

Project title	Summary	Priority score (out of 18)	Work type	Type of care	Resource needed (all projects involve management time)	Where?	When?
Challenges with the Connect Eating Disorder Service	<p>Instigated by: feedback from the public</p> <p>A new eating disorder service has been commissioned on a West Yorkshire footprint. In Calderdale, through the NHS Complaints Advocacy Service, we are hearing examples of adults with eating disorders struggling to get the support they need through this service. There has been no feedback about this to date in Kirklees.</p> <p>To find out more, we have contacted the other WY Healthwatch to see if they have been hearing feedback, and we have contacted the complaints advocacy service in Kirklees to see if they have been dealing with complaints about the service. We are yet to hear back.</p>	16	Challenging the system	Mental Health	Scale of the issue is unclear, further research needs to take place	WY	TBC
Providing information for Care Homes	<p>Instigated by: feedback from professionals (care homes)</p> <p>Despite Care Homes playing a pivotal role in the delivery of appropriate care to some of the most vulnerable people, they often aren't aware of some of the support and services that are available to the people living there. Care homes have asked for an information pack about local services/support in Kirklees relevant for their residents.</p> <p>As we are currently hosting the CCGs signposting directory, we feel that there could be a role for us in delivering this information to care homes, including toolkits for other organisations, brief information about the Red Bag Scheme, how the access dentistry, etc...</p> <p>We think this would fundamentally improve the delivery of care to people living in residential and nursing care facilities.</p>	14	Helping the system	Social		K	TBC

Project title	Summary	Priority score (out of 18)	Work type	Type of care	Resource needed (all projects involve management time)	Where?	When?
Commissioning of Flash Glucose Monitors for Diabetes	<p>Instigated by: feedback from the public</p> <p>The Dewsbury Young Diabetes Group approached us to discuss Flash Glucose Monitors. These devices provide continuous blood sugar monitoring for people with type 1 diabetes, reducing the need for blood sugar testing by pricking your fingers. When living with diabetes, reducing the number of blood sugar tests can have a significant positive impact on quality of life, e.g. parents aren't having to wake small children in the night to test their blood sugars, reducing disturbed sleep and tiredness for the whole family.</p> <p>These can now be prescribed through the NHS, but local commissioners and providers are not choosing to make these available.</p> <p>The Diabetes Group argue that better monitoring of blood sugars improves people's lives and reduces their need to access health care services in emergency situations at great cost to the NHS. They would like our support to make this case to the CCG.</p> <p>We have created an infographic regarding this, and are exploring channels for making this impactful.</p>	13	-	Primary	-	K (C)	
Continuing Healthcare	<p>Instigated by: feedback from the public and Adult Social Care</p> <p>Both HWC & HWK have received a small number of detailed stories regarding Continuing Healthcare. These have related to the limitations of the processes, and a lack of compassion. They also link to arguments between Adult Social Care and CCG staff who are assessing the level of health care need of individuals.</p>	12	Challenging the system	Social	-	C&K	

Project title	Summary	Priority score (out of 18)	Work type	Type of care	Resource needed (all projects involve management time)	Where?	When?
	Due to small numbers and the complexity of the individuals who receive this care, we have struggle to get feedback through some of our regular channels, but Adult Social Care in particular would be interested in receiving some specific feedback about this theme from Healthwatch. There may be a possibility of including this in the social care project.						
Ambulance travel for people with dementia	Instigated by: feedback from the public We've received a small amount of feedback from the public saying that paramedics don't necessarily have the right awareness and understanding of people with dementia so that they can deal with them appropriately when they need transporting by ambulance.	- Unscored due to limited feedback	Challenging the system	Emergency	-	K	
Syringe disposal via Sharp's bins	Instigated by: feedback from the public and stakeholders We routinely update the sharps disposal list for Kirklees as patients are not sure where these services are available in their area.	-	Helping the system				
Maternity services	HWC have provided CHFT and Maternity Voice Partnership with feedback around maternity services due to the increase in contacts we have received from the public.	-					

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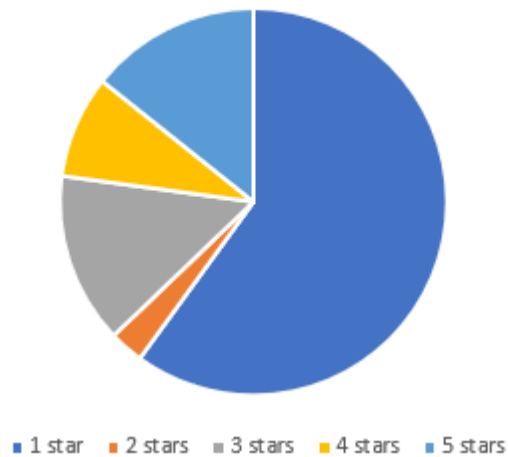
Feedback and experiences from the public

Mid Yorkshire Hospitals NHS Trust and Calderdale & Huddersfield NHS Foundation Trust

Jan 2021 - August 2021

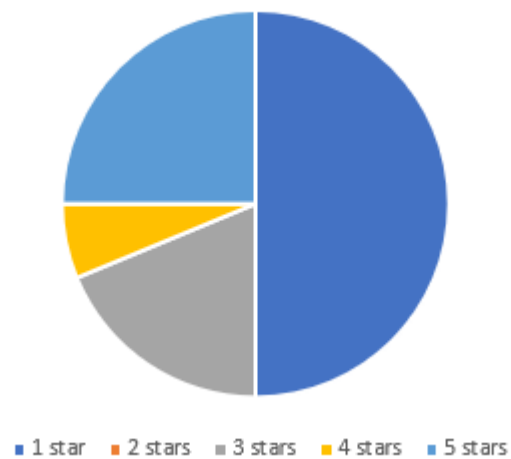
Overall

Kirklees Hospitals Star Rating



Mid Yorkshire

Mid Yorkshire Star Rating



Feedback themes

- Communication between professionals and patients/family members/carers/other services
- Concerns around delays to test/diagnostic results
- Staff praise

What worked well

“Made my way up to A & E at DDH after the Pharmacist suggested I did for swollen hand after a cat bite/scratch. I was seen almost immediately and my injury checked. After finding out my allergies and prescribing antibiotics the nurse rang Pinderfields for further advice. I was told to collect medication from hospital pharmacy and go back to A & E take the meds and to collect letter for Pinderfields and then informed where to go (Gate 28C). The hospital felt safe and cleanliness was apparent there. With hindsight perhaps more urgency to refer or explain urgency to get to Pinderfields without the waiting about for the medication as when I arrived there the consultant said what have you been so long and put me on an IV drip of antibiotics immediately. The injury was far worse then. A long wait for a bed 4.30pm until 2am in the morning. An overnight stay later discharged home. Excellent service at Pinderfields on both Gates the consultant was fantastic and very knowledgeable. Discharged with information what to do if things change and where to go. excellent and both hospitals were very clean and felt covid safe and staff lovely. Advice from Pinderfields on washing all clothing from Hospital at 60 degrees on return home was good.”

“Follow-up appointment at DDH physio department to check how my injury was after discharge on Sunday 21st Feb. Great service, friendly helpful and knowledgeable. Gave information what to do if things changed and where to go. Really positive. No wait and quick follow up.”

“I’d like to specifically mention one member of staff who spoke to me twice in one day to update me fully on my grandads condition, the plans and what they would investigate or do once certain results came back. She empathised with how we were feeling and gave me the time to ask anything and did not make me feel rushed even though I know she was very busy. My grandad was looked after brilliantly and could not fault anyone. It’s reassuring considering how frightened he’d been about being in there alone.”

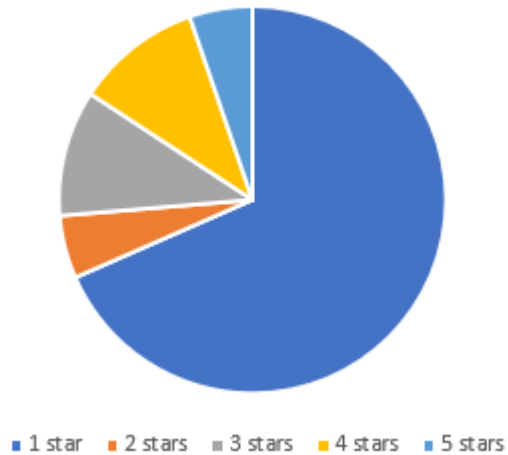
What could have been better

“Elderly Asian relative treated with very little respect lack of care ward doesn’t answer your phone call despite trying multiple times. Both patient and relatives feeling vulnerable during this difficult time.”

“My grandad was admitted and stayed at gate 41 for 3 days. We were so worried as we couldn’t see him or speak with him so was relying on phone contact with nurses. There were some delays in the phones being answered but we do understand that. On being discharged my grandad said that on one occasion someone would not pour him a drink when he asked as they said they had seen him walk to the toilet. He’d only asked as he was shaking and worried about spilling.”

