

# Public Document Pack



**Service Director – Legal, Governance and  
Commissioning**

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Wednesday 14 March 2018

## Notice of Meeting

Dear Member

### Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.15 pm** on **Thursday 22 March 2018**.

This meeting will be webcast live and will be available to view via the Council's website.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read 'Julie Muscroft', on a light-colored background.

**Julie Muscroft**

**Service Director – Legal, Governance and Commissioning**

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

## **The Health and Wellbeing Board members are:-**

### **Member**

Councillor David Sheard (Chair)

Councillor Donna Bellamy

Councillor Viv Kendrick

Councillor Kath Pinnock

Councillor Erin Hill

(Currently on Maternity Leave)

Rory Deighton

Dr David Kelly

Carol McKenna

Dr Steve Ollerton

Richard Parry

Rachel Spencer-Henshall

Fatima Khan-Shah

Steve Walker

# Agenda

## Reports or Explanatory Notes Attached

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**Pages**

**1: Membership of the Board/Apologies**

This is where members who are attending as substitutes will say for whom they are attending.

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**2: Minutes of previous meeting**

1 - 4

To approve the Minutes of the meeting of the Board held on 14 December 2017.

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**3: Interests**

5 - 6

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

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**4: Admission of the Public**

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

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**5: Deputations/Petitions**

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

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## **6: Public Question Time**

The Board will hear any questions from the general public.

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## **7: Arrangements for Integrated Commissioning Board**

7 - 20

To update the Health and Wellbeing Board on arrangements for the new Integrated Commissioning Board.

**Contact:** Steve Brennan, SRO Working Together. Tel: 01924 504913

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## **8: Children Services Improvement Journey**

Councillor Viv Kendrick, portfolio holder for Children (Statutory Responsibility for Children) will provide a verbal update on Children Services improvement journey.

**Contact:** Steve Walker, Director for Children. Tel: 01484 221000

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## **9: Learning From Winter 2017-18 Across Kirklees**

21 - 28

To seek the Board's support for a process to identify key learning points and associated actions for the Kirklees health and social care system from activity over winter 2017/18.

**Contact:** Phil Longworth, Health Policy Officer, Kirklees Council. Tel: 01484 221000

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## **10: Pharmaceutical Needs Assessment Post Consultation**

29 - 46

A report outlining the amendments to the Pharmaceutical Needs Assessment (PNA) Consultation document

**Contact:** Nicola Bush, Public Health Pharmaceutical Advisor Tel: 01484 221000

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## **11: Health and Wellbeing Board Terms of Reference**

47 - 50

To seek approval for the proposed revisions to the Terms of Reference for the Health and Wellbeing Board.

**Contact:** Phil Longworth, Health Policy Officer. Tel: 01484 221000

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Contact Officer: Jenny Bryce-Chan

## KIRKLEES COUNCIL

### HEALTH AND WELLBEING BOARD

**Thursday 14th December 2017**

Present: Councillor Viv Kendrick - Kirklees Council  
Councillor Kath Pinnock - Kirklees Council  
Councillor Donna Bellamy – Kirklees Council  
Richard Parry – Kirklees Council  
Carol McKenna – Greater Huddersfield CCG  
Dr Steve Ollerton - Greater Huddersfield CCG  
Fatima Khan-Shah – North Kirklees CCG  
Rory Deighton – Healthwatch  
Dr David Kelly - North Kirklees CCG  
Rachel Spencer-Henshall, Kirklees Council  
Kathryn Hilliam – NHS England

In attendance: Mike Houghton-Evans – Independent Chair of Kirklees Safeguarding Adults Board  
Saf Bhuta – Head of Safeguarding & Quality  
Sarah Carlile – Safeguarding Adults Partnership Manager  
Tom Brailsford – Head of Joint Commissioning Children  
Steve Brennan, Senior Responsible Officer Working Together  
Councillor Elizabeth Smaje – Chair of Health and Adults Social Care Scrutiny Panel  
Steve Brennan – Chief Finance Officer - North Kirklees CCG  
Phil Longworth – Health Policy Officer

Invited Observer: Steve Cotter, Chief Superintendent West Yorkshire Police

- 1 Membership of the Board/Apologies**  
Apologies from the following Board members were received: Cllr David Sheard, Cllr Erin Hill, Priscilla McGuire and Steve Walker.
- 2 Minutes of previous meeting**  
That the minutes of the 28 September 2017 be approved as a correct record.
- 3 Interests**  
No Interests were declared.
- 4 Admission of the Public**  
That all agenda items were considered in public session.
- 5 Deputations/Petitions**  
No deputations or petitions received.

**6 Public Question Time**

No questions were asked.

**7 Kirklees Safeguarding Adults Board 2016/17 Annual Report**

Mike Houghton-Evans, Independent Chair of the Kirklees Safeguarding Adults Board (KSAB) attended the meeting to present the KSAB's Annual Report 2016/17.

The Health and Wellbeing Board was advised that KSAB is a statutory strategic partnership which brings together the main organisations namely the Council, West Yorkshire Police and NHS organisations working with adults at risk of abuse and neglect.

KSAB produces a three-year strategic plan which is a rolling document and is updated following learning and analysis of the year's work. The annual report presents progress made over the last 12 months against the strategic plan. This year, there has been strong emphasis on collaboration in both the annual report and the strategic plan.

In summary, the KSAB annual report also includes:-

- Board member attendance information. This information has been included for the first time. There are only four meetings a year and it is important to ensure people are accountable for their attendance
- The report celebrates the Boards achievements and also considers what is next
- For the first time there is a section on performance with four domains highlighted which includes financial abuse. Neglect is the highest and there has been some initiatives with Trading Standards which help people protect themselves.

The Board was informed that the role of KSAB is to exert challenge and seek assurance from partners. In February 2018, there will be a formal challenge event held over two days which will call to account members of KSAB. At this event the focus will be how KSAB members feel they are achieving the aspirations of 'making safeguarding personal' which focuses on the individual rather than the organisation.

KSAB is committed to having a learning culture and is engaged with, and keen to support the initiative around prevention and early intervention. There is also a need to ensure and hold partners to account regarding having a competent workforce that understands and is trained in key aspects of safeguarding matters and keeping people safe.

Mr Houghton-Evans explained that last year, KSAB advised the Health and Wellbeing Board of the infrastructure that enables KSAB to exert its strategic and leadership purpose. The infrastructure includes a delivery group supported by a small number of sub groups and task and finisher groups that deliver parts of the work programme.

Mr Houghton-Evans advised that, KSAB had recently lost one of its lay members, Hazel Whitworth who made a wonderful contribution to the work of KSAB.

The Board was informed that at a recent regional meeting of independent chairs, information was presented regarding how future statistics on safeguarding adults would be measured. A regional dashboard had shown how it was recorded and there was no consistency. An officer has been working with the regional team and there is now a consensus about how Section 42 enquiries should be recorded. This will show a significant increase in the count for Kirklees, however it is simply the way in which the figures are collected and recorded.

**RESOLVED** - That the 2016/17 Kirklees Safeguarding Adults Annual Report be received by the Board.

**8 Children & Adolescence Mental Health Service (CAMHS) Local Transformation Plan Refresh**

Tom Brailsford, Head of Joint Commissioning attended the meeting to provide the Board with an update on the CAMHS Transformation Plan Refresh. The Board was advised that every year there is a requirement for the refreshed plan to be formally agreed and signed off by the Health and Wellbeing Board.

The Board was informed that as part of this year's refresh, the priorities have been reduced from forty-nine to twenty five, focusing on the 'Future in Mind' themes. The priorities very much focus on reducing waiting times and improving the quality of provision. The Board was directed to the executive summary of the appended report which gives a breakdown of the key priorities.

The Board raised questions with regard to actions being taken to ensure that referrals to the service were appropriate. In addition, questions were also raised about the disparity in numbers between north and south Kirklees in respect of tier 4 services. The Board requested that the disparity between north and south Kirklees be further explored and brought back for further discussion.

**RESOLVED** - That the Kirklees CAMHS Local Transformation Plan refresh for 2017 be approved by the Board. That the Board continues to maintain a strategic oversight of the plan.

**9 Pharmaceutical Needs Assessment Post Consultation**

Rachel Spencer-Henshall, Service Director, Policy, Intelligence and Public Health presented for information a summary of the responses received post Pharmaceutical Needs Assessment Consultation.

The Board was reminded that in September 2017, a paper was presented which outlined the intention to consult on the second Pharmaceutical Needs Assessment for Kirklees. The updated report aimed to show the responses received following the 60 day consultation. The Board was advised that the responses will be considered by the steering group, following which the draft will be presented to the Board for sign off before going live in April 2018.

**RESOLVED** - That the Board notes the consultation responses and updates

**10 Proposals for Integrated governance arrangements for Commissioning Health and Social Care in Kirklees**

Steve Brennan, Senior Responsible Officer attended the meeting to update the Board on the proposed integrated governance arrangements. In summary, the Board was provided with information on the current arrangements and the suggested changes. The Board was informed that while the existing arrangements had worked well over the past few years, there was now a need to review them in light of the agreement to move towards greater integration.

The proposals aim to combine the functions of the Integrated Commissioning Executive (ICE) and the Better Care Fund Partnership Board (BCFPB) into a new Integrated Commissioning Board. Rather than having a series of Integrated Commissioning Groups the proposal is to have a programme of work to help the Integrated Commissioning Board deliver its plan and outcomes.

The aim is that the new arrangements will be in place from April 2018, initially operating in safe mode. Some of the areas that the Integrated Commission Board could focus on during the first 12 months will include:

- Building on existing trust, working relationships and confidence
- Developing the integrated commissioning strategy and plan the outcomes framework
- Continuing to Integrated commissioning strategy
- Receiving financial, performance and quality information

Mr Brennan explained that if the Board was in agreement that the proposals seemed like a reasonable way forward, officers would work up more detailed on the arrangements and bring this back to a future meeting.

The Board raised questions about the independence and accountability within this proposed arrangement. In response, the Board was advised that as more details are developed, consideration will be given to the membership and terms of reference and these are the areas that will also be considered. In addition, consideration will be given to involving patients and the public.

**RESOLVED** - That the Board supports the proposed changes to integrated governance arrangements and note the next steps in developing these arrangements including further discussion and approval at future Board meetings

**11 Date of next meeting**

That the date of the next meeting, 22 March 2018, be noted by the Board.



