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Friday 26 August 2022

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Tuesday 6 September 2022.**

This meeting will be webcast live and will be available to view via the Council's website.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

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 Jackie Ramsay (Chair)
Councillor Lesley Warner
Councillor Jo Lawson
Councillor Bill Armer
Councillor Vivien Lees-Hamilton
Councillor Alison Munro
Helen Clay (Co-Optee)
Kim Taylor (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 27 July 2022.

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.

6: Maternity Services in Kirklees

11 - 18

Representatives from Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust and the West Yorkshire Local Maternity System will be in attendance to present an update on the provision of maternity services in Kirklees.

Contact: Richard Dunne, Principal Governance Officer: 01484 221000

7: Unplanned Care

19 - 22

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 manage expected and unexpected increases in demand and deal with capacity issues.

Contact: Richard Dunne, Principal Governance Officer: 01484 221000

8: Work Programme 2022/23

23 - 30

The Panel will review its work programme for 2022/23 and consider its forward agenda plan.

Contact: Richard Dunne Principal Governance Officer: 01484 221000.

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 27th July 2022

Present:	Councillor Jackie Ramsay (Chair) Councillor Lesley Warner Councillor Jo Lawson Councillor Bill Armer Councillor Alison Munro
Co-optees	Helen Clay Kim Taylor
In attendance:	Stacey Appleyard – Director, Healthwatch Kirklees Michelle Cross – Service Director – Adults and Health, Kirklees Council Christina McCool – Head of Learning Disability and Mental Health, Kirklees Council Carol McKenna – West Yorkshire Integrated Care Board Accountable Officer - Kirklees Health and Care Partnership Melissa Harvey – General Manager for Community Services, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) Chris Lennox – Director of Services, SWYPFT Darryl Thompson – Chief Nurse and Director of Quality and Professions, SWYPFT
Observers:	Councillor Liz Smaje

1 Minutes of previous meeting

The minutes of the meeting held on 10 March 2022 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 Council of Governors.

3 Admission of the public

All items were taken in public session.

4 Deputations/Petitions

No deputations or petitions were received.

5 Public Question Time

No questions were asked.

6 Mental Health Services

The Panel welcomed representatives from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and Kirklees Council to the meeting.

Ms Cross informed the Panel that the Local Authority and SWYPFT had invested heavily in making sure that their relationship was strong following a national programme of work that aimed to understand the benefits of social workers in integrated teams particularly in mental health services.

Ms Cross outlined details of a comprehensive development plan that had been introduced across all mental health teams and a training programme that had been rolled out for all health and social care professionals.

Ms Cross informed the Panel of the work that had taken place across the Kirklees, Calderdale and Wakefield footprint that included sharing of good practice.

Ms Cross explained that the Council had invested heavily in management across the integrated services with the aim of strengthening the partnership working.

Ms Cross stated that the Council and SWYPFT had brought together the skills and expertise of the workforce to enhance the quality and consistency of services.

Ms Cross provided the Panel with a detailed overview of the work that had taken place to improve the quality of safeguarding self-neglect pathways and the focus on making sure that the workforce understood their responsibilities.

Ms Lennox informed the Panel of the intense pressures that had been experienced in the acute pathway and the increased levels of complexity that people who had to come into hospital had been experiencing.

Ms Lennox explained that this increase in complexity was also being experienced nationally and was having an impact on the occupancy levels of the Trust's beds which had resulted in the need to use out of area beds.

Ms Lennox informed the Panel that the Trust was still having to use Covid infection and prevention measures on its wards which included the requirement to isolate people when they were first admitted.

Ms Lennox outlined details of the workforce challenges; the innovation that was being deployed to tackle the issue; and the focus that was being given to the retention and recruitment of staff.

Ms Lennox informed the Panel of the Trust's home based treatments teams who provided care in the community for people who would otherwise have to be in hospital.

Ms Lennox explained that the Trust aimed to keep out of area placements to a minimum and that it adopted continuity of care principles that aimed to maintain contact with people and reduce the length of time people needed to be away from home.

Ms Lennox outlined details of the important progression that had been done on patient flow that included looking at the movement of people, discharges and prioritisation.

Ms Lennox informed the Panel of work that had been undertaken on trauma informed pathways that included collaborative care planning with certain individuals so that support could be planned from the outset and innovative work done to enable them to take on more responsibility to keep themselves well.

Ms Lennox outlined details of the work that was being carried out on how people were accessing SWYPFT's services and the focus that was being given to improve the pathways to care so that the Trust could work with people sooner and prevent them escalating into an acute pathway.

Ms Harvey informed the Panel of the focus on delivering community services in a less centralised way and providing mental health provision within each Primary Care Network (PCN).

Ms Harvey outlined details of the focus on reducing reliance on the Trust's bigger hubs and looking at providing better more locally concentrated accessible mental health care.

Ms Harvey explained that the Trust had looked at a variety of less traditional mental health roles and had broadened provision to include roles like social prescribers who helped people find local activities and connections.

Ms Harvey informed the Panel that the Trust had established a team that would work with GP practices to target healthcare for people who required both physical and mental health care.

Ms Harvey stated that the Trust was also deploying senior mental health professionals into GP surgeries in order work with people who had potentially secondary care mental health needs in a more fluid way.

Ms Harvey explained that the transformation programme would help reduce the need for people to have multiple assessments and would create a seamless transition between primary and secondary care.

Ms Dutchburn informed the Panel that the transformational work that was taking place was being done in full collaboration with all system partners and with co-production with service users.

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

- A query that highlighted that some users of the IAPT service had felt that they had been discharged to early and a question on how many had subsequently been re-referred to the service.
- An overview of the national performance measures for primary mental health care.
- A detailed explanation of the questionnaires used to measure progress for people who had received primary mental health care.
- An explanation of the pathways of care for people who were not getting better through treatment delivered by IAPT.
- A question seeking clarification on the pressures on the IAPT service and whether the pressures were leading to an early discharge.
- Details of how the IAPT recovery performance indicator helped to prevent early discharge.
- An explanation of the targeted nature of the IAPT service.
- Confirmation that the Trust monitored feedback from a range of sources that included complaints and that the early discharge from IAPT was not an issue that came up as a regular feature.
- Confirmation from Healthwatch Kirklees that issues relating to early discharge was not something that they received much feedback on.
- Input from Healthwatch Kirklees that outlined that key issues highlighted by people included difficulty in accessing services particularly CAMHS and Childrens mental health services such as autism and ADHD assessments.
- A question on the timeline for the establishment of the new mental health roles within the PCN's.
- Confirmation that recruitment to the new transformation roles had started and many of the roles were now in place and had begun to deliver services.
- Clarification that the key performance indicators used by the Trust were very patient focused.
- A question seeking an understanding of the challenges and context to waiting times in accessing secondary mental health care and how this was communicated to service users.
- Confirmation that there were no waiting times in the acute pathway.
- An explanation of the performance of waiting times for routine pathways including additional interventions such as a therapeutic programme.
- The approach to dealing with people waiting for complex psychological therapy interventions that included the allocation of a named professional contact.
- Details of the data being collected and used to identify where resources needed to be deployed to help support frontline services.
- Confirmation that one of the Trust's new priorities for the year was safe and responsive care.
- A question seeking clarification on the timelines for establishing crisis houses.
- Confirmation that the development of crisis houses was just one of a range of options used to help provide support for people at home or as near to home as possible.
- Details of the work being carried out in providing appropriate accommodation for people experiencing high levels of distress.

- Details of the support being provided by commissioners and the work being done with the local authority to provide short term accommodation with access to the crisis and home based treatment teams.
- Details of the Well-bean crisis café and the positive feedback from users who received support there.
- A question seeking confirmation on the numbers of people who accessed the centrally based crisis cafes.
- Details of the two crisis cafes based in Huddersfield and Dewsbury and how users could access support.
- Details of the 24-hour helpline.
- A question on whether the additional support tools were having an impact on reducing the need for police having to house people in crisis in overnight cells.
- Details of the preventative services and the impact they could have on reducing the need for police intervention via section 136.
- Confirmation that the numbers of people being detained under section 136 was now rare and that most people in crisis in Kirklees would be taken to a place of safety at Calderdale Royal Hospital or Fieldhead hospital in Wakefield.
- A question seeking clarification on whether the Trust's Single Point of Access (SPA) had improved its liaison with those community groups who provided support for people.
- A question seeking clarification on whether out of area meant out of Kirklees or West Yorkshire and whether there were plans to increase local capacity.
- A question seeking clarification on the profile of people seeking acute help for mental health services.
- Confirmation that people who were unable to be supported locally in acute beds were being placed at different locations around the country.
- Details of the individual support packages designed to help families and provide contact for people located out of area.
- Confirmation that there were no plans to increase the number of locally placed acute beds and details of the commitment to continue to develop and invest in community services and preventative measures to break the cycle of need for out of area acute beds.
- Details of the work being done to collect data on equalities and how it would help the Trust to understand how people from different backgrounds and gender used its services.
- Clarification that the Trust was not seeing a disproportionate number of male users accessing its acute services.
- Confirmation that prior to the Covid pandemic and up August 2021 the Trust was one of the best performers in West Yorkshire for out of area placements.
- Confirmation that there had been a planned decision to increase the use out of area placements as a tool to manage Covid outbreaks.
- Details of the work being done through the West Yorkshire ICB to work collectively on reducing the numbers of out of area placements.
- The challenges in obtaining explicit agreement from service users that would enable the Trust via its SPA to pass on details about their mental health issues and other confidential matters.

- The hope that more people would choose to access a mental health professional through their local GP surgery rather than using the SPA to get a distant appointment.
- A question seeking clarification on the allocation of mental health professionals in the Primary Care Networks (PCN's).
- Confirmation that the services provided by the local mental health teams were delivered through each PCN.
- Confirmation that the demand to see mental health professionals was high and increasing.
- An overview of the variety of roles supporting mental health provision.
- Clarification that the new transformed mental health workforce would be multi-disciplinary and the teams had been modelled on the size of the PCN's.
- Details of the two stages of the transformation of the workforce with stage one being focused on a new workforce and new skills sets and the second stage looking at increasing the efficiency of the existing workforce.
- A concern that Trust's services were predominately reactive and a question on what could be done to build in a more proactive element with the longer term aim of reducing the resources required to meet demand.
- The role of public health in developing measures and initiatives to proactively manage and support people's physical and mental health.
- Details of the work being done by the Trust and health and social care colleagues that focused on working with people before they escalated to the point of needing a coordinated service of support from different health professionals.
- A request from scrutiny members to review progress of elements of the transformational work programme being undertaken by SWYPFT and the Council in conjunction with other health partners.
- A question asking what was considered the biggest future challenge facing mental health services.
- Confirmation that the biggest challenge was workforce and the ability to deliver services in the right place and at the right time.
- Details of the challenges in recruiting social workers and the challenges of having different pay rates across the region.
- The work being done to address the differences in pay rates across West Yorkshire.
- The work being done with universities and students to promote careers in social services.
- The challenges in maintaining a social serves workforce that could legally fulfil its duties.
- The work being done by the Trust in looking creatively at how it could maintain and potentially improve the quality of its services.
- Details of the focus on international nursing recruitment of both mental health and physical health nurses and the international recruitment of Allied Health Professionals.

RESOLVED –

1. That the Panel would wish to schedule a future meeting that would focus on the work being undertaken by the Kirklees Integrated Wellness Service and the Thriving Kirklees Single point of Access Service with a focus on child and adolescent mental health services (CAMHS).
2. That a further meeting be arranged to review progress of elements of the transformational work programme being undertaken by SWYFT and the Council in conjunction with other health partners.
3. That the Panel would wish to receive a copy of the Trust's Integrated Performance Report as they become available to enable scrutiny to have an ongoing oversight of the Trust's performance.

7 Setting the Work Programme for 2022/23

A discussion took place on the Panel's work programme and agenda plan for the 2022/23 municipal year.

Ms McKenna thanked the Panel for providing the Kirklees Health and Care Partnership with the opportunity to be part of the discussions in shaping the work programme for 2022/23.

Ms McKenna informed the Panel that many of the issues on the work programme would require system wider input and was happy to work with the Panel to ensure that the right representation was available for items under consideration.

A panel wide discussion followed and areas that were covered included:

- A request that consideration be given to the looking at the effectiveness of the newly established mental health team.
- A concern regarding the effectiveness of mental health counselling provided in schools.
- Issues relating to the provision of rheumatology and agreement that therapeutics could be added to the item that focused on the work being done by Kirklees core physical providers in managing capacity and demand.
- An agreement to review the approach to supporting patient choice to receive end of life care at home and the resources available to meet the needs of the patient and their family.
- Confirmation that CQC would be approached to supply data and information on the quality of care in Kirklees to help inform the wider work programme.
- An offer from Healthwatch to provide the Panel with patient stories and experiences to help to gain the perspective of service users.
- An agreement to widen the scope of the dentistry item to include looking at how to support access for people with vulnerabilities and access to dental services for pregnant women.
- Adding a focus on excess death rates to the item covering the impact of Covid-19.
- The potential for a joint piece of work with the Childrens Scrutiny Panel relating to the transition of Children with a special educational needs and disability (SEND) from Childrens services to adult services.

- An overview of the agenda plan for the next few months and an agreement that each meeting would include a focus on two substantive items.
- Confirmation that the agenda plan would be incorporated into the work programme document.
- An explanation for the reason why the April meeting had been cancelled.
- Confirmation that additional panel meetings could be arranged if required and the different approaches to scrutinising issues such as visits to front line services.

RESOLVED –

1. That subject to the agreed amendments that the Work Programme for 2022/23 as presented be taken forward.
2. That panel members would prioritise the panel meeting dates in their diaries.

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.

1. Introduction

This briefing has been prepared by Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals Trust (MYHT) in partnership to update Kirklees Health & Adult Social Care Scrutiny Panel on progress with:

- Recommendations and local improvement and action plans following publication of the Ockenden reports.
- Maternity workforce and the impact of these on childbirth choices for childbearing people in Kirklees, with reference to freestanding midwife led birth centres in the area.
- Risk assessment of midwifery-led birth units against published European birth centre standards.

2. Ockenden Update

On the 30 March 2022 the Secretary of State for Health and Social Care published Dame Donna Ockenden's final report from the independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust. This second report builds upon the first report in that all the Immediate and Essential Actions within that report remain important and must be progressed. The second report goes on to identify new themes from which additional immediate and essential actions for Trusts have been developed.

FINAL_INDEPENDENT
_MATERNITY_REVIEW_

The investigation team heard evidence from 1486 families who wanted to understand what had happened during their care and wanted the system to learn. The investigation team identified thematic patterns in the quality of care, Trust investigation procedures, and identified where opportunities for learning and improving the quality of care have been missed. The review team found failures in governance and leadership, failure to follow national guidelines, failure to escalate and work collaboratively across disciplines.

In terms of clinical governance, investigatory processes were not followed and of a poor standard. Reviews were not multidisciplinary, and the trust board did not have oversight or a full understanding of the issues and concerns within the maternity service, and there was a lack of oversight by the trust board when investigations took place maternity governance teams downgraded serious incidents to local investigations.

The first report made explicit recommendations around 7 Immediate Essential Actions (IEAs) with an expectation that all providers provide assurance against, and the final report includes a further 15 IEA recommendations with 75 actions, again with an expectation that all Trusts will ensure compliance.

Regional maternity teams were commissioned to undertake Ockenden Assurance Visits in each Trust in England to examine evidence of compliance with the first 7 IEAs.

