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KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 10th December 2020

- Present: Councillor Habiban Zaman (Chair)
Councillor Alison Munro
Councillor Lesley Warner
- Co-optees David Rigby
Peter Bradshaw
Lynne Keady
- In attendance: Chris Lennox - Deputy Director of Operations, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
Sue Sutcliffe – General Manager, SWYPFT
Melissa Harvey - General Manager, SWYPFT
Becky Smith - Senior Advanced Clinical Practitioner SWYPFT
Emily Parry-Harries – Head of Public Health Kirklees
Jane O'Donnell - Head of Public Protection, Kirklees
- Observers: Councillor Elizabeth Smaje, Chair of Overview and Scrutiny Management Committee
- Apologies: Councillor Vivien Lees-Hamilton

1 Minutes of previous meeting

That the minutes of the meeting held on the 5 November 2020, be approved as a correct record.

2 Interests

Dave Rigby declared an interest as he is an ordinary member of South West Yorkshire NHS Partnership Foundation Trust

Cllr Lesley Warner declared an interest as she is one of the governors of Calderdale and Huddersfield NHS Foundation Trust

Lynne Keady, declared an interest as she is a volunteer with South West Yorkshire Partnership NHS Foundation Trust and a volunteer with Healthwatch Kirklees and Healthwatch Calderdale

3 Admission of the public

All agenda items were considered 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 Mental Health Services

The Panel welcomed representatives from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to the meeting. Chris Lennox, Deputy Director of Operations, supported by colleagues provided the Panel with a summary of the information contained in the appended report. The Panel was advised that the report outlines:

- the operational challenges faced from March 2020, at the start of the pandemic and the early response in setting up the gold, silver and bronze command structures
- the work undertaken to maintain the continuity of services and how cohorting procedures were developed for the inpatient units
- the ongoing resource challenges, in terms of staff absence, keeping staff wellbeing at the forefront and keeping people well, while meeting the needs of service users
- the recovery and how services could be delivered, particularly using technology
- the demand for services for example the core and enhanced teams and how demand had fluctuated and current caseloads
- how outbreaks on the wards were dealt with
- how contact methods are balanced for example, face to face, telemedicine, and telephone
- the carers passport that was launched at the end of November for both unpaid carers and staff
- Partnerships with all sectors in terms of local recovery for Kirklees
- Managing to maintain services to people throughout this period who need crisis care

The Panel asked what the overall trends in incidence referrals had been and whether had there been a difference in the volume of referrals during the pandemic. In response, Sue Sutcliffe General Manager advised that she manages the Enhanced Teams which supports people with the most complex of mental health needs. With regard to the trends from a referrals perspective there was quite a marked drop round about March/April time and this was sustained for approximately 2/3 months. There was then a rise in referrals and at the times the referrals were higher than the previous year.

The Panel further asked whether there had been any feedback from service users with regard to the method of contact ie phone or telemedicine and what they felt about those methods. This was particularly in relation to the change in the way contact has been made and whether that has had any effect on response times to initial inquiries.

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In response, Melissa Harvey, General Manager advised the Panel that different groups and cohorts of service users have different experiences with telephone contacts. It has become clear that for some people or groups of people, digital provision does not work and for them this is not an appropriate method. It has also become clear that for assessments it is much better to do those face to face as it enables a much better understanding of what people are experiencing and going through. With other groups such as the IAPS service users for example, a survey was undertaken with service users who use primary mental health care who actually indicated that they much prefer digital methods as they find it easier because they don't have to travel, park their cars or leave their homes in some circumstances. For the IAPS group they were the early up takers of digital methods using Teams and WhatsApp and all sorts of CBT therapy to reach out to people.

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

- in relation to IAPS, the current waiting time is 8 weeks to receive support, how is it working and has there be greater take up, what is the usual waiting time during the year, how do you know the telephone support is successful and how is that measured
- how significant has telemedicine been in the diagnosis of those acute people, for example the acute young psychotics
- is there a date in which face to face contact will resume?
- is there a contingency plan for ensuring services are maintained in the face of staff absences?
- is there a possibility that there are people with serious mental health issues who have not been in contact with any services for support?
- what use is made of volunteers who may be able to provide support people for example those who are in isolation for example training volunteers to be useful listening ears

An example was shared by a Panel member who explained the circumstances of a service user currently on the Kirklees Enhanced Pathway with a long-term complex potentially unstable mental health diagnosis who has not been seen face to face by her Care Co-ordinator since the middle of March 2020.

The Panel welcomed the information presented and thanked the representatives from South West Yorkshire Partnership NHS Foundation Trust for their comprehensive response to questions asked.

