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

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Wednesday 29 September 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 7 October 2021**.

This meeting will be webcast live. 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 - 8

To approve the Minutes of the meeting of the Panel held on 19 August 2021.

2: Interests

9 - 10

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

3: Admission of the public

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

4: Deputations/Petitions

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

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

5: Public Question Time

The meeting will hear any questions from the general public.

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: Healthwatch Kirklees

11 - 60

Representatives from Healthwatch will provide an update on their workplan and present the Healthwatch Kirklees and Calderdale Annual Report 2020/21.

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

7: Winter Pressures

61 - 76

Representatives from organisations across the Kirklees Health and Adult Social Care system will be in attendance to outline the work that is being done to prepare for the winter period 2021/22.

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

8: Kirklees Joint Health and Wellbeing Strategy Refresh

77 - 100

The panel will be presented with the proposed approach to developing the Kirklees Joint Health and Wellbeing Strategy.

Contact: Phil Longworth, Senior Manager – Integrated Support - Tel:01484 221000

9: Work Programme 2021/22

101 -
108

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 19th August 2021

- Present: Councillor Habiban Zaman (Chair)
Councillor Aafaq Butt
Councillor Bill Armer
Councillor Lesley Warner
Councillor Fazila Loonat
- Co-optees David Rigby
Lynne Keady
- In attendance: Stacey Appleyard – Healthwatch Kirklees
David Birkenhead – Calderdale and Huddersfield NHS
Foundation Trust (CHFT)
Suzanne Dunkley – CHFT
Emily Parry-Harries – Public Health Kirklees
Helen Hunter – Healthwatch Kirklees
Andy Smith – Mid Yorkshire Hospitals NHS Trust
Judith Stones -Public Protection Kirklees Council
- Observers: Peter Bradshaw
Cllr Elizabeth Smaje
- Apologies: Councillor Vivien Lees-Hamilton

- 1 Minutes of previous meeting**
The minutes of the meeting held on the 8 July 2021 were approved as a correct record.
- 2 Interests**
Cllr Lesley Warner declared an interest as a member of the Calderdale and Huddersfield NHS Foundation Trust Membership Council.
- 3 Admission of the public**
All items were taken in public session.
- 4 Deputations/Petitions**
No deputations or petitions were received.
- 5 Public Question Time**
No questions were asked.

6 Impact of Covid-19 on Kirklees Acute Hospital Trusts

The Panel welcomed David Birkenhead and Suzanne Dunkley from Calderdale and Huddersfield NHS Foundation Trust and Andy Smith from Mid Yorkshire Hospitals NHS Trust to the meeting.

Mr Smith outlined details of the Mid Yorkshire Hospitals NHS Trust's (MYHT) decision to suspend planned inpatient surgery at Dewsbury Hospital due to the extreme pressures and demand the Trust was facing for acute beds at Pinderfields hospital.

Mr Smith explained that there were a number of reasons for this action that included higher demand than normal in the Trust's emergency department; longer than average patients stays in hospital; and challenges moving patients that were medically fit for discharge back into the community.

Mr Smith stated that to try and mitigate the impact of the suspension of planned inpatient surgery the Trust had increased the numbers of patients being admitted for day case surgery.

Mr Smith informed the Panel that these arrangements would be reviewed in three weeks. The Panel heard that NHSI had requested that there was a whole system wide response to this issue and work was taking place with local authorities to ensure that patients fit for discharge could be placed back into the community.

In response to a question regarding what was meant by offloading patients Mr Smith explained that this referred to patients being taken off ambulances and the responsibility of care handed to the hospital.

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

- An explanation of the activity that was normally carried out in wards 12 and 14 at Dewsbury hospital.
- An explanation of what was meant by optimised for discharge.
- Clarification that P2 patients were priority two patients that were classed as needing urgent surgery.
- Details of the increase in day case surgery at MYHT.
- An overview of the work that was taking place to maximise the number of cases going through day surgery.
- Confirmation that patients that were due to have inpatient surgery at Dewsbury had been sent a letter explaining the position and that their surgery would now be undertaken at either Pinderfields or Pontefract.
- Confirmation that patients whose surgery has been transferred to Pontefract were being helped with their transport needs.
- An overview of the challenges to the system wide response for arranging medically fit patients to be discharged from hospital.
- The focus on the use of convalescence homes as one pathway to provide interim care for discharged patients.

Health and Adult Social Care Scrutiny Panel - 19 August 2021

- Confirmation that Calderdale and Huddersfield NHS Found Trust (CHFT) faced similar issues with the timely discharge of patients.
- An overview of the pressures that the whole system was currently facing.
- A question on the approach that was being taken to providing appropriate support and recognition to unpaid carers.
- The work being done by CHFT to provide patients with virtual access to their families and relatives.
- An overview of the impact that the pandemic was having on NHS staff.
- Details of the emerging impact on staff that included signs of mental health issues and trauma.
- An overview of the support and flexibility being provided to staff at CHFT.
- Details of the numbers of staff that were absent at any one time due to self-isolation including household isolation.
- Details of some of the positive aspects of the pandemic particularly from a digital point of view.
- An overview of the work that was taking place to provide health and wellbeing support to the CHFT workforce.
- Details of the public feedback received by healthwatch which had indicated more negative feedback than would be normally expected for hospital services.
- An explanation that the significant pressures and challenges that the NHS were having to deal with would lead to more variable patient experiences.
- The approach taken by healthwatch in working constructively with hospital trusts so NHS colleagues could understand the key issues being highlighted by patients and the wider public.
- A request from healthwatch for details of the needs of peoples presenting at emergency departments to understand what was driving the increase in demand.
- Confirmation that letters were being sent to those people across West Yorkshire experiencing delays in their planned care to keep them informed of progress.
- Details of the West Yorkshire and Harrogate mental health and emotional support service for all health and social care staff in the region.
- An overview of the position of hospital acquired Covid infections and details of the impact the pandemic was having on clinical effectiveness.
- Details of the process for getting NHS staff who were having to self-isolate back to work.
- Details of the work being undertaken by the trusts to identify better and new ways of working and to optimise facilities in order to continue to deliver services as quickly and efficiently as possible.
- Confirmation that all hospital patients were tested prior to discharge to a care facility.
- Confirmation that patients with covid who had received both covid jabs experienced less severe symptoms.
- Confirmation that hospital patients suffering with long Covid were requiring ongoing support from social care.
- An overview of the process and approach taken by the trusts to provide feedback to government to highlight how difficult the situation was including the impact on the mental health and wellbeing of frontline staff.
- A concern regarding the mental health and wellbeing of those staff who will continue to work remotely on a long-term basis.