Calderdale and Huddersfield

Calderdale & Huddersfield Hospital Star Rating



Feedback themes

- Communication between professionals and public
- Requests for updates and information
- Friendly, approachable and knowledgeable staff

What worked well

“Low waiting time. Friendly and helpful nurse. Managed to get my blood very easily.”

“I was recently seen at the breast clinic where I had a number of procedures. Every member of staff I saw treated me with respect listened to my concerns and made me feel reassured. I cannot rate my experience more highly.”

What could have been better

The caller's wife phoned to ask if we could help. Her husband had been referred to neurology in August 2019 and had four cancelled appointments. the condition has worsened and his wife called to ask for help.

“I was checked in at Acre Mills at around 1.25pm. and was advised to take seat. Then waited, waited and waited until half an hour had passed and I had not even been called. I went to the desk and asked if they forgotten about me?? She said no I will remind them. Then they called me to tell me someone had messed up and I should have been in Calderdale Halifax. Even though my text said Acre Mills? I had taken 1/2 day off work UNPAID leave to do this and this.”

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Delays to care – Kirklees

Healthwatch Kirklees and Calderdale are currently engaging with the public around access to health and care services. The engagement will run until 30th August 2021. The survey asks the public about the type of health or social care delay they have experienced, how this has impacted them, and what they would like to see improved.

Below are some key themes from the current data we have collected. The information and experiences below relate to hospital contacts and improvements.

Have you tried to access health or care services for your condition, during the Covid-19 pandemic?

[More Details](#)



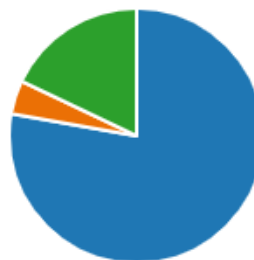
Reasons why people did not feel comfortable accessing health and care services

“I do not feel comfortable yet going to hospital due to the risks associated with any treatment and catching covid or a variant strain that are highly transmittable at the moment as I am a carer for vulnerable person.”

Would you seek help for a serious or worsening medical condition during Covid-19?

[More Details](#)

Insights



What might stop people from accessing help for a serious or worsening medical condition?

“I understand the health care system NHS to be under allot of pressure since the pandemic.”

“Hospital being a place that might be unsafe.”

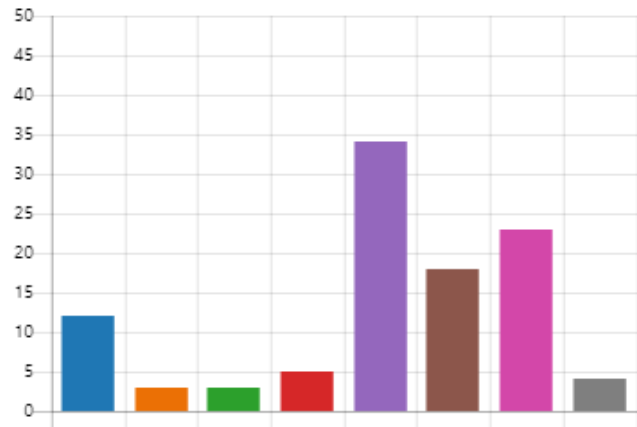
“The need for urgent surgery. Initially told 6/10 week wait. Still waiting at 16 weeks. Contacted departments who all have different answers examples were your consultant is going on holiday for a month she doesn't even have a list. Try going to A&E it'll be quicker. You could try privately.”

“When I have been unable to get help my condition has worsened. I ended up in hospital with a second heart attack.”

Do you have any of the following conditions (please tick all that apply)?

[More Details](#)

- Diabetes and related complica... 12
- Chronic kidney disease 3
- Liver disease 3
- Cancer 5
- Pain management 34
- Cardiovascular disease (CVD) -... 18
- Respiratory disease Chronic re... 23
- Planned orthopaedic surgery f... 4



Is this a new or existing condition?

[More Details](#)

💡 Insights

- New 30
- Existing 77
- I do not have any conditions 10



Were you successful in getting medical help or social support for this NEW condition?

[More Details](#)

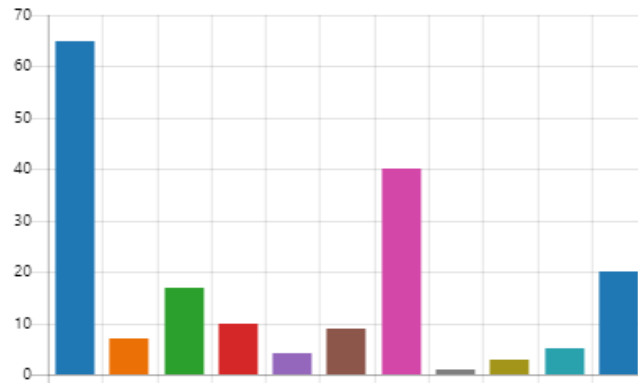
- Yes 6
- No 23



1. Which NHS or care services did this apply to? (tick all that apply)

[More Details](#)

● General Practitioner (GP)	65
● Podiatry	7
● Dentist	17
● Mental health service	10
● Hospital accident and emerge...	4
● Hospital inpatient (overnight s...	9
● Hospital outpatient (hospital a...	40
● Residential care/ Nursing home	1
● Home care services	3
● Home adaptations	5
● Other	20



What impact has the delay had?

"I have felt anxious and angry that my care under two consultants has been delayed. I worry how much the delay to my appointments will affect my health. I am finely balanced health wise and worry that delaying treatment might compromise my ability to work and negatively impact my relationships. Under normal circumstances, I would have had invasive investigations to ascertain the exact nature of my problems but since we are in a pandemic, I cannot access these investigations so my consultant has to treat on the information we have. This is not ideal. It causes me anxiety. I have not started one treatment my consultant wants me to as I do not feel adequately supported to do so and if my condition worsened with the treatment, I know my GP cannot help. It's difficult to access my consultant outside of appointments. I also have delayed another treatment for similar reasons. It takes energy to go via PALS to access my consultant. I am already fatigued from my health conditions and working. It usually requires a string of emails and me divulging quite personal information to staff members which I don't feel comfortable with."

"Not having a diagnosis has delayed any help I could get from other medical staff such as physio, ideally I need to cut down my hours at work because of the pain I'm in but without a diagnosis I can't get any benefit help and I worry weather I can safely do my job but I don't have other options to pay bills so I make my pain worse by doing the shifts I need to do to pay all my bills."

"Where do I start? I wake up in pain every day. I can't sleep because of said pain. I'm living on morphine both slow release and via syringe for immediate relief which makes me drowsy and I'm always falling. Danger of falls is one of my comorbidities. I don't bother the hospital a and e about the falls. I don't want to be a nuisance. Fortunately, I've always been a positive person or I'd have not lasted as long as I have. I was around 15 stones at a guess, weighing myself at home today I'm now fifty kilos. Danger of malnutrition is another comorbidity. The district nurse doesn't weigh me just deals with any sores and changes my catheter when necessary."

}. How did you feel about your experience of NHS health care during Covid-19?

[More Details](#)



What could have improved your experience?

"It would have been nice if I got a letter from the service I was referred to say I was on their waiting list because I didn't get a letter to say I am on their waiting list it was just via word of mouth. Also it would have been nice if the NHS staff had more time for my questions and answers when I was seen by the hysteroscope team. I was told they are a small team it was hard to get hold of them via phone and felt the Senior Nurse / Doctor was rushed for time but overall they treated me well and cared for me so I am happy about that just wish the Senior Nurse or Doctor had more time to answer my questions and reception had more time to answer phone calls as most times the calls went to answer machine as they are really busy. But they treated me well when I was there and was caring."

"Over the phone consultations made more available. perhaps even just reassurance with secretaries."

"Keeping in touch with patients with high risk medical conditions. Actually seeing patients instead of asking them to send a picture."

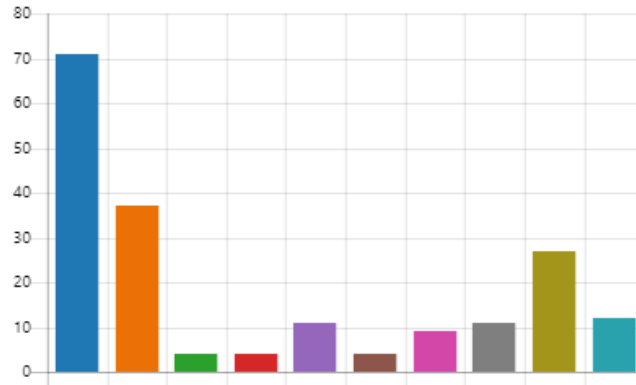
"Following after heart surgery a plan of access to a GP. Instead, I had a second heart attack on the surgery steps. Whilst getting a very poor phone service from the receptionist."

"Better, or should I say some, any, communication from the hospital with a guide of waiting time for an appointment would be helpful. This would have guided me and my GP as to whether my appointment should be escalated further. It is already registered as "urgent" yet I have been in the system since February following an appointment with my GP in early December."

. Did you receive any of the following during the delay to your diagnosis or treatment: (please tick all that apply.)

