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Tuesday 17 January 2023

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 **Wednesday 25 January 2023.**

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 - 10

To approve the Minutes of the meeting of the Panel held on 13 December 2022.

2: Interests

11 - 12

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

3: Admission of the public

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

4: Deputations/Petitions

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

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

5: Public Question Time

The meeting will hear any questions from the general public.

6: Inequalities in Access to Health care Services

13 - 56

Representatives from Kirklees Public Health, Kirklees Health and Care Partnership and a selection of providers from the local health and care system will be in attendance to discuss inequalities in accessing health care services in Kirklees and the work that is being done to improving health outcomes.

Contact: Richard Dunne, Principal Governance Officer: 01484 221000

7: Palliative and End of Life Care

57 - 88

Representatives from the Kirklees Palliative Care Partnership will be in attendance to outline the work that is being done to provide an integrated package of palliative and end of life care in Kirklees.

Contact: Richard Dunne, Principal Governance Officer: 01484 221000

8: Work Programme 2022/23

89 - 96

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

Tuesday 13th December 2022

Present:	Councillor Jackie Ramsay (Chair) Councillor Lesley Warner Councillor Jo Lawson Councillor Bill Armer Councillor Vivien Lees-Hamilton Councillor Alison Munro
Co-optees	Helen Clay Kim Taylor
In attendance:	Ruth Buchan - Chief Executive Officer, Community Pharmacy West Yorkshire Jane Close - Chief Operating Officer, Locala Helen Duke – Assistant Director of Operations, Locala Alexia Gray - Head of Quality Standards and Safeguarding Partnerships Kirklees Council Jill Greenfield – Service Director Customer and Communities, Kirklees Council Jen Love - Programme Manager Community Mental Health Transformation, Kirklees Health and Care Partnership Richard Parry - Strategic Director for Adults and Health, Kirklees Council Andrew Singleton - Service Planning and Development Manager, Local Care Direct Catherine Wormstone - Director of Primary Care, Kirklees Health and Care Partnership
Observers:	Stacey Appleyard - Director, Healthwatch Kirklees

1 Minutes of previous meeting

The minutes of the meeting held on the 19 October 2022 were approved as a correct record.

It was noted that the Panel wished to follow up on the question on the risks associated with the increased use of spot contracts with a particular focus on those providers who were not accredited.

2 Interests

Cllr Lesley Warner declared an interest in item 7 (Joined up Care in Kirklees Neighbourhoods) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.

3 Deputations/Petitions

No deputations or petitions were received.

4 Public Question Time

No questions were asked.

5 Admission of the public

All items were taken in public session

6 New Plan for Adult Social Care Reform

The Panel welcomed Richard Parry Strategic Director for Adults and Health and Alexia Gray Head of Quality Standards and Safeguarding Partnerships to the meeting.

Mr Parry informed the Panel that despite the delays in implementation in key elements of the reforms it was felt important to provide scrutiny members with an overview of the breadth of planned social care reforms.

Ms Gray provided an overview of the key elements of social care reform and explained that the reforms placed greater emphasis on personalisation, housing, technology enabled care and advice and information.

Ms Gray informed the Panel that there would be significant reform in the way in which people would pay for their social care and highlighted that there were considerable concerns about the capacity needed to address the reforms.

Ms Gray explained that the primary aim of the charging reforms was to redistribute the financial responsibility for paying for an individual's care which would mean that the cost to the local authority would increase.

Ms Gray stated that the charging element of the reform had been delayed until October 2025 although the lead in period would require councils to start preparation work from summer 2023.

Ms Gray presented an overview of the overall programme of changes that would be taking in place that included the work being done to recover from the pandemic, the period of reform and the transformation into new models of care.

Ms Gray provided an overview of the predicted demand in adult social care that included pressure of unallocated backlogs and reform care act assessments and reviews.

Ms Gray informed the Panel of the Council's approach to social care reform that included taking a cross council approach, regional peer support and continuing with activity to help provide the opportunities for efficiencies and better outcomes.

Ms Gray stated that the Council would also be commissioning external support to model the impact of the charging reform, demographic demand and to identify opportunities for savings.

Ms Gray stated that there would be a statutory duty for Care Quality Commission (CQC) to assess the Council's adult social care services from April 2023 and new legal powers for the Secretary of State to intervene in local authorities to secure improvement.

Ms Gray provided an overview of the work that had been done in conjunction with local authorities to co-design the local authority assessment which included the importance of being informed by what matters to people who draw on care and support.
Ms Gray presented details of the assessment framework that was split into a number of areas that included "I" statements based on what people expected and needed as a basis for gathering feedback, quality statements, evidence categories based on peoples experience and data and information.

Ms Gray outlined the scope of CQC that was split across 4 domains that included working with people, providing support, ensuring safety and leadership and workforce.

Ms Gray provided a summary of the key work that had taken place and next steps that included the submission of the fair cost of care exercise to the Department for Health and Social Care, preparing the Local Account, exploring digital options and the procurement of external support to look at increased demand and trajectories.

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

- A question asking for an explanation on what differences would a service user see and experience as a result of the changes.
- An overview of the main drivers of social care reform and the Council's vision for adult social care.
- Clarification that the key focus of the reforms was the way that social care was paid for and the removal of the cross subsidy for people living in a care home.
- An offer to have a more detailed discussion with scrutiny on the broader range of changes that the Council was developing to improve the social care offer.
- A concern regarding the Council's ability to cover the increased costs of the social care reforms.

RESOLVED –

1. That Richard Parry and Alexia Gray be thanked for attending the meeting and presenting details of the planned adult social care reforms.

7 Joined up Care in Kirklees Neighbourhoods

The Panel welcomed representatives from Kirklees Health and Care Partnership, Kirklees Council Adult Social Care, Locala, Community Pharmacy West Yorkshire, Local Care Direct and Healthwatch Kirklees to the meeting.

Ms Wormstone presented a summary of the Health and Care Act which included the formal creation of Integrated Care Boards (ICBs). Ms Wormstone stated that the development of a neighbourhood model of care was central to the strategy of the West Yorkshire ICB and was reinforced by the publication of the Fuller Stocktake report in May 2022.

Ms Wormstone provided an overview of the key themes from the Fuller Stocktake report that included building integrated teams in every neighbourhood, personalised care for people who needed it the most, working with people and communities and improving same day access for urgent care.

Ms Wormstone informed the Panel that the areas of focus for the nine Primary Care Networks (PCNs) in Kirklees depended on the populations they served, the health needs and the ambition of each PCN.

Ms Wormstone confirmed that the West Yorkshire ICB ambition was to accelerate the development of neighbourhood teams far beyond the original scope of the PCNs when they were first formed.

Ms Wormstone stated that PCNs were not formal organisations with significant infrastructure and they were groups of GP's that were working together often without any significant administrative support.

Ms Wormstone informed the Panel that at the first formal ICB meeting they had undertaken a deep dive into primary care and PCNs and themes that had emerged included the role of community pharmacy in helping to alleviate demand in the system; good examples of integration and working with partners; recognition of primary care estate; and variable patient experience.

Ms Close presented an overview of the community neighbourhood model and highlighted that an important factor was to ensure that the system pulled all its capacity together.

Ms Close informed the Panel that providers in Calderdale and Wakefield also were aligned to the Kirklees neighbourhood model as it was extremely helpful to have consistency in the pathways of care for people being admitted and discharged from hospital.

Ms Close stated that the ambition was to shift to a more proactive model of care with a much greater emphasis on prevention and would include the integration of the urgent care offer to ensure that all services would be working together in the community.

Ms Close presented details of the Canterbury Health System and explained that in its simplest form is what designed to ensure that all part of community capacity were

joined up with enablers to provide wrap around care for people and provide support at home.

Ms Close explained that digital technology was a key element in transforming the delivery of care and that the model required an increased alliance between providers.

Ms Close provided an overview of the progress to date in the development of the neighbourhood model and explained that the initial focus had been on unplanned and urgent activity.

Ms Buchan presented an overview of community pharmacy in Kirklees and highlighted the important role of pharmacies in helping to alleviate pressure across the wider primary care system.

Ms Buchan informed the Panel of the NHS Community Pharmacist Consultation Service (CPCS) that was aimed at improving access to primary care services for the local population.

Ms Buchan explained that the service could only be accessed via a referral from a GP Practice. Ms Buchan stated that referrals were currently low but there were discussions taking place to see how the use of this service could be increased.

Ms Buchan informed the Panel of the NHS Hypertension Case Finding Service provided by pharmacists that aimed to identify people with high blood pressure so they could be referred for preventive treatment.

Ms Buchan informed the Panel of the NHS Discharge Medicines Service (DMS) that helped patients to understand their prescribed medication following discharge from hospital and helped to prevent readmission to hospital.

Mr Parry provided an overview of the capacity of adult social care to support out of hospital care and explained that the role of adult social care in helping people to be supported in their own homes meant that the service was a natural part of the neighbourhood model.

Mr Parry stated that like the rest of the system adult social care did have pressures with retention and recruitment of staff although the Council had been successful in securing domiciliary care packages to provide day to day care in people's homes.

Mr Parry informed the Panel that the Council had invested in a care association that was helping to look at ways that domiciliary care could be part of the neighbourhood model solution to providing home care.

Mr Parry explained that the Council had been working with domiciliary care colleagues on what a digital offer would look like in areas such as digital records and assistive technology.

Ms Greenfield informed the Panel of the work that was being done on personalised care that was focused on providing specific tailored support to an individual

Ms Greenfield explained that personalised care took a broader more holistic approach and how people were supported on non-clinical issues that were often linked to the presenting clinical issues.

Ms Greenfield outlined details of the roles that supported personalised care in Kirklees that included: social prescribers; care coordinators; and health and wellbeing coaches.

Ms Greenfield explained that the roles provided the bridge between clinical services and community services and had helped to provide support to NHS and social care partners in initiatives designed to alleviate pressures in the system such as out of hospital discharge.

Ms Greenfield presented an example of the integrated urgent service pilot scheme that had commenced in 2021 and aimed to provide an alternative clinical option for patients with same day urgent care needs.

Ms Love informed the Panel of the work that was taking place to build capacity in the system that would enable more people to access and received mental health treatment closer to home.

Ms Love explained in detail the work that would take place in mini mental health hubs that would be located in each PCN and confirmed that they aimed to embed the new mental health roles within the PCNs by 2023.

Ms Love outlined in detail the next steps for the implementation of the new mental health service that would include input from stakeholders and service users.

Ms Love stated that they had met a few challenges with the programme of work that included challenges in recruiting to the additional roles reimbursement Mental Health Practioners positions.

Ms Love explained that the new service would provide a one door entry into primary care with professionals providing wrap around support for people with a mental health illness.

Mr Singleton presented details of the new Urgent Community Response (UCR) service that was delivered through an alliance of 4 providers in Kirklees. Mr Singleton explained that the focus was on providing crisis response for people into the community with the aim of preventing people having to go to hospital.

Mr Singleton stated that a key focus was working with the Yorkshire Ambulance Service (YAS) and explained that there were a significant number of people who were in the 999 queue that could be potentially treated through the UCR service.

Mr Singleton explained that they were continuing to develop the workforce model using different staff disciplines to plan the team and were continuing to integrate with different services so that patients received a better experience and that services and resources were utilised more efficiently.

Ms Wormstone presented an update on the plans to have community diagnostic Centres (CDC) in West Yorkshire that included confirmation that approval had been given to have 2 CDCs one based in Huddersfield and one in Wakefield.

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

- A question on how the various initiatives were being communicated to service users and whether the benefits of the services were being explained to the patient.
- An explanation of the new roles that had been created and the importance of encouraging a collective effort from the various clinical and non-clinical professionals in explaining the benefits and breadth of services available to patients.
- Confirmation that some of the NHS communications that will be issued during the winter months will describe in more detail the range of primary care services available to people.
- A question on whether the planned changes to the way that primary care could be accessed was more of a vision than a reality.
- Considering the current financial pressures, a concern on whether the investment that would be needed to support the various initiatives would be available.
- A question on whether the community pharmacy minor ailment initiatives were sufficiently communicated to local communities particularly in those areas in Kirklees where demand for this service could be most beneficial.
- A question on what progress had been made to improve data sharing and patient information to support the integrated approach being taken in the neighbourhood model.
- Confirmation that many of the initiatives were “real” and a detailed explanation of examples of work that were taking place.
- Details of the work being done through the West Yorkshire ICB to attract and support local residents into the health and adult social care workforce.
- Confirmation that the certain parts of the system were able to access patients records and the work being planned to further improve access for the various organisations within primary care.
- The focus on looking at and utilising the different skill mixes in the workforce and developing further the use of digital technology.
- Confirmation that the community pharmacy initiatives were national funded and an overview of some of the locally funded schemes.
- Details of the national guidance that related to the discharge and supply of medication to treat minor ailments.
- A question seeking clarification on how the neighbourhood model would work within a PCN area.
- A concern regarding the sustainability of community pharmacy due the lack of qualified pharmacists, poor staff pay and pharmacy’s having to subsidise the cost of the drugs they dispense.
- Confirmation that there was concern regarding the viability of community pharmacy due to the level of national funding that had remained flat during the last few years.

- Confirmation that there was a lack of qualified pharmacists entering the system which was leading to viability issues as pharmacist stores were unable to open without a qualified pharmacist on the premises.
- Confirmation that the various pharmacy initiatives were nationally funded and by encouraging an increase in the use of these services this would help the viability of local pharmacies.
- The work that was taking place to align the agencies working in the neighbourhood model to general practice and the challenges in physically locating the services in a limited GP estate.
- The focus on building the network and infrastructure needed at a neighbourhood and PCN level and utilising the wider local health and adult social care system estate.
- Details of the closures of a number of pharmacies in the village of Slaithwaite and the problems created following the re-location of one the main pharmacies into smaller premises.
- Details of the regulatory framework for merging of moving a pharmacy.
- A question querying the locations of the Community Diagnostic Centres and whether they would be picking up new demand or re-allocated work from hospitals.
- A question seeking more information on the virtual ward initiative.
- Confirmation that the two large diagnostic centres would be supported by a number of smaller diagnostic hubs and they would pick up both new demand as well as re-allocated work.
- Details of the virtual ward initiative that had implemented an initial phase to support discharge and would be followed by a second phase that would focus on hospital avoidance.
- A concern that the location of the larger Diagnostic Centre in Wakefield would add costs and travel time to residents living in North Kirklees.
- Confirmation that a smaller diagnostic hub would be located in Dewsbury.
- A query on whether the smaller diagnostic hubs would provide a smaller range of diagnostic services compared to the larger centres.
- A comment that the involvement of councillors in PCN meetings had not been particularly positive and a question on the approach being taken to widen the involvement of councillors and other agencies in the work of the PCNs.
- An agreement that more work was needed to align the role of elected members in the work of PCNs and the neighbourhood model including developing the right forums to build that working relationship.
- An overview of the approach that could be taken to developing and creating a neighbourhood model with PCN involvement.
- An agreement that the development of the working relationships with the PCNs should be undertaken outside of the PCN formal business meetings.
- Confirmation that the approach for developing the neighbourhood models would be different in each of the nine PCN areas.
- A question seeking clarification on how the mental health practioners would be working with the GP practices.
- Confirmation that the approach to providing a mental health service for each PCN would differ slightly and an explanation of the various roles within the mental health team.