Health and Adult Social Care Scrutiny Panel - 19 August 2021

- The work being undertaken by the trusts to reach out to the local community to understand the challenges for some people in using and accessing digital technology for healthcare.
- The importance of providing alternative pathways to care for those people who are unable to access a virtual appointment.
- The approach being undertaken by the trusts to provide digital support including in some cases digital equipment to help support people access digital pathways to care and virtual access to family who are in hospital.
- A question regarding the age profile of patients who are currently hospitalised due to Covid.
- Confirmation from CHFT that they were receiving a younger cohort of patients with the virus.
- Confirmation that getting vaccinated was the best form of protection against the virus.
- Details of the work that MYHT were doing in reviewing and contacting patients whose planned surgery had been delayed.
- Details of CHFT's buddy system for patients whose planned surgery had been delayed.

RESOLVED –

1. That the information presented by the hospital trusts be noted.
2. A request for MYHT to provide a written update on the position regarding the suspension of the provision of planned inpatient surgery at Dewsbury in time for the meeting scheduled to take place on 7 October 2021.

7 Covid-19 Update

The Panel welcomed Emily Parry-Harries Head of Public Health Kirklees and Judith Stones Acting Operational Manager Public Protection to the meeting.

Ms Parry-Harries presented an update on the local position of Covid-19 that included: an overview of infection rates in Kirklees; details of the rates of infection in various areas across Kirklees; uptake rates for vaccination by age and area and the comparison with other upper tier local authorities.

Ms Stones informed the Panel of the approach being taken by Public Protection to offering advice and guidance to local businesses on Covid-19 health and safety measures.

Ms Stones explained that following the introduction of step 4 in the government road map elements of the covid-19 legislation had been repealed which included the withdrawal of legal requirements such as the use of face coverings in certain premises and the requirement for hospitality premises to have test and trace information.

Ms Stones outlined details of the proactive work being carried out by the Public Protection team that included visiting business premises across Kirklees to provide advice on Covid-19 controls and safety measures.

Health and Adult Social Care Scrutiny Panel - 19 August 2021

Ms Stones informed the Panel that the Public Protection Team also carried out door knocking visits to every positive Covid-19 case in Kirklees to ensure that individuals were self-isolating and to provide help and support if required.

Ms Stones stated that in conjunction with public health the Public Protection Team were visiting business and employers who had suffered Covid outbreaks and increases in case rates to assess their risk assessments and offer support and guidance.

Ms Stones outlined the approach to dealing with local events and public spaces where there were likely to be high numbers of people that included details of the work undertaken by the Safety Advisory Group.

Ms Stones informed the Panel of the local enforcement options that included an overview of the approach taken by the Public Protection Team and the parameters for enforcement action.

Ms Parry-Harries presented the approach to dealing with the Covid booster vaccination programme and flu vaccinations and explained that public health was still waiting for a decision from the JCVI on who would be included in any booster programme that took place.

Ms Parry-Harries outlined details of the cohorts that would most likely be eligible for a booster jab. Ms Parry-Harries explained that due to the restrictions and extra care being taken by people flu levels over the last 18 months had been low.

Ms Parry-Harries informed the panel that respiratory infections in younger children had begun to rise outside of the normal winter period which was in part due to the lifting of restrictions and subsequent increase in social activities.

Ms Parry-Harries outlined details of a short report on long Covid from the Office of National Statistics that stated that there was no universal agreed definition for long Covid that covered a broad range of symptoms.

Ms Parry-Harries stated that it would be helpful for the panel to invite the Council's Principal Occupational Therapist and Clinical Commissioning Group colleagues to a future meeting to look at the work they had been undertaking in establishing clinics to support people with long Covid.

Ms Parry-Harries presented details of the investment in a long Covid plan that was aimed at enhancing the support for people suffering with long Covid.

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

- An explanation of the work that was undertaken in analysing the rates of infection across Kirklees.
- Confirmation that the infection levels were not consistently concentrated in any one ward.

Health and Adult Social Care Scrutiny Panel - 19 August 2021

- Details of areas in Kirklees where the uptake of the vaccine was lower than public health would like and the proactive work taking place to promote the benefits of having the vaccine.
- An emphasis on the need to focus on being considerate and kind to people many of whom were still very anxious about the virus.
- That details of the uptake for financial assistance while self-isolating would be provided to the panel.
- Confirmation that the lessons learned by the local authority from handling outbreaks of Covid were being used to inform the help and support provided to businesses and employers and the approach to hosting large scale events.
- Confirmation that most businesses in Kirklees were following the Covid guidance and maintaining robust safety measures.
- A question on the merits of engaging more with elected members in attempt to widen the channels of communication regarding Covid and the vaccination programme.
- An overview of Kirklees pop up vaccination clinics.
- How elected members could help by promoting the messages on the importance of the vaccination programme to the hard to reach communities in Kirklees.
- A request that the current data on vaccination uptake in Kirklees is shared with the panel.
- An overview of the approach being taken by the Council to start bringing staff back to work in the Council offices.
- The importance of people getting clinical advice to assess if their symptoms were genuinely long Covid as opposed to another cause.
- Confirmation that the Council's executive team were looking at the approach to a wider resumption of in person meetings for the Council's various committees.
- An overview of the work being undertaken by the Council to try and encourage and educate people to behave in a kind and considerate way to others during the pandemic.
- The importance of regular testing and if positive to take the requirement to self-isolate seriously.

RESOLVED –

That Judith Stones and Emily Parry-Harries be thanked for attending the meeting and that the information presented be noted.

