

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 5th November 2020

Present: Councillor Habiban Zaman (Chair)
Councillor Alison Munro
Councillor Vivien Lees-Hamilton
Councillor Lesley Warner

Co-optees David Rigby
Peter Bradshaw
Lynne Keady

In attendance: Helen Barker – Calderdale and Huddersfield NHS
Foundation Trust (CHFT)
Jane Close – Locala
Vicky Dutchburn - Greater Huddersfield & North Kirklees
Clinical Commissioning Groups
Amanda Evans – Kirklees Council Adult Social Care
Alexia Gray – Kirklees Council
Mike Houghton-Evans – Independent Chair Kirklees
Safeguarding Adults Board
Chris Lennox – South West Yorkshire Partnership NHS
Foundation Trust
Jane O'Donnell – Public Health Kirklees
Richard Parry – Kirklees Council
Emily Parry-Harries – Public Health Kirklees
Dr Karen Stone – Mid Yorkshire Hospitals NHS Trust
(MYHT)

Observers: Councillor Liz Smaje

Apologies: Councillor Aafaq Butt

1 Minutes of previous meeting

The minutes of the meeting held on the 24 September 2020 were approved as a correct record.

2 Interests

Dave Rigby declared an interest in item 6 (Winter Pressures) on the grounds that he was an ordinary member of South West Yorkshire Partnership NHS Foundation Trust.

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Cllr Lesley Warner declared an interest in item 6 (Winter Pressures) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust Membership Council.

3 Admission of the public

All items were taken in public session.

4 Deputations/Petitions

No deputations or petitions were received.

5 Public Question Time

No questions were asked.

6 Winter Pressures

The Panel welcomed representatives from organisations across the Kirklees Health and Adult Social Care System.

Ms Dutchburn provided an overview of the key points outlined in the submitted report and explained that the pressures on the local health and adult social care system was a rapidly picture.

Ms Dutchburn informed the Panel the winter plans were developed through the A&E Delivery Boards and were based on the acute footprints. Ms Dutchburn explained that both Boards had combined their winter plans with the Covid reset plans.

Ms Dutchburn stated that the plans fully reflected the partnership preparations and focused on three key themes that included safety and prevention, the service response and patient flow.

Ms Dutchburn informed the Panel that the report also included detailed examples of the service provision that had been enhanced this year and new provision such as the Urgent Community Response model that had been recently been developed.

Ms Dutchburn informed the Panel of the work had taken place to maximise capacity in the voluntary sector and explained that the acute trusts were using the third sector to help support people to stay at home.

Ms Dutchburn stated that through the report the local health and adult social care organisations had attempted to evidence how the whole system of partners were working together to support the local population.

Ms Barker stated that system was extremely pressured and explained that the number of Covid and other winter related inpatients in Calderdale and Huddersfield NHS Foundation Trusts (CHFT) hospitals exceeded the planned numbers and as a result the Trust had stopped all planned care to increase capacity for emergency and urgent admissions.

Ms Barker informed the Panel that the Trust had enacted its surge plan with local independent providers so it could increase its capacity for patients requiring access to cancer services.

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Ms Barker confirmed that outpatients and diagnostics services were currently still running but explained that they would be reviewed on a weekly basis.

Ms Barker explained that a key challenge was dealing with the different cohorts of patients, those who were Covid positive, those who were negative and patients where there wasn't a definitive outcome from a Covid test result.

Ms Barker informed the Panel that the Trust had enacted system gold across both hospital sites that was focused on the transfer of care where there was high demand.

Ms Barker stated that bed occupancy was currently running in excess of 90% and was stretching staff resource. Ms Barker explained that it was going to be a challenging winter period and the system as a whole would take decisions based on clinical guidance.

Ms Barker confirmed that to increase capacity the birthing centre in Huddersfield Royal Infirmary had been closed and outlined the steps that had been taken to continue to provide maternity services for the local population.

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

- A question on the quality of the surgical activity that would take place in the independent sector.
- Confirmation that surgery in the independent sector would be carried out by CHFT surgeons and anaesthetists and would be required to meet the Trust's safety standards.
- Clarification that for both sites CHFT had only ceased non-urgent surgery and urgent surgery would continue and planned surgery would restart as soon as it was safe to do so.
- Clarification that the future planned reconfiguration of services would provide a dedicated green site and the capacity to continue with planned care.

