

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 8th July 2021

Present: Councillor Habiban Zaman (Chair)
Councillor Bill Armer
Councillor Vivien Lees-Hamilton
Councillor Lesley Warner
Councillor Fazila Loonat

Co-optees David Rigby

In attendance: Nicola Bailey – Calderdale and Huddersfield NHS
Foundation Trust (CHFT)
Katie Booth - CHFT
Jane O'Donnell – Public Health Kirklees
Richard Parry – Strategic Director for Adults and Health
Kirklees Council
John McSorley – Yorkshire Ambulance Service
Andy Simpson – Yorkshire Ambulance Service

Apologies: Councillor Aafaq Butt
Lynne Keady (Co-Optee)

1 Minutes of previous meeting

The minutes of the meeting held on the 18 February 2021 were approved as a correct record.

2 Interests

No interests were declared.

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 Yorkshire Ambulance Service (YAS) - Performance, demand and Quality Update

The Panel welcomed John McSorley and Andy Simpson from the Yorkshire Ambulance Service (YAS) to the meeting.

Mr Simpson outlined the key service challenges that the ambulance service had faced during the pandemic. Mr Simpson stated that the challenges had crossed all health boundaries and the service had needed to quickly adapt and put actions in place to ensure that YAS could maintain a service to the most clinically vulnerable people.

Mr Simpson highlighted the key areas of challenge that included workforce and staff welfare, managing demand and infection prevention and control that included the health and safety of crews.

Mr Simpson stated that issues that YAS had to overcome included high levels of staff absence due to self-isolation or having the virus and explained in detail the innovative approach that had been taken to ensure there was sufficient staff resource deployed in front line services.

Mr Simpson informed the Panel that demand during the pandemic had been exceptionally high and unpredictable. Mr Simpson highlighted the significantly increased demand on the NHS 111 service and explained that as the gateway for Covid-19 NHS 111 was able to signpost people to the most appropriate services.

In response to a panel question regarding the impact of the pandemic on patient handover times Mr Simpson stated that handover times were a problem for YAS due to the high demand and the need to segregate patients between Covid and non Covid ambulances.

Mr Simpson explained that despite the high demand acute trusts had managed well and that new ways of working had been introduced that included pre-alerts and the deployment of additional triage nurses.

Mr Simpson informed the Panel that although the high demand had led to delays, they had impacted patients who were less clinically vulnerable and the patients with the highest clinical need had not been delayed.

Mr Simpson stated that the need to undertake intensive deep cleaning of ambulances had increased the time that the ambulances were out of action. To help support the crews and speed up the ambulance turnaround times YAS had brought in private provider cleaning teams.

In response to a question on recontact rates Mr Simpson stated that YAS did monitor this issue. Mr Simpson explained that the service focused on the 'hear and treat' approach which was supported by the increased clinical support at the triage stage which meant more people were being directed to the most appropriate pathway of care.

In response to a question on the perception from people living in the HD8 area that they were receiving an inferior service with ambulance response times getting longer Mr Simpson explained that there was no policy to keep crews out although the increased demand meant that there was currently little downtime for the crews.

Mr Simpson informed the Panel of the approach that YAS had taken to infection prevention and control which included procuring highly effective gold standard PPE.

Mr Simpson informed the Panel of the national standards for the UK ambulance service across the four categories of calls and explained that standards for categories 3 and 4 were locally negotiated.

In response to a Panel question Mr Simpson informed the Panel of the types of patients that would be allocated as a category 1 and 2 call and explained that category 1 was the smallest category in terms of demand and accounted for around 10% of the call volume.

Mr Simpson explained that category 1 were the most seriously ill patients and the most resource intensive as there was often a need to dispatch multiple resources and provide the patients with specialist clinical skills.

Mr Simpson outlined the demand and response times for category 2 calls and highlighted the differences in response times during the summer and winter months. Mr Simpson also highlighted the difference in demand during and after national lockdown.

Mr Simpson stated that category 2 patients were still clinically vulnerable and accounted for around 60% of the call volume. Mr Simpson informed the Panel that the highest areas of demand did tend to take resource away from the outlying areas of the district.