8 Update from Healthwatch Kirklees

Due to time constraints for the attendees from Healthwatch the panel agreed to defer the item and reschedule the discussion for the October meeting.

9 Work Programme 2021/22

A discussion took place on the panel's agenda plan with a focus on the items scheduled to take place at the October and November meetings.

Following the decision to reschedule the Healthwatch item to the October meeting the panel agreed to move the Kirklees Care Homes Programme Board update to the November meeting.

Health and Adult Social Care Scrutiny Panel - 19 August 2021

A discussion took place on the merits of retaining the Covid-19 update from public health as a standing item on the agenda. It was agreed that consideration would be given to including a short-written update on the agenda which would allow the panel an opportunity to discuss or flag any areas of interest and/or concern.

A general discussion took place on potential items for future meetings that covered a number of areas that included:

- A proposal to invite CQC to the meeting with a focus on adult social care.
- A request that consideration be given to looking at the impact of Covid on maternity services.
- A proposal to consider looking at the impact of Covid on the non-acute elements of the health and adult social care sector.
- The importance of reviewing the work taking place on the integration of health and adult social care.
- A proposal to arrange an informal workshop with the Economy and Neighbourhoods scrutiny panel to look at the impact of air pollution.
- A request that consideration be given to receiving an update on the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact Service and the redesign of direct payments.
- A concern that the funding for the mental health and wellbeing of young people was no longer a priority.

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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: 7 October 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 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	

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	Safe and cohesive Independent
<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	-

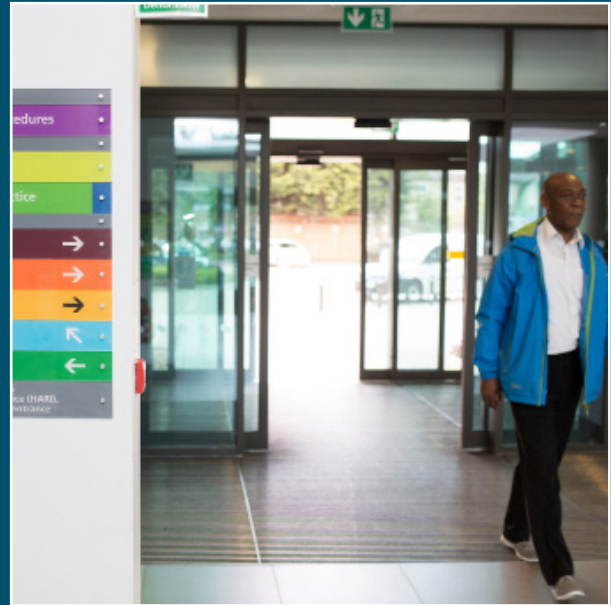
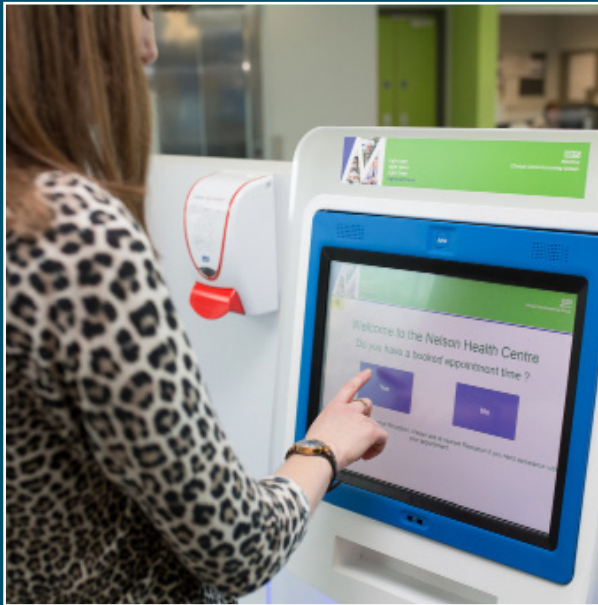
Project title	Summary	Priority score (out of 18)	Work type	Type of care	Resource needed (all projects involve management time)	Where?	When?
Challenges with the Connect Eating Disorder Service	<p>Instigated by: feedback from the public</p> <p>A new eating disorder service has been commissioned on a West 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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On equal terms



Contents

About us.....	3
Highlights from our year.....	4
Message from our Treasurer	5
Message from our Chief Executive	6
Track your voice	7
Our response to the Covid-19 outbreak	8
Community response.....	9
Covid-19 vaccinations.....	9
Befriending vulnerable people.....	10
Care home contacts.....	10
Organisational improvements.....	11
Engagement at place level.....	12
Data analysis.....	12
Our work.....	13
Updates from 2019/2020.....	22
Volunteers	25
Volunteer led project - The Kirkwood.....	27
Our statutory obligations	28

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.

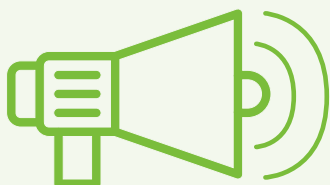
“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the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

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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

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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.

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Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 7 October 2021

Title of report: Winter Pressures 2021/22

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 work that is taking place across the Kirklees health and adult social care system on winter planning.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)</u> ?	Not Applicable
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance? Is it also signed off by the Service Director for Legal Governance and Commissioning?	No – The report has been produced for information only and to facilitate the discussions on winter planning 2021/22.
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 Health and adult social care services are always under considerable pressure over the winter period as demand for services tends to increase significantly with the onset of cold weather.
- 1.2 Following the easing of covid restrictions earlier this year we will be heading into the winter months where social mixing and contact has predominately returned to pre-pandemic levels. This will mean that winter 2021/22 will be the first winter where covid-19 will be circulating alongside other respiratory viruses such as flu.
- 1.3 The exact magnitude and impact of potential increases in covid infections and other respiratory viruses is uncertain. However, what is clear is the need to have robust plans in place to manage these additional pressures, minimise the impact on patients and support health and adult social care staff.
- 1.4 Representatives from organisations across the Kirklees health and adult social care system will be in attendance to outline the work that is being done to prepare for the winter period 2021/22.
- 1.5 A PowerPoint information pack which provides an overview of the whole system approach to supporting the residents of Kirklees through winter 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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Winter Planning 2021/22

