

Contact Officer: Yolande Myers

## **KIRKLEES COUNCIL**

### **HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL**

**Thursday 10th March 2022**

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

Co-optees David Rigby

In attendance: Emily Parry-Harries - Consultant and Head of Public Health Protection  
Lucy Wearmouth - Public Health Manager  
Sean Berry – Operational Manager, Air Quality  
Steve Brennan – Kirklees CCG  
Jacqui Stansfield – Service Manager, Commissioning, Quality and performance  
Richard Parry – Strategic Director, Adults and Health  
Rob McCulloch – Independent Chair, Kirklees Safeguarding Adults Board

Observers: Councillor Alison Munro  
Councillor Elizabeth Smaje

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

- 1 Minutes of previous meeting**  
The minutes of the meeting held on 9 February 2022 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**

The Panel received a question from Councillor Alison Munro regarding the availability of NHS dentists.

Cllr Munro was informed that the Panel would seek a formal written response.

### **6 Population Health Management**

The Panel welcomed representatives from Kirklees Public Health, Air Quality Energy and Climate Change, and the NHS Kirklees Clinical Commissioning Group (CCG) to the meeting.

Ms Parry-Harries informed the Panel that Population Health Management was about a long-term system-wide approach looking at the health and well-being of an entire population, equally for physical and mental health outcomes.

The Chair opened up the discussions to a question and answer session that covered a number of areas that included:

- A question regarding prioritising the introduction of local initiatives, and in relation to the cancer screening pilot health checks, what feedback had been received around outcomes and how effective the interventions had been.
- Confirmation that the priority was relationships and people working together to effectively use the data to make decisions.
- Details of the difficulties and challenges in identifying priorities as there were many things that could be done to improve the health of the population.
- Confirmation that if relationships were in place, anything that could be done to improve people's ability to identify their symptoms early to present and intervene early would have a positive outcome on people's health and well-being.
- An overview of how important people's housing and the quality of green space was and how it had an impact on a person's health and well-being.
- A question about cancer screening and how it came about, whose idea was it and how it got implemented.
- Confirmation that there were a number of people living in Kirklees social housing who had engaged and built relationships with housing officers who had received training to help people living within the community to understand the importance of cancer screening and how to access it.
- Details of the early feedback from the cancer screening programmes that indicated that there had been an uptake in the numbers of people who wouldn't usually have engaged or taken up the screening as a result of having a better understanding of the benefits of early detection.
- An offer for elected Members to support projects where officers felt it would be appropriate and beneficial.
- A question around the level of training received by housing officers to support the local communities.
- Confirmation that the interactions that housing officers had with people were centred around health-seeking type conversations, and to support people in understanding that screening was not something that was done once a person has been diagnosed with a disease or condition.
- Confirmation that the training for housing officers would evolve over time and become more nuanced as learning developed but was initially provided

## Health and Adult Social Care Scrutiny Panel - 10 March 2022

collaboratively between the Wellness Service, Public Health and clinical screening providers.

- An overview of the work being done with local mosques and the focus on 'working with' and not 'doing to' local communities.
- A question around whether the housing officers were having support for their mental health whilst they were supporting residents.
- A question that highlighted how a person with multiple conditions could find the various pathways to care confusing and which had the potential to lead to some people slipping through the net.
- Confirmation that the support offered was around the awareness and understanding of the importance of screening and that this wasn't a clinical service, with the primary care service being the first port of call for anyone with multiple conditions.
- An explanation that there was an increase in the numbers of people with complex health needs and multi-morbidities which was causing the greatest challenges as opposed to early death.
- Details of the work that was being done with the acute trusts, so that those with multiple health difficulties, who had regular and frequent appointments, could have their appointments clustered together as far as possible, to help reduce the frequency of visits to hospital.
- A question around whether the breast, cervical and bowel screen pilot had finished.
- Confirmation that the initial pilots had ended but that it was anticipated that once the learning was collated, the screening programmes would continue.
- A query around the health checks that were identified within the Council Plan and confirmation that they would continue at key locations in the community in order to help remove as many barriers as possible to accessing the service.
- A question as to whether updated data packs which had previously been given to the primary care networks would be given out again, and if they were, what the content would be.
- Confirmation that discussions were taking place with the primary care networks to ascertain if they found the previous packs helpful and what a refresh of the data packs would need to look like, while recognising the progress that the networks had made.
- A query around what work was being done to reduce health inequalities.
- Confirmation that although population health management didn't have a specific workstream on health inequalities this was deliberate as the work would be woven through other areas that would include the conversations taking place in partnership arenas which would inform and strengthen the system leadership work.
- A concern as to how the work would make a difference to the health inequalities in a practical way, given the Kirklees Observatory Data was for 2016-2018 and therefore not up to date.
- Confirmation that this was the start of a practical programme of work that would make a difference to the health and well-being of the population, and that ambition was high.
- Details that the new ways of working would be analysed and the programmes that were the most effective would be continued.