- A question on whether the new neighbourhood model initiatives were just keeping up with demand or whether there was a genuine feeling that the system was accommodating growth.
- Confirmation that in some of the bigger services there was a significant growth in demand and these services were just keeping up with the demand.
- The opportunities to accommodating growth would need to come from bringing different skill sets and professional groupings.
- Confirmation that Huddersfield University was oversubscribed for its paramedic course which could provide an opportunity to work with the ambulance service to bring paramedics into primary care such as the Urgent Community Response service.
- An overview of the work being done through the West Yorkshire ICB to look at the overall workforce needs across the region.
- The importance of working with Huddersfield University to help with future workforce supply and providing a competitive offer to encourage people to work in the local health and adult social acre system.
- A question on whether the urgent care service was picking up demand that used to be managed by primary care or was the service genuinely moving demand away from the hospital.
- Confirmation that the majority of referrals to the Urgent Community Response service was from general practice some of which in the past may have been directed to the hospital.
- Confirmation that the focus of the UCR service to work with the ambulance service was to prevent unnecessary attendance at hospital.
- The focus on increasing referrals into services like the UCR by having multi-disciplinary teams located in one hub and one access point.
- The importance of communicating with the public and raising awareness of the local neighbourhood services.

RESOLVED –

1. That attendees be thanked for presenting the information and participating in the discussions.
2. That the Panel acknowledge that the information submitted provides good evidence of the progress that is being made in integrated working despite the pressures in the local health and adult social care system.

8 Work Programme 2022/23

A discussion took place on the 2022/23 work programme and forward agenda plan.

It was confirmed that the Panel had received a holding response regarding the provision of maternity services in Kirklees. Cllr Ramsay stated that further contact had been made with Calderdale and Huddersfield NHS Foundation Trust on the matter and the Trust had invited the Panel to visit the maternity service in Calderdale Royal Hospital.

It was confirmed that the Panel would accept the invitation although focus would still be given to the wider issues covering the lack of provision in Kirklees.

It was proposed that the item on dentistry would be scheduled for the March 2023 meeting.

Cllr Ramsay stated the request for data and metrics covering capacity in community services would be shared with the Panel with the aim of reviewing the information at the January 2023 meeting.

Feedback from a personal experience of a panel member indicated that there continued to be challenges with data sharing between different hospital trusts.

It was confirmed that the items on palliative and end of life care and the inequalities in access to health care services would be covered at the January 2023 meeting.

There was a proposal to include a more detailed look at the provision of adult social care with a focus on community provision and domiciliary care potentially to be included in the March 2023 meeting.

It was agreed to review the work programme item covering the impact of Covid-19 to ensure that the issues listed had been incorporated into the wider panel discussions.

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

Signed: …… **Dated:** ……

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
(b) either -

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

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

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 25 January 2023

Title of report: Inequalities in access to health care services

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the item - Inequalities in access to health care services in Kirklees.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	**No**
Key Decision - Is it in the 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?**	**No – The report has been produced to support the discussions with health and social care.**
Health Contact(s)	**Emily Parry-Harries – Kirklees Council Consultant in Public Health / Head of Public Health**

Electoral wards affected: None Specific

Ward councillors consulted: Not Applicable

Public or private: Public

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

1. Summary

1.1 The Kirklees Health and Adult Social Care Scrutiny Panel as part of its 2022/23 Work Programme discussions identified the importance of addressing inequalities in accessing health care services.

1.2 The Kirklees Council Public Health Team, Kirklees Health and Care Partnership and a number of providers from the Kirklees health and adult social care system have been asked to contribute to the discussion that will focus on the work that is being done locally to address health inequalities

1.3 Kirklees Council Public Health have worked with the Kirklees Health and Care Partnership and providers to produce a presentation/data pack which is appended to this report to help inform the discussions and representatives will be in attendance to provide the Panel with:

- An update on the picture of inequalities across Kirklees.
- An overview of the approach that needs to be taken to have the greatest impact on the health and wellbeing of the population Kirklees.
- Details on the approaches that are being taken to deliver services and outcomes for the local population.

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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Access to healthcare services

Scrutiny meeting, 25/01/23

Data provided by Owen Richardson, Data and Insight Service

Structure and Purpose of todays conversation

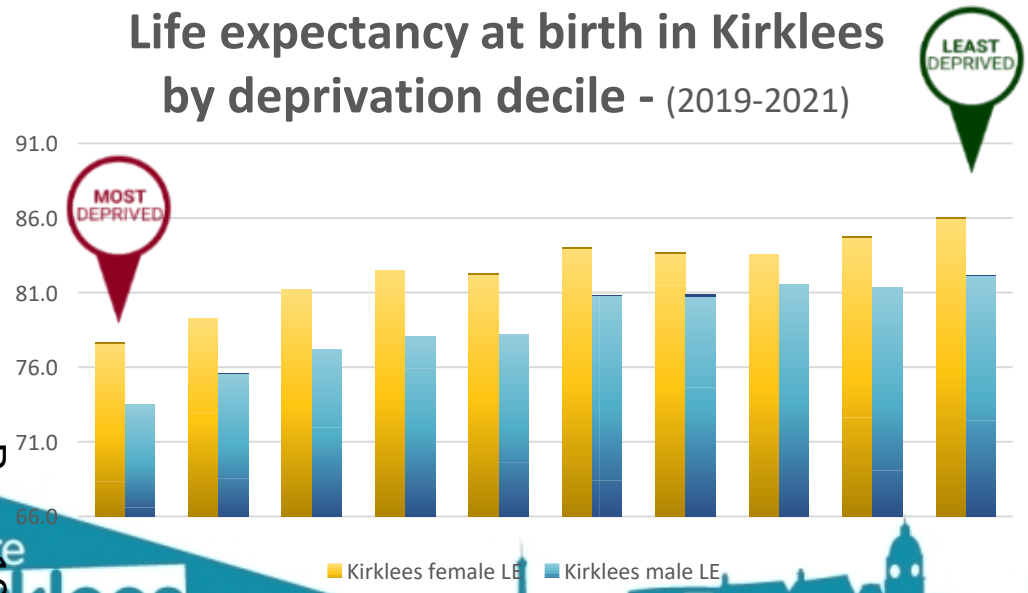
- Update scrutiny on the picture of inequalities across Kirklees
- Give a brief overview of the approach we need to take to have the greatest impact on the health and wellbeing of the population
- Hear from a selection of providers about the approaches that they are taking to delivering services and outcomes for the population including:
    - **Calderdale and Huddersfield Foundation Trust (17-21)**
    - **Kirklees Health and Care Partnership (22-28)**
    - **South West Yorkshire Foundation Trust (29-36)**
    - **VCSE (37-39)**
- A panel discussion on the next steps

What are health inequalities?

Health inequalities are avoidable differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.

The social gradient: Poor social and economic circumstances affect health throughout life. Life expectancy is shorter and most diseases are more common further down the social ladder. This social gradient in health runs right across society; not only those at the very bottom are affected.

Life expectancy at birth in Kirklees by deprivation decile - (2019-2021)



8.6 year gap for men
8.4 year gap for women

In recent years, **the gap** has been **increasing** for **women**

& **LE for women** in the **most deprived** areas, and for **men** has **decreased**

- How do we overcome the challenges posed by health inequalities? What does action look like?
  - Understanding your local population - work with community and local groups
  - Considering equity in all activities
  - A life course approach – tackling accumulation of disadvantage
  - Proportionate universalism – support all but with greater focus on most in need and worst health outcomes
  - Partnership working and co-production
  - Learn – monitor, evaluate and share
  - Aim to make change sustainable – long term

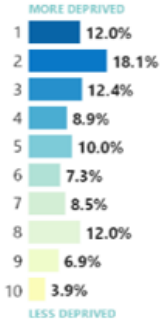
Index of Multiple Deprivation (IMD) 2019

Map of deprivation decile at Lower Super Output Area (LSOA) level

IMD2019 decile (Kirklees)

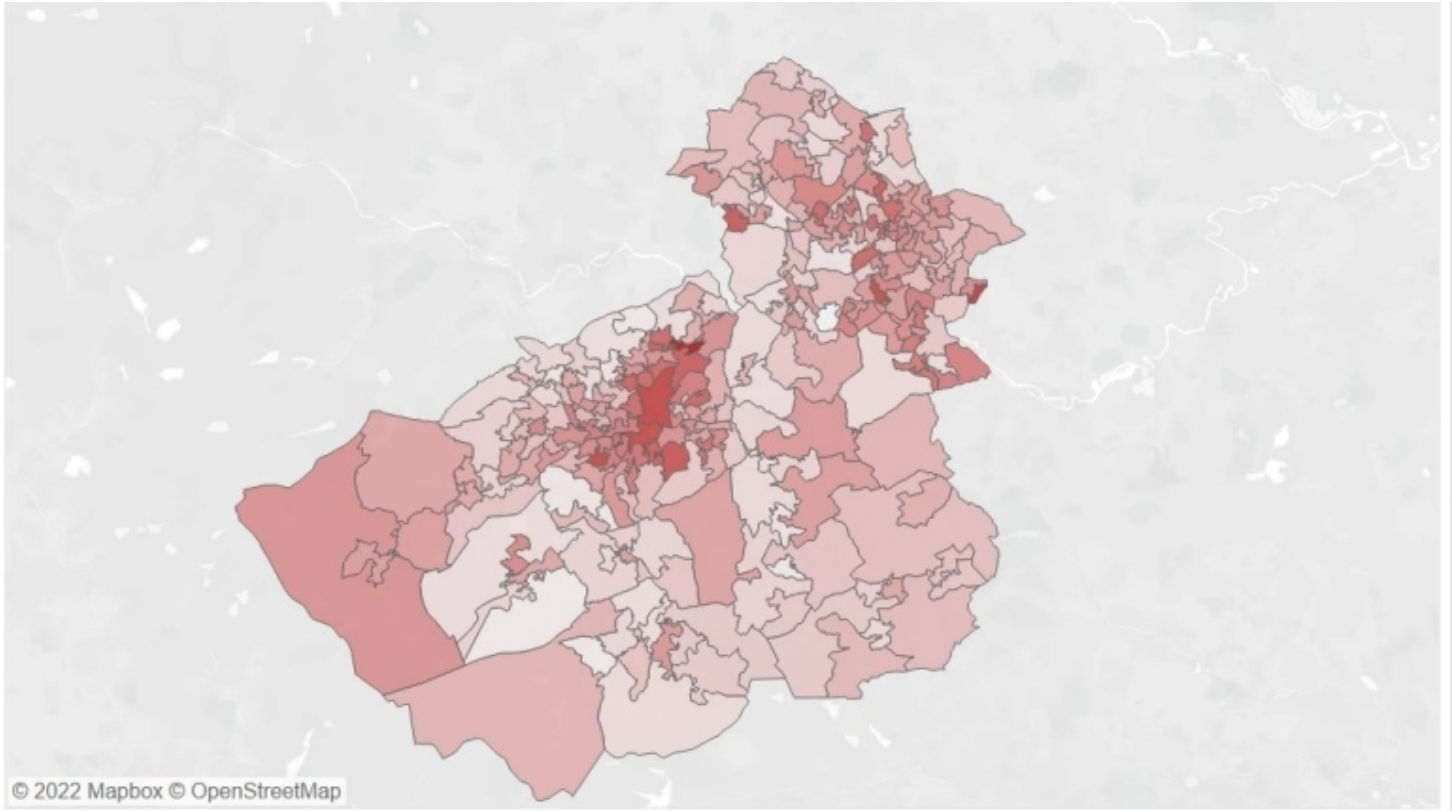
- Worst 10 percent
- Worst 10 to 20 percent
- Worst 20 to 30 percent
- Worst 30 to 40 percent
- Worst 40 to 50 percent
- Least deprived 50 to 60 percent
- Least deprived 60 to 70 percent
- Least deprived 70 to 80 percent
- Least deprived 80 to 90 percent
- Least deprived 90 to 100 percent

% of Kirklees LSOAs in each national deprivation decile



Percentage of fuel-poor households

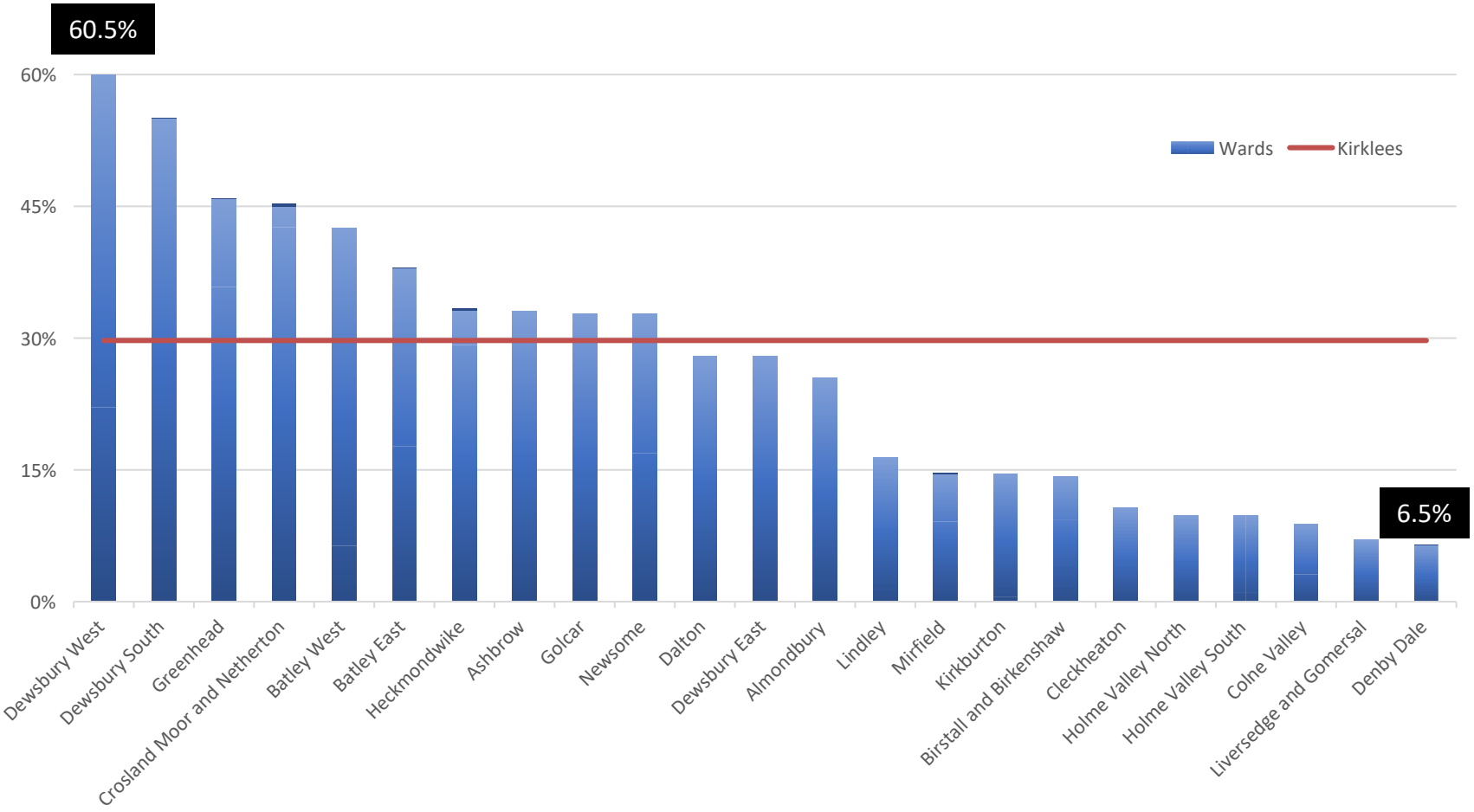
Based on 2020 data at LSOA level (released 2022)