Mr Simpson explained that subject to having the available resources YAS tried to combat this by putting stand by points in those outlying areas although this wasn't always possible when demand was high.

Mr Simpson stated that to try and cope with demand YAS was focused on ensuring that its recruitment was on track and were hoping to reach full staff capacity by the end of August.

Mr Simpson outlined the approach that YAS took to supporting and mentoring newly qualified paramedics. Mr Simpson stated that YAS had increased its overtime budget although due to the pressures staff had been under this initiative had limited impact.

Mr Simpson informed the Panel of the support provided to staff through additional welfare and the provision of food and drinks at key times. Mr Simpson explained that YAS had a very good demand management plan which could be escalated to ensure that key patients were protected.

Mr Simpson stated that YAS were sending out key public information messages to manage public expectation and to highlight the pressures the service was under.

Mr Simpson informed the Panel that YAS had procured the service of private ambulance providers such as St Johns ambulance to help support YAS with its low acuity patients.

Mr Simpson outlined some local initiatives that included the quality impact assessment work that YAS had done on Calderdale and Huddersfield NHS Foundation Trust's reconfiguration of hospital services.

Mr Simpson informed the Panel of the work that had been done on ambulance vehicle preparation that include a full upgrade of facilities at the Huddersfield station which provide crews with a vehicle that was fully equipped and cleaned and ready for immediate use.

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

- A concern regarding the increased travel time for patients being conveyed from the Huddersfield area to Calderdale Royal Hospital.
- Clarification that YAS had looked at the data covering the increased travel time and that additional resources would be allocated to mitigate any delays.
- Confirmation of what type of patients would fall into categories 3 and 4.
- Confirmation that the Calderdale and Kirklees Joint Health Scrutiny Committee would be looking at the YAS Quality Impact assessment work.
- A question on whether the impact assessment included the time it took to convey a patient from a ward on one hospital site to a ward on the second hospital site.
- Clarification that the impact assessment included the pick-up time of the patient to the point when the ambulance became clear.
- A question on why the category 2 response times for May 2021 appeared to show that the response times for that Month were higher than any of the 13 previous months.
- An explanation from YAS that under normal circumstances the months of April, May and June were expected to be the quiet months following the winter period. However, since the continuation in the easing of lockdown measures YAS had seen demand increase and this had been compounded by an increase in staff absences.
- An explanation of how calls were analysed and confirmation that one of the biggest increases in call categories related to Covid-19.
- A question on what support had been put in place for staff who required additional support.
- Details of the support and welfare packages that were available to staff that included an occupational health service, an increase in management and supervision support and an enhanced post incident care process.
- Details of a personal experience in dealing with a 999 call handler who asked a significant number of personal questions about the person involved in the medical incident.
- A detailed explanation of the 999 call handling process and confirmation that the questions from the call handler did not delay the dispatch of the ambulance.
- An expression of gratitude for the work of YAS and details of the efficiency of the new process that had been adopted by the Patient Transport Service in South Kirklees.
- A question on whether YAS had experienced any issues with the supply or quality of PPE.

- Confirmation that YAS had not experienced any issues with its PPE supply.

RESOLVED –

1. That John McSorley and Andy Simpson be thanked for attending the meeting.
2. That the information presented by YAS be noted and a request that in any future meetings the data presented to the Panel includes the pick-up and drop off times.

7 Covid-19 Update

The Panel welcomed Jane O'Donnell Public Health Kirklees to the meeting.

Ms O'Donnell provided the Panel with an update on the cumulative position of confirmed Covid-19 cases in Kirklees and explained that current rates were being driven by the 10 -19 and 20 – 29 age groups.

Ms O'Donnell informed the Panel of the current position of rates in Kirklees and outlined details of how Kirklees rates compared to its neighbouring authorities and nationally.

Ms O'Donnell informed the Panel that Kirklees was an enhanced area of response following the announcement that Kirklees had been identified as an area of concern.

Ms O'Donnell outlined the initiatives that had been introduced to combat the increasing numbers of infections that included surge testing; enhanced contact tracing; and carrying out turbo vaccinations.