<b>KIRKLEES COUNCIL</b>			
<b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b>			
<b>DECLARATION OF INTERESTS</b>			
<b>HEALTH AND WELL BEING BOARD</b>			
<b>Name of Councillor</b>			
<b>Item in which you have an interest</b>	<b>Type of interest (eg a disclosable pecuniary interest or an "Other Interest")</b>	<b>Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]</b>	<b>Brief description of your interest</b>

Signed: ..... Dated: .....

## NOTES

### Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>22<sup>nd</sup> March 2018</b>
<b>TITLE OF PAPER:</b>	<b>Arrangements for Integrated Commissioning Board</b>
<b>1. Purpose of paper</b>	<p>To update the Health and Wellbeing Board on arrangements for the new Integrated Commissioning Board (ICB) that will begin to meet from April 2018 replacing the Integrated Commissioning Executive and Better Care Fund Partnership Board.</p>
<b>2. Background</b>	<p>The Health and Wellbeing Board received a report on the Case for Change for integrated commissioning and provision within Kirklees in June 2017 (<a href="#">here</a>). The Board endorsed the direction of travel set out in the case for change and supported the development of a programme plan to further develop and implement the proposed approach.</p> <p>At the December meeting of the Board we provided an update on proposals for revised integrated governance arrangements to support integrated commissioning and to allow us to move forward with integration of service delivery. The Board supported the proposals to combine the Integrated Commissioning Executive and the Better Care Fund Partnership Board.</p> <p>This paper provides an update on progress since December 2017 including terms of reference for the Integrated Commissioning Board.</p>

### 3. Proposal

The Figure below shows how the Integrated Commissioning Board fits into the revised integrated governance arrangements which were supported by the Board in December 2017.

**Figure 1: Revised Integrated Governance Arrangements**



Terms of reference for the Integrated Commissioning Board have been developed through the Integration Steering Group during January and February 2018. A draft set of terms of reference were taken to the January meeting and following amendments were signed off in the February meeting.

The existing terms of reference of ICE and the BCFPB already included many of the responsibilities that are required to move forward with integrated commissioning so it has been a case of refining these for future use rather than wholesale change. In addition the membership has been reviewed in light of the fact that the Chief Officers Group no longer meets and to reflect changes in the senior roles within the Council and CCGs.

A copy of the Terms of Reference is included in Appendix A.

The new arrangements will be in place from April 2018, and will initially operate in safe mode which includes undertaking the existing functions of ICE and BCFPB. In addition the Integrated Commissioning Board will:

- Build on existing trust, working relationships and confidence
- Develop the integrated commissioning:
  - Strategy and plan
  - Outcomes framework
  - Unified approach to quality
  - Unified approach to engagement and public involvement
- Receive finance, performance and quality information on existing services
- Agree the scope for integrated provision and manage delivery on early initiatives
- Agree the aspiration for further pooling of commissioning funds

The Integrated Commissioning Board is therefore responsible for a number of important functions which both continue to deliver on existing plans whilst developing plans to further integrate commissioning arrangements and the overseeing of plans for integrated provision. Any further pooling of funds is envisaged to be covered by existing or new s75 arrangements and the Integrated Commissioning Board would then be in place to manage these alongside the existing Better Care Fund.

The terms of reference have an early review date of 6 Months (October 2018) to reflect the ongoing evolution of integrated commissioning and this allows them to be reviewed in light of experiences gained from operating the new arrangements for 6 months.

In addition to the establishment of the new Integrated Commissioning Board progress has also been made on underlying arrangements to support its work. These include:

- Identifying lead officers and project teams to take forward work in the priority areas set out in the Terms of Reference. These will begin to report into the Integrated Commissioning Board from April.
- Beginning to review the work of the Integrated Commissioning Groups and other arrangements to ensure these are aligned with priority areas of work. This will continue during 2018/19.

#### **4. Financial Implications**

There are no financial implications arising directly from this paper.

#### **5. Sign off**

Richard Parry, Strategic Director for Adults and Health, Kirklees Council

Carol McKenna, Chief Officer Greater Huddersfield and North Kirklees CCGs

#### **6. Next Steps**

If the Board supports the commencement of the new Integrated Commissioning Board this will begin to meet in April 2018.

Updates on the progress of the will then be provided to the Health and Wellbeing Board during 2018/19

#### **7. Recommendations**

The Board is asked to:

- Continue to support the proposed changes to integrated governance arrangements
- Note and approve the Terms of Reference for the Integrated Commissioning Board and support the commencement of this from April 2018.
- Note the progress being made to support the work of the ICB.
- Request further updates as it feels necessary.

**8. Contact Officer**

Steve Brennan, SRO Working Together, [steve.brennan@northkirkleescg.nhs.uk](mailto:steve.brennan@northkirkleescg.nhs.uk), 01924 504913

# Kirklees Integrated Commissioning Board

## Terms of Reference

Version No	Changes Applied	By/Date	Circulation
0.1	Initial draft based on discussion document	Laura Ellis 24.10.16	Pat Patrice / Richard Farnhill
1.0	Revised Draft	SPB 30.11.17	PP/LE/PL
1.1	Further revised draft	SPB 18.12.17	Phil Longworth
1.2	Amended for Comments	SPB 19.12.17	Integration Steering Group
1.3	Amended for comments from Jan Steering Group.	SPB 29.01.18	Integration Steering Group
1.4	Amended for comments from Feb Steering Group	SPB 19.02.18	

## **1. INTRODUCTION**

- 1.1 There is a strong history of joint working in Kirklees, across Kirklees Council, NHS Greater Huddersfield Clinical Commissioning Group (GHCCG), and NHS North Kirklees CCG (NKCCG).
- 1.2 A new Integrated Commissioning Board to support further joint working arrangements is being created. The aim is to encourage a strong collaborative and integrated relationship, with formalised integrated commissioning arrangements that enable timely decision making, between Kirklees Council, NHS Greater Huddersfield CCG and NHS North Kirklees CCG.
- 1.3 Appendix 1 shows the relationship of the Board to the Kirklees Health and Wellbeing Board, programmes of work, partnership forums and other meetings.
- 1.4 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Board.

## **2. STATUTORY FRAMEWORK**

- 2.1 Each organisation will always remain accountable for meeting its statutory duties, for example in relation to financial resources and public engagement.

## **3. VALUES AND BEHAVIOURS**

- 3.1 The partners of the Board will:
- Work together to achieve agreed outcomes, putting the needs and interests of the people living in Kirklees and the local health and social care economy before the needs and interests of the individual partner.
  - Ensure that a productive and constructive relationship continues to be developed and maintained, by:
    - Recognising, respecting and supporting each other's roles in the commissioning of health, social care and public health.
    - Being open, honest, constructive, transparent and communicative in all dealings with each other.
    - Having reasonable and realistic expectations of each other.
    - Being responsive to each other's needs at times of increased service demands and pressures.
    - Maintaining a duty of confidentiality regarding sensitive issues.
    - Demonstrating collective stewardship of the combined resources of the partners.



## 4. SCOPE AND OBJECTIVES

- 4.1 The Council and the CCGs will work together on the identification, negotiation, implementation, and monitoring of integrated health, social care and public health commissioning opportunities and initiatives. These will include the existing joint arrangements for Better Care Fund, Healthy Child Programme and those arising from wider opportunities for integrated commissioning. The purpose of the Board is to provide strategic direction and co-ordination to support the development and delivery of integrated commissioning intention, strategies and plans via an agreed programme of work.
- 4.2 To build relationships and trust between partner organisations.
- 4.3 To share and discuss the commissioning plans of partners, identifying opportunities and making recommendations for greater efficiency, effectiveness and economy from integrated commissioning.
- 4.4 To provide the forum for open and transparent sharing, discussion and debate regarding utilisation of health and social care resources to benefit the people of Kirklees and to help the health and social care economy make the best use of available resources.
- 4.5 Through a common and innovative approach to areas such as planning, performance, consultation and resource allocation, unblock system-wide barriers to integration and develop new models for integrated commissioning and the delivery of services.
- 4.6 The partners will work together to ensure that the local commissioning of health, social care and public health is, unless it can be evidenced that it is not appropriate or feasible, integrated and:
- Complies with the underpinning Commissioning Principles attached at Appendix 2
  - Delivers the aims and objectives of the Kirklees Joint Strategic Needs Assessment and the Kirklees Joint Health and Wellbeing Strategy.
  - Is in line with national policy and guidance for the integrated commissioning of health, social care and public health and supports the development of the West Yorkshire & Harrogate Health and Care Partnership in so far as its relates to ICB remit
  - Delivers quality outcomes that make the most efficient and effective use of collective resources.
- 4.7 The Board will be responsible for:
- the strategic commissioning of health and social care services, within the remit of the Board, that meet the reasonable needs of our population;
  - agreeing and monitoring the annual work programme to support the delivery of the Kirklees Health and Wellbeing Plan
  - reducing health inequalities, by identifying high risk, high priority populations and targeting resources, prevention and care to meet their needs
  - making efficient and effective use of our collective resources by developing new financial flows
  - ensuring continuous improvement in the quality of services commissioned on behalf of the CCGs and Council through the development of a common quality assurance and reporting framework and quality improvement strategy;

- ensure that arrangements are in place to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements;
- supporting organisational development by establishing a single culture where our staff adopt one set of values and behaviours;
- promoting the integration of health and social care services by driving new provider approaches and service models;
- driving a consistent approach to understanding the needs of our population through the better use of business intelligence and technology;
- ensuring that the wider determinants of health are wellbeing are properly taken into consideration
- setting up and overseeing the effectiveness of working groups deemed necessary, agreeing terms of reference and membership of any such groups.

4.8 During the initial phase of running in 'Safe Mode' the focus will be on:

- Developing an integrated Commissioning Strategy and Implementation Plan to support the delivery of the Kirklees Health and Wellbeing Plan.
- Overseeing the development of an outcomes framework, an integrated approach to quality and an integrated approach to engagement and public involvement.
- Agreeing the aspiration for further pooling of budgets with size and scope to be determined.
- Receiving financial, performance and quality information on existing services.
- Agreeing the scope of integrated provision and manage delivery of early initiatives.
- Building working relationships, trust, mutual understanding and confidence.

## 5. MEMBERSHIP

5.1 The membership of the Board is listed below. Other individuals may be asked to attend meetings where appropriate to provide specialist knowledge and advice.