[More Details](#)

● Support from family or friends	71
● Telephone calls from medical ...	37
● Video calls from medical profe...	4
● Emails from medical profesio...	4
● Support from a charity	11
● Support from community serv...	4
● Support from mental health s...	9
● Support from people in simila...	11
● No support	27
● Other	12



l. How would you rate the confidence you have in managing your own health and wellbeing?

[More Details](#)

[Insights](#)

97

Responses



3.20 Average Rating

. If it was possible would you be willing to travel further afield to receive treatment sooner?

[More Details](#)

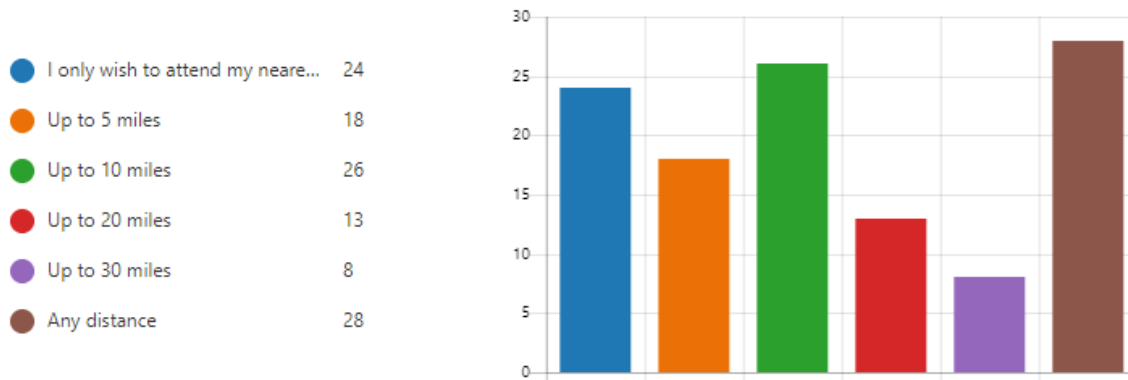
[Insights](#)

● Yes	66
● No	21
● Maybe	30



2. How far would you be willing to travel for treatment?

[More Details](#)



Would there be any difficulties for you, if you were receiving NHS treatments or procedures further away from home?

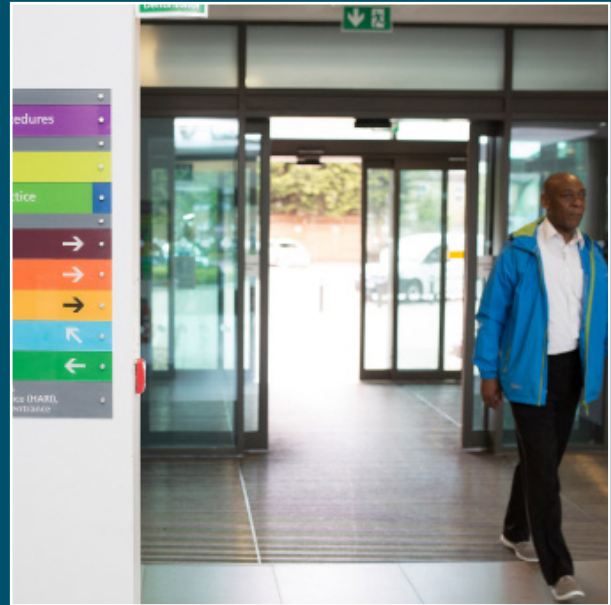
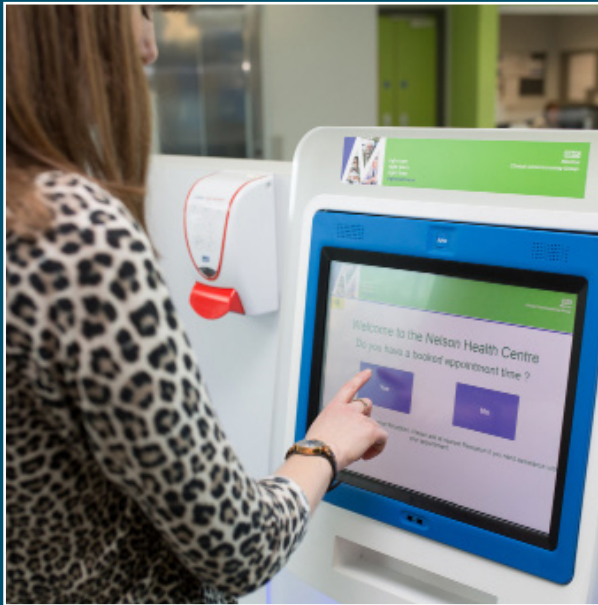
"Yes - transport, visitors and belongings being dropped off."

"I would struggle to get there by myself due to my pain."

"Yes, my daughter is autistic and would require me to take her and be with her. If its further away it might require more planning to ensure this could happen."

"Difficulties would be isolation, not having any friends or family visiting."

On equal terms



Annual Report 2020/21

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About Us

Here to make health and care better

We are the independent champion for people who use health and social care services in Kirklees and Calderdale. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference that their views make.



3 Ensuring your views help improve health and care

We want more services to use your views to shape the health and care support you need today and in the future.

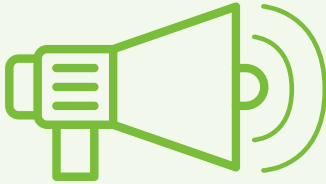
“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

Sir Robert Francis QC, Chair of Healthwatch England

Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



We heard from

3,113 people

this year about their experiences of health and social care.

We provided advice and information to

703 people

this year.

Responding to the pandemic



We engaged with

1,554

people during the COVID-19 pandemic this year.

Making a difference to care



Reports

We published five reports about the improvements we would like to see to health and social care services.

Health and care that works for you



27 volunteers

helped us to carry out our work. In total, they contributed 443 hours. This equates to having one additional full time member of staff each month.

We employ 11 staff

most of whom work on a part time basis.

We received

£317,500 in funding

from our local authorities in 2020-21.

Message from our Treasurer

This year, the responsibility for introducing our Annual Report falls to me as Healthwatch Kirklees and Healthwatch Calderdale Treasurer. Our long term Chair, Paul Bridges left our Board in November 2020, and we give our sincerest thanks and gratitude to him for the effort, energy and commitment he invested with the Board over 6years. Angela Everson stepped in as an interim Board Chair to March 2021, and again, we are incredibly grateful for her contribution.

The switch in chairing arrangements between Paul and Angela took place at the Annual General Meeting (AGM), at which our staff and volunteers presented huge amounts of their work. The meeting was inspiring as it showcased the dedication of our team, and their ability to work in flexible and diverse ways, even in very challenging and unique circumstances. As Trustees, we are truly grateful to the staff team for how adaptable, interested and tenacious they are, and how they have kept the organisation running at full capacity during the pandemic.

Another success of the AGM was the introduction of the Healthwatch Kirklees and Healthwatch Calderdale work, approach and plans to a cohort of potential Trustees. We've been incredibly fortunate to welcome 6 new Trustees to the Board in 2020/21, all of whom are inquisitive and supportive of our ambition and values.

In 2021/22, Trustees will work together in development to look at the future for Healthwatch Kirklees and Healthwatch Calderdale. We understand that large scale structural changes to NHS commissioning will be put in place in our local health and care systems through the implementation of the NHS White Paper, and need to consider how these new ways of working may influence us. In particular, we are considering how more authority passing from NHS England to an Integrated Care System (ICS) at the West Yorkshire and Harrogate level will alter our work. Wherever and however we can, Healthwatch in Kirklees and Calderdale wants to take the opportunity to amplify the public's voice, and give the public opportunities to be directly involved in shaping and moulding the way health and care services are accessed, provided and commissioned. As such, whilst our health and care systems are on a journey towards integration, it is essential that we identify opportunities for the public's voice to be meaningfully heard in that process.

It would be remiss of me not to speak about the impact that the Covid-19 pandemic has had on members of the public in Kirklees and Calderdale; significant numbers of people are waiting for planned and elective care; many have experienced deterioration in their mental wellbeing; but simultaneously, tens of thousands of people have been vaccinated against this virus, and far more critically unwell people are being properly clinically supported in their own homes than before the pandemic. Covid-19 has been a common enemy for us all, reminding us of the power of working together to address insurmountable problems. The landscape of care provision has changed exponentially over the last 12months, and at Healthwatch, it's our job to see how those changes impact and influence people, then either make sure it continues long after height of the pandemic, or it is addressed as quickly as possible with through the involvement of Kirklees and Calderdale residents. We will continue to encourage this joined up working with the public through our facilitative role in the health and care system in 2021/22.



Nick Whittingham, Treasurer

Message from our Chief Executive

What an unpredictable and chaotic year 2020/2021 has been. It was impossible to foresee the extent of the Covid-19 pandemic's impact on both how Healthwatch in Kirklees and Calderdale works, and how our health and care systems work. Hospitals have been caring for hundreds of ill people with emergency needs due to Covid-19; community health care providers had to support huge numbers of additional people unwell in their homes either after discharge from hospital or who needed medical care at home due to the virus; hundreds of people in residential care homes caught Covid-19 and care staff worked tirelessly to care for and protect them. Everyone had to work more closely, and whilst Covid-19 presented the biggest challenge the NHS and social care had ever seen, it also meant that barriers between services were broken down. With everyone working to protect the population's health from the virus, there was a united purpose.