Ms Close informed the Panel that Locala had all its services running although not all were at full capacity. Ms Close stated that Locala were facing significant pressures due to staff sickness and Covid related absences were far higher than during the first wave.

Ms Close stated that the district nursing teams were currently operating under OPEL level three which meant that the teams were only undertaking urgent visits.

Ms Lennox informed the Panel that South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) were maintaining their partnership approach across the system. Ms Lennox explained that the Trust were experiencing pressures in their acute care and occupancy levels were high.

Ms Lennox stated that the Trust was focusing with partners on flow through the system and they were coping with the increased demand for mental health services that was coming through the single point of access.

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Ms Lennox informed the Panel that the Trust was keeping all its community services open and were working with a balance between face to face and digital solutions.

Ms Lennox explained that the Trust was trying to ensure that access to its services were kept as simple as possible and its pathways clear and effective.

Ms Stone informed the Panel that Mid Yorkshire Hospitals NHS Trust (MYHT) had seen increasing numbers of patients and were now well above the peak that the Trust had experienced in the first wave.

Ms Stone stated that the Trust had escalated its intensive care and acute respiratory care facilities and had more than doubled these facilities to cope with the numbers of patients.

Ms Stone explained that the Trust was starting to reduce activity so it could concentrate on dealing with emergency cases including cancer. The Panel heard that the reduced activity was enabling the Trust to deploy more staff in acute and emergency care.

Ms Stone outlined details of the work that was being undertaken to maximise the numbers of beds for acutely unwell patients and explained that the situation for staff in the Trust was now starting to feel very different

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

- A question on the potential issues associated with the continuation of funding of post discharge care for patients.
- An explanation of the process that would be followed for those patients who required support for a longer period than the NHS funded 6-week discharge period.
- A question on whether there was a local issue with patients being discharged from hospital before their Covid test results were known.
- An overview of the procedures that were followed to ensure that patients were not discharged before their test results were known.
- A question on whether the Council had established a designated care home.
- An overview of the procedures that were in place to deal with Covid positive patients being admitted to care homes.
- A question on the timescales for rolling out the flu vaccination programme to the 50 plus age group.
- Clarification that no timescale for the flu vaccination of the 50 plus age group had yet been announced.
- A concern that the e consult system used in primary care was difficult to access.
- A detailed overview of the processes for accessing primary care.
- A question on the support was being provided to help deliver the priority of prevention and pro-active support to enable people to stay well and independent at home.
- Details of the work that was taking place with the third sector to provide digital equipment that would allow people to access virtual community support.

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- An example of some of the community services that had been stepped back up after the first lockdown that included the mental health crisis café.
- An overview the work being done by SWYPFT to reach people and provide accessible support.
- A question on what was being done to signpost people to bereavement support.
- Details of the work that had been done on bereavement support and other associated services.
- A question on the methods that were being used to contact and engage with those people who were on the mental health service enhanced community pathway.
- Clarification from SWYPFT that they were continuing with their blended approach to engage with people and that people were seen according to their needs including, where appropriate, face to face contact.
- A question on the approach that would be taken by SWYPFT if there was an outbreak of the virus in an inpatient psychiatric ward.
- Details of SWYPFT's operating procedure for dealing with an outbreak in an inpatient ward and caring for Covid positive patients.
- An overview of the work of the Calderdale and Kirklees Recovery and Wellbeing College.
- A concern over the rise in the use of the private sector and the cost to the NHS and the pressures and morale of staff.
- An overview of the challenges facing staff and the added anxiety of having to deal with a second wave.
- The additional support being provided to NHS staff to help their wellbeing and the importance of also providing support to NHS leadership.
- The investment in psychological support for staff.
- The added pressure of staff availability and shortages due to illness and having to self-isolate.
- The importance of keeping NHS staff well informed and feeling safe.
- A question on how well equipped the local community services were in helping to reduce the need for hospital admissions and coping with patients in community settings if the hospitals became overwhelmed.
- An overview of Locala's short term rapid response service.
- A question on what capacity levels would need to be reached before patients were transferred to the regions Nightingale Hospital and details of the protocols that would be followed.
- A question on what discussion were taking place with primary care to help with managing the capacity in hospitals.
- Details of the discussions taking place across West Yorkshire to understand the optimal use of the Nightingale Hospital taking account of the bed and staffing capacity.

