

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 25th January 2023

Present: Councillor Jackie Ramsay (Chair)
Councillor Lesley Warner
Councillor Jo Lawson
Councillor Bill Armer
Councillor Vivien Lees-Hamilton
Councillor Alison Munro

Co-optees Helen Clay
Kim Taylor

In attendance: Anna Basford – Deputy Chief Executive and Director of Transformation and Partnership Calderdale and Huddersfield NHS Foundation Trust
Carol McKenna – Place Lead, Kirklees Health and Care Partnership
Michael Crowther – Chief Executive The Kirkwood
Helen Duke – Interim Assistant Director of Operations , Integrated Communities, Locala
Emily Parry-Harries – Head of Public Health Kirklees
Andy Petrie – Chair of Third Sector Leaders Kirklees and Chief Executive of local services 2
Sean Rayner – Director of Provider Development South West Yorkshire Partnership NHS Foundation Trust

Observers: Cllr Liz Smaje

1 Minutes of previous meeting

The minutes of the meeting held on the 13 December 2022 were approved as a correct record.

It was noted that the metrics covering the capacity in community services were expected to be received mid-February 2023.

2 Interests

Cllr Lesley Warner declared an interest in item 6 (Inequalities in Access to Health Care Services) on the grounds that she was a member of the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.

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Cllr Jo Lawson declared an interest in item 6 (Inequalities in Access to Health Care Services) 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 **Inequalities in Access to Health care Services**

The Panel welcomed representatives from Kirklees Public Health, Kirklees Health and Care Partnership, the local Voluntary, Community and Social Enterprise (VCSE), South West Yorkshire Partnership NHS Foundation Trust (SWYFT) and Calderdale and Huddersfield NHS Foundation Trust to the meeting.

Ms Parry-Harries Head of Public Health Kirklees outlined the structure and purpose of the planned discussion with the Panel and explained what was meant by health inequalities that included the impact of deprivation on life expectancy.

Ms Parry-Harries explained the key actions that were required to overcome the challenges posed by health inequalities that included considering equity in all activities, taking a life course approach and the need for the health system to work in partnership and co-produce solutions to the problems.

Ms Parry-Harries presented a series of maps and graphs that showed the index of multiple deprivation, the percentage of fuel poor households and the areas of children living in poverty in Kirklees.

Ms Parry-Harries presented another series of graphs that showed the differences in life expectancy by ward, the life expectancy difference by cause of death, self-reported health and smoking status.

Ms Parry-Harries presented a diagram from the Kirklees Health and Wellbeing Strategy 2022 and highlighted the key differences between equality and equity.

Ms Basford from Calderdale and Huddersfield NHS Foundation Trust outlined the Trust's commitment to play a leading role in improving population health and tackling inequalities.

Ms Basford informed the Panel of four key areas of the Trust's health and inequalities strategy that included the Trust's role in promoting health and equity, equitable access to services, providing all patients with high quality and compassionate care and to promote a diverse and inclusive workforce.

Ms Basford presented examples of the work that the Trust had undertaken to connect with local communities and partners that included leading a multi-agency

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working group to reduce inequalities in conditions such as asthma and creating a new service within its emergency departments to tackle health inequalities with vulnerable service users.

Ms Basford informed the Panel of the approach that the Trust was taking to reduce inequalities in access to its services and explained in detail the work it had done to reduce the gap in waiting times between patients living in the most and least deprived communities.

Ms Basford presented examples of what the Trust had achieved in ensuring that its services responded to the needs of all patients and addressed any inequalities. Ms Basford provided details of one of its initiatives in maternity services that had focused on improving language accessibility.

Ms Basford outlined examples of the work that the Trust did in supporting the local workforce and explained that the Trust was committed to employing a diverse and inclusive workforce.

Ms McKenna from the Kirklees Health and Care Partnership informed the Panel of the Fuller Stocktake report that had identified the essential role of primary care in preventing ill health and tackling health inequalities.

Ms McKenna informed the Panel of the Health Inequalities scheme for local GPs that had been introduced in 2021 to support 15 practices with the highest level of deprivation and highest percentage of BAME population.

Ms McKenna explained that practices involved in the scheme had created a network to share good practice and develop solutions to tackle key issues that impacted on health inequality. Examples of the sessions included a focus on dementia diagnosis, safer surgeries scheme and improving NHS cancer screening.

Ms McKenna informed the Panel that practices in the scheme had been asked to identify three priority areas aimed at addressing health inequalities and improving the quality of health care.

Ms McKenna outlined the work that was taking place through the Primary Care Networks (PCNs) to tackle neighbourhood inequalities and explained that the focus on neighbourhood inequalities was a national requirement.