7% 42%

Children in poverty

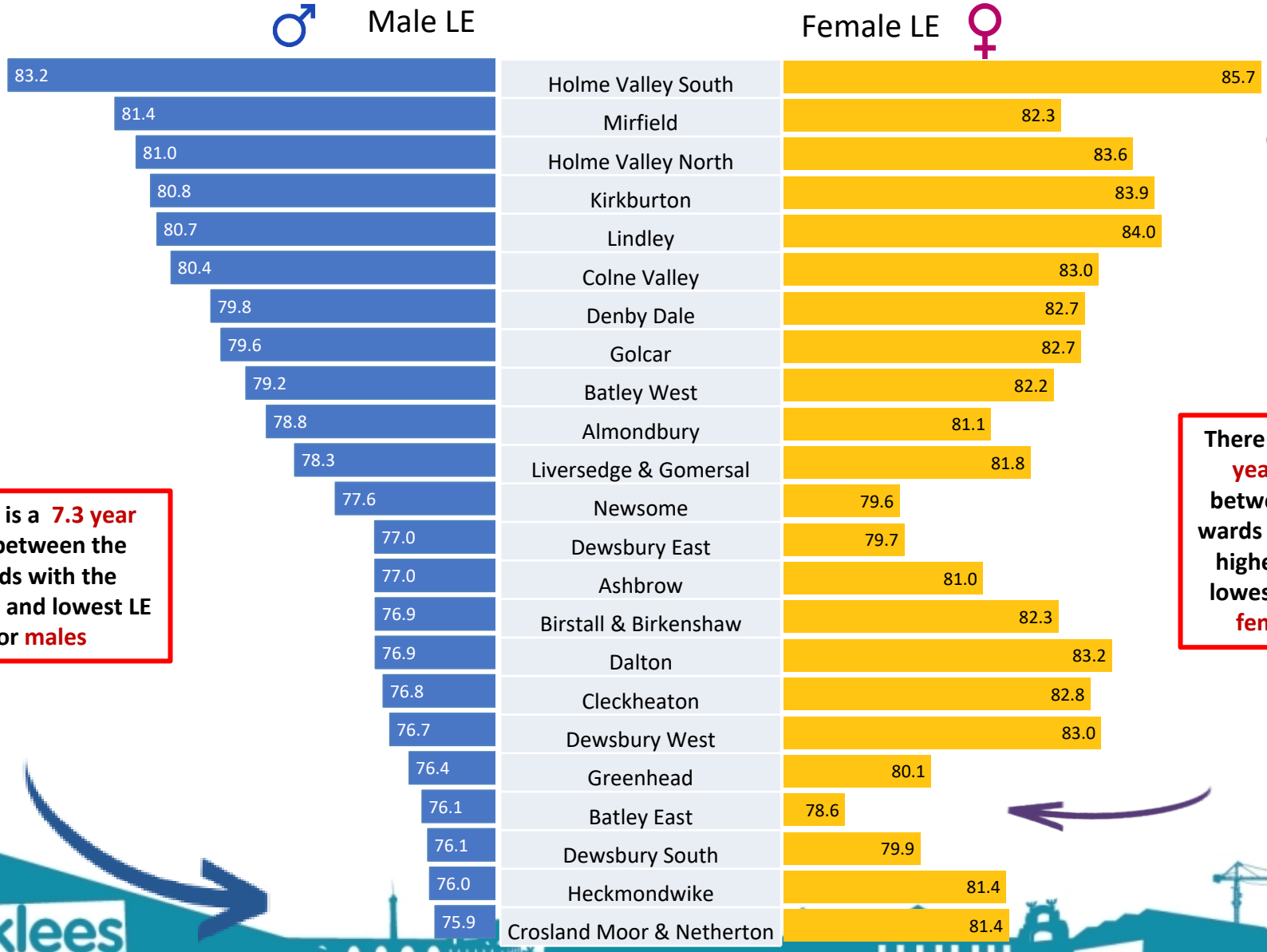
Based on 2021 CLiK survey data



Estimates of percentage of children living in poverty, based on annual household income below £20,000 (broadly equivalent to 60% of national median income)
Calculated as a percentage of total households with children

Differences in life expectancy by Ward

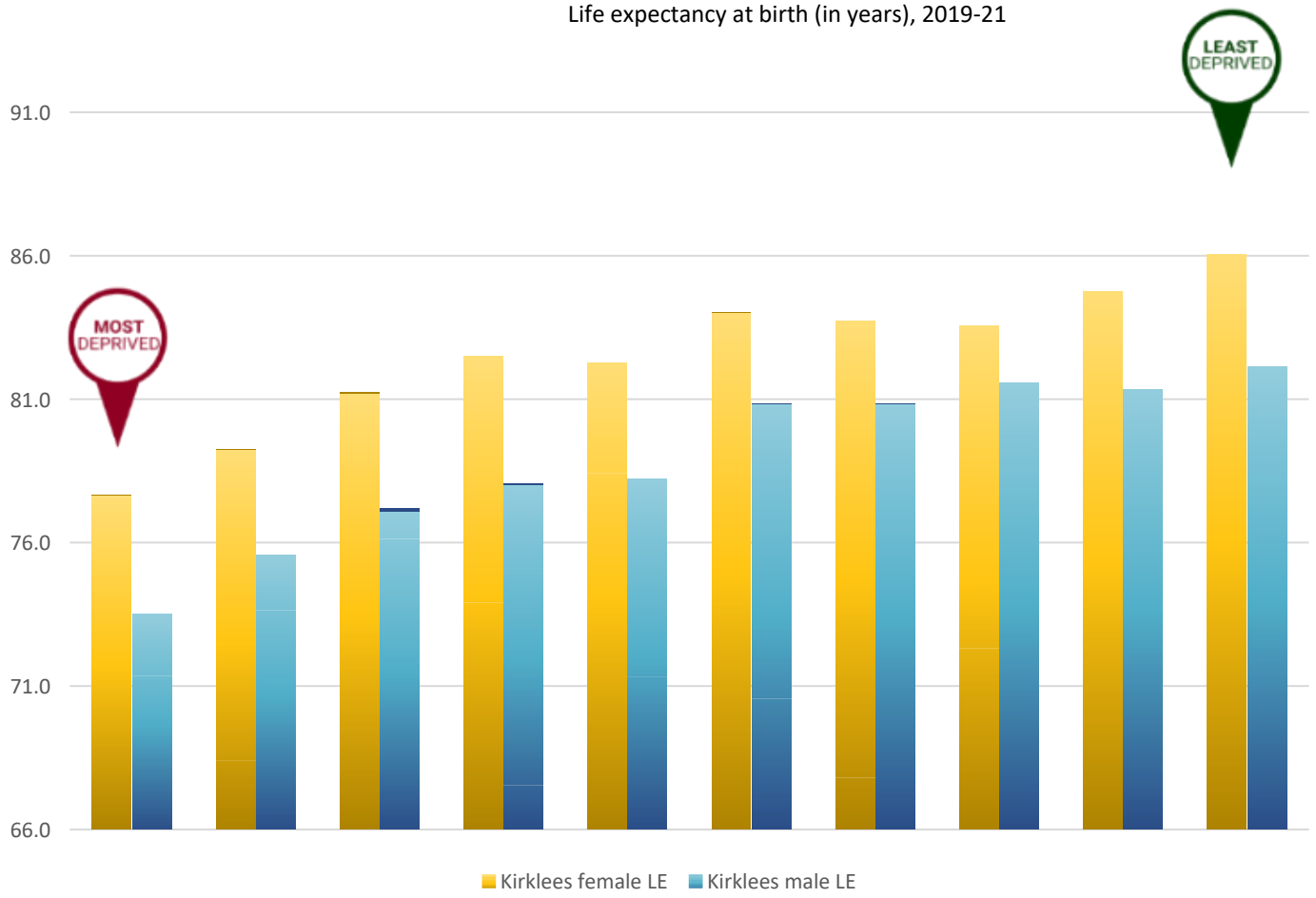
Life expectancy at birth (in years), 2019-21



There is a **7.3 year gap** between the wards with the highest and lowest LE for **males**

There is a **7.1 year gap** between the wards with the highest and lowest LE for **females**

Life expectancy differences by deprivation decile

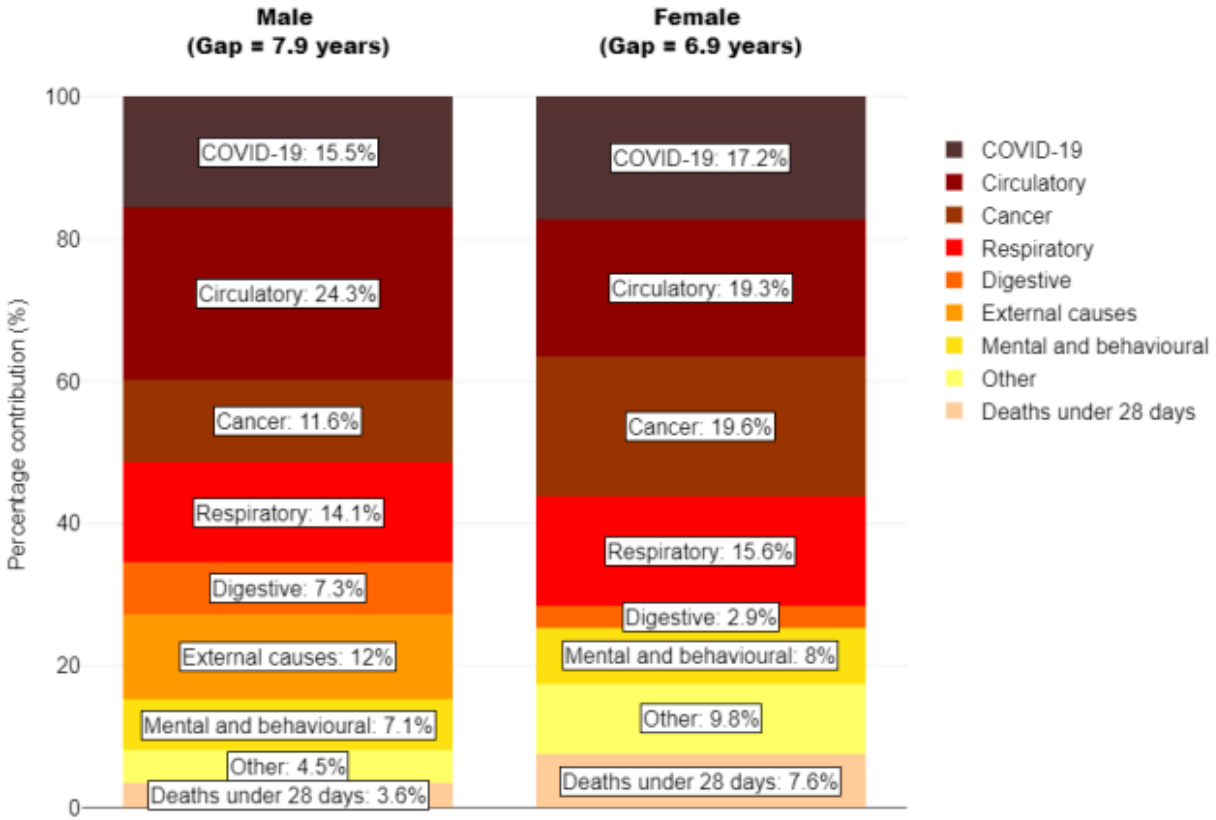


8.6 year gap for males; 8.4 year gap for females

Life expectancy difference by cause of death

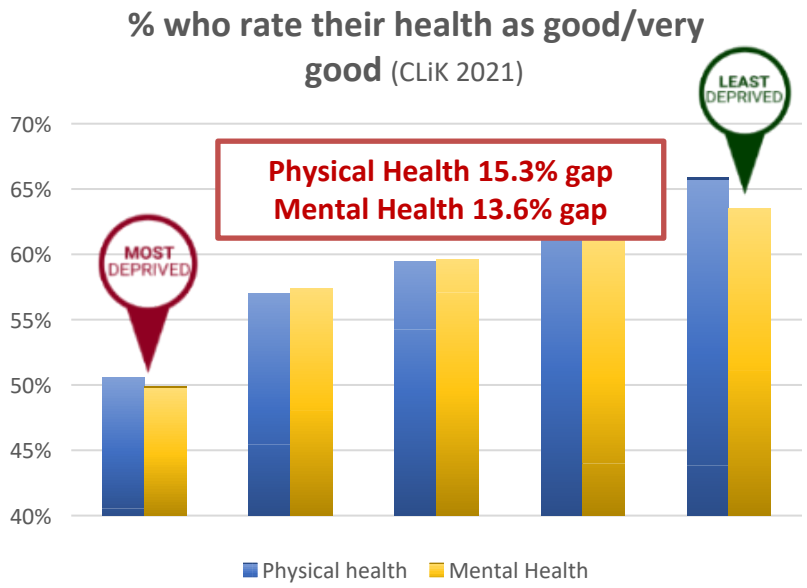
Figures for Kirklees based on OHID segment tool

