

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 6th September 2022

Present: Councillor Jackie Ramsay (Chair)
Councillor Jo Lawson
Councillor Bill Armer
Councillor Alison Munro

Co-optees Helen Clay
Kim Taylor

In attendance: Jane Close – Chief Operating Officer Locala
Helen Duke – Assistant Director of Operations Locala
Vicky Dutchburn – Director of Operational Delivery –
Kirklees Health and Care Partnership
Amanda Evans – Service Director Kirklees Council Adult
Social Care Operations
Jan Giles – Senior Primary Care Manager for Kirklees
Place
Jo Halliwell – Deputy Chief Operating Officer & Director of
Operations Mid Yorkshire Hospitals NHS Trust (MYHT)
Jon Hammond – Director of Operations for Medicines
Calderdale and Huddersfield NHS Foundation Trust
(CHFT)
Anne-Marie Henshaw – Director of Midwifery and
Women’s Services MYHT
Chris Lennox – Director of Services South West
Yorkshire Partnership NHS Foundation Trust (SWYPFT)
Jon Parnaby – Transformation Programme Manager for
Urgent and Emergency Care for Kirklees Place
Dawn Parkes – Director of Nursing MYHT
Simon Riley- Fuller – Assistant Director of Nursing CHFT
Catherine Riley – Associate Director of Strategy CHFT
Lindsay Rudge – Chief Nurse CHFT
Andy Simpson – Deputy Head of Operations Yorkshire
Ambulance Service
Philippa Styles – Director of Operational Development
Locala
Darryl Thompson – Chief Nurse & Director of Quality and
Professions SWYPFT
Penny Woodhead – Director of Quality and Nursing West
Yorkshire ICB

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Observers: Councillor Liz Smaje
Apologies: Councillor Lesley Warner
Councillor Vivien Lees-Hamilton

1 **Minutes of previous meeting**

The minutes of the meeting held on the 27 July 2022 were approved as a correct record.

2 **Interests**

Cllr Jo Lawson declared an interest in items 6 (Maternity services in Kirklees) and 7 (Unplanned Care) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust's bank staff.

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 **Maternity Services in Kirklees**

The Panel welcomed representatives from Calderdale and Huddersfield NHS Foundation Trust (CHFT), Mid Yorkshire Hospitals NHS Trust (MYHT), the Kirklees, Calderdale and Wakefield Health and Care Partnerships and the West Yorkshire Integrated Care Board.

Mr Riley-Fuller Assistant Director of Nursing at CHFT explained that CHFT and MYHT were committed to working in partnership to provide safe and effective and sustainable care in maternity services across Kirklees.

Mr Riley-Fuller presented a brief overview of maternity services for both CHFT and MYHT that included details of the geographical areas, rates of birth and maternity birth options and facilities.

Mr Riley-Fuller presented a summary of the findings and actions from Ockenden's final report from the independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust.

Mr Riley- Fuller outlined details of the feedback that CHFT received following an Ockenden assurance visit which despite the challenges that the Trust faced was positive.

Ms Henshaw Director of Midwifery and Women's services at MHYT provided the Panel with an overview of the feedback that MYHT had received following the Trust's Ockenden assurance visit and confirmed that MYHT had also received positive feedback in relation to transparency, openness, culture and governance.

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Ms Henshaw stated that one of the most significant challenges that both Trust's and the wider region faced was the midwifery workforce. Ms Henshaw explained that the retention and recruitment of staff was high on the agenda and provided an overview of the approach that both trusts took to the recruitment and retention of midwives.

Ms Henshaw informed the Panel that both trusts were forecasting deficits in their midwifery staffing levels into 2023/24. Ms Henshaw described in detail the work that the Trusts were doing to analyse the shortfalls that included looking at the predicted numbers and placements of graduates.

Ms Henshaw stated that the high levels of sickness in the midwifery workforce was a significant factor in the suspension of both CHFT and MYHT birth centres. Ms Henshaw provided details of the birth centre risk assessments that had been carried out and stated that there was no strategic intent not to reopen the birth centres once the workforce issues had improved.

