

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 7th October 2021

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

Co-optees David Rigby
Lynne Keady

In attendance: Helen Hunter – Healthwatch Kirklees
Jon Parnaby - NHS Kirklees CCG
Richard Parry – Kirklees Council
Amanda Evans – Kirklees Council
Sue Sutcliffe – South West Yorkshire Partnership NHS
Foundation Trust (SWYFT)
Melissa Harvey – South West Yorkshire Partnership NHS
Foundation Trust
Jane Close – Locala
Jo Halliwell – Mid Yorkshire NHS Trust (MYHT)
Bev Walker Calderdale and Huddersfield NHS
Foundation Trust (CHFT)
Phil Longworth – Kirklees Council
Alex Chaplin – Kirklees Council

Observers: Cllr Elizabeth Smaje
Peter Bradshaw

1 Minutes of previous meeting

The minutes of the meeting held on the 19 August 2021 were approved as a correct record.

2 Interests

Cllr Lesley Warner declared an interest as a member of the Calderdale and Huddersfield NHS Foundation Trust Membership Council.

Lynne Keady declared an interest as a Healthwatch Kirklees and Calderdale volunteer.

3 Admission of the public

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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 Healthwatch Kirklees

The Panel welcomed Helen Hunter from Healthwatch Kirklees and Calderdale to the meeting.

Ms Hunter outlined the work that Healthwatch had undertaken in 2020/21 and presented the work programme planned for 2021/22.

Ms Hunter explained that although the Covid-19 pandemic had presented Healthwatch with some difficulties, particularly around members of the community who were digitally excluded, it had spurred Healthwatch on to new and exciting ways of working.

Ms Hunter informed the Panel that during the pandemic, they had continued to ensure that insights gleaned from the public were presented to the right services at the right time.

The Panel heard that Healthwatch had played a strong role in providing the public with updates on services, including vaccinations throughout the pandemic.

Ms Hunter explained that Healthwatch had supported health and care providers in understanding how the pandemic had affected the public so that services could be adapted in a timely way.

Ms Hunter informed the Panel that Healthwatch had introduced a telephone befriending service for vulnerable people and people who were shielding throughout the pandemic.

Ms Hunter stated that Healthwatch had worked particularly with people who were additionally vulnerable, such as those who were signposted to them through mental health services, people with substance misuse issues or learning disabilities.

Ms Hunter advised that the telephone befriending service had received incredible feedback about the value of the support it had provided.

The Panel heard that Healthwatch had completed some proactive work around COVID-19, asking service users what their experience was in accessing services during the pandemic.

Ms Hunter explained that Healthwatch had used storytelling tools asking people to send in images or poetry that had enabled them to capture experiences in different ways. Healthwatch received nearly 700 survey responses, 36 from staff and 36 stories.

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Ms Hunter explained that the feedback from the responses had initially focused on teething problems affecting access to services as processes were not well established.

Ms Hunter informed the Panel that key providers had been told about the teething problems and had adapted their health and care provision in line with the feedback from the public.

The Panel were informed that access to dental care remained a critical issue both in Kirklees and nationally.

Ms Hunter advised the Panel that evidence received by Healthwatch indicated that service users struggled to access a dentist until emergency treatment was required. Healthwatch also highlighted that feedback indicated that despite being able to access emergency care patients often couldn't access the follow up support they needed.

Ms Hunter informed the panel that there had been occasions in the past few years when there had been no dentists in West Yorkshire taking on NHS patients.

Ms Hunter outlined examples of the work that Healthwatch had been involved in as part of their focus on looking at opportunities to do things differently in health and social care.

Ms Hunter provided an overview of the work that was included on Healthwatch's work plan and explained how the work of Healthwatch tied into the work of scrutiny.

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

- Confirmation that Healthwatch was aware of the impending arrival of a new cohort of asylum seekers and refugees into Kirklees who would require support to access services.
- Details of digital enter and view visits to care homes carried out by other Healthwatch organisations and the potential for this approach to be implemented in Kirklees.
- Information regarding the initial difficulties in Kirklees and Calderdale in accessing the Eating Disorder Service and how a review of the service could be pursued at a West Yorkshire level.
- An overview of the challenges for GP's in providing face to face appointments and balancing the needs of those-patients who want to be able to choose how they access their GP service.
- Details of how integrated care had seen a positive improvement particularly around removing barriers between services.
- Confirmation that there was no significant discrepancy in peoples experiences of healthcare services in Kirklees and Calderdale-compared to other areas in the region.
- Confirmation that access to dental services had been put forward as a possible issue to be covered by the West Yorkshire Scrutiny Committee.