To those organisations, charities, mutual aid groups, NHS providers, emergency services, home care staff, teams from residential homes and every individual who did something to help their community, their neighbour or their service users - we are so thankful for your commitment, your kindness and your energy for what you do in a completely unpredictable and often unknown landscape. Our Covid Heroes campaign celebrated people in Calderdale and Kirklees for their contribution to helping people in such a trying time, but we know there are thousands of people who will have reached out to support someone.

Unfortunately, there have been impacts to health and care that are less positive. Nationally reported delays to planned care, difficulties accessing services if you are digitally excluded, and limits to visiting people residing in care homes are amongst the existent and emergent challenges that Healthwatch hears about and has raised. Wherever we can, we aim to capture both the issue, but also the potential solutions, that are shared with us. We firmly believe that the public often have the answers to some of our trickiest issues, and we are encouraging constructive discussion about how services can shift and change in a way that manages Covid risk, but doesn't limit or exclude people unnecessarily.

So what did 2020/21 look like at Healthwatch in Kirklees and Calderdale? All our staff have worked from home for 12 months; our volunteers have continued to support us but in totally new and innovative ways; we've enhanced our knowledge and skill with data analysis to help us make stronger and clearer arguments; we've strived to work in partnership wherever we can to make sure that the public's voice is heard, loud and clear, even when there are hundreds of new priorities to address.

Of course, we haven't been able to get out and about in the same way that we usually would, and that's something that the Healthwatch team really misses. That means we have tried out some totally new ways of working and found that we've had different successes with new people. Our telephone befriending service for vulnerable and older people was a triumph, with over 20 people having consistent contact with a kind and supportive person for several months. Many times this support meant better connections to other services, allowing someone to step forward in their life. We used SnapChat to engage with a group of younger people to understand where they were getting their Covid information. We asked people to "get creative" and send us poems, drawings, stories about their Covid lived experience and we learned so much from that rich and detailed information.

As always, I am unendingly proud of my fabulous colleagues, both staff and volunteers. In a trying year, we have achieved more than ever, and I can only express my gratitude for the commitment and passion of the team. Well done to you all.

Helen Hunter

Chief Executive

Every Comment Counts

If you have ever wondered what we do with your comments, have a look at the image below. We have created a guide to show the journey your comment may take! Of course, we couldn't talk about every possibility, but we're always happy to answer any questions.



To find out more information about Healthwatch Kirklees or Healthwatch Calderdale, find us on our social media channels or follow the contact details below:

Find us on:

www.healthwatchkirklees.co.uk
www.healthwatchcalderdale.co.uk



Healthwatch Kirklees
01924 450 379
Healthwatch Calderdale
01422 399433



Healthwatch Kirklees
Healthwatch Calderdale



hwkirklees
hwcalderdale

**OUR
RESPONSE
TO THE
COVID-19
OUTBREAK**

Community response

From March 2020, there was a huge shift in Healthwatch Kirklees and Calderdale's focus due to the emerging and ongoing issues around Covid-19. In a practical sense, all face to face engagement with the public was postponed and all staff continue to work from home. The organisation was fortunate to be equipped in a way that meant working from home was something that staff could adapt to quickly. We established that there were 5 key themes to our work across this period, and we continue to work within these themes 12 months later:

1. Supporting staff and volunteers - this is always a critical part of our delivery, but in this challenging time, ensuring that staff have flexibility and that we are functioning in a way that supports people's wellbeing is incredibly important.
2. Providing clear and up to date communications about Covid-19, vaccinations and all related topics - each week we are reviewing the information we are sharing on our website and social media. There is a comprehensive Covid-19 FAQ list on the website, and we signpost to this. There has been a real risk of information overload through all channels for the public, so we have done what we can to reinforce positive messages and provide helpful resources.
3. Involvement in the community effort and supporting local residents - staff were encouraged to register with the community hubs set up in their own local area (not necessarily the area where they work) and to commit some of their time to supporting their neighbours. We also started befriending isolated people who attend groups that we have visited in recent months. All NHS Complaints advocacy clients were reviewed for vulnerability and approached specifically to see if they need support.
4. Working with the seldom heard - it is more crucial than ever that we do what we can to make sure that those who are seldom heard have a voice. Rapidly changing messages and guidance; limited access to primary care services; messages about limiting unnecessary attendance can be disorientating for anybody, regardless of whether you have vulnerabilities or protected characteristics. We wanted to make sure that people weren't being left behind.
5. Influencing health and care delivery - whilst mobilising services to address the pandemic is unquestionably crucial, understanding the way people currently experience services helps us to get things right. We continue to find out what questions people have, seek answers to those, and ensure that patient perspective is being considered.

The Covid-19 pandemic has reshaped all of our work in 2020/21 as health and care organisations return to something like business as usual. We have a critical role in informing those changes.

Covid-19 vaccination

In December 2020 and January 2021 we engaged with the public to assist Kirklees and Calderdale health and care systems in understanding the existing feedback gathered from members of the public regarding the Covid-19 vaccination, both in our localities, but also from across the region and the country.

Whilst the public's perception of Covid-19 vaccination overall was positive, most people indicated they would be comfortable having the vaccine, there were specific groups who felt less sure. People from BAME communities, younger people and women were all more sceptical about the Covid-19 vaccination than the wider population. It was important to understand their concerns in greater detail to provide accurate information (where possible) to address those concerns.

The summary we provided was utilised by Kirklees and Calderdale organisations to support the development of vaccination programmes and communications messages.

As the vaccination continues to be rolled out, Healthwatch Kirklees and Calderdale would like to recommend that every effort be made to capture feedback from people who are receiving their vaccination. To contribute to this we have produced a website page specifically for vaccination reviews from the public. This feedback will ensure that the processes surrounding the vaccination are working as they should, and assist in identifying any areas for improvement.

Befriending vulnerable people

At the start of lockdown in March 2020, during the Covid-19 outbreak, staff and volunteers at Healthwatch Kirklees wanted to support the community effort by offering some telephone befriending calls to lonely and vulnerable people. Healthwatch Kirklees and Calderdale approached a couple of community groups, our advocacy clients and the Kirklees Covid-19 Community Response Helpline with an offer to provide some telephone befriending calls to people who might benefit. Our befriending offer ran from March 2020 to March 2021.

Feedback from people who received the ongoing befriending calls was overwhelmingly positive:

“I found the calls invaluable. I’m fairly isolated in my motor home and haven’t been able to leave the area since lockdown. My son visits occasionally but has to go quite out of his way so I don’t see him a lot. My husband is also suffering from dementia and is in a care home. I’ve enjoyed having someone to just chat positively with and on a regular basis.”

“Receiving these calls has done more for me than any mental health service I’ve tried to access.”

The befriending calls gave Healthwatch Kirklees and Calderdale the opportunity to follow people’s ‘journey’ during the Covid-19 outbreak. As most of the people receiving calls were older or more vulnerable, they used a range of health and care services and this gave staff and volunteers a real insight into their experience. Some of the feedback received has already been used to flag issues to providers and commissioners.

We intend to use telephone befriending as one of our tools for engagement; this won’t be on a large scale but sometimes there is real value in following someone’s journey, rather than simply having a ‘snapshot’ of their experience.

Care home contacts

In 2017, Healthwatch Kirklees completed engagement with residents, carers and staff in care homes relating to a proposal to allocate one GP practice to each individual care home, rather than having multiple GP practices serving each home. In September 2020, Greater Huddersfield Clinical Commissioning Group (GHCCG) & North Kirklees Clinical Commissioning Group (NKCCG) began to allocate one or more GP practices to work with each nursing or residential home in Kirklees based on national guidance provided by NHS England. This gave Healthwatch Kirklees the opportunity to see how our previous findings and recommendations had shaped this new way of working. Alongside this work, we were able to speak directly to care home managers during the Covid-19 outbreak to ensure they and their residents were fully supported and listened to during a difficult time.

We made telephone contact with 90 local nursing or residential home managers between 12th October-9th November 2020. Unfortunately, we were unable to speak with residents and their families at this time due to the Covid-19 outbreak and restrictions. We asked questions around the information that had been shared, choice of GP allocation, what was working well and improvements that could be made. We also asked about Covid-19 visiting restrictions and how staff and residents were feeling, particularly with the changing guidance from the Government and local Councils.

We found that the new ways of working of one GP practice per residential setting seemed generally positive for most of the homes, and they welcomed the changes. In fact, many told us they had been waiting for this change for a long while. Although it did seem more challenging for some services and meant an increase in work at a very difficult time.