Kirklees Overview and Scrutiny Committee

7th October 2021





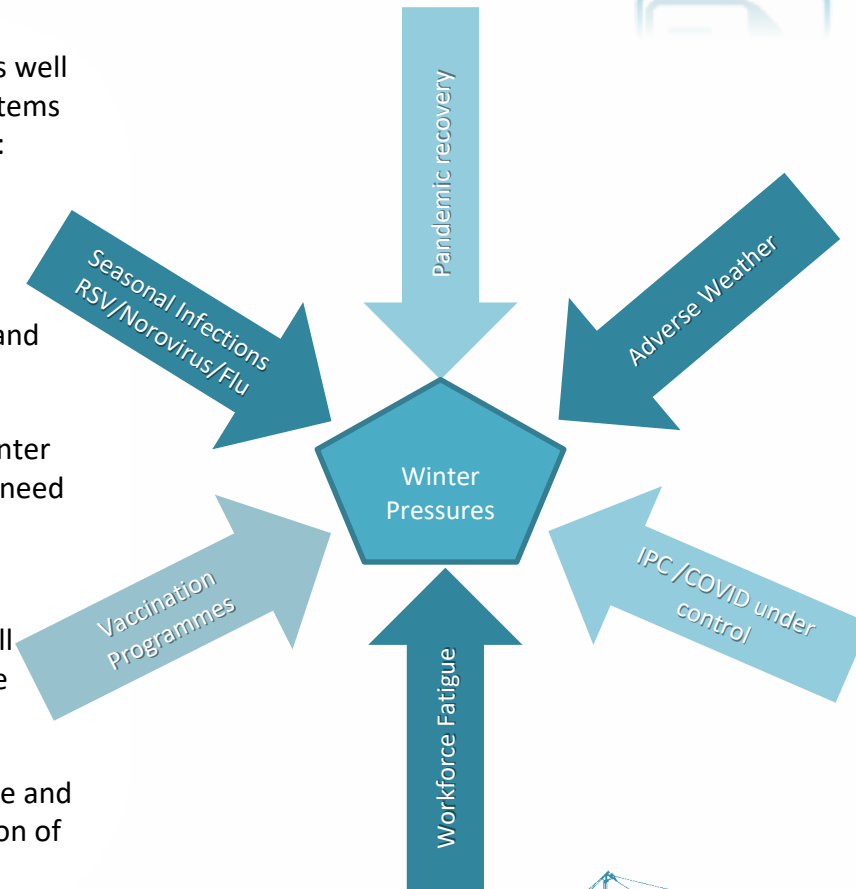
In the context of the pressures of the **national pandemic recovery** as well as the **uniquely challenging circumstances** this winter will bring, systems will need to demonstrate a robust process with several specific aims:

Winter 2021/22 is predicted to be **very challenging**; systems will be expected to maximise opportunities to support the **NHS recovery programme and partner recovery** whilst ensuring continued reliable application of the recommendations in the UK Infection Prevention and Control guidance to prevent and control **COVID-19** infection.

Seasonal pressure is multi-faceted and an integrated approach to winter planning is critical to maintain resilience and ensure safety. Systems need to work together across the whole care pathway with input from all system partners.

Winter planning this year will be an iterative process and systems will need to adapt plans due to the competing demands as a result of the Covid-19 pandemic.

Must **ensure plans are integrated at a system level** and that pressure and risk is evenly spread across systems and is not focussed on one section of the care pathway.





Kirklees Clinical Commissioning Group
Calderdale Clinical Commissioning Group
Wakefield Clinical Commissioning Group
Kirklees Council
Calderdale & Huddersfield NHS Foundation Trust
Mid-Yorkshire Hospital NHS Trust
South West Yorkshire Partnership NHS Foundation Trust
Primary Care
Community Pharmacy West Yorkshire
Local Care Direct
Locala
Third/Voluntary Sector
Yorkshire Ambulance Service

Working
together for
the benefit of
residents
across Kirklees





Acute Footprint System plans are required by 5th October 2021

Key Lines of Enquiry (KLOE)

Demand

Ensure levels of demand have been credibly modelled

Capacity

Ensure the system understands available capacity across the pathway and how this can be optimised most efficiently

Workforce

Ensure workforce levels are reported and understood
Annual Leave/Sickness/Temp staff

Exit Flow

Ensure interfaces between sections of the care pathways are optimised

External events/Other factors

Consideration of external pressures

Access preparedness for winter

P

The RAG rating will not reflect an assessment of likely performance, its an **assessment of preparedness** for winter.

System challenges are understood and plans to mitigate these are appropriate

System challenges are understood and plans to mitigate these are in place but need some further development

System challenges are understood but mitigation plans are not in place or are poorly developed

System challenges are not understood and mitigation plans do not exist

RAG ratings are proposed to rate each place within West Yorkshire, it is intended that by the end of the process all places will be rated as green or amber/green indicating that the systems understand their challenges and have credible plans in place

Where places are likely to face significant challenges across the winter it may be appropriate to implement additional assurance steps such as peer-to-peer conversations between NHSE/I and system executives

Plans are enacted within hours

Staff to patients – not patients to staff

Protect elective capacity

Review pinch points – e.g. half term – 2 weeks not one

Local knowledge key to maximising capacity in systems

Acceptance that thresholds are different in organisations for escalation – focus on actions across pathways

Plans will be informed by experience from recent winters and incidents, with lessons learned incorporated.