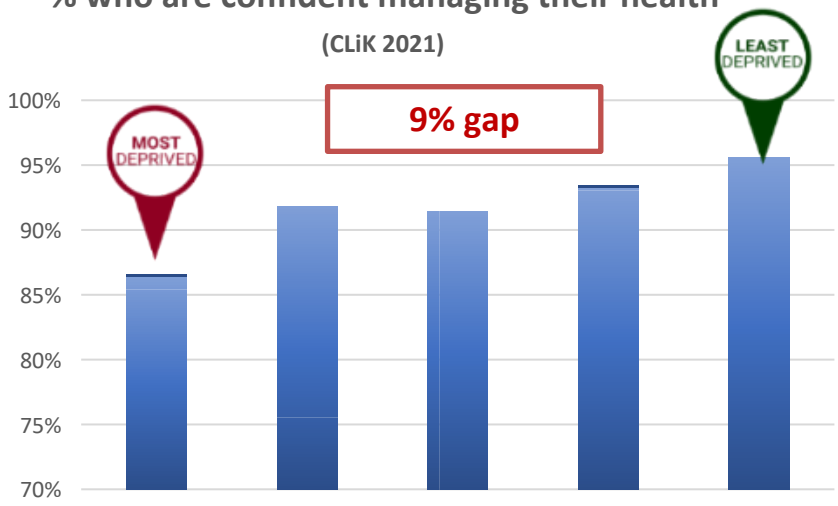
	Male	Female
Life expectancy most deprived quintile	73.4	77.3
Life expectancy least deprived quintile	81.3	84.1
Gap	7.9	6.9

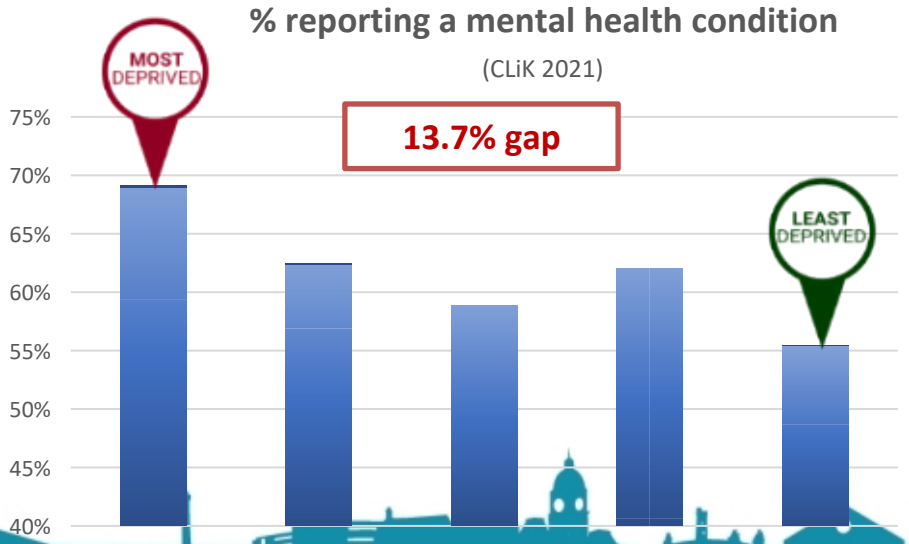


Self-reported health, by deprivation quintile

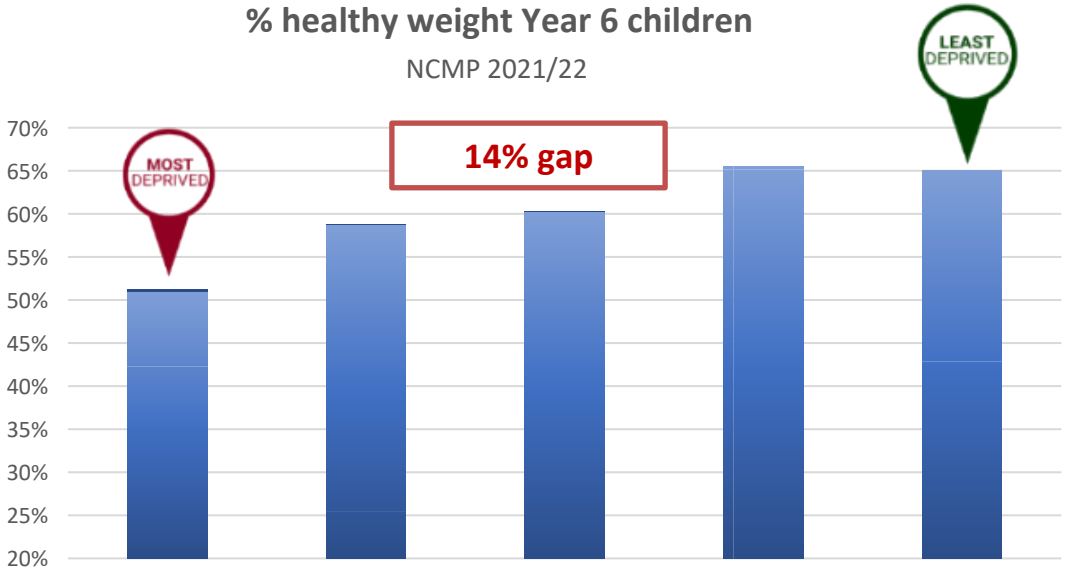
Based on 2021 CLiK survey data



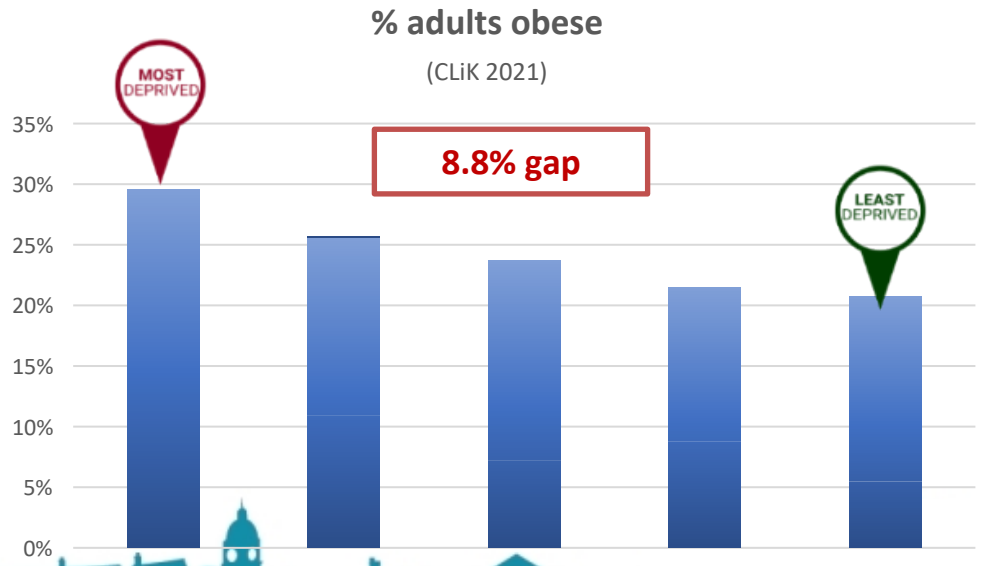




Weight-related metrics, by deprivation quintile

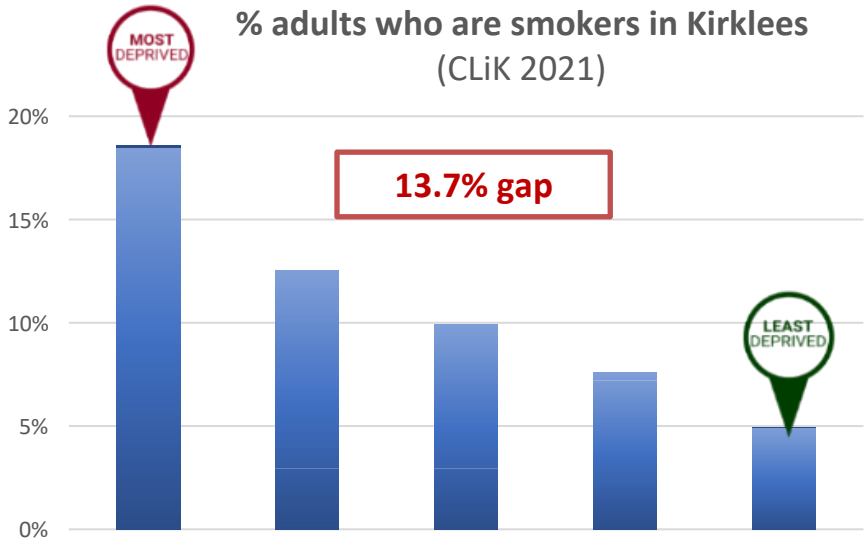


There is a 22.3% gap between the most and least deprived deciles

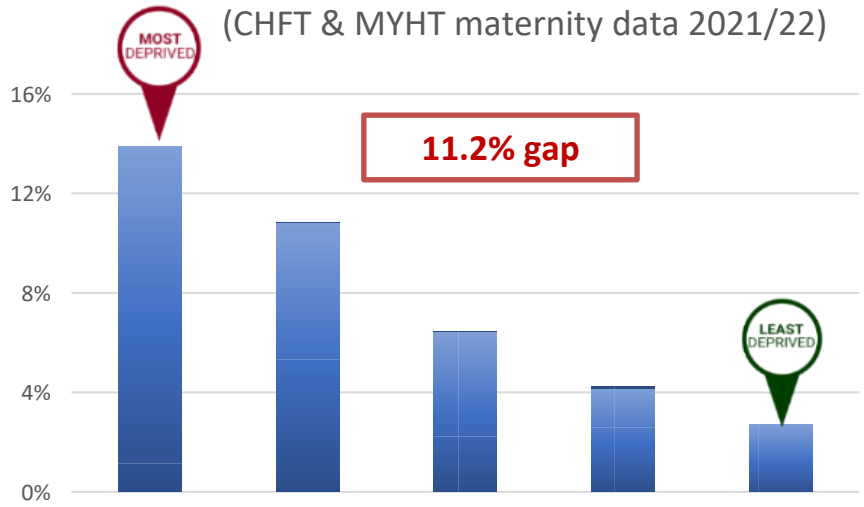


Smoking status

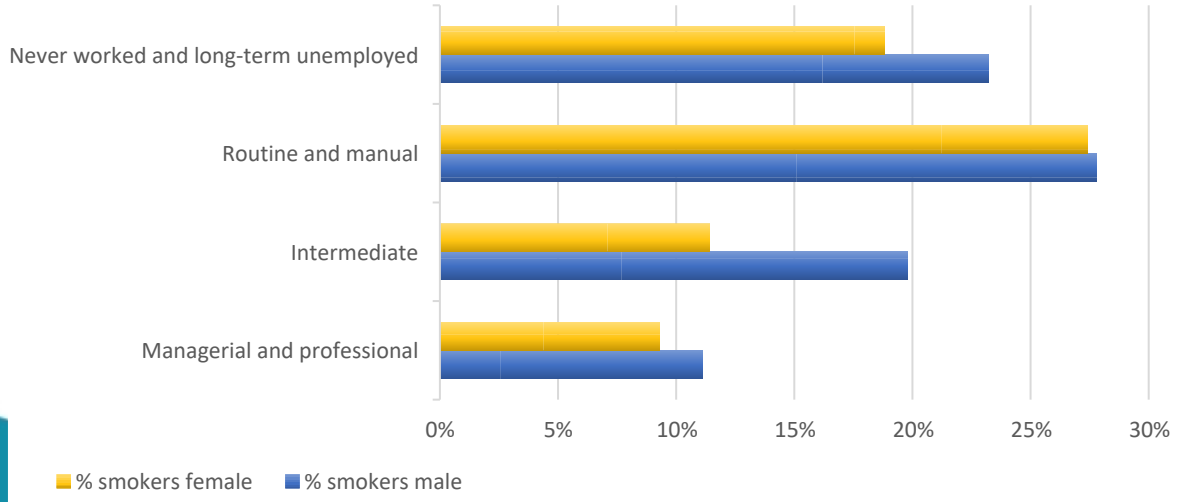
% adults who are smokers in Kirklees
(CLiK 2021)



% mothers smoking at the time of delivery
(CHFT & MYHT maternity data 2021/22)



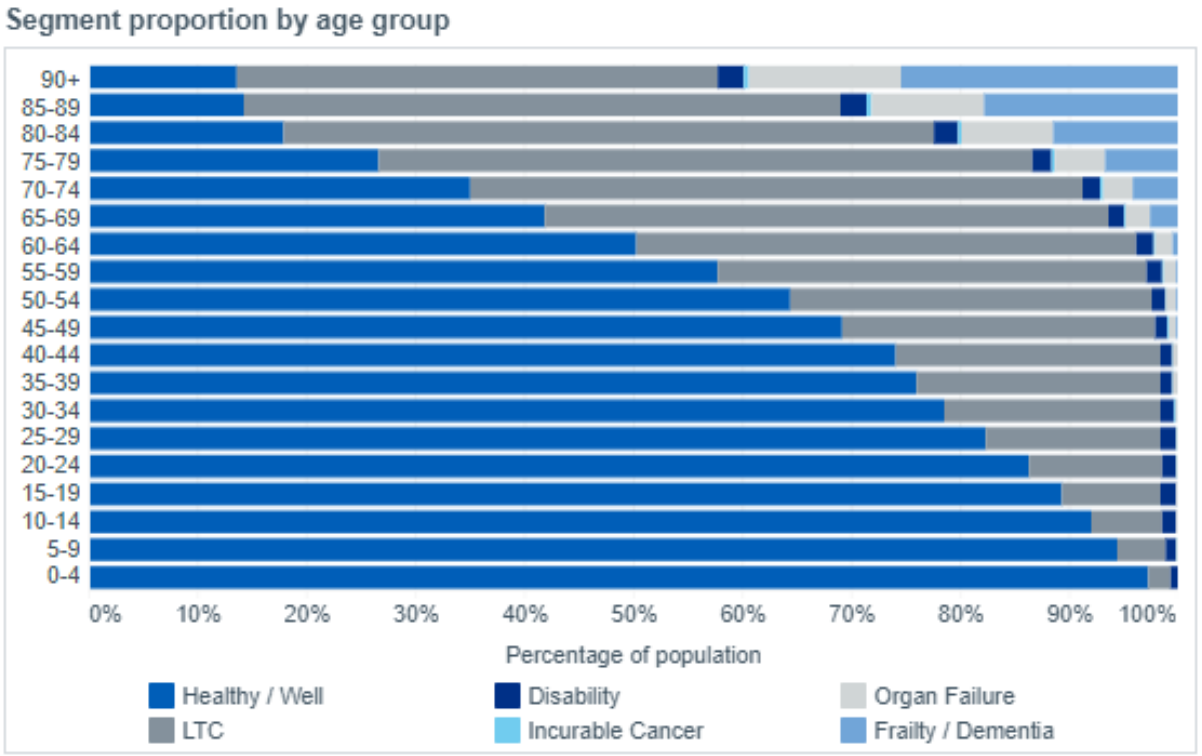
% smokers by occupational group
(Annual Population Survey 2011-2019)