Ms O'Donnell explained in detail the work that had been carried out to support surge testing and outlined the results.

Ms O'Donnell presented the figures and headline data for work that had been done on the test and trace cases and contacts and explained that Kirklees used a door knocking service so they could speak directly to the contacts.

Ms O'Donnell informed the Panel of the Covid Vaccination Programme Equality Impact Assessment and highlighted the priority groups that had been identified from the findings.

Ms O'Donnell outlined the activity that had taken place to support high vaccination uptake and reduce inequalities that included a community champions programme; introducing a transport scheme; and targeting communications with the help of faith leaders and communities.

Ms O'Donnell explained that the Director of Public Health for Kirklees had been given local flexibility to target certain groups that were at increased risk of hospitalisation.

Ms O'Donnell informed the Panel of the uptake of the vaccine that included details of those areas in Kirklees that had the lowest levels of uptake.

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

- Whether plans were in place for public health officers to offer advice and information to businesses and highly populated public areas on safety measures following the further easing of restrictions.
- Confirmation that public health was waiting for updated guidance on working safely which could then be promoted to businesses.
- A question on whether there would be any local advice on the continued wearing of face coverings in shops and public transport.
- Confirmation that communication on face coverings would be based on the updated national guidance and discussions with other West Yorkshire authorities to ensure there was a consistent stance across the region.
- Questions on the current rate of covid-19 hospitalisations including the trend in Kirklees and the current assessment of the impact on people who had been diagnosed with long Covid.
- A question on whether any liaison work had been undertaken with Kirklees food banks and Huddersfield Mission to identify individuals for vaccination.
- Details of the work that have been undertaken with food banks and local communities to get the message out to all people in Kirklees on the importance of vaccination.
- A concern regarding the speed of the rules regarding the changes to the time scales between the vaccination jabs.
- Highlighting the concerns expressed by many older residents on the easing of restrictions and the requirement for the use of face coverings.
- Clarification on the NHS issued guidance on the interval between the first and second vaccination.
- The need for local businesses to still take Covid-19 into account when developing the health and safety risk assessment.

RESOLVED -

1. That Jane O'Donnell be thanked for attending the meeting.
2. That the information presented by noted and the response relating to the questions on hospitalisations and long Covid be circulated to the Panel.

8 Setting the Work Programme for 2021/22

A Panel discussion took place on setting the work programme for 2021/22 and included input from Richard Parry, Strategic Director for Adults and Health.

Mr Parry stated that he felt it would be helpful for the Panel if the item on the impact of Covid-19 could also include an area that looked at the broader impact on social care and people who were likely to need additional support.

Mr Parry informed the Panel of an Age UK research report that suggested that there had been an 11 per cent increase in the numbers of older people with social care needs because of the pandemic.

Mr Parry explained that many older people had experienced much reduced mobility over the last 15 months. The normal activities that would have kept them active and connected had been postponed due to Covid-19 and was feeding through to increased care needs.

A broader panel discussion took place that covered a number of areas in the work programme that included:

- A suggestion to include looking at the impact of 'long Covid'.
- To include a multi-agency input on how practice had been adapted to take account of the lessons learned from the pandemic.
- An overview of how practice had already been adapted to take account of lessons learned that included the need to change how the vaccination programme was delivered in different communities to take account of their needs.
- A need to include in the work programme a consistent theme that looks at lessons learned.
- A request to follow up the workshops to look at the Health and Care Bill 2021 and to discuss the services provided by South West Yorkshire Partnership NHS Foundation Trust.
- A suggest to include looking at the health problems arising from toxic air.
- Highlighting the work that was taking place to look at proposals to merge the Gateway to Care Service and the Local Single Point of Contact Service.
- Highlighting a review and revision of the Direct Payment procedures.
- A comment that it was important for the Panel to ensure that a blended person-centred approach was maintained when taking account of the use of digital technology.
- A request to include in the mental health and wellbeing item a focus on encouraging proactive support for unpaid and working carers.
- Highlighting some additional funding that will be used, via a tender process, to provide additional community support services for health and wellbeing.
- A request to include looking at the new legislation regarding patient information when considering the item on digital technology.
- An agreement that the Lead member would start work on the agenda plan so it could be presented to the Panel at the next meeting.
- A request that priority be given to arranging the workshop session on the Health and Care Bill.
- Highlighting a concern regarding the poor experience of a patient who was transferred from Dewsbury Hospital to Pinderfields in a taxi while suffering with very high blood pressure.
- Examples of other patients who had received little or no medical support when accessing services at Mid Yorkshire Hospitals NHS Trust.