CHFT

- 10 innovation schemes
- Agreed workforce plans and skill mix are in place
- 100% ambition for flu vaccine uptake
- increased presence of the lead nurses for Patient Flow
- SAFER Patient Flow Transformational Programme relaunched

MYHT

- Reducing the patients with no reasons to reside
- Reducing patients who have been with the Trust for 21 days or more
- increasing Same Day Emergency Care activity
- Reduction of multiple patient moves and their relationship to ED occupancy

Kirklees Place

- Mental health – system partners continue to meet to review operation of patient pathways to prevent ED attendance and admission
- Learning from case studies/previous winters takes place –Leading to optimisation of existing pathways, and/or development of new pathways where there are gaps identified
- Locala leading on a whole system based redeployment review
- Kirklees Council have been linking up with Calderdale and Wakefield Councils to explore the opportunities a shared Discharge to Assess electronic management system
- Increased assess to extended services in Primary care





Some Risks are across all Services and Providers;

- Covid surge
- Further lockdown
- Workforce pressures (including recruitment/retention)
- Weather events (flood & snow)
- Logistics including transportation of goods
- Mental health and wellbeing of staff and residents
- Power outage (including loss of IT systems)
- Long Christmas break
- Impact of long Covid
- Terrorism





COMMUNITY

- Increase prevalence of flu
- Demand increasing on Primary Care
- Lack of Personal Protective Equipment
- 999 ambulance demand
- NHS 111 demand not being met
- Disparity of services across Kirklees

HOSPITAL

- Elective demand and long waiting lists
- Emergency Dept demand
- Higher acuity of patients
- Under 2s and impact of Respiratory Syncytial Virus Infection (RSV)
- Increase of referrals into Emergency Department

DISCHARGE SERVICES

- Care Home staff leaving due to mandatory vaccines
- Home closures (permanent and temporary)
- Higher acuity of patients accessing services
- Discharge to assess pathway doubt
- Delay in discharge Covid +ve patients





- Staff Support and Wellbeing arrangements in place to enable a resilient workforce
- Systems plan for COVID as part of Business As Usual arrangements
- Evaluation of system wide learning from the previous winter to inform future planning including Operational Pressures Escalation Levels Framework (OPEL)
- Reviewed command and control arrangements to support system escalation
- Mechanisms in place to ensure systems escalate early in anticipation of demand surges, not in response to them.
- Development of communication plans with system partners and the public to influence behaviour
- Robust Emergency Preparedness, Resilience and Response planning
- 4 x 4 access and use





COMMUNITY

- Weekly health and social care meetings take place to review the pathways across the system
- Urgent Community Response rollout
- Local stocks of Personal Protective Equipment
- Working closely with partners (mutual aid)

HOSPITAL

- Maximise the use of virtual clinics
- Ensure senior clinician in Emergency Department triage at all times
- Extend Urgent Care Hub pilot
- Comprehensive bed planning in place
- Increase routes into acute without accessing Emergency Department (SDEC, Frailty)

DISCHARGE SERVICES

- Regular daily Multi Disciplinary Teams take place to support patient flow out of hospital
- Discharge to Assess pathways extended
- Commissioned designated beds (9) for use of Covid +ve discharge
- Increase in reablement offer





- ✓ Robust Governance process in place with clear escalation process agreed by all partners;
- ✓ Calderdale and Huddersfield: Urgent and Emergency Care Board;
- ✓ Mid Yorkshire A&E Improvement Group;
- ✓ Mid Yorkshire Footprint – Health & Social Care Tactical – Weekly Meeting;
- ✓ Calderdale & Huddersfield Footprint – Weekly Silver Calls;
- ✓ Frequency can be increased as per agreed escalation process;
- ✓ Kirklees hosted System Pressures - Bi-Weekly meeting;
- ✓ Escalation to Kirklees system gold if required;
- ✓ Kirklees System Opel Score (KSOS);
- ✓ Operational Meetings:
 - ❖ MADE: Multi Agency Discharge Event (Inc Mental Health)
 - ❖ KILT: Kirklees Independent Living Team





- Partners in our system are working together. Relationships are key
- Partners have full winter plans which are collated into 1 single system plan for Calderdale and Greater Huddersfield.
- Plan above links with the North Kirklees and Wakefield Plan
- Only some risks included here with more detailed risks and mitigations included in the full plans
- Previous learning/winters considered in all winter 2021/22 planning
- Will be continually reviewing risks and mitigations throughout the winter and reacting accordingly
- **Voice of the resident/patient and their experience of services continue to inform developments and improvements to services**



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Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 7th October 2021

Title of report: Refreshing the Kirklees Joint Health and Wellbeing Strategy

Purpose of report:

To seek the Panel's view on the proposed approach to developing the Joint Health and Wellbeing Strategy in conjunction with the Economic Strategy and Inclusive Communities Strategy, and to give the Panel the opportunity to inform the high-level aspirations and ambitions for health and wellbeing over the next 5/10 years.

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?	Not Applicable
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)</u> ?	No Private Report/Private Appendix – No
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer-Henshall 23 September 2021
Is it also signed off by the Service Director for Finance?	Not applicable
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Not applicable
Cabinet member portfolio	Cllr Musarrat Khan

Electoral wards affected: All

Ward councillors consulted: Not applicable

Public or private: Public

Has GDPR been considered? No personally identifiable data has been included in this report

1. Summary

1.1 Background

The Health and Wellbeing Board has a statutory responsibility to develop, publish and own the Joint Strategic Assessment and Joint Health and Wellbeing Strategy (JHWS) for Kirklees:

- The current Kirklees Joint Health and Wellbeing Strategy ([link](#)) was approved by the Board in 2014. In September 2020, the Board agreed that a refresh of the Joint Health and Wellbeing Strategy should be undertaken in 2021/2.
- The Board endorsed the updated Joint Strategic Assessment overview ([link](#)) at the March 2021 Board meeting.

Taken together these provide the overarching framework for planning, commissioning and delivery of services that impact on the health and wellbeing of the whole population, not just health and care services. The associated Health and Wellbeing Plan provides the 'place-based plan' for health and care services in Kirklees ([link](#)).

The context within which the Joint Health and Wellbeing Strategy is being developed has changed significantly. Some of the key changes include:

- Covid-19 and its wide-ranging impacts
- the development of new structures such as the West Yorkshire Integrated Care System, Primary Care Networks, Provider Collaboratives and Alliances and bringing together commissioners and providers in the Kirklees Integrated Health and Care Leadership Board
- increasing focus on place-based working and co-production
- recognition of the needs to tackle climate change, and
- perhaps most significantly a system-wide recognition that inequalities have been highlighted and exacerbated by Covid and this requires a system-wide response. Part of this response will be through the work of Kirklees Inclusion Commission.