In response to our work the local CCGs responded

“Thank you for undertaking this extensive piece of work to review the impact and experience of staff and residents following the alignment of one practice to one care home across Kirklees. This was part of our care home improvement programme of work and identified as best practice by the Framework for Enhanced Health in Care Homes. This was always going to be a challenge as we have twice as many care homes to practices. We also had up to 8 practices working in some care homes, however we did make some changes to alignment where possible, following practice or care homes requests. We’re pleased to report that overall the transition has worked well with only a few issues arising.”

ORGANISATIONAL IMPROVEMENTS



Engagement at place level

Although 2020/21 has been a year of unprecedented challenges, it has also been a year of unprecedented opportunities; one of the best opportunities for Healthwatch Calderdale has been working more closely with partners across Calderdale to develop a joined up approach to involving people in how the health and care system takes its decisions and works to provide good quality public services. The Clinical Commissioning Group and Council have worked to develop an Involving People strategy that sets expectations for how people's voices should be gathered, considered and utilised in Calderdale. The collaboration has been welcomed by Senior Management staff in all partner organisations across Calderdale, and we have been really pleased to work closely with those partners to start work implementing that strategy.

With the Involving People Network now up and running, and two significant pieces of partnership work under our belts, we are evidencing how closer working enhances the opportunities for the public to get involved, and for that involvement to really mean something. There is still some work to do to pull together a Communications, Engagement and Equality Collaborative that will take a strategic lead in setting the Calderdale approach to embedding the public's involvement, but starting with real tangible examples of how working together has enhanced our offer feels like a great way to connect. Healthwatch in Calderdale is committed to this programme of work and is excited to see what the future holds for inclusive involvement that pulls together all organisations in amplifying the public's voice. We hope the learning from this collaboration will be duplicated in Kirklees in the near future.

Data Analysis

During the past six years the amount of quantitative and qualitative data we receive from the public has steadily increased.

In Summer 2020, we purchased a new data management system for our qualitative data which helped us to further improve our analysis of data. In particular, the new system helps us code and theme individual comments from the public so that we can fully understand the sentiment (e.g. positive, negative, neutral) behind peoples experiences. The system also offers a much greater insight into different demographic profiles and how one persons health or social care experience may differ from another person's if for example they live in a particular area, are from a particular ethnic background or if they are from a certain age group. This insight has provided assistance in identifying potential health inequalities locally.

The new data management system has enabled us to work in different ways, not only in the analysis of our data and the improved depth of information we can provide to NHS and social care commissioners and providers but also to inform our work plan for the future.



Our Work

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

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.

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 in Kirklees and Calderdale used a variety of different engagement approaches and tools including a survey and virtual focus groups to talk to people living and working in our local areas. 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. We also asked staff to share their experiences of working and delivering a service during this time. In total we received 1,089 survey responses from service users, family members, carers and health and care staff. A total of 139 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 (750 contacts, 69%), Hospital care (384, 35%) and Pharmacy care (221, 20%). Other service types commonly commented on were community services, 999 and 111 and dentists). 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 made suggestions for how their experience could have been improved, which offered some steer to health and care providers.

We shared the findings of this report with the public via our website, we asked NHS and social care organisations to provide a response to our report to ensure that we can help to make health and care services better for everybody. Our findings have been used to inform local Covid-19 reset plans within the Councils and to inform wider discussions in our local Hospital Trusts.

Response from Kirklees and Calderdale Clinical Commissioning Group (CCG):

"We will ensure that the information presented in the Healthwatch Kirklees and Calderdale Covid-19 engagement report becomes an integral part of the existing quality assurance and quality improvement processes the CCG has in place with all providers. We will use the detail in the report in our scrutiny of service information submitted by our providers, and in analysing the quality metrics we receive to ensure that the quality of the services we commission meets the expectations of those using them."

Ethnic Minority Carers

Healthwatch Kirklees wanted to support the Carers Strategy Group in Kirklees to understand the experience of ethnic minority carers as it was felt their voice was under-represented. We engaged with ethnic minority carers in the community and in local support groups, asking about their experience as unpaid carers, how this impacts their lives and whether anything could be done differently to better support them in their role.

Key findings:

Ethnic minority carers contribute greatly to supporting family and friends who need their care, sometimes to the detriment of their own health, wellbeing and financial situation. They quite often face additional barriers, such as cultural expectation, stigma, isolation, lack of support and understanding from employers, difficulty accessing information about what support is available and sometimes a reluctance to seek and accept support.

Local health and social care organisations could be more flexible and creative in their approach to reaching out into the local community to send a clear message to ethnic minority carers that organisations in Kirklees are available to offer support and that asking for help may be difficult but there are often many benefits to getting the right support in place. Services could do more to make their offer fully inclusive, accessible and supportive of ethnic minority carers by listening to and understanding their needs, taking into account barriers which can be created by different cultures, religions, ethnicities and having English as a second language.

Carers shared many ideas around how their experience could be improved; they can readily identify what would help to make their lives easier and these are often simple things like support for their mental wellbeing, e.g. having a trusted place where carers can meet for peer support or talk to someone such as a befriender or counsellor, having opportunity to take a break from their caring role or support to make plans for the future which would help to alleviate some carers' worries.

In developing and improving support for ethnic minority carers, there will be benefits to their physical and mental health. Investment in supporting ethnic minority carers will also help them to stay in work, whilst managing to carry out their caring role; this also improves their own financial and emotional health and well-being.

Young carers benefit from having easily accessible information, advice and support. Awareness raising is important in educational and employment settings to ensure messages reach young people in schools, colleges, universities and work places.

Due to the Covid-19 pandemic, further research is required within ethnic minority communities to understand health inequalities and to understand the experience of carers and the people they care for during this extremely challenging time; research findings may help to mitigate risk to health and wellbeing within those communities

Recommendations

From our findings we would like to suggest the following recommendations which will be shared with our local stakeholders

- Health and social care organisations to adapt their carers' charters to make specific reference to how they aim to support ethnic minority carers.
- Development of more culturally appropriate, accessible services to provide information, advice and support for ethnic minority carers.
- A specific piece of work is needed to encourage and support ethnic minority carers to recognise and declare their caring role, which will then give improved access to information, advice, support, respite and benefits which are available to carers.
- More support groups specifically for ethnic minority carers; places where people can go for peer support, counselling, social activities and emotional support.
- Targeted information, support and training for communities and employers to improve awareness of carers' role and to help breakdown stigma.
- Involve ethnic minority carers in planning for and provision of carers support services in Kirklees.

Access to medications during the Covid-19 outbreak

Health and care services changed dramatically and with little or no prior notice during the Covid-19 outbreak and lockdown from March 2020 onwards.

Healthwatch Calderdale and Healthwatch Kirklees worked together during 2020 to collect the health and care experiences of people living in Calderdale and Kirklees during the Covid-19 outbreak. The report can be found here: <https://www.healthwatchcalderdale.co.uk/report/the-health-and-care-experiences-of-people-living-in-kirklees-during-the-covid-19-outbreak/> - this latest report is as a result of further feedback we have obtained, looking specifically at an area of concern raised previously.

Our aim for the project was to explore people's experiences of;

- Changes to medication;
- Medication reviews;
- Having to rely on others to obtain medication.

We used a number of engagement tools throughout the project to obtain feedback, including leaving surveys in pharmacies, an online survey, direct conversations with young people, working with home library services and speaking to those working in pharmacies.

Findings:

We asked people in Kirklees and Calderdale to rate their confidence of managing their health and wellbeing out of 5. The average result from respondents was a confidence rating of 3.25. This data will be provided to our stakeholders to ensure that the correct support, to increase confidence, is provided to patients living in Kirklees and Calderdale.

Changes to medication:

- 58.2% of participants had experienced changes to their medication since March 2020, when the first Covid-19 lockdown began. Overall people felt generally dissatisfied if they had experienced changes to their medication
- Communication was the key way in which people felt their experiences of medication changes could be improved. This was mentioned by 34.2% of respondents.
- Asian people had a higher than average negative response to changes to their medication (67.9% compared to the average of 58.2%). As well as greater need for communication (35.7%) people from Asian communities said access to a healthcare worker was important for them to overcome negative experiences. Statistics for Asian respondents differ to responses from all others, as none of them cited use of technology as a way to mitigate their difficult experiences, compared to 11.1% of non-Asian respondents.
- People with a mental health condition and autism had greater negative experiences of changes to medication (66.7% compared to an average of 58.2%). They cited access to a health worker and technology (both 33.3%) as the most effective way of improving their experience.
- Female respondents were less satisfied than men in their experience, with less belief in technology (7.3% compared to an average of 11.1%) as a way to improve their experience. Females cited access to a health worker and improved communication as ways of improving their experiences.

Medication reviews:

- Overall 96% of people told us about their experience of medication reviews with 80.8% of them trying or needing a review. When asked how medication reviews could be improved 46.4% of people said communication; with 22.2% saying access to a medical professional.
- Asian people told us about their experience of medication reviews at their GP surgery, with the greater number 35.7% telling us communication and 21.4% access to a medical professional would have improved their experience.
- People who have mental health conditions and Autism all cited improvements in communication and access to a medical professional as positive ideas.