### 5.2 GHCCG & NKCCG

Members:

1. Chief Officer Greater Huddersfield and North Kirklees CCGs
2. Chief Financial Officer GH&NKCCGs
3. Head of Strategy, Business Planning & Service Improvement Greater Huddersfield CCG
4. Head of Transformation and Integration NKCCG
5. Chief Quality and Nursing Officer GH&NKCCGs
6. Clinical Chair Greater Huddersfield CCG
7. Clinical Chair North Kirklees CCG

In Attendance:

8. Head of Corporate Governance (for Greater Huddersfield and North Kirklees CCGs)
9. SRO Integration Greater Huddersfield and North Kirklees CCGs

### 5.3 The Council

Members:

1. Strategic Director for Adult and Health
2. Director of Public Health
3. Service Director Adult Social Care Operations
4. Head of Market Development & Sufficiency (Adult Social Care)
5. Assistant Director Financial Management, Risk and Performance Kirklees Council
6. Service Director Integration Kirklees Council
- 7.

In attendance:

8. Health Policy Officer
9. Head of Health Improvement - Public Health
10. Joint Commissioning Manager (Children)
11. Head of Housing Services
12. Governance Lead

## **6. DECISION MAKING**

6.1 The Integrated Commissioning Board has the power to make decisions within the limits of delegated authority for its members, through the authority delegated to those members from their employing organisations. It is expected that decisions will be reached by consensus.

6.2 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.

## **7. ARRANGEMENTS FOR THE CONDUCT OF BUSINESS**

### 7.1 Chairing

7.1.1 The Board will be chaired by the Chief Officer GHCCG and NKCCG and the Strategic Director for Adults and Health, Kirklees Council in rotation.

### 7.2 Quorum

7.2.1 The Board is quorate when 6 members are present, including:

- One of the Chairs (or Deputy nominated by them)
- At least one member from the CCGs
- At least one representative from Kirklees Council

### 7.3 Frequency of Meetings

7.3.1 The Board will meet as at least once per month. Five clear working days' notice must be given for all meetings. An agenda must be issued five clear working days in advance of a meeting.

### 7.4 Conduct of Business

7.4.1 Agendas and papers will be sent to members prior to the meeting and where possible 5 working days before the meeting. Minutes of the meeting will be

circulated no later than 5 working days after the meeting. Action points will be recorded as an 'Action Log' and circulated with the minutes of the meeting.

7.4.2 This Board will observe the requirements of the Freedom of information Act 2000, which allows a general right of access to recorded information held by GHCCG, NKCCG and Kirklees Council, including minutes of meetings, subject to specified exemptions.

7.4.3 All members must declare any conflict of interest they may have regarding an agenda item at the start of the meeting.

7.4.4 If an individual in attendance at a meeting of the Board has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with their own organisation's conflicts of interest policy. This may include requiring the individual to withdraw from the meeting or part of it.

7.4.5 All declarations of interest, and agreed arrangements for managing the interest, will be recorded in the minutes.

7.4.6 Nolan Principles of Public Life are to be followed.

7.4.7 Members will abide by their information sharing agreements of their respective organisations and respect the confidentiality of partner organisations' information whilst undertaking their duties as part of this Board.

#### 7.5 Administrative Support

7.5.1 The Board will be supported by the CCGs and Council.

### **8. REPORTING ARRANGEMENTS**

8.1 The Board will report into both CCGs and the Council's existing governance arrangements through the sharing of minutes and by attendance at meetings where appropriate.

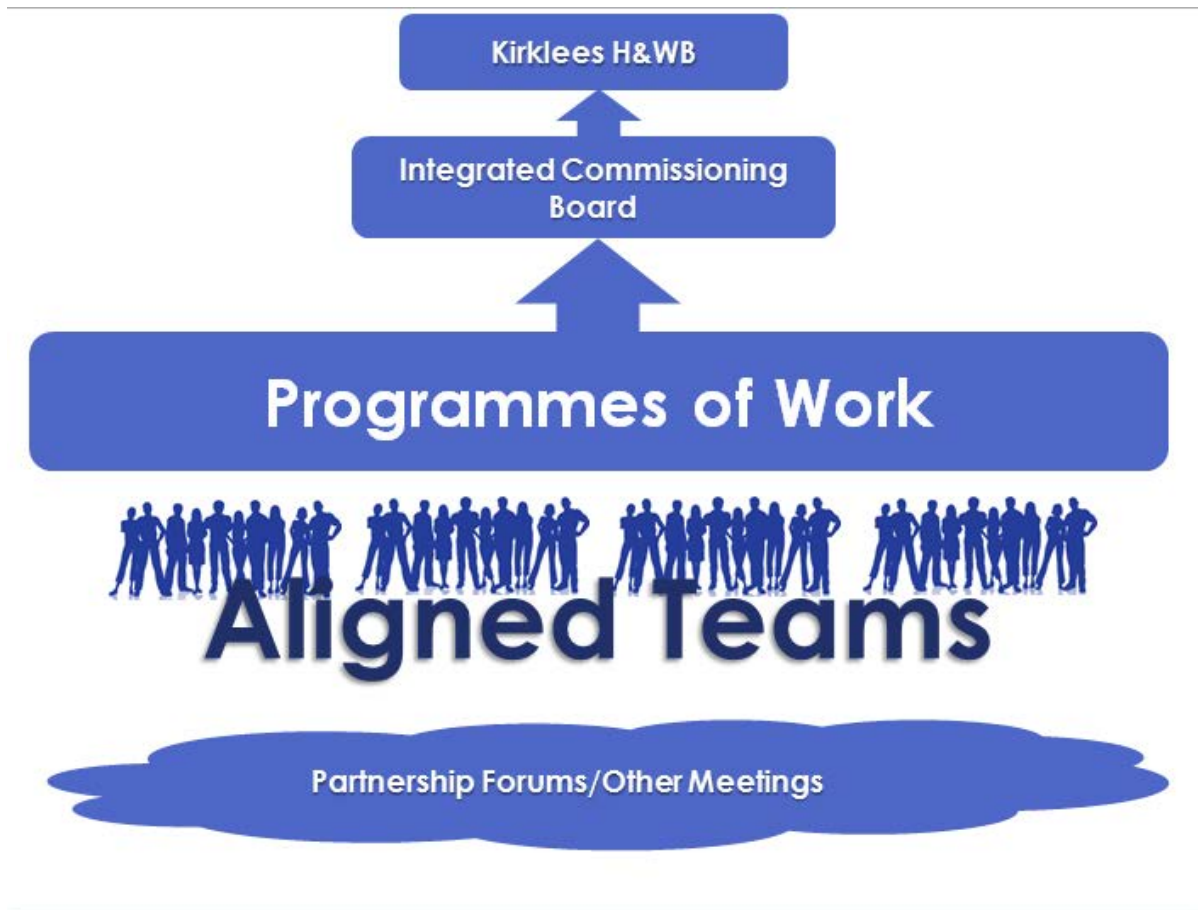
8.2 For North Kirklees Clinical and Greater Huddersfield CCGs the Board minutes will be formally reported into the Finance, Performance and Contracting Committees.

### **9. Review Date**

9.1 These Terms of Reference are valid from 1st April 2018 and will be reviewed in 6 months or sooner if required.

9.2 Next Review Date: October 2018.

Relationship of Board to the Kirklees Health and Wellbeing Board and Other Meetings and Programmes of Work



## COMMISSIONING PRINCIPLES

### Processes should:

- **be person centred** – keep the individual user / patient / family at the heart of the process
- **involve users / patients / families / children and young people** in the whole process actively seeking and considering their views
- **support co-production and innovative approaches** to service design and delivery encouraging users and professionals to work together to design and deliver public services in equal partnership
- **make the most of what is there** – build on existing assets (and support their further development) - both in the community and the business sectors, encouraging community capacity building wherever possible
- **involve close working / collaboration with providers** – to build on their experience and knowledge
- **be simple, transparent, fair and open, stand up to scrutiny and be compliant with the legal duties and responsibilities** of the partner organisations
- **be outcome focused and based on needs**– always remembering the end point we are trying to get to is to improve outcomes for local people
- **ensure that all commissioning organisations take equal responsibility for risk**

### Our health, social care and public health services should:

- **focus on prevention:** stopping issues starting; detecting and dealing with issues if they do arise; and minimising their consequences. We should balance our investment and action across each of these stages
- **promote health and wellbeing in their widest sense** – thinking of the person as a whole, in their own and wider context; increase coping skills and resilience by giving people greater control over the support they need to manage their own conditions / situation
- **promote personal choices** – supporting people to make their own, informed decisions about how to meet their needs (eg personal budgets)
- **work as a whole health and social care economy** where appropriate to:
  - Provide effective services that are timely, flexible and seamless and have a 'can do' attitude;
  - Minimise variation in the quality of, and access to, services;
  - Provide care closer to home;
  - Direct the money flow across the health and social care system to reflect the Increase use of community based care;
  - Create integrated services where this delivers best outcomes for people, makes sense and achieves best value for money.
- **be affordable** – recognising the financial pressures we are all facing (and identify where working collaboratively will save money and achieve better outcomes)
- **focus on whole systems**, taking account of the impact of actions in one area on the rest of the system, even when single agency commissioning is taking place
- **achieve Best Value** - for all Kirklees residents in terms of outcomes and value for money
- **be evidence based** – commissioning what we know works and/or ensuring good evaluation is in-built to any new models/approaches
- **keep people safe** – whilst promoting positive risk taking

- **be sensitive to the ethnic, religious and cultural needs** of all the people living in Kirklees