1.2 Developing the JHWS and other top-level strategies

The Kirklees Partnership has endorsed an approach to developing an inter-linked set of three top-level strategies covering Health and Wellbeing, Economy and Inclusive Communities.

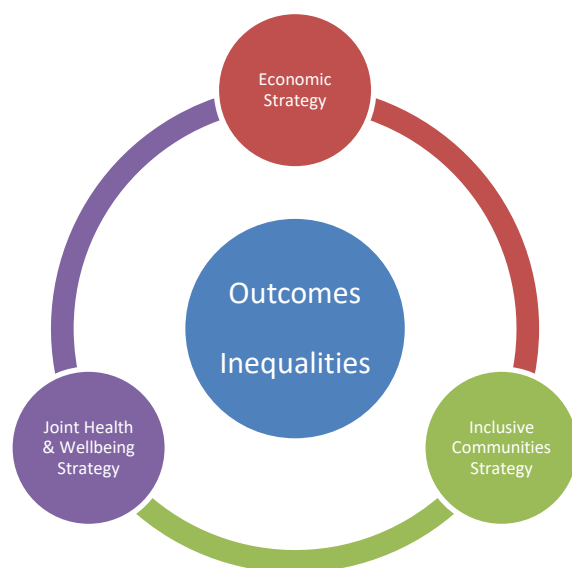
Each strategy will set out:

- what we want to achieve and
- the way we will work (including place-based emphasis)

The strategies will be supported by sector specific plans that set out:

- how the sector will contribute to delivering the 3 strategies
- what the 'asks' are of others
- shorter term actions and milestones.

The Health and Wellbeing Plan will be the health and care sector's plan.



This approach presents a number of opportunities such as:

- a common focus on the Kirklees outcomes and inequalities in those outcomes
- a single conversation with communities/places
- sector specific conversations across the scope of the 3 strategies
- join up on content highlighting key areas of connectivity and overlap
- join up on landing them across a range of partnership arrangements
- clarifying and streamlining governance for the 3 strategies.

1.3 Issues to be addressed in the JHWS development process

The discussions so far have highlighted several issues that should inform the next stage of development of the JHWS. Notably, that the vision in the current JHWS remains relevant and will not need any fundamental changes, and that the outcomes and system changes set out in the JHWS have provided a focus for action during the lifespan of the strategy and remain important 'work in progress'. Similarly, the values, behaviours and leadership principles in the Health and Wellbeing Plan remain useful but need updating to reflect the new context. However, there are several issues that have come to the fore more recently:

- Focus on prevention - tackling the underlying causes
- Personalisation and health literacy
- Co-production
- Locality working
- Place based system planning
- Shift to provider collaboratives and alliances
- Developing new service delivery models, including community-based health and care
- Responding to the Climate Emergency
- Telling the Kirklees story
- The development of the West Yorkshire integrated care system, and the need to collaborate with partners to ensure we maximise the benefits of these emerging structures.

1.4 Engagement in the JHWS development process

Developing the strategies together will facilitate engagement with citizens, stakeholders and businesses that is focused on the issues relevant to them and will ensure cross cutting themes are drawn from the analysis of engagement activity. It will ensure a consistent intelligence base that informs action.

A shared engagement plan is in development setting out activity that will be undertaken across the Autumn and Winter which will wherever possible

- Draw on existing intelligence and insight e.g. the reports produced by Healthwatch and health and care partners on peoples experience of care, the place-based insights generated through the use of the [Place Standard](#), the next CLiK survey that will be run over October/November etc
- Use existing for a to gather people's views and ideas – an engagement pack is being produced to support this (Appendix 1). The pack will be presented to the Panel during the meeting.

2. Information required to take a decision

This report is submitted for information only.

3. Implications for the Council

3.1 Working with People

The JHWS engagement process, and the refreshed JHWS, will have co-production its core.

3.2 Working with Partners

The key partners in the health and wellbeing system have a duty to collaborate in developing and having regard to the JHWS. This has been recently restated in the guidance supporting the development of Integrated Care Systems and Place Based Partnerships.

3.3 Place Based Working

The JHWS engagement process will draw on the existing and ongoing work in localities and neighbourhoods such as Primary Care Network development, and as described above it is anticipated that the refreshed JHWS will strengthen the commitment to locality working

3.4 Climate Change and Air Quality

This is recognised as a gap in the current JHWS, but the refreshed JHWS with set out the importance of action on climate change and air quality to improving health and wellbeing.

3.5 Improving outcomes for children

The JHWS is for the whole population of Kirklees. One of the proposals is to adopt a life-course approach as described in the Director of Public Health's Annual Report – see page 7 ([link](#)). This will help strengthen the focus on children and young people, along with the shared outcomes which explicitly reference key outcomes for children - 'best start in life', 'aspire and achieve' etc.

3.6 Other (e.g. Legal/Financial or Human Resources) Consultees and their opinions

None

4 Next steps and timelines

All three strategies are being developed on a timeline that will see their sign off by Spring 2022.

5 Officer recommendations and reasons

The panel are asked to

- a) comment on the proposed approach to developing the Joint Health and Wellbeing Strategy in conjunction with the Economic Strategy and Inclusive Communities Strategy,
- b) share their views on what our high-level aspirations and ambitions for health and wellbeing should be for the next 5/10 years.

6 Cabinet Portfolio Holder's recommendations

Not applicable

7 Contact officer

Phil Longworth, Senior Manager – Integrated Support Phil.Longworth@kirklees.gov.uk
Alex Chaplin, Strategy and Policy Officer Alex.Chaplin@kirklees.gov.uk
Jo Hilton-Jones, Public Health Manager JoL.Hilton-Jones@kirklees.gov.uk

8 Background Papers and History of Decisions

Kirklees Joint Health and Wellbeing Strategy 2014-2020 ([link](#))
Kirklees Joint Strategic Assessment overview ([link](#))
Kirklees Health and Wellbeing Plan - the 'place-based plan' for health and care services in Kirklees ([link](#)).