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- An overview of the approach taken by individual dental practices to managing their patient lists.

RESOLVED –

That Helen Hunter be thanked for attending the meeting and that the information presented be noted.

7

Winter Pressures

The Panel welcomed representatives from the Kirklees Health and Adult Social Care sector to the meeting.

Mr Parry, Strategic Director for Adult and Health presented an overview of the whole system approach that partners were now operating to provide health and care services over the winter period.

Mr Parnaby, Transformation Programme Manager; Urgent & Emergency Care NHS Kirklees Clinical Commissioning Group explained that there was a system plan in place to enable organisations from across the local health and care system to work together.

Mr Parnaby explained that the system plan detailed what risks were in place; where risks were owned; where risks were shared; and common risks.

The Panel heard that the system was in a transitional period as it moved into the Integrated Care System (ICS) and the work being done locally would feed into the ICS West Yorkshire view and be shared with ICS's across the region.

Mr Parnaby outlined that over the past three to four years there had been significant partnership working, and so partners had got established ways of working with the ICS way of working being nothing new to Kirklees.

The Panel heard that Kirklees were well placed for moving to the new ICS way of working, due to the collaborate approach already being implemented.

Mr Parnaby explained that there were complimentary winter plans that covered the Mid Yorkshire Hospitals NHS Trust (MYHT) and Calderdale and Huddersfield Foundation Trust (CHFT) footprints.

Mr Parnaby stated that resilience and safety were the key drivers for ensuring winter plans were effective. He explained that the system was set up to adapt to various scenarios that included the impact of weather, the pandemic and seasonal infections.

Mr Parnaby explained that the scenarios affected all partners whether they were in the health or social care system and the aim through collaborative working was to evenly spread the risks wherever possible.

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Mr Parnaby stated that there was an emphasis in the plan to avoid a situation where a partner responding to a specific risk inadvertently affected another organisation.

Mr Parnaby explained that a weekly 'Silver Call' between partners took place every Tuesday to ensure the ramifications of decisions taken in one area didn't present risks in another.

The Panel heard that the acute footprint system plans had been submitted to the ICS. The plans included key lines of inquiry that had been developed by the ICS and shared with all partners across the Kirklees system.

Mr Parnaby outlined details of the preparedness for winter and explained that each partner in the local system had been asked to score themselves as to how prepared they were for the winter.

Mr Parnaby explained that the plans for both acute footprints had submitted a score of amber green which meant that although some areas were fully prepared there were areas that had outstanding actions.

Mr Parnaby outlined details of the Kirklees response and highlighted several initiatives being introduced by partners for winter which included ten innovation schemes from CHFT.

Ms Walker Deputy Chief Operating Officer Calderdale and Huddersfield NHS Foundation Trust outlined details of some of the winter schemes, some of which ran recurrently, to alleviate those pressures that remained throughout the year.

Ms Walker explained in detail one of the improvement schemes that was focused on improving the quality of discharge planning and discharge medication.

The Panel heard that CHFT had recruited a pharmacy prescriber, who would work alongside junior medical staff to work with patients cleared for discharge which had resulted in a more timely service that enabled patients to be discharged earlier in the day.

Ms Walker also described the work that was taking place in educating patients on their medication and establishing links with community pharmacies to ensure there was a process in place to follow up with patients in the days and weeks following discharge.

Another of the CHFT winter innovation schemes outlined to the Panel was to increase the numbers of medical staff, Allied Health professions and nursing staff available during the out of hours period within the hospital.

Ms Halliwell Deputy Chief Operating Officer Mid Yorkshire Hospitals NHS Trust (MYHT) informed the Panel that the MYHT innovation schemes followed similar themes to those described by CHFT.

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The Panel heard that MYHT was working closely with system partners and in particular the Local Authorities and community based care to reduce the number of patients from staying in hospital longer than they needed for their acute care.

Ms Halliwell outlined the work that MYHT was undertaking with the national team to develop further its same day emergency care service by expanding the number of patient pathways that would be suitable for this service.

Ms Evans Service Director for Adult Social Care Operations informed the Panel that Kirklees Council was working closely with Calderdale and Wakefield councils to focus on achieving expected discharge dates and to safely discharge people from hospital by ensuring they received the right level of support to continue, where possible, their recovery at home.