CHFT and MYHT had assurance visits in June 2022. The visit team comprised the Regional Chief Midwife and Deputy Chief Midwife, Regional Chief Obstetrician, representatives from

NHS England and Maternity Voices Partnerships (MVPs). The visit schedule included one to one meetings and focus groups with service users and staff as well as review of documentary evidence (including policies and guidelines, serious incident reports and action plans) and site visits. Initial feedback was provided to Trust Executives at the end of the visit. A full report will be published by NHS England in August/ September 2022.

Feedback for both Trusts was extremely positive.

On day feedback for CHFT:

- Staff in all areas are really welcoming and willing to speak to the visiting team
- Clear governance processes, with patient safety a priority and is valued
- Open and responsive culture
- The 'weekly view newsletter' is received by all and provides feedback and learning to all staff. Staff value this.
- Evidence of staff involvement of developing new processes and risk assessments (Avoiding Term Admissions into Neonatal units) ATAIN risk assessment)
- The MVP chair feels very valued and listened to. The MVP is well funded
- Comprehensive training packages with good compliance and trajectories, which is responsive to learning from incidents, complaints & relevant national policy
- The value of an end-to-end maternity system is threaded throughout, ensuring personalisation of care and ability to audit quickly and accurately
- Clear evidence of commitment to addressing inequality
- Audit is being embedded as an everyday occurrence with everyone responsible for it
- Good MDT working

On day feedback for MYHT:

- The evidence submitted prior to the visit was exemplary – well done!
- Open & honest staff, however the medics were difficult to locate
- Clear reporting structure
- 'BOSH' prompts on ward to enhance safety ('BOSH' is an approach to assessing staff wellbeing in shift)
- Governance processes are good, with good examples of testing learning
- Sharing of learning via different sources to capture staff in all areas and levels
- Good visibility of senior leaders on labour ward especially in times of high acuity, providing support
- Supportive preceptorship midwife
- Now has a functioning MVP and huge improvements made in the past 12months
- On the whole, the team are receptive to improvement and innovation
- Clear about their challenges, which includes recruitment/staffing, culture, and morale
- Peer support mechanisms across the service
- Good psychological support for staff – which is staff-led

Both Trusts reviewed the second Ockenden report and recommendations and undertook a RAG rating exercise.

Summary of RAG rating:

CHFT	MYHT
10 Red actions: All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent. **New MVP Chair in post who we are working with to share themes, trends, and responses** Trusts must have in place specialist antenatal clinics dedicated to accommodate women with multifetal pregnancies. They must have a dedicated consultant and have dedicated specialist midwifery staffing. These recommendations are supported by the NICE Guideline Twin and Triplet Pregnancies 2019.- **The trust has two named consultants leads and we are progressing work to provide a specific clinic with dedicated ultra-sonographer** There must be a continuous audit process to review all in utero transfers and cases where a decision is made not to transfer to a Level 3 neonatal unit and when delivery subsequently occurs in the local unit. **All deliveries <27weeks are currently reported to the LMS with a case summary. CHFT level 2 NNU criteria gestation >27 weeks. The neonatal team are progressing the continuous audit.** Neonatal providers must ensure that processes are defined which enable telephone advice and instructions to be given, where appropriate, during the course of neonatal resuscitations. When it is anticipated that the consultant is not immediately available (for example out of hours), there must be a mechanism that allows a real-time dialogue to take place directly between the consultant and the resuscitating team if required. **The Neonatal team are progressing solutions to meet this requirement** Neonatal practitioners must ensure that once an airway is established and other reversible causes have been excluded, appropriate early consideration is given to increasing inflation pressures to achieve adequate chest rise. Pressures above 30cmH2O in term babies, or above 25cmH2O in preterm babies may be required. The Resuscitation Council UK Newborn Life Support (NLS) Course must consider highlighting this treatment point	7 Red actions: Education and training of Labour Ward Co-ordintors – **awaiting publication of national programme** Supernumerary clinical skills coordinators in all areas – **in process of recruiting suitably qualified staff** Every Trust must have a patient safety specialist – **in progress** Maternal medicine specialist – **post recruited to and waiting for pre employment checks** There must be a continuous audit process to review all in utero transfers and cases where a decision is made not to transfer to a Level 3 neonatal unit and when delivery subsequently occurs in the local unit **– in progress with neonatal team**. Midwifery units must complete annual risk assessment – **completed** Trusts must provide bereavement care services for women and families who suffer pregnancy loss. This must be available daily, not just Monday to Friday – **currently provide specialist care Monday to Friday – workforce review in progress.** 25 Amber actions – key areas: Training – **actions progressing but compliance not yet at ambition target due to clinical demands and pressures.**

more clearly in the NLS **algorithm Local Guidance under review** Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of neonatal unit (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications **Action plan completed and mitigations due to current non-compliance. Non-compliant due to not having 2 Registrars across paediatrics and neonates at night. Mitigation night registrar supported by on-call consultant and twilight registrar until midnight** There must be robust mechanisms for the identification of psychological distress, and clear pathways for women and their families to access emotional support and specialist psychological support as appropriate. **Review being undertaken of current pathway** Access to timely emotional and psychological support should be without the need for formal mental health diagnosis, as psychological distress can be a normal reaction to adverse experiences. **Review being undertaken of current provision** Psychological support for the most complex levels of need should be delivered by psychological practitioners who have specialist expertise and experience in the area of maternity care. **Review being undertaken of current provision and workforce, including training needs analysis** All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals. **Developing a policy, but currently have human factors and civility included in mandatory multidisciplinary training day**	

A multidisciplinary action plan has been devised that incorporates all the recommendations/actions, with regular updates provided to both Divisional and Trust Boards within CHFT and MYHT.

Whilst local improvement work continues, the brief from the national maternity team has been that once the East Kent Inquiry report is published, a national maternity improvement plan will be developed which will supersede local plans.

3. Midwifery Workforce

Over the last year CHFT and MYHT have experienced unprecedented midwifery staffing shortfalls against planned workforce levels across all areas due to vacancy, sickness, and maternity leave. To ensure the safety of women and babies, and in accordance with guidance from NHSEI, both Trusts have had to prioritise provision of 1:1 care for women in established labour, this has contributed to decisions to temporarily suspend Huddersfield Birth Centre and Bronte Birth Centre.

Staffing levels in Huddersfield and Bronte Birth Centres has been critical, with 76.2% of Bronte Birth Centre staff being unavailable for work for at least three months due to sickness and maternity leave. At CHFT the current overall midwifery staff unavailability in July including vacancy, sickness and maternity was 32%.

Despite these challenges women continue to be offered three choices of place of birth by both Trusts in line with the aspirations of Better Births: home birth, midwife led alongside birth centre and consultant led unit in Halifax and Wakefield.

Both Trusts have a recruitment and retention strategy which is informed by the national maternity recruitment and retention campaign. Both Trusts have dedicated recruitment and retention lead midwives who are responsible for delivering the national campaign. MYHT also participate in the NHS Flex for the Future Project.

Local exit interviews suggest the main reasons midwives leave are retirement, relocation, moving to a smaller Trust where it is perceived the workload is less, leaving the profession (either to become self-employed or to take some time out), promotion and to work for an Agency (Flexibility, no requirement to work on call or in a continuity of carer team (mainly community midwives)).

All Trusts in the Local Maternity System (LMS) are part of the LMS Band 5 Midwife (newly qualified midwife) recruitment scheme. For the first time in many years CHFT and MYHT forecast an ongoing deficit of midwives once the cohort of newly qualified midwives start work in October/ November 2022. This is in part due to the small number of student midwives completing their studies at Huddersfield University this year. LTHT and Bradford forecast similar situations, LTHT to a lesser degree. The longer-term impact of this is a forecast deficit against Birthrate Plus recommended staffing levels throughout 2022-2023 and into 2023-2024. Birthrate Plus is currently the only midwifery-specific, national tool that gives intelligence and insights needed to be able to model midwifery staffing numbers.

Table 1: Vacancy levels end July 2022

	Births	Planned WTE (MW and RN)	Actual WTE	Vacancy WTE	Planned Leavers (to end Oct)	Midwives and RN in recruitment pipeline
CHFT	4712	198	157.98	40.02	8.52	13.56
MYHT	5800	255	227.32	27.68	4.83	23.44

Table 2: Staff Unavailability end July 2022

		Annual Leave (Target 15%)	Maternity Leave (1%)	Sickness (4%)	Total (Uplift 23%)
CHFT	RM	12.29%	3.76%	6.89%	27.91%
	MSW	11.84%	2.1%	7.3%	27.82%
MYHT	RM	13.6%	4.3%	10.3%	33.3%
	RN	19.6%	0%	24.1%	45%
	MSW	11.6%	4.3%	20.8%	42.7%

4. Birth Centre Risk Assessment

CHFT and MYHT have worked together to risk assess the structure, function, governance, and standards of both birth centres against European guidelines for birth centres, and to explore opportunities for the future.

NICE Clinical guideline [CG190] Intrapartum care for healthy women and babies (NICE 2017) recommends that low-risk multiparous women are advised that giving birth at home or in a midwifery-led unit (freestanding or alongside) is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit. Low-risk nulliparous (no previous children) women should be advised that planning to give birth in a midwifery-led unit (freestanding or alongside) is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit.

Maternity and neonatal risk status can change throughout pregnancy, during labour and following birth. Currently approximately 9% of women resident in North Kirklees booked to birth at MYHT are on the intensive maternity care pathway, 50% of women are on the intermediate maternity care pathway and 41% of women are on the standard maternity care pathway. Approximately 9% of women resident in Greater Huddersfield / South Kirklees booked to birth at CHFT are on the intensive maternity care pathway, 43% of women are on the intermediate maternity care pathway and 49% of women are on the standard maternity care pathway.

To support decision making about place of birth, up to date data about ambulance response times and journey times is provided. Many women at low risk of obstetric complication during pregnancy choose to birth on the site where obstetric, neonatal, and emergency maternity theatre support is available if required.

Over the last five years there has been a year-on-year reduction in the number of women birthing in Bronte Birth Centre with 149 women birthing there in 2021. In a similar period (2019), 238 women birthed at Huddersfield Birth Centre.

Findings of the risk assessment were similar for both Trusts with robust evidence of:

- Strong governance arrangements.
- Clear leadership.
- Robust training provision for staff working in the birth centres.
- Assuming full staffing, no safety or care quality concerns related to care pathways or multidisciplinary working were identified for either birth centre.

Areas for opportunity included:

- Recommendations to develop a multi-agency, multidisciplinary birth centre advisory group – the first meeting of the CHFT/ MYHT Group will take place at the end of September, with representation from North Kirklees and Huddersfield Maternity Voices Partnerships Group as well as local partners including public health.
- Develop the birth centre as a midwifery hub.

Within the standards, reference is made to developing more integrated service models with groups of midwives working in communities, supporting homebirth and birth centre birth rather than solely working in the birth centre. This opportunity is being considered by both Trusts.

5. Conclusion

Both Trusts continue to have an ambition to re-establish a freestanding midwife led birth centre in Kirklees. Recruitment campaigns have been reviewed and an additional campaign is being developed to try to attract new staff to the birth centres.

CHFT and MYHT are working in partnership to explore a safe and sustainable model of standalone maternity services. This will be managed through the joint CEO led Partnership Board between the two organisations. Whilst committed to an offer for the population of Kirklees – a one size fits all model may not work due to the different pressures we are both facing as organisations.

6. Recommendations

(Overview and Scrutiny Committee) are recommended to note:

- Update in relation to CHFT and MYHT response to Ockenden
- Unprecedented staffing gaps in both birth centres and maternity services. These are consistent with most Trusts in the region.
- Ongoing recruitment challenges in both organisations and the impact of these on service delivery and women's choices.
- Findings of the evaluation and risk assessment against European standards for Birth centres and partnership working in the Advisory Group.
- The continued ambition of both Trusts to re-establish a free standing, midwife led birth centre in Kirklees

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Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 6 September 2022

Title of report: Unplanned Care

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions on unplanned care.

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 Council's Forward Plan (key decisions and private reports)?	**Not Applicable**
The Decision - Is it eligible for call in by Scrutiny?	**Not Applicable**
Date signed off by Strategic Director & 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?**	**The report has been produced for information only and to facilitate the discussions on unplanned care**
Health Contact	**Jon Parnaby Transformation Programme Manager; Urgent & Emergency Care – Kirklees Health and Care Partnership**

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 systems are always under considerable pressure during the winter period as demand for services tends to increase significantly with the onset of cold weather and an increase in respiratory illnesses.

1.2 However, in recent years this pressure has been building not just at winter but throughout the year and this means that there is an increasing need to manage demand and capacity issues at various points throughout the year.

1.3 In recognition of these year-round pressures the Kirklees Health and Adult Social care Scrutiny Panel has included in its work programme for 2022/23 an item that will consider the work being done to manage periods throughout the annual cycle when there are capacity and demand imbalances for unplanned care.

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 manage expected and unexpected increases in demand and deal with capacity issues that will include:

- Examples of the work that is being developed to shift resources, skills, and expertise out of hospital and into the community.
- Data that highlights the peaks and troughs of capacity and demand challenges throughout the year.
- The consequences of increased demand and capacity pressures.
- The work that is being done to build on lessons learned from managing previous periods of demand.

1.5 A presentation pack containing 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 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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Proud to be part of West Yorkshire
Health and Care Partnership

NHS West Yorkshire
Integrated Care Board

Kirklees Scrutiny Committee 6th September

Kirklees
Health & Care
Partnership

Unplanned Care; Resilience Planning

NHS West Yorkshire
Integrated Care Board

Quote

> “we have begun planning for the coming winter earlier than usual, recognising pressure on the NHS is likely to be substantial, particularly in UEC [Urgent & Emergency Care], making the most of the opportunity created by the formation of ICBs to maximise the benefits of system working”