9 Service Director responsible

Rachel Spencer-Henshall
Strategic Director – Corporate Strategy, Commissioning and Public Health

Appendix

Engagement slide pack

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Joint Health and Wellbeing Strategy

Engagement Pack
Autumn 2021



Joint Health and Wellbeing Strategy Development – Our Asks

The new Joint Health and Wellbeing Strategy (JHWS) is currently under development and is due to be signed off by Health and Wellbeing Board in the new year.

The JHWS outlines our commitment to improving the health and wellbeing of all who live, work and study in Kirklees.

To ensure that the next version of the JHWS reflects the issues and aspirations which are important to our communities, we are asking that you and your teams can provide some reflections on

- the current JHWS, what has worked and what we have learnt
- the current and future health and wellbeing needs of local people
- our aspirations and ambitions for health and wellbeing in Kirklees

We have outlined some considerations, but any data, intelligence or insights you deem important will support the horizon scanning activities for the development of the new JHWS.



Q1. What progress have we made towards the current JHWS Vision and outcomes?

Q2. What is the KJSA telling us?

- Are the key messages still relevant and accurate?
- What impact has Covid had on these key messages?
- Does this summary fit your knowledge and experience?

Q3. What data and intelligence do you have which can tell us more about health and wellbeing in Kirklees, particularly:

- the lived experiences of people in Kirklees, and how that is changing?
- asset-based approaches that have improved health and wellbeing?
- any new and emerging barriers to health and wellbeing?

Q4. How has our understanding of certain issues progressed beyond previous ambitions and desired outcomes?

- Have community dynamics changed?

Q5. What are your aspirations for yourself and your community?

Q6. What do you think our ambitions should be for Kirklees over the next ten years?



Current Joint Health and Wellbeing Strategy (JHWS)



Q1. What progress have we made towards the current JHWS Vision and outcomes?

Vision:

No matter where they live, people in Kirklees live their lives confidently, in better health, for longer and experience less inequality.



JHWS 2014-20: Outcomes

1. People in Kirklees are as well as possible, for as long as possible, both physically and psychologically, through:

- Having the best possible start in life through every child and young person being safe, loved, healthy, happy, supported to be free from harm and have the chance to make the most of their talents, skills and qualities to fulfil their potential and become productive members of society.
- Encouraging the development of positive health and social behaviours.
- Identifying issues as soon as possible that affect health and wellbeing.
- Enhancing self-care: people being increasingly independent, self-sufficient and resourceful so able to confidently manage their needs and maximise their potential.

2. Local people can control and manage life challenges through:

- Being resilient: having a sense of purpose, self-esteem, confidence, adaptability be emotionally aware taking responsibility for their own physical and emotional needs being supportive and compassionate being connected to others. So resilience is developed in individuals, families, communities and organisations.
- Feeling safe and positively included.
- Being able to navigate through life: being able to participate and contribute to society by being able to:
 - Understand and communicate
 - Take advantage of opportunities and achieve goals
 - Increase their potential, including for work
 - Constantly learning and adapting.



JHWS 2014-20: Outcomes

3. People have a safe, warm, affordable home in a decent physical environment within a supportive community through:

- Continuing to work in partnership to deliver an appropriate supply of homes and jobs to meet the needs of a growing and ageing population.
- Working with communities and individuals to enable and support independent living and an environment which promotes good physical and emotional health and wellbeing.
- Improving homes and neighbourhoods through encouraging greater involvement and joint action.

4. People take up opportunities that have a positive impact on their health and wellbeing through:

- People experience seamless health and social care appropriate to their needs
- Strong communities
- Healthy schools
- Taking up opportunities for wider learning
- Active and safe travel
- Access to green and open spaces and leisure services
- Improved regulation of factors that affect health and wellbeing e.g. takeaways, air pollution
- Spatial planning supporting a place-based approach to improving health and wellbeing encouraging health promoting environments.



Q2. What is the KJSA telling us?

- Are the key messages still relevant and accurate?
- What impact has Covid had on these key messages?
- Does this summary fit your knowledge and experience?





KJSA Key Messages:

Kirklees has seen improvements in:

- rates of infant mortality
- teenage conception
- smoking
- mortality from cancer (under 75s)
- hospital admissions for alcohol specific conditions (under 18s)

Vaccination rates remain high for most types of vaccination, compared with the national average.





KJSA Key Messages:

Current causes of potential concern include:

- low and declining physical activity levels
- obesity
- some sexual health indicators
- diabetes
- cardiovascular disease
- tuberculosis
- male suicides
- young people's mental health
- drug-related deaths
- antimicrobial resistance
- breast and cervical cancer screening rates
- female healthy life expectancy
- excess winter deaths.

Plus

- climate emergency to address impact of global warming
- widening inequalities



Life Course Overview

age 0- 2

Population: Increase in infant mortality rate. increase in proportion of 0–2-year-olds living in relative poverty

Inequalities: We see differences in the percentage of 2-year-olds achieving a good level of development by gender (girls higher levels of development than boys) and by ethnicity (White ethnicity highest)

COVID-19:

impact on maternity services, different experiences by ethnicity

age 11-17

Inequalities: Child poverty rates are increasing. LGBT+ young people worry more than non-LGBT+ young people and demonstrate higher levels of risky behaviour

COVID-19:

Children's schooling disrupted exam grading

age 11-17

Inequalities: Child poverty rates are increasing. LGBT+ young people worry more than non-LGBT+ young people and demonstrate higher levels of risky behaviour

COVID-19:

Children's schooling disrupted exam grading



Life Course Overview

age 18-34

Inequalities: Fewer than half of disabled adults are qualified to level 2 or above disabled adults are more likely to live in a lower income household

COVID-19:

Unemployment/loss of earnings amongst young adults

age 35-59

Inequalities: Those living in the most deprived quintile, males, and BAME adults consistently report lower average wellbeing and self-efficacy

COVID-19:

Parents of school-age children (home schooling, loss of earnings) economic impacts gender gap

age 60-79

Inequalities: Rates of premature mortality higher in Kirklees compared with the national average those living in more deprived areas and BAME ethnicities more likely to feel lonely, less confident managing their health and less resilient

COVID-19:

CEV/ shielding general disruption to health services

age 80 to end of life

Inequalities: Impact of deprivation on life expectancy and healthy life expectancy

COVID-19:

Age is single highest risk factor for death from Covid ethnicity and deprivation have also been shown to contribute to the disparity in risk



Q3. What data, intelligence and insight do you have which can tell us more about health and wellbeing in Kirklees, particularly:

- the lived experiences of people in Kirklees, and how that is changing?
- asset-based approaches that have improved health and wellbeing?
- any new and emerging barriers and opportunities for health and wellbeing?