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<b>MEETING:</b>	<b>KIRKLEES HEALTH AND WELLBEING BOARD</b>
<b>DATE:</b>	<b>THURSDAY 22<sup>nd</sup> MARCH 2018</b>
<b>TITLE OF PAPER:</b>	<b>LEARNING FROM WINTER 2017-18 ACROSS KIRKLEES</b>
<b>1. Purpose of Paper</b>	<p>1.1 To seek the Board’s support for a process to identify key learning points and associated actions for the Kirklees health and social care system from activity over winter 2017/18.</p>
<b>2. Background and Key Points</b>	<p>2.1 It has been widely reported that the health and social care system across the country through winter 2017/18 has experienced its most pressurised period for many years.</p> <p>2.2 The focus for the operational response to the winter pressures in Kirklees has been through the 2 local A&amp;E Delivery Boards which are based on the acute Trust footprints – Calderdale &amp; Huddersfield and Mid-Yorkshire.</p> <p>2.3 Both A&amp;E Delivery Boards are undertaking their own reviews, and these include the neighbouring areas of Calderdale and Wakefield. Mid Yorkshire have already undertaken an early version of a ‘winter review’ which will be updated in the next few weeks. The Calderdale and Huddersfield A&amp;E Delivery Board will be also undertaking their review in April.</p> <p>2.4 It will be important to ensure that any process focussing on the Kirklees footprint draws on these reviews but is also able to take a wider Kirklees health and social care system view.</p> <p>2.5 The CCG and Council Joint Senior Management Team identified 4 key questions that should be addressed at a Kirklees level:</p> <p style="margin-left: 20px;">a) What does the data tell us?</p> <p>The current ‘winter reviews’ covering each side of the Kirklees patch will draw on a lot of data and produce some analysis for each footprint. Much of this data is very detailed providing a very granular picture, especially of activity levels in the hospital system. The challenge for a Kirklees system review is to not duplicate the data analysis undertaken for the A&amp;E footprint reviews and to take a step back to see the whole picture of activity across the health and social care system.</p> <p style="margin-left: 20px;">b) What did we do?</p> <p>Across each of the A&amp;E Delivery Board footprints there have been very regular planning meetings throughout the winter period. The actions taken to respond to winter pressures are captured in the action logs from these meetings. As these are completed on both a Calderdale/Huddersfield, and Wakefield/North Kirklees basis they also include actions that are not relevant to Kirklees.</p> <p>The emphasis has, necessarily given the pressurised context of the winter period, been on action rather than what difference any changes have made in the longer term.</p> <p style="margin-left: 20px;">c) How did it feel?</p> <p>The recently published evidence from elsewhere (see below) stresses the importance of clear system leadership and establishing positive working at all levels through out the system.</p>

There is some evidence about how well these have been addressed locally in the meeting logs mentioned above. However, as a Kirklees health and social care system we have not yet done work to captures how different people in different sectors across the system felt about their experiences over the winter period, and the implications for improving outcomes and system efficiency and effectiveness.

d) What are the lessons from elsewhere?

Over this winter period there have been two significant publications that draw on experience from a wide range of areas across the country:

- The Secretaries of State for Health and for Communities and Local Government asked CQC to carry out a programme of targeted ‘System Reviews’ in some of the most challenged systems in the country with a focus on the interface between health and social care, looking at the planning, commissioning and delivery of health and social care services.
- As part of the Better Care Fund Support Programme, Newton Europe worked with three local health and social care systems in the north of England to understand how best to reduce the number of people remaining in hospital, when they could have been cared for more effectively in a different setting.

The key findings of these studies are set out in the Appendix to this report.

In addition to the lessons from elsewhere the two local reviews will also generate important lessons.

2.6 There are recurring themes across both the recently published papers. These include the importance of:

- system leadership
- relationships between system partners
- putting the patient, and their best possible outcome, at the forefront of everyone’s thinking and focus
- sharing ownership of the patient’s entire journey through the system
- focusing on the right things, in the right order
- capacity, market supply and workforce
- measuring the right things
- evidencing the impact of changes made.

### **3. Proposal**

3.1 To undertake a Kirklees health and social care system wide review of local experiences over winter 2017/18 to identify the key learning points and propose actions to improve outcomes and system efficiency and effectiveness.

3.2 The review will use the model developed by CQC for their ‘system reviews’ that focusses on 3 areas

- Maintaining the wellbeing of a person in their usual place of residence
- Care and support when people experience a crisis

- Step down, return to usual place of residence and/or admission to new place of residence

3.3 The review will use the following format:

a) What does the data tell us?

- Identifying a small set of key indicators and present data and analysis for Greater Huddersfield, North Kirklees and Kirklees.
- Develop a limited number of actionable insights from the data analysis.

b) What did we do?

- Collate key actions taken across
  - Greater Huddersfield
  - North Kirklees
  - Kirklees
  - What we know about the impact of each action.

c) How did it feel?

- Use the key themes from the CQC Systems Reviews and ‘Why not home today, Why not today’ (see section 2.6 above) as the basis for:
  - Confidential interviews with people from the key sectors across the system, including adult social care, community health care, primary care, acute care and the voluntary sector, including Healthwatch.
  - Use the key themes and findings from the data analysis, the local actions taken over winter and the interviews as the basis for a facilitated ½ day workshop with key people from each sector in April/May.

d) What have we learnt?

- Develop a limited set of actions across each of the key themes base do the outputs from the facilitated workshop.
- Present the outputs from the review to the A&E Delivery Boards and the Health and Wellbeing Board in May/June.

#### **4. Financial or Policy Implications**

There will be no financial or policy implications arising from the agreement of the proposal set out in this paper.

#### **5. Sign off**

Carol McKenna, Chief Officer, Greater Huddersfield and North Kirklees CCGs

#### **6. Recommendations**

That the Board:

- 6.1 Support the proposal to undertake a Kirklees health and social care system wide review of local experiences over winter 2017/18 to identify the key learning points and propose actions to improve outcomes and system efficiency and effectiveness.
- 6.2 Require a report setting out the lessons learnt and the proposed actions for the Kirklees health and social care system be presented to the June Health and Wellbeing Board meeting.

#### **7. Contact Officer**

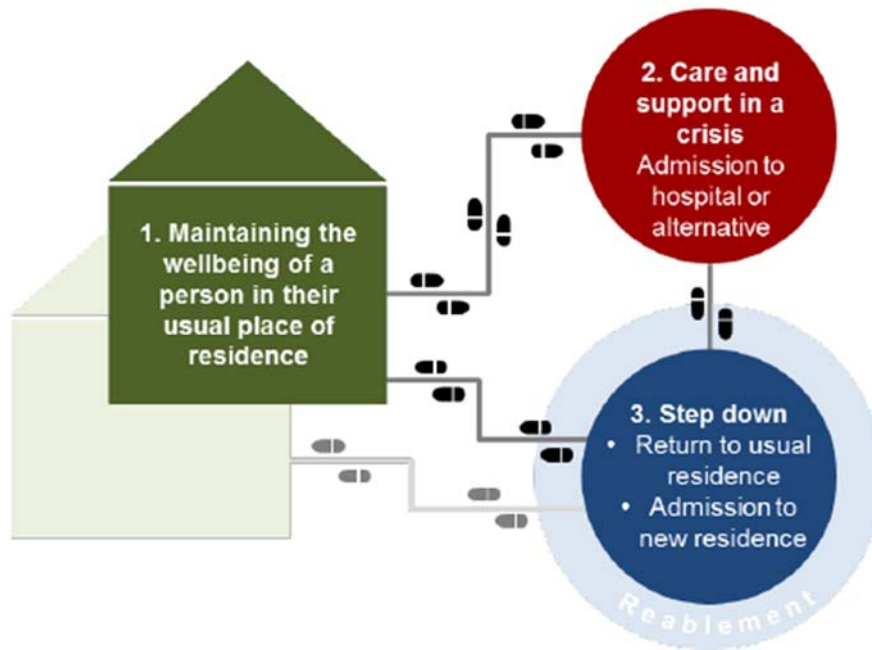
Phil Longworth, Health Policy Officer, Kirklees Council [phil.longworth@kirklees.gov.uk](mailto:phil.longworth@kirklees.gov.uk)  
01484 221000

## Appendix

### CQC Local Systems Reviews: Interim Report (December 2017)

<http://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

The system reviews focus on the interface between health and social care, looking at the planning, commissioning and delivery of health and social care services. The CQC review how each local area works within and across three key areas:



#### How systems work together

- too many people not being treated in the right place, by the right person at the right time.
- unnecessary pressure is placed on services that are not designed to meet the needs of people who use them.
- focus on individual organisational drivers is distracting from the ability of the wider system to work effectively for the people it serves.
- system-level leadership accountability is difficult to identify resulting in it being difficult for a system to achieve joint working and integration.
- extent to which leaders are working effectively together across agencies is a key factor in the outcomes for people.
- effectiveness of health and wellbeing boards as drivers of transformational change, or forums to hold wider system oversight is variable.
- good relationships between system partners that work together are critical to achieve positive outcomes for people who use services.
- instead of driving improvement, multiple and sometimes uncoordinated strategies can lead to fragmentation and confrontation between organisations across a system.
- planning for surges in demand which occur throughout the year, including winter must involve all partners within a system including social care, primary care, voluntary, community and social enterprise (VCSE) providers.

### **Managing capacity, market supply and workforce**

- people's choice about their health and social care is limited due to a shortage of capacity and range of options.
- establishing the right amount and balance of social care provision for the needs of the local population was one of the most significant challenges in all systems.
- insufficient investment in the care home and home care workforce.
- underutilisation of the voluntary, community, and social enterprise sector workforce.
- commissioners do not consistently have robust systems in place to be able to predict demand and proactively shape the structure of the market supply (planning for capacity, workforce and skill mix, quality, and innovation).
- workforce capacity is the major issue in every system and the competition from other sectors is making recruitment and retention of staff a significant challenge in a climate of austerity where it is difficult to attract and reward staff under current remuneration.

### **Moving beyond delayed transfers of care**

- there must be a whole system approach to tackling issues of flow at a local level - focusing on DToC in isolation will not resolve the problems that local systems are facing.
- joined up processes to identify and support people to stay safe and well in their usual place of residence through an effective prevention approach, and implementation of initiatives to avoid unnecessary secondary care admissions. Strong integration of primary and community care services in systems is essential for people to remain safe and well in their usual place of residence.

### **Pressure Points**

Pressure points that impact on the journey that people take across the interface of health and social care.

- Maintenance of people's health and wellbeing in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GP / urgent care centres / community care / social care
- Varied access to alternatives to hospital admission
- Ambulance interface
- Discharge planning delays and varied access to ongoing health and social care
- Varied access to reablement
- Transfer from reablement

## **Why not home? Why not today?**

**Better Care Fund Support Programme/Newton Europe. December 2017**

[https://www.local.gov.uk/sites/default/files/documents/NEW0164\\_DTOC\\_Brochure\\_Online\\_Spreads\\_1.0.pdf](https://www.local.gov.uk/sites/default/files/documents/NEW0164_DTOC_Brochure_Online_Spreads_1.0.pdf)

### **Shared Understanding**

The key to preventing delays to the transfer of patients from hospital, is to create an environment in which everyone involved has a shared understanding of the best outcome for the patient.

