

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 March 2019

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Reception Room - Town Hall, Dewsbury** at **2.00 pm** on **Thursday 28 March 2019**.

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".

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 Viv Kendrick (Chair)

Councillor Shabir Pandor Leader of the Council

Councillor Donna Bellamy

Councillor Musarrat Khan

Councillor Kath Pinnock

Dr David Kelly

Mel Meggs Director for Children's Services

Carol McKenna

Dr Steve Ollerton

Richard Parry

Rachel Spencer-Henshall

Fatima Khan-Shah

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.

2: Minutes of previous meeting

1 - 6

To approve the minutes of the meeting of the Board held on 31 January 2019.

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: Supplementary Statement to The Pharmaceutical Needs Assessment 9 - 16

This paper outlines the changes to pharmaceutical services in the Kirklees Health and Wellbeing Board (HWB) area which necessitate the publication of a Supplementary Statement.

Contact: Nicola Bush, PH Pharmaceutical Advisor Tel: 01484 221000

7: Kirklees Economic Strategy 17 - 20

To update the Board for information on the publication of the Kirklees Economic Strategy, and to ensure ongoing strategic alignment between work in Kirklees on health and wellbeing and the local economy.

Contact: Alan Seasman, Theme Lead Place and Inward Investments Tel: 01484 221000

8: Primary Care Network Development 21 - 30

To provide the Board with an update on the creation of Primary Care Networks in Kirklees, the implications of the new GP Contract and to seek the Board's support for the proposed approach to the further development on the Networks.

Contact: Alan Turner, Programme Manager, Primary Care Networks and Catherine Wormstone, Head of Primary Care

9: Kirklees Health and Wellbeing Plan and local partnership planning arrangements 31 - 38

The purpose of this paper is to update the Board on progress with implementing the Kirklees Health and Wellbeing Plan and emerging changes to the Kirklees Partnership planning arrangements.

Contact: Phil Longworth, Senior Manager Integrated Support. Tel: 01484 221000

10: Proposed Revisions to the Terms of Reference for The Health and Wellbeing Board

39 - 46

The purpose of this report is to seek approval for the proposed revisions to the Terms of Reference for the Health and Wellbeing Board.

Contact: Phil Longworth, Senior Manager Integrated Support; Tel: 01484 221000

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 31st January 2019

- Present: Councillor Viv Kendrick (Chair)
Councillor Donna Bellamy
Councillor Kath Pinnock
Mel Meggs
Carol McKenna
Dr Steve Ollerton
Richard Parry
Fatima Khan-Shah
Helen Hunter
- In attendance: Sean Duffy, Programme Clinical Director and Alliance Lead, West Yorkshire & Harrogate Cancer Alliance
Hazel Taylor, Programme Manager for Lung Cancer
Emily Parry-Harries, Consultant in Public Health
Carl Mackie, Public Health Manager
Alison Millbourn, Public Health Manager
Robin Ireland, Director of Research from Food Active
Phil Longworth, Senior Manager, Integrated Support
- Observers: Catherine Riley, Calderdale and Huddersfield NHS Foundation Trust
Tim Breedon – South West Yorkshire NHS Foundation Trust
Lorna Peacock – Locala
Martin Barkley – Mid Yorkshire
Sharron McMahon, Health Improvement Practitioner (Advanced)
- Apologies: Councillor Shabir Pandor
Councillor Musarrat Khan
Dr David Kelly
Rachel Spencer-Henshall
Jacqui Gedman
Kathryn Hilliam

1 Membership of the Board/Apologies

Apologies were received from the following Board members: Cllr Shabir Pandor, Cllr Musarrat Khan, Dr David Kelly, Jacqui Gedman, Katherine Hilliam and Rachel Spencer-Henshall.

Emily Parry-Harries attended as sub for Rachel Spencer-Henshall.

1a Appointment of Chair

Following Cllr Pandor's resignation as the Chair of the Board, Cllr Viv Kendrick was appointed chair for the remainder of the 2018/19 municipal year.

2 Minutes of previous meeting

That the minutes of the meeting of the Board held on 22 November 2018 be approved subject to amendment to reflect that Emily Parry-Harries was in attendance.

3 Interests

No interests were declared.

4 Admission of the Public

That all agenda items be considered in public session.

5 Deputations/Petitions

No deputations of petitions were received.

