

Public Document Pack



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

Julie Muscroft

The Democracy Service
Civic Centre 3
High Street
Huddersfield
HD1 2TG

Tel: 01484 221000

Please ask for: Jenny Bryce-Chan

Email: jenny.bryce-chan@kirklees.gov.uk

Wednesday 20 June 2018

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Reception Room - Town Hall, Huddersfield** at **1.00 pm** on **Thursday 28 June 2018**.

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 Shabir Pandor (Chair)

Councillor Donna Bellamy

Councillor Viv Kendrick

Councillor Kath Pinnock

Councillor Cathy Scott

Rory Deighton

Dr David Kelly

Carol McKenna

Dr Steve Ollerton

Richard Parry

Rachel Spencer-Henshall

Fatima Khan-Shah

Steve Walker

Director of Children's Services

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

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

Contact: Jenny Bryce-Chan, Principal Governance Officer

2: Minutes of previous meeting

1 - 4

To approve the minutes of the meeting of the Board held on 22 March 2018

Contact: Jenny Bryce-Chan, Principal Governance Officer

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.

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.

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.

6: Public Question Time

The Board will hear any questions from the general public.

7: Confirmation of Deputy Chair

To confirm that Dr Steve Ollerton will be the Deputy Chair of the Health and Wellbeing Board for 2018/19.

Contact: Jenny Bryce-Chan, Principal Governance Officer
Tel:01484 221000

8: Plans to respond to Secretary of State letter

7 - 8

To provide the Board with an update on the Right Care, Right Time, Right Place Programme

Contact: Jen Mulcahy, Programme Manager- Right Care, Right Time, Right Place Programme

9: Integrated Care System (ICS) in Development

9 - 12

A report to the Board which outlines key information about being part of the ICS in Development Programme.

Contact: Rachel Loftus, Head of Regional Health Partnerships,
07891 2719054

10: Developing the Kirklees Health and Wellbeing Plan 13 - 16

To outline to the Board the approach for the refresh and development of the Kirklees health and wellbeing plan

Contact: Lucy Cole, Project Lead (Kirklees Health and Wellbeing Plan) Tel: 07584 015524

11: Learning from winter 2017-18 across Kirklees 17 - 20

To update the Board on progress with the 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 Tel: 01484 221000

This page is intentionally left blank

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 22nd March 2018

- Present: Councillor David Sheard (Chair)
Councillor Donna Bellamy
Councillor Viv Kendrick
Councillor Cathy Scott
Rory Deighton
Dr David Kelly
Carol McKenna
Dr Steve Ollerton
Richard Parry
Fatima Khan-Shah
- Attendees: Steve Brennan – SRO Working Together, North Kirklees CCG
Nicola Bush – PH Pharmaceutical Advisor
Phil Longworth – Health Policy Officer
Councillor Elizabeth Smaje – Chair of Health and Adults Social Care Scrutiny Panel
Emily Parry-Harries, Consultant in Public Health
Clare Costello, Healthwatch
- Invited Observers: Carol Harris - South West Yorkshire Partnership NHS Foundation Trust
Tilly Poole – Mid Yorkshire NHS Hospital
Catherine Riley, Calderdale and Huddersfield NHS Foundation Trust
Dr N Mounsey, GP
- Apologies: Councillor Kath Pinnock
Rachel Spencer-Henshall
Jacqui Gedman
Kathryn Hilliam

38 Membership of the Board/Apologies

Apologies were received from the following Board members, Cllr Kath Pinnock, Kathryn Hilliam, Rachel Spencer-Henshall and Jacqui Gedman.

Emily Parry-Harries substituted for Rachel Spencer-Henshall.

39 Minutes of previous meeting

RESOLVED - That the minutes of the meeting held on the 14 December 2017 be amended to reflect that Dr Steve Ollerton chaired the meeting.

40 Interests

No Interests were declared.

41 Admission of the Public

That all agenda items be considered in public session.

42 Deputations/Petitions

No deputations or petitions were received.

43 Public Question Time

Christine Hyde, North Kirklees NHS Support Group asked 2 questions of the Board:

- 1) Is there an Integrated Commissioning Board for the Local Kirklees Plan and another for the regional West Yorkshire Health and Care Partnership and which bodies are represented on the Integrated Commissioning Board at the moment?
- 2) How will the conversations rather than 'referrals' work to get people health treatment in the future?