The critical factors to get right are:

- measuring the right things
- focusing on the right things, in the right order
- sharing ownership of the patient's entire journey through the system
- putting the patient, and their best possible outcome, at the forefront of everyone's thinking and focus
- evidencing the impact of changes made.

It is critical to be clear about, and agree upon, the definitions and parameters being used to measure delays.

### **Behaviours**

The system must have a single objective, focusing on the best possible outcome for the patient.

Five practical behaviours are needed to drive the change:

- gain buy-in to a cross-system mind set
- be open when behaviours slip, especially when the system is stressed
- create a safe environment to share concerns
- protect time to plan
- hold one another to account.

### **Decision-making**

It is essential to analyse the decision-making processes throughout the system, putting the patient at the forefront of the thinking.

The best way to match care with individual needs, in the most appropriate setting, is to ensure that the decision-making of everyone involved is focused on the patient's long-term outcome.

Bed-based pathways should not be the default decision. Investment in intermediate care services in both health and social care, such as reablement, can provide better outcomes for patients, whilst also reducing long-term care needs.

### **Leadership**

The onus is on system leaders to create an environment in which frontline practitioners can do the job they want to do, excellently and with pride – despite the considerable pressures of competing demands, which may undermine their best attempts at doing so.

No one part of the system is 'to blame' – all the various parts of the system generate delays to patient transfers and are vital in achieving the solution. But a solution will only work if system leaders model thinking and behaviours that cross the boundaries between health and social care.

A 'whole-system' approach is needed, despite the organisational drivers that may incentivise compartmentalised working.

Staff at the frontline of health and social care want to do the right thing – despite processes that might seem to get in the way.

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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE:</b> <b>22/03/2018</b>
<b>TITLE OF PAPER:</b> <b>Pharmaceutical Needs Assessment Post Consultation</b>
<p><b>1. Purpose of paper</b></p> <p>This paper outlines the amendments to the Pharmaceutical Needs Assessment (PNA) Consultation document made in the period after the Health and Wellbeing Board received a summary of the Consultation responses at its meeting on the 14 December 2018. The Report supports the Health and Wellbeing Board in its responsibility to approve the publication of the draft PNA in order to meet the Board’s statutory deadline of the 1 April 2018.</p>
<p><b>2. Background</b></p> <p>The full version of the Pharmaceutical Needs Assessment is available at <a href="http://www.kirklees.gov.uk/pna">http://www.kirklees.gov.uk/pna</a>. Appendix 2 accompanying this paper provides an Executive Summary of the findings from the PNA. The Executive Summary concludes the following:</p> <ul style="list-style-type: none"> <li>• <b>There is a reasonable and adequate choice of pharmacies in all areas of Kirklees;</b></li> <li>• Pharmacies in Kirklees reflect their local populations across Kirklees and have made adjustments to support access for those with protected characteristics;</li> <li>• There are no gaps in Necessary Service provision, in accordance with Regulations, in any Electoral Wards;</li> <li>• There are no gaps which, if filled, would lead to improvements and better access in accordance with Regulations in any Electoral Wards;</li> <li>• There is inequity of minor ailments services provided by pharmacies across Kirklees, and if they were made more widely available, this would improve access to these services.</li> </ul>
<p><b>3. Proposal</b></p> <p><b>a) The Board is asked to receive the amendments to the PNA Consultation document as set out in Appendix 1 with the Draft Executive Summary of the PNA as set out in Appendix 2.</b></p> <p>It is important for the Board, whilst approving the PNA for publication, to see the amendments to the draft PNA consultation document agreed by the PNA Steering Group. The Board is invited to make comments.</p> <p><b>b) The Board is asked to approve the PNA document for publication.</b></p> <p>To comply with statutory obligations to publish the PNA by 1 April 2018. The draft PNA can be found at <a href="http://www.kirklees.gov.uk/pna">http://www.kirklees.gov.uk/pna</a>.</p>
<p><b>4. Financial Implications</b></p> <p>None</p>
<p><b>5. Sign off</b></p> <p>Rachel Spencer-Henshall    1 March 2018</p>

## **6. Next Steps**

The PNA needs to be continually managed throughout the 3 year period of publication. It is the statutory responsibility of the Board to publish Supplementary Statements to the PNA where necessary alongside the current PNA. At its meeting on 30 April 2015, the Board agreed the process of managing the PNA and delegated responsibility for the PNA to the Director of Public Health.

Any significant decisions to remove, change, or arrange new pharmaceutical services may constitute a proportionate response to the PNA in accordance with Paragraph 2 of Regulation 6 (The Pharmacy Regulations) and would constitute a rewrite and re-consultation of the PNA.

On behalf of the Board, the role of the person nominated to manage the PNA is to:

- Receive and respond to NHS applications and determinations;
- Take into account any additional changes affecting the PNA communicated to the Board by NHS England; Community Pharmacy West Yorkshire; NHS North Kirklees CCG; NHS Greater Huddersfield CCG or the Local Medical Committee;
- To convene meetings, and work collaboratively with the Kirklees PNA Group. To discuss issues arising with this Group which affect the PNA, including which changes constitute a proportionate response and which changes necessitate the publication of a Supplementary Statement alongside the PNA during the 3 year period of publication;
- To make continuous updates to the existing PNA in the form of a new draft in preparation for the next PNA. This will make the process of revision for the next publication easier and less onerous.

This is a non-key decision.

## **7. Recommendations**

The Board is asked to approve the PNA document for publication on 1 April 2018

## **8. Contact Officer**

Nicola Bush Public Health Pharmaceutical Advisor; [Nicola.bush@kirklees.gov.uk](mailto:Nicola.bush@kirklees.gov.uk)

## Appendix 1: Kirklees Pharmaceutical Needs Assessment Consultation Responses and Updates 02/10 2017-26/02/2018

### Snap Survey Responses

The table below details comments from a total of five consultation responses received from the following people/ organisations:

- Pharmacy contractor representing a Pharmacy;
- Pharmacist representing two Pharmacies;
- Area Manager representing Well Pharmacies;
- Member of the public;
- Community pharmacy West Yorkshire representing all Kirklees Pharmacies.

Snap Survey Summary Responses						
Date	Respondent	SNAP Question Category	Pharmacy Address(es)/ PNA Areas	Details/ Survey Response	Ward	PNA Amendments
9/11/2017	Area Manager on behalf of Well Pharmacies	Accuracy: Appendix 13: Locally Commissioned Services	Batley, 4 Market Place	This branch does not offer the Needle Exchange service	Batley East	Appendix 13 page 141 pharmacy confirms they are providing; CP Questionnaire confirms yes commissioner confirms yes. <b>No PNA amendment.</b>  PNA does not have this Branch providing. <b>No PNA amendment.</b>  PNA does not have this Branch providing. <b>No PNA amendment.</b>  PNA does not have this Branch providing. <b>No PNA amendment.</b>
			Heckmondwike, Northgate Centre	This branch does offer the Smoking Cessation Service	Heckmondwike	
			Skelmanthorpe, Commercial Road	This branch does offer the Smoking Cessation Service	Denby Dale	
			Milnsbridge, Market Street	This branch does offer the Smoking Cessation Service	Golcar	
		Accuracy: Appendix 13: NHS England Commissioned Enhanced and Advanced Services	Heckmondwike, Union Street	This branch does not offer the Palliative Care Service	Heckmondwike	Appendix 13 page 152 Service confirmed by NHS England – <b>No PNA amendment</b> Appendix 13 page 157 To be confirmed with commissioners Service confirmed by NHS England <b>No PNA amendment</b>
Milnsbridge, Market Street	This branch does not offer Head Lice Treatment	Golcar				
<b>Snap Survey Summary Responses</b>						

Date	Respondent	Category	Pharmacy Address(es)/ PNA Areas	Details/ Survey Response	Ward	PNA Amendments
12/01/2018	NHS England	Accuracy: Appendix 11: Table of Community Pharmacy Opening Hours	Morrisions Union Street	The opening hours should be: Monday to Friday: 08:45 – 18:00, Saturday: 09:00 – 17:00	Heckmondwike	Appendix 11 page 125 No lunch breaks confirmed by NHS England. <b>Amended.</b>
1/12/2017	Member of the Public	Gaps: Public opinion about opening hours. PNA No Gap identified	Pharmacies in the Netherton and Meltham areas	“Netherton and Meltham need longer opening hours”	Crosland Moor and Netherton Ward  Holme Valley North	Two pharmacies open week days until 18:00pm and one until 18:15pm in Meltham/ on Metham Road. One pharmacy in Honley open until 18:30pm. Three pharmacies open Saturday mornings. <b>PNA Group: No gaps identified</b>
1/12/2017	Pharmacist	Accuracy: Notification of intention not to provide NUMSAS	Appendix 13: NHS England Commissioned Advanced Services	“Pharmacies reported in Meltham and Thornhill do not provide NUMSAS as stated”	Dewsbury South/ Holme Valley North	Appendix 13 pages 153 and 158 <b>PNA Group: “soon” removed</b> from all Sections OF Appendix 13
1/12/2017	Community Pharmacy Contractor	Additional Comments	“A greater scope of pharmaceutical Enhanced Services would be helpful to the area, such as Minor Ailments & EHC. They are currently rationed.”			<b>PNA Group:</b> EHC not currently rationed. NHS England to reassess the Minor Ailments Service in the future: <b>Noted.</b>
		Accuracy	Appendix 11 and 13	“The Pharmacy is correctly spelled on p16 of Appendix. Please change 'Chemist' to 'Pharmacy' on pp 126, 143 and 152 of the main PNA.	Liversedge and Gomersal	Appendix 11 and 13: pages 126, 143 and 152 <b>edited.</b>