Health segmentation by age

NHS Population and Person Insight Dashboard, snapshot at 30/06/21 for NHS Kirklees CCG

- Health deteriorates and comorbidity increases with age

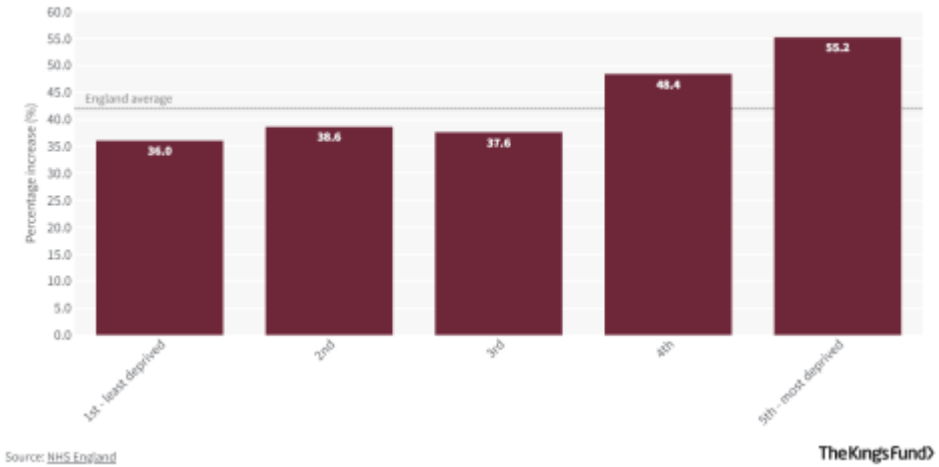


Waiting times for elective referrals

King's Fund blog, 27/09/21

Figure 2 Percentage increase in elective referral waiting lists by deprivation quintile

April 2020 to July 2021



Analysis of the number of waits of more than 52 weeks in July 2021, shows that in the most deprived quintile 7.3 per cent of patients had been waiting more than 52 weeks compared to 4 per cent in the least deprived quintile (1.8 times higher).

[Kirklees Health and Wellbeing Strategy 2022]

CHFT - Population Health and Inequalities Strategy 2022 - 24

"CHFT will play a leading role locally in improving population health and tackling inequalities, taking bold action, and working with our partners to deliver impactful change for the communities we serve.

We will ensure equitable access and excellent experience of care to improve outcomes for everyone."

To harness our role as an anchor institution and **connect with our communities and partners** to promote health and equity in the local population.

To reduce inequalities in **access** to care and ensure **prioritisation** promotes equitable access and outcomes.

To ensure all patients **experience** high-quality, compassionate, and holistic care to improve **outcomes** and reduce inequalities.

To promote a **diverse and inclusive workforce** which reflects the populations we serve and where everyone feels valued.

Connecting with our communities and partners

Examples of what we have achieved so far

- Established and led a multi-agency working group to reduce inequalities in asthma within a Primary Care Network Area (Greenwood PCN, Kirklees).
- Created a new service called BLOSM within our emergency departments to tackle health inequalities and engage with vulnerable service users attending A&E (BLOSM stands for Bridging the Gap, Leading a change in culture, Overcoming adversity, Supporting Vulnerable People, Motivating Independence and Confidence).
- Generating social value from our investments targeting local jobs, training and apprenticeships for most deprived communities.

Access and prioritisation

Examples of what we have achieved so far

- Analysed waiting list data through an inequalities lens and reduced gaps in waiting times seen between White and BAME patients, and patients from the most and least deprived communities. Eliminated 7 week longer wait for people from BAME communities.
- Working with clinical teams to develop and trial clinical prioritisation tools supported by inequalities data
- People with learning disabilities were prioritised with all known people with a learning disability on existing waiting lists having their surgery.
- Outpatient Transformation to offer remote appointments and implementation of patient-initiated follow-up (PIFU) pathways includes specific actions to ensure digital inclusion, with the development of referral information to identify where reasonable adjustments are needed to enable equitable access.

Lived experience and outcomes

Examples of what we have achieved so far

- Undertaken discovery interviews in Maternity to gain insight into women's experiences of care and engage those less likely to send in feedback.
- English as a Second Language pregnancy antenatal classes. Improved language accessibility of maternity services, including welcome signs produced in top 10 local first languages and mapping of multi-lingual resources available.
- Carried out a staff survey on cultural competence with maternity staff and rollout of a cultural competence training package.
- Vitamin D / Healthy Start Scheme being promoted by Midwifery teams to increase uptake of Vitamin D and access to healthy food 'vouchers' for pregnant women and new mothers on very low incomes to spend on veg, fruit and milk.
- A wide programme of work has taken place to improve the experience of patients with a learning disability, to ensure that patients with a learning disability are prioritised on the waiting list and their care access and experience improved.

Diverse and inclusive workforce

Examples of what we have achieved so far

- Established several Colleague Voice equality groups.
- Guidance developed to include engagement with all internal network groups and links to engagement team as part of Equality Impact Assessments for service design and improvement.
- Embedded process for previewing all cases of racial discrimination in disciplinaries & complaints prior to progress through formal stages.
- New recruitment strategy developed and launched, including bold and ambitious statements for equality of opportunity.
- Inclusive talent toolkit and framework developed and embedded in People Strategy.

Health Inequalities – General Practice

For OSC – Jan 23

Fuller Stocktake – May 2021

- “We have known about the inverse care law, where services are often under-resourced in areas with high deprivation compared to areas with no deprivation, for over 40 years, but efforts to address inequalities in the provision of GP services have not eradicated them.
- The Core20PLUS5 approach provides a focus for reducing healthcare inequalities across systems, identifying a target population comprising the most deprived 20% of the population of England (the Core20) and other groups identified by data (plus groups), alongside five clinical priorities for action to reduce inequalities.
- Primary care already plays an essential role preventing ill health and tackling health inequalities.
- Through the Fuller stocktake, we have identified three areas in which primary care is taking a more active role in creating healthy communities and reducing the incidence of ill health:
  - by working with communities,
  - more effective use of data, and
  - through close working relationships with local authorities.”

Kirklees Health Inequalities Scheme

- Tackling health inequalities forms part of our 'Kirklees Essentials' contract that asks all practices to consider the needs of patients from BAME backgrounds, those who are carers, homeless, asylum seekers and military veterans.
- The ICB in Kirklees has a Health Inequalities scheme for General Practice that was introduced in 2021. The scheme supports the 15 practices with the highest level of deprivation and those with a high percentage of Black and Minority Ethnic (BAME) population.
- A network of these practices meets four times per year, chaired by a GP (Independent Medical Advisor). The network is also attended by the LA Public Health Team.
- Practices that are part of the scheme share good practice, help to share solutions to challenging issues and listen to external speakers who focus on a range of issues that are pertinent to the health inequalities in Kirklees.
- Examples of these sessions have provided a focus on dementia diagnosis, Core20plus5, Safer Surgeries Scheme, CAJA Cervical Screening Programme and improving NHS cancer screening for people with a learning disability.

Kirklees Health Inequalities Scheme

- Each of the practices on the HI scheme receives a limited amount of additional funding which is linked to the Core20plus5 approach.
- In 2022/23 practices were required to identify three priority 3 priority areas, which aim to address health inequalities and improve quality of health care.

An example of some of the work that has been done by one of the practices:

- Meltham Road Surgery has been working to improve control of diabetes in patients of Asian descent and engaging with the NHS Digital weight management programme and Nawab restaurant
- Rose Medical Practice - Identifying and recoding reasonable adjustments patients with LD may have to access care. Ensuring reasonable adjustment data is passed on with referrals to other services to ensure the patient gets the support they need to access that care.
- Sidings Health Centre - proactively trying to increase the uptake of cervical cancer screening test for those patients from BAME backgrounds or those with language barriers. Staff who can speak multiple languages follow up individually with patients who have not responded. Utilisation of leaflets in numerous languages and utilising easy read literature. Practice has seen an increased screening uptake
- Greenwood PCN – focusing on children from BAME background who have asthma

Primary Care Networks – Tackling Neighbourhood Inequalities

- Each of the 64 GP practices in Kirklees is part of a Primary Care Network (PCN) and deliver the PCN Directed Enhanced Service
- As part of the 2022/23 service specifications that the PCNs deliver, one is focussed on tackling neighbourhood inequalities.
- PCNs must
  - identify and include all patients with a learning disability and SMI and deliver an annual health check for those patients
  - Record ethnicity
  - Appoint a lead for tackling health inequalities
  - Develop a plan for a bespoke population using available data on health inequalities
- In Kirklees, the PCN data packs have recently been refreshed to assist with this work https://observatory.kirklees.gov.uk/wp-content/uploads/PCN_data_pack_2022_Kirklees.pdf

Primary Care Networks – Tackling Health Inequalities

- Some examples of bespoke projects that the PCNs have undertaken to focus on Health Inequalities:
- Dewsbury and Thornhill, 3 Centres and Spen PCNs – focus on management of diabetes in areas of higher deprivation and South Asian populations
- Tolson PCN – a focus on reducing childhood and young adult obesity
- Valleys – focus on improving access for patients with a Learning Disability. Recent project using a team of employed (ARRS) Care Co-ordinators, Social Prescribing Link Workers and Mental Health Social Prescribing Link Workers. Initiative to offer benefits advice and some of the statutory council services in a place based way from GP practices - addressing some of the challenges of the geography in the Valleys.
- MAST – Focus on military veterans and an offer of Military Veterans Health Checks. In the last year, focussed on social isolation and offered services via a health and wellbeing bus.
- Greenwood PCN – Respiratory focus - improving identification of the causative triggers in patients with multiple admissions from deprived areas and from a BAME background. By highlighting these triggers, we aim to provide the right support to patients and increase uptake in smoking cessation. The PCN worked in partnership with CHFT and Public Health on this initiative

COVID Vaccination

- Numerous examples of working with community champions, voluntary and community sector and faith organisations to reach patients from backgrounds where uptake of covid vaccination was considerably lower.
- EG pop up clinics in mosques and accommodation for asylum seekers.

Addressing health inequalities

South West Yorkshire Partnership FT

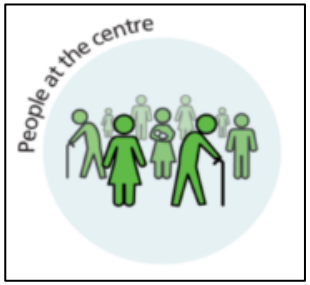
Improving the collection and use of both insight and data

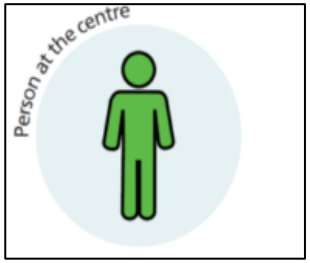
Capturing insight to understand our communities

NHS West Yorkshire Integrated Care Board

NHS South Yorkshire Integrated Care Board

Working in partnership to understand the population we serve using data and insight





Joint Needs Assessment, population health data and working in partnership with communities with partners to **capture voice** and ensure greater involvement.

Equality Impact Assessments (EIA) to ensure our services are culturally sensitive, appropriate and relevant. Taking action against impacts and **co-designing improvements**

Capturing and monitoring equality data to inform person centred care by a reflective work force and **capturing patient experience**

All of you campaign

A campaign aimed at both staff and people who use our services to improve the quality of our equality data for both staff and people who use our services

The campaign has already resulted in noticeable improvements in the data we now hold.

Alignment with the work we are doing

SWYPFT have an inequality dashboard in line with **CORE20plus5** and broken down by the data metrics listed below using the fields of **ethnicity and deprivation.** Our metrics line up with NHSE/I dashboard and are:

- **Referrals** – Referral data is included in our dashboard
- **Admissions** – Admission data is included in our dashboard
- **Waiting times** – In progress with some data in place
- **Emergency** – We would look at crisis response, criteria yet to be agreed
- **Discharges** – Discharge data is included in our dashboard
- **Contacts & Contact Method** – This data is available – focus on digital

Examples of work to address health inequalities in Kirklees

- **Creative Minds** ‘Lead the Way’s Art - people with learning disabilities **Recovery College Kirklees is working with the south Asian community**
- **Perinatal pathways include peer support workers**
- **Transgender policy and Accessible Information Policy**
- **Young people** co-creation **choose well campaign**
- **Paediatric SALT** Facebook page
- **Respect Project’** art competition across the wards
- **Spirit in mind and pastoral support**
- **Removing the requirement for Maths and English** in recruitment
- **Training ‘Transcultural Therapy’**
- **Kirklees carers of people with a learning disability project**

With **all of us** in mind.

VCSE and Health Inequalities

- Recognised as a key partner in addressing health inequalities
- Relationships and structures developing at different levels – West Yorkshire, Kirklees and neighbourhood
- Progress around shared understanding between sectors but still work to do
- Connections with Social Prescribing and PCNs
- A very diverse and varied picture – from very small grass roots activity to providers of services across Kirklees
- Resources a challenge for everyone – capacity within communities can mirror the inequality challenges

VCSE approach and what it brings

- Our approach – a key strength is our holistic, personalised and community-based approaches
- We build resilience, promote self-care and independence and help people find purpose
- Trust – we develop relationships over the long term and build trust
- We respond to local needs and concerns and develop solutions building on local strengths and assets
- We are flexible, responsive and innovative – we can react quickly when we need to
- We can engage with parts of the population that statutory agencies may have challenges working with
- We share lived experience and can bring this to inform more effective, sustainable services – those closest to an issue are well placed to develop solutions
- We understand and can promote understanding of the specific needs of our communities.

What we do

- Very wide range - preventative activities, service delivery and recovery support
- Providing opportunities for social connection - befriending, peer support, social groups, stay and play, arts and creative
- Getting active – walking groups, growing projects, yoga
- Help access services – e.g. support with technology, bring services and clinics into communities, advocacy groups
- Community Champions – trained people from the local community - working alongside Community Anchor organisations to provide accurate information around Covid and to encourage appropriate use of health services
- Crisis response - Mutual aid groups responding to Covid, providing food and warm spaces to respond to Cost of living crisis
- Lots of examples and case studies:
  - Harnessing Power of Communities - Our work with the voluntary, community and social enterprise sector :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)
  - Kirklees :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)

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Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 25 January 2023

Title of report: Palliative and End of Life Care in Kirklees
To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the item - Palliative and End of Life Care in Kirklees.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	**No**
Key Decision - Is it in the 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?**	**No – The report has been produced to support the discussions with health and social care.**
Health Contact(s)	**Michael Crowther – Chief Executive, The Kirkwood**

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 End of life and palliative care helps improve the quality of life for someone who has a life-limiting illness, by offering services, advice, information, referral and support. It also offers families, friends and carers emotional and practical support.