Ms Henshaw outlined the work that had been done on analysing the birthing data to establish how many women met the criteria for the birth centres and confirmed that approximately 40-49% of women would have met the standard maternity care pathway.

Ms Henshaw stated that the Trusts were finalising the establishment of a joint birth centre advisory group that would help to develop initiatives to attract, recruit and retain staff into maternity services and help the service to focus on equality and access.

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

- A question on the reasons for the increase in the levels of staff sickness in maternity services.
- A question asking what impact the closures of the birth centres had on maternity services staff based at Calderdale Royal Hospital.
- A question seeking more detail on the outcomes of the regional work to attract and recruit more midwives.
- A request to explain the meaning of the different maternity care pathways.
- An explanation of the impact of the pandemic that had resulted in higher staff sickness across all services and had left many staff feeling burnout and tired.
- Details of the outcomes of the recruitment work being carried out through the Local Maternity System that included the preference of many graduates to work in smaller birthing centres.
- An explanation of the three maternity care pathways.
- Details of the work being done to support the health and wellbeing of NHS staff and the additional support provided to the newly qualified midwives.
- A question on the age profile of the midwifery workforce.
- Details of the work being done by MYHT to track the age profile of its midwifery workforce that included speaking to its workforce aged 50 and over in an attempt to understand their future retirement plans.

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- Clarification on how long the Huddersfield and Dewsbury Birth Centres had been suspended.
- A request for information to understand why the problems in maternity service recruitment had not been addressed earlier particularly as the Pontefract birth centre had also closed pre-pandemic.
- A question on the timelines for the re-commencement of birthing centres in Kirklees.
- Details of the reasons for the closure of the Bronte Birth Centre in Dewsbury in May 2022 and the ad hoc service that had been provided in the months leading to its suspension.
- Details of the challenges in the recruitment and retention of midwives and the overall deficit in the numbers of qualified midwives across the West Yorkshire and Harrogate footprint.
- Details of the work being done to enhance the competency and skills of staff that provided support to midwives.
- Confirmation that the Huddersfield Birth Centre had been suspended since March 2020 in response to the pandemic to provide additional Covid capacity at Huddersfield Royal Infirmary and that staff sickness and vacancies had prevented the Trust from safely reopening the centre.
- The importance of scrutiny being able to understand in detail the processes that the Trusts were following to reopen a birthing centre in Kirklees including how they planned to work together to resolve the issue.
- An expression of concern and disappointment that women in Kirklees currently did not have access to a birth centre.
- Confirmation that both trusts had a strategic intent to reopen a birthing centre in Kirklees and details of how the joint birth centre advisory group would provide governance and leadership.
- Details of the recent MYHT recruitment campaigns that had failed to recruit to all of its midwife vacancies.
- Confirmation that the timeline for reopening a birth centre in Kirklees would be driven by the ability to recruit sufficient numbers of midwives and other roles in maternity services.
- Details of the early work that was being done to develop a combined recruitment campaign.
- A view from scrutiny that it had expected to see a more robust plan on how a birth centre could be reopened in Kirklees and clarification on the future model of the service.
- A view from scrutiny that it was likely that the public in Kirklees were not fully aware that there was not a facility for women to access a birthing unit in Kirklees and to see a timeline for the reopening of a birth centre at the earliest opportunity.
- Confirmation that MYHT had agreed to increase its international recruitment of midwives.
- Confirmation that the initial model for the provision of maternity services in Kirklees could start with a phased approach that could include a birthing unit operating on reduced hours access.
- A question on whether a conversation had taken place with expectant mothers to understand the impact on them and their families of not being able give birth in their local area.