Ms Evans outlined the work that was being done with health partners to focus on prevention and develop anticipatory care. Ms Evans explained that a coordinated approach to supporting people living in the community with long term conditions would help reduced unnecessary stays in hospital.

Ms Sutcliffe General Manager South West Yorkshire Partnership NHS Foundation Trust (SWYFT) outlined to the Panel how their service worked within the Kirklees whole system and highlighted the importance of their involvement in the weekly silver calls.

Ms Sutcliffe informed the Panel that SWYFT had been working hard to ensure that its patients flow worked as effectively as possible to avoid further pressures being placed on the hospitals.

Ms Sutcliffe stated that Covid-19 impacted mental health services in a slightly different way to other parts of the system and had experienced a rise in requests for their services due to the psychological impact of Covid-19.

Ms Sutcliffe informed the Panel that SWYFT had invested additional resources to manage patient flow out of hours to ensure that certain periods such as weekends did not have a detrimental impact on the whole system.

Mr Parnaby informed the Panel of the broad range of risks that could impact all services and providers that included a further covid surge, workforce pressures and weather events.

Mr Parnaby explained that mitigations against some of the risks were covered in systems that were already in place such as the emergency planning and resilience system.

Mr Parnaby presented an overview of the risks across the different settings in the health and adult social care system that included risks within the community, hospital and discharged services.

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Mr Parnaby outlined details of the mitigations against the broad range of risks that included a review of the command and control arrangements to support system escalation and staff support and wellbeing arrangements.

Mr Parnaby present details of the mitigations against the different settings that included the roll out of the urgent community response and the focus on working closely with partners.

Mr Parnaby informed the Panel of the various governance arrangements across the system that were supported by robust processes and clear escalation procedures agreed by all health and adult social care partners.

Mr Parnaby presented a summary of the winter preparations and explained that each partner had their own winter plan which informed the one single system plan for Calderdale and Greater Huddersfield and linked to the North Kirklees and Wakefield Plan.

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

- Details of the multi-agency arrangements for adverse weather, where the Local Authority made available it's 4x4 vehicles for partner use.
- Confirmation that the voice of carers and their experience of services were considered to inform developments and improvements to services.
- A question regarding CHFT's ambition for a 100% staff uptake of the flu vaccine and plans for a similar ambition for the uptake of the Covid vaccine.
- An overview from CHFT and MHYT on the approach taken to offering staff the flu and covid vaccines.
- An explanation of the work being undertaken by Locala on the whole system-based redeployment review.
- The approach to increasing the uptake of vaccines for 16-17 year olds in Kirklees which had seen a positive response.
- Details around the collaborate work with GP's to ensure services were in place to prevent hospital admissions.
- An overview of the work being undertaken to tackle the challenges of working more effectively with GP practices in Kirklees so they can help inform the system wide response to winter planning.
- A question on how the CCGs were supporting GPs to deal with the significant increase in demand for their services.
- An overview of the additional support that Kirklees CCG provided to some GP practices that were struggling to cope with the demand.
- An example of the system wide response to helping colleagues working in primary care services.

RESOLVED –

1. That the information presented to the Panel be noted.

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2. A request that partners in the local Health and Adult Social Care system continue to review risks during the winter period and notify the Panel should any major issues affecting the provision of services occur.

8 **Kirklees Joint Health and Wellbeing Strategy Refresh**

The Panel welcomed Phil Longworth Senior Manager for Integrated Support and Alex Chaplin, Strategy and Policy Officer to the meeting.

Mr Longworth outlined the context and background to the Kirklees Joint Health and Wellbeing Strategy and highlighted the key changes since the Strategy was last reviewed.

Mr Longworth explained the statutory duty of the main partners across the local health and social care sector which included the need to ensure services had regard to the strategy when undertaking service and organisational planning.

The Panel heard that Covid-19 had slightly delayed the refresh, but Mr Longworth confirmed that the aim was to have the strategy in place early in 2022.

Mr Longworth informed the Panel that the strategy needed to take account of the needs and aspirations of local people, and how services would respond to those needs.

Mr Longworth advised the Panel that the new strategy would have a more place based focus and would include emerging issues such as climate change, inclusive communities and the establishment of the ICS.

Mr Longworth informed the Panel that significant consultation was taking place that included talking to local people about their concerns, aspirations, and expectations.