**Snap Survey Summary Responses**

Date	Respondent	Category	Pharmacy	Details/ Survey Response	Ward	PNA Amendments
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Date	Respondent	Category	Pharmacy Address(es)/ PNA	Details/ Survey Response	Ward	PNA Amendments
1/12/2017	Community Pharmacy West Yorkshire	Accuracy: Notification to amend the details of pharmacy summary breakdown on page 25	Main body of PNA Sections 2.42 and 2.44	“Number of pharmacies in Kirklees. P 25 states there are 93 40-hour contracts within Kirklees. This does not match the number of pharmacies that Community Pharmacy West Yorkshire have on record: • 83 40-hour standard contracts • 9 Distance selling pharmacies • 15 100-hour contracts • 1 over 15,000 sq metre • Total = 108”		Page 25 Sections 2.42 and 2.44 <b>PNA Group Changed to:</b> “Pharmacies with a 40 Hour Contract NHS England currently has eighty three Kirklees pharmacies on its pharmaceutical List with a standard (“40 hour”) contract, ten distance selling pharmacies and one pharmacy previously approved under the 15,000 sq metre exemption making a total of ninety four pharmacies.”
1/12/2017	Community Pharmacy West Yorkshire	Additional Information	Main body of PNA <b>Kirklees Overall Profile</b> <b>New Section 2.58 Universities and Colleges</b>	Huddersfield is a university town. As such there will be an influx (both on a daily and term-time basis) of (mainly young) people. The requirements of this cohort of population should be noted within the PNA. This need is met by the current pharmaceutical provision- but this should be captured within the PNA.		“Huddersfield is a university town and this creates an influx (both on a daily and term-time basis) of (mainly young) people. Students from Greenhead, New and Kirklees Colleges also impact on town centre footfall. The pharmaceutical needs of this population cohort are met by adequate pharmaceutical provision in Huddersfield” <b>added</b>
1/12/2017	Community Pharmacy West Yorkshire	Additional Information	Main body of PNA	Need an overall District Level Map of Pharmacies		Represented in Figures 8:111 and 9: 112 (IMD and Population density). <b>No edit.</b>
1/12/2017	Community Pharmacy West Yorkshire	Additional Comments	Main body of PNA	P101 of the PNA states ‘Some pharmacies provide EHC in the over 16 year olds and sexual health services as private services.’ This is not correct as ellaOne can be purchased over the counter and does not have an age restriction on its supply.		Page 101: <b>Changed</b> to “Some pharmacies provide EHC and sexual health services as private services.”
1/12/2017	Community Pharmacy West Yorkshire	Additional Comments	Main body of PNA	The NHS England commissioned On Demand Availability of Specialist Drugs (Availability of Palliative Care Medicines) service is currently under review. An updated service will be in place from the 1st April 2018. This will include a new set of pharmacies providing the service. This expected change should be reflected within the PNA.		Page 99: “This service was currently under review at the time of writing and is subject to change” <b>added.</b> NHS England: No service developments will be finalised before publication.
<b>Snap Survey Summary Responses</b>						
Date	Respondent	Category	Pharmacy Address(es)/ PNA	Details/ Survey Response	Ward	PNA Amendments

			<b>Areas</b>		
1/12/2017	Community Pharmacy West Yorkshire		Main body of PNA	Distance-selling pharmacies (DSP) cannot provide face-to-face essential services. It therefore may be misleading to mark DSPs on the maps in the same way as a bricks and mortar pharmacy as patients cannot access their services from the DSP physical location. It is suggested that DSPs are marked using a different shape / colour to distinguish them from other community pharmacies.	Maps and Figures <b>Edited February 2018</b>
1/12/2017	Community Pharmacy West Yorkshire		Main body of PNA	The number of Healthy Living Pharmacies is set to rapidly increase by November 2017. The final published PNA should include updated figures of the number of HLP pharmacies. The PNA must clearly state that the date that on which the information was correct. Section 2.45 is regarding distance-selling pharmacies.	Appendix 13: Locally Commissioned services Table <b>updated</b> ; Page 22: <b>Changed</b> to “As of 19/12/2017, there were a total of 73 pharmacies in Kirklees that were HLPs. A number of Pharmacies are working towards their RSPH accreditation to become HLPs in the near future and this number is subject to change.”
1/12/2017	Community Pharmacy West Yorkshire			There is reference made to ePACT analysis of the number of prescriptions dispensed by DSP outside of Kirklees. It would be helpful to add the date of this analysis.	<b>PNA Group:</b> Section 2.45 Page 26 Reference to ePACT <b>deleted</b> (Definition removed from the Glossary) – does not add anything to the PNA.

All respondents found the information in the PNA easy to understand and all found that the purpose of the PNA was made clear. The table below details comments submitted regarding points of accuracy, additional information needed in the PNA and other additional comments to be taken into account prior to publication.

## Information Updates through Formal Communications

The table below details total of thirteen updates from the following organisations during the consultation period:

Date	Received From?	Category	Pharmacy Address(es)/ PNA Section	Details	Ward/ Agreed Amendment	
<b>Information Updates through Formal Communications</b>						
4/10/2017	NHS England	New Distance Selling Pharmacy from 9/10/2017 The Pharmacy Hub	<b>FEF73</b> TH Pharma Ltd T/A: 5A Providence Street, Batley, WF17 5QW <b>Appendix 11 – Table of Community Pharmacy Hours;</b> <b>Appendix 12 – Number of Pharmacies per 100,000;</b> <b>Appendix 13 Commissioned services tables</b>	Monday-Friday: 09:00 – 17:00	Batley East <b>Maps amended February 2018.</b> Appendix 11 page 124 <b>added</b> ; Appendix 12 page 140 <b>added</b> ; Appendix 13 page 151 <b>added</b> ; Reformats to tables Section 2.46 page 26 number of distance selling pharmacies <b>changed</b> from 9 to <b>10</b>	
12/10/2017 24/11/2017	NHS England	Change of Ownership From Eightlands Ltd to Mount Pleasant Healthcare Ltd from 1/12/2017 Mount Pharmacy	71 Halifax Road, Dewsbury, West Yorkshire WF13 4HD	Same hours and services as previous contractor	Dewsbury West <b>No PNA amendment</b>	
3/11/2017	NHS England	Supplementary Hours change	FJD26, Boots Pharmacy, 32 Peel Street, Marsden, HD7 6BW	Monday-Friday: 08:30 - 18:00 Saturday: 09:00 - 13:00	Colne Valley Amended prior to consultation	
5/10/2017	NHS England	Change of Ownership Pure Health Medical Ltd to Norchem Healthcare Ltd Oakwood Pharmacy	The Old Salvation Army Hall, 74 Blackburn Road, Birstall, Batley, WF17 9PL	Same hours and services as previous contractor	Birstall and Birkenshaw Commencing 01/01/2018 <b>No PNA amendment</b>	
15/11/2017	NHS England	Core (lunch times) and Supplementary Hours (extended) Change-Immediate	FJY97: Boots Pharmacy, Mirfield Health Centre, Doctor Lane, Mirfield, WF14 8DU <b>Appendix 11 – Table of Community Pharmacy Hours</b>	Core hours: Monday to Friday: 09:00-13:00, 14:00-18:00 Supplementary hours: Monday and Wednesday: 08:00-13:30, 14:00-19:30 Tuesday, Thursday and Friday: 08:00-13:30, 14:00-18:15	Mirfield Appendix 11 page 129 <b>amended</b>	
Date	Received	Category	Pharmacy Address(es)/ PNA	Details	Ward/	

	<b>From?</b>		<b>Section</b>		<b>Agreed Amendment</b>	
21/11/2017	NHS England	Supplementary Hours Change - Immediate	FDF32: Well Pharmacy, The Health Centre, Wakefield Road, Scissett, HD8 9JL	Monday to Friday: 08:30-18:00	Denby Dale	Amended prior to consultation
21/11/2017	NHS England	Supplementary hours reduction change from 17/02/2018	FDW64: Blundells Pharmacy t/a Manor Pharmacy, 59 Huddersfield Road, Holmfirth, HD9 3JH  <b>Appendix 11 – Table of Community Pharmacy Hours</b>  <b>Figure Eleven – Pharmacies with Extended Opening Hours: Saturdays after 12 noon, Sundays</b>  Holme Valley South Ward Profile - <b>Necessary Services: gaps in Provision</b>	Monday to Friday: 09:00-18:00 Saturday: 09:00-14:00 Sunday: Closed  Note <b>Saturday hours reduced, Sunday closure</b>	Holme Valley South	Appendix 11 page 138 edit. Key Colour on Figure Eleven page 122 to change from pink to grey (Saturday after 12pm only) – <b>amended February 2018</b> Section 3.136 page 82: “One pharmacy provides extended <u>opening</u> hours on week days until 7:30pm, Saturdays until 5pm and Sundays” <b>changed to</b> “Five pharmacies provide extended <u>opening</u> hours on Saturdays”. <b>PNA Group : No gaps created</b>
24/11/2017	NHS England	NUMSAS Update Received (See 31/01 below) Cut off 31 01 2018	<b>Appendix 13 NHS ENGLAND Commissioned Services</b>	3 new, 2 no longer signed up	Golcar  Dewsbury East  Newsome  Golcar  Dewsbury West	Appendix 13 NUMSAS <b>Deleted</b> ST Shaw page 157;  Chickenlay page 152  <b>Added</b> Tescos page 157  Cowersley page 157  Dewsbury page 153 amended prior to consultation
<b>Date</b>	<b>Received From?</b>	<b>Category</b>	<b>Pharmacy Address(es)/ PNA Section</b>	<b>Details</b>	<b>Ward/ Agreed Amendment</b>	



24/11/2017	NHS England	FLU Update Received (See 31/01 below) Cut off 31 01 2018	<b>Appendix 13</b> <b>NHS ENGLAND Commissioned Services</b>	11 new flu contracts	Batley East Cleckheaton Heckmondwike Dewsbury South Ashbrow Dalton Lindley Colne Valley Holme Valley North Holme Valley South	Well page 151 amended prior to consultation <b>Added</b> Kirklees page 152 Well page 152 Asda page 153 Siddique page 154 Kirkheaton and Rowlands page 155 ST Shaw page 156 Cohens page 157 Rowlands page 158 Manor page 158
24/11/2017	NHS England	FLU Update Received (cut of 31/01 below see "31/01" below).	<b>Appendix 13</b> <b>NHS England Commissioned Services</b>	5 Pharmacies not signed up 2017/18	Ashbrow Greenhead Lindley Holme Valley South Kirkburton	<b>Deleted:</b> Medicare page 154 Medicare page 155 Medicare page 156 Medicare page 158 Rowlands page 159
<b>Date</b>	<b>Received From?</b>	<b>Category</b>	<b>Pharmacy Address(es)/ PNA Section</b>	<b>Details</b>	<b>Ward/ Agreed Amendment</b>	
24/11/2017	Kirklees PH	Stop Smoking Service	<b>Appendix 13</b>	2 new NRT voucher contracts; 3 new	Figure 3 page 103 <b>amended</b>	