1.2 In recognition of the important role that end of life and palliative care has in the health care system the Kirklees Health and Adult Social Care Scrutiny Panel has included in its Work Programme an item that will consider the work being done to support people in Kirklees with palliative and end of life care.

1.3 An information pack is appended to this report to help inform the discussions and representatives from the Kirklees Palliative Care Partnership will be in attendance to outline the work that is being done to provide an integrated package of palliative and end of life care in Kirklees.

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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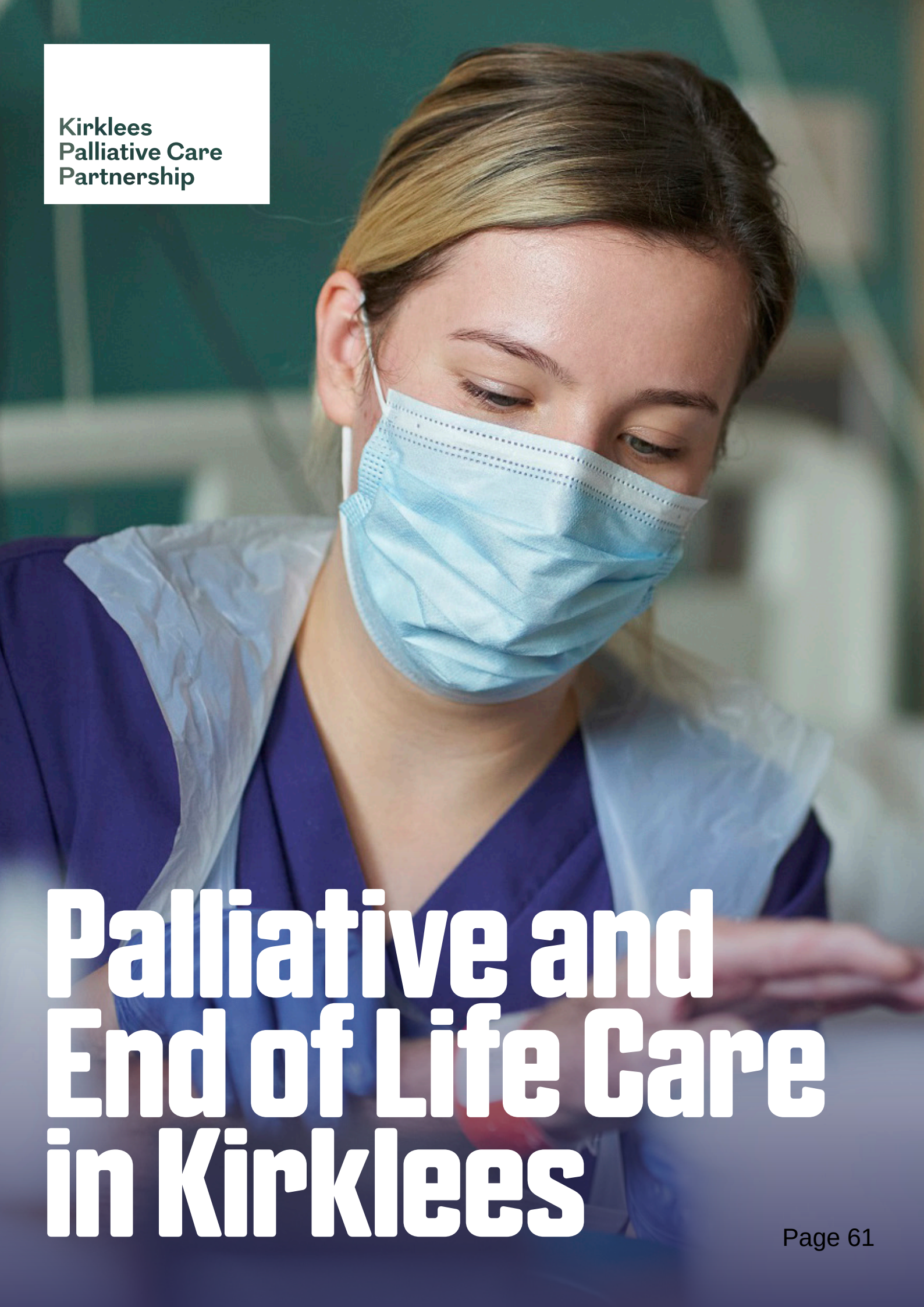


Kirklees
Palliative Care
Partnership

Palliative and End of Life Care in Kirklees

Contents

Aims

The aim of this paper is to provide members of the Health and Adult Social Care Scrutiny Panel with an overview of work underway within Kirklees, led by the Kirklees Palliative Care Partnership ('The Partnership'), with the vision of ensuring more people experience great care at the end of their lives. The paper also aims to underline the importance of palliative and end of life care to the priority outcomes for the population of Kirklees and for the health and social care system.

Key messages

The way that people are cared for at the end of their life is as important as how they are cared for at the beginning of their life. It has a lasting legacy for those who live on, and a significant impact on the use of resources across the entire health and social care system

We should celebrate what we have in Kirklees as it compares very favourably to other areas in West Yorkshire and beyond

People in Kirklees benefit from a more comprehensive range of hospice services than exist elsewhere in West Yorkshire, and a strong partnership of providers working to improve the quality of care available to all

The work of The Partnership has delivered a real impact, which we seek to protect and build upon. However, the progress that we have made is at risk if capacity cannot be maintained or developed

We have opportunities to improve and the right structure and mechanisms to do so through The Partnership and Kirklees Palliative and End of Life Care Programme (Programme)

The committee are asked to:

Note the details of the current approach provided within this paper

Consider their influence on the future areas of work

Advocate that 'Dying well' should be a key outcome for the Kirklees Health and Wellbeing Strategy (KHWS) and that Palliative and End of Life Care remains an explicit priority within the plan

Advocate that dying well is as important as starting well, living well and ageing well

Why does it matter? The importance of 'Dying well'

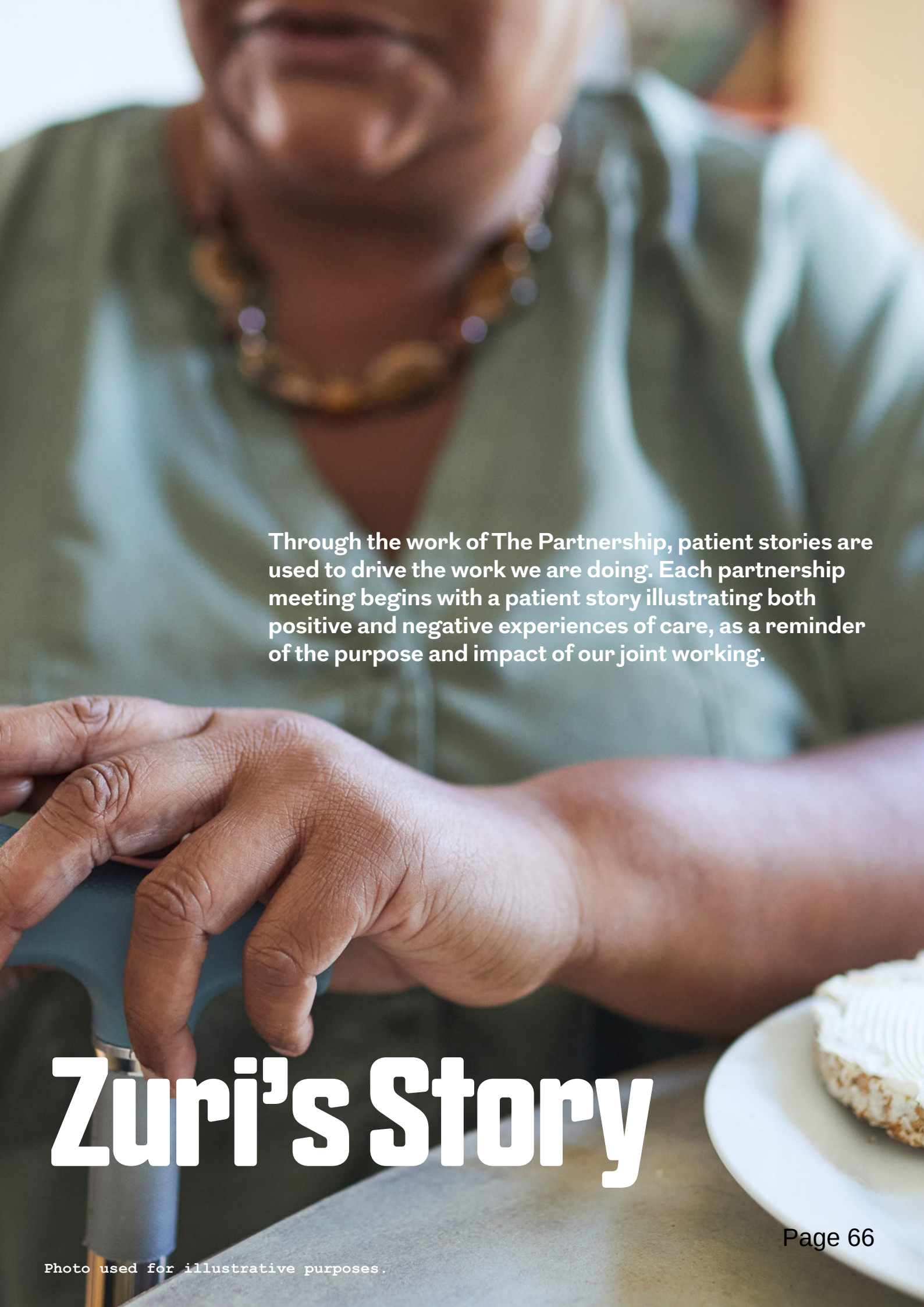
The experience of a death is life changing for the people who are bereaved. The way that people are cared for at the end of their life has a lasting legacy for those who live on.

Care of the dying can be seen as an indicator of the quality of care provided for all sick and vulnerable people in a population. In addition, it is well documented that use of health and social care services increases significantly towards the end of someone's life, therefore good palliative and end of life care can have a positive impact on demand experienced in every part of the system.

Every year in Kirklees over 3,800 people die (KJSA). For three quarters of these people, death does not come suddenly. Instead, dying is a process that can take years, involving a progressive decline in functioning and frequent interactions with health and social care professionals.

This means that there are opportunities earlier on in people's journeys for them to plan for their future care, supported by health and social care professionals.

End of life care can encompass the entirety of a person's journey; from a diagnosis of a life limiting condition, to its progression, deterioration, care in the last year and care in the last days of life.



Through the work of The Partnership, patient stories are used to drive the work we are doing. Each partnership meeting begins with a patient story illustrating both positive and negative experiences of care, as a reminder of the purpose and impact of our joint working.

Zuri's Story

Photo used for illustrative purposes.

Zuri, who lives with her husband Bill in Dewsbury, was diagnosed with dementia seven years ago. She was referred to The Kirkwood's Admiral Nurse, Rachel last year, who supported her and Bill.

Rachel undertook a home visit and assessment following a GP referral. The GP had referred Zuri due to concerns of her being in the advanced stages of her condition, and needing support with anticipatory care planning to ensure a focus on her goals and her families wishes.

Rachel completed a dementia palliative care assessment, which highlighted a number of unmet needs due to there being no support in place for the family and Zuri.

Zuri required input from a wide Multi-Disciplinary Team from Locala services, which Rachel co-ordinated.

The assessment and support from the Occupational Therapists and Speech and Language teams helped to maintain Zuri's quality of life. Rachel kept the GP informed throughout.

Rachel worked with Zuri and her family to undertake appropriate capacity assessments, discuss her care for the future and find out her preferred wishes.

Following another of Rachel's visits, Zuri deteriorated. As a non-medical prescriber, Rachel was able to initiate the prescription of anticipatory medications. Rachel also completed the fast track application, and a care package was put into place.

Rachel worked with District Nurses to agree palliative care support visits, with a focus on priorities of care. Bill, Zuri's husband, felt aware of the support available both in and out of hours to meet Zuri's wishes about where she wanted to be cared for, and who to contact if he had any worries or concerns. Bill was able to call The Kirkwood's 24/7 Advice Line for concerns he had – which were responded to.

When Zuri became acutely unwell with a chest infection, Bill called 111. Because of the documented care plan in place, the on-call GP was aware that Zuri's care needs were to focus on her comfort and manage her symptoms in the community. Antibiotics were prescribed and Zuri was able to remain at home.

The GP was kept updated and Zuri was discussed in the practice's Palliative Care Multi-Disciplinary Team. Rachel continued to make regular contact with Zuri and Bill for ongoing advice and psychological support.

Rachel felt this was a positive example of how working together **meant each specialist within their own field could support an agreed care plan** for someone with an advanced stage of dementia and **co-ordinate Zuri's care so she was able to meet her wishes to be cared for and die at home**.

Why this is important now

The pandemic has brought into sharper focus the importance of end of life care and the experience of people who are bereaved and the impact of death on their health and wellbeing.

The population in Kirklees is getting older, in line with the population of the UK. If recent mortality trends continue, in 2040 there will be at least 1,200 more people that will need palliative care every year.

Over 20% of the entire NHS budget is spent on care provided to someone in the last year of their life. More than half of the complaints referred to the Parliamentary and Health Service Ombudsman in the UK concern end of life care, and over half of these are upheld.

Approximately 30% of people in the last year of life use some form of Local Authority funded social care.

Hospital costs are by far the largest cost element of end of life care, a study in 2014 found that care in the final three months of life averaged over £4,500 for every person that died, in Kirklees this would be over £17 million. The bulk of this cost is due to emergency hospital admissions where hospital costs can increase rapidly in the last few weeks of life.

What should happen?

A partnership of national organisations with expertise in Palliative and End of Life Care have recently updated national guidance for the achievement of high standards at a local level. The 'Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026' sets out the national vision to improve end of life care through partnership and collaborative action between organisations at local level throughout England.

The guidance details six Ambitions that should drive local action:

Ambition 1 – Each person is seen as an individual

Ambition 2 – Each person gets fair access to care

Ambition 3 – Maximising comfort and wellbeing

Ambition 4 – Care is co-ordinated

Ambition 5 – All staff are prepared to care

Ambition 6 – Each community is prepared to help

The guidance sets out what people should expect from their care and it has been incorporated into our work in Kirklees. The diagram on the next page is an extract from the Future Service Development model that has been produced by the Kirklees Palliative Care Partnership:

Fig. 1: A visual representation of elements of care included within the Ambitions for Palliative and End of Life Care guidance

What brings about the best outcomes?