Kirklees Health and Wellbeing Plan 2018-23

Ambitions for population health and wellbeing

- **Healthy Weight** - make healthy weight the norm for the population in Kirklees, increasing the proportion of the population of who are a healthy weight in childhood and adulthood, starting with increasing the proportion of babies born in Kirklees at a healthy weight.
- **Community Connection** - increase the proportion of people who feel connected to their communities, reducing the proportion of people who feel lonely or socially isolated and reducing the prevalence of mental health conditions amongst our population.
- **Feel in Control** - increase the proportion of people who feel in control of their own health and wellbeing.
- **Increase Life Expectancy** - narrow the gap in healthy life expectancy between our most and least deprived communities.



Kirklees Outcomes



Children

Children have the **best start in life**



Healthy

People in Kirklees are **as well as possible** for as long as possible



Independent

People in Kirklees **live independently** and have control over their lives



Safe & Cohesive

People in Kirklees live in **cohesive communities, feel safe and are protected** from harm



Economic

Kirklees has **sustainable economic growth** and provides good employment for and with communities and businesses



Clean & Green

People in Kirklees experience a high quality, clean, and **green environment**



Achievement

People in Kirklees have aspiration and **achieve their ambitions** through education, training, employment and lifelong learning

Citizen Outcome

We make our places what they are

We want everyone to be able to take part in making the places where they live, work and play better.

We want to know people in our communities well, understand and appreciate what we and others can offer, and be able to get help when we need it.

People should feel valued, respected, involved and listened to.



JHWS - Our Big Ideas

JWHS/KES/Inclusive
Communities

Tackling inequalities

Outcome focused

Locality/PCN

Integrated System
Planning

Provider Alliances

West
Yorkshire
Integrated
Care System

Community Service
Model

Prevention focussed
(tackling underlying
causes)

Personalisation and
health literacy

Climate Emergency

Co-production

Telling our story



JWHS/KES/Inclusive Communities	Developing 3 interlinked top level strategies with a common focus on....
Tackling inequalities	Not only across the 3 strategies but in all aspects of the delivery of these strategies
Outcome focussed	Shifting the focus from inputs (eg specific services) to shared outcomes ie the difference people will experience in their lives
Locality/PCN	Building strong local networks that enable local services to work more closely together to implement changes in a way that makes sense in their area
Integrated System Planning	Moving from organisational based planning to place based and system wide planning
Provider Alliances	Shifting from a competitive culture to a much more collaborative culture with formal alliances and partnerships where these will help improve outcomes
Community Service Model	Developing a new fully integrated model for delivering community health and care services
Prevention focussed (tackling underlying causes)	Shifting attention and resources towards tackling the root causes of issues, rather than just focussing on the consequences
Personalisation and health literacy	Making all services more tailored to individuals strengths, needs and aspirations – and enabling people to take as much control over their own health and wellbeing as possible
Climate Emergency	Tackling the causes of climate change and ensuring we are prepared to deal with the consequences
Co-production	Sharing decision making power through coproduction, moving closer to a place where everyone involved in services in Kirklees looks for people’s strengths, assets and potential, not just their needs and problems.
Telling our story	Getting better at telling people what we are trying to achieve, the changes we have already made and how we will tackle what is still left to be done



Considerations:

Q4. How has our understanding of certain issues progressed beyond previous ambitions and desired outcomes?

- Have community dynamics changed?

Q5. What are your aspirations for yourself and your community?

Q6. What do you think our ambitions should be for Kirklees over the next ten years?



Q1. What progress have we made towards the current JHWS Vision and outcomes?

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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. 	<p><u>Panel meeting 19 August 2021</u> Representatives from Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust provided an update on the impact of Covid-19 on Acute Hospital Trust.</p> <p>The update was noted and the panel requested a written update on the suspension of the provision of planned inpatient surgery at Dewsbury Hospital.</p>

	<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 	
<p>3. Integration of Health and Adult Social Care</p>	<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 	
<p>4. Digital Technology</p>	<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 (SWYPTF) 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>

<p>9. Kirklees Public Health</p>	<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. <p><u>Panel meeting 19 August 2021</u> Kirklees Public Health and Public Protection presented an update on the local position and response to Covid-19.</p> <p>Actions agreed included:</p> <ul style="list-style-type: none"> • Reviewing the approach to receiving future covid-19 updates. • A request for information on the uptake of financial assistance to qualifying individuals who have to self-isolate.
<p>10. Update on Winter Planning</p>	<p>Update on winter preparations 2021/22 from the Kirklees Health and Adult Social Care sector to include: Receiving details from key organisations across the local health and adult social care section on preparations for winter to include the key areas of focus.</p>	<p>.</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. 	
11. Effectiveness of smoking cessation arrangements in Kirklees.	To review the effectiveness of smoking cessation arrangements in Kirklees to include a review on how people with complex mental ill health are supported.	
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. • 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</p>

		that the outcomes from the engagement work be presented at a future meeting.
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. 	

**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
7 October 2021	<ol style="list-style-type: none"> 1. Healthwatch Kirklees sharing of work programme 2. Update on Winter Planning 3. Health and Wellbeing Strategy
11 November 2021	<ol style="list-style-type: none"> 1. Community Care Services (CCS) in Kirklees 2. Kirklees Care Homes Programme Board Update
7 December 2021	<ol style="list-style-type: none"> 1. CQC – Quality of Care in Kirklees
9 February 2022	
10 March 2022	
14 April 2022	

All meetings have been scheduled to start at 2:00 pm with a pre-meeting at 1:30 pm

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