Support of others to obtain medication:

- We found a higher number of people have had to rely on others to obtain medication, this includes people needing support of family, friends, pharmacies or a wider support network,
- After March 2020, 41% of respondents had to rely on others, including pharmacies, for support in delivering or obtaining medication, compared to just 8% of respondents prior to March 2020.
- A greater number of Asian people told us they relied on the support of others - 64.3% compared to other ethnic backgrounds which was 40.3%.
- More than half of the survey respondents did not need the support of others prior to lockdown.
- The feedback about pharmacies was positive, which may account for many of the surveys being completed by customers when visiting a number of pharmacies we left them at.
- The general comments about the support people received from friends, family, community support networks and pharmacies is overwhelmingly positive.

Next steps:

Our report is currently being finalised and we intend to share the report and our recommendations with;

- GPs and Primary Care Networks
- West Yorkshire Community Pharmacy
- Clinical Commissioning Groups in both localities
- The public who provided their experiences
- West Yorkshire and Harrogate Partnership
- Local medical committees



Delays to routine and planned care during the Covid-19 outbreak

There have been many challenges for NHS and social care services during the Covid-19 outbreak, the most recent concern we have heard from the public is regarding delays to routine and planned care.

Our most recent project explores peoples experiences of the following:

- cancelled or postponed health and care appointments
- cancelled or postponed procedures, such as assessments, operations and tests,
- having difficulties making contact with services for reasons outside your control (e.g. phone lines engaged) that resulted in delays to obtaining care.

We are collecting responses to our online survey via social media, hard copy surveys, focus groups, one to one interviews and case studies, as our face to face engagement is still postponed.

We aim to gather information around:

- length of waiting times
- which health and care services are experiencing extended waiting periods
- how far people in Kirklees and Calderdale would travel for a planned operations
- what impact the waiting period has had upon peoples lives
- what support has been beneficial to patients during their waiting period

Our project will finalise in August 2021 and we will then use patient stories to inform and influence NHS and social care managers as we move out of Covid-19 restrictions. We will be sharing the feedback with local Clinical Commissioning Groups, Councils and the West Yorkshire and Harrogate Partnership, to ensure that patient voice and experience is shaping local services in the future.



Access to NHS Dentistry

Access to NHS dentistry has been high on Healthwatch Kirklees and Calderdale agendas for the past 6 years. We continue to hear from the public on a daily basis about lack of NHS appointments for both routine and emergency treatment.

This year our focus has been upon:

Providing patients with up to date information and signposting

In November 2020 we updated our websites to include information about how to make a complaint, access to NHS dentistry and emergency treatment pathways, we continue to update this information. Our volunteers help to provide up to date information from dental practices by conducting mystery shopping phone calls. This includes which practices are accepting NHS patients currently or are operating waiting lists. From April 2020 to March 2021 we received four times as many contacts in relation to NHS dentists from the public.

Feedback to local stakeholders

We continue to provide information and data held on our databases to interested stakeholders on a local, regional and national basis.

In Calderdale we have worked in partnership with the Councils Scrutiny panel to support the conversation around the challenges people are facing. In addition to this we also escalated our insight into NHS Dentistry access, alongside other Healthwatch across Yorkshire and the Humber, to Healthwatch England.

Yorkshire and Humber Healthwatch feedback during the Covid-19 outbreak

For many people contacting local Healthwatch, COVID-19 has compounded issues around access to care and treatment, with many Yorkshire residents left without appropriate assistance with their dental health, even in complex and distressing situations. The feedback mentioned below has been received from 9 out of 15 Healthwatch across Yorkshire and the Humber. Those Healthwatch are: Bradford, Calderdale, Doncaster, Kingston-Upon-Hull, Kirklees, Leeds, Rotherham, Sheffield and Wakefield.

We believe that NHS dentistry services function in a way that is different from every other part of the NHS. During the COVID-19 pandemic, there has been an acceptance that dental care will be largely unavailable, except in the most extreme circumstances. Whilst there are justifiable reasons why NHS dental care was paused, there are a concerning number of stories about people in significant pain, unable to get appropriate help, and examples of directives that have been given from NHS England, that are not being delivered upon at a local level. As a key local voice organisation, all Healthwatch are involved in the review and reset work for local providers; local health and care organisations are keen to hear the views of people in their communities as they look at what their provision will be going forward. This opportunity has not been made available to local Healthwatch in regards to the return to work for local dentists, and we have not seen any development work that looks at provision of dentistry post-COVID-19. If a GP surgery, local hospital, or community provider were to offer their services in the same way, this would be challenged.

The 9 listed Healthwatch shared the feedback they gathered from March - June 2020 regarding dentistry, and this has been pulled together in to the themes below.

1. Clearer information about the availability of dental care is required
2. Stakeholder/patient involvement of review and reset planning related to access to dental care is required
3. Stakeholder/patient involvement around the impact of limited dental access on health inequalities

It would seem from the data received that the issues around dental access have been particularly critical in West Yorkshire and Sheffield, with other areas reporting fewer concerns, and better interaction between their staff and NHS England.

Healthwatch England have added access to NHS Dentistry to their national work plan for 2021-2022.

Safeguarding adults in Calderdale

Our Chief Executive continues to work with the Calderdale Safeguarding Adults Board on ensuring public involvement in safeguarding work. As the chair of the Communications and Engagement Sub-Group of this Board, she has been working with the Board secretariat to look at how the Board can maintain its commitment to engaging the public during the pandemic.

Although all face to face engagement has had to stop, the safeguarding engagement network (made up of local voluntary sector organisations supporting people with care and support needs) has been asked to contribute their views on the development of some key safeguarding resources including:

- **Tell Someone and Be Safe Form** - This has now been distributed via newsletters and is available on the [Report Concerns](#) page on the Calderdale safeguarding website - [Tell someone and be safe form](#).
- **Keeping Safe from Abuse Booklet** - The draft booklet was sent out virtually to the subgroup, who sent through further feedback. This went out for further consultation with the Service User and Engagement network for their comment in early 2021.

It has been the ambition of the sub-group to instigate a Safeguarding Champions scheme, where individuals from local organisation can support the dissemination and collection of information related to safeguarding practice, to try to make sure all health and care services have the safeguarding knowledge they need. The set-up of this scheme has been delayed due to the precedence of other priorities for all safeguarding partners during the pandemic.

Healthwatch Calderdale's regular attendance at the Calderdale Safeguarding Adults Board and the Safeguarding Business Group, as well as the sub-group, is an essential part of ensuring that Calderdale is involving those most at risk of abuse in deciding what support and interventions would be most beneficial and effective for them.

Safeguarding adults in Kirklees

The Kirklees Safeguarding Adults Board (KSAB) have asked Healthwatch Kirklees, as an independent organisation, to provide a programme of engagement to gather feedback from people who have been involved in the safeguarding process.

The KSAB, hosted by Kirklees Council, is a multi-agency partnership. The KSAB works within the framework of the law and statutory guidance to strategically assure itself that local safeguarding arrangements and partners act to help and protect adults at risk in Kirklees in line with the criteria set out in section 42.1 of the Care Act 2014, that is:

- has needs for care and support (whether or not the authority is meeting any of those needs);
- is experiencing, or is at risk of, abuse or neglect, and;
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

In 2018, a national 'Making Safeguarding Personal' outcomes framework was developed. The purpose of the framework is to provide a means of promoting and measuring practice that supports an outcomes focus and person-led approach to safeguarding. The framework consists of 7 questions in total which ask about the person's experience of the safeguarding activity. Healthwatch Kirklees will use the Making Safeguarding Personal framework as a basis for discussions with people who have experienced a safeguarding concern, either as the person at risk or their carer, family member or advocate. The project objectives are to:

- Establish a clear and comprehensive understanding of people's experience during the safeguarding process.
- Ensure that feedback is gathered from those who might struggle most greatly to have their voices heard, including those with protected characteristics and care home residents, their relatives and carers.
- Enable the KSAB to utilise this feedback when reviewing and developing their safeguarding process.
- Enable the KSAB to evidence their 'Making Safeguarding Personal' approach, by listening to and responding to feedback from those at the heart of the process

NHS complaints advocacy in Calderdale

Our NHS Complaints Advocacy Service provides free, independent and confidential support and assistance to residents of Calderdale who wish to make a complaint about an NHS service. This includes General Practitioners (GPs), hospitals, opticians, pharmacies, community based services as well as urgent and emergency care centres.

Our service

- gives people the opportunity to speak confidentially to a trained advocate, independent of the NHS
- helps people clarify all the issues they want to raise in their complaint and supports them to express their views
- offers practical help to write a letter to the right person
- prepares people for meetings and attends with them where required
- provides people with information about how the NHS complaints service works
- helps to monitor the progress of someone's complaint
- helps people understand responses and correspondence about their complaint
- acts with consent on behalf of the person making the complaint to ensure health organisations and their staff are treating them fairly and in a dignified manner
- puts people in touch with other services that might be able to help them

This year we dealt with 63 new referrals to our NHS Complaints Advocacy Service including a number of complex complaints. The service helps inform Healthwatch Calderdale of issues and difficulties in local health services. This year, through our NHS Complaints Advocacy Service we have heard from numerous adults reporting problems with mental health services, maternity services and primary care. These people have been supported in making their NHS complaints. Healthwatch Calderdale has also amplified their voices by undertaking further work in these areas and informing the NHS providers involved regarding these issues, working with them to influence change and improve services. This year we have continued to improve our website, empowering people to help themselves by adding self-help advocacy resources to our website.