Mr Longworth outlined the analysis that would take place to check that the key messages were still the right ones and the approach to using life course models as a way of helping people to talk about issues that were important to them.

The Panel heard that views of people in the 18-34 age group were being actively sought as the issues for that cohort were often different to other age groups.

Mr Longworth presented to the Panel the ideas that focused on health and care partners working together in an integrated way.

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

- The collaborative work taking place with Huddersfield University that would enable the University to contribute to the development of the Health and Wellbeing Strategy.
- An explanation of how the levelling up agenda covering health inequalities would be addressed through the Strategy.
- The challenges that some national issues presented, which could at times hinder local ambitions.

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- The importance of the health inequalities agenda that was now seen as an important and accountable issue by all organisations across the health and care system.
- That health inequalities needed to take a whole system approach, understanding how different inequalities affected different areas across Kirklees.
- A concern that significant health inequalities were experienced by people with learning disabilities.
- Support for including in the refreshed strategy the importance of action on climate change and air quality to improve health and wellbeing.
- A suggestion by the Panel that the consultation could be re-worded to ensure there was clarity around what areas were being consulted on and to include the use of plain English.
- A concern that the health inequality gap was still growing.
- An overview of the positive aspects that had resulted from the last 18 months that included people coming together to help neighbours and other vulnerable people.
- The work that was being done to develop a loneliness strategy to build on the community support that had evolved during the pandemic.
- Details of how those involved in health care system appreciated how they had felt valued throughout the pandemic and how it had helped to develop a common purpose that included cutting through historical bureaucracy to deliver services that benefited the residents of Kirklees.
- A request that the Kirklees Joint Strategic Assessment key messages should include isolation and loneliness as an area of concern and should include the significant impact and role of alcohol in dual diagnosis presentations.
- The suggestion that all suicides should be highlighted as a cause for concern, rather than just focused on male suicides.
- A request to include dietician support for the food banks to help prevent inappropriate dietary habits being embedded at an early age and support people to have healthy diets on a budget.
- Confirmation that allowing people to tell their stories as service users and carers, provided a powerful learning tool.
- The importance of person centred care and support in sustaining life style changes.
- Details of how taking a different approach to interventions could make radical changes to people's lives, rather than the traditional routes of the past.
- A comment that it was a step forward that there was now a much greater awareness of health inequalities and the link between wellbeing and health.
- A question on how the health inequalities that would have widened across Kirklees would be shown in the Strategy so that there was focus on what was needed in an area to address the gaps.

RESOLVED –

1. That Phil Longworth and Alex Chaplin be thanked for attending the meeting.
2. That the comments and views of the Panel on the proposed approach to the Strategy and the high level aspirations and ambitions for the health and wellbeing of the residents of Kirklees be noted.

9 Work Programme 2021/22

A discussion took place on the Panel's agenda plan with a focus on the items scheduled to take place at the November and December meetings and an initial consideration for items in early 2022.

A general discussion took place on potential items for future meetings that covered several areas which included:

- Details of the brief sent to Locala for the November meeting that would look at the progress and effectiveness of Community Care Services (CCS) in Kirklees and include examples of the coordinated approach to providing care and support in Kirklees and how this had helped to reduce unnecessary A&E admissions.
- A request to Locala for: an update on the work to develop the same day emergency care response model in conjunction with Primary Care Networks (PCNs) and the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact service.
- An overview on the update of the work of the Kirklees Care Homes Programme Board.
- A request to maintain an overview of the impact of Covid-19 in Kirklees.
- A request for the Panel to receive regular winter pressure updates from the acute trusts.
- Confirmation that the Care Quality Commission (CQC) would be attending the December meeting to give an update in relation to the overall state of care in Kirklees and would include a specific focus on adult social care and the impact of the pandemic on the quality of care.
- Confirmation that the areas of the work programme that covered the overarching theme on mental health and wellbeing would be scheduled for discussion in the early part of 2022.
- A request to schedule the discussions on financial position of the Kirklees Health and Adult Social Care Sector and the health risk associated with air pollution.
- The Panel agreed that this would remain the only substantive item on the December meeting to ensure a full and detailed discussion.
- An overview of the experience reported by a resident who had attended the vaccination centre at Cathedral House Huddersfield to receive a Covid-19 booster jab.
- Details of the CCGs response to the issues highlighted by the resident who attended the vaccination centre.