NHS England 12th August 2022

Unplanned Care; Resilience Planning

NHS West Yorkshire
Integrated Care Board

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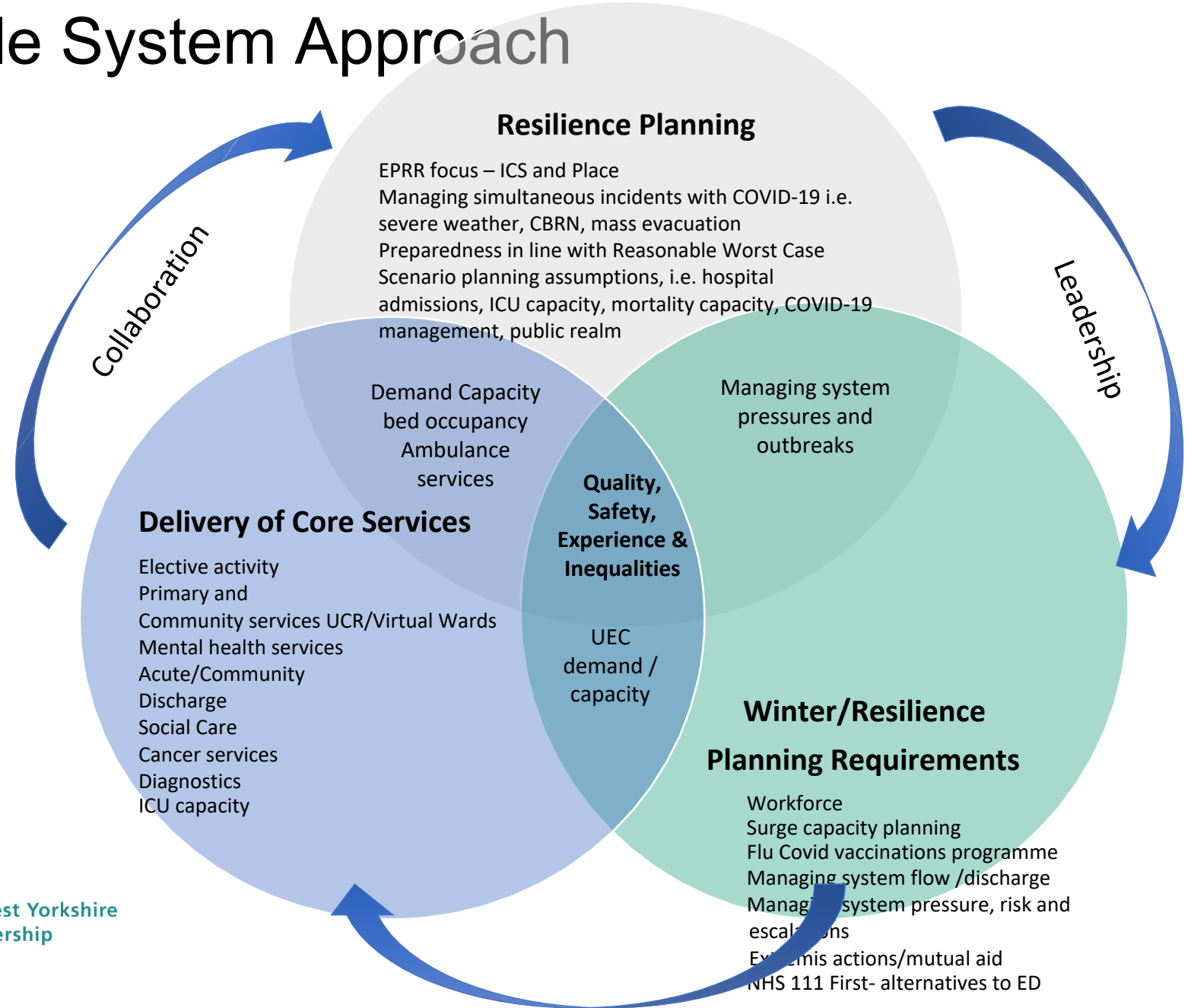
NHS England 12th August 2022

Partners

NHS West Yorkshire Integrated Care Board
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

Whole System Approach



Data Summary Insight

NHS West Yorkshire Integrated Care Board

- Primary Care: GP attended appointments have continued on an upward trend since march 2020, the attendances now are higher than pre-pandemic levels with 79% of appointments being Face to Face, 46% attended on the same day and 3.6% DNA. The appointment rate per '000 is higher in Kirklees than nationally.
- ED Attendances: To note there was a reduction in overall attendances between Nov 21 to Feb 22 with an increasing trend stabilising over the last three months. Looking at the last 3 months in comparison with the same period last year attendances are 0.9% higher at CHFT and 1.1% lower at MYHT for Kirklees population.
- >12-hour ED Breaches: there is no statistical correlation between ED attendances and >12 hour breaches, please refer to Trust for further intelligence relating to workforce and acuity.
- YAS: the See, Treat and convey performance is 62% at CHFT and 66.4% at MYHT, the average handover time is significantly lower at Dewsbury District Hospital 8mins 51secs, Pinderfields 14mins 35secs compared to Calderdale Royal 20mins and Huddersfield Royal 20mins 23secs, handover % within 15 mins is higher at Dewsbury 83.1% and Pinderfields 63.2% compared to Calderdale 47.8% and Huddersfield 49.7%
- Kirklees 111 demand: Nothing significantly different from West Yorkshire trends, Kirklees top complaint was 18% Chest Pain and upper back, 11% of total calls had Ambulance final disposition and 54% Primary Care, 17.8% of total calls were in relation to 20–29-year-olds.
- Kirklees 999 demand: Chief complaint was 111 advice followed by falls and back injury. 67% of calls resulted in see, treat and convey to ED. This is not that different to the WY position.

Further reference to data insight will be given during Partner Insight narrative

Kirklees Council Insight

NHS West Yorkshire
Integrated Care Board

- Significant amount of support, service and activity outside of the hospital;
- Admission avoidance to prevent inappropriate attendances
- Anticipatory care across community partners
- Need to get patients and service users on the right pathway
- Home first as a priority
- Proactive Care Home support team
- Strengthen partnerships with independent care providers
- Housing integrated into teams
- Aim to reduce reliance on beds
- Trialing assistive technology
- Follow up in home environment; assess in the home both cared for and carer
- Promoting independence

Kirklees
Health & Care
Partnership

Mid-Yorkshire Hospital Trust Insight

- Evidenced history of collaboration and system working since last Winter provides an excellent foundation for this Winter.
- Strong focus on supporting people in their homes and the community is a key element of the planning, making the most of
    - Virtual Wards with a focus on patients with respiratory illnesses and frailty
    - Support for patients with mental health needs
    - Urgent Community Response to support care homes and reduce emergency department attendances
    - Voluntary sector to help people on discharge from hospital and to provide general support
    - Effective signposting to ensure people can get advice and guidance when needed e.g. community pharmacy
- Additional hospitals beds at both Pinderfields Hospital and Dewsbury
- Focus on ambulance handover times to improve patient experience and ensure availability of ambulances to respond to 999 calls
- Focus on continued delivery of planned outpatient, diagnostic and surgery cases across Winter to support patients and continue to reduce waiting times

Kirklees Health & Care Partnership

Calderdale Hospital Foundation Trust Insight

- Focus on Urgent Community Response & Community Teams and not automatic referral into Emergency Department (ED)
- Home first
- Therapy model is critical at home not in acute bed base
- Role of voluntary/third sector in supporting patients at home
- Clarity on options and making it easy to access for clinicians (Single point access)
- Increased referrals into Urgent Care Hubs within both EDs to take out all P4 (Manchester Triage Score grading) illness patients
- Surge capacity modelling for Covid and Non-Covid
- Point of Care Testing within EDs for Covid and Flu
- Discharge focus board rounds with Ward Managers, Matrons, Discharge Coordinators and Therapists
- Ambulance handover Standard Operating Procedure to prevent delays
- Virtual ward hub to commence

Kirklees Health & Care Partnership

Locala Insight

- Strength in Partnership
- Streamline and avoid duplication
- Developing credible alternatives to avoid admissions
- Prioritisation on strengthening Urgent Community Response through the Alliance
- Building on Trusted assessor single assessment with community partners
- Working with partners to strengthen the Integrated Transfer of Care hub
- Ensuring people are effectively moved on from Intermediate Care when their rehabilitation is complete
- Working with system partners to support care homes over winter
- Implementing surge and escalation plans internally to ensure we remain resilient and responsive
- Development of Virtual Wards in partnership across Kirklees, Wakefield and Calderdale

Kirklees Health & Care Partnership

Primary Care Insight

- Presented on the day

Kirklees Health & Care Partnership

Yorkshire Ambulance Service Insight

- About Us - Scope
- Contribution from Community First Responders
- Risks and Challenges
- Greater Resilience
- Kirklees – a Typical Day
- System Support Initiatives
    - Emergency Department avoidance
    - Patient Flow
    - Workforce (Case study)
- Ambulance Response Performance
- Hospital Handover

Kirklees Health & Care Partnership

Risk Part 1; Generic across all partners

- Risks
  - Workforce
    - Recruitment & Retention
    - Increased Absence, Staff burnout
  - Covid, Flu and respiratory conditions
  - Imbalance of demand v capacity
  - Infection Prevention and Control restrictions
  - Pay award impact on funding
  - Growing waiting lists
  - Financial pressure -non recurrent
  - Adverse weather and service disruption
  - Impact of Winter fuel/costs of living rises
  - Supply and demand of consumables

- Priorities
  - Ensuring there is no harm to patients and service users
  - Any action does not increase health inequalities
  - Workforce – well being and best use
  - Demand v capacity place-based modelling
  - Communications – ICS/Place
  - Preparation for winter monies
  - Review adverse weather plans
  - Agree consistent reporting/escalation across ICS
  - Review and Agree Extremis action plans

Kirklees Health & Care Partnership

Risk Part 2; Urgent Care Pre-Hospital

- Risks
  - Impact of further Covid peaks and new variants on demand for services
  - Public complacency around Covid and vaccines
  - Demand into 111 & 999 services- sustainable delivery
  - Pressure within Primary Care services
  - Home Care providers resilience against cost-of-living rises

- Priorities
  - Delivery of Vaccination Programmes
  - 7-day provision where able – reduce variation
  - Sustainable Clinical assessment service
  - Alternatives to Accident & Emergency – pathways/services
  - Optimise primary care access e.g. Primary Care Network's extended access services
  - Maximise minor urgent care services – Urgent Care Hub, Walk-in-Centre etc
  - Communications to manage population expectations and behaviour
  - To work with and support Yorkshire Ambulance Service
  - Closer working with the voluntary sector

Kirklees Health & Care Partnership

Risk 3; Urgent Care in Hospital

- Risks
  - Infection Prevention & Control restrictions reducing capacity
  - Increased non elective demand
  - Patients presenting with higher acuity conditions
  - Surge pressures affecting elective/ planned care capacity
  - Mental health capacity and flow
  - Near Patient Testing for flu and covid affecting laboratory capacity
  - Ambulance delays / handovers
- Priorities
  - Maximise Same Day Emergency Care pathways
  - Continued prioritisation of ambulance handovers
  - Development of Urgent Care Hub / Treatment Centres
  - Integrated Transfer of Care hub development
  - Commitment to elective care recovery

Kirklees Health & Care Partnership

Risk Part 4; Discharge & Community Services

- Risks
  - Care Home resilience- fragile market
  - Cessation Discharge to Assess funding - financial risk
  - Increased demand for Higher Acuity complex pathways
  - Social Care reform
  - Carers resilience with higher acuity and complexity of discharges

- Priorities
  - Commitment to a Home First philosophy
  - Improving flow and discharge via 100-day discharge challenge
  - Avoid duplication in assessments across pathways
  - Embed integrated pathways to coordinate support and avoid duplication
  - Assess the Impact of effective integration in the community e.g. Reablement
  - Support Options providing support for discharge through innovative outcomes and enhanced relationships with providers
  - Closer working with the voluntary sector
  - Bed Modelling – system wide

Kirklees Health & Care Partnership

Consequences; for consideration

- Ambulance diverts
- Single Virtual Contact Centre for 111
- Advantage/Adastra ransomware attack
- 111…now recruiting but time to get online
- Adult Social Care Reforms
- Urgent Care Hubs – access to primary care
- Increased demand and capacity pressures e.g. Increased A&E waiting times; longer waiting times to see GP; impact on elective procedures

Kirklees Health & Care Partnership

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Following supporting slides for information/assurance and not presentation

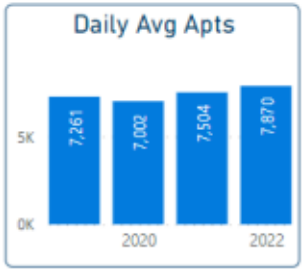
Kirklees Health & Care Partnership

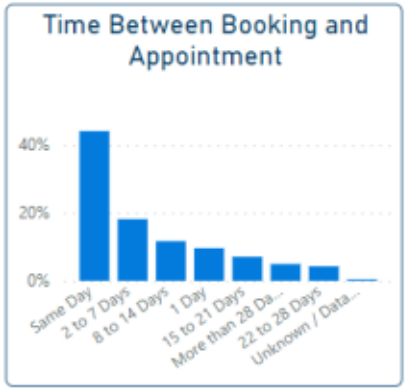
Primary Care Appointments – Trend

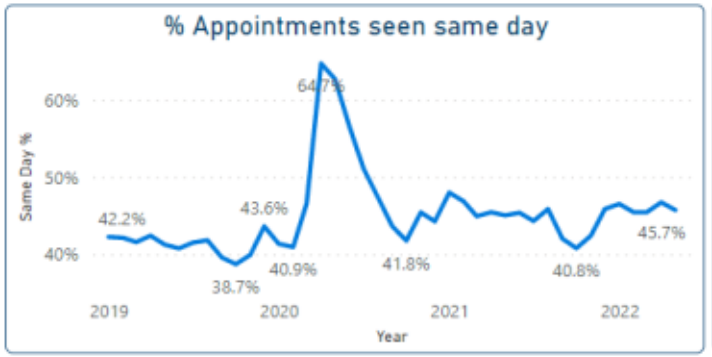
Kirklees

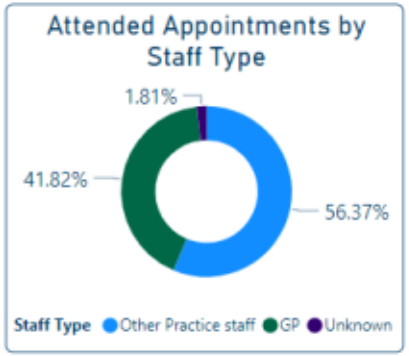
Total Appointments	Attended Appointments	Same Day Booked Appointments	Same Day Attended Appointments	% Attended FTF	DNA Appointments	Overall DNA Rate
413,824	386,436	182,466	46.2%	79.0%	14,324	3.6%