“There is nothing more fab than you my NHS Healthwatch Calderdale Advocate who goes out of their way to help others like me who are never afraid to complain or raise their voice for honesty, truth and compassion against injustice” Advocacy client

“Thank you for all your support in this process” Advocacy client

“Thanks for all your hard work, my family really appreciate everything you have done.” Advocacy client

“I am grateful that you were a part of our journey and were there for us. I want to thank you and your amazing staff for picking [up] the phone, answering emails, dedicating hours liaising between parties and just generally being there. The situation would have been immensely difficult without your aid. I humbly thank you and your team from the bottom of my heart and pray that you continue your wonderful service providing a lifeline to those who need it. “

Advocacy client

UPDATES FROM 2019-2020

Hypermobility Syndromes

We continue our work on hypermobility syndromes, though meetings have been delayed due to Covid-19. All information relating to this project can be found on the Healthwatch Calderdale website: <https://www.healthwatchcalderdale.co.uk/report/hypermobility-syndromes/>

On 10 January 2021, Healthwatch Calderdale presented at an online event, broadcast globally, entitled 'Paediatric Ehlers Danlos syndrome and Hypermobility Spectrum Disorder: Exploring The Impact of Misdiagnosis'. This was hosted by the Ehlers Danlos Society. Following the publication of our main hypermobility syndromes report in July 2019, we received feedback nationally from people with hypermobility syndromes. We are currently in the process of writing up a report for this national feedback.

Healthwatch Calderdale submitted additional feedback to Calderdale and Huddersfield NHS Foundation Trust (CHFT) regarding the secondary care experiences from people with hypermobility syndromes in Kirklees and Calderdale. CHFT is now drawing up an action plan with regard to improving care for individuals with hypermobility syndromes within the Trust. CHFT and Healthwatch Calderdale will continue to work together in this regard.

The Autism hub

Since the publication of the original report in May 2017 and our last involvement submission, Healthwatch Calderdale has continued to work in this area specifically in the following ways:

- Providing support during the development and implementation of the 'Keeping Neurodivergent People Connected' project run by the Society for Neurodiversity. This project supported people with neurodivergent conditions in Calderdale during the Covid-19 pandemic, providing them with information about the support that was available for them, helping to tackle loneliness and isolation and keeping them connected to their community.
- Submitting a submission for the NICE autism guidance consultation in November 2020 using intelligence from feedback gathered from previous engagement, as well as from clients being supported by Healthwatch Calderdale
- Discussing the issue of patient choice in relation to attention deficit hyperactivity disorder (ADHD) and autism with Calderdale Clinical Commissioning Group and other stakeholders

All information relating to this project can be found on the Healthwatch Calderdale website: <https://www.healthwatchcalderdale.co.uk/report/adult-autism-in-kirklees/>

Access to health services for asylum seekers and refugees

In 2020 Healthwatch Calderdale ran online focus groups meeting with asylum seekers and refugees as part of its Covid-19 engagement work. Healthwatch Calderdale is involved with the Valley of Sanctuary specifically in relation to access to health services for asylum seekers and refugees.

Healthwatch Calderdale is also contributing to work concerning the current Welcome Pack asylum seekers and refugees are provided with, and we are working to revise the section on healthcare services so that it tells people what they need to know when they first arrive in Calderdale, and to ensure it is an up-to-date resource which is easy to understand.

In the last year we have contacted GP practices to make them aware of the issues asylum seekers and refugees are experiencing when trying to register as patients (notably surrounding proof of ID/address, interpreting support for remote appointments and staff in GP practices not having an understanding of the languages their patients use and need support with. We have also asked GP practices how they plan to resolve these issues. In response we have been assured that practice staff will be receiving the training they need to allow them to deal with these issues in a more informed and professional way. Practice staff are now liaising with St Augustine's Centre to make sure they are better informed about the communities the practices serve and languages they use. In addition, we have raised the issue of the importance of making three-way interpretation available for all patients who need it, especially during the pandemic when patients have to have remote appointments. After a slow start this now appears to be happening in most cases. We have also given NHS England Dental Commissioners detailed feedback on the issues faced by refugees, asylum seekers and migrants trying to access both emergency and routine dental care, and this information will be used to inform their service planning.



VOLUNTEERS

In 2020-2021, Healthwatch Calderdale and Healthwatch Kirklees were supported by 26 volunteers (plus one work placement student). Our volunteers helped us help find out what people thought about health and care services, what was working well and what people would like to see improved within their communities.

Thank you so much to all of our volunteers for their ongoing support.

This year our volunteers:

- Created, delivered and evaluated their own project in partnership with The Kirkwood
- Assisted us in befriending vulnerable people
- Raised awareness of the work we do within their communities, at online events and with health and care services
- Encouraged their local communities to review local services on our websites
- Helped support our day-to-day running; office and advocacy support, data coding, proof checking and reading reports
- Listened to people's experiences to help us know which areas we need to focus on
- Completed new training and gained new skills
- Helped the staff team to design, analyse and share engagement surveys with the public
- Completed access to Dentistry research, mystery shopping and signposting
- Engaged with people about the Covid-19 vaccine
- Captured photos and images for our new website
- Provided poems and creative responses to our engagement projects
- Recorded voice overs for our social media and online videos
- Helped us create podcasts for children and young people

In total, our volunteers contributed 443 hours of their own time to help our organisations. This equates to having one additional full time member of staff each month.

Here is a full list of our volunteers during 2020-2021

Lynne Keady	Emma Halai	Sheran Loran	Mohamad Mowakket
Frank Reddington	Haniya Mazhar	Norman Sterling-Baxter	Elliot Shaw
Lisa Hodgson	Adnan Talib	Sam Costello	Abdul Wadood
Alison Cotterill	Catherine Wielgus	Dur-E- Nayab	Rachael Wood
Eileen Rudden	Eleanor Wrest	Nabilah Haroon	Olubukola Oladiran
Salma Afzal	Mark Solomon	Shania Rowe	Fatima Bismillah
Rayne Sutcliffe	Shakila Shaikh		Mariyah Patel

Volunteer led project - The Kirkwood

For some time Healthwatch Kirklees and Calderdale have thought about the skills our volunteers add to our organisation and with the right support and training we hoped that they would be able to run their own engagement projects.

In November 2020, The Kirkwood reached out to Healthwatch Kirklees to ask if we could independently engage with the public on their behalf. The Kirkwood had recently re-branded, had new visions for the service and were interested in how the public would respond to their planned service improvement. This seemed like a perfect fit for a group of our volunteers.

From December 2020 - February 2021, 10 of our volunteers undertook background research and created two surveys; one for current services users of The Kirkwood and the second for the general public and professionals. Our staff team helped produce a video to easily explain the suggested future plans for the service. The surveys and video were shared locally throughout March 2021.

The Kirkwood and our volunteers asked the public:

- What service users thought of the care and support currently provided by The Kirkwood
- What the general public's opinions were of proposed services and offerings
- Were people aware of the various amounts of support The Kirkwood offer?

Findings:

The majority of people who responded to the volunteers survey were aware of the end of life care and hospice support provided by The Kirkwood. Many people also told us they had heard about the support/therapy groups on offer.

Some respondents told us that they were not aware of the full range of support services on offer, who was eligible and how to access these different services.

Overall, people felt positive about ideas for The Kirkwood new proposals such as;

- Offering support in the community, e.g. in community centre hubs or using the 'Kirkwood on Wheels'
- People did not want existing services to be replaced by the new ideas
- The majority of people asked for a direct advice line with The Kirkwood so they could fully understand what was available to their loved ones

The Covid-19 pandemic has affected the way in which current service users access The Kirkwood; some changes have been positive such as digital access (as people did not need to travel from their homes), whereas others commented that they preferred face-to-face support groups.

The volunteers have analysed all of the engagement findings and written draft a report which has been shared with The Kirkwood. The volunteers project will help The Kirkwood ensure that patient voice is at the centre of the future plans.



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers from Kirklees and Calderdale. If you are interested in volunteering, please get in touch with our volunteer co-ordinator, Katherine.

Website: www.healthwatchkirklees.co.uk

Telephone: 01924 450379

Email: katherine.sharp@healthwatchkirklees.co.uk

OUR STATUTORY OBLIGATIONS

Healthwatch Calderdale and Kirklees are statutory bodies. This means that by law, there has to be a Healthwatch in each local authority, and we have to report back on the way that we work, and how we are organised. This section covers the issues we are required by law to report on.

We use the Healthwatch brand under licence from Healthwatch England. Healthwatch Kirklees is a limited company Healthwatch Kirklees (08456146) and charity (1156338). Healthwatch Calderdale exists as a project delivered under contract with Calderdale Council.