		Update Final update cut off 31/01/2018 see "14/12/2017 and 31/01" below.	<b>Locally Commissioned Services</b>  <b>Figure 3 – Pharmacies in Kirklees Providing Smoking Cessation</b>	level 2 advisor contracts	Dewsbury East  Dewsbury East  Newsome  Holme Valley North	<b>February 2018;</b>  Page 143: G Pharmacy renewed voucher scheme <b>added;</b>  Page 143: Pharmacy D new Level 2 Advisor contract <b>added;</b>  Page 147: Huddersfield Pharmacy new voucher scheme and level 2 Advisor contract <b>added;</b>  Page 149 Lloyds Pharmacy new Level 2 Advisor contract <b>added.</b>
29/11/2017	NHS England	Supplementary Hours Change - Immediate	FN687: Pharmacy Care Plus Ltd, t/a Shahs Pharmacy, 69 Valley Road, Liversedge, WF15 6DL	Monday to Thursday: 09:00-18:30 Friday: 09:00-18:00	Liversedge and Gomersal	Amended prior to consultation.
6/12/2017	Kirklees PH	Edit	<b>Appendix 13</b> <b>Locally Commissioned Services</b>		Almondbury	Page 145 Almondbury – "continued" <b>deleted.</b>
14/12/2017	Kirklees PH	Accuracy	<b>Glossary</b> Advanced Services Definition	NUMSAS service extension		Page 5: <b>Changed</b> from "Five" to " <b>Six</b> services within the NHS Community Pharmacy Contract added "(including the NHS Urgent Medicine Supply Service which has a 6 month extension until 30/September 2017)".
14/12/2017	Kirklees PH	Clarification	<b>Glossary</b> Dispensing Doctors Definition	Additional Information		Page 6: "and live more than 1.6 km (1 mile in a direct line) from a <u>community</u> (added) pharmacy.
14/12/2017	Kirklees PH	Clarification	<b>Glossary</b> Minor Ailments Scheme Definition	Additional Information		Page 8: "This is commissioned locally as an Enhanced Service." <b>Added.</b>
<b>Date</b>	<b>Received From?</b>	<b>Category</b>	<b>Pharmacy Address(es)/ PNA Section</b>	<b>Details</b>		<b>Ward/ Agreed Amendment</b>
14/12/2017	Kirklees PH	Edit	<b>Glossary</b> NUMSAS Definition and edit	Updated information to extend service		Page 9: <b>Changed to</b> "This service is a pilot service from 1 December 2016 to be reviewed 30

					September 2018.” Edit - <b>Moved to</b> its correct alphabetical place.
14/12/2917	Kirklees PH	Clarification	<b>Glossary</b> SAC Definition	Additional Information	Page 10: “This is an Advanced Service” <b>added.</b>
14/12/2917	Kirklees PH	Accuracy	Section 2.16 <b>Market Entry by Means of Pharmaceutical Needs Assessment</b>		Page 18: “meet the terms of the exemption under which the application was approved without good cause, or if a serious breach led to patient safety being put at risk.” <b>Changed to</b> “meet the Terms of Service under which the application was approved without good cause, or if a serious breach occurred.”
14/12/2917	NHS England - national	Accuracy	Section 2.20 <b>Advanced Services</b>	NUMSAS service extension	Page 19: Currently there are five Advanced Services: “five” <b>changed to “six”</b>
14/12/2917	NHS England - national	Accuracy	Section 2.20 <b>Advanced Services</b>	NUMSAS service extension	Bullet point six page 19 “This is a pilot project to be reviewed 31/08/2018.” <b>Changed to</b> “This is a pilot <b>service</b> to be reviewed <b>30/09/2018.</b> ”
14/12/2917	PNA Group	Accuracy	Section 2.21	Edit	Bullet point twenty page 20. “directly observed tuberculosis drugs service “known as DOTS”. <b>PNA Group – advised, deleted.</b>
14/12/2917	PNA Group	Clarification	Section 2.40 <b>Pharmacy Opening Hours</b>	Edit	Page 25: “and it is good practice for pharmacy contractors to update the NHS Choices website with any amendments at the end of the 90 day notice period to NHS England” <b>PNA Group changed to “Pharmacies may vary their supplementary hours at the end of a 90 day notice period to NHS England”</b>
14/12/2917	NHS England - national	Accuracy	NUMSAS Service Description	NUMSAS service extension	Page 98: “it will run from 1st December 2016 to 31st March 2018” <b>changed to</b> “it will run from 1 December 2016 to 30 September 2018 with a review point to consider progress in September 2018.
<b>Date</b>	<b>Received From?</b>	<b>Category</b>	<b>Pharmacy Address(es)/ PNA Section</b>	<b>Details</b>	<b>Ward/ Agreed Amendment</b>
14/12/2017	Kirklees PH	Edit	<b>Figure 3 – Pharmacies in Kirklees Providing Smoking Cessation</b>	Service accuracy	Figure 3 page 102 - Smoking Cessation <b>Deleted:</b> Medicare Cophorne Square

					<b>Added:</b> Shahs Pharmacy Level 2 Cessation Asda Mill Street and Bradford Road NRT Voucher	
14/12/2017	Kirklees PH	Edit	<b>Appendix 13</b> <b>NHS England Commissioned Services</b>		Title Format "Flu" <b>changed</b> to "Flu Vacc" page 151; Column width extended for "NUMSAS" title page 154.	
14/12/2017	Kirklees PH	Edit	<b>Appendix 13</b> <b>NHS England Commissioned Services</b>		Page 156: Bracket (")") <b>removed</b> after Lindley in the table.	
19/12/2017	PNA Group	Edit	Main Body PNA	Correct terminology	All references to "NHS England" <b>changed</b> to "NHS England".	
24/01/2018	NHS England	Memo Increased Supplementary Hours Lindley Ward	<b>Appendix 11 Table of Community Pharmacy Hours</b> Medicare Chemists Ltd at Unit 2 Salendine Shopping Centre, 144 Moorhill Road, Salendine Nook, Huddersfield, HD3 3XA	<b>Increased</b> supplementary hours to include Saturdays 09:00-13:00 effective from 11 <sup>th</sup> April 2018.	Page 134 <b>amended</b> . Key code 59 added to Figure Eleven – Page 122.	
24/01/2018	NHS England	Memo Reduced Supplementary Hours Holme Valley South	<b>Appendix 11 Table of Community Pharmacy Hours</b> Medicare Chemists Ltd at Unit 5 Riverside Shopping Centre, Huddersfield Road, Holmfirth, HD9 3AZ	<b>Reduced</b> supplementary hours on Saturdays only from 09:00-16:00 to 09:00-12:00 effective from 14 April 2018	Page 138 <b>amended</b> . Key code 58 deleted from Figure Eleven – Page 122.	
31/01/2018	Kirklees PH	Stop Smoking Service Update	<b>Appendix 13</b> <b>Locally Commissioned Services</b>  <b>Figure 3 – Pharmacies in Kirklees Providing Smoking Cessation</b>	4 new NRT voucher contracts	Greenhead  Holme Valley North  Holme Valley South	Figure 3 page 103 amended. <b>Added</b> Page 146: Medicare Westbourne Road voucher scheme.  Page 149: Medicare Westgate Honley voucher scheme.;  Page 149: Medicare Riverside and Elmwood voucher scheme.
<b>Date</b>	<b>Received From?</b>	<b>Category</b>	<b>Pharmacy Address(es)/ PNA Section</b>	<b>Details</b>	<b>Ward/ Agreed Amendment</b>	
31/01/2018	NHS England	FLU Update	<b>Appendix 13</b> <b>Locally Commissioned Services</b>		Cleckheaton Heckmondwike	<b>Deleted</b> Page 152: Kirklees Pharmacy Page 152: Well Morrisons Union Street

					Ashbrow Holme Valley South  Liversedge and Gomersal  Holme Valley South	Page 154: Siddique Pharmacy Ltd Spaines Road Page 158: New Mill Pharmacy  <b>Added</b> Page 152: Shah's Pharmacy Valley Road  Page 158: The Valley Pharmacy, New Mill
31/01/2018	NHS England	NUMSASs Update	<b>Appendix 13 Locally Commissioned Services</b>		Holme Valley South	<b>Added</b> Page 158: New Mill Pharmacy
30/01/2018	NHS England	Memo – Supplementary Hours Change	<b>Appendix 11 Table of Community Pharmacy Hours</b>	<u>FJY97 Boots UK Ltd, Mirfield Health Centre, Doctor Lane, Mirfield, WF14 8DU</u> Monday: 08:00-13:00, 14:00-18:00 Tuesday: 07:00-13:00, 14:00-18:00 Wednesday: 08:00-13:00, 14:00-18:00 Thursday: 07:00-13:00, 14:00-18:00 Friday: 08:00-13:00, 14:00-18:00	Mirfield	<b>Amended</b>
<b>Date</b>	<b>Received From?</b>	<b>Category</b>	<b>Pharmacy Address(es)/ PNA Section</b>	<b>Details</b>	<b>Ward/ Agreed Amendment</b>	
09/02/2018	PNA Group	Clarity	Section 3.35 - Page 45 Section 3.41 – Page 47	Heckmondwike Liversedge and Gomersal	"there is sufficient cover in the neighbouring <u>District and Ward</u> where the GPOOH and Minor Injuries Units are located" changed to "there is sufficient cover in <u>areas</u> where the GPOOH and Minor Injuries Units are located. In the Huddersfield Locality area there are 100	

					hour pharmacies providing necessary extended hour pharmaceutical services and in the Batley West Ward there is easy access to 100 hour pharmaceutical services in the neighbouring Batley East and Birstall and Birkenshaw Wards respectively.”
14/02/2018		Accuracy	<b>Seasonal Influenza Vaccination (Flu Vaccination)</b> Page 97	Main body PNA	“From 20 November 2017, NHS England published an amended Patient Group Direction (PGD) and service specification for the Flu Vaccination Advanced Service which enables community pharmacists to also administer NHS flu vaccinations to care home and domiciliary care workers.” Added
14/02/2018		Accuracy	<b>Appendix Fourteen</b> <b>14. Future Developments in Community Pharmacy Services, Links and Further Information</b> Page 166		<b>“Pharmacy: a way forward for public health</b> This document sets out a range of opportunities for pharmacy teams working in communities, and through their daily interactions with patients and the public, to play an important role in protecting and improving the health of the nation. <a href="https://www.gov.uk/government/publications/community-pharmacy-public-health-interventions">https://www.gov.uk/government/publications/community-pharmacy-public-health-interventions</a> ”. Added