## Health and Adult Social Care Scrutiny Panel - 10 March 2022

- Details that the vaccination programme was a very successful example of everyone coming together with a single vision to understand why certain residents were not coming forward for their vaccinations which resulted in a pop-up centre being put in the community to allow more residents to receive their vaccinations.
- A concern that there was no detail around where the programme would be in five or ten years as milestones of improving health inequalities.
- Confirmation that air quality had a direct link to public health, with pollution or pollutant sources that were directly impacting the health of residents being monitored.
- Details of the requirement for local authorities to provide the government with details of air quality management areas or areas which had exceeded the air quality objectives to create a five-year action plan, and to submit air quality status reports.
- Confirmation of the various acts and regulations which set air quality limit values and defined regulatory and statutory requirements related to air quality or other air quality matters.
- That there were legally binding limits for concentration of outdoor air pollutants that affected public health and the primary pollutant monitored within Kirklees was nitrogen dioxide or NO<sub>2</sub> and this pollutant was always linked to transport emissions which was why monitoring was done at the roadside in particularly congested areas.
- The monitoring focuses on the impact on the health of residents with samples being taken in representative locations near houses or on streetlamps.
- Confirmation that there were 87 locations across Kirklees monitored by diffusion tubes, two fixed monitoring locations at Bradley and Ainley Top and five zephyr stations which could be located at various locations to either co-locate or compare results with the diffusion tubes and fixed monitoring locations.
- The service was looking to deploy the zephyr stations at locations such as schools, where links could be made with public health initiatives such as Scoot to School so that baseline emissions for pre and post drop-off times could be monitored.
- Confirmation of the nine air quality management areas being Thornton Lodge, Huddersfield Town Centre (inside the ring road), Outlane, Liversedge, Edgerton, Birkenshaw, Ainley Top, Bradley (Leeds Road intersection) and Eastborough.
- These areas were targeted as there was a level above the air quality objective and air quality actions were being taken in these locations.
- Details of the potential impact to residents' health as a result of poor air quality, being acutely aware of links between poor air quality and inequalities and poor health including for those in high risk groups and vulnerable populations including exacerbating asthma, respiratory illnesses, heart disease and reduce life expectancy.
- Confirmation that changes announced within the new Environment Act may have an impact on current compliance with more stringent air quality targets being anticipated, meaning more air quality management areas being declared.
- Details of how air quality continued to be improved through electrical vehicle infrastructure, school engagement activities, work with active travel and public health to support campaigns such as the Scoot to School, anti-idling awareness and opportunities for enforcement where appropriate.

- Confirmation that any feedback from Defra would be included in future reports

**RESOLVED –**

1. That the Panel recognise the opportunities for learning and development.
2. That the Panel would welcome a further update on the progress to include, where appropriate, data around the outcomes of the new approaches and initiatives in working with the population to improve their health.
3. That a further discussion take place at a future meeting of the Panel

**7 Kirklees Safeguarding Adults Board 2020/2021**

The Panel welcomed representatives from Kirklees Safeguarding Adults Service and the Chair of the Kirklees Safeguarding Adults Board (KSAB).

Mr Rob McCulloch explained to the Panel that the KSAB had three main functions (i) to produce a strategic plan (ii) to report on the strategic plan and (iii) to undertake safeguarding adult reviews.