RESOLVED –

1. That the report be noted.
2. That representatives from across the local health and adult social care system be thanked for attending the meeting.

7 Covid-19 Update

The Panel welcomed Emily Parry-Harries and Jane O'Donnell from Public Health Kirklees to the meeting.

Ms Parry-Harries presented an update on the local position of Covid-19 that included: details of the number of confirmed cases in Kirklees; the rates per 100,000 in Kirklees compared to neighbouring authorities and England; and a testing update.

Ms O'Donnell informed the Panel that discussions were taking place on establishing a walk-up site at Dewsbury railway station car park although there was still capacity in the built for local testing sites.

Ms O'Donnell stated that work was taking place to winter proof the current testing sites and outlined details of the discussions that were taking place to provide asymptomatic testing for health care staff.

Ms Parry-Harries provide an update on testing in extra care and supported living and care homes.

Ms O'Donnell explained that the testing in extra care and supported living would initially be a one off test for staff and residents but would be reviewed to see if it routine testing should be introduced.

Ms O'Donnell stated that in the second wave public health was seeing a steady increase in the number of cases in care homes and outlined details of the new national guidance on retesting.

Ms O'Donnell informed the Panel of the work that was undertaken by the Infection, Prevention and Control (IPC) Team that included the gathering of data; developing a strong relationship with care homes; details of the support provided following an outbreak; and the guidance for care homes.

Ms O'Donnell outlined the role of the IPC Team in informing the use of national infection control funds; delivering training with care home staff; and the collaborative working with local health and adult social care organisations.

Ms Parry-Harries stated that the situation was changing very rapidly in Kirklees and explained that the effects of the national lockdown would not be felt for a couple of weeks.

Ms Parry-Harries stated that Kirklees had started to see a slight decrease in the numbers of cases in the district and public health was hopeful that this trend would continue.

Ms Parry-Harries informed the Panel that the 6 key messages on how to stay safe and prevent the spread of the virus remained the same and stressed the importance of social distancing.

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Ms Parry-Harries stated that it was important to recognise the hard work of the staff that were involved in the community response and their involvement had prevented an even greater number of infections across Kirklees.

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

- A question on the percentage rate in Kirklees for track and isolate.
- Confirmation that the current rate for tracking people who had been in contact with someone who was Covid-19 positive was 59%.
- Details of the plans for launching a local contact tracing service.
- The increased effectiveness of a local contact tracing service.
- A question on whether public health was receiving sufficient real time patient identifiable data to undertaken local tracing and what support services were available for people who had to isolate.
- An overview of the discussions taking place between Public Health Kirklees and Public Health England on establishing a local contact tracing service.
- Details of the level data that would be received by Public Health Kirklees.
- The advantages of using local people and local numbers for contact tracing.
- The proposal to include a home visiting service to follow up those people who do not respond to the phone calls from the contact tracing team.
- Details of the work of the Community Response Team.
- An overview of the different methods used to communicate test results.
- Details of the process followed to register contacts following a positive Covid-19 test result.
- An overview of the new national guidance on visiting care homes.
- Confirmation that home care staff were tested weekly and that there were currently no plans to increase the frequency of testing.
- A question on whether there was scope to provide unpaid carers with formal identification or documentary evidence to avoid challenge when visiting people they were caring for.
- Details of the work of the Integrated Care System with carers and recognition of the importance of their role that was reflected in the latest guidance.

RESOLVED –

1. That officers from Public Health Kirklees be thanked for attending the meeting.
2. That Public Health Kirklees be invited to attend the next meeting to provide a further update on Covid-19 to include progress of the local contact tracing service.

8 **Kirklees Safeguarding Adults Board 2019/20 Annual Report**

The Panel welcomed Mike Houghton-Evans, Independent Chair of the Kirklees Safeguarding Adults Board to the meeting.

