Public Document Pack

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Wednesday 23 January 2019

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Reception Room - Town Hall, Huddersfield** at **2.15 pm** on **Thursday 31 January 2019.**

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

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 Musarrat Khan
Councillor Kath Pinnock
Dr David Kelly
Mel Meggs
Carol McKenna
Dr Steve Ollerton
Richard Parry
Rachel Spencer-Henshall
Fatima Khan-Shah
Steve Walker
Helen Hunter

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. Tel: 01484 221000

2: Minutes of previous meeting

1 - 6

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

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

3: Interests

7 - 8

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: The NHS Long Term Plan

9 - 18

To update the Health & Well Being Board on the publication of the NHS Long Term Plan on 7 January 2019.

Contact: C McKenna, Chief Officer, Greater Huddersfield and North Kirklees CCG.

8: Tackling Lung Cancer - West Yorkshire & Harrogate Cancer Alliance

19 - 26

The Board will consider the case for change identified within the report to help plan a phased programme to deliver earlier diagnosis and improve outcomes for lung cancer in West Yorkshire and Harrogate Cancer Alliance with particular relevance and deployment for the population of Kirklees.

Contact: Sean Duffy, Programme Clinical Director and Alliance Lead, West Yorkshire & Harrogate Cancer Alliance.

9: Prevention Concordat for Better Mental Health

27 - 40

A report to the Board to seek senior level support and endorsement for Kirklees Council to apply to become a signatory of the Prevention Concordat for Better Mental Health.

Contact: Emily Parry-Harries, Consultant in Public Health/Head of Public Health. Tel: 01484 221000.

10: Healthy Weight Declaration

41 - 44

A report asking the Health & Wellbeing Board to support a Local Government (and Partners) 'Healthy Weight Declaration' for Kirklees and endorse the approach and sign off the Health & Wellbeing Board's commitment to the 'Healthy Weight Declaration'.

Contact: Carl Mackie Public Health Manager and Alison Millbourn, Public Health Manager. Tel: 01484 221000.

11: Date and time of next meeting

Thursday 28th March 2019 at 1pm in the Council Chamber in Dewsbury Town Hall.

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 22nd November 2018

Present:	Dr Steve Ollerton (Chair) Councillor Musarrat Khan Carol McKenna Richard Parry Fatima Khan-Shah Helen Hunter Jacqui Gedman
In attendance:	Naz Parkar Helen Bewsher Tom Brailsford Phil Longworth Owen Richardson
Observers:	Councillor Elizabeth Smaje Tim Breedon Diane McKerracher Catherine Riley Tracy Standerline
Apologies:	Councillor Shabir Pandor (Chair) Councillor Donna Bellamy Councillor Viv Kendrick Councillor Kath Pinnock Dr David Kelly Rachel Spencer-Henshall

23 Membership of the Board/Apologies

Apologies were received from the following Board members: Cllr Shabir Pandor, Cllr Kath Pinnock, Cllr Viv Kendrick, Cllr Donna Bellamy, Dr David Kelly, Rachel Spencer-Henshall and Katherine Hilliam.

Emily Parry-Harries attended as sub for Rachel Spencer-Henshall and Dr Nadeem Ghafoor attended as sub for Dr David Kelly.

24 Minutes of previous meeting

That the minutes of the meeting held on the 6 September 2018 be approved as a correct record.

25 Interests

No Interest were declared.

26 Admission of the Public
All agenda items be considered in public session.

27 Deputations/Petitions
No deputations or petitions received

28 Public Question Time
Cllr Smaje asked a question under agenda item 10.

29 Kirklees Safeguarding Adults Board Annual Report 2017-2018
Richard Parry, Strategic Director for Adults and Health, advised that owing to personal circumstances, Mike Houghton-Evans, Independent Chair of the Kirklees Safeguarding Adults Board, was unable to attend the meeting.

In summary the Board was advised that:

- each year the annual report goes to Overview and Scrutiny and, to the Health and Wellbeing Board which has oversight of the activities taking place

- The annual report represents the work of the Board over the past 12 months rather than individual organisations and is a rolling 3-year plan, updated on an annual basis

- The independent chair was appointed in 2015

- the aim is to make sure there is better engagement with public to prevent the risk of harm rather than reacting

- KSAB needs to think more broadly for example modern day slavery.

- an independent peer challenge will be undertaken through Local Government Association that will look at work of the board

- KSAB continues to evolve and undertakes task and finish groups and learning from incidents.

The Board questioned how the conversation with the public takes place and how accessible the report is and if it had been shared with stakeholders. In response, the Board was advised that it goes to multiple organisation's governing bodies, however there is a piece of work to be done with Healthwatch to translate a set of messages. An example was given of the Children's Safeguarding Board's annual report which had been simplified to make it more accessible.

It was suggested that going forward that it might be useful to produce a suite of key public facing documents which are similar in style, formatting and language.

The Board agreed that there should be a special acknowledgement of the late Hazel Wigmore, who was a long standing lay member who contributed to the work of KSAB.

The Board commented that it was a thorough document.

RESOLVED -

a) That the Board receive the Safeguarding Adults Board Annual Report 2017/18.
b) That a special thank you goes to the late Hazel Wigmore for her contribution to the work of the KSAB

30 Housing & Health

Naz Parkar, Service Director for Growth and Housing provided an update on the role of housing in integrated health and social care. The Board was informed that housing has always been a key element of health and social care as housing is a key determinant of health and wellbeing.

The Board was informed that in terms of background:

- Anticipated population growth 47,800 by 2031
- Demand for housing outstrips supplies
- Aging population in Kirklees set to increase by 39% for those aged 85+ and 19/20% increase in the over 65s
- Growing demand in certain groups for example homelessness, Learning Disability, Mental Health and Domestic Violence
- High levels of fuel poverty
- Quality of private rented properties and health and safety risk

Identifying and addressing housing needs through accommodation that is well designed and high quality is vital. In Kirklees, the aim is to build the right homes in the right places that are affordable, high quality and flexible with an adaptable design. It is delivering innovation and growth in conjunction with communities and partners.

The Local Plan will deliver 31,100 properties across Kirklees and the plan will include, extra care accommodation for older people, specialist accommodation for key vulnerable groups and supported housing units. The developing proposals will also include children's homes, temporary homelessness hostel and independent supported living.

The Board questioned whether the transport infrastructure had been factored in and commented that the trains' only serve part of North Kirklees and therefore the bus network will need to be improved. The Board also reinforced the need for detailed discussions with healthcare commissioners and providers about the most appropriate way to ensure those people moving into the new developments have access to the full range of community health services.

The Board thanked Naz Parkar for providing an update and felt that a further timely update should be provided

RESOLVED - That Naz Parkar be thanked for providing an update on the role of housing in integrated health and social care and that he be invited back to provide further timely updates on specific issues.

31 Updated Kirklees Joint Strategic Assessment (KJSA) Overview 2018/19

Owen Richardson advised the Board that the updated Kirklees Joint Strategic Assessment Overview section provides a summary of the KJSA which also signposts to more detailed information. The information being presented takes an asset-based approach and includes new intelligence that was not available last year. Once approved by the Board, it will replace the Kirklees Overview 2017/18.

In summary the Board was informed:-

- As little as 10% of a population's health and wellbeing is linked to access to health care
- There are a number of wider determinants of health to be considered, including the various impacts of deprivation and socioeconomic status, education and the physical and social environments
- Most of the projected increase in population in Kirklees will be in older age groups, leading to an increase in the dependency ratio
- Support from family, friends and the local community helps prevent isolation and loneliness and contributes to good mental wellbeing
- In some wards, people will spend an average of more than 20 years in poor health and most people will spend part of their working life in poor health
- In Kirklees, healthy life expectancy is worse than the national average
- New intelligence from the Kirklees Young People's Survey showed girls tend to be less satisfied, have lower wellbeing and worry more than boys, and that most of the key health-related behaviours have improved since the previous survey in 2014
- Male suicide rates have increased recently and are much higher than female suicide rates; work is ongoing to reduce the number of suicides in Kirklees

The Board raised questions about the definition of healthy life and whether a Yorkshire and Humber trend line could be included in the overview.