Delivery Rate of 21/22: 109%





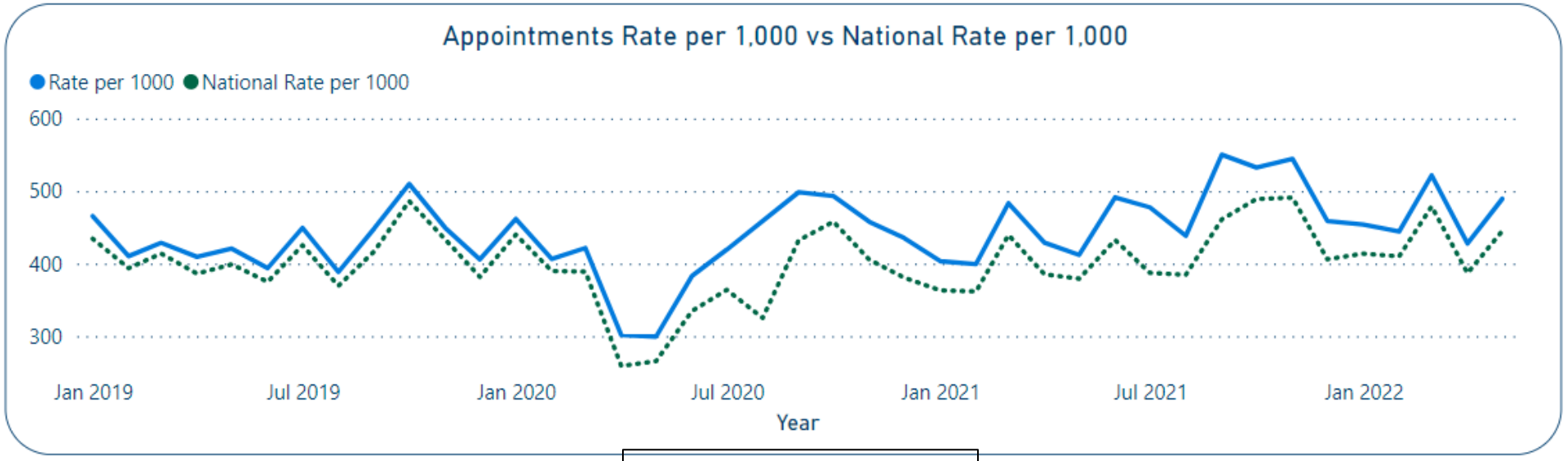




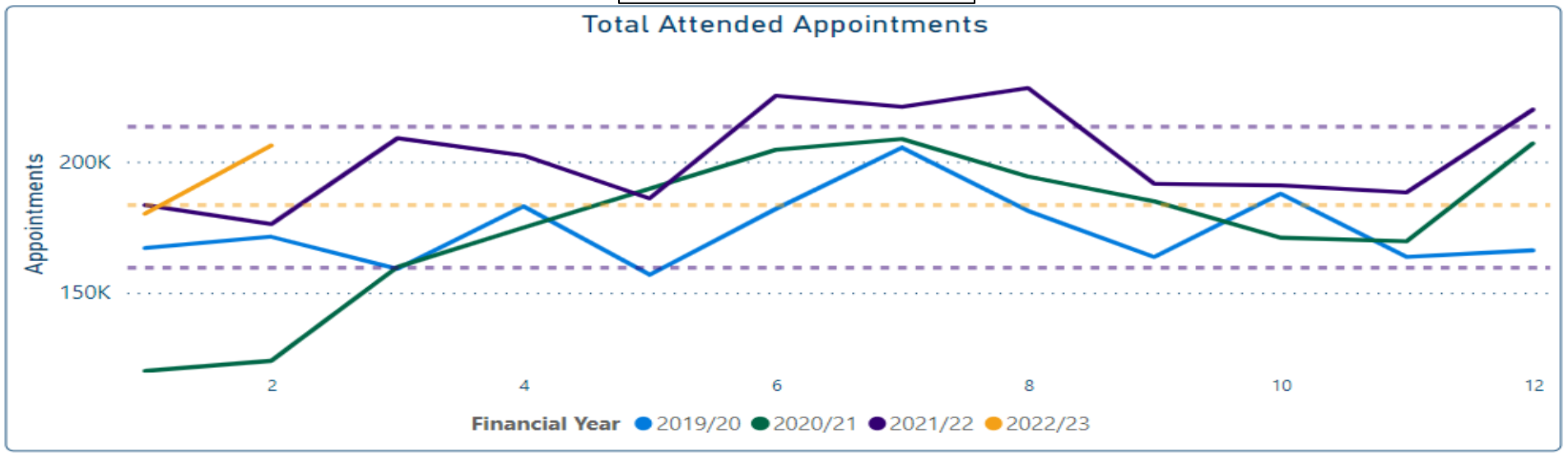
- Slide demonstrates the number of appointments offered within General Practice for Kirklees
- **The publication includes important information however it does not show the totality of GP activity/workload. The data presented only contains information which was captured on the GP practice systems. This limits the activity reported on and does not represent all work happening within a primary care setting. There are no national standards for data entry into GP systems which are not primarily designed for data analysis purposes

Kirklees Primary Care Appointments

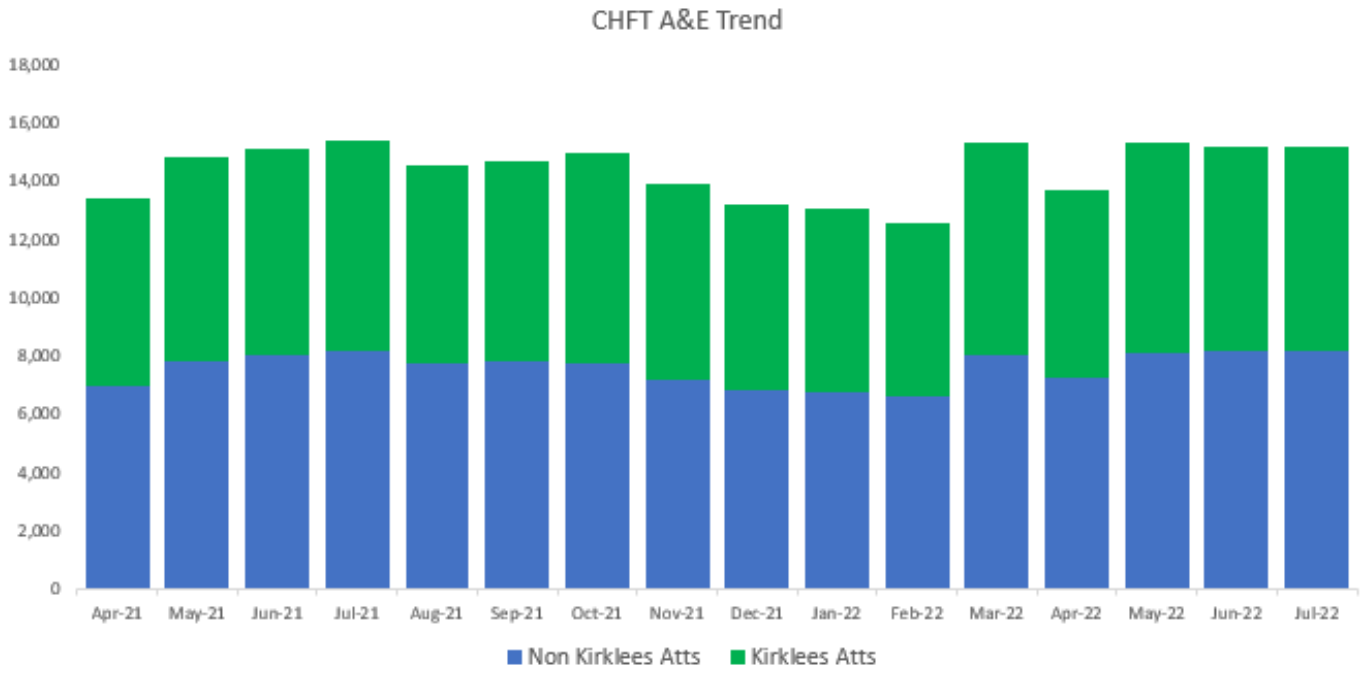
Per 1000 Population



Year on Year



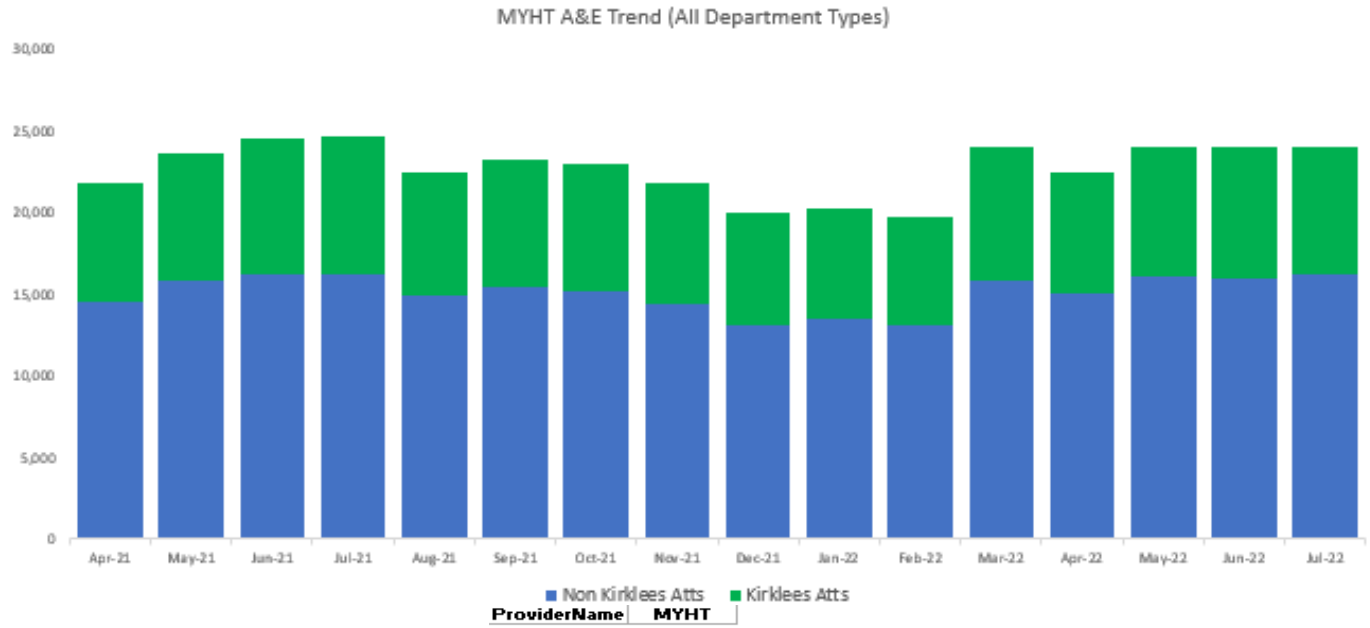
CHFT ED Attendances



ProviderName	CHFT			
AttendanceMonth	on Kirklees Att	Kirklees Atts	TotalAtts	% Kirklees Activity
Apr-21	6,969	6,423	13,392	48.0%
May-21	7,806	6,971	14,777	47.2%
Jun-21	7,982	7,109	15,091	47.1%
Jul-21	8,156	7,222	15,378	47.0%
Aug-21	7,708	6,783	14,491	46.8%
Sep-21	7,786	6,891	14,677	47.0%
Oct-21	7,756	7,208	14,964	48.2%
Nov-21	7,198	6,700	13,898	48.2%
Dec-21	6,817	6,393	13,210	48.4%
Jan-22	6,726	6,331	13,057	48.5%
Feb-22	6,570	5,993	12,563	47.7%
Mar-22	8,043	7,260	15,303	47.4%
Apr-22	7,253	6,445	13,698	47.1%
May-22	8,106	7,170	15,276	46.9%
Jun-22	8,188	6,989	15,177	46.0%
Jul-22	8,122	7,065	15,187	46.5%
Grand Total	**121,186**	**108,953**	**230,139**	**47.3%**

The graph above shows the total CHFT ED attendances over the last 16 months and the proportion of which are Kirklees population. On average Kirklees accounts for 47.3% of all ED attendances. To note there was a reduction in overall attendances between Nov 21 to Feb 22 with an increasing trend stabilising over the last three months. The number of ED attendances over the last 3 months are 0.9% higher than the same period last year.

MYHT ED Attendances



The graph shows the total MYHT ED attendances over the last 16 months and the proportion of which are Kirklees population. On average Kirklees accounts for 38.5% of Type1-2 ED attendances, 83.4% of WIC attendances. To note there was a reduction in overall attendances between Nov 21 to Feb 22 with an increasing trend stabilising over the last three months. The number of ED attendances over the last three months are 1.1% lower than the same period last year.

ProviderName	MYHT															
	01 Emergency Department				03 Other type of A&E/MIU				04 NHS WIC				All Department Types			
ttendanceMont	Non Kirklees	Kirklees Atts	TotalAtts	% Kirklees	Non Kirklees	Kirklees Atts	TotalAtts	% Kirklees	Non Kirklees	Kirklees Atts	TotalAtts	% Kirklees	Non Kirklees	Kirklees Atts	TotalAtts	% Kirklees
Apr-21	10,208	6,286	16,494	38.1%	4,272	36	4,308	0.8%	132	926	1,058	87.5%	14,612	7,248	21,860	33.2%
May-21	11,332	6,774	18,106	37.4%	4,360	30	4,390	0.7%	188	999	1,187	84.2%	15,880	7,803	23,683	32.9%
Jun-21	11,388	7,308	18,696	39.1%	4,697	30	4,727	0.6%	169	997	1,166	85.5%	16,254	8,335	24,589	33.9%
Jul-21	11,404	7,292	18,696	39.0%	4,672	27	4,699	0.6%	228	1,046	1,274	82.1%	16,304	8,365	24,669	33.9%
Aug-21	10,378	6,333	16,711	37.9%	4,333	19	4,352	0.4%	193	1,171	1,364	85.9%	14,904	7,523	22,427	33.5%
Sep-21	10,593	6,675	17,268	38.7%	4,646	26	4,672	0.6%	196	1,075	1,271	84.6%	15,435	7,776	23,211	33.5%
Oct-21	10,414	6,791	17,205	39.5%	4,566	29	4,595	0.6%	193	987	1,180	83.6%	15,173	7,807	22,980	34.0%
Nov-21	9,947	6,429	16,376	39.3%	4,235	28	4,263	0.7%	190	1,066	1,256	84.9%	14,372	7,523	21,895	34.4%
Dec-21	9,272	5,854	15,126	38.7%	3,649	32	3,681	0.9%	178	972	1,150	84.5%	13,099	6,858	19,957	34.4%
Jan-22	9,437	5,837	15,274	38.2%	3,869	38	3,907	1.0%	162	984	1,146	85.9%	13,468	6,859	20,327	33.7%
Feb-22	9,185	5,668	14,853	38.2%	3,825	17	3,842	0.4%	175	857	1,032	83.0%	13,185	6,542	19,727	33.2%
Mar-22	11,031	7,091	18,122	39.1%	4,564	20	4,584	0.4%	212	1,136	1,348	84.3%	15,807	8,247	24,054	34.3%
Apr-22	10,228	6,319	16,547	38.2%	4,569	34	4,603	0.7%	252	1,103	1,355	81.4%	15,049	7,456	22,505	33.1%
May-22	11,016	6,697	17,713	37.8%	4,837	30	4,867	0.6%	293	1,192	1,485	80.3%	16,146	7,919	24,065	32.9%
Jun-22	10,680	6,752	17,432	38.7%	4,962	21	4,983	0.4%	307	1,264	1,571	80.5%	15,949	8,037	23,986	33.5%
Jul-22	10,897	6,575	17,472	37.6%	5,065	40	5,105	0.8%	313	1,193	1,506	79.2%	16,275	7,808	24,083	32.4%
Grand Total	167,410	104,681	272,091	38.5%	71,121	457	71,578	0.6%	3,381	16,968	20,349	83.4%	241,912	122,106	364,018	33.5%

>12 Hour ED Breaches

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
MYHT	0	0	0	1	6	0	1	2	0	1	0	3	31	4	2	22
CHFT	0	0	0	3	0	0	2	0	2	4	1	1	0	1	2	2

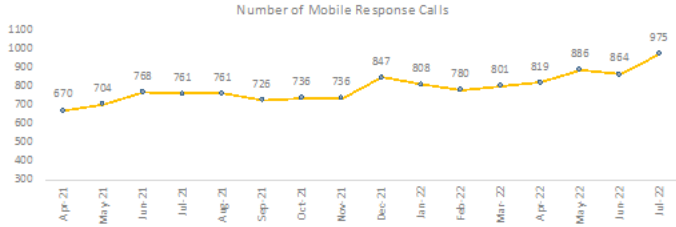
The table above shows the number of >12 hour breaches by month for both MYHT and CHFT, there does not appear to be any correlation between attendances and increase in 12 hour breaches.