Mr Evans outlined the context to the Kirklees Safeguarding Adults Board (KSAB) Annual Report and explained that in addition to reporting on the progress made that year the Board also had a rolling 3-year Strategic Plan.

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Mr Evans explained that the Safeguarding Board was a strategic partnership that was hosted by the local authority but had a responsibility to be at arm's length from the agencies involved.

Mr Evans provided an update on how the board was operating during the pandemic and the importance of the Board fulfilling its responsibilities to provide scrutiny and oversight on how the partnership was being effective in managing safeguarding issues.

In response to a panel question that it would be helpful if the report included a summary of the key issues that had emerged during the year Mr Evans explained in detail the importance of the section that covered key priorities and achievements.

Mr Evans outlined the approach that the Board was taking to playing a more proactive role that had resulted in the development of a risk register that had helped to identify areas that required more detailed investigation.

Mr Evans informed the Panel that partnership working across Kirklees was very strong and that partners involved in the Board recognised their role to be involved in the challenges faced by the Board as well as representing their own organisation.

Mr Evans informed the Panel of the three key areas that the Board would be focusing on in the current year that included making safeguarding personal, mental capacity assessments and assuring effective practice.

Mr Evans outlined details of the work that the Board undertook in practitioner forums and explained that these sessions had been extremely helpful.

Mr Evans explained that since Healthwatch had joined the Board their input had been extremely helpful as they were able to provide examples of real-life stories and experiences.

Mr Evans highlighted a number of key issues from the latest risk register that included the impact of social isolation; mental health and wellbeing; consequences of shielding; not accessing NHS services or social care support; and exploitation of vulnerable adults.

Mr Evans informed the Panel that another area that the Board was looking at was to identify ways of working that had taken place during the pandemic that could be worth maintaining in the future.

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

- An explanation of the approach that the KSAB would take to dealing with a potential safeguarding issue relating to the discharge of an elderly and vulnerable patient to a care home with known cases of Covid-19.
- An overview of the NICE gold standard on best practice for hospital discharge.
- A question on the process for alerting KSAB to vulnerable adults who may be at risk to themselves or others.

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- A discussion on how the pandemic had made it clearer to identify the implications of those individuals who make choices that other people may consider to be unwise or undesirable.

Mr Evans informed the Panel that the Board had an infrastructure that included a delivery group and three sub groups. Mr Evans explained that one of the most important of these groups was the performance and quality sub group.

Mr Evans stated that the chairing of the sub groups was shared across the partnerships and outlined the additional areas of focus that would be covered by the performance and quality sub group that included section 42 enquires; and looking at the risk register.

Mr Evans highlighted the valuable work from Healthwatch Kirklees that provided real life stories and explained that Healthwatch was producing balanced reports that demonstrated both the negative and positive experiences of people and that this helped inform the Board's work.

Mr Evans informed the Panel that in January 2021 the Board would be recruiting a new independent Chair and this meant that this would be the last time he would be presenting the annual report to scrutiny.

RESOLVED –

That Mr Evans be thanked for the work he had done as the Independent Chair of the Kirklees Safeguarding Adults Board.

9 Work Programme 2020/21

The Panel discussed the 2020/21 forward agenda plan that included the items for inclusion in the meetings scheduled for 10 December 2020 and 18 February 2021.

The Panel was informed that the December meeting would include an item that would look at the impact of the pandemic on mental health services in Kirklees to include a description of South West Yorkshire Partnership NHS Foundation Trust's (SWYPFT) early response to service provision; steps taken by the Trust to mitigate the impact of the pandemic on services; and the impact on demand.

A number of issues were discussed that included:

- Clarification that the discussion with SWYPFT in December would supersede the planned workshop.
- Confirmation that the Calderdale and Kirklees Joint Health Scrutiny Committee was continuing to meet to discuss the plans for the reconfiguration of services at Calderdale and Huddersfield NHS Foundation Trust.
- An overview of the current restrictions on hosting virtual meetings.
- The importance of the panel having sight of the work being undertaken by the Calderdale and Kirklees Joint Committee.
- A request that consideration be given to keeping the option of having a workshop session with SWYPFT.
- A Panel request to receive regular winter pressure updates from the acute hospitals.