Put simply, if someone who is identified as approaching the end of their life has had a discussion about their future wishes resulting in an Advance Care Plan, and if they are known to Specialist Palliative Care services, it can make a positive difference to their outcomes.

We know that if people are identified and they have an Electronic Palliative Care Coordination System (EPaCCS) record and/or an Advance Care Plan (ACP) that they are less likely to die in hospital. An ACP improves end of life care and patient and family satisfaction, reducing hospital and care home admissions, stress, anxiety and depression in surviving relatives.

People living in Kirklees are also less likely to die in hospital if they are known to The Kirkwood's services. Typically, less than 10% of people receiving care from The Kirkwood die in hospital, this compares with over 40% for those people who are not known to The Kirkwood.

All this relies upon people having being identified as likely to be within their last 12 months of life in the first place and this initial step is crucial towards someone having a better quality experience during their final year.

This process is also essential to identify those people who are important to the person in their last year of life so they can also be supported during this difficult time.

The Kirklees Palliative Care Partnership

Since 2018, The Kirkwood have been instrumental in leading the development of a system-wide partnership across health and social care. The vision for this partnership is to ensure more people in Kirklees can access great care at the end of their lives. This has been underpinned by the aims of reducing health inequalities, promoting personalised care, and improving the experience of carers.

We have achieved a great deal through The Partnership to date. As a result, more local people are benefitting from evidenced based palliative and end of life care, and Kirklees is developing a reputation for the progress that has been made.

The Partnership is led by The Kirkwood, with involvement from:

- Curo GP federation
- Locala Community Partnerships CIC
- Kirklees Council
- Local Care Direct
- South West Yorkshire Partnership NHS Foundation Trust
- Marie Curie
- Mid Yorkshire Hospitals NHS Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Healthwatch Kirklees

The Partnership has delivered a number of products that have helped influence the improvement of palliative and end of life care in Kirklees:

1. A Future Service Development model for integrated palliative and end of life care in Kirklees – Appendix 1
2. The Kirklees (End of Life) Care Charter – Appendix 2
3. An integrated approach to quality improvement
4. A Care Home Workbook and e-learning package
5. Handy guides to EPaCCS and Advance Care Planning

The partnership approach has been embodied in the Kirklees (End of Life) Care Charter. This was jointly created and adopted by partner organisations and is aligned to the national 'Ambitions for Palliative and End of Life Care'. The Charter is for people with a life limiting illness living in Kirklees and explains what care people can expect, and for the partner organisations it is a pledge to improve end of life care in Kirklees. The implementation of the

standard in the Charter is ongoing and will continue to drive improvements in care to benefit the people of Kirklees.

For example, the integrated approach to quality improvement involved a review of the existing system, each organisation within The Partnership completed a self-assessment against the standards laid out in the charter identifying areas requiring improvement and developing action plans to meet the gaps.

The provider organisations within The Partnership are working well together, and this has resulted in significant improvements in the number of people with an EPaCCS record and with an Advance Care Plan.

The Partnership continues to advocate that investments in community services need to ensure that investment in palliative and end of life care features as a priority.

The Kirklees (End of Life) Care Charter

The Charter sets out what people should expect from their care in Kirklees and sets out how organisations are working together to improve the quality of end of life care. All organisations within The Partnership have formally adopted the Charter and commit to it through developing and implementing their own individual action plans.

You will find an example of the Kirklees Care Charter on the next page.

KIRKLEES CARE CHARTER

This charter was created by the Kirklees Palliative Care Partnership for people with a life limiting illness in Kirklees. We know the care system can be confusing and our aim is to ensure your care is focussed on what matters to you.

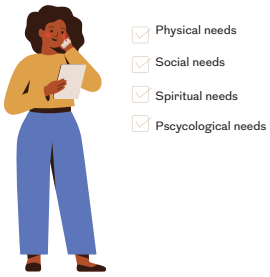
Our charter explains what you can expect from your care in Kirklees and sets out how organisations are working together to improve end of life care in Kirklees.

I am seen as me

I am informed as early as possible that I have a condition which is life limiting and will shorten my life, although I might continue to live an active life for some time. I, and the people important to me, get the opportunity to have honest, informed and timely conversations.

I have access to care

The people important to me are supported all the way through my journey. My care reflects my physical, social, psychological and spiritual needs.



I am supported by staff who are prepared to care

All the staff I come across, wherever I am, bring empathy, skills and expertise to give me care which is compassionate.

I am confident that my wellbeing and comfort come first

I can choose to stay where I prefer and avoid unnecessary visits to hospital. My care is regularly reviewed and my symptoms are managed as well as they can be.

I receive co-ordinated care

My needs and plans are known by everyone involved in my care and I am helped to achieve them. I know how to reach someone who will listen and respond at any time of the day and night.

I live in a community that is prepared to help

My community recognises that we all have a role to play in supporting each other in times of crisis and loss.

Fig 2: The Kirklees Care Charter

Through adoption of the Charter, each organisation will improve quality by:
Having a process in place for early identification of people who are approaching the end of their life
Recording wishes and preferences for future care and treatment, focusing on wellbeing and comfort
Identifying people's physical, social, psychological, and spiritual needs
Reviewing and updating care plans
Signposting to other services that are available and, in particular, specialist palliative care and hospice services
Accessing training and education for staff
Seeking regular feedback from service users

What used to happen

The Partnership identified a number of gaps from work undertaken prior to the pandemic and produced a future service development plan to deliver an integrated model of care. This plan was agreed in principle within the health and social care partnership forums.

In 2021, a Quality Baseline exercise led by the Integrated Care Board required all partners to assess themselves against national Ambitions guidance, and our local Charter.

A number of key areas were identified as gaps and drivers for the Service development plan:

Fig 3: Gaps identified by The Partnership

Through the intelligence gathered by The Partnership we know that for people to be supported to remain where they want to be, all services need to be aware and have a proactive plan.

This can include all parts of The Partnership, from primary care, community services, social care, out of hours emergency care and acute trusts.

It is also worth noting the misunderstandings, myths and stigma that exist surrounding end of life care. People may have a solely medical model applied to them, despite wishing not to undergo investigations or treatments when approaching the end of their life.

Given that supporting people with a life limiting condition is a significant part of the activity across the health and social care system, we need a system wide focus on the importance of advance decisions about future treatment and not just 'Do not attempt cardiopulmonary resuscitation' (DNA CPR).

The Kirklees Palliative and End of Life Care programme

The Programme brings all this work together and is described in the diagram below. There are three main working groups, made up of key members within The Partnership and this work feeds directly into The Partnership and into the ICB's Ageing Well Programme. The structure of the programme is shown below:

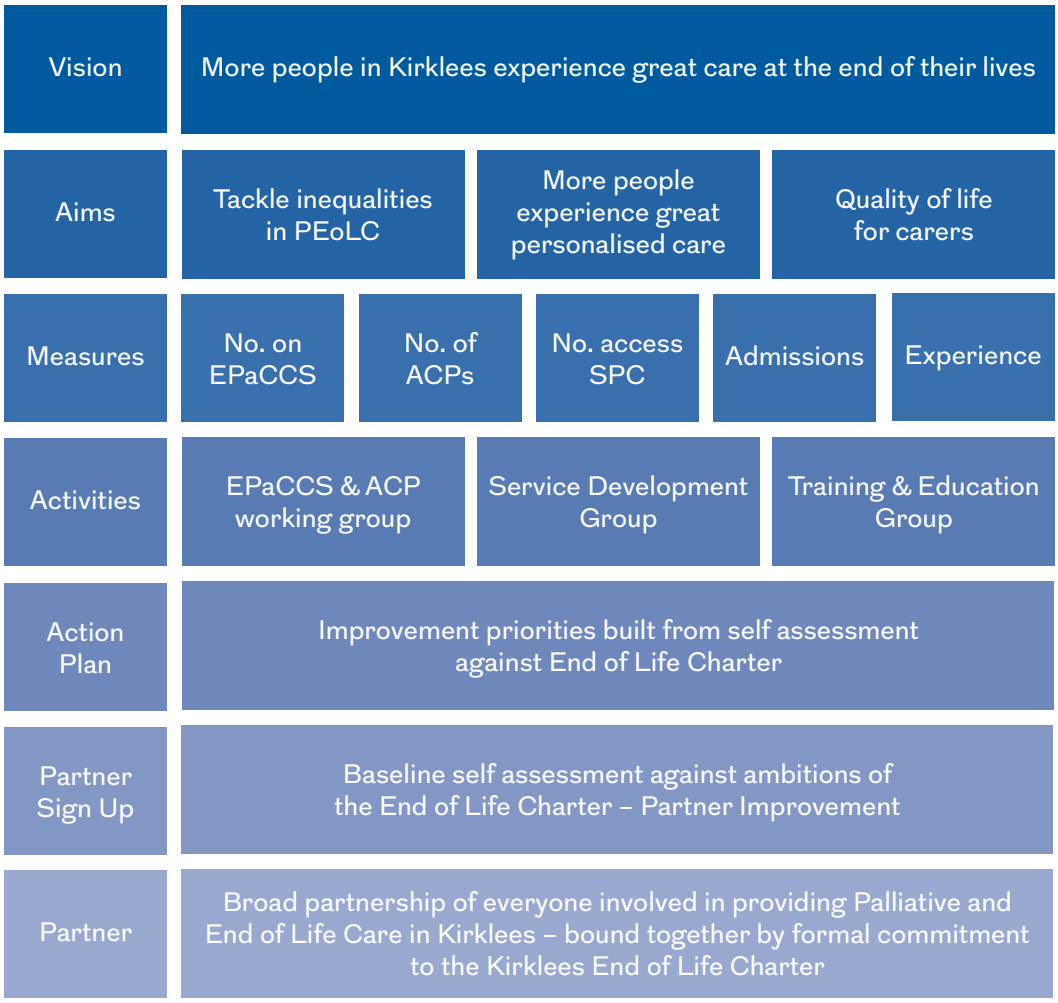


Fig 4: The Kirklees Palliative and End of Life Care Programme and component groups

Measures of improvement

The Partnership has developed clear measures of improvements required within the system to ensure more people receive great care at the end of their lives. These include:

- Increasing the numbers of people identified as being in the last year of life, and increase the numbers of people with an EPaCCS record
- Increasing the proportion of people who die who have an Advance Care Plan
- Increasing the numbers of people supported to die in their own home
- Increasing the number of people cared for by The Kirkwood at the end of their life
- Reducing, where appropriate, hospital admissions in the last three months of life
- Experience of bereaved people in relation to the care the dying person has received

Working closely with the ICB we have now created a monthly data dashboard which is reviewed by The Partnership.

What has been the impact?

The work of The Partnership has focussed on what we believe will make the biggest difference. By providing the leadership in bringing different parts of the system together, we have delivered a number of initiatives that have resulted in tangible improvements.

A clear focus on earlier identification, advance care planning and earlier referral to specialist palliative care meant we were in the best place to respond to the pandemic and deliver the best outcomes for people at that time.

Prior to the pandemic the following improvements were delivered:

- **60%** more people were identified as approaching the end of their life
- **180%** more people have an Advance Care Plan

This meant that during the pandemic:

- **43%** increase in urgent end of life activity supported by Integrated Community Care Teams
- **32%** increase in the numbers of people supported by The Kirkwood at the end of their life
- **40%** more people were supported to die in their usual place of residence

The tangible impact during the pandemic reflects the impact of our partnership and, through the programme, we are sustaining and building upon our achievements. The Kirkwood continue to be committed to building on this success to improve the experience of people.

One of the key outcomes that is of benefit to the system is the impact on hospital activity for people approaching the end of their life. The graph below is the percentage of deaths with three or more admissions in the last year of life, which is tracked by The Partnership:

Percentage of Deaths with 3 or more emergency admissions within the last year of life

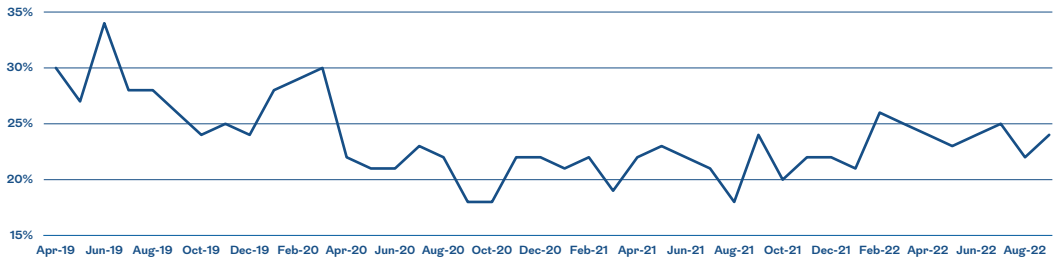


Fig 5: Percentage of deaths with 3 or more admissions in the last year of life.

There is a clear difference between the levels prior to the pandemic and what was achieved through the pandemic, which was delivered on the back of The Partnership's improvements.

What services currently exist to support people?

Within Kirklees, there are a number of services currently available to support people in their preferred place of care (see Appendix 3).

The Partnership has produced a recommended Service Development Plan to create in integrated model of care (Appendix 1). This is still the desirable position. During the pandemic, more capacity was focussed on supporting people's choice and proactively ensuring that clinically vulnerable people avoided hospital admission where necessary.

The work of The Partnership aims to build upon this to ensure we continue to support more people. This depends entirely on people being identified, having better conversations about what matters to them, providers of care sharing information and the capacity being in place within the system to deliver the care required.

Inequalities

Inequalities in access to end of life care have been historically identified nationally, with white, middle-class, middle-aged patients with cancer having traditionally been over-represented in hospice populations. It is also worth noting that people who die in hospital are more likely to be deprived (Appendix 5).

Hospice UK's 'Equality in hospice and end of life care: challenges and change' (2021) cites a recent extensive literature search, which has demonstrated persistent inequalities in hospice care provision. This has been found to be particularly prevalent for people without cancer, the oldest old, BAME communities and those living in rural or deprived areas, who all remain under-represented among those receiving hospice care. Equally, while a substantial body of evidence now exists on inequalities linked to general health in the

late stages of life, there are still huge gaps in the evidence base, including appropriate end of life care for the LGBTQ+ community, people experiencing homelessness and those living with specific conditions.

The Kirkwood currently monitor demographic data which is regularly reviewed.

Whilst the guidance may focus on hospice care, The Partnership has identified the need to collectively review data to identify which demographic groups may not be represented in current service reach.

The integrated model developed is universal and should be applied to everyone, across all groups, through a focus on personalisation.

The Partnership is committed to learning from tactical work taking place within the wider system, which is targeting under-served communities, to reduce health inequalities.