Integrated Health and Social Care Dashboard

Mobile Response (Kirklees)

Preventing Hospital Admissions

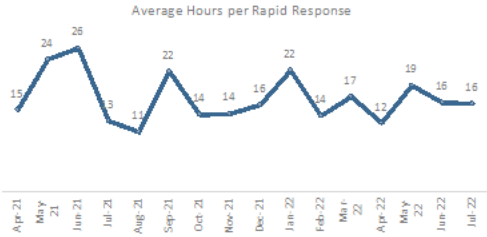
975	4390	97.6%
Calls Received (In Month)	Calls Received (YTD)	% of calls where ambulance not called (In Month)

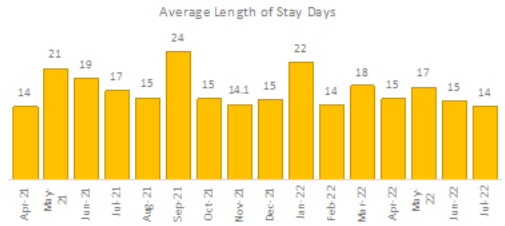


Rapid Response (Kirklees)

Two hour community rapid response; admission avoidance, follow-up, re-ablement

86	917	16	14
Referrals Received (In Month)	Referrals Received (YTD)	Avg Hours per Rapid case (In	Average Length of Stay Days (In

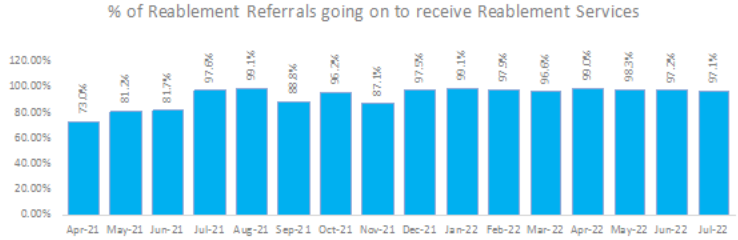


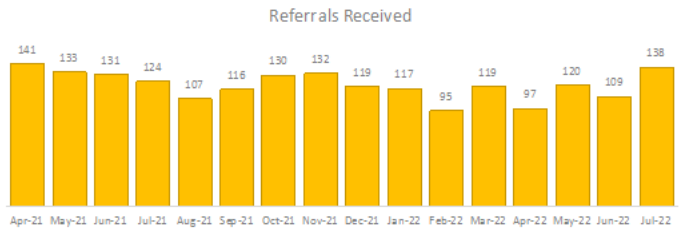


Reablement (Kirklees)

Timely Access to Community Support & Reablement

138	1464	97.10%	77%	13%	54%
Referrals Received (In Month)	Referrals Received (YTD)	% of Referrals going on to receive Reablement Services	% No further/decreased support (In Month)	% Admitted to Hospital (In Month)	Visits made within 2 days (UCR Target)

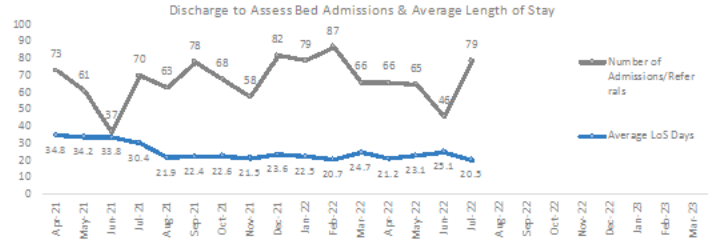




Discharge to Assess Beds (Kirklees)

Appropriate D2A and community bed capacity

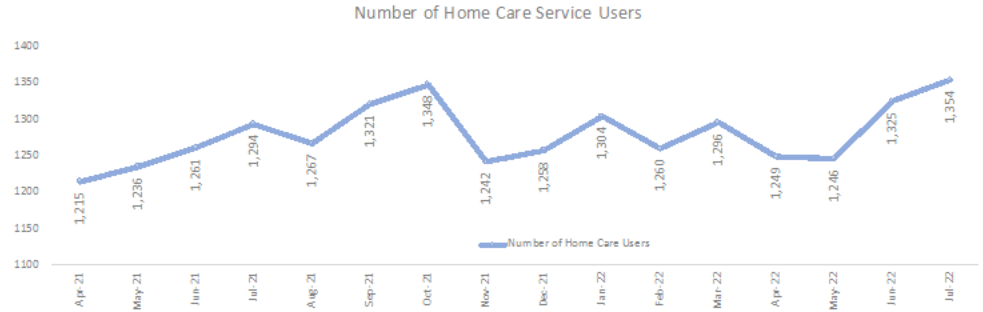
79	20
Referrals Received (In Month)	Average Length of Stay Days (In

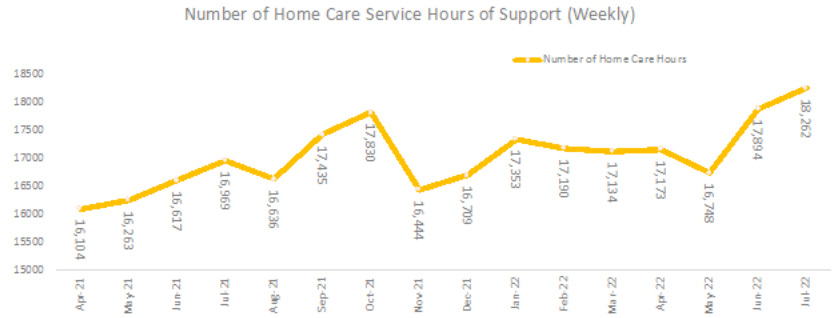


Market Capacity (Kirklees)

Strong wrap around multi-agency support to Care Homes / Ensure Resiliance in Home Care Market

1354	1449	9
Number of Current Home Care Users	Number of Current Care Home Placements	Number of People on Home Care Waiting





Kirklees Council Statutory Activity over 12 months

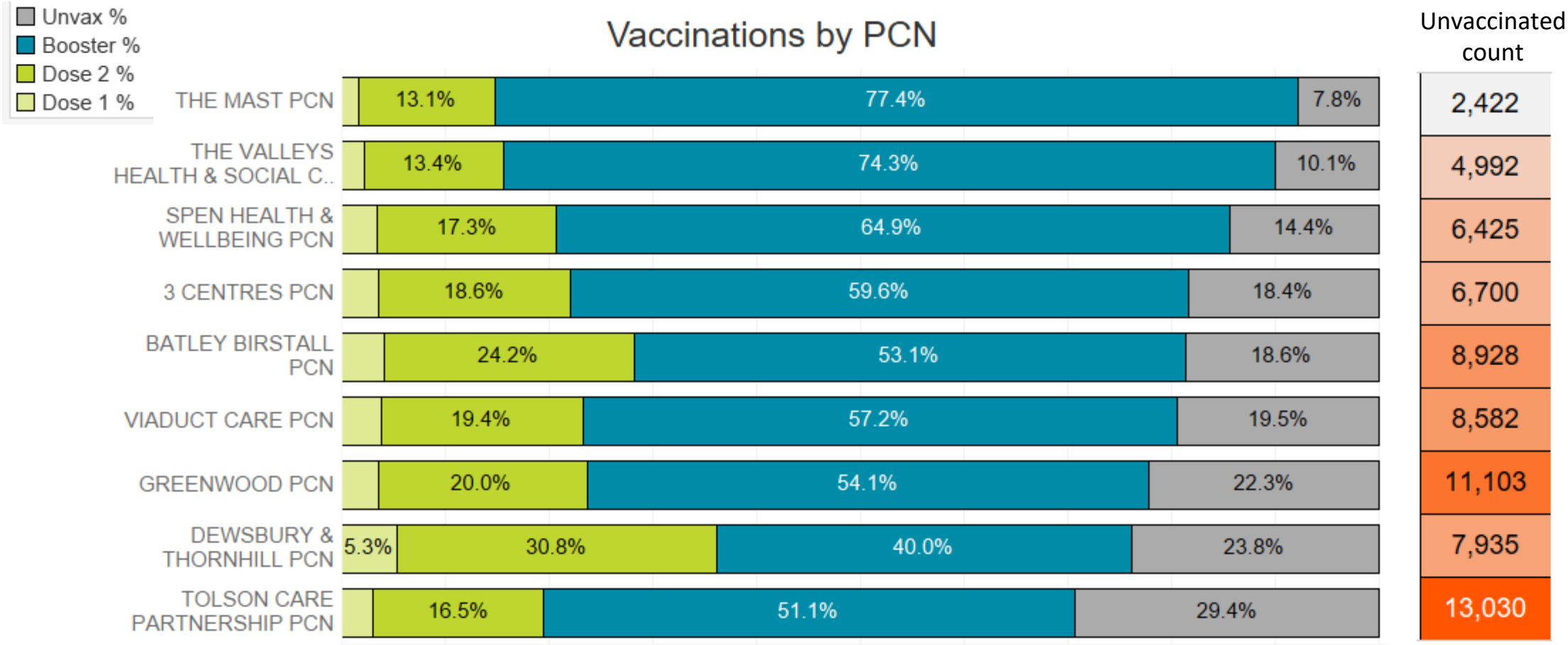
NHS West Yorkshire Integrated Care Board

Activity	Hospital Social Care Team	Community Social Care Teams
Care Act Assessments	1,072 – 86% led to services	1,292 – 57% led to services
Care Act Reviews	1,425	8,911
Professional interventions		2,535
SCOT Assessments		581
Mental Health Assessments		965
Safeguarding referrals	1,727	
Gateway to Care enquiries	39,538	
Unplanned work contributing towards hospital avoidance		
Hospital Avoidance Team referrals	620	
Carephone alerts for assistance	352,656	
Mobile Response call outs	9,014	
Pieces of Equipment supplied by KICES	48,000	
Services provided (Current)		
Domiciliary Care Hours provided	18,360	
Dom Care wating list	90.29 hours	
Care home placements (resi/nursing) in Kirklees (includes self-funders)	2,715	

Kirklees Health & Care Partnership

Covid Vaccination status as at July 2022

NHS West Yorkshire
Integrated Care Board

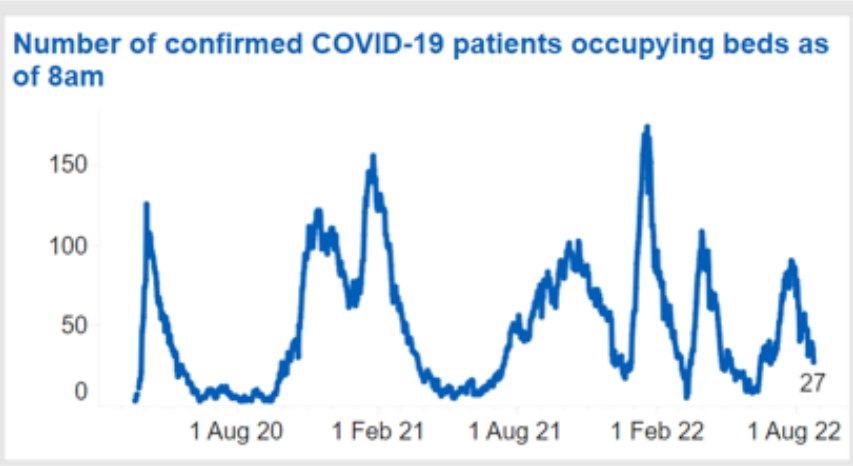


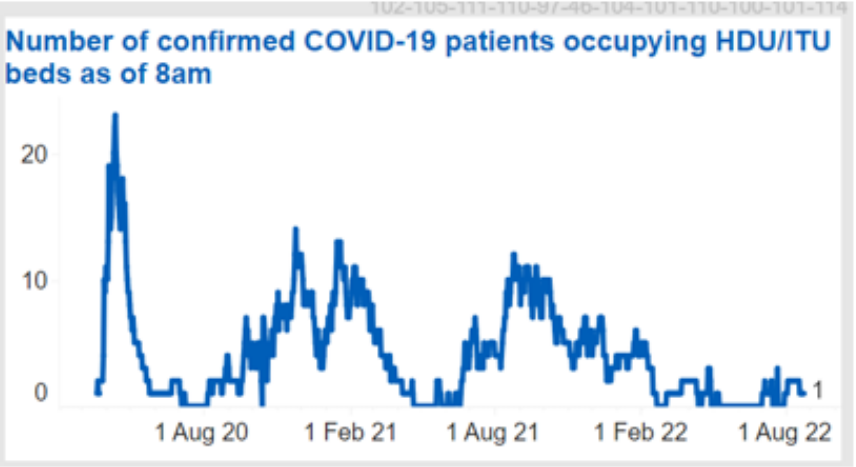
Proud to be part of West Yorkshire Health and Care Partnership

Kirklees Health & Care Partnership

Covid – CHFT In Hospital

Number of open beds reported	Number of beds occupied by confirmed COVID-19 cases as of 8am	HDU/ITU beds occupied by confirmed COVID-19 cases as of 8am	Inpatients diagnosed with COVID-19 in past 24 hours	New admissions with COVID-19 in past 24 hours	Patients currently awaiting swab results as of 8am	All discharges	Of these discharges to usual place of residence	Staff - All Absences	Of these COVID-19 related absences
647	27	1 Adult: 1 Paeds & neo: 0	4	2	4	6	6 (100%)	345	44 (13%)



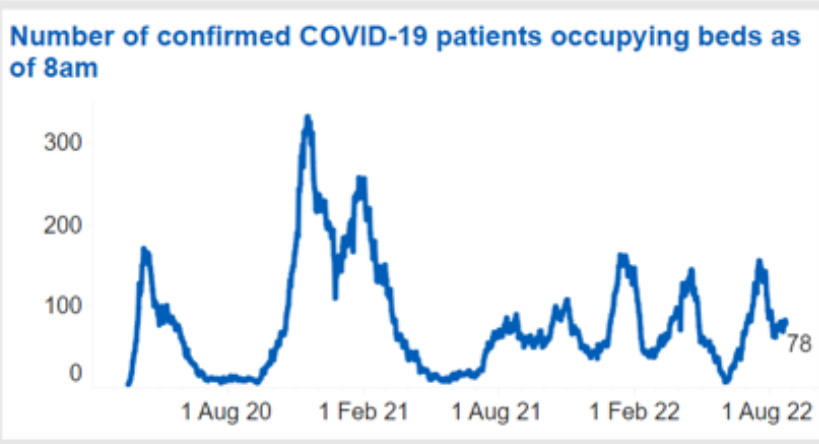


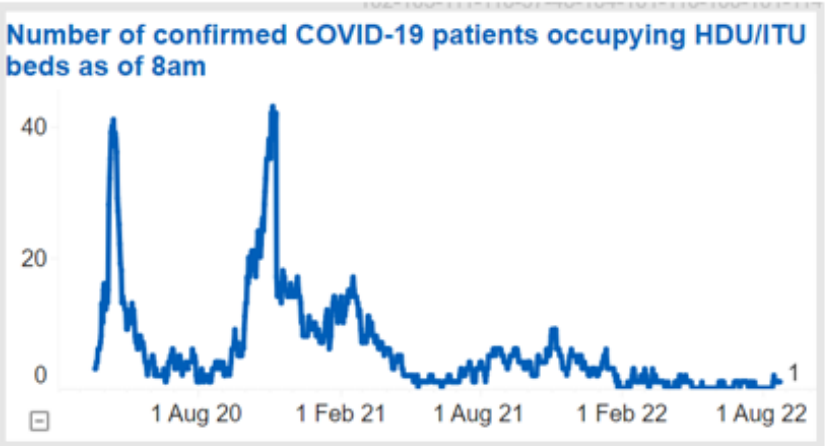
As reported 23rd August

- Covid in hospital position – 4% of total beds
- Total of 27 confirmed covid patients in a bed
- ICU – 1 patient in a bed
- 13% of staff absences due to covid

Covid – MYHT In Hospital

Number of open beds reported	Number of beds occupied by confirmed COVID-19 cases as of 8am	HDU/ITU beds occupied by confirmed COVID-19 cases as of 8am	Inpatients diagnosed with COVID-19 in past 24 hours	New admissions with COVID-19 in past 24 hours	Patients currently awaiting swab results as of 8am	All discharges	Of these discharges to usual place of residence	Staff - All Absences	Of these COVID-19 related absences
1,122	78	1 Adult: 1 Paeds & neo: 0	9	0	4	12	10 (83%)	576	59 (10%)





As reported 23rd August

- Covid in hospital position – 7% of total beds
- Total of 78 confirmed covid patients in a bed
- ICU – 1 patient in a bed
- 10% of staff absences due to covid