Mr McCulloch informed the Panel that he had worked with safeguarding adults' boards for almost his entire career, and he gave the Panel assurance that the work done in Kirklees in recent years by the Board and its previous chair was second to none.

The Panel were advised that systems in place within Kirklees were effective in monitoring safeguarding, reporting on it, with continuous improvement and a culture that was open to enquiry.

The Panel opened up a discussion which covered a number of items which included:-

- A question regarding the reference in the report to self-neglect, having previously not been reported upon, and whether this was an arising issue.
- A query in relation to the Covid-19 response, and whether there had been any specific Covid related issues that needed responding to by the Board.
- A question relating to the Liberty Protection Safeguarding which was due this year, and what that included.
- Confirmation that self-neglect was a priority for the Board and a toolkit had been introduced to help agencies respond to it with a partnership approach across agencies.
- Details that the last two reviews had been around self-neglect and were particularly difficult issues to address with national issues also coming to the fore.
- A difficulty with self-neglect is that if an agency couldn't get access, get a response, or couldn't engage well with the individual, the danger was that the individual was not transferred on to another agency and confirmation that the toolkit that had been introduced was focusing on this difficulty.
- Details that there had been an increase in self-neglect, but this was partly due to the Board being more aware of it and reporting on it.

## **Health and Adult Social Care Scrutiny Panel - 10 March 2022**

- Confirmation that the impact of Covid-19 would be long lasting, particularly when focusing on the isolation and individuals being unable to access services.
- Challenges were also evident within services due to staffing issues, absences, and demand on resources, but some of the benefits that had been identified was better partnership working between health and the local authority.
- Confirmation that there were shared budgets and resources between health and the local authority with shared outcomes that didn't exist before the pandemic.
- A concern about individuals with mental health issues who had not had access to services during the pandemic, or who had been avoiding services due to isolation.
- Confirmation that Deprivation of Liberty's would end and would move to Liberty Protection Safeguards, but that this was on hold until 2023.
- A question regarding the demand for support for abuse, particularly domestic abuse in the future.
- Details that although an increase in demand had been expected throughout the pandemic, the number of referrals hadn't gone up as far as the Board had expected it to.
- Confirmation that the lower numbers of referrals may not necessarily be due to lower incidents and a further deep dive would be undertaken to understand the numbers given that it was not what was expected.
- Over the coming year, a much closer alliance with communities would be developed with the aim of growing and supporting communities, providing some extra elements into promoting safeguarding.
- Details that the new domestic abuse strategy had a focus on working with perpetrators and increasing awareness of the mechanisms that individuals could use to raise concerns.
- Confirmation that further consideration would be given to understand what was driving the data changes, be it increased instances of domestic abuse or increased awareness with some of those preventative activities being successful in reducing the overall number of incidents.
- A question regarding Section 42 inquiries noting that 60% of inquiries were in the care home sector and whether any preventative strategies were being put in place that would lessen the likelihood of those risks.
- Confirmation that most Section 42 inquiries would be in the places where there was more access to individuals in those arenas.
- Details of the care home early intervention team led by the CCG who work closely in care homes to identify risks before it reaches safeguarding.
- Confirmation that the CCG reports to the quality and performance subgroups in Kirklees so that they can be kept abreast of what's happening in the care homes.

### **RESOLVED –**

1. That the Panel thank officers and the Chair of the KSAB for attending the meeting
2. That the report be received and noted.

**8 Work Programme 2021/22**

A discussion took place on the Panel's Work Programme and agenda plan with a focus on the next Panel meeting and the need to consider the next municipal year's work programme.

Areas that were covered included:

- An overview of the planned financial position item scheduled for the April meeting.
- Consideration of the work programme at the April meeting, looking back over the previous municipal year, and identifying work that the Panel believe was complete.
- April's meeting will also consider areas of work that needed to be carried forward to the next municipal year.
- Consideration of new areas of work for the 2022-23 municipal year.
- Details that the first meeting of the new municipal year would invite comments from health partners and colleagues within the council around any emerging issues that the Panel may need to consider.
- Confirmation that excess death data and air quality should be added to the work programme for 2022-23.