Phil Longworth, Health Policy Officer responded to Question1 and Steve Brennan, SRO Working Together responded to Question 2.

44 Arrangements for Integrated Commissioning Board

Steve Brennan, updated the Board on arrangements for the new Integrated Commissioning Board (ICB) that will begin to meet in April 2018 and will undertake the existing functions of Integrated Commissioning Executive and the Better Care Fund Partnership Board.

The Board was informed that the terms of reference for the ICB had been developed and the new arrangement will initially operate in safe mode and will incorporate all the functions of the Integrated Commissioning Executive and the Better Care Fund Partnership Board. The ICB will be responsible for a number of important functions which includes delivering on existing plans, developing integrating commissioning arrangements and overseeing plans for integrated provision.

The Board was advised that progress had also been made on the underlying arrangements to support the work of the ICB, such as identifying lead officers and project teams to take forward work in the priority areas as set out in the terms of reference. The terms of reference will be reviewed in six months to reflect the ongoing development of integrated commissioning and the experience gained from operating the new arrangements.

The Board was asked to support the commencement of the new Integrated Commissioning Board.

RESOLVED - That the Board:

- a) continues to support the proposed changes to integrated governance arrangements

Health and Wellbeing Board - 22 March 2018

- b) Note and approve the Terms of Reference for the Integrated Commissioning Board and support the commencement from April 2018
- c) Note the progress being made and request updates as necessary

45 **Children Services Improvement Journey**

Cllr Viv Kendrick, Cabinet Member for Children Services (Statutory Lead) provided an update on the Children Services improvement journey. The Board was reminded that the Department for Education had approved a Children Services improvement partnership between Kirklees and Leeds City Council with Eleanor Brazil as the Children's Commissioner to help with the improvement journey.

The Board was advised that the Improvement Board established to oversee the improvement journey is well attended and includes a range of organisations working together to deliver the 10 point improvement plan. Cllr Kendrick outlined some of the successes which includes: a reduction in agency staff exceeding the improvement plan target, a reduction in staff turnover, a reduction in staff sickness levels and the appointment of experienced leaders including a Service Director. Cllr Kendrick advised that there was still work to do in some areas and the outcome of a recent Ofsted monitoring visit is awaited. The draft letter from Ofsted should arrive shortly.

Cllr Kendrick advised that in respect of the Corporate Parenting Board (CPB), more data needed to come to the CPB, there needed to be more clear challenge from the CPB and the voice of the child and young person needs to be heard more clearly at the CPB.

The Board was informed that a place called 'Number 11' which is a drop in centre for Looked After Children and care leavers who wish to call in and use the facilities or get some advice has been opened in the town centre. Board members were encouraged to visit the centre.

RESOLVED - That the Board note the Children Services Improvement Journey.

46 **Learning From Winter 2017-18 Across Kirklees**

Phil Longworth, Health Policy Officer advised that the report being presented was to seek the Boards view and support on an approach to reflect on winter 2017/18. This was to ensure that as a Kirklees system, lessons can be learnt from what had been a pressurised time for the health and social care system. The operational leadership to respond positively to winter comes from two bodies, an A&E Delivery Board for Calderdale and Huddersfield and an A&E Delivery Board for North Kirklees and Wakefield based on the acute hospital footprints.

The Board was informed that both these bodies were responsible for the operational work over the winter and learning from their experiences, and some of the areas they look at was particularly pertinent to the Kirklees system. Learning from the two delivery boards was important to develop a Kirklees wide perspective to enable the system to respond to challenges over winter in a proactive, effective and efficient way. The aim is not to duplicate the work of the delivery boards but to draw on it and learn for future years.

RESOLVED - That the Board:

- 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
- That learning points should be used to inform future years
- A report setting out lessons learned and proposed actions be presented to the Board in June 2018

47 Pharmaceutical Needs Assessment Post Consultation

Nicola Bush, Public Health Pharmaceutical Advisor, presented the Pharmaceutical Needs Assessment (PNA) advising that the Board had received previous updates, and the intention is to present the Board with a completed document with all the amendments. The Board was reminded that it is a statutory duty to publish the PNA on the 1 April 2018. The Board was asked to agree the amendments and approve the publication of the PNA.

RESOLVED - That the PNA be approved by the Board for publication on 1 April 2018.

48 Health and Wellbeing Board Terms of Reference

The Board agreed the revisions to the terms of reference which aimed to clarify the role, purpose and full range of the Boards responsibility.

RESOLVED - That the proposed revision to the terms of Reference be accepted by the Board.

KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC			
DECLARATION OF INTERESTS			
HEALTH AND WELL BEING BOARD			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	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]	Brief description of your interest

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.

KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: Thursday 28th June
TITLE OF PAPER: Plans to respond to the Secretary of State letter
1. Purpose of paper To provide an update on the Right Care, Right Time, Right Place Programme
2. Background The Right Care, Right Time, Right Place Programme proposes changes to the provision of hospital and community health in Calderdale and Greater Huddersfield. Following receipt of the response from the Secretary of State in relation to the referral from the Joint Scrutiny to the Independent Reconfiguration Panel, this report provides an update for the Health & Wellbeing Board.
3. Service update The Independent Reconfiguration Panel (IRP)'s report into the proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield was received by the CCGs in May. The IRP report identifies three areas which require further focus, those being; out of hospital (community) care, hospital capacity and the availability of capital financing. We will continue our planned work with partners to further develop our thinking on the three areas highlighted. The IRP has reached the conclusion that the status quo is not an option and pursuing the proposal in more detail is reasonable in the interests of local health services. It has recognised that the clinical case for concentrating all the relevant services for those with emergency needs in one location, and separating these from planned care has been reinforced, not contradicted, and accepted that an alternative model was not identified during the consultation. Additionally, the report identifies real concern and a sense of urgency as it has become increasingly difficult to recruit and retain key medical staff stretched across two sites and that there is now the prospect of needing to make service changes to protect their safety and quality. Should this be the case, contingency plans would be shared with the JHSC. In line with the Secretary of State for Health and Social Care's request, the CCGs will work with NHSE, NHSI and the Joint Scrutiny Committee to identify the necessary action required to safeguard the quality and safety of hospital and community services into the future and report back to him on progress.
4. Financial Implications

None
5. Sign off Carol McKenna
6. Next Steps None
7. Recommendations The Board is asked to note the report
8. Contact Officer Jen Mulcahy Programme Manager- Right Care, Right Time, Right Place Programme NHS Calderdale CCG and NHS Greater Huddersfield CCG

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	28 June 2018
TITLE OF PAPER:	Integrated Care System in Development
1.	Purpose of paper
1.1	On 25th May NHS England and NHS Improvement jointly announced that West Yorkshire and Harrogate Health and Care Partnership (WYH Partnership) that Kirklees is a part of will be one of 4 areas to be part of the Integrated Care System (ICS) Development Programme. The other three are: Gloucestershire, Suffolk and North East Essex and West, North and East Cumbria.
1.2	This report outlines key information about being part of the ICS in Development Programme.
2	Background
2.1	Kirklees has been part of the WYH Partnership since the start of Sustainability and Transformation Plan in March 2016.
2.2	In June 2017, there were 8 partnerships that were invited to be part of the Integrated Care System Development programme as part of the first wave. WYH Partnership is part of the second wave to receive this development support.
2.3	Becoming part of the ICS Development Programme is seen by the WYH Partnership leadership as the next step in developing the sophistication of process and relationships to take on some powers and budgets from national bodies, to have decisions about investment in health and care taken more locally by those with a closer relationship to the impact of the funds and decisions.
2.4	In practice, this does not change the status of the partnership, or sign us up to new ways of working. What it does mean is that we can start the negotiations, as a regional grouping, as to which freedoms and flexibilities we will take on from NHS England and NHS Improvement to deliver health and care more locally.
2.5	All partners are clear that the next phase of partnership working is about the right systematic leadership for integration across health and care from across all the 34 organisations that make up the partnership.
2.6	Specifically, it is not councils or the NHS in our region becoming part of an Accountable Care Organisation or an Accountable Care System. It includes continuing to negotiate for the kind of WYH Health and Care Partnership and partnership outcomes ¹ that we have agreed are important: investment in prevention, primary care and mental health, community-wellbeing, better join up between 'health' and 'care' and democratic accountability and transparency about where we direct our collective resources.

¹ Please see 'Our Next Steps to Better Health and Care for everyone'
<https://www.wyhpartnership.co.uk/news-and-blog/news/our-next-steps-better-health-and-care-everyone-west-yorkshire-and-harrogate>

- 2.7 The Joint Health and Wellbeing Strategy 2014-2020 continues to guide our efforts to improve the health and care system – it sets the ambition for Kirklees to be a district combining great quality of life and a strong and sustainable economy where there is high prosperity and low inequality and people enjoy better health throughout their lives. These principles guide our involvement in the WYH Partnership and our engagement with central government and NHS England.
- 2.8 The Kirklees Health and Wellbeing Plan is our ‘place based plan’ and sets in more detail our plans to implement the priorities set out in the Joint Health and Wellbeing Strategy. The Board is receiving a report on the next stage of development of the Kirklees Health and Wellbeing Plan under a separate agenda item.

- 3 Proposal**
- 3.1 As part of the ICS in Development programme, WYH Partnership would be given:
- Greater financial backing in terms of access to transformation funding
 - Clearer routes for democratically elected councillors to influence, challenge and inform the development of integrated care for the people of West Yorkshire and Harrogate
 - Better access to capital funding to support new service developments
 - Capacity, support and access to expertise from national bodies and international best practice, including new models of care, transformation and analytics
 - Taking on powers from NHS England, if the deal is fair and when the time is right
- 3.2 The WYH Partnership works on the basis of subsidiarity ensuring work and investment is done as close as possible to communities, where it is effective and cost-effective to do so. The three tests for this are:
- Do we need a critical mass beyond local population level to achieve the best outcomes?
 - Will sharing and learning from best practice and reduce the variation in some outcomes for people across different areas?
 - Can we achieve better outcomes for people overall by applying critical thinking and innovation to ‘wicked issues’?
- 3.3 These principles will continue to guide what work is undertaken in neighbourhoods, at Kirklees level or at the wider West Yorkshire and Harrogate level.

- 4 Financial Implications**
- 4.1 Details of the financial package agreed with NHS England and NHS Improvement will emerge through the summer months and will be included in future discussions.

- 5 Sign off**
- Richard Parry, Strategic Director for Adults and Health, Kirklees Council

6	Next Steps
6.1	The WYH Partnership is working on developing a partnership agreement/ memorandum of understanding for partners to agree on how they will work together in the new Shadow Integrated Care System.
6.2	To date most of the working relationships in the partnership have been governed by the Terms of Reference for the Senior Leadership Executive (SLE). Going forward, and particularly in anticipation of greater levels of mutual accountability and devolved decision making, it was decided that there needs to be a clearer statement of intent from all partners, one that reflects the ways we have already developed of working together in West Yorkshire and Harrogate.
6.3	This will be further discussed over the summer months with the aim to have a proposal or recommendation for the September Health and Wellbeing Board.
7	Recommendations
7.1	The Health and Wellbeing Board is asked to: <ul style="list-style-type: none"> • Note the decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate Health and Care Partnership in the next wave of Integrated Care Systems in Development. • Continue to shape the Kirklees engagement in the development of the Partnership agreement.
8.	Contact Officer
Rachael Loftus, Head of Regional Health Partnerships, rachael.loftus@leeds.gov.uk , 07891 2719054	

This page is intentionally left blank

KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 28/06/2018
TITLE OF PAPER: Developing the Kirklees Health and Wellbeing Plan
1. Purpose of paper The purpose of the paper is to outline the approach for the refresh and development of the Kirklees health and wellbeing plan and to: <ul style="list-style-type: none">• Secure the engagement and leadership of the Board in shaping the local priorities for Kirklees in line with the Health and Wellbeing Strategy• Endorse the approach for the development of the plan.
2. Background Kirklees developed an overarching health and wellbeing plan in 2016 partly as a mechanism to outline in more detail the plans to implement the priorities in the Kirklees Joint Health and Wellbeing Strategy (2014-2020) and partly in response to the NHS England mandate to create a Sustainability and Transformation Plan (STP) across the wider geography of West Yorkshire and Harrogate. The STP plan led to the development of the West Yorkshire and Harrogate Health and Care Partnership, with organisations working together across the region to improve health and care services. Because of the scale and diversity of the populations across the region, the focus has been locally planned and led transformation, working alongside communities at a 'place' level, with Kirklees as one of six distinct 'places' within this footprint. In May 2018, NHS England and NHS Improvement announced that the West Yorkshire & Harrogate Partnership was one of four areas nationally to be given additional freedom and flexibility to manage the delivery of local services as what is termed a developing 'Integrated Care System' (ICS). The importance of joining up services for people at a local level in Kirklees (as well as the other five places within the Partnership) remains at the heart of local and West Yorkshire & Harrogate plans, with all decisions on services made as locally and as close to people as possible. It is crucial that Kirklees can articulate a clear unified vision and ambition for the population of Kirklees and the priorities for collective transformation locally. Partners have therefore recognised that a refresh of the health and wellbeing plan is required.
3. Proposal The development of the plan is vital in creating a single Kirklees-wide response to the needs of its population, and the health and care system which supports that population. The plan will: <ul style="list-style-type: none">• Describe the overall vision for Kirklees and the principles that underpin this• Provide a single source overview of all the initiatives planned and implementation which will improve the health and wellbeing outcomes for the population of Kirklees over a five-year period• Start with Kirklees as the viewpoint rather than the individual organisations within it

- Provide an aggregate overview of all the existing plans impacting Kirklees (including organisational plans, cross organisational plans and regional e.g. ICS or Yorkshire and Humber plans as well as existing and new place-based priorities) to enable a high-level understanding of interdependencies
- Recognise the population demographics, needs, inequalities, natural communities and groups within Kirklees
- Define the purpose of integration and what it means to Kirklees
- Describe a high-level model that identifies common ground (objectives and priorities)
- Provide focus and prioritisation for collective effort across Kirklees – this may require integrated working and delivery or collective support for delivery of a more localised priority
- Clarify the strategic priorities, plans and requirements for transformation to improve health and wellbeing in Kirklees – strengthening the collective ‘voice’ of Kirklees as a place within the West Yorkshire & Harrogate ICS in development.
- Underpin the delivery of many aspects of the Kirklees Joint Health and Wellbeing Strategy
- It will not remove or transfer the accountability of individual organisations for constituent plans that underpin the Kirklees Health and Wellbeing Plan.

Leadership and engagement

The plan will be developed by:

- Review and building on existing plans and information, including existing engagement work and organisational strategies
- Co-production with commissioners and providers of health and wellbeing services, with leadership from the Health and Wellbeing Board – through group engagement and one-to-one engagement
- Looking to best practice locally and nationally to identify gaps or opportunities for Kirklees to pursue

Timeline for development

It is the intention that the plan will be developed during June – August 2018 with the final draft of the plan to be presented for sign-off at the Health and Wellbeing Board public session on 6 September 2018.

4. Financial Implications

None at this stage.

5. Sign off

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

6. Next Steps

Following sign-off of this paper, work will continue to rapidly develop the revised health and wellbeing plan, as outlined in section 3 of this report. The Health and Wellbeing Board will continue to be engaged in the development of the plan through the following mechanisms:

- One-to-one engagement with agreed members of the Board to seek views and input into the development of the plan
- Development session of the Board on 26 July 2018 involving presentation of work to date and an opportunity for the Board to collectively shape the content of the plan
- Presentation of the final plan for sign-off at the Board on 6 September 2018.

7. Recommendations

It is recommended that the Health and Wellbeing Board:

- Endorses the refresh and approach to development of a Kirklees integrated health and wellbeing plan
- Engages in the refresh and development of the plan as outlined in section 6.

8. Contact Officer

Lucy Cole – Project Lead (Kirklees Health and Wellbeing Plan)

07584 015524

This page is intentionally left blank

MEETING:	KIRKLEES HEALTH AND WELLBEING BOARD
DATE:	THURSDAY 28th JUNE 2018
TITLE OF PAPER:	LEARNING FROM WINTER 2017-18 ACROSS KIRKLEES
1. Purpose of Paper	
1.1	To update the Board on progress with the process to identify key learning points and associated actions for the Kirklees health and social care system from activity over winter 2017/18.
2. Background and Key Points	
2.1	<p>In March the Board supported 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. And to receive a report setting out the lessons learnt and the proposed actions for the Kirklees health and social care system.</p> <p>The proposed approach was based on the model being used by CQC in their Local System Reviews¹:</p>
	<p>The diagram illustrates the CQC Local System Review model. It features a green house icon on the left with the text '1. Maintaining the wellbeing of a person in their usual place of residence'. A red circle on the right contains '2. Care and support in a crisis' and 'Admission to hospital or alternative'. A blue circle at the bottom right contains '3. Step down' with sub-points 'Return to usual residence' and 'Admission to new residence', and the word 'Reablement' written around its bottom edge. A grey line with small black pill icons connects the house to the crisis circle, and another grey line connects the crisis circle to the step-down circle, forming a cycle.</p>
2.2	The focus for the operational response to the winter pressures in Kirklees is through the 2 local A&E Delivery Boards which are based on the acute Trust footprints – Calderdale & Huddersfield and Mid-Yorkshire (in Mid-Yorkshire this is called the A&E Improvement Group). Both A&E Delivery Boards have undertaken their own reviews, and these include the neighbouring areas of Calderdale and Wakefield. The process focussing on the Kirklees footprint is drawing on these reviews but will also take a wider Kirklees health and social care system view.
2.3	The main focus of the review is in depth interviews with people from across the Kirklees health and social care system. The framework for the interviews draws on the key themes that have emerged from the CQC reviews, and the complimentary report 'Why not home? Why not today?' ²

- How well led do you feel the 'system' was over winter? Where did that leadership come from? Were there any leadership issues?
- How did relationships between different partners affect the local response to winter?
- We all agree that putting the person, and their best possible outcome, at the forefront of everyone's thinking and focus is crucial. How well do you think we did this over the winter?
- See person journey diagram. How well do we share ownership of the person's entire journey through the system?
- Where have the pressure points been and missed opportunities?
- What should we be measuring to show that we are making a difference?

2.4 More than 30 potential interviewees from across the system have been identified. The interviews are being undertaken by Steve Brennan (SRO for Integration), Emily Parry Harries (Head of Public Health) and Phil Longworth (Health Policy Officer). The interviews are nearly complete, and the findings will be used as the basis for a facilitated workshop to which all interviews have been invited on 13th July.

2.5 To compliment the findings from the interview work is also underway to analyse

- What does the data tell us? Identify a small set of key indicators and present data and analysis for Greater Huddersfield, North Kirklees and Kirklees, and then developing a limited number of actionable insights from the data analysis.
- What did we do over winter? Identify the key actions taken across the system over winter, and assessing the impact of these actions.

2.6 There are some emerging messages from the work completed so far

- Positive relationships at all levels, from operational front-line staff to senior and strategic leaders are essential, but these cannot be established only in the very pressurised environment of OPEL based winter planning.
- The importance of a shared understanding across the system of levels of risk being carried by each part of the system and how these can be managed through formal partnership mechanisms eg OPEL and informal collaboration.
- The value of consistency of involvement to enable the development of positive relationships and shared understanding.
- Planning for winter should not be a separate process from planning for overall system improvement, and the scheduling of planning and governance activity should recognise the need to focus on service delivery when the system is under pressure because of increased levels of activity.
- We need to develop Kirklees wide mechanisms for getting feedback and ideas about additional contributions from across the system. Whilst there are very robust mechanisms for getting feedback and planning action from the hospital-based parts of the system this is not complimented by feedback from the non-acute parts of the systems, especially primary care and social care. Nor is there a routine mechanism for gathering user/patient views of the system response during winter.
- During the most pressurised periods all parts of the system find it difficult to keep the focus that they would like to on being user/patient and carer centred.

<ul style="list-style-type: none"> It can also be difficult to keep the right focus on supporting people to maintain their health and independence to avoid/delay the need for hospital admission, or to avoid discharges not being well-planned.
<p>3. Next Steps</p> <ul style="list-style-type: none"> Complete the interviews and analysis of data and local actions over winter. Workshop with interviewees, followed by discussion at Health and Wellbeing Board development session in July. Develop a limited set of actions across each of the key themes. Present the outputs from the review to the A&E Delivery Boards and then the Health and Wellbeing Board in September.
<p>4. Financial or Policy Implications</p> <p>There will be no financial or policy implications arising from the agreement of the proposal set out in this paper. However, it is anticipated that the recommendations arising from the review will have both financial and policy implications.</p>
<p>5. Sign off</p> <p>Richard Parry, Strategic Director for Adults and Health.</p>
<p>6. Recommendations</p> <p>That the Board:</p> <p>6.1 Note the progress with the Kirklees health and social care system wide review of local experiences over winter 2017/18 and the next steps.</p>
<p>7. Contact Officer</p> <p>Phil Longworth, Health Policy Officer, Kirklees Council phil.longworth@kirklees.gov.uk 01484 221000</p>

¹ CQC Local System Reviews: Interim Report (December 2017) <http://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

² 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

This page is intentionally left blank