Our ambitions for the future and challenges

The Kirkwood

The voluntary sector are important partners in meeting end of life care needs, both as providers and funders of care. In Kirklees, The Kirkwood invest over £4 million of charitable funding to meet palliative care needs of local people.

Despite the challenging operating environment, The Kirkwood cared for more local people than ever before in 2021–2022. Our care was delivered in people's own homes, in care homes and out in the community. And it continued to be delivered at our hospice for all those in need of 24 hour compassionate care.

Our impact spans patient care, support to professionals and involvement in The Kirkwood Movement. In 2021–22:

1,690 patients were supported to maintain their quality of life by The Kirkwood

1,249 patients were supported by The Kirkwood Nurses in their own homes or care homes

900 patients were cared for at the very end of life

646 patients in our care died in their usual place of residence and not in hospital

126 more people were cared for at the end of life last year than the previous four year average

Just 8% of patients who died under our care died in hospital

15,101 calls were made to our 24/7 Advice Line by patients family members, carers and healthcare professionals

63,790 hours were donated by our dedicated team of volunteers in our 17 shops across Kirklees

1,292 of the calls to our 24/7 Advice Line were made outside normal working hours and answered by our dedicated nursing team

27,616 individuals, made up of patients, family members, carers, volunteers, employees, partners and supporters make up The Kirkwood Movement

Through benchmarking with the other hospices within West Yorkshire, it is clear that we have a comprehensive range of services that benefit more people in the local population compared to other places.

What still needs to happen?

Through the work of The Partnership, we have successfully built engagement and involvement. Data is now flowing on a monthly basis for review, which is supporting the work to implement the Charter and organisational action plans. On reflecting on the successes of 2022, The Partnership identified a number of areas of focus for the future:

Where next?

- Capturing impact/development of the **Quality of Dying** report
- Raising **awareness** of the work of The Partnership within the system
- Identifying **resource** from within The Partnership to support the programme
- **Endorsement** for the Charter and **implementation** within the system

The Partnership have identified the need for more capacity within community services to support people.

Ensuring that this features strategically and more explicitly within the Kirklees Health and Wellbeing Strategy and Plan will allow endorsement at the highest level.

A common theme within discussions has been the need for a deeper, more consistent understanding of how significant end of life care is in terms of the activity across the system.

Upcoming projects in 2023

The Partnership will be jointly progressing key areas of work in the next 12 months, including:

- Developing a 'Quality of Dying' report, in conjunction with Public Health
- Producing a Health Needs Assessment for Palliative and End of Life Care
- Working with Healthwatch Kirklees to create a process to measure the experiences of bereaved people
- Embedding the Charter within Care Homes across Kirklees, capturing the impact on quality of care
- Reviewing key outcome measures across The Partnership in order to understand which groups or demographics may be under-served
- A training needs analysis for health and social care staff
- A review of Advance Care planning processes across organisations

Conclusions

The way that people are cared for at the end of their life is as important as how they are cared for at the beginning of their life. It has a lasting legacy for those who live on, and a significant impact on the use of resources across the entire health and social care system

We should celebrate what we have in Kirklees as it compares very favourably to other areas in West Yorkshire and beyond

People in Kirklees benefit from a more comprehensive range of hospice services than exist elsewhere in West Yorkshire, alongside a strong partnership of providers working to improve the quality of care available to all

The work of The Partnership has delivered a real impact, which we seek to protect and build upon. However, the progress that we have made is at risk if capacity cannot be maintained or developed

Recommendations

We have opportunities to improve and the right structure and mechanisms to do so through The Partnership and the Kirklees Palliative and End of Life Care Programme (Programme).

The committee are asked to:

Note the details of the current approach provided within this paper

Consider their influence on the future areas of work

Advocate that 'Dying well' should be a key outcome for the Kirklees Health and Wellbeing Strategy (KHWS) and that Palliative and end of life care remains an explicit priority within the plan

Advocate that dying well is as important as starting well, living well and ageing well

Appendices

Appendix 1

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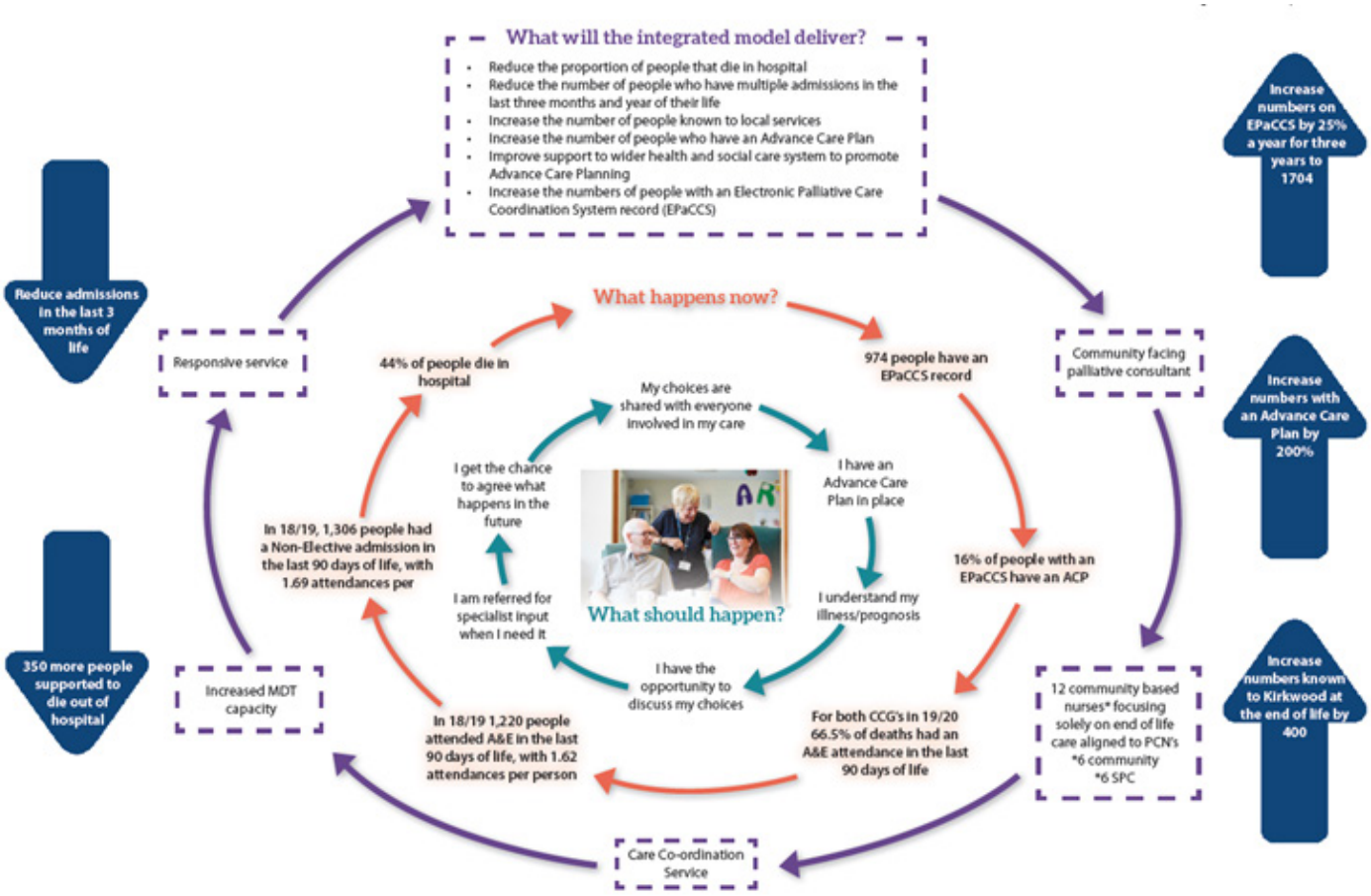
Proposed Future Service Development model, developed by The Partnership



Appendix 2

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The Kirklees Care Charter

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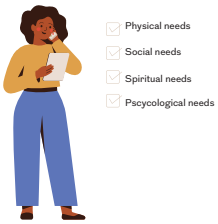

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My needs and plans are known by everyone involved in my care and I am helped to achieve them. I know how to reach someone who will listen and respond at any time of the day and night.

I live in a community that is prepared to help

My community recognises that we all have a role to play in supporting each other in times of crisis and loss.

Appendix 3

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Services available for people at the end of life in Kirklees

GP Practices

Locala – Community Nursing and Therapies – Care Closer to Home

Calderdale & Huddersfield NHS Foundation Trust – In-Patient Care

Mid Yorkshire Hospitals NHS Trust – In-Patient Care

Mid Yorkshire Hospitals NHS Trust & The Kirkwood in partnership – Rosewood Day Support and Therapy Services

The Kirkwood – In-Patient Care

The Kirkwood – Community Specialist Palliative Care inc. Dementia and Care Home Nurse Specialists

The Kirkwood – Support & Therapy Services

The Kirkwood – Counselling and Spiritual Care Services

Kirklees Council Adult Social Care

Continuing Health Care 'Fast Track' Gome Care – Delivered by Marie Curie

Marie Curie – Planned Variable Night Sitting Service

Kirklees Integrated Community Equipment Service – currently provided by Medequip

Care Support Service – current provided by the Carer's Trust

Local Care Direct

Yorkshire Ambulance Service – 111 WYUC

Yorkshire Ambulance Service – 999

Yorkshire Ambulance Service – Patient Transport Service

Appendix 4

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Key Terms

End of life care also spans organisations across health and social care as someone with a life limiting condition may come into contact with a variety of organisations across a period of time. This may create further complexity.

GP practices play a key role in identifying that their patients may be within the last year of life. GPs can then decide to add people to a **Palliative Care Register** (also known as a **QOF record**), which is a practice held list of patients. Some, but not all of patients will also have an **EPaCCS (Electronic Palliative and Care Co-ordination System)** record created.

EPaCCS is the electronic shared template which ensures people with a palliative care condition have key information recorded in one place, including their wishes for care (and whether they wish to be resuscitated)

EPaCCS also captures whether an **Advance Care Plan** is in place. Not all patients with an EPaCCS will have an Advance Care Planning discussion.

Advance care planning (ACP) is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care.

ReSPECT is a process that creates individualised recommendations for a person's clinical care in emergency situations, including cardiorespiratory arrest. It is a patient held document.

Appendix 5

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Key References

Good End of Life care has significant benefits in terms of quality of life for patients and those important to them [1]

Earlier identification improves outcomes for people at the end of life [2]

Given the choice, a majority of people would prefer to die at home [3]

People are less likely to experience good quality of care in hospital [4]

The overall cost of care is understood to be lower outside of hospital settings [5]

Hospice UK (2021). Equality in hospice and end of life care: challenges and change. London: Hospice UK

Barratt H, Asaria M, Sheringham J, Stone P, Raine R, Cookson R. Dying in hospital: socioeconomic inequality trends in England. J Health Serv Res Policy. 2017

[1] Zimmerman et al (2008)

[2] Dying Matters 2015

[3] For example Natcen Social Research (2017)

[4] National Palliative and End of Life Care Partnership (2015 and Health Service Ombudsman 2015

[5] Public Health England - Cost-effective commissioning of end of life care 2017

Kirklees
Palliative Care
Partnership

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.	<u>Panel meeting 19 October 2022</u> Representatives from key organisations across the Kirklees Health and Adult Social Care system provided an update on their financial position and the challenges of workforce retention and recruitment. The Panel endorsed the comments of the Lead Member that it was a credit to the Kirklees health and adult social care system that it was able to provide good quality care despite the significant challenges it faced. The Panel requested information that would clarify the NHS learning support that was provided to nurses.
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.	<u>Panel meeting 19 October 2022</u> Representatives from Kirklees core "physical" providers presented details of the work being done to manage demand and catch up with delayed planned surgery. The information and data was noted and the Panel acknowledged the pressures in the local health and adult social care system in managing the demand for elective surgery and achieving some of the waiting list targets. The Panel requested information from both acute trusts that would show the split between inhouse elective surgery and the outsourced activity (to the independent sector).
4. Joined up Care in Kirklees Neighbourhoods	Looking at how local primary care services via Primary Care Networks (PCNs) contribute to targeted integrated service delivery in the Kirklees neighbourhoods to include: • Looking at the work being developed through the Council's primary care network & local health improvement leads.	<u>Panel meeting 13 December 2022.</u> The Panel considered how local primary care services via the Primary Care Networks contributed to targeted integrated service delivery in Kirklees neighbourhoods and assessed the capacity of out of hospital care.

	• Considering the progress, effectiveness and breadth of services being delivered in the community. • Assessing the capacity of out of hospital care to include all aspects of community care including adult social care capacity, community services capacity, and primary care support. • Looking at the work being done by Community Pharmacy to help alleviate demand in hospitals. • Considering the work being done to prevent and reduce demand through the focus on early prevention and building capacity in the community.	The Panel acknowledged that the information submitted did provide good evidence of the progress that was being made in integrated working despite the pressures in the local health and adult social care system.
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.	<u>Panel meeting 6 September 2022</u>. Representatives from organisations across the Kirklees health and adult social care system presented the work that is being done to manage expected and unexpected increases in demand and deal with capacity issues. The information was noted and the Panel was assured with the approach being taken by individual organisations as well as the whole system to help mitigate and deal with the capacity and demand pressures.
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.	<u>Panel meeting 6 September 2022</u>. Representatives from Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust and the West Yorkshire Local Maternity System presented an update on the provision of maternity services in Kirklees. As a result of the discussion the Panel expressed its concerns that women who lived in Kirklees were currently unable to access a birth centre located in their local district and the potential for there to be an extensive period before the resumption of services could take place. Actions agreed included: • A Panel request to receive as soon as possible a clear timeline for the reopening of the birthing centres in Kirklees and details of the maternity services model.

		• A Panel commitment to engage with CHFT and MYHT on any external work or communications that it undertook regarding the situation on maternity services in Kirklees. • That it would have further discussions outside of the meeting to decide its next steps.
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:
	  ○ Understand the demographics and local system health;
	  ○ Identify areas of highest need;
	  ○ 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.	<u>Panel meeting 13 December 2022.</u> Representatives from Kirklees Adult Social Care provided the Panel with a verbal update on the social care reforms. It was agreed that an offer to have a more detailed discussion with the Panel on the broader range of changes that the Council was developing to improve the social care offer would be considered.
13. Palliative and end of life care	To consider the work being done to support people in Kirklees with palliative and end of life care to include: • Considering the approach to providing an integrated package of palliative and 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 palliative and 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. Joined up Care in Kirklees Neighbourhoods
25 January 2023	1. Palliative and end of life care 2. Inequalities in access to health care services
1 March 2023	1. Access to dentistry 2. In depth look at Adult Social Care community provision/domiciliary care

5 April 2023	1. Review of work programme 2022/23