Unvaccinated status as at July 2022

NHS West Yorkshire Integrated Care Board

	Yet to have dose 1								
	Age 12-15	Age 16-17	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70-79	Age 80+
All	41% | 9,216	32% | 3,468	31% | 21,453	25% | 15,907	16% | 9,271	20% | 5,950	13% | 2,864	7% | 1,315	4% | 672
Female	40% | 4,365	29% | 1,549	27% | 9,021	21% | 6,438	13% | 3,516	8% | 2,298	6% | 1,250	3% | 633	4% | 384
Male	42% | 4,850	35% | 1,919	34% | 12,432	30% | 9,467	20% | 5,754	12% | 3,652	7% | 1,614	4% | 682	4% | 288
Deprived (DQ1)	54% | 4,476	44% | 1,736	38% | 10,170	33% | 7,783	24% | 4,513	16% | 2,583	11% | 1,188	8% | 520	8% | 286
Moderately Deprived (DQ2)	45% | 2,314	37% | 886	35% | 6,269	27% | 3,987	17% | 2,172	10% | 1,301	7% | 631	4% | 273	4% | 158
Average (DQ3)	32% | 1,055	24% | 359	24% | 2,397	20% | 1,927	12% | 1,082	8% | 846	5% | 422	3% | 197	2% | 85
Moderately Affluent (DQ4)	24% | 951	19% | 356	18% | 1,867	16% | 1,580	10% | 1,043	6% | 829	4% | 409	2% | 206	2% | 94
Affluent (DQ5)	20% | 397	12% | 123	14% | 655	13% | 590	8% | 435	5% | 381	3% | 203	2% | 112	2% | 46
White British	29% | 3,752	21% | 1,337	19% | 7,384	17% | 6,137	10% | 3,589	6% | 2,913	4% | 1,468	2% | 718	2% | 278
White other	55% | 377	53% | 136	57% | 1,847	48% | 1,851	36% | 1,000	22% | 440	17% | 249	8% | 72	5% | 28
Pakistani	55% | 2,549	44% | 961	32% | 3,451	23% | 2,199	17% | 1,397	13% | 571	12% | 338	14% | 143	17% | 111
Indian	57% | 699	47% | 267	33% | 1,350	27% | 829	17% | 542	11% | 218	7% | 104	8% | 57	11% | 36
Asian other	44% | 235	44% | 104	60% | 2,474	37% | 890	24% | 413	17% | 151	15% | 80	15% | 30	20% | 17
Black	54% | 263	59% | 117	49% | 1,013	47% | 896	31% | 452	27% | 381	24% | 165	19% | 45	18% | 58
Mixed	57% | 522	49% | 229	49% | 951	46% | 650	32% | 254	19% | 113	17% | 35	21% | 11	
Any other ethnic gr..	61% | 177	52% | 64	64% | 1,306	53% | 809	39% | 362	27% | 127	18% | 42	12% | 15	

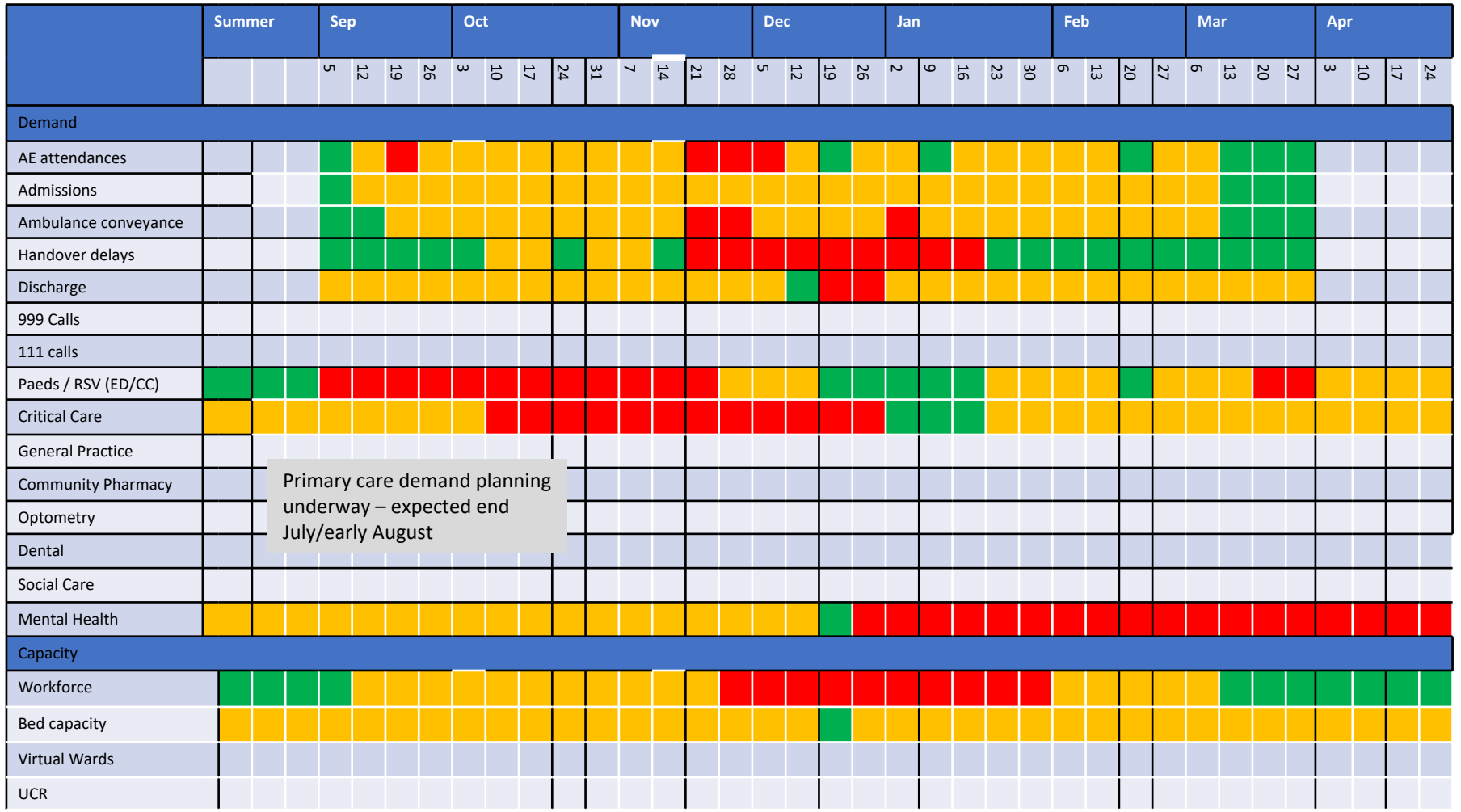
Kirklees Health & Care Partnership

Flu Data for 2021/22 as of 7th March 2022

NHS West Yorkshire Integrated Care Board

Flu data as at 07.03.22 Using Foundry Flu Dashboard	Vaccinated	Total Eligible population size	% Vaccinated	% 2020.21 Total Outturn**	No. Of vaccinations achieved as at 08.03.21	Total Eligible population size	% Vaccinated as at 08.03.21	Change from this time last year	Target %
Kirklees*	156543	289832	54.0%						
Care Home Residents	2753	3661	75.2%	77.9%	1877	2409	77.9%	-2.7%	75%
Age 65+	64504	79673	81.0%	81.6%	61219	75010	81.6%	-0.7%	85%
Age 50-64	43445	82071	52.9%	31.3%	16553	52804	31.3%	21.6%	75%
Flu at risk	56383	81912	68.8%	55.4%	42050	75942	55.4%	13.5%	75%
Immunosupressed	6649	10247	64.9%						75%
Household contacts of Immunosupressed	8385	22220	37.7%						75%
Pregnant	794	4080	19.5%	43.6%	1056	2422	43.6%	-24.1%	75%
Children age 2-3	3964	9825	40.3%	46.1%	4885	10587	46.1%	-5.8%	70%
School age children	29567	67808	43.6%	56.5%	28719	50875	56.5%	-12.8%	70%
Frontline Healthcare workers	6723	14244	47.2%						85%
Frontline Socialcare workers	4293	13012	33.0%						85%
CCG Staff	121	192	63.0%	68.1%	130	191	68.1%	-5.0%	100% Offer

Provisional Demand & Capacity Modelling – West Yorkshire

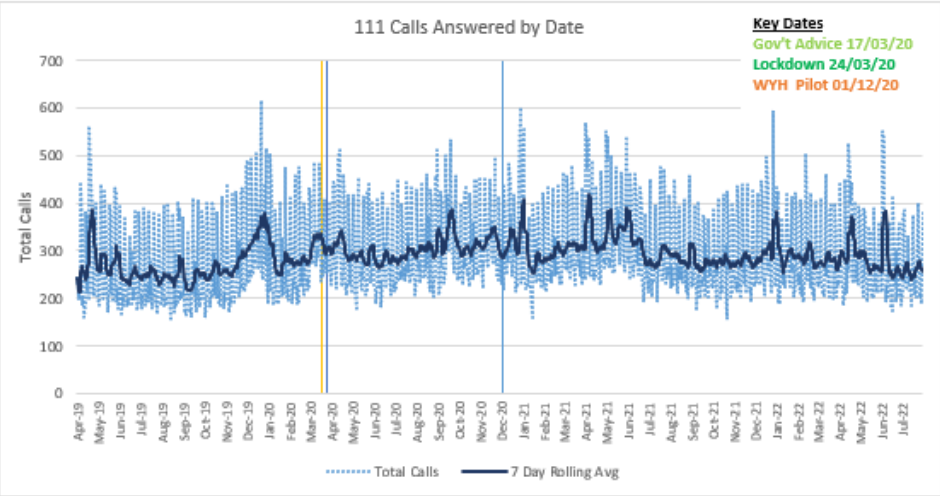


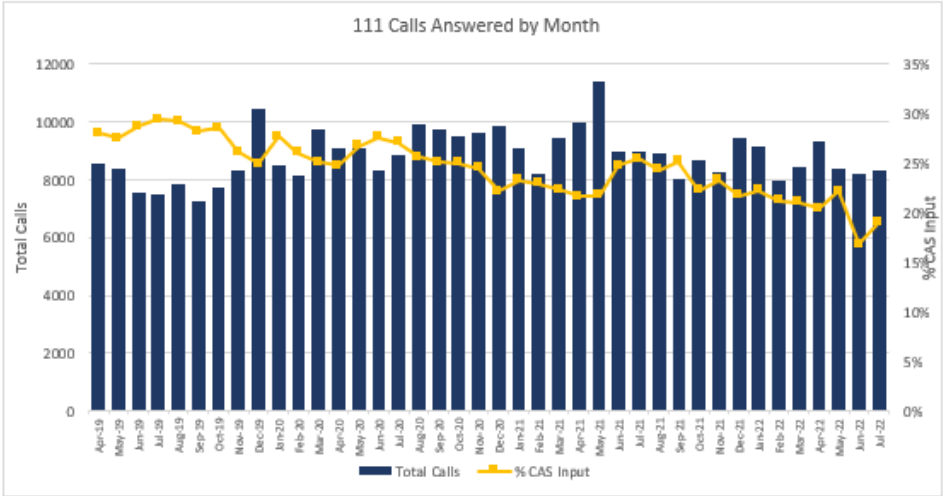
Below Average
Average
Above average

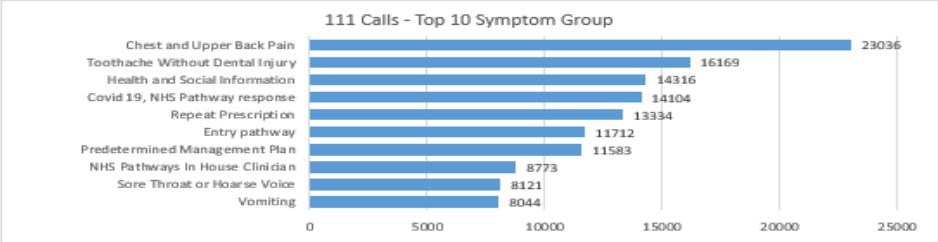
Workforce - Three scenarios to consider in planning:

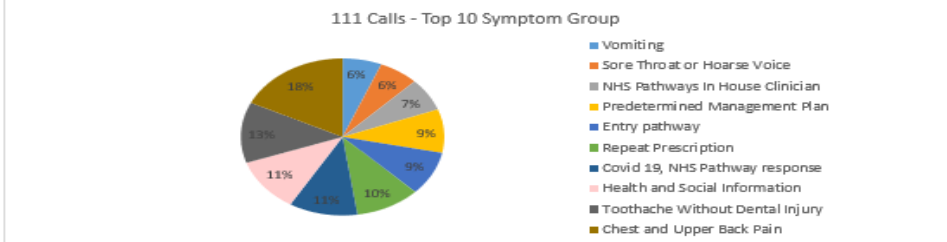
1. **same as this winter with peak in January**
2. **higher absence through winter but no spikes**
3. **lower absence most of winter but then big spike due to flu and COVID at same time**