The Board was advised that in Kirklees, there are some excellent local strengths, assets and unique features as well as some key health and wellbeing challenges.

RESOLVED - That the updated KJSA be endorsed by the Board.

32 Child and Adolescent Mental Health Service (CAMHS) Local Transformation Plan Refresh

Tom Brailsford, Head of Joint Commissioning, Children attended the meeting to provide an update on the CAMHS Local Transformation Plan Refresh, advising that the plan was currently in draft form until it had been endorsed by the Board.

Cllr Smaje asked a question in respect of the reduction in the number of Autism assessments. In response, Cllr Smaje was advised, that the reduction in assessments was partly due to the loss of non-recurrent funding. Initially, when the funding went in, it brought assessments up to approximately 24 per month, however

the lack of this funding has reduced assessments to approximately 19 per month. The Board was advised that the situation is being closely monitoring in conjunction with the CCGs.

The Board was informed that South West Yorkshire Partnership Foundation Trust has invested in a new tool which will cut the Assessment waiting time down and the generic tier 3 waiting time had come down.

The number of priorities in the transformation plan have been further reduced to provide much more focus.

In summary, the Board was further informed that the council had invested in family group conferencing for vulnerable children and Multisystemic Therapy. Northorpe Hall is doing a lot of work with schools. The Children's Survey had highlighted specific needs with LGBT groups and high levels of poor emotional health and wellbeing in girls.

RESOLVED -

a) That the Board approve the Kirklees CAMHS Local Transformation Plan refresh, 2018
b) That the Board will continue to maintain a strategic oversight of the plan.

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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.

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: 31 January 2019

TITLE OF PAPER: The NHS Long Term Plan

1. Purpose of paper

1.1 To update the Health & Well Being Board on the publication of the NHS Long Term Plan on 7 January 2019.

2. Background

2.1 The NHS Long Term Plan will make sure the NHS is fit for the future, providing high quality care for everyone. Last summer the Prime Minister committed an extra £20.5 billion a year going into the NHS by 2023/4. The Plan shows how the NHS will use the extra money to deliver the best results for patients, taxpayers and staff. A copy of the Plan's Executive Summary is attached to this paper, and the full version can be read here https://www.england.nhs.uk/long-term-plan/

2.2 Health and care leaders have come together to develop the Plan to get the most value for people out of every pound of taxpayers' investment. The Plan, published on Monday 7 January has been drawn up by frontline health and care staff, patient groups and other experts.

2.3 The Plan sets out some of the ways that the NHS want to improve care for people over the next ten years; including making sure everyone gets the best start in life; reducing stillbirths and mother and child deaths during birth by 50%; taking further action on childhood obesity; increasing funding for children and young people's mental health; bringing down waiting times for autism assessments. It also includes the importance of delivering world-class care for major health problems; preventing 100,000 heart attacks, strokes and dementia cases; investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital and delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

2.4 Supporting people to age well and increasing funding for primary and community care by at least £4.5bn; coordinating care better and helping more people to live independently at home for longer are also highlighted in the Plan alongside improving the recognition of carers and support they receive and making further progress on care for people with dementia.

2.5 The Plan also sets out how the NHS will overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by doing things differently and giving people more control over their own health and the care whilst preventing illness and tackling health inequalities.

2.6 The plan also recognises the importance of the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as

apprenticeships. It will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients. Digital technology is also high on the agenda.

3. Proposal

3.1 The Health and Well Being Board approved the Kirklees Health and Wellbeing Plan in September 2018. This Plan has subsequently been endorsed by the CCGs' Governing Bodies and is also being taken through the Boards of our local providers.

3.2 Being part of the West Yorkshire and Harrogate Health and Care Partnership means that Kirklees will be involved in the development of a five year strategy for the whole of the area. . A draft of the strategy will be shared with partners for our views ahead of publication in the autumn (2019). It is important to note that this plan does not replace the Kirklees Health & Well Being Plan. The aim is to build on both local and West Yorkshire and Harrogate work to date.

3.2 The Long Term Plan for the NHS gives formal backing to integrated care systems like West Yorkshire and Harrogate Health and Care Partnership. It gives a further boost to the priorities that the Partnership have been working and the help we need to deliver reductions in health inequalities and unwarranted care variation across the area. For example, the focus on mental health services, cancer, prevention, and primary care will build on our approach and the progress we have already made.

3.3 Our approach recognises the importance of integrating services for people at a local level, and we are making good progress on this in Kirklees. All decisions on services are made as locally and as close to people as possible. The development of the West Yorkshire and Harrogate five year strategy is predicated on this continuing to be the case.

3.4 The West Yorkshire and Harrogate Health & Care Partnership will take advantage of the investment that the NHS is providing nationally in local Healthwatch and the Health and Wellbeing Alliance to provide extra capacity for engagement with the public, and in particular seldom heard groups.

3.5 Our local Health and Well Being Plan plan sets out the direction of travel and the approach we have taken to join up health care services in partnership with NHS services, the local authority, Healthwatch, care providers, community organisations and communities across our area. The Plan reflects the actions we intend to take as a system to support the delivery of the Kirklees Outcomes, which are shared across the Kirklees Health and Wellbeing Plan and the Kirklees Economic Strategy.

4. Financial Implications

4.1 The Long Term Plan confirms the intent of the Government to invest an extra £20.5 billion a year going into the NHS by 2023/4. The Plan shows how the NHS will use the extra money to deliver the best results for patients, taxpayers and staff.

6. Next Steps

6.1 As we progress with our local work on integration, we will clearly need to consider what else needs to be done to ensure we are delivering on the ambitions of the NHS Long Term Plan. These conversations will take place within the existing groups that we have established in the last year to support our local approach to partnership working.

6.2 Being part of the West Yorkshire and Harrogate Health and Care Partnership means that Kirklees will be involved in the development of a five year strategy for the whole of the area. It is important to note that this plan does not replace the Kirklees Health and Wellbeing Plan. The aim is to build on both local and West Yorkshire and Harrogate work to date.

7. Recommendations

The Health and Wellbeing Board is asked to note the publication of the Long Term Plan and consider its implications for our local approach to the delivery of integrated health and care services in Kirklees.

8. Contact Officer

Carol McKenna, Chief Officer, Greater Huddersfield & North Kirklees CCGs.

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Overview and summary

The NHS has been marking its 70th anniversary, and the national debate this has unleashed has centred on three big truths. There's been pride in our Health Service's enduring success, and in the shared social commitment it represents. There's been concern – about funding, staffing, increasing inequalities and pressures from a growing and ageing population. But there's also been optimism – about the possibilities for continuing medical advance and better outcomes of care.

In looking ahead to the Health Service's 80th birthday, this NHS Long Term Plan takes all three of these realities as its starting point. So to succeed, we must keep all that's good about our health service and its place in our national life. But we must tackle head-on the pressures our staff face, while making our extra funding go as far as possible. And as we do so, we must accelerate the redesign of patient care to future-proof the NHS for the decade ahead. This Plan sets out how we will do that. We are now able to because:

- first, we now have a secure and improved funding path for the NHS, averaging 3.4% a year over the next five years, compared with 2.2% over the past five years;
- second, because there is wide consensus about the changes now needed. This has been confirmed by patients' groups, professional bodies and frontline NHS leaders who since July have all helped shape this plan – through over 200 separate events, over 2,500 separate responses, through insights offered by 85,000 members of the public and from organisations representing over 3.5 million people;
- and third, because work that kicked-off after the *NHS Five Year Forward View* is now beginning to bear fruit, providing practical experience of how to bring about the changes set out in this Plan. Almost everything in this Plan is already being implemented successfully somewhere in the NHS. Now as this Plan is implemented right across the NHS, here are the big changes it will bring:

Chapter One sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. GP practices and hospital outpatients currently provide around 400 million face-to-face appointments each year. Over the next five years, every patient will have the right to online 'digital' GP consultations, and redesigned hospital support will be able to avoid up to a third of outpatient appointments - saving patients 30 million trips to hospital, and saving the NHS over £1 billion a year in new expenditure averted. GP practices - typically covering 30-50,000 people - will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff. Now expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes. Within five years over 2.5 million more people will benefit from 'social prescribing', a personal health budget, and new support for managing their own health in partnership with patients' groups and the voluntary sector.

These reforms will be backed by a new guarantee that over the next five years, investment in primary medical and community services will grow faster than the overall NHS budget. This commitment – an NHS 'first' - creates a ringfenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24.

We have an emergency care system under real pressure, but also one in the midst of profound change. The Long Term Plan sets out action to ensure patients get the care they need, fast, and to relieve pressure on A&Es. New service channels such as urgent treatment centres are now growing far faster than hospital A&E attendances, and UTCs are being designated across England. For those that do need hospital care, emergency 'admissions' are increasingly being treated through 'same day emergency care' without need for an overnight stay. This model will be rolled out across all acute hospitals, increasing the proportion of acute admissions typically discharged on day of attendance from a fifth to a third. Building on hospitals' success in improving outcomes for major trauma, stroke and other critical illnesses conditions, new clinical standards will ensure patients with the most serious emergencies get the best possible care. And building on recent gains, in partnership with local councils further action to cut delayed hospital discharges will help free up pressure on hospital beds.

Chapter Two sets out new, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities. Wider action on prevention will help people stay healthy and also moderate demand on the NHS. Action by the NHS is a complement to - not a substitute for - the important role of individuals, communities, government, and businesses in shaping the health of the nation. Nevertheless, every 24 hours the NHS comes into contact with more than a million people at moments in their lives that bring home the personal impact of ill health. The Long Term Plan therefore funds specific new evidence-based NHS prevention programmes, including to cut smoking; to reduce obesity, partly by doubling enrolment in the successful Type 2 NHS Diabetes Prevention Programme; to limit alcohol-related A&E admissions; and to lower air pollution.

To help tackle health inequalities, NHS England will base its five year funding allocations to local areas on more accurate assessment of health inequalities and unmet need. As a condition of receiving Long Term Plan funding, all major national programmes and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years. The Plan also sets out specific action, for example to: cut smoking in pregnancy, and by people with long term mental health problems; ensure people with learning disability and/or autism get better support; provide outreach services to people experiencing homelessness; help people with severe mental illness find and keep a job; and improve uptake of screening and early cancer diagnosis for people who currently miss out.

Chapter Three sets the NHS's priorities for care quality and outcomes improvement for the decade ahead. For all major conditions, results for patients are now measurably better than a decade ago. Childbirth is the safest it has ever been, cancer survival is at an all-time high, deaths from cardiovascular disease have halved since 1990, and male suicide is at a 31-year low. But for the biggest killers and disablers of our population, we still have unmet need, unexplained local variation, and undoubted opportunities for further medical advance. These facts, together with patients' and the public's views on priorities, mean that the Plan goes further on the NHS Five Year Forward View's focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia. But it also extends its focus to children's health, cardiovascular and respiratory conditions, and learning disability and autism, amongst others.

Some improvements in these areas are necessarily framed as 10 year goals, given the timelines needed to expand capacity and grow the workforce. So by 2028 the Plan commits to dramatically improving cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters. Other gains can happen sooner, such as halving maternity-related deaths by 2025. The Plan also allocates sufficient funds on a phased basis over the next five years to increase the number of planned operations and cut long waits. It makes a renewed commitment that mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. This will enable further service expansion and faster access to community and crisis mental health services for both adults and particulary children and young people. The Plan also recognises the critical importance of research and innovation to drive future medical advance, with the NHS committing to play its full part in the benefits these bring both to patients and the UK economy.

To enable these changes to the service model, to prevention, and to major clinical improvements, the Long Term Plan sets out how they will be backed by action on workforce, technology, innovation and efficiency, as well as the NHS' overall 'system architecture'.

Chapter Four sets out how current workforce pressures will be tackled, and staff supported. The NHS is the biggest employer in Europe, and the world's largest employer of highly skilled professionals. But our staff are feeling the strain. That's partly because over the past decade workforce growth has not kept up with the increasing demands on the NHS. And it's partly because the NHS hasn't been a sufficiently flexible and responsive employer, especially in the light of changing staff expectations for their working lives and careers. However there are practical opportunities to put this right. University places for entry into nursing and medicine are oversubscribed, education and training places are being expanded, and many of those leaving the NHS would remain if employers can reduce workload pressures and offer improved flexibility and professional development. This Long Term Plan therefore sets out a number of specific workforce actions which will be overseen by NHS Improvement that can have a positive impact now. It also sets out wider reforms which will be finalised in 2019 when the workforce education and training budget for HEE is set by government. These will be included in the comprehensive NHS workforce implementation plan published later this year, overseen by the new cross-sector national workforce group, and underpinned by a new compact between frontline NHS leaders and the national NHS leadership bodies.

In the meantime the Long Term Plan sets out action to expand the number of nursing and other undergraduate places, ensuring that well-qualified candidates are not turned away as happens now. Funding is being guaranteed for an expansion of clinical placements of up to 25% from 2019/20 and up to 50% from 2020/21. New routes into nursing and other disciplines, including apprenticeships, nursing associates, online qualification, and 'earn and learn' support, are all being backed, together with a new post-qualification employment guarantee. International recruitment will be significantly expanded over the next three years, and the workforce implementation plan will also set out new incentives for shortage specialties and hard-to-recruit to geographies.

To support current staff, more flexible rostering will become mandatory across all trusts, funding for continuing professional development will increase each year, and action will be taken to support diversity and a culture of respect and fair treatment. New roles and inter-disciplinary credentialing programmes will enable more workforce flexibility across an individual's NHS career and between individual staff groups. The new primary care networks will provide flexible options for GPs and wider primary care teams. Staff and patients alike will benefit from a doubling of the number of volunteers also helping across the NHS.

Chapter Five sets out a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS. These investments enable many of the wider service changes set out in this Long Term Plan. Over the next ten years they will result in an NHS where digital access to services is widespread. Where patients and their carers can better manage their health and condition. Where clinicians can access and interact with patient records and care plans wherever they are, with ready access to decision support and AI, and without the administrative hassle of today. Where predictive techniques support local Integrated Care Systems to plan and optimise care for their populations. And where secure linked clinical, genomic and other data support new medical breakthroughs and consistent quality of care. Chapter Five identifies costed building blocks and milestones for these developments.

Chapter Six sets out how the 3.4% five year NHS funding settlement will help put the NHS back onto a sustainable financial path. In ensuring the affordability of the phased commitments in this Long Term Plan we have taken account of the current financial pressures across the NHS, which are a first call on extra funds. We have also been realistic about inevitable continuing demand growth from our growing and aging population, increasing concern about areas of longstanding unmet need, and the expanding frontiers of medical science and innovation. In the modelling underpinning this Long Term Plan we have therefore not locked-in an assumption that its increased investment in community and primary care will necessarily reduce the need for hospital beds. Instead, taking a prudent approach, we have provided for hospital funding as if trends over the past three years continue. But in practice we expect that if local areas implement the Long Term Plan effectively, they will benefit from a financial and hospital capacity 'dividend'.

In order to deliver for taxpayers, the NHS will continue to drive efficiencies - all of which are then available to local areas to reinvest in frontline care. The Plan lays out major reforms to the NHS' financial architecture, payment systems and incentives. It establishes a new Financial Recovery Fund and 'turnaround' process, so that on a phased basis over the next five years not only the NHS as a whole, but also the trust sector, local systems and individual organisations progressively return to financial balance. And it shows how we will save taxpayers a further £700 million in reduced administrative costs across providers and commissioners both nationally and locally.

Chapter Seven explains next steps in implementing the Long Term Plan. We will build on the open and consultative process used to develop this Plan and strengthen the ability of patients, professionals and the public to contribute by establishing the new NHS Assembly in early 2019. 2019/20 will be a transitional year, as the local NHS and its partners have the opportunity to shape local implementation for their populations, taking account of the Clinical Standards Review and the national implementation framework being published in the spring, as well as their differential local starting points in securing the major national improvements set out in this Long Term Plan. These will be brought together in a detailed national implementation programme by the autumn so that we can also properly take account of Government Spending Review decisions on workforce education and training budgets, social care, councils' public health services and NHS capital investment.

Parliament and the Government have both asked the NHS to make consensus proposals for how primary legislation might be adjusted to better support delivery of the agreed changes set out in this LTP. This Plan does not require changes to the law in order to be implemented. But our view is that amendment to the primary legislation would significantly accelerate progress on service integration, on administrative efficiency, and on public accountability. We recommend changes to: create publicly-accountable integrated care locally; to streamline the national administrative structures of the NHS; and remove the overly rigid competition and procurement regime applied to the NHS.

In the meantime, within the current legal framework, the NHS and our partners will be moving to create Integrated Care Systems everywhere by April 2021, building on the progress already made. ICSs bring together local organisations in a pragmatic and practical way to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. They will have a key role in working with Local Authorities at 'place' level, and through ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.

Our National Health Service was founded in 1948 in place of fear - the fear that many people had of being unable to afford care for themselves and their families. And it was founded in a spirit of optimism - at a time of great uncertainty, coming shortly after the sacrifices of war. At its best our National Health Service is the practical expression of a shared commitment by the British people: over the past seven decades, there when we need it, at the most profound moments in our lives. But as medicine advances, health needs change, and society develops, the Health Service continually has to move forward. This Long Term Plan shows how we will do so. So that looking forward to the NHS' 80th Birthday, in a decade's time, we have a service that is fit for the future.

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	**31st January 2019**
TITLE OF PAPER:	**Tackling Lung Cancer - West Yorkshire & Harrogate Cancer Alliance**

1. Purpose of paper

With smoking rates above the national average (15%) at 17%, lung cancer is the most common cancer in West Yorkshire and its incidence is directly related to smoking. Therefore, tobacco use is the most important preventable cause of lung cancer in the UK.

This paper sets out the case for change and proposal for lung cancer, our 'biggest killer' to become the focus of the health and social care system, in a whole system pathway, systematic approach. In addition, there is evidence that there are likely to be wider health gains in general as well as for other cancers. The WY&H Cancer Alliance is setting outcomes as the key driver for change.

We ask the Board to consider the case for change identified in this paper to help plan a phased programme to deliver earlier diagnosis and improve outcomes for lung cancer in West Yorkshire and Harrogate Cancer Alliance with particular relevance and deployment for the population of Kirklees.

3. Proposal

The attached paper describes a system wide approach to tackling lung cancer and asks the Health and Wellbeing Board if this approach would benefit the population of Kirklees.

4. Financial Implications

As a system wide approach partner organisations would need to commit their expertise and resource into the development and delivery of the proposed interventions.

The Cancer Alliance will identify funding to support the development of these plans including programme and project management support.

5. Sign off

Professor Sean Duffy, West Yorkshire and Harrogate Cancer Alliance, Programme Clinical Director and Alliance Lead

6. Next Steps

Next steps would be to identify an appropriate funding source and confirm the funding envelope.

7. Recommendations

1. Provide advice on whether the proposed targeted approach (using outcomes to identify where to invest to make the greatest gains) would form the basis of an effective programme to improve outcomes for the population of Kirklees
2. Advise on the proposed approach to target ALL four interventions in Kirklees;
    a. Optimising Smoking Cessation Support
    b. ''Push & Pull" Symptom Awareness Campaigns and Community Engagement
    c. Risk identification in Primary Care with direct to Low Dose CT scanning
    d. Optimising the Lung Cancer Pathway.
3. Support the next stage process in establishing this programme with senior executive support.

8. Contact Officer

Professor Sean Duffy, Clinical Director and Cancer Alliance Lead
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White Rose House,
West Parade,
Wakefield,
WF1 1LT

Telephone No: 01924 317659
E-mail address: westyorkshire.stp@nhs.net

West Yorkshire and Harrogate Cancer Alliance
Tackling Lung Cancer

1. 'The case for change' - What does the data tell us?

Cancer in West Yorkshire and Harrogate (WY&H) Alliance is a major contributor to premature death. Many CCGs in WY&H have higher Age Standardised Rates than the England national average in both incidence and mortality. This means that given the population size for each CCG, a higher number of people than expected are either being diagnosed with, or dying from cancer compared to the national average.

Lung cancer is the most common cancer in West Yorkshire, in contrast, data for England identifies lung cancer as being the third most common behind breast and prostate cancer.

Table 1: Cancer incidence and deaths (2014) WY&H CCGs

	No cases	Incidence	No deaths	Mortality
England	37436	78.4	28847	60.6
WY&H	1919	94.7	1435	72.3
Airedale	93	57.3	93	55.3
Bradford City	46	135.3	32	99.1
Bradford District	232	93.7	168	70.1
Calderdale	165	89.8	147	79.6
Gt Huddersfield	170	82.6	116	57.2
Harrogate	108	63.3	91	52.4
Leeds North	172	88.8	120	64.9
Leeds S&E	230	130.4	165	93.4
Leeds West	239	102.9	169	71.8
North Kirklees	136	90.5	118	78.7
Wakefield	328	108.1	219	72.7

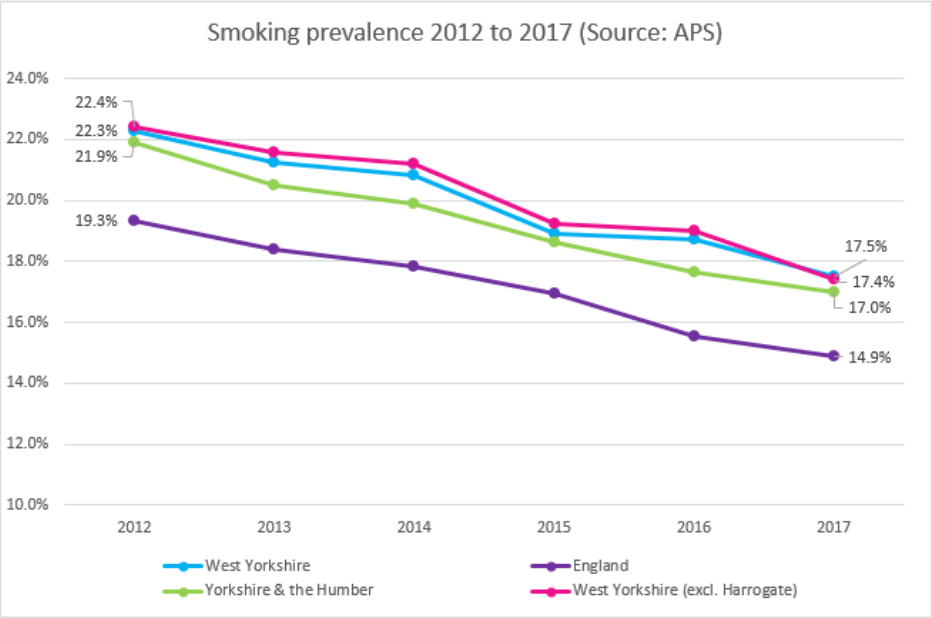
Lung cancer in WY&H is our biggest killer and with variation in route to diagnosis, stage at diagnosis and one year survival. Table 2 summarises our respective outcomes by "place" and shows how our outcomes vary. One year survival is as good as the England "average" but could be much better if all 'places' had 1 year survival similar to that of Harrogate (Table 2).

Table 2: Outcomes for lung cancer in West Yorkshire and Harrogate for each acute trust (2016)

%	Emergency presentation	Curable stage (%)	Surgery rate (5)	1 year survival crude rate (%)	Smoking prevalence in CCG(%) (2017)
Bradford	36	30	16	37	21
Harrogate	27	37	24	38	13
Airedale	41	24	13	38	15
Leeds	39	37	15	46	19
C and H	39	31	16	36	19
MYT	40	30	14	36	20
West Yorkshire	37	31	17	38	17
England	37	26	17	37	15

Lung cancer incidence is directly related to smoking and therefore tobacco use is the most important preventable cause of lung cancer in the UK. Prevention of lung cancer is likely to make the biggest impact on greater survival from this disease. In WY&H, it is estimated that tobacco addiction caused over 2,300 cancers in 2010. Smoking rates are above the national average of 15% in WY&H at 17% meaning there are around 350,982 smokers in the WY&H Cancer Alliance. However, smoking rates are falling and have decreased significantly over the last few years (Figure 1) - a change largely driven by further tobacco control measures and the increased uptake of e-cigarettes which current evidence indicates are at least 95% safer than tobacco cigarettes. Harrogate is the only place in West Yorkshire where smoking rates are below the national average (Table 2).

Figure 1: Smoking prevalence in West Yorkshire



2. Earlier diagnosis - referral to diagnosis and treatment

In the lung cancer pathways delays can mean a change from treatable cancer to palliative management – time matters. For some patients, it is a complex pathway and so can be difficult to establish a definitive histological diagnosis but there is a price to pay if the delays are not tackled. In terms of system performance on key cancer waiting time operational standards, if the lung cancer pathway was to perform optimally (85% patients treated within 62 days), this would translate to an overall system wide improvement in 62 days of 13%.

There is now good evidence that earlier diagnosis can be effectively encouraged, through a combination of targeted risk assessment & low dose CT, public awareness, clinician education and better access to diagnostics. In terms of patient outcomes there is no doubt that early diagnosis increases the number of people who can receive curative treatment, in short earlier diagnosis saves lives.

However, the financial implications of achieving earlier diagnosis are less well understood. In patients with early stage lung cancer there are cost associated with potential recurrence and monitoring lung nodules. It should therefore be acknowledged that driving earlier stage diagnosis of lung cancer may incur costs rather than reduce them. The focus of this programme is about improving patient outcomes in an area where more patients die from lung cancer than any other cancer.

3. Proposal for an integrated sequence of interventions – lung health check

Traditionally individual and separate activities aimed at improving outcomes in lung cancer have been undertaken, whether symptom awareness raising or optimisation of pathways of care. In addition, there have been, and continues to be, investment in interventions to improve lung cancer outcomes. This is more relevant in places of greater deprivation and higher smoking prevalence and so may not be as high a priority in some communities.

Each part of the pathway in lung cancer has an evidence base in support of interventions to improve outcomes:

- Prevention – The Ottawa Model for Smoking Cessation, NICE Guidance and Public Health England's evidence on smoking cessation interventions suggest that supporting smoking cessation has the greatest return on investment in terms of health gain and the prevention of cancer.
- Awareness raising – the national Be Clear On Cancer campaigns on lung cancer have demonstrated that more patients are offered curative surgery. The local campaign in South Leeds has demonstrated a reduction in lung cancers diagnosed as an emergency presentation.
- Risk identification – the city of Manchester Cancer Improvement Partnership, have delivered a community based 'Lung Health Check' cancer risk identification pilot, which combines identification of the risk population, an invitation to a lung heath check and the deployment of local community based Low Dose CT scanning for those found to be at high risk of lung cancer. This has demonstrated both stage shift and more patients being able to access curative surgery. A research programme has recently started delivery on a similar model in Leeds.
- Optimising pathways – lead to more timely diagnosis and potentially removing the risk of stage shift away from cure as a result of treatment delays.

On their own these interventions can be of benefit to patients but if combined in a systematic way, together, there may well be a greater synergistic impact on improving outcomes overall.

Therefore, instead of a single intervention we have designed a programme around the four interventions described below. These interventions will be delivered across a single health and social care economy;

1. **Optimising smoking cessation support**, using the acute sector to promote smoking cessation through Every Contact Count for example, signposting in the acute sector, carbon monoxide monitoring for every elective admission and initiating nicotine replacement prescribing (the Ottawa model)
   Impact: Reduction in smoking prevalence, reduction on re-admission rates and hospital mortality (Ottawa data).

2. **"Push and pull" symptom awareness campaigns and community engagement events**. The nationally developed Be Clear on Cancer campaign material could be used through social media (expertise already developed through the recent national respiratory symptoms

campaign). In addition, the approach used for the "Cough Campaign" material which was successfully employed in South East Leeds could be considered.

Impact: Reduction in cancers diagnosed as an emergency presentation, more cancer diagnosed overall and more people offered curative surgery (earlier stage diagnosis).

3. **Risk identification in primary care to promote direct to Low Dose CT (LDCT) scanning**, using the Manchester Cancer Improvement Partnership community based 'Lung Health Check' model. This combines identification of the risk population, invitation to a lung heath check and the deployment of local community based LDCT scanning. There is an added benefit of detecting significant other non-cancer diagnoses. It also allows the deployment of the mobile CT resource as part of the CTF fund allocation.

   Impact: More lung cancers diagnosed overall and at an earlier stage offering surgical treatment.

4. **Optimising the lung cancer pathway** to ensure patients are speedily and optimally managed, in tandem with the system wide approach across the whole Alliance.

   Impact: Improvement in 62 day pathway overall.

4. Where to act – using outcomes to identify where to invest to make greatest gains

The WY&H Cancer Alliance is setting outcomes as the key driver for change. As a health and social care system it makes sense to concentrate on our biggest killer in a whole pathway systematic approach to diagnose cancers earlier and release the potential wider health gains in general as well as for other cancers.

Table 1, which shows the incidence and mortality from lung cancer by CCG, clearly identifies the health systems where there is most to be gained as Bradford and Wakefield. In addition to high rates of mortality these areas also have high rates of deprivation and smoking. These three factors are being used to identify target populations where Lung Health checks and Low Dose CT scans will be delivered. Patients between the ages of 55 and 80 at three GP Practice in both Bradford and Wakefield will be offered Lung Health Checks in 2019/20. These services will be benchmarked against the outcomes of similar schemes in Manchester and Nottingham and the impact will be evaluated and will help to inform the national programme.

The Cancer Alliance wants to ensure that all areas with high levels of mortality from lung cancer will have an opportunity to access this developing programme.

5. A collaborative and integrated approach

In order to deliver the four intervention described above a whole system approach is required with a health and social care partnership between local authority, primary care, acute care and health commissioners developing a locally agreed plan to deliver this systematised programme. This will require the following resources;

- Project management function
- Campaign costs over and above planned activity, if required
- Setup costs, for example carbon monoxide monitoring
- Risk identification costs in primary care
- Low Dose CT in the community, including reporting and diagnostic MDT

- Administrative costs
- ROI evaluation

6. Funding

Following the publication of the NHS Long Term Plan, early diagnosis of Lung Cancer through risk assessment and low dose CT scanning has been identified as a national priority. The Cancer Alliance is required to develop a five year plan for cancer improvement, and as part of this is looking to widen the areas where Lung Health Checks and Low Dose CT scanning are available, recognising that there are many parts of West Yorkshire with populations of high deprivation, high prevalence of smoking and high levels of lung cancer mortality. West Yorkshire & Harrogate Cancer Alliance will work with the national programme to identify appropriate funding to support a next phase with Kirklees.

7. Implementation and timescale

The development of a five year Cancer Plan for West Yorkshire provides an opportunity to identify a timeline for expansion of the lung cancer programme to other areas. The national team will be leading on the planning for programmes outlined in the NHS Plan but work is likely to commence in 2019/20.

8. Recommendations and request for advice

1. Provide advice on whether the proposed targeted approach (using outcomes to identify where to invest to make the greatest gains) would form the basis of an effective programme to improve outcomes for the population of Kirklees
2. Advise on the proposed approach to target ALL four interventions in Kirklees;

    a. Optimising Smoking Cessation Support
    b. ''Push & Pull" Symptom Awareness Campaigns and Community Engagement
    c. Risk identification in Primary Care with direct to Low Dose CT scanning
    d. Optimising the Lung Cancer Pathway.

3. Support the next stage process in establishing this programme with senior executive support.

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FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	**31st January 2019**
TITLE OF PAPER:	**Prevention Concordat for Better Mental Health – Kirklees Council**

1. Purpose of paper

This paper is coming to the Board to seek senior level support and endorsement for Kirklees Council to apply to become a signatory of the Prevention Concordat for Better Mental Health.

We would like the Board's support and buy-in for the development of local actions to support the prevention of mental health and better mental health for all.

(Please see attached application 'Prevention Concordat for Better Mental Health: information required from signatories to the Consensus Statement' for further detail).

2. Background

Public Health England (PHE), the Local Government Association and NHS England, have led on establishing the Prevention Concordat for Better Mental Health, as set out in the Five Year Forward View for Mental Health, recommendation number 2. The purpose of signing the Concordat is part of a wider drive to secure an increase in the implementation of public mental health approaches and to build local momentum to support prevention of mental health problems and promote good mental health for all.

The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. The Concordat promotes evidence based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost effectiveness of this approach will be enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing, some of which we are already doing.

3. Proposal

Signing the Prevention Concordat for Better Mental Health links to the Kirklees Health and Wellbeing Plan, by contributing to the following priority impact areas:

- Increase the proportion of people who feel connected to their communities, reducing the proportion of people who feel lonely or socially isolated and reducing the prevalence of mental health conditions amongst our population.
- Increase the proportion of people who feel in control of their own health and wellbeing.
- Narrow the gap in healthy life expectancy between our most and least deprived communities.

The Concordat for Better Mental Health will also contribute to achieving the objectives outlined within the Living Well section of the Health and Wellbeing plan;

- Increase opportunities to live well – access to green space and opportunities to exercise

- Increase numbers of people who feel connected to their communities, with a focus on those most vulnerable:
- younger people, older people, people with mental health conditions, and carers who may be socially isolated
- Champion better public mental health and tackle stigma

Once the application to become a signatory has been approved, Kirklees Council (Public Health), along with partners and stakeholders, will develop the actions to work on within the next 12 months, under the following areas as suggested by PHE:

1) Leadership and Direction
2) Understanding local needs and assets
3) Working Together
4) Taking action
5) Defining success

We already have strands of work that will contribute to better mental health, as outlined in the attached paper (e.g. Wellness service, Community Plus, Community Hubs and the Loneliness agenda) and therefore have assets within our community that we can build upon and/or modify to strengthen the prevention for mental health approach. Additionally, there are 9 Primary Care Networks under development in Kirklees, which will work alongside the community hubs to deliver care to individuals and communities – including enhanced support from mental health. In addition, we are exploring the development of a mental health alliance for Kirklees – bringing together commissioners and providers to work alongside each other to improve mental health outcomes for the population.

4. Financial Implications

There are no financial implications at this stage, although part of the rationale to signing up to the prevention concordat, is to try and raise the profile of prevention and the evidence based prevention activities that we can deliver. Therefore, we use this as an opportunity to seek funding (once defined actions are developed), for prevention of mental health problems and better mental health for all in Kirklees.

5. Sign off

Rachel Spencer- Henshall – 21st January 2019

6. Next Steps

The application to become a signatory of the prevention concordat will be submitted to PHE by 1st March 2019, where a panel will review and approve the application within one month of submission date. With relevant partners, we will then work up the areas of local commitment to turn the commitment into actions.

7. Recommendations

- The Board endorse Kirklees applying to become a signatory of the Mental Health Prevention Concordat

- The Board help to identify key stakeholders to help develop and implement the local action plan

8. Contact Officer

Rebecca Elliott – Public Health Manager

Rebecca.elliott@kirklees.gov.uk
07976194127

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Public Health England

Protecting and improving the nation's health

Prevention Concordat for Better Mental Health: information required from signatories to the Consensus Statement

We are delighted that you are interested in becoming a signatory to the Prevention Concordat for Better Mental Health Consensus Statement. You will be joining a number of organisations who have committed to working together to prevent mental health problems and promote good mental health through local and national action.

The Prevention Concordat registration process

Step 1. Complete the local Prevention Concordat action plan template below (Attach any supporting documents that you may want to share**)**

Step 2. Senior leader/CEO of organisation to commit and sign up to approved action plan

Step 3 e-mail your submission to publicmentalhealth@phe.gov.uk

Step 4. Confirmation of receipt

Step 5. A panel will review and approve action plans submitted within one month of submission date;

- wave 3 –Friday 14th December 2018
- wave 4 – Friday 1st March 2019

NB: the team are currently reviewing the process for approving action plans and intend to have a digital process set up moving forward. Please see below.

Registration form

Please answer the questions below:

Lead contact name	Emily Parry-Harries
Lead contact details	Email: Emily.parry-harries@kirklees.gov.uk Telephone number: 07814861344
Job title of lead officer	Consultant in Public Health
Name of organisation / partnership	Kirklees Council
Who are you representing? *(e.g. Individual organisation,*	Local Authority

collaboration, partnership, Local Authority, Clinical Commissioning Group, community group and other, please name)	
Please tell us more about your organisation's work (no more than 150 words)	Kirklees Council is the local authority of the district of Kirklees in West Yorkshire, England. It is a metropolitan district council, one of five in West Yorkshire and provides the majority of local government services in the district.
What are you currently doing that promotes better mental health?	Kirklees Council currently has a number of strategies and policies that support and contribute to better mental health across the life course. These include: - Kirklees Health and Wellbeing Plan (2018-2023) - Kirklees "Whole Life Approach" for Mental Health & Wellbeing (2017-2021) - The development of a Kirklees Integrated Wellness Model for adults, due to launch in April 2019 - Kirklees Council People Strategy (2017-2020) - Kirklees Early Intervention Programme Loneliness Strategy – started 2018 and in development - Kirklees Housing strategy (2018-2023) - Kirklees Preventing Homelessness and Rough Sleeping Strategy (2018-2023) - in draft - Tackling Poverty In Kirklees Strategy and Action Plan (2016-2018) - Kirklees Walking and Cycling Strategic Framework Strategy framework (2018-2030) - Kirklees Communities Partnership Plan (2018-2021) - Kirklees Domestic Abuse Strategy (2015-2018) - Kirklees Joint Strategic Needs Assessment – Emotional Health and wellbeing http://observatory.kirklees.gov.uk/jsna/specific-conditions/mental-health-emotional-wellbeing - Kirklees Young People Survey (2018) - Everybody Active Strategy (2015-2020) Taking action to address the prevention of mental health is implemented to varying degrees through the following pieces of work: - Thriving Kirklees (0-19 service) - a partnership of local health and wellbeing providers all working together to support children, young people and their families to thrive and be healthy. - Community plus - an Early Intervention and Prevention relationships based approach to jointly identifying gaps and work with communities and partners to fill and enhance the local offer - Community hubs – partnerships that bring together early years, primary and secondary schools and a broad range of community-based organisations and

	services - Time to Change Employer Pledge (2016) - Current Living in Kirklees (CLiK) is a self-reported survey, implemented every 4 years to get an idea of current lifestyles and well-being in Kirklees and its localities. - Public heath intelligence have created local area profiles mapping the risk of gambling related harm. This is used during the process for licensing applications made for gambling purposes. - West Yorkshire fire service 'Safe and Well checks – intelligence was used to both shape who this should be targeted towards and shaping how the questions regarding health and wellbeing were asked. - Kirklees Suicide Prevention and self-harm Action plan (2017-2019) - Kirklees communities team provide a programme of work to boost mental health through physical activity - Kirklees Council Employee Healthcare and Able Futures partnership (launching 2019) - The development of nine Primary Care Networks across Kirklees We also have an elected member, Cllr Khan, who is our mental health champion. She is also the Health and Wellbeing portfolio holder.
Do you have or are you intending on producing a mental health plan or a mental health needs assessment.	**Yes** ☒ **No** ☐ If yes, please specify : Kirklees Mental Health and Wellbeing Needs Assessment (2018) http://www.kirklees.gov.uk/beta/delivering-services/pdf/HNA-report.pdf The Mental Health and Wellbeing Needs Assessment (2018) for Kirklees was part of the Mental Health Programme Review Board to review what mental health service provision we commission across CCG's, Council and Voluntary and community sector. The assessment included looking at the needs of the whole population as well as high risk groups, including: BAME, LGBTQ, men, people with personality disorder and maternity.
The Prevention Concordat for better mental health highlights the five domain framework for local action **Please describe what are you planning to commit to in the next 12 months for your area** *(see * page 3 for examples to support completion of this section)*;	
1. Leadership and Direction	Review and include mental health prevention and better mental health for all, in all policies and strategies to ensure that mental wellbeing is tackled through council functions, such as leisure, planning and housing. Consider the wider council investment in areas such as parks and community assets and how this impacts on better mental health for all.

2. Understanding local need and assets	The Joint Mental Health strategy for Kirklees, will have 'Prevention' as its first workstream. The next step is to jointly collaborate by forming a local multi-agency mental health prevention group, the priority population actions for the 'Prevention' principle. Ensure that all partners are aware of the key risk and protective factors for mental health. One of the main findings that came out of the mental health and wellbeing needs assessment was a lack of awareness of what is available, suggesting the need to raise the profile of the services and support for people in Kirklees. In 2018 we completed a young people's survey with a cohort of Year 9 students across Kirklees. Overall, LGB and LGBT+ and girls scored worst within the survey questions. There is a need in the next 12 months to do some focused work with children and young people in these groups to try and improve emotional health and wellbeing and resilience and link with the loneliness agenda, (see below).
3. Working together	The Kirklees Early Intervention Programme Loneliness Strategy workstream, aims to actively collaborate and maximise resources with focus around loneliness responsibilities. One of the first activities is a stakeholder and asset mapping exercise to understand how each partner contributes to the prevention of loneliness agenda which will include better mental health for all. There is an existing place-based structure through our 17 Community Hubs – each with a functioning leadership arrangement in place. All 17 have identified mental health and wellbeing as a priority and have established local responses to this. Next steps are to work with the community hubs to further define what these needs are and discuss how the prevention concordat can help to shape future activity. In the next 12 months, and through the People Strategy, we need to work together to raise awareness of the mental health champions with senior managers about the benefits this role brings to the organisation and our staff and make talking about mental health in the workplace the norm. Reducing stigma around mental health is the first step in helping break down the barriers. Encouraging teams to have more mental health champions will change norms and cultures, hopefully helping people to take action before they become absent from work. We have a multi-disciplinary suicide prevention and self-harm action group in Kirklees where we work together to tackle the many root causes of poor mental health that could lead to suicide. The local action plan is in line with the National Strategy worksteams and is complementary of the Regional Suicide Prevention five year strategy. The priority actions for the next 12 months are: - To strengthen links with primary care around suicide prevention and deliver a PPT event focused on suicide prevention - To work with local media around suicide prevention and sensitive portrayal - To increase the numbers of people with lived experience represented within the group - Working across the West Yorkshire and Harrogate footprint

	to jointly bid for resources for postvention (support for those bereaved/ impacted by suicide) Over 120 Schools / Colleges now have Emotional and Wellbeing leads that come together to skill share and build networks. Over the next 12 months, we want to harness examples of good practice in Kirklees to capture what is working well in schools to prevent mental health problems developing, for children and staff.
4. Taking action	Mental health promotion and prevention is embedded into the Kirklees Integrated Wellness Model vision, which is 'People in Kirklees will live longer, healthier, happier lives and feel more able to look after themselves and others'. The wellness model is developing an integrated approach to improve adult wellbeing in Kirklees. A key component of the model is the 'Five Ways to Wellbeing' which will be reflected in both outputs and outcome measurement. This will launch in April 2019. Link Mental health to urban planning and the wider social determinants of health – for example, more opportunities for physical activity, safer environments for walking, cycling and recreation will all help to prevent mental health problems from occurring. Consider how we can use the Concordat to create a mentally healthy places in Kirklees. The Community Plus service, has at its core, working with people and communities to prevent, reduce and delay the need for and use of costly health and social care interventions and considering what people can do for themselves. Within the next 12 months, there is a need to provide mental health training for the community plus team, to reduce stigma and build their confidence in having conversations around mental health and to increase awareness of existing local assets to support and maintain positive mental health and by encouraging earlier identification of signs and symptoms. There is clear evidence proving that a range of prevention activities promote good mental health and reduce some of the impacts of poor mental health. These actions have also been shown to be cost-effective as a good way of spending money on activities that improve health outcomes. One of the actions we will commit to is to benchmark ourselves against these interventions: • school based programmes to prevent bullying and initiatives to prevent depression in children and young people • workplace programmes to promote mental health and initiatives to help adults at risk of stress, anxiety and depression • mental health support integrated into the pathways and interventions for people with long term physical health problems e.g. diabetes and heart disease • group based social activities, including volunteering, to address loneliness as a way of promoting mental health • financial advice services for people with debt problems located in primary care • initiatives to identify and support people who have self-harmed and are potentially suicidal

5. Defining success	Signing the Prevention Concordat will be helping to achieve the following Kirklees Outcomes: • People in Kirklees are as well as possible for as long as possible • Children in Kirklees have the best start in life • People in Kirklees live in cohesive communities, feel safe and are safe/protected from harm • Enabling all children, young people and adults to maximize their capabilities and have control over their lives Through our Health Intelligence teams, Mental health place based summaries are in progress, including indicators of mental health status and protective and risk factors. Actions that come out of signing the prevention concordat should be aligned with these summaries to allow us to measure success. Map out interventions that work with and why, as well as recognising inputs and outputs. Consider how we can measure the impact of prevention activity and highlight any areas for development.
Is your organisation/ partnership happy to provide key impact headlines when contacted related to the commitment specified? Yes ☒ No ☐ *The purpose of this information is to support us to measure progress of the programme and inspire others. Information requests will not occur more than once a year.*	
Upload signature and organisation logo	

In your submission please attach any additional documents that you may want to share to support your commitments e.g. strategies, plans project outlines.

What do we mean by prevention planning?

You may already be doing excellent work in relation to prevention planning that you are eager to share however here are a few examples for you to think about

What does good look like; the framework for effective planning for better mental health in all local areas is evidence based and consists of five steps to delivery:

Steps	Partnerships	Organisations	Communities
Leadership and Direction	Identified lead organisation within the partnership for prevention of mental illness and promotion of good mental health Designated mental health prevention champion at a senior officer level in each organisation Shared vision statement for prevention and promotion that all have signed up to	Designated mental health prevention champion at a senior officer level in each organisation Support and development is given to roles that champion mental health prevention A clear vision for mental health promotion and prevention that fits across the whole organisation , involving all departments and functions and is integrated in all plans and strategies	An identified mental health prevention champion e.g. a local board member or community representative A shared vision and commitment to promote good mental health and prevent mental illness within the community Engagement within local partnerships to advocate for and meet community needs
Understanding local need and assets	Local Authority led Joint Strategic Needs Assessment with a mental health prevention focus Mental Health Equity Audits across the partnership	Mental health prevention needs assessment of targeted populations e.g. prison population, parents, Black and Minority Ethnic or Black, Asian and Minority Ethnic (BAME) , LGBTQ Engagement with communities to gain insight into their needs and assets	Asking questions of individuals, groups and families within the community about their mental health and wellbeing and what influences it e.g. use of WEMWEBs Engagement events and opportunities that enable citizens to share views and participate in decision making

	Collaborative analysis of local information and intelligence sharing Real time surveillance of suicide data Engagement with communities to gain insight into their needs and assets		
Working together	Working together in collaboration across a number of organisations on agreed prevention priorities, shared plans and strategies Involve local communities, including those with lived experience in planning;	Seeking collaboration with other organisations and working collaboratively within the organisation to address issues related to the promotion of mental wellbeing and the prevention of mental ill health e.g. multi agency suicide prevention plan, mental wellbeing plan Working with local communities and involving those with lived experience in planning	Coming together with other community groups and/or working with local partnerships Involving those with lived experience in planning and delivery
Taking action	Delivery of partnership plans and strategies Shared prioritisation and resources Mental Health Impact Assessments to integrate mental health prevention into partnership plans and strategies	Delivery of an organisational plan and/or strategy that has clear identified priorities and resource to support implementation. Prevention activity across the whole of the organisation Developing the workforce's knowledge and skills in promotion and prevention.	Programmes of local activity that promote better mental health. Enable citizens and communities to take action to promote better mental health.

Defining success	Agreed outputs and outcomes across all partners that demonstrate delivery of the plans , level of partnership engagement and the measurement of impact/ improvements in local communities in relation to preventing mental illness and promoting mental health	Agreed outputs and outcomes across the organisation that demonstrate delivery of plans , level of partnership engagement and the measurement of impact/ improvements in local communities in relation to preventing mental illness and promoting mental health	Measuring the impact of activity on people's mental health and wellbeing in local communities

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FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	**31st January**
TITLE OF PAPER:	**Healthy Weight Declaration**

1. Purpose of paper

To ask Health & Wellbeing Board to support a Local Government (and Partners) 'Healthy Weight Declaration' for Kirklees **(see draft Healthy Weight Declaration attached)** and endorse the approach and sign off the Health & Wellbeing Board's commitment to the 'Healthy Weight Declaration'

2. Background

In Kirklees:

- 1 in 5 (22%) 5-year olds and 1 in 3 (36%) 11-year olds in Kirklees were overweight or obese in 2016.
- Children aged 5 from the poorest income groups are twice as likely to be obese compared to their most well off counterparts. By age 11 this likelihood triples.
- Over half of all adults (56%) are overweight or obese.
- The number of obese adults is increasing.
- 3 in 5 people with a long term condition are overweight/obese.
- Severely obese people are three times more likely to use social care.

Kirklees Public Health plans to develop and implement a local 'Healthy Weight Declaration' as part of a whole-system approach to tackling obesity.

What is it?

The Healthy Weight Declaration (HWD) is a way of showing commitment to a collaborative whole-system, policy-based approach to tackling obesity, with a specific focus on policies that can impact on whole populations.

By signing up to the Declaration, the Council and its partners make a formal and public commitment to support its employees, residents and communities by making healthy choices easier.

The Declaration provides the context and rationale for the Council and its partners to review their policies and how they may impact on healthy weight.

By endorsing a 'whole system' approach to tackling obesity, the Declaration will impact on wider health and social issues, not just reducing obesity.

HWD demonstrates a commitment to developing and implementing policies and actions that are aligned with place-based approaches, 'working with, not doing to' and working with partners, to create healthy (social and physical) environments.

What is the rationale for a Healthy Weight Declaration?

The proposal for a Kirklees Healthy Weight Declaration is informed by emerging evidence of successful approaches in other areas such as Blackpool (see appendix below for a link) and St. Helens.

Between 2012 and 2015, Amsterdam's whole system approach reduced the prevalence of overweight and obesity in children (0-18 years) from 21% to 18.5%.

Public Health England endorse adopting a Healthy Weight Declaration by Local Authorities as part of an evidence-based approach to reducing obesity.

3. Proposal

Evidence suggests (eg Amsterdam's whole-system approach) that to be effective, whole system approaches to tackling obesity need sustained senior level leadership and organisational buy-in over a period of time. It is proposed that the Health & Wellbeing Board endorse and own the HWD, champion and provide leadership in its implementation.

It will then require coordination of cross-sector and cross-departmental actions including political engagement, all council departments, schools, healthcare settings, communities, neighbourhoods and third and voluntary sector organisations. Kirklees Council Pubic Health team will provide this.

The HWD sets out a number of commitments that the council and its partners commit to in order to inform the development and implementation of their policies and actions and how they may impact on healthy weight. By doing so, as part of a whole-system approach to tackling obesity across the life-course, the HWD contributes towards achieving the following priority taken from the Health and Wellbeing Plan:

"Make healthy weight the norm for the population in Kirklees, increasing the proportion who are a healthy weight in childhood and adulthood, starting with increasing the proportion of babies born in Kirklees at a healthy weight"

HWD demonstrates a commitment to developing and implementing policies and actions that are aligned with place-based approaches, 'working with, not doing to' and working with partners, to create healthy (social and physical) environments.

By taking a whole-system approach to tackling obesity, HWD contributes towards achieving the following Kirklees Outcomes:

- *Children have the best start in life*
- *People in Kirklees are as well as possible for as long as possible*
- *People in Kirklees live independently and have control over their lives*

4. Financial Implications

The HWD does not require additional finance to implement as it is predominantly about influencing and developing existing or new policies and actions within existing resources.

5. Sign off

Signed off by Rachel Spencer-Henshall 21/09/19.

This report has been to:

- Kirklees Council Leadership and Management Team on the 17/12/18 signed off by Rachel Spencer-Henshall.
- Kirklees Cabinet on the 14/01/19 signed off by Richard Parry.

6. Next Steps

Kirklees Council Pubic Health team will coordinate cross-sector engagement in order to develop, implement and acquire sign up to the HWD.

A partnership HWD launch event will be delivered in March.

7. Recommendations

That the Health & Wellbeing Board commit to supporting, owning and championing the HWD

8. Contact Officer

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Appendix

Link to Food Active Blackpool example:
http://www.foodactive.org.uk/wp-content/uploads/2017/06/Food-Active-Blackpool-Report.pdf

Link to whole systems approach in Amsterdam:
https://www.ucl.ac.uk/obesity-policy-research-unit/sites/obesity-policy-research-unit/files/what-learned-from-amsterdam-healthy-weight-programme-inform-policy-response-obesity-england.pdf

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