Our full contact details

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

Tel: 01924 450379 Email: info@healthwatchkirklees.co.uk

Web: www.healthwatchkirklees.co.uk

Healthwatch Calderdale, The Elsie Whiteley Innovation Centre, Hopwood Lane, Halifax, HX1 5ER

Tel: 01422 399433 Email: info@healthwatchcalderdale.co.uk

Web: www.healthwatchcalderdale.co.uk

How we will share our annual report with the public

Our annual report will be made available through our website after our annual general meeting. We will share it with stakeholders and advertise it in the press. As we strive to be environmentally friendly, we do not print copies of the annual report, and produce an online copy. This can be made available as a paper copy on request

Working with the Care Quality Commission

In 2020-2021 we have had involvement with the Care Quality Commission (CQC) by contributing our intelligence to their social care provider inspections. Each time the CQC representatives inspect a local health or social care facility we provide any feedback we hold about that service.

Our work with volunteers

Our Trustee Board comprises 11 lay people and volunteers who are responsible for the governance of the organisations. Six are taken from our member organisations, and we have an additional 5 community representatives. All members are full trustees of the charity and directors of our limited company Healthwatch Kirklees.

Volunteers provide valuable support and guidance to Healthwatch Calderdale and Kirklees by:

- Sitting on our board as trustees
- Helping us visit care homes, hospitals and daycare services as authorised representatives to see what services look like
- Work with us in the office on specific projects or pieces of work
- Act as our eyes and ears in the community as “Healthwatchers” feeding back comments that they hear every day from patients and carers.

Our funding

Healthwatch Kirklees received a core grant of £185,000 from Kirklees Council in 2020/21. We paid Kirklees Citizens Advice about 5% of these monies to buy payroll, financial management and office services over the year. We spend over three quarters of our funding on staff, with the rest being spent on the cost of renting an office and running a small charity.

Healthwatch Calderdale received a grant of £132,500 from Calderdale Council to deliver a Healthwatch service and an NHS advocacy service.

Sometimes we are commissioned to provide independent reviews, or to design and deliver work that helps NHS and Council managers understand what people think of health and social care services.

Our accounts

Our annual accounts for 2019/20 containing all of our financial information are available on the company's house website. Our accounts for 2020-2021 will be available by November 2020.

Escalating issues to Healthwatch England

We continue to provide Healthwatch England with anonymous feedback from our databases. We have also escalated issues around access to NHS dentistry in Kirklees and Calderdale. Healthwatch England have initiated a national work stream to explore how access to NHS dentistry can be improved in the future.

We will be making this annual report publicly available by 30th June 2021 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s and our local authority.

We confirm that we are using the Healthwatch trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, please contact us at one of the addresses listed above.

healthwatch
Kirklees

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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

FULL PANEL DISCUSSION		
THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p>1. Financial position of the Kirklees Health and Adult Social Care Economy</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"> • An update on the impact of Brexit and Covid-19 to include exploring the implications on staff numbers/shortages. • Assessing the local approach to developing a workforce strategy. • A focus on the implications of the financial pressures on services provided and commissioned by Adult Social Care. 	
<p>2. Impact of Covid-19 on the Health and Adult Social Care Sector</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"> • Considering the capacity of the system • Monitoring the impact on planned surgery waiting lists • Considering planned changes to service delivery as a consequence of the pandemic. • Assessing the impact of the “health debt” due to delays in health screening, cancer treatments, vaccinations etc. • Looking at the local plans for catching up with delayed treatments. • Lessons learned to include looking at how services across the health and adult social care sector have adapted practice to take account of the impact of the pandemic. 	

	<ul style="list-style-type: none"> • Assessing the broader impact on adult social care including the increased social care needs for older people as a consequence of reduced mobility and access to services and activities during the pandemic. • The impact of long Covid 	
3. Integration of Health and Adult Social Care	<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"> • Looking at the progress and effectiveness of Community Care Services (CCS) in Kirklees. • 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. • Assessing the impact of CCS in Kirklees in reducing avoidable A&E attendances; hospital admissions; delayed discharges; and reducing avoidable outpatient visits. • 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"> ○ How the changes will impact on local commissioning and delivery of service. ○ Considering the changing health and care landscape to include a focus on the progress of collaboration between local providers. • To consider the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact Service 	
4. Digital Technology	<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>	

5. Mental Health and Wellbeing	<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"> • Reviewing progress of the work being delivered through the Kirklees Integrated Wellness Service. • Suicide prevention • Looking at the Council’s work in supporting mental health provision across the various localities in Kirklees. • 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. • Looking at the wellbeing and support for unpaid carers including working carers. 	
6. Quality of Care in Kirklees	<p>Receive an annual presentation from CQC on the State of Care across Kirklees to include:</p> <ul style="list-style-type: none"> • A focus on Adult Social Care • The impact of COVID-19 on the quality of care in Kirklees. 	
7. Kirklees Safeguarding Adults Board (KSAB) 2019/20 Annual Report	<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>	
8. Yorkshire Ambulance Service (YAS) Response Times	<p>To receive an update on performance and demand across all areas of Kirklees to include:</p> <ul style="list-style-type: none"> • A focus on response times for categories 1 and 2. • Looking at the variances of performance across Kirklees. 	<p><u>Panel meeting 8 July 2021.</u> The Panel received an update on performance, demand and quality in Kirklees.</p> <p>The information provided was noted and the Panel requested that for future updates the data should also include the ambulance pick-up and drop-off times.</p>

9. Kirklees Public Health	<p>An overarching theme that looks at the work of Public Health Kirklees to include:</p> <ul style="list-style-type: none"> • Continuing to receive regular updates on the impact and response to Covid-19 (to be kept under review) • Assessing the performance of the Immunisation Programmes in Kirklees to include any future coronavirus programmes. • To review the work being done on population health management. 	<p><u>Panel meeting 8 July 2021</u> Kirklees Public Health presented an update on the local position and response to Covid-19.</p> <p>Actions agreed included:</p> <ul style="list-style-type: none"> • A request for information on the current rates of covid-19 hospitalisations including the trend in Kirklees; and the current assessment of the impact on people who have been diagnosed with long Covid. • That a further update be scheduled for the August meeting to include a focus on the impact of the proposed removal of national restrictions.
10. Update on Winter Planning	<p>Update on winter preparations 2021/22 from the Kirklees Health and Adult Social Care sector to include:</p> <p>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"> • lessons learned from the winter period 2020/2021. • feedback and experiences of service users from last winter period. 	<p>.</p>
11. Effectiveness of smoking cessation arrangements in Kirklees.	<p>To review the effectiveness of smoking cessation arrangements in Kirklees to include a review on how people with complex mental ill health are supported.</p>	
12. Kirklees Care Homes Programme Board including analysis of the home care market	<p>Receiving a update on progress of the Board to include:</p> <ul style="list-style-type: none"> • Looking at the key issues and challenges identified by the Board and the actions taken to address them. 	

	<ul style="list-style-type: none"> • 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. • 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. 	
13. Healthwatch Kirklees	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.	
14. Air Pollution	To assess the health risk associated with air pollution.	
15. Rainbow Child Development Unit at Calderdale and Huddersfield NHS Foundation Trust (CHFT)	To consider proposals to relocate the Child Development Service (CDS) and create a central community hub for families to include co-location with specialist nursing input and community therapies.	<p><u>Panel meeting 8 July 2021</u> Representatives from CHFT presented the plans to relocate the CDS.</p> <p>The Panel supported the proposals including the Trust's preferred location and requested that the outcomes from the engagement work be presented at a future meeting.</p>
LEAD MEMBER BRIEFING ISSUES		
ISSUE	AREAS OF FOCUS	
1. Mid Yorkshire Hospitals NHS Trust (MYHT) Ambulatory Emergency Care (AEC) Services and Services provided at Dewsbury and District Hospital (DDH)	Update on the closure of the AEC unit at DDH.	

2. Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust (MYHT)	Receive an update on progress of: <ul style="list-style-type: none">• The programme of change at CHFT.• The work being done by MYHT on its Outpatient Care.
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**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –
2021/22**

MEETING DATE	ITEMS FOR DISCUSSION
8 July 2021	<ol style="list-style-type: none"> 1. YAS performance and demand update 2. COVID-19 update 3. Setting the work programme for 2020/21 4. Child Development Service
19 August 2021	<ol style="list-style-type: none"> 1. Impact of Covid-19 on the Health and Adult Social Care Sector 2. COVID-19 update 3. Healthwatch Kirklees sharing of work programme
7 October 2021	<ol style="list-style-type: none"> 1. Update on Winter Planning (TBC) 2. Kirklees Care Homes Programme Board Update 3. Health and Wellbeing Strategy
11 November 2021	<ol style="list-style-type: none"> 1. Community Care Services (CCS) in Kirklees (TBC)
7 December 2021	
9 February 2022	
10 March 2022	
14 April 2022	

All meetings have been scheduled to start at 10:00 am with a pre-meeting at 9:30 am

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