RESOLVED -

1. That the issues included in the draft work programme be taken forward for inclusion in the formal 2020/21 Work Programme to include the following additional issues:

- To review lessons learned from the pandemic to include looking at how services across the health and adult social care sector have adapted practice to take account of the impact of the pandemic.
- To assess 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.
- To look at the impact of Long Covid.
- To consider the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact Service.
- To assess the health risk associated with air pollution.

9 Rainbow Child Development Unit at Calderdale and Huddersfield NHS Foundation Trust (CHFT)

The Panel welcomed Nicola Bailey and Katie Booth from Calderdale and Huddersfield NHS Foundation Trust (CHFT) to the meeting.

Ms Bailey presented an overview of the Child Development Service (CDS) and explained that during the last 12 months the CDS team had been looking at opportunities to create a central community hub for families that would include co-location with specialist nursing input and community therapies.

Ms Bailey provided the Panel with more detail of the bespoke service provided by the CDS team that included details of the numbers of users and the geographical split between users from Calderdale and Greater Huddersfield.

Ms Bailey informed the Panel of the core facilities that would be required in the community hub to provide the best possible service that included an ambition to create a one stop shop for families.

Ms Bailey stated that the CDS team felt it was fundamental to have the service situated on a site located between Calderdale and Huddersfield and ease of access to the premises was a top priority.

Ms Bailey informed the Panel that many of the children who accessed the service were wheelchair users which meant that adequate safe parking was a key priority.

Ms Bailey presented an overview of the work that had been undertaken on appraising a range of options for the relocation of the service and described the approach to assessing and evaluating the options.

Ms Bailey stated that the preferred option had been determined as the Clock House Building located in Elland and explained that this option had been supported internally by the Trust and Clinical Commissioning Group colleagues.

Ms Bailey explained that the Trust was developing a communications and engagement plan that would include details on how the Trust would involve service users and families in the design work for the new premises.

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

- A question regarding how well the new premises was located for existing bus routes and how close it would be to the proposed development of a new rail station in Elland.
- A query on how important outside provision, such as a garden area, would be to service users.
- A query on whether the communication and engagement plan would be carried out inhouse or through an external company.
- An explanation of the work that had been done when looking at access to the new premises that included confirmation that there were direct bus services to Elland from both Huddersfield and Halifax bus stations.
- Confirmation that the assessment of accessibility included the walking distance from the bus stops.
- Confirmation that outside provision was important to families and the new design would incorporate an outside area.
- Clarification that the communication and engagement plan had been developed inhouse and that the Trust were keen to ensure that there was extensive engagement with families and service users.
- Confirmation that the Trust had undertaken discussions with engagement leads from the Clinical Commissioning Groups and intended to reach out to Healthwatch to get their views and input into the plan.
- A question on whether scrutiny members could provide suggestions on points of contacts or groups for the engagement.
- Confirmation that the Trust would welcome input and ideas on the engagement exercise.
- Clarification that parent carers organisations in Huddersfield would be involved as well as a wide range of community groups.
- A query on whether the Trust would involve GP Surgeries and the hub coordinators in each area who worked with targeted families through schools.
- Confirmation that the extensive list of stakeholders that had been compiled during the development of the engagement plan would be made aware of the proposals and given an opportunity to be involved.
- Details of the expected timelines of the development with a target date of spring/summer 2022 for the relocation of the service.

RESOLVED –

1. That the information on the proposed relocation of the Child Development Service be noted and that the preferred location for the central community hub be supported.
2. That the Panel be provided with the outcomes from the engagement work at a future meeting.