Date	Received From?	Category	Pharmacy Address(es)/ PNA Section	Details	Ward/ Agreed Amendment
23/02/2018	NHS England	Advisory PNA Group	Glossary Page 8; Section 2.20 Page 19; Appendix Three Page 98; Appendix Fourteen Page 160 and page 163	NHS England is advising all areas to add the words 'time-limited' to the NUMSAS sections to reflect that that should NUMSAS not be extended in to the contractual framework that a gap in provision wouldn't automatically be created by the loss of the scheme. The words should read on page 98 'NUMSAS is a national time limited pilot of a community pharmacy.....' and reflected throughout the document.	"a national time limited" Added

### Acronyms

Epact: Electronic Prescribing and Cost  
 PH: Public Health  
 NUMSAS: NHS Urgent Medicines Supply Advanced Service  
 PNA: Pharmaceutical Needs Assessment  
 T/A: Trading As

## **Appendix 2: PNA EXECUTIVE SUMMARY (PNA Draft Document Page 12 -13)**

A Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services. Pharmaceutical services are provided from Pharmacies, Dispensing Appliance Contractors, Dispensing Doctors and Local Pharmaceutical Services. The PNA states the number of people needing pharmaceutical services and maps the current provision and demography. The PNA is a stand-alone document that is integrated with the Joint Strategic Needs Assessment and provides an overview of the risks to health and well-being. As a statement of “need”, the PNA analyses the population’s health needs, identifies gaps in service provision and provides intelligence to create and improve access.

From 1st April 2013, the Health and Social Care Act 2012 established the Health and Wellbeing Boards (HWBBs) and transferred responsibility to develop and update PNAs from the Primary Care Trusts (PCTs) to the Health and Wellbeing Boards (HWBBs). The Health and Social Care Act 2012 also transferred market entry determinations from PCTs to NHS England. Kirklees HWBB has prepared this PNA in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, SI 2013/349 (“the Regulations”).

This summary sets out the background to the development of the PNA in Kirklees. An overview of the Regulations and an overview of the range of pharmaceutical services that are currently provided can be found in Sections 2 and 3.

For this PNA, services have been reviewed at Locality level and by Electoral Ward.

Patients’ views of community pharmacy services were obtained from the Current Living in Kirklees (CLiK) Survey conducted in 2016 (See Appendix Nine).

A comprehensive range of sources has been used to identify the social and health profile of the Kirklees population (See Appendix Eight) and this document provides full details at Electoral Ward level of:

- Population demographics - age, income, deprivation, health needs;
- Number and location of community pharmacies and dispensing doctor practices;
- Analysis of any gaps in necessary services;
- Analysis of any gaps in improved services or access to services.



Conclusions reached in the PNA are derived taking into account a number of factors:

- The health needs assessment, the risks to health and wellbeing of people and the health burden within the profile areas (Section 3 Pages 35-84 and Appendix Eight Pages 113-118);
- The number of pharmacies per 100,000 population (Appendix Twelve-page 140). Note: Although distance selling pharmacies have not been included in these calculations, as these pharmacies serve populations within and without of the Kirklees area, the values listed in this Appendix are likely to be higher than those presented in the table;
- Whether a service which should have equity of access is available and accessible within an Electoral Ward (Appendix Eleven Pages 123-139; Appendix Thirteen Pages 141-158; Figures Ten and Eleven Pages 121-122);
- Where the local services are positioned (e.g. GP OOH, Minor Injuries Units) and whether there are sufficient pharmaceutical services to support these services (pages 35-84, Appendix Eleven-pages 123-139). Note attention has been paid in this Assessment to the location of and accessibility to 100 hour pharmacies and pharmacies providing extended (supplementary) hours. Consideration has also been made to the availability of a limited supply of urgent and immediate medicines via the GPOOH service outside of these pharmacies' opening hours;
- Availability of similar services commissioned by other providers (e.g. General Practitioners);
- Extended GP hours and whether there are sufficient pharmaceutical services to support these services (pages 35-84, Appendix Eleven-pages 123-139). Note: GP Extended Hour services are under continuous review and as such, Commissioners of these services should be mindful of the availability of pharmaceutical services to support these GP Extended hour services;
- Engagement with commissioners of services.

### Overall Findings

- **There is a reasonable and adequate choice of pharmacies in all areas of Kirklees.**
- Pharmacies in Kirklees reflect their local populations across Kirklees and have made adjustments to support access of those with protected characteristics (See Appendix Two Page 87).
- There are **no gaps** in Necessary Service provision, in accordance with Regulations, in any Electoral Wards (See "Summary of Gaps" table below).
- There are **no gaps** which, if filled, would lead to improvements and better access in accordance with Regulations in any Electoral Wards (See "Summary of Gaps" table below).
- There is inequity of access to the Minor Ailments Enhanced Service. This service is commissioned on a limited basis across Kirklees. 79% (77/98) pharmacies responding as part of the community pharmacy questionnaire indicated that they would consider providing the Minor Ailment Service should the commissioning of this service be expanded. If the service was made more widely available, this would improve access to this service (See Appendix Eight Page 113).

Where needs are identified in accordance with Regulations that if addressed, could result in improvements and better access to pharmaceutical services, it would be the intention of NHS England to seek to commission these from existing providers of pharmaceutical services and other providers.

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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE:</b> 22 March 2018
<b>TITLE OF PAPER:</b> Proposed revisions to the Terms of Reference for the Health and Wellbeing Board
<p><b>1. Purpose of paper</b></p> <p>The purpose of this report is to seek approval for the proposed revisions to the Terms of Reference for the Health and Wellbeing Board.</p>
<p><b>2. Background</b></p> <p>In accordance with The Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013, if the Council's wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments. The proposed revision to the Terms of Reference (TOR) (see attached) aims to:</p> <ul style="list-style-type: none"> <li>- Clarify the role, purpose and reflect the full range of the Board's responsibilities</li> <li>- Improve understanding of the purpose and role of other boards and organisations</li> <li>- Build constructive relationships across these bodies</li> </ul> <p>Changes to the management structure at Greater Huddersfield and North Kirklees CCGs which now has one Chief Officer and Lay Member representing both organisations will also need to be reflected in the TOR. This has implications for voting as they would hold a vote for each CCG. The Health and Social Care Act states at s.194 (7) that:</p> <p><i>'A person may, with the agreement of the Health and Wellbeing Board, represent more than one clinical commissioning group on the Board'</i></p>
<p><b>3. Proposal</b></p> <p><b>That the Board:</b>          Considers and agree the proposed revision          Agrees it progress through Corporate Governance and Audit Committee and Annual Council</p>
<p><b>4. Financial Implications</b></p> <p>None.</p>
<p><b>5. Sign off</b></p> <p>Richard Parry – 12 March 2018</p>
<p><b>6. Next Steps</b></p> <p>That once the revisions to the Terms of Reference have been agreed by the Board it will progress through Corporate Governance and Audit and then to Annual Council in readiness for the 2018/19 municipal year.</p>
<p><b>7. Recommendations</b></p> <p>That the Board accepts the proposed revisions.</p>
<p><b>8. Contact Officer</b></p> <p>Phil Longworth, Health Policy officer Tel:01484 221000</p>

## Health and Wellbeing Board

### Membership

Membership of the Board includes **voting and no-voting members as set out below:-**

Councillors, NHS Clinical Commissioning Group representatives, Healthwatch and Council Directors.

### Voting members

- Three Members of Kirklees Council's Cabinet, one of whom may be the Leader
- One Senior Councillor from the main opposition group
- One Councillor from a political group other than the administration and main opposition group
- Director for Children **Services**
- Director for Public Health
- Director of Adult Social Service
- One representative of local Kirklees Healthwatch
- Three representatives of North Kirklees Clinical Commissioning Group
- Three representatives of Greater Huddersfield Clinical Commissioning Group

### Non-voting members

- Chief Executive Kirklees Council
- Member of NHS England ( Statutory requirement: to participate in the Board's preparation of JSNA / JHWS and if requested to participate in exercise of the commissioning functions of the Board in relation to the Kirklees HWB Area)

### Invited observers

**Invited observers from key local partners to promote integration:**

Chief Executive or nominated representative of significant partners:

- Mid Yorkshire Hospitals Trust
- Calderdale and Huddersfield Foundation Trust
- South West Yorkshire Partnership Foundation Trust
- Current community health provider
- West Yorkshire Police

## Terms of Reference

The Health and Wellbeing Board is a statutory Committee of the Council bringing together the NHS, the Council and partners to:

- Improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.
- Develop, publish and own the Joint Strategic Needs Assessment for Kirklees (JSNA) (which is known locally as the Kirklees Joint Strategic Assessment (KJSA)) to inform local planning, commissioning and delivery of services and meet the legal responsibilities of Kirklees Council and the Clinical Commissioning Groups.
- Publish and maintain a statement of needs for pharmaceutical services across the Kirklees area.
- Develop, publish and own the Joint Health and Wellbeing Strategy for Kirklees, based on the JSNA and other local intelligence, to provide the overarching framework for planning, commissioning and delivery of services.
- Provide the structure for overseeing local and regional planning and accountabilities for health and wellbeing related services and interventions and the development of sustainable integrated health and social care systems.
- Promote integration and partnership working with the NHS, social care, public health and other bodies in the planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees, including as part of regional working.
- Ensure the involvement and engagement of service users, patients and the wider public in planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees.
- Provide leadership and oversight of key strategic programmes, such as the Kirklees Health and Wellbeing Plan, Better Care Fund, and to encourage use of associated pooled fund arrangements where appropriate.
- Provide assurance that the commissioning and delivery of plans of partners have taken sufficient account of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- Ensure that the Council's statutory duties in relation to health protection arrangements and plans are delivered through the work of its sub-committee, the Kirklees Health Protection Board.
- Exercise any other functions of the Council delegated to the Board by the Council.

## **Voting Rights**

[See membership list](#)

In accordance with The Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013, if the Council's wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments.

## **Substitute Members**

Voting Board Members can send a substitute to represent them should they be unable to attend and if appropriate cast their vote.

## **Quorum**

The quorum for the board will be attendance by 50% of the accountable bodies and 50% of the membership.