

**WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
24TH NOVEMBER 2020**

PRESENT: Councillor Smaje – Kirklees Council (Chair)
Councillors Clark and Solloway - North Yorkshire County Council,
Councillor Latty - Leeds City Council
Councillors Greenwood– Bradford Metropolitan District Council,
Councillors Baines MBE and Hutchinson - Calderdale Metropolitan Borough Council,
Councillor Rhodes - Wakefield Metropolitan District Council

15 APOLOGIES FOR ABSENCE

Apologies for absence received from Councillor Hayden - Leeds City Council and Councillor Hargreaves - Bradford Metropolitan District Council,

(The meeting closed at 12:11 hours).

16 APPOINTMENT OF CHAIR

Councillor Smaje was appointed Chair of the meeting following the absence of Councillor Hayden.

17 MINUTES OF THE MEETING HELD ON 30TH SEPTEMBER 2020

IT WAS AGREED that the minutes of the meeting held on 30th September 2020, be recorded as a correct record.

The Chair advised that a question had been received following the meeting from Jenny Shepherd, and a written response had been provided. Further questions had since been received from Jenny Shepherd following on from the initial question, and once again a written response would be provided.

18 PUBLIC DEPUTATION

There were no public deputations.

19 COVID-19 UPDATE

Ian Holmes, Director of West Yorkshire and Harrogate Health and Care Partnership (WYHHCP) gave an oral report which provided an update on the response to the pandemic and issues that had arisen since the last meeting of this Committee in September 2020. It was advised that hospital cases had started to flatten, and the second wave had been different from the first. More cases had occurred in the younger population.

A letter had been provided to the Committee outlining the progression of the study of new vaccinations and there were some positive results, once a vaccination was approved a distribution method would be agreed before rollout as there would be significant operational challenges.

Antony Kealy, Locality Director for NHS England added there would be additional pressures entering the winter months with managing the pandemic and the uncertainty of the United Kingdom leaving the European Union in the coming weeks. Local Government and Clinical Commissioning Groups were working together to plan an integrated approach to manage those risks.

The Joint Committee considered and discussed a wide range of matters regarding the update, which included:

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- Councillor Clark asked for an update on the Nightingale Hospital in Harrogate and enquired could those hospitals be used to support the rollout of the vaccinations and how would these be staffed?
- Councillor Hutchinson made reference to the two types of testing, the PCR tests and lateral flow tests for Covid-19, and the capacity of laboratories to process the tests. He enquired what was the gap between the demand for pillar one and pillar two tests within West Yorkshire and the laboratory capacity to fill in any gaps. Councillor Hutchinson asked if the Personal Protective Equipment (PPE) being used was purchased within the UK, and how much was sourced at a West Yorkshire regional level.
- Councillor Rhodes shared her concerns if Nightingale hospitals were to be utilised, staff would be required from the various Trust hospitals, which in turn would put local hospitals under increased pressure.
- Councillor Rhodes enquired if the extremely vulnerable people who received home care would be in the first wave of vaccination, and stated they must be included in the same priority group as residents within care homes.
- Councillor Rhodes noted that a statement she had read had stated the GP practices were to open 7 days a week to support the vaccination rollout, and given that some of the practices had limited space, how would the WYHHCP support local Clinical Commissioning Groups (CCG's) with this?
- Councillor Rhodes referenced the test and trace service and how this related to movement of people, and asked what ability was there in the West Yorkshire region to trace people? What was the percentage of people traced? How were people traced coming into the country, and noted people could now be asked to isolate for a five-day period, how would testing work around the new guidelines? Councillor Rhodes reinforced the need for consistent messaging in relation to testing, so that people had a clear message of what they were required to do, instead of trying to navigate and understand all of the information available, which in turn would build trust in the system.
- Councillor Latty noted that in the media there had been a mixed message of who would be able to administer the vaccine. Was there plans to train students, former staff/workforce to assist in the rollout of the vaccination?
- Cllr Hutchinson asked how critical was the period between the two BioNTech Pfizer vaccine injections, and how would authorities make sure that people would return for the second injection?
- The Chair noted that the '111' Service was being used for people who believed they had Covid-19 symptoms, how was the Service coping with directing people to the right place of care?

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- Councillor Solloway noted the enormous scale of the logistics to get everyone vaccinated, especially for people who lived in rural parts of the country and suggested using the military to support this. Councillor Solloway asked if the testing data was robust enough to show where in the county were amongst lowest at risk and would it be sophisticated enough to assist with the vaccine rollout?
- Councillor Greenwood noted more teachers were contracting Covid-19 and having to isolate which was putting extra pressure on schools, which had a 'knock-on' effect to teaching students at a time when students were not getting the education they deserved. Would teachers be prioritised in the rollout of the vaccination?
- The Chair enquired what discussion had taken place to look beyond the winter pressures and services going back to normal?

In summary, the Chair identified the points raised the meeting:

- When care staff were being referenced, homecare staff must be included in this cohort.
- Clear messaging to build public trust and to avoid ambiguity.
- PPE number and sourcing of PPE at a regional level.
- The vaccination rollout: vaccination points, capacity, and the involvement of the military as necessary.
- The prioritising of teachers in the vaccination rollout.