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- Details of the work being undertaken by the maternity voice partnerships in Kirklees to speak to women about birth choices and the impact of the changes.
- A question seeking anecdotal evidence on the impact on women who were unable to have their birth in a place of their choice.
- A question seeking clarification on the impact on the ongoing sustainability of home births considering the staff shortages.
- Details of the fragility of the home birth service due to the limit on the number of home births that could be adequately supported.
- Confirmation that the rates of home births was very low across the area and wider region.
- A question on whether the trusts had undertaken impact assessments on the maternity services provided at the Calderdale and Pinderfields sites.
- A question on whether any work had been undertaken to assess if women had chosen to give birth at centres at other hospitals in the region and the impact this was having.
- Confirmation that the data from hospitals across the region showed that there had been a general reduction in birth rates and that MYHT had been able to absorb through its bed capacity and services at the Pinderfields site the additional numbers of births for those women who would have normally used the Bronte Birth Centre.
- Confirmation that the number of women who lived in Kirklees and had chosen to give birth at a hospital out of area and women who lived outside of Kirklees but had opted to have birth at MYHT had stayed broadly the same.
- A question seeking clarification why the general shortages in staff hadn't impacted the services at Calderdale and Pinderfields in the same way as Huddersfield and Dewsbury.
- Details of the birthing units at Calderdale and Pinderfields and how the co-location with other maternity services helped to provide the overall level of support that was needed.
- Details of the unique circumstances that led to the suspension of services at the Bronte Birth Centre as a result of over 50% of the midwifery team being on maternity leave.

RESOLVED –

1. That attendees be thanked for their presentation and responding to the Panel's questions in an open and transparent manner.
2. That the Panel would wish to receive as soon as possible a clear timeline for the reopening of the birthing centres in Kirklees and details of the maternity services model.
3. That the Panel expresses its concern that women in Kirklees are currently unable to access a birth centre located in their local district and the potential for there to be an extensive period before the resumption of services can take place.
4. That the Panel will engage with CHFT and MYHT on any external work or communications that relates to the position of maternity services in Kirklees.

7 Unplanned Care

The Panel welcomed representatives from South West Yorkshire Partnership NHS Foundation Trust (SWYFT), Kirklees Health and Care Partnership, Mid Yorkshire Hospitals NHS Trust (MYHT), Calderdale and Huddersfield NHS Foundation Trust (CHFT), Locala, Kirklees Council Adult Social Care Services and the Yorkshire Ambulance Service NHS Trust (YAS).

Mr Parnaby from the Kirklees Health and Care Partnership informed the Panel of the partnership approach that was taken in Kirklees to support the wider health and adult social care system.

Mr Parnaby outlined in detail the whole system approach that included the approach that the system took to general resilience planning, winter planning requirements and the delivery of its core services.

Mr Parnaby provided an overview of the data insight information from across the system which included details of GP attended appointments, Emergency Department attendances and the volume of calls to the NHS Kirklees 111 service.

Ms Evans from Kirklees Adult Social Care presented the Kirklees Council insight that included the work that was being carried out to help mitigate the need for unplanned care, details of the anticipatory care work stream, hospital admission avoidance and rapid response and reablement.

Ms Evans outlined the work that the Council undertook to ensure that people getting discharged from hospital were placed on the right pathway and explained that home first was the default pathway.

Ms Halliwell from MYHT stated that the system had a strong focus on supporting people in their homes and local community and there was history of collaboration and system working which was being built on for the coming winter.

Ms Halliwell explained that the focus on support at home was being supported by the provision of additional beds at the Pinderfield and Dewsbury hospital sites and extra community beds to help support the capacity gap that had been identified over the winter period.

Ms Halliwell informed the Panel that MYHT had also focused on ambulance handover times to improve patient experience and ensure availability of ambulances to respond to further emergency calls.

Ms Halliwell stated that MYHT was also focused on continuing the delivery of planned outpatient, diagnostic and surgery cases to support patients and help reduce waiting times.

Mr Hammond from CHFT stated that CHFT also had a focus on supporting people in their own home and outlined the role of the Urgent Community Response and Community Teams in helping to reduce referrals into the Emergency Department.

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Mr Hammond outlined details of the therapy model that provided assessments at home and the role of the voluntary sector in supporting patients at home.

Mr Hammond informed the Panel that CHFT was looking to increase the numbers of referrals into its Urgent Care Hubs in both of its Emergency Departments (Eds) for those patients with less complex issues to help free up space in the main EDs for patients with more complex clinical need.

Mr Hammond outlined details of the virtual ward hub that was a new development that would commence in October and would include support from the voluntary sector.

Ms Close from Locala stated that they were working on the principle of supporting patients within the community with a focus on helping people to avoid admission into a hospital.

Ms Close explained that Locala had built on the success they had in dealing with the pandemic and outlined the work that was being done on discharge to assess beds.

Ms Close informed the Panel of the development in virtual wards which was being done in partnership with community colleagues in Kirklees, Calderdale and Wakefield.

Ms Giles from the Kirklees Health and Care Partnership outlined details of the work that was taking place in primary care and explained that demand for GP services remained high.

Ms Giles outlined in detail the approach that GP practices were taking to dealing with the demand. Ms Giles explained that Primary Care Networks (PCNs) would be taking on the responsibility for enhanced access and outlined in detail the provision to GP service that would be made available to the public.

Ms Giles informed the Panel of the Autumn booster campaign for the Covid vaccination that would run alongside a significant flu vaccination campaign that would be offered to everyone aged 50 and over and patients in the at-risk categories.

Ms Giles highlighted the additional roles reimbursement scheme that was focused on the wider team of professionals in GP practices that include roles such as social prescriber link workers who helped to manage and stream demand.

Mr Simpson from YAS stated that to be an effective system partner it was important to learn the lessons and implement the good practice that they had achieved through the pandemic.

Mr Simpson outlined the areas that had increased YAS's resilience that included the development of its clinical hub and increased investment in home working capability for 999 and 111 calls.

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Mr Simpson stated they YAS had spent a lot of time in upskilling its first responder and patient transfer colleagues into roles to deal with low acuity transport that had helped to free capacity for the 999 emergency crews.

Mr Simpson explained that YAS had developed a robust recruitment process to ensure that vacancies were kept to a minimum. Mr Simpson stated that ED avoidance was a priority by making sure there were effective alternative pathways available to patients.

Mr Simpson outlined the initiatives that had been put in place to diversify the workforce and highlighted the positive partnership working that had helped to reduce the hospital handover times.

Mr Parnaby outlined details of the generic risks that cut across the whole of the health and adult social care system that included workforce recruitment and retention, infection prevention and control restrictions, the impact of the pay award on funding and the impact of the winter fuel and cost of living rises.

Mr Parnaby highlighted details of the system priorities that included improved utilisation of the workforce, preparation for winter monies, reviewing the adverse weather plans and reviewing and agreeing the extremis action plans.

Mr Parnaby presented details of the risks and priorities for pre-hospital urgent care; urgent care while in hospital; and the out of hospital care that included discharge and community services.

Mr Parnaby informed the Panel of the consequences for consideration that included the impact of out of area ambulance diverts; the impact of the introduction of a single virtual 111 contact centre that would result in complications in dealing with local arrangements; and the impact of the adult social care reforms.

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

- Details of a patient who had been delayed in their discharge from Huddersfield Royal Infirmary due to a delay in getting the medication from the hospital pharmacy to the patient.
- Confirmation of the focus that was being placed on the ward rounds to ensure there was a systematic review of the plans for each patient.
- Confirmation that CHFT would review the situation regarding the dispensing and delivery of medication to establish if there was a broader problem.
- A question on whether there was a plan available to deal with the discharge of patients in the event there were capacity issues due to care home closures.
- Details of the work that was being done with the care home market through the creation of the care home alliance.
- An overview of the cost of care exercise to help the local authority understand the cost of care in relation to the social care reforms and the market pressures heading into the winter period.
- Details of the occupancy levels in the Kirklees Care Homes market.

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- The financial incentive paid by Kirklees Council to care homes and domiciliary providers for providing a quick response to care package referrals.
- A question on how robust and sustainable the support was provided by the voluntary sector.
- An acknowledgement that the voluntary workforce was fluid although it did provide good in reach into the diverse communities within Kirklees.
- The work being done through the local authority and community partnerships to develop community organisations to help support the local populations.
- The role of social prescribers in working closely with community organisations to build the resilience to help local communities.
- An overview of the various schemes delivered with the help of the voluntary sector.
- A question on whether there were plans for YAS to expand its mental health ambulance initiative.
- A request to expand on the details of support that was being provided to improve the resilience of carers.
- A question seeking confirmation that the YAS handover of patients to the assessment health centres was done at that point and did not prevent ambulances being available for further call outs.
- A concern that many people had to attend virtual meetings or go through an online triage before being able to obtain a face to face appointment with a GP.
- An overview of the national GP survey that provides patient feedback and the targeted work that was being done with those GP practices that were struggling with demand.
- The role that online consultation played in primary care and the importance of promoting the roles of the wider health professionals working in primary care.
- Confirmation that primary care in Kirklees was being delivered through individual GP practices and not via other major organisations that had entered the market elsewhere in the country.
- An overview of the work that had been done in extending out of hours access to primary care in Kirklees.
- The importance of promoting that primary care and other pathways to care were available and accessible to avoid unnecessary attendance at Emergency Departments.
- The success of the YAS mental health ambulance initiative in Wakefield and the plans to extend the service to Kirklees.
- Confirmation that the process of patient handover at health assessment centres was the same as handover at ED's.
- Details of the additional support provided to individuals when their paid carers became unwell.
- The role of assistive technology and the support provided to carers following patient discharge.
- A question seeking clarification on how a patient is admitted to a virtual ward and the capacity that was available to support people.
- An explanation of the process followed by CHFT in admitting patients to a virtual ward and details of how patients would be supported.

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- Confirmation that the initial focus for the virtual wards would be supporting elderly and frail patients with the aim to expand this to patients with respiratory illnesses.
- Confirmation that the initial numbers of patients in virtual wards would be small and increased over time.
- A question on what lessons had been learned from the data that had been distributed to the Panel that had highlighted a two month period where there had been 12 hour trolley waits at MYHT.
- An explanation of the pressures at MYHT that had resulted in the long trolley waits and were linked to the very high numbers that had been attending the ED and the poor outflow of patients.
- An overview of the analysis that MYHT undertook following notification of a 12 hour trolley breach and the assessment that looked at the impact on the patient.
- Confirmation that the lessons learned from the breaches were incorporated into the work that was being done on patient discharge, admission alternatives and attendance avoidance.
- A question on bed occupancy rates on a Sunday evening at CHFT and MYHT.
- Confirmation from CHFT that Sunday evening was the most challenging evening of the week partly due to challenges in patient discharge.
- Confirmation from MYHT that it faced the same challenges as CHFT and that discharge rates followed a similar pattern throughout the year with Thursday's historically showing the highest discharge rates and the rates tailing off over the weekend.
- An overview of the work that was being done to try and even out the rates of discharge throughout the week.
- Details of the system wide work that was being done on developing a seven day week discharge.
- The impact on MYHT following the work it had done in reducing ambulance handover times which resulted in an increased flow of patients in its ED's and an increase from patients being diverted from neighbouring hospitals where there were longer ambulance handover times.
- A question on how well hospitals were coping with mental health patients in ED's in terms of assessment and directing them to the appropriate care pathway.
- Confirmation that the performance to support people with mental health problems in ED's was strong.
- Details of the mental health liaison teams who respond within one hour to help support people in ED's and the home based treatment teams who work in partnership with ED's to provide further support.
- Confirmation that the working relationship between the acute trusts and the mental health trust was strong.
- Details of the work that was being done to look at people who regularly present at Emergency Departments to understand why they keep turning up.
- The challenges facing the acute trusts who are seeing increasing numbers of people who require both physical and mental health care and support.

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RESOLVED –

1. That attendees be thanked for attending the meeting and that the information presented and discussed be noted.

8 Work Programme 2022/23

A discussion took place on the 2022/23 work programme and forward agenda plan.

It was confirmed that a discussion on the adult social care reforms had been scheduled for December 2022 and that workforce challenges would be a key theme that would be picked up throughout the Panel's work.

RESOLVED –

1. That the work programme and those items scheduled in the agenda plan would be taken forward.