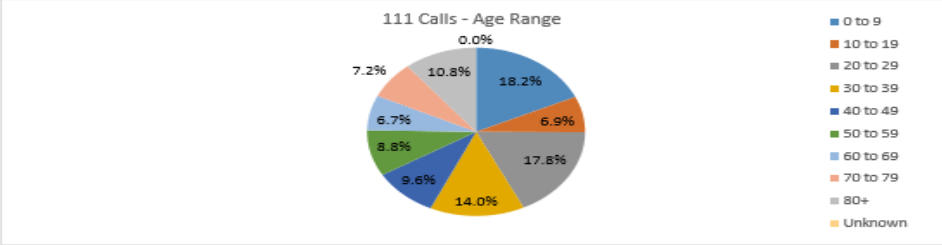
Kirklees 111 Demand



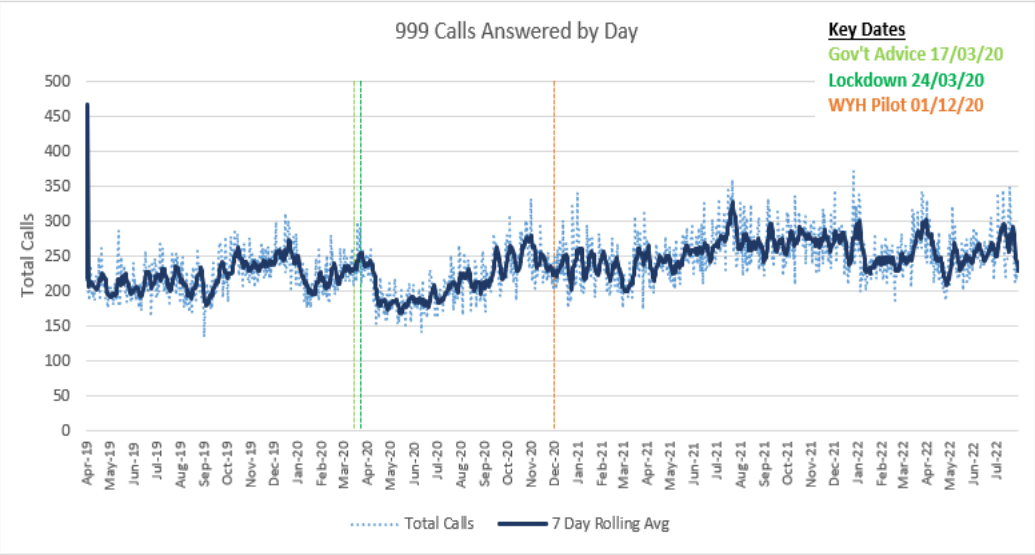


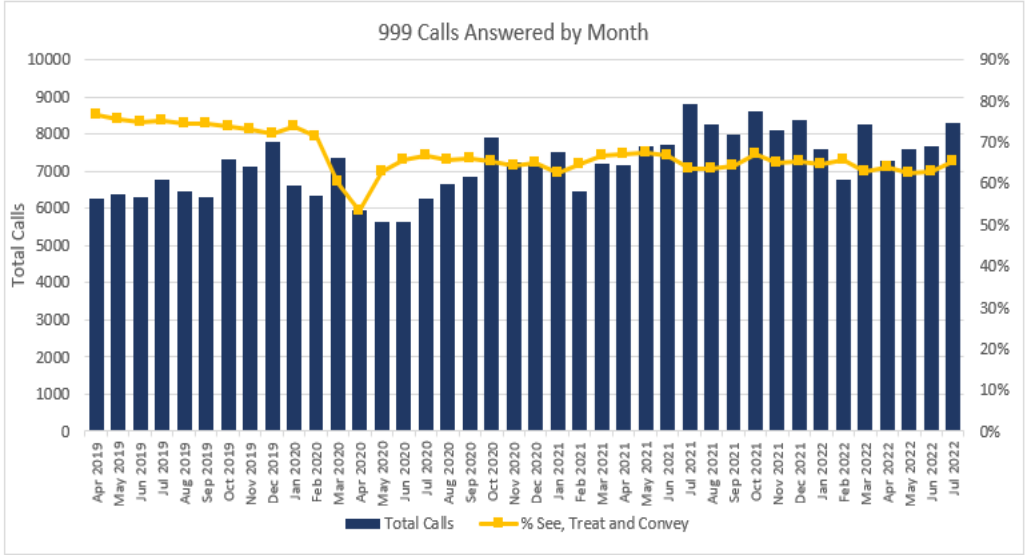


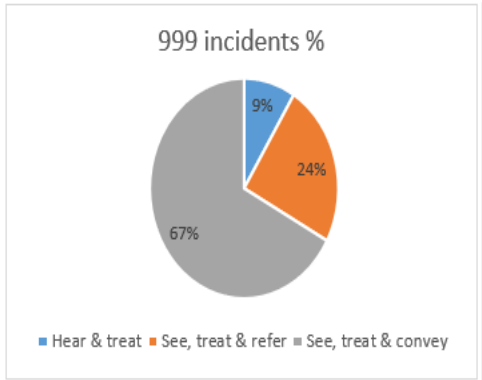


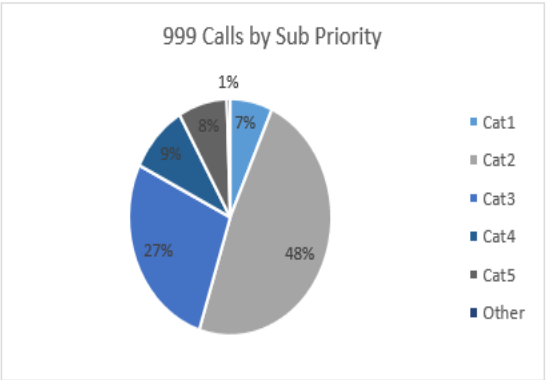


Kirklees 999 Demand

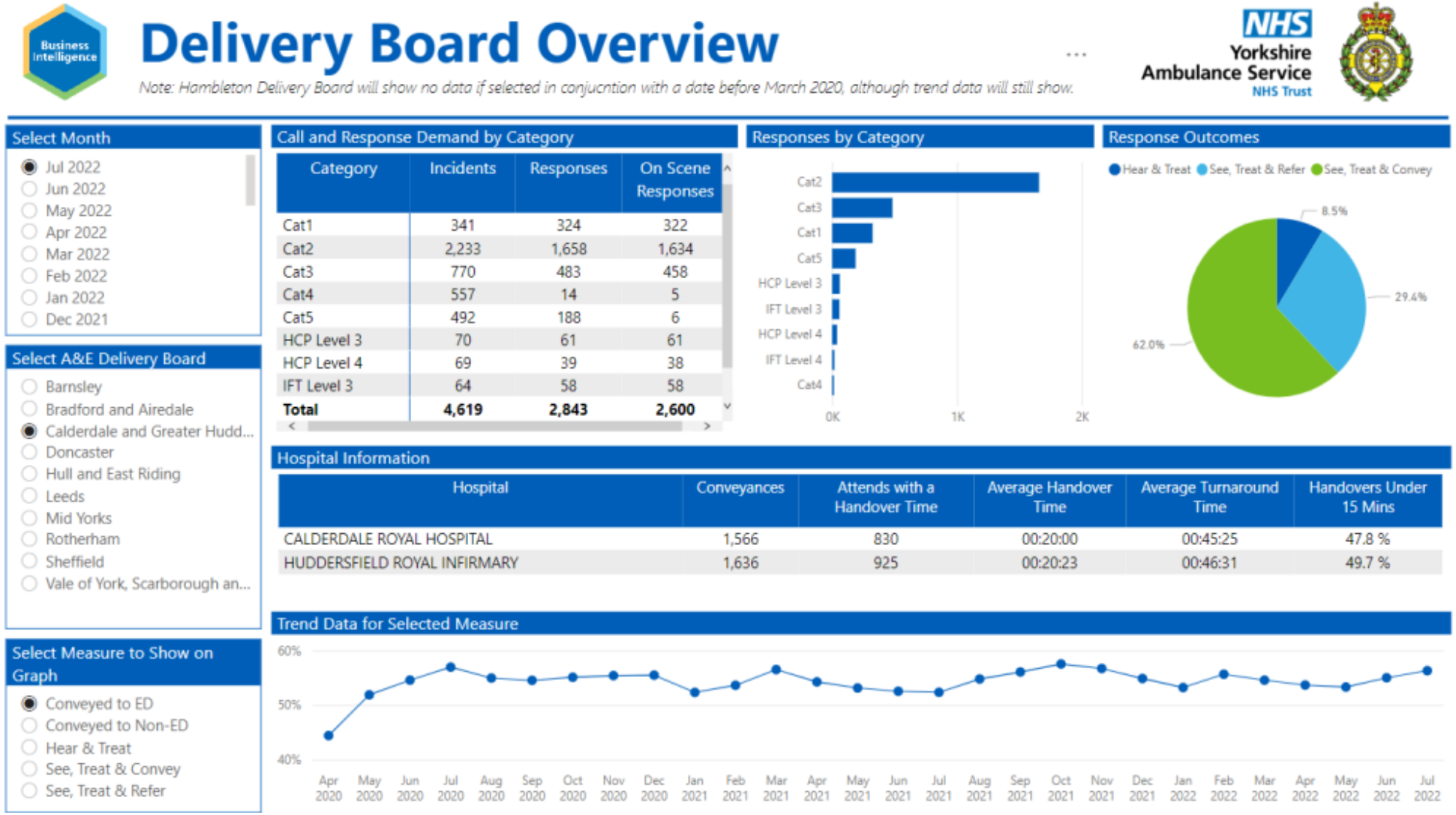








YAS Performance – Delivery Board Overview



YAS Performance – Delivery Board Overview

Delivery Board Overview

Note: Hambleton Delivery Board will show no data if selected in conjucntion with a date before March 2020, although trend data will still show.

NHS Yorkshire Ambulance Service NHS Trust

Select Month

- (•) Jul 2022
- ( ) Jun 2022
- ( ) May 2022
- ( ) Apr 2022
- ( ) Mar 2022
- ( ) Feb 2022
- ( ) Jan 2022
- ( ) Dec 2021

Select A&E Delivery Board

- ( ) Barnsley
- ( ) Bradford and Airedale
- ( ) Calderdale and Greater Hudd...
- ( ) Doncaster
- ( ) Hull and East Riding
- ( ) Leeds
- (•) Mid Yorks
- ( ) Rotherham
- ( ) Sheffield
- ( ) Vale of York, Scarborough an...

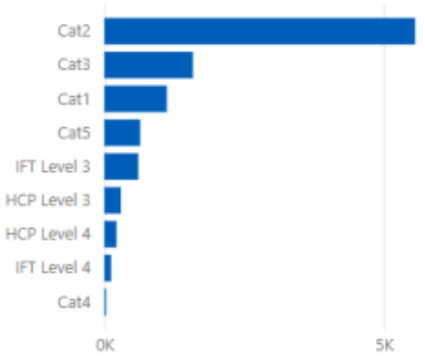
Select Measure to Show on Graph

- (•) Conveyed to ED
- ( ) Conveyed to Non-ED
- ( ) Hear & Treat
- ( ) See, Treat & Convey
- ( ) See, Treat & Refer

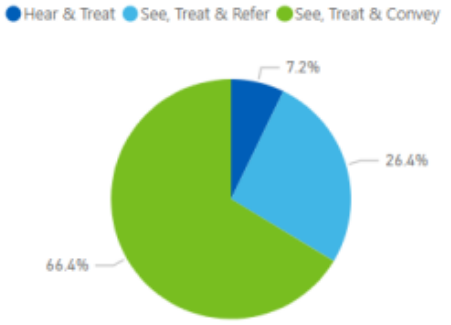
Call and Response Demand by Category

Category	Incidents	Responses	On Scene Responses
Cat1	1,198	1,119	1,119
Cat2	7,320	5,564	5,522
Cat3	2,569	1,586	1,527
Cat4	1,438	29	24
Cat5	1,438	642	20
HCP Level 3	325	297	296
HCP Level 4	311	217	214
IFT Level 3	676	607	607
IFT Level 4	142	121	121
Total	**15,417**	**10,182**	**9,450**

Responses by Category



Response Outcomes



Hospital Information

Hospital	Conveyances	Attends with a Handover Time	Average Handover Time	Average Turnaround Time	Handovers Under 15 Mins
DEWSBURY DISTRICT HOSPITAL	325	243	00:08:51	00:35:27	83.1 %
PINDERFIELDS GENERAL HOSPITAL	3,383	3,012	00:14:35	00:38:24	63.2 %

Trend Data for Selected Measure

NHS 111- Kirklees data

Yorkshire Ambulance Service NHS Trust

NHS Kirklees CCG

This data contains both NHS Kirklees CCG and Greater Hudderfield CCG with a comparison of data over three years, 2019/20, 2020/21 and 2021/22.

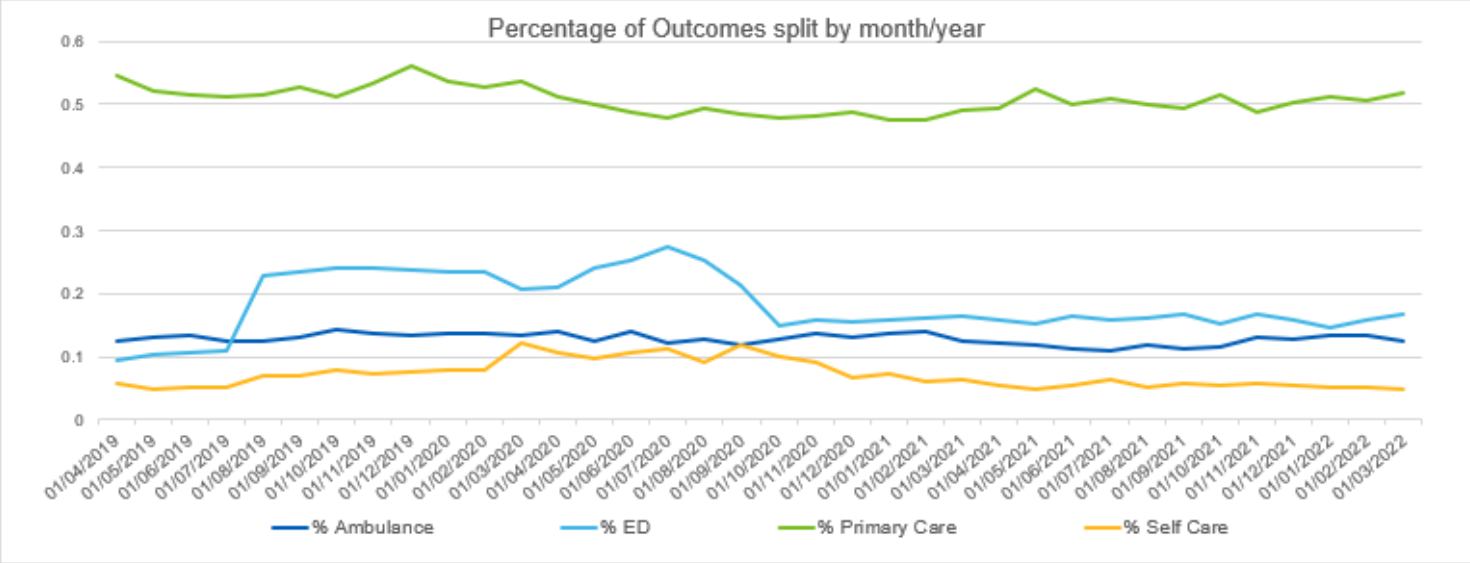
Comparison on calls by month shows that 2020/21 had the highest number of calls for Kirkless CCG when comparing the three years.

Looking at outcomes for triaged calls we can see that some of the average figures over the three years shifted when looking at 2020/21 - this will likely be due to covid.
Ambulance outcomes remain similar over the three years, whereas ED outcomes peak in 2020/21 at 19.9% then drop by 4% for 2021/22.

Primary care dropped in 2020/21 by 4.1% from 2019/20, while self-care followed the same pattern as ED and increased for 2020/21 then decreased by 3.6% in 2021/22.

Number of triaged calls split by Outcome - an average by year

Average	Triaged Ambulance	% Ambulance	Triaged ED	% ED	Triaged Primary Care	% Primary Care	Triaged Self Care	% Self Care
2019/20	1,137	13.3%	1,629	18.9%	4,529	52.8%	621	7.2%
2020/21	1,210	13.1%	1,833	19.9%	4,500	48.7%	840	9.1%
2021/22	1,096	12.2%	1,432	15.9%	4,555	50.4%	490	5.4%



Category 1 Response Times

NHS Yorkshire Ambulance Service NHS Trust

Response Times

The below table shows the Category 1 Performance times broken down by month and Postcode district.

Postcode District	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Average
BD11	00:11:25	00:11:18	00:09:53	00:10:08	00:11:30	00:10:19	00:09:29	00:09:52	00:10:38
BD19	00:09:58	00:09:08	00:07:52	00:08:12	00:10:34	00:09:03	00:08:39	00:09:16	00:09:11
HD1	00:07:59	00:08:35	00:07:27	00:06:48	00:06:33	00:08:04	00:06:25	00:07:09	00:07:20
HD2	00:08:37	00:08:19	00:07:48	00:07:18	00:08:31	00:07:56	00:07:29	00:08:15	00:08:02
HD3	00:08:53	00:08:13	00:07:26	00:06:48	00:09:04	00:06:48	00:07:13	00:07:56	00:07:47
HD4	00:09:56	00:08:22	00:08:24	00:09:43	00:09:49	00:09:28	00:06:56	00:08:46	00:08:56
HD5	00:10:58	00:09:08	00:08:44	00:06:57	00:09:37	00:08:50	00:08:43	00:09:09	00:09:08
HD6	00:08:07	00:08:25	00:06:58	00:07:05	00:09:01	00:07:30	00:07:38	00:07:34	00:07:53
HD7	00:13:08	00:14:07	00:12:43	00:12:00	00:11:59	00:12:15	00:10:27	00:11:17	00:12:25
HD8	00:14:31	00:12:26	00:12:28	00:12:18	00:13:36	00:13:20	00:12:57	00:13:59	00:13:12
HD9	00:11:36	00:12:41	00:10:53	00:12:16	00:12:09	00:10:22	00:09:43	00:11:35	00:11:24
WF12	00:12:04	00:10:31	00:09:34	00:09:56	00:12:39	00:11:06	00:09:00	00:09:49	00:10:44
WF13	00:09:04	00:09:17	00:09:52	00:08:45	00:10:46	00:09:45	00:08:25	00:08:53	00:09:19
WF15	00:11:42	00:10:07	00:08:17	00:10:41	00:11:31	00:08:35	00:09:40	00:10:01	00:09:59
WF17	00:10:38	00:09:17	00:08:42	00:08:36	00:10:11	00:10:07	00:08:56	00:09:16	00:09:31

Demand

The below table shows Category 1 Demand broken down by month and Postcode district.