Ms McKenna presented further examples of bespoke projects that the PCNs had undertaken on tackling health inequalities and highlighted the work that had been done through the Covid vaccination programme to reach patients from backgrounds where uptake of the vaccination was considerably lower.

Mr Rayner from South West Yorkshire Partnership NHS Foundation Trust (SWYFT) explained that health inequalities was embedded in the Trust's approach and included in its governance process.

Mr Rayner stated that the Trust had made it a priority to capture the best available data and evidence to understand the communities it served and outlined details of

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the Trust's campaign called all of you which was aimed at both staff and service users to improve the quality of the Trust's equality data.

Mr Rayner explained that all of the Trust's services had access to an inequality dashboard that provide data metrics using the fields of ethnicity and deprivation.

Mr Rayner presented examples of work that the Trust had undertaken to address health inequalities and highlighted the West Yorkshire ICB's strategic ambition to have a 10% reduction in the gap of life expectancy between people with a mental health disability and/or autism and the rest of the population.

Mr Petrie Chair of Third Sector Leaders Kirklees and Chief Executive of local services 2 you informed the Panel of the role of the voluntary sector and explained that trying to capture the vast variety of work undertaken by the sector was an impossible task.

Mr Petrie stated that resources was a challenge for everyone and that capacity within communities to respond mirrored the inequality challenges.

Mr Petrie outlined the approach of the Voluntary, Community and Social Enterprise sector (VCSE) that included a focus on its holistic, personalised and community-based approach.

Mr Petrie stated that the VCSE sector had the ability to respond very quickly to local needs and could work at a very local level and within particular communities or health conditions.

Mr Petrie informed that Panel that the sector could also engage with parts of the population that statutory agencies struggled to work with and could use shared lived experiences to inform the development of effective and sustainable services.

Mr Petrie presented an overview of the work carried out within the sector that covered preventative activities, service delivery, recovery support and opportunities for social connection to reduce isolation.

Mr Petrie highlighted a number of initiatives carried out by the sector and directed panel members to links in the information pack that provided more examples and case studies from the sector.

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

- A question seeking clarification on the reasons for the inequalities in the hospital waiting list for those people living in the most deprived areas of Kirklees.
- A question seeking clarification on what was being done to ease pressure on hospital services to help address the issues relating to access and prioritisation.
- A comment on the challenges facing adult social care which was also adding to the pressures.
- A detailed explanation on the analysis of the hospital waiting list.

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- Confirmation that the Trust was unable to ascertain the reasons for the discrepancy in waiting list times but had taken immediate action to address the situation.
- A comment on the work being done by the Kings Fund that was looking more closely at the causes for the differential in delays for hospital treatment.
- A comment that the uptake for health screening programmes was less for people living in the more deprived areas of Kirklees which meant that they had a higher risk of presenting at a later stage of disease.
- Details of the importance of the role of the VSCE sector in helping to support vulnerable and elderly people who have been discharged from hospital to avoid unnecessary readmission.
- Details of the lack of promotion of the range of services available in a drop-in centre that had been established in the Colne Valley and the need to ensure there was sufficient communication to promote the services available across the district.
- An acknowledgement that more could be done to promote the services and support available to local communities and the important role of community champions in engaging with their local population.
- A question seeking clarification on what actions had proven to reduce inequalities and how these were being measured.
- A question on what area of health inequalities posed the biggest challenge and how the Kirklees Wellbeing service contributed to this area of work.
- An overview of the Kirklees Wellbeing service and an explanation of the referral process.
- Confirmation that one of the biggest challenges in health inequalities was poverty and the importance of responding to the wider issues that impact on poverty.
- Details of the additional support that was being provided by the Council and its partners in tackling poverty.
- Details of the national initiative that focused on providing annual health checks for people with severe mental illness and learning disabilities.
- Details outlining the importance of the health checks and ensuring that there were proactive follow ups to manage any issues that the checks revealed.
- The importance of the NHS screening programmes and details of successful screening campaigns that had focused on increasing uptake in the more deprived communities of Kirklees.
- Details of the pilot scheme that provided health checks through the wellness service that had resulted in an increased uptake in those communities who were generally less engaged with the health system.
- Confirmation that public health routinely monitored the data contained in the public health outcomes framework.
- Confirmation that the health checks pilot scheme was currently being evaluated and the results would help inform the future approach to how health checks were delivered.
- A question on what services were available for the homeless, gypsy and traveller communities and people living in temporary accommodation.
- Confirmation that it was often the voluntary sector that provided a response to supporting transient communities through community organisation initiatives such as food banks.