RESOLVED

1. That the report be noted
2. That representatives from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) be thanked for attending the meeting

7 Covid-19 Update

Emily Parry-Harris, Head of Public Health and Jane O'Donnell, Head of Public Protection, Kirklees provided the Panel with an update on Covid-19.

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The Panel was informed that with regard to testing, services for extra care and supported living both residents and staff now have access to testing following the pilot roll out. Staff and residents will be tested on a weekly basis and this includes ancillary staff within these settings.

Ms O'Donnell informed the Panel that a proposal was submitted for targeted testing. This was successful, and the swabs have now been received. The aim is to test people who are in contact with vulnerable people for example, people who work within drug and alcohol services, individuals in children's residential care, children's and adult social workers, staff within special school settings and those within high risk work places. The initial proposal also included care home visitors, however that was superseded by the national rollout of the Department of Health and Social Care doing direct access to care homes for their visitors and friends to access testing.

Work will be undertaken with services who are in contact with vulnerable people to see if they would be willing to be a part of targeted testing called a lateral flow test. The lateral flow test is where individuals do a self-swab and if that is positive, it then requires them to have a confirmatory PCR either at a walk-up site or at a local testing centre. If a person is positive, it links into test and trace and they will receive support. A submission will then be made for wider community testing.

The Panel asked how much reliance is being placed on lateral flow tests given the reports about its sensitivity and lack of specificity. In response the Panel was advised that lateral flow tests should be seen as part of control measures to identify individuals with a high viral load at an early stage before they become symptomatic. While no test is 100% accurate and the lateral flow test is not the panacea it should be seen as part of a suite control measures to try and identify people with a high viral load.

The Panel asked a further question in respect of care homes testing update, and the discharge of people from hospital. If people for example, who have had a positive Covid-19 test but are ready for discharge from hospital, what is the criteria to decide whether they are ready for discharge or not. In addition, with regard to step down care homes which have recently been set up how are they operating and what kind of challenges have they faced?

In response, the Panel was advised that if an individual is medically fit to be discharged from hospital and they have had a positive PCR test in hospital, if they have come from a care home and the care home is willing to have them back and can meet their needs, that individual will complete their isolation within the care home. If the care home is not willing to have the individual back, then this is why there are designated care home beds to receive patients who are PCR positive.

The Panel asked a number of further questions including:

- How many step-down care homes are there across Kirklees and how many residents with Covid can they each take? The care homes that are willing to take patients with Covid can assurance be given that they can adequately cope particularly if the patient deteriorates, and are they covered by insurance

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- Have all the sites been designated for vaccinations and will the people administering the vaccines be medically trained or will lay people have to be trained in giving the vaccines

Ms O'Donnell advised the Panel that the questions in relation to step-down care homes would require information from adult social care and agreed to get the information and provide the Panel with a future update.

The Panel was informed that regarding contact tracing there has been one full week of rollout and contact has been made with 50% of cases. These are cases previously stated as being hard to reach. The Panel commented that it was positive that the new local tracing service was in place and noted the difficulty tracing contacts who are in patients in hospital. The Panel asked for feedback on whether the issue had been resolved before the next panel meeting.

With regard to the vaccination programme this is an NHS led programme supported by the local authority. Potential sites are being looked at and will have to be signed off by NHS England. The designation of sites is not a local authority decision and they are likely to be sites where there are a number of GP practices and where Primary Care Networks can come together and deliver collaboratively.

Emily Parry-Harries provided the Panel with a brief summary of the numbers in relation to Covid as follows:

- In the last week there has been 75 hospital admissions which is significantly down on the previous week and there are currently 154 inpatients 24% of whom are aged over 80
- The cases are down 26% on the previous week, there have been 921, that takes the numbers below the level of October
- Kirklees is now 28th in the country, having previously been 4th or 5th which is lower than Calderdale and Bradford but continue to be higher than Leeds and Wakefield in terms of the West Yorkshire picture
- There are cases in all wards, although there appears to be a greater concentration in North Kirklees, although it is not to say there are not significant numbers across all of Kirklees
- It is generally looking like a much more positive picture

The Panel was advised that it is important that people do not become complacent and remember social distancing, the use of face covering and washing of the hands.

RESOLVED

- a) That the information be noted
- b) That Jane O'Donnell and Emily Parry-Harries be thanked for providing the Panel with an update on Covid
- c) That further information on the step-down care homes be provided at a future meeting
- d) That an update on the immunisation and rollout programme be provided at a future meeting

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- e) That feedback on the challenges of tracing inpatients be circulated to Panel members prior to the next meeting

8 Work Programme 2020/21

The Panel will hold a workshop session in January 2021 which will look at:

- Re-setting of NHS and care services
- Re-evaluation of work programme
- Managing the agenda plan
- Approach to how the Panel reviews and scrutinises issues