Postcode District	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
BD11	13	21	16	8	15	10	8	12	103
BD19	29	32	25	28	41	20	30	18	223
HD1	59	59	70	54	73	78	83	89	565
HD2	44	39	40	45	49	53	35	41	346
HD3	44	52	41	39	35	46	45	39	341
HD4	42	41	42	34	42	36	36	40	313
HD5	46	46	35	34	48	32	29	51	321
HD6	51	38	26	22	37	28	38	32	272
HD7	28	25	18	14	24	14	18	13	154
HD8	24	29	24	29	31	32	30	31	230
HD9	27	33	25	24	30	39	26	30	234
WF12	37	52	42	34	55	38	33	29	320
WF13	73	57	46	56	63	46	66	49	456
WF15	19	33	31	24	26	25	21	21	200
WF17	53	56	59	32	57	50	44	53	404

Category 2 Response Times

NHS Yorkshire Ambulance Service NHS Trust

Response Times

The below table shows the Category 2 Performance times broken down by month and Postcode district.

Postcode District	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Average
BD11	00:45:46	00:58:10	00:44:45	00:31:34	00:52:27	00:43:17	00:30:36	00:44:15	00:44:24
BD19	00:47:47	00:50:26	00:39:30	00:31:47	00:52:50	00:38:20	00:36:43	00:38:48	00:42:15
HD1	00:35:39	00:44:01	00:26:11	00:26:23	00:36:40	00:29:53	00:22:33	00:31:37	00:31:59
HD2	00:40:32	00:49:34	00:35:05	00:24:22	00:41:52	00:32:10	00:24:04	00:32:08	00:35:31
HD3	00:42:20	00:55:22	00:31:41	00:25:12	00:40:50	00:31:05	00:26:13	00:28:35	00:35:34
HD4	00:39:58	00:48:28	00:32:14	00:26:19	00:40:38	00:32:02	00:25:11	00:30:51	00:34:50
HD5	00:38:02	00:52:26	00:30:43	00:31:50	00:44:59	00:34:21	00:28:21	00:29:00	00:36:02
HD6	00:41:52	00:40:40	00:26:39	00:23:40	00:35:29	00:29:18	00:28:00	00:28:07	00:31:53
HD7	00:43:13	00:58:59	00:34:53	00:30:04	00:48:31	00:32:48	00:28:41	00:33:35	00:39:35
HD8	00:49:29	01:01:38	00:38:18	00:35:10	00:45:42	00:39:43	00:33:31	00:42:47	00:43:24
HD9	00:44:34	01:00:55	00:31:17	00:33:12	00:54:41	00:37:35	00:33:02	00:37:13	00:42:25
WF12	00:53:33	01:02:33	00:49:12	00:37:44	00:57:53	00:44:42	00:31:54	00:40:04	00:46:55
WF13	00:49:46	00:56:36	00:43:12	00:29:32	00:59:19	00:40:10	00:33:58	00:40:02	00:44:18
WF15	00:50:17	00:55:25	00:35:13	00:36:43	00:52:22	00:35:43	00:32:54	00:32:04	00:40:51
WF17	00:47:21	01:00:34	00:34:39	00:29:12	00:58:09	00:34:59	00:33:58	00:40:41	00:42:31

Demand

The below table shows Category 2 Demand broken down by month and Postcode district.

Postcode District	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
BD11	74	76	78	54	69	68	69	64	552
BD19	151	154	165	148	170	165	133	146	1232
HD1	288	303	249	252	290	265	270	301	2218
HD2	220	220	210	168	221	217	192	206	1654
HD3	301	312	311	249	303	273	299	288	2336
HD4	240	234	205	199	234	193	230	199	1734
HD5	221	203	205	214	197	216	214	218	1688
HD6	217	201	179	181	189	172	228	227	1594
HD7	110	127	89	89	112	123	97	117	864
HD8	175	184	178	178	192	172	175	192	1446
HD9	182	183	143	149	195	177	162	160	1351
WF12	201	196	193	177	207	206	228	233	1641
WF13	272	274	277	250	243	242	234	258	2050
WF15	106	90	130	112	103	86	124	100	851
WF17	240	209	225	203	224	222	224	206	1753

Hospital handover

Yorkshire Ambulance Service NHS Trust

Handover Times

The below table shows the average Handover times broken down by Hospital and Month.

Calderdale Royal Hospital

Month	Average Handover Time
Nov-21	00:21:23
Dec-21	00:23:16
Jan-22	00:20:08
Feb-22	00:21:13
Mar-22	00:18:42
Apr-22	00:19:51
May-22	00:18:12
Jun-22	00:18:26
Total	**00:20:12**

Huddersfield Royal Infirmary

Month	Average Handover Time
Nov-21	00:19:40
Dec-21	00:22:10
Jan-22	00:21:29
Feb-22	00:17:01
Mar-22	00:17:49
Apr-22	00:19:53
May-22	00:19:06
Jun-22	00:20:24
Average	**00:19:43**

Pinderfields General Hospital

Month	Average Handover Time
Nov-21	00:27:55
Dec-21	00:23:14
Jan-22	00:20:50
Feb-22	00:20:43
Mar-22	00:23:08
Apr-22	00:22:18
May-22	00:16:56
Jun-22	00:14:54
Average	**00:21:08**

Delays are monitored by our WY coordination center and escalated early to the duty operational commander.

Governance & Oversight

NHS West Yorkshire Integrated Care Board

- West Yorkshire Integrated Care System (ICS) Urgent & Emergency Care Programme Board
- Calderdale & Greater Huddersfield Urgent & Emergency Care Board
- Wakefield Urgent & Emergency Care Board
- Kirklees System Pressures (strategic)
- Kirklees System Pressures (operational)
- Weekly CHFT system Silver call (all partners)
- Kirklees Discharge Group (under the Health & Wellbeing Board)
- Weekly Escalation discharge call
- Contract meetings
  - Yorkshire Ambulance Service
  - North East Commissioning Support
  - Local Care Direct

Escalation

NHS West Yorkshire
Integrated Care Board

- Internal CHFT Silver & Gold Escalation triggers based on Operational Pressures Escalation Levels Framework
- Calderdale, Kirklees use new Operational Pressures Escalation Levels Framework to gauge system scoring across partners
- Mid- Yorks Escalation process uses same framework
- Kirklees Place escalation if needed can be called by partners if it was felt this would be useful across both acute trust footprints
- Emergency Preparedness, Resilience and Response utilised to respond to, a wide range of incidents and emergencies

Planning

- Surge & Escalation Plan across Calderdale & Greater Huddersfield (under review)
- Calderdale & Greater Huddersfield surge & Silver & Gold Escalation
- Resilience Plan (formally Winter Plan) recognising the pressures within services are year-round
- West Yorkshire Integrated Care System Resilience plan a combination of Integrated Care Board Place plans
- Assurance for NHS England responding to Key Lines of Enquiry
- Additional specific planning for Bank Holidays; joint approach across CHFT and MYHT footprints with co-terminus plans produced across acute footprint
- Learning from previous years, seasons and events

Kirklees Health & Care Partnership

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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2022-23

MEMBERS: Cllr Jackie Ramsay (Lead Member), Cllr Bill Armer, Cllr Jo Lawson, Cllr Vivien Lees-Hamilton, Cllr Alison Munro, Cllr Lesley Warner, Helen Clay (co-optee), Kim Taylor (co-optee).

SUPPORT: Richard Dunne, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
1. Resources of the Kirklees Health and Adult Social Care Economy.	To consider the resources of the health and social care system in Kirklees to include: • A focus on the challenges of workforce retention, recruitment and succession planning. • Looking at the work being done locally to employ local people taking account of the West Yorks workforce/people strategy. • Consider the implications of service transformation and the creation of new job roles in the local system to include assessing any increased risk to core services due to the loss of experienced staff. • Consideration of the financial pressures on services provided and commissioned by Adult Social Care. • Understanding the local financial landscape in the context of the shift in funding to the West Yorks ICB and place-based partnerships to include a focus on how funding and resource gaps are collectively managed.	
2. Impact of Covid-19	• Assessing the impact of the "health debt" as a consequence of the delays in health screening, cancer treatments, vaccinations etc. to include the impact on primary care services. • Reviewing excess deaths data • Looking at the impact of long Covid to include reviewing the approach being taken to support people's emotional health and wellbeing • 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.
	• Looking at examples where changes to the way that services have been delivered has resulted in a positive impact for the population of Kirklees to include:
	  o the use of digital technology,
	  o increased collaboration across the local health and adult social care system,
	  o new ways of working
	  o Assessing the sustainability of new working practices	

3. Capacity and Demand - Kirklees Health and Adult Social Care System	Assessing the work being done by the Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics and diagnostics to include understanding local pressures; access to primary care services, sharing examples of good practice; identifying areas for improvement.	

4. Integration of Health and Adult Social Care	An overarching theme that focuses on the work that is being done to increase the integration of services across the health and adult social care sector to include:
	• Considering how local primary care services contribute to targeted integrated service delivery in the Kirklees neighbourhoods to include:
	  o The work being developed through the Council's primary care network & local health improvement leads;
	  o Taking account of the national direction outlined in the steps for integrating primary care (Fuller Stocktake report).
	• To assess the progress and effectiveness of services delivered in community settings to include identifying models of good practice.
	• To consider the work being done in preventing unnecessary admissions to hospital and reducing the numbers of delayed discharges.
	• To review the progress of the work of the West Yorkshire Partnership Board and the Kirklees Health and Care Partnership in developing the	

	collaboration between the ICS and primary care to improve care for patients. • To look at the work being developed through the Kirklees Care Association and the Kirklees Provider Delivery Collaborative.	
5. Mental Health and Wellbeing	An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include: • Reviewing the consequences of the pandemic on mental health services taking account of the capacity in the system to deal with the rates of referrals, increase in acuity and changes in presentation particularly in younger people. • Looking at a Kirklees focused performance report to identify risks at a local level to include consideration of autism pathways; waiting times for specialist mental health services; performance across the full spectrum of mental health services from early intervention to acute and specialised services. • Reviewing progress of the work being delivered through the Kirklees Integrated Wellness Service. • To look at the work being carried out by Thriving Kirklees Single Point of Access Service to include a focus on Child and Adolescent Mental Health Services (CAMHS).	<u>Panel meeting 27 July 2022</u> Representatives from South West Yorkshire Partnership NHS Foundation Trust (SWYFT) and the Council presented details of the work that was being done across Kirklees on mental health services. The Panel: • Noted the work being done. • Requested a further meeting to look at the work being undertaken by the Kirklees Integrated Wellness Service and the Thriving Kirklees Single point of Access Service with a focus on CAMHS. • Agreed that it would be helpful to review progress of elements of the transformational work programme being undertaken by SWYFT and the Council in conjunction with other health partners. • Requested copies of the Trust's Integrated Performance Reports as they become available to enable scrutiny to have ongoing oversight of the Trust's performance.
6. Unplanned Care	To consider the work being done within the Kirklees health and adult social care system to manage periods throughout the annual cycle when there are capacity and demand imbalances for unplanned care to include: • Looking at the work being developed to shift resources, skills, and expertise out of hospital and into the community and its expected impact.	

	• Assessing how to enable and support community assets to make them more effective. • Understanding the capacity and demand cycle and challenges facing the whole of the Kirklees health and adult social care system including the Yorkshire Ambulance Service. • Considering examples of good practice and building on lessons learned from managing previous periods of demand.	
7. Maternity Services	To review local maternity services in light of the Ockendon report to include: • Assessing the work being done to implement the recommended actions to improve care and safety in Maternity Services in Kirklees. • Taking account of the work being done by the West Yorkshire Local Maternity System. • Reviewing the impact of staffing pressures on the provision of services delivered by Mid Yorkshire Hospitals NHS Trust.	
8. Access to dentistry	To assess commissioning for NHS dentistry that is moving from NHS England to West Yorkshire ICB from October 2022 (shadow delegation until formal transfer in April 2023) to include: • Considering how to support access for people with vulnerabilities. • Considering access to dental services for pregnant women. • Assessing the resources available in Kirklees and considering ways to utilise these resources differently/more effectively. • Looking at the work and role of charitable organisations such as Dentaid. • Considering oral health in Kirklees and the local approach to improving dental hygiene. • Taking account of the wider challenges in West Yorks and exploring the approach to covering this issue by scrutiny at place and/or scrutiny at a regional level.	

	• A focus on Orthodontics where there is approximately a 5-year waiting list for children locally.	
9. Quality of Care in Kirklees	Utilising information and data from CQC to help inform the work of the Panel.	
10. Kirklees Safeguarding Adults Board (KSAB) 2021/22 Annual Report	To receive and consider the KSAB Annual Report	

11. Inequalities in access to health care services	To consider health inequalities in accessing health care service to include:
	• Using data and knowledge from a range of health and adult social care providers including the Yorkshire Ambulance Service (YAS) to:
	  o Understand the demographics and local system health;
	  o Identify areas of highest need;
	  o Review volumes of repeat callers, understanding the reasons for the calls and what the system can do you respond and improve support.
	• Considering availability of services to provide necessary support including urgent community response, access to GP's and other alternative health providers.
	• Consider travel/ access for residents in areas of highest need for planned care.	

12. New Plan for Adult Social Care Reform	To provide the Panel with an awareness and understanding of the social care reforms to include: • A focus on the implications of the reforms on Local Authority finances and the social care workforce. • Looking at the different models of workforce required to deliver the reforms and the implications for the local and regional workforce. • The impact of the reforms on other council services and the local health system.	

13. End of life care	To consider the work being done to support people in Kirklees with end of life care to include: • Considering the approach to providing an integrated package of end of life care in Kirklees. • Looking at work being developed through the End of Life Alliance • Reviewing the approach to supporting patient choice for end of life care at home and the resources available to meet the needs of the patient and their family.	

Golden threads

- Public health perspective – Prevention/ Early Intervention/ Inequality (including access)/ Targeted - Universal
- Patient perspective – Reality of care/ Patient Stories
- Integrated care – sharing of information
- Right place first time
- Understanding key risks
- What the data shows
- In context of wider system (WY)
- Joint Health and Wellbeing Strategy (JHWS) – do plans and actions contribute to the achievement of JHWS outcomes.

AGENDA PLAN

MEETING DATE	ITEMS FOR DISCUSSION
27 July 2022	1. Mental Health and Wellbeing 2. Work programme 2022/23
6 September 2022	1. Unplanned Care 2. Maternity Services
19 October 2022	1. Resources of the Kirklees Health and Adult Social Care Economy 2. Capacity and Demand - Kirklees Health and Adult Social Care System
13 December 2022	1. New Plan for Adult Social Care Reform 2. Integration of Health and Adult Social Care
25 January 2023	1. End of life care 2. Inequalities in access to health care services
1 March 2023	
5 April 2023	

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