IT WAS AGREED that:

(a) the report be noted; and

(b) the Director, West Yorkshire and Harrogate Health and Care Partnership be requested to circulate to the Committee the Ambulance Service data in relation to the Covid-19 '1111' Service calls once it was available.

20 IMPROVING POPULATION HEALTH PROGRAMME HEALTH INEQUALITIES UPDATE

The Programme Lead for Improving Population Health, West Yorkshire and Harrogate Health and Care Partnership gave a presentation that provided information on the Improving Population Health Programme and Health Inequalities. The programme aimed to work as a partnership to improve the health and reduce inequalities for the 2.7 million people who lived in West Yorkshire and Harrogate. This included embedding opportunities for prevention of ill health and promotion of good health and wellbeing.

The programme added value through working together at scale where it made sense to do so, to collaborate and share good practice and to address difficult issues together to improve population health. The components of good health and associated inequalities were rooted in the determinants of health. This was reflected in the work of the programme including a focus on housing, climate change and community safety.

A focus for the programme was to contribute towards the delivery of the ten ambitions set in the five-year plan for the Health and Care Partnership. In relation to health

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inequalities these specifically involved a focus on reducing inequalities in life expectancy for people living in communities ranked as being most deprived and for people living with mental health conditions, learning disabilities and autism.

Key to the success of the programme was the work taking place across our six local places; the assets and strengths of local communities and the people that worked in West Yorkshire and Harrogate. Coming together as a programme enabled the power of a collective voice, which helped to ensure that population health themes were featured throughout all of the partnership priority programmes such as cancer, mental health and maternity.

The Joint Committee considered and discussed a wide range of matters regarding the update, which included:

- Councillor Greenwood noted that following research, it was still not clear if the Black, Asian and Minority Ethnic (BAME) community was more susceptible to the transmission of Coronavirus for health reasons or whether it was due to living arrangements.
- Councillor Rhodes asked why it had taken so long to address points raised in the review and asked had actions been taken from the sixteen points raised, what were the outcomes or were they awaiting further sign off? Councillor Rhodes asked for this information to be shared with the Committee.
- Councillor Rhodes asked what was the connectivity across the housing community in particular private landlords around the vulnerability of their residents to access resources that they may need.
- Councillor Rhodes asked for further information on the recent seminar to support health workers to address health and inequalities in the community specifically around BAME communities.

Joint Committee Members were asked to update the Joint Committee on activity within their own local authority to address health inequalities.

- In addition to the written report, Councillor Greenwood provided an oral update for Bradford Metropolitan District Council.
- Councillor Latty submitted a written report that provided an update for Leeds City Council.
- Councillor Rhodes provided an oral update for Wakefield Metropolitan District Council.
- Councillor Hutchinson provided an oral update for Calderdale Metropolitan Borough Council.
- The Chair provided an oral update for Kirklees Metropolitan District Council.

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- Councillors Clark and Solloway provided an oral update for North Yorkshire County Council.

The Chair noted that it was suggested at a previous meeting of the Committee to hear the voices of the diverse communities within North and West Yorkshire, and suggested that it be proposed that any subjects identified by the Committee, to invite relevant groups and organisations to attend future meetings of this Committee.

IT WAS AGREED that the reports be noted.

21 VASCULAR SERVICES - MINUTES OF THE NORTH & WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON THE 24TH AUGUST 2020 AND TO RATIFY

The Chair advised that the purpose of this item was to ask the Joint Committee to approve the minutes of the 24th August 2020.

The Chair further advised that at the last meeting of the North and West Yorkshire Joint Health Scrutiny Committee (Vascular Services) held on the 3rd November 2020 was inquorate. Members present agreed that the work of the Joint Committee was concluded the Joint Committee was asked to ratify the view of those Members present that the work was completed and that the West Yorkshire and North Yorkshire Joint Health Scrutiny Committee (Vascular Services) no longer needs to meet.

IT WAS AGREED that:

(a) the minutes of the North & West Yorkshire Joint Health Overview and Scrutiny Committee held on 24th August 2020 be approved; and

(b) the work of the West Yorkshire and North Yorkshire Joint Health Scrutiny Committee (Vascular Services) had concluded and the view of the Members present to no longer meet was ratified.

22 WORK PROGRAMME

The Senior Scrutiny Officer, Calderdale Council requested suggestions for the Work Plan that would form the basis of work undertaken by the Board in the forthcoming year.

Members discussed the following issues:

- Covid-19 update.
- An update on the health care service and coping with the pandemic.
- How updates on the health and inequalities be presented to this meeting.
- Vaccination rollout.
- Reestablishment of a sub committee to look at the NHS workforce issues.
- Visiting in Care Homes..
- Informal meeting in January or March 2021

IT WAS AGREED that:

(a) the report be noted; and

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(b) that the Senior Scrutiny Officer, Calderdale MBC be requested to organise the establishment of a sub-committee to scrutinise the NHS workforce issues with representation from all six local authorities.