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- Details of the important role of community organisations in providing comprehensive support to people in need including accompanying them to appropriate services.
- Details of the work being undertaken by community organisations in conjunction with the Primary Care Networks (PCNs) in helping people to navigate the health and social care system.
- The importance of providing health checks and screening programmes in accessible locations particularly in areas where there were low rates of uptake.
- Details of the Whitehouse surgery that was a specialist primary care service that delivered services to asylum seeker and the homeless.
- A question on whether any work had been done on equality of access to social prescribers.
- A question on progress of the tackling poverty in Kirklees strategy and action plan.
- Details of the Kirklees poverty partnership and network.
- Confirmation that the PCNs were responsible for delivering the work of social prescribers and that feedback from GPs did indicate they saw value in their work.
- A question seeking clarification on how the various actions and initiatives were measured.
- An overview of the breadth of measures that would be needed to assess inequalities in its broadest sense.
- A comment on the lower levels of life expectancy for people living in the most deprived wards.
- A comment on the inequality of access to maternity services where women were still unable to give birth in Kirklees unless it was a home birth.
- A comment on the positive work being undertaken by PCNs to tackle neighbourhood inequalities.
- A comment that it would be interesting for the Panel to establish the ratio of resources for those PCNs serving the most deprived wards in Kirklees.
- An explanation of the GPs national funding contract; the funding that was available for the provision of additional services; and local enhanced services.
- A comment on the challenges for voluntary organisations to provide sufficient capacity to support the most deprived communities and a question on what support would be needed to help build the required capacity.
- The need to have a longer-term view on building the capacity required to meet the needs of communities and a focus on empowering local people so they could develop local solutions.

RESOLVED –

That the representatives from Kirklees Public Health, Kirklees Health and Care Partnership, Calderdale and Huddersfield NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust and the Voluntary, Community and Social Enterprise sector be thanked for attending the meeting.

7 Palliative and End of Life Care

The Panel welcome Michael Crowther Chief Executive of The Kirkwood Support Life and Helen Duke Interim Assistant Director of Operations Locala to the meeting.

Mr Crowther informed the Panel that Kirklees had one of the most comprehensive range of hospice services compared to any other authority in West Yorkshire.

Mr Crowther stated that the integrated approach that had been taken in Kirklees was unique when compared to the approach taken throughout the rest of the country.

Mr Crowther outlined the reasons why palliative and end of life care should be a priority in Kirklees and explained that nearly 20% of the entire NHS budget was spent in providing care in the last year of someone's life.

Mr Crowther stated that care of the dying was seen as an indicator of the quality of care provided to all sick and vulnerable people and that the experience of a death was life changing for the people who were bereaved.

Mr Crowther outlined the emotive nature of palliative and end of life care and stated that it accounted for more than half of complaints referred to the Health Ombudsman.

Mr Crowther presented an overview of the theory that the Kirklees Palliative Care Partnership was based on and that was aimed at ensuring that more people could receive great care at the end of their life without having to die in hospital if they didn't want to and it could be avoided.

Mr Crowther presented a diagram that showed the Kirklees Palliative and End of Life Programme that included its vision, aims, measures, activities, action plan and overall commitment by all partners involved in providing care in line with the Kirklees End of Life Charter.

Mr Crowther stated that the experiences of people and patient stories helped to drive the work of the Partnership and were used as a reminder of the purpose and impact of the Partnerships joint working.

Mr Crowther presented a diagram that summarised the key gaps in provision of care and support identified by the Partnership and stated that the Partnership was focused on resolving these gaps.

Mr Crowther informed the Panel that the Partnership had undertaken work to identify what the future service model would look like to help make the improvements that the Partnership was targeting.

Mr Crowther outlined in detail the products that had been created by the partnership that included the Kirklees End of Life Care Charter and a care home workbook and e-learning package.

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Mr Crowther outlined the improvements that had been achieved prior to the pandemic that included additional services introduced by The Kirkwood and integrated working between the hospice, community and primary care.

Mr Crowther stated that as a result of the improvements over 60% more people had been identified as approaching the end of their life and 180% more people had completed an Advance Care Plan.

Mr Crowther informed the Panel that in addition the improvements meant that during the pandemic 40% more people were able to be supported to die in their usual place of residence.

Mr Crowther stated that the Kirkwood would continue as an independent charity to be committed to leading the work on improving palliative and end of life care in Kirklees and to improve the experience of local people.

Mr Crowther presented a diagram that illustrated a key metric that measured the percentage of deaths with 3 or more emergency admissions within the last year of life.