6 Public Question Time

No questions were asked.

7 The NHS Long Term Plan

Carol McKenna, Chief Officer for Greater Huddersfield and North Kirklees CCGs provided an update on the NHS Long Term Plan. The Board was informed that in June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for the next 5 years; and in return the NHS was asked to come together to develop a long term plan. The plan was published on the 7 January 2019.

The aim of the plan is to demonstrate how the NHS will use the extra funding, to provide an NHS that is fit for the future with high quality care for everyone, delivering the best results for patients, taxpayers and employees.

The plan sets out some of the ways that the NHS aims to improve care for people ensuring everyone gets the best start in life, supporting people to age well and delivering world-class care for major health problems. In delivering these ambitions the intention is to do things differently. Key themes include integrated care systems, building a workforce, improving primary care, and developing primary care networks.

The Long Term Plan gives formal backing to the integrated care systems such as the West Yorkshire and Harrogate health and Care Partnership. It give a further boost to the priorities the Partnership has been working on for example a focus on mental health services, cancer prevention and primary care. The message from West Yorkshire Partnerships is that it is not about starting from scratch it has always been about a place based approach and all decisions on services made as locally and as close to people as possible.

There is also an emphasis on digital technologies and how it supports primary care and how to use tax payer's money to reduce duplication.

The Board was informed that it is the first time Healthwatch has worked directly with NHS England and Healthwatch have been asked to coordinate information on an STP footprint. This might include undertaking surveys and events.

The plan acknowledges the social care green paper which will sit alongside the NHS Long Term Plan. The timescale for publication of the green paper is still to be confirmed.

The Kirklees Health and Wellbeing Plan is the main plan which sets out the approach taken to join up health care services in partnership with NHS services the local authority, Healthwatch care providers and community organisations across the area.

RESOLVED - That the publication of the Long Term Plan and its implications for the local approach to the delivery of integrated health and care service in Kirklees be noted by the Board.

8 Tackling Lung Cancer - West Yorkshire & Harrogate Cancer Alliance

Sean Duffy, Programme Clinical Director and Alliance Lead, West Yorkshire & Harrogate Cancer Alliance attended the meeting to set out the case for change and proposals for lung cancer. The Board was informed that with smoking rates above the national average, lung cancer is the most common cancer in West Yorkshire and its incidence is directly related to smoking and therefore, tobacco use is the most important preventable cause of lung cancer in the UK.

The information presented to the Board was aimed at looking a system wide approach to tackling lung cancer.

A programme has been designed around four interventions:-

- Optimising smoking cessation support
- 'Push and pull' symptom awareness campaigns and community engagement events
- Risk identification in primary care to promote direct to Low Dose CT (LDCT) scanning
- Optimising the lung cancer pathway

The Board was informed that in order to deliver the four interventions it requires a whole system approach with health and social care partnerships between local authority, primary care, acute care and health commissioners developing a locally agreed plan to deliver a systematised programme.

The Board questioned why low dose CT scanning was better than chest x-rays and was advised that the CT poses less risk of radiation and can detect other respiratory conditions such as COPD.

The board asked whether use of e-cigarettes and vaping was reducing the number of people smoking and in response was advised that the evidence is under review.

RESOLVED - That:

- a) the Board provide advice on whether the proposed targeted approach would form the basis of an effective programme to improve outcomes for the population Kirklees
- b) Advise on the proposed approach to target all four interventions in Kirklees
- c) Support the next stage process in establishing this programme with senior executive support

9 Prevention Concordat for Better Mental Health

Emily Parry-Harries, Consultant in Public Health advised the Board that Public Health England, 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.

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.

Signing the Concordat for Better Mental Health links to the Kirklees Health and Wellbeing Plan, by contributing to priority impact areas including: increasing the proportion of people who feel connected to their communities, increasing the proportion of people who feel in control of their own health and wellbeing and narrowing the gap in healthy life expectancy between the most and least deprived communities.

The Board commented that developing good habits and life skills starts with children and wanted to ensure that the concordat reflected this. It was agreed that the document would be amended to reflect this.

RESOLVED - That the Board endorses Kirklees applying to become a signatory of the Mental Health Concordat.

10 Healthy Weight Declaration

Carl Mackie, Public Health Manager, Allison Millbourn, Public Health Manager and Robin Ireland, Director of Research from Food Active attended the meeting to update the Board on the Healthy Weight Declaration as part of the whole system, policy based approach to tackling obesity in Kirklees.

The Board was informed that in Kirklees:

- 1 in 5 (22%) 5 year-olds and 1 in 3 (36%) 11-year olds are overweight or obese in 2016
- 1 in 3 social care users are overweight and obese
- The number of obese adults is increasing

By signing up to the declaration, the council and its partners are making a formal and public commitment to support its employees, residents and communities by making healthy choices easier.

Health and Wellbeing Board - 31 January 2019

The Board commented on the letters sent to parents about children's weight suggesting that the letters needed to be reconsidered.

A training pack will be developed to help professionals and there will be a launch event held in March bringing together partners and stakeholders and this is when a steering group will be formed. Board members will be sent an invitation to the launch event.

The Health and Wellbeing Board was asked to commit to supporting owning and championing the Healthy Weight Declaration.

RESOLVED - That the Board supports the Healthy Weight Declaration.

11 Date and time of next meeting

That the date and time of the next meeting 28 March 2019, be noted.

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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.

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	28 March 2019
TITLE OF PAPER:	Supplementary Statement to the Pharmaceutical Needs Assessment (PNA)2018-2021
1.	<p>Purpose of paper</p> <p>This paper outlines the changes to pharmaceutical services in the Kirklees Health and Wellbeing Board (HWB) area which necessitate the publication of a Supplementary Statement (Appendix 1) alongside the 2018-2021 PNA. The paper supports the Health and Wellbeing Board in its duty to keep the PNA up to date.</p>
2.	<p>Background</p> <p>On 22 March 2018, the Board approved the publication of its 2018-2021 PNA. At this meeting, the Board was made aware as part of the “next steps” that there would be continued collaborative work with the Kirklees PNA Group, particularly relating to issues arising which affect the PNA, including agreeing which changes to pharmaceutical services constitute a proportionate response and which changes necessitate the publication of a Supplementary Statement alongside the PNA during the 3 year period of publication. The following Regulations mandate HWBs.</p> <ul style="list-style-type: none"> • The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to Health and Wellbeing Boards (HWBs). Under the Act, the Department of Health has powers to make Regulations. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/; • Regulation 6(2) – Revision of PNAs “A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a <u>significant extent</u>, to the need for pharmaceutical services in its area, having regard in particular to changes to— <ol style="list-style-type: none"> a)the number of people in its area who require pharmaceutical services; b)the demography of its area; and c)the risks to the health or well-being of people in its area, unless it is satisfied that making a revised assessment would be a <u>disproportionate response</u> to those changes.” • Regulation 6(3) – Supplementary Statements “Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust’s pharmaceutical needs

assessment (and any such supplementary statement becomes part of that assessment), where —

a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and

b) the HWB —

i. is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or

ii. is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.”

The PNA Group has assessed all of the updates to the availability of Kirklees pharmaceutical services to 31 January 2018 and has identified changes that are relevant to the granting of applications by NHS England. Since the publication of the PNA, NHS England has received notices for the closure of THREE pharmacies.

The PNA Group concludes that these closures are not of a significant extent to affect the need for pharmaceutical services in the Kirklees Health and Wellbeing Board area nor do they create any gaps in the need for pharmaceutical services in the Denby Dale Ward, the Dewsbury East Ward or the Holme Valley South Ward.

3. Proposal

The PNA Group’s proposal is that a full PNA revision would be a disproportionate response to the pharmacy closures and for a Supplementary Statement (Appendix 1) to be published alongside the current PNA.

4. Financial Implications

There are no financial implications.

5. Sign off

Rachel Spencer-Henshall

6. Next Steps

Following approval by the Board:

- The Supplementary Statement in Appendix 1 will be published alongside the PNA;
- The PNA maps will be updated to reflect the changes to the availability of pharmaceutical services.

7. Recommendations

The Board is asked to approve the Supplementary Statement for publication.

8. Contact Officer

Nicola Bush

Public Health Pharmaceutical Advisor; Nicola.bush@kirklees.gov.uk

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**Supplementary Statement to Kirklees Council
 Pharmaceutical Needs Assessment 2018-2021**

Date of Publication of Pharmaceutical Needs Assessment	01 April 2018
Date of Issue of Supplementary Statement	28 March 2019
Supplementary Statement Number	1

PHARMACY CLOSURES
<p>Since the publication of the Pharmaceutical Needs Assessment (PNA), NHS England has received notices for the closure of the THREE pharmacies listed below</p>
DENBY DALE 40 Scott Hill, Clayton West, Huddersfield, West Yorkshire, HD8 9PE by Shammah UK Ltd Trading as Dearne Valley Pharmacy
<p><u>Last Day of Trading 25/04/2018</u> Closure of this pharmacy neither creates changes to the PNA 2018-2021 that are of a significant extent to the need for pharmaceutical services in the Kirklees Health and Wellbeing Board area nor does it create any gaps in the need for pharmaceutical services in the Denby Dale Ward.</p> <p>Whilst there is no extended hour provision of pharmaceutical services Monday to Friday and no extended hour provision Sundays in the Denby Dale Ward, the GPOOH and Minor Injuries Units are located in a neighbouring District Committees (Huddersfield; Dewsbury and Mirfield respectively) where there are 100 hour pharmacies providing necessary extended hour pharmaceutical services.</p> <p>With respect to pharmaceutical services provision for any surgeries offering extended hours, there are four 100 hour pharmacies in the Huddersfield area (two pharmacies in Dalton Ward; two pharmacies in Newsome Ward) providing necessary extended core hour pharmaceutical services that are within the accepted drive time of 20 minutes.</p>
DEWSBURY EAST Lloyds Pharmacy Ltd - within Sainsbury's Store: Railway Street, Dewsbury, WF12 8EB (100 hours contractor).

Appendix 1

<p>Last day of trading 11/06/2018</p> <p>Closure of this pharmacy neither creates changes to the PNA 2018-2021 that are of a significant extent to the need for pharmaceutical services in the Kirklees Health and Wellbeing Board area nor does it create any gaps in the need for pharmaceutical services within the Dewsbury East Ward.</p> <p>There is access to/ availability of pharmaceutical services via three other 100-hour pharmacies including Asda In Store - 0.7 miles (3min drive time); Brewery Lane Pharmacy - :2.1 miles (9min drive time) and Dewsbury Pharmacy:1.9miles (7min drive time). These pharmacies are providing similar or more services than those previously provided by Lloyds Pharmacy at Railway Street.</p>
<p>PHARMACY CLOSURES (CONTINUED)</p>
<p>HOLME VALLEY SOUTH</p>
<p>Blundells Pharmacy Ltd LLP Trading as Manor Pharmacy: 59 Huddersfield Road, Holmfirth, HD8 3JH</p>
<p><u>Last Day of trading 6/09/2018</u></p> <p>Closure of this pharmacy neither creates changes to the PNA 2018-2021 that are of a significant extent to the need for pharmaceutical services in the Kirklees Health and Wellbeing Board area nor does it create any gaps in the need for pharmaceutical services within the Holme Valley South Ward.</p> <p>There are four other local pharmacies providing similar extended supplementary hours on Saturdays in the Ward to the closed pharmacy. Based on the 2015 Population mid-year estimate, there are more pharmacies per 100,000 population (26/100,000) in the Holme Valley South Ward than that of England (21/100,000) and that of Yorkshire and the Humber (24/100000).</p> <p>The Medicare Pharmacy at the Riverside Shopping Centre is in very close proximity to the closed pharmacy (both on Huddersfield Road, Holmfirth).</p> <p>There are four other local pharmacies providing the same NHS England Medicines Use Review and the New Medicines Scheme services as the closed pharmacy and three local pharmacies providing the same Locally Commissioned Public Health supervised consumption service as the closed pharmacy.</p>

Appendix 1

It is the view of the Kirklees Health and Wellbeing Board PNA Group that these changes to the availability of pharmaceutical services is relevant to the granting of applications referred in Section 129(2)(c)(i) or (ii) of the 2006 Act and the Group is satisfied that a revised PNA would be a disproportionate response.	YES	v
	NO	

This Supplementary Statement to the Kirklees Council Pharmaceutical Needs Assessment is issued in accordance with Paragraph (3) in Part 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Statement issued by:	Rachel Spencer-Henshall
Post:	Director of Public Health
Date:	07 February 2019

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	28 March 2019
TITLE OF PAPER:	Kirklees Economic Strategy
1. Purpose of paper	<p>To update the Board for information on the publication of the Kirklees Economic Strategy, and to ensure ongoing strategic alignment between work in Kirklees on health and wellbeing and the local economy.</p>
2. Background	<p>The current Kirklees Economic Strategy (KES) was produced in 2014, with the KES and the Kirklees Joint Health and Wellbeing Strategy intended to reinforce one another. This desire for continued alignment was carried into a review of progress on the KES produced in July 2018, which confirmed the rationale for refreshing the strategy. From July to December 2018, the development of the new KES has included in depth economic analysis, engagement and consultation and the production of the final draft:</p> <ul style="list-style-type: none"> • Five engagement workshops (on evidence, business, people and communities, physical regeneration, and health and wellbeing). • Presence and input from participants at the Picture of Kirklees event. • One to one and small group meetings with businesses, 3rd sector representative groups, the education sector and others. • Connection with other workstreams supporting economic wellbeing in Kirklees, including work around place branding, town centre masterplanning and inclusive growth and social value. • Identification of shared priorities and relationships to other strategic documents (i.e. Joint Health and Wellbeing Plan, Kirklees Skills Plan, and Local Plan) • Discussion of the refresh of the KES, connections to inclusive growth and social value, and next steps with timeline with Economy and Neighbourhoods Panel on the 5 September and 17 January. • Draft strategy circulated to partners and stakeholders for comment Autumn 2018. <p>The draft strategy has been endorsed by Cabinet and is due to go to Full Council for approval on 20 March 2019.</p>
3. Proposal	<p>The focus of the KES is on growing an inclusive and productive economy at the heart of the North. It proposes a commitment to building local wealth, creating an economy that is:</p> <p>Inclusive: with every person realising their potential, through good jobs, and higher levels of skills, income and wellbeing.</p> <p>Productive: with innovative, outward and forward looking businesses. Higher productivity creates more value per hour worked and can support good jobs and higher incomes.</p>

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

In focussing on inclusivity and productivity, the Kirklees Economic Strategy and the Kirklees Joint Health and Wellbeing Plan should continue to reinforce one another as the two central strategic pillars in the district. Good health allows people to enjoy life to the full and to make a productive economic contribution. Meanwhile a strong, inclusive and sustainable economy has a positive influence on the determinants of health such as learning and skills, work, incomes and housing.

The draft updated KES has 5 priorities which will help to deliver our vision for an inclusive and productive economy:

1. Modern, Innovative Business - boosting business ambitions, best practice and innovation to drive productivity and good jobs

2. Skilled and Ambitious People - equipping people with the skills, talents and confidence they need to access good, well paid jobs and to contribute to the economy so that sharing the fruits of prosperity is the norm

3. Active Partnerships - building high impact partnerships across private, public and voluntary sectors, with a focus on how ‘anchor organisations’ can use their employment, procurement, assets and service delivery to build community wealth and achieve better outcomes

4. Advanced Connectivity and Infrastructure – securing and maximising benefits from Transpennine rail upgrade, a Huddersfield-Dewsbury Leeds Inclusive Growth Corridor, 10,000 new homes and excellent digital and green infrastructure

5. Revitalising and Promoting Key Centres – using a forward looking, place based approach across Huddersfield, North and South Kirklees to celebrate our district’s diversity

These priorities will be taken forward via 12 Action Programmes and 5 big wins against which we will be able to identify progress. These are summarised in the table below:

Priorities	Innovative Businesses	Skilled, ambitious people	Active Partnerships	Advanced connectivity & infrastructure	Revitalised centres
12 Action Programmes	Business ambitions & best practice Innovation uplift Engineering & manufacture	Aspiration uplift (skills) Health/care workforce development	Anchor organisations, social value and supply chains	Transpennine upgrade & inclusive growth corridor The Big Build Digital infrastructure	Huddersfield North Kirklees & Dewsbury South Kirklees & rural areas
5 ‘Big Wins’	Digital Innovation Zone	Integrated Care Workforce Initiative	Kirklees Anchors Network	Transpennine upgrade & Inclusive growth corridor	Masterplans, branding & development in Hudds & Dewsbury

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

It is proposed that both the KES and the Joint Health and Wellbeing Plan continue to be closely connected as they implement their respective action programmes.

4. Financial Implications

There are no direct financial implications as a result of this report.

5. Sign off

Karl Battersby - Strategic Director, Economy and Infