

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 23rd July 2020

Present: Councillor Habiban Zaman (Chair)
Councillor Alison Munro
Councillor Lesley Warner

Co-optees David Rigby
Peter Bradshaw
Lynne Keady

In attendance: Martin Barkley – Mid Yorkshire Hospitals NHS Trust (MYHT)
Anna Basford – Calderdale and Huddersfield NHS Foundation Trust (CHFT).
David Birkenhead – CHFT
Helen Hunter – Healthwatch Kirklees
Emily Parry-Harries – Head of Public Health Kirklees
Andrew Smith - MYHT

Apologies: Councillor Fazila Loonat
Councillor Vivien Lees-Hamilton

1 Minutes of previous meeting

The Minutes of the meeting of the Panel held on 25 February 2020 were approved as correct record.

2 Interests

Lynne Keady declared an interest in item 6 (Impact of COVID-19 on Kirklees Acute Hospital Trusts)) on the grounds that she was a volunteer for Healthwatch Kirklees.

Cllr Warner declared an interest in item 6 (Impact of COVID-19 on Kirklees Acute Hospital Trusts) on the grounds that she represented Kirklees Council on the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.

3 Admission of the public

All items were taken in public session.

4 Deputations/Petitions

No deputations or petitions were received.

5 Public Question Time

No questions were asked.

6 Impact of COVID-19 on Kirklees Acute Hospital Trusts

The Panel welcomed Anna Basford and David Birkenhead from Calderdale and Huddersfield NHS Foundation Trust; Martin Barkley and Andrew Smith from Mid Yorkshire Hospitals NHS Trust; Emily Parry-Harries from Kirklees Public Health; and Helen Hunter Healthwatch Kirklees.

Ms Basford stated that Calderdale and Huddersfield NHS Foundation Trust (CHFT) had tested 12,000 people of which 500 had tested positive for COVID-19.

Ms Basford informed the panel that in recent weeks the numbers of people coming to hospital that had tested positive for the virus had reduced and there were currently low numbers of inpatients.

Ms Basford highlighted from the panel's presentation pack the work that had been done to segregate areas of the hospital and details of the demographics.

Mr Birkenhead explained that during the last few months COVID-19 had been a challenge for CHFT and outlined a number of challenges that included the impact of the absence of staff due to the virus.

Mr Birkenhead outlined in detail the demographics from a hospital perspective and highlighted that the majority of patients who had died as a result of COVID-19 had multiple comorbidities.

Mr Birkenhead informed the panel of the financial impact of COVID-19 and outlined the pathways to care that CHFT had introduced.

In response to a question on why males were at higher risk of the virus Mr Birkenhead stated that they weren't at higher risk of getting the virus but did suffer from more severe symptoms although the reasons for this were still subject to ongoing research.

In response to a question on how many inpatients CHFT could manage Mr Birkenhead stated that the trust had prepared to receive up to 400 COVID-19 patients and of these up to 70 needing intensive care support.

Mr Birkenhead confirmed that there was capacity at CHFT although the trust would potentially face further challenges during the winter months as it would have to be prepared for an increase in respiratory illnesses as a result of winter flu and cope with the risk of further surges in the virus.

Ms Basford explained that the capacity had been created by stopping routine planned surgery and the suspension and slowing down of elective surgery was a challenge as a second wave of the virus would impact further on these pathways of care.

In response a number of questions relating to testing; the use of face coverings in hospital; the availability of PPE; and the timescales for the commencement of the flu vaccination programme Mr Birkenhead stated that all patients discharged to care

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homes were tested within 48 hours of discharge and would not be sent if they tested positive.

Mr Birkenhead explained that people visiting the hospital and staff were compliant in the use of face coverings and confirmed that PPE had been a challenge, but the trust had never run out of supplies. Mr Birkenhead also stated that the trust had started planning for the flu season and that the trust usually received the vaccination in September.

Dr Smith outlined details from Mid Yorkshire Hospitals NHS Trust (MYHT) presentation that included details of the COVID-19 patient profile; details of the trust's incident plan; changes in practice; the different pathways to care; the support that was provided to staff; and data and demographics for people in North Kirklees.

Dr Smith informed the panel of the financial impact on the trust as a consequence of COVID-19; details of key lessons learned; the changes to the estate that were required; the impact on services including the need to reduce elective surgery; the focus on finding innovative ways of working to mitigate the trusts reduced capacity; and the planning for future surges during the winter months.

Ms Hunter informed the panel of the feedback that Healthwatch Kirklees had received from residents that included the gratitude from members of the public for the commitment of NHS staff; the reasons why some people were not accessing hospital services; and the concerns that were beginning to emerge from people unable to access routine care.

Ms Hunter stated that Healthwatch felt there was a need to ensure that the narrative coming from Kirklees to its residents was clear. Ms Hunter informed the panel that Healthwatch was aware that there appeared to be an increase in the numbers of people accessing A&E because of mental health needs and were looking at the reasons for this.

Ms Hunter explained that Healthwatch had received mixed feedback on digital access and although many people had found digital access convenient most still wanted to have some face to face interaction with a clinician or health care specialist.

Ms Hunter stated that Healthwatch was concerned of the potential surge in demand from people who had not had earlier enough intervention for their medical need and how this would be managed alongside the surges in winter related illnesses.

Ms Parry-Harries informed the panel that the current focus for public health was to proactively reach into those communities where the council was currently seeing increases in contracting the virus.

Ms Parry-Harries explained the process they followed for reviewing the data which included a rapid mobilisation in those areas that were experiencing increases in the virus.

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Ms Parry-Harries stated that the messages about COVID-19 were the same as the beginning of the outbreak and highlighted the importance of not over complicating the messages.

Ms Parry-Harries provided the panel with some good news stories that included the numbers of childhood vaccinations remaining stable; an increase in breast feeding rates; and the positive aspects of digital access to consultations.

Ms Parry-Harries informed the panel of the potential health debt that was being created by COVID-19 for those people who had not accessed medical services during the early stages of disease.

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

- A concern regarding the numbers of staff working in the NHS and Social Care and how they would cope with a second wave of the virus.
- An explanation of how reductions in the numbers of inpatients and activity in the operating theatres had enabled MYHT to redeploy its staff to work in its intensive care and high dependency units.
- The concerns and anxiety about the additional pressures that the hospitals could face in the autumn and winter months.
- The emotional and physical demands placed on NHS staff during the peak periods of the pandemic.
- The need to get across the message that despite the easing of the lockdown that the pandemic was still very prevalent in the community.
- An explanation of the use of private sector facilities during the crisis.
- The approach being taken by the council in targeting messages to those communities who were less compliant with the COVID-19 guidelines.
- The need to get better at conveying the messages on what people needed to do to protect themselves and others from the virus.
- The use of face coverings and the work undertaken by the voluntary sector in providing valuable support to the community through foodbanks.
- A question on whether public health was getting the level of data it needed to support an effective trace and isolate programme.
- An overview of the progress on the data being received that included confirmation that public health would imminently be receiving data at household level.
- A question on the relationship between local public health and Public Health England.
- An overview of the working relationship between Kirklees Public Health and Public Health England.
- A question on the progress that was being made in developing a trace and isolate app.
- An overview of the position of the pandemic in Kirklees and the good work that was taking place across all local organisations to respond to COVID-19.
- The need to capitalise on the lower levels of attendance at A&E departments but without deterring those patients who genuinely required immediate medical attention.

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- Confirmation that there was currently sufficient capacity in the local system to cope with a resurgence of the virus.
- An appreciation of the collaborative working that was taking place across the local health and social care system.
- An overview of the increase in the numbers of people presenting at MYHT's A&E departments which included higher levels of attendances relating to mental health issues.
- The numbers of people who were attending emergency departments because they felt they could not access their GPs.
- The work being done with CCGs to ensure that there were clear messages being conveyed to the local population on accessing the right pathway of care.
- MYHT's appreciation of the work being carried out by Kirklees adult social care in helping to provide the efficient discharge of patients who required social care support.
- A question on what services had not yet restarted and the timescales for when these services would resume.
- An overview from CHFT on the work it was taking in prioritising referrals based on the clinical needs of patients.
- The challenges of dealing with the volumes of referrals when faced with a reduced capacity because of the pandemic.
- The concerns of Healthwatch that people were being discouraged from seeking the care they needed because they were struggling to access the correct service or pathway of care.
- The importance of having a clear message on the pathways of care for people who were on waiting lists and getting anxious due to the lack of progress or where their symptoms had started to deteriorate.
- The role of GPs in escalating urgent referrals and NHS 111 in assisting in emergency cases.
- Details from MYHT on how they were using senior clinicians in their emergency departments to triage patients and signpost them to the most appropriate pathway of care.
- A question on the progress made in the therapeutic treatment of patients with the virus.
- The work that was taking place nationally and internationally in developing a vaccine.
- An overview of some of the emerging therapies for treating the virus.
- An overview of the changes that had taken place in hospital services in response to the pandemic and the continuing importance of digital access.
- The impact of infection prevention control on inpatient services.
- The likelihood that home working for some staff would continue over the longer term.
- The advantages of digital consultation and the benefits of this approach to the NHS, patients and the environment.
- The desire to accelerate the use of digital technology to provide different forms of access because of the benefits for convenience and access.
- Acknowledgement that work would also need to take place to ensure that people who did not have access to digital technology were not disadvantaged.

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- The desire to keep the momentum on collaborative working that was taking place across the local Health and Adult Social Care sector.
- The importance of people getting tested if they genuinely believed they had the symptoms of COVID-19.
- The importance of having one central place-based message on how people could stay safe and prepare for the winter months.

7 **Setting the Work Programme for 2020/21**

Cllr Zaman informed the panel that the pandemic had resulted in fewer scheduled meetings due to the limited capacity available to support the council's virtual meetings.

Cllr Zaman stated that careful consideration would need to be given to prioritising the issues included in the panel's work programme for 2020/21.

The panel reviewed its work programme and agreed the following:

- Financial position of the Kirklees Health and Adult Social Care Economy should remain a priority and include the financial impact of COVID-19 on care homes and the implications for their long-term viability.
- Community Care Services should remain on the work programme and that discussions should include the changes to how primary care is accessed as a result of the pandemic.
- That it would be helpful to schedule additional informal meetings and workshop sessions in order to supplement the reduction in the number of formal public meetings.
- That a mental health services workshop be arranged with South West Yorkshire Partnership NHS Foundation Trust.
- That the item covering the Kirklees Integrated Wellness Service linked well with the work being done through the Kirklees Health and Wellbeing Plan 2018/2023.
- That the annual presentation from CQC on the Quality of Care in Kirklees should remain a priority with a focus on Adult social care and care homes.
- Suicide prevention should remain on the work programme.
- That the presentation of the Kirklees Safeguarding Adults Board Annual Report should remain a priority to include the impact of COVID-19 on safeguarding adults.
- That items 7 (Mid Yorkshire Hospitals NHS Trust Ambulatory Emergency Care Services and Services provided at Dewsbury and District Hospital); 8 (Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust); and 9 (Yorkshire Ambulance Service (YAS) Response Times) be monitored through written updates.
- That the panel be provided with details of any issues covered by the Joint Health Scrutiny Committees that linked to the work programme or had an impact on the local health and adult social care system.
- That the Kirklees Immunisation Programme should remain on the work programme.
- That winter planning remains a priority issue.

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- That the proposed new issue looking at the pilot development of a local Community Care Package to include the new models of care in people's own home should remain.
- That item COVID-19 should be included as a standing item on all future meetings.
- That the item covering the effectiveness of smoking cessation arrangements in Kirklees should be included on the work programme to include a focus on how people with complex mental ill health were supported in this programme.

8 Dates of meetings for 2020/21

The dates of the meetings for 2020/21 were agreed.