Mr Crowther explained that the metric was an indicator of how well a person's care had been co-ordinated. Mr Crowther highlighted the reductions in the levels during the pandemic when compared to those prior to the pandemic and explained this was because there had been the capacity available within the community to support people.

Mr Crowther outlined some of the future work that was planned that included developing a quality of dying report with public health, working with Healthwatch to measure the experiences of bereaved people in Kirklees, embedding the care charter within care homes and reviewing the quality of the advance care plans process.

Mr Crowther stated that he would wish members of the Panel to consider how they could help to influence and advocate the work of the Partnership and support the proposal that palliative and end of life care remained an explicit priority within the Kirklees Health and Wellbeing Strategy.

Ms Duke informed the Panel of the areas of work that demonstrated how the integrated approach was helping to identify and support people requiring end of life care.

Ms Duke stated that Locala's teams in community services worked closely with the Kirkwood to ensure they could support and provide high quality palliative care.

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

- A comment that the Kirklees Palliative and End of Life Care programme vision should read that all people in Kirklees experience great care at the end of their lives.

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- A comment that some people don't wish to know how long they have left to live and this could be an issue when completing an advance care plan.
- A question on how panel members could help to promote the message on the support that could be provided for people either in their own home or at the hospice.
- A concern on whether there would be sufficient capacity within the partnership to achieve its objectives and vision.
- Confirmation that an advance care plan was not mandatory and that the plan could be done at any stage of life and could evolve over time to reflect the wishes of the individual.
- A comment that panel members could help by dispelling some of the myths about hospice services and palliative care.
- Details of the reasons why the hospice had changed its brand to the Kirkwood to promote that its services were not just focused on the hospice but that it could also help provide support in people's own homes.
- The importance of embedding the integrated approach to palliative and end of life care to help provide sustainable services in the future.
- A question on whether people in hospitals located outside the immediate Kirklees footprint had access to the advance care plans.
- A question on what bereavement support was given to family carers looking after family and close relatives who were at the end of their life.
- Confirmation that out of area hospitals followed the same referral routes and had the same service offer as in area hospitals.
- Confirmation that services provided through the Partnership were available to everyone that was affected by the illness and included practical and emotional support for carers.
- Details of a personal experience that included challenges with administering end of life medication and details of the excellent service provided by staff at the Kirkwood.
- The importance of educating people on the concept of end of life including starting a discussion with children at school.
- Details of the increase in demand for palliative care and the work that was done on ensuring that end of life medicine that had been prescribed was in place to avoid delays in having to secure further medication.
- Details of the work that was being done on a self-management model that would help carers to support the patient.
- A comment that it would be helpful to have data on the numbers of people who had received palliative and end of life care at home and how many had died in hospital to help understand the progress that had been made by the Partnership.
- Confirmation that across the UK approximately 45% of deaths were in hospital and in Kirklees if you had been identified as being in the last year of your life, had an advanced care plan or were known to the Kirkwood only 8% of those people died in hospital.
- Confirmation that last year the Kirkwood had supported 900 people who were at the end of their life which was 35% higher than pre- pandemic levels.
- A question on how the Partnership was lobbying support for its vision to help people experience great care at the end of their lives.

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- Confirmation that the Partnership had highlighted its vision to the West Yorkshire Integrated Care Board (ICB) that included discussions on how carer friendly policies such as enhancing carer work leave policies could be developed .
- A question on whether all GPs in Kirklees were involved in the work of the Partnership.
- Confirmation that there was representation from Kirklees PCNs in the Partnership and the Kirkwood also had representation in all of the PCNs.

RESOLVED –

1. That Michael Crowther Chief Executive of The Kirkwood Support Life and Helen Duke Interim Assistant Director of Operations Locala be thanked for attending the meeting.
2. That the Panel note the good practice that has been identified through the work of the Partnership and support palliative and end of life care as a key priority within the Kirklees Health and Wellbeing Strategy.

8 Work Programme 2022/23

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

It was confirmed that the March meeting would include items covering dentistry in Kirklees and an in depth look at adult social care community provision and domiciliary care.

Cllr Ramsay stated that the briefs for the March items would be circulated to the Panel.

Cllr Ramsay confirmed that a discussion to look at the capacity of community services in Kirklees would also be planned for the March meeting.

The Panel was informed that items for the April meeting included a request from South West Yorkshire Partnership NHS Foundation Trust to present plans covering proposals to transform older people's mental health inpatient services and a request to present the Kirklees Safeguarding Adults Board 2021/22 Annual Report.

The Panel was also informed of the plan to undertake a review of the 2022/23 work programme at the April meeting.

A request to seek information and data from the Care Quality Commission to help inform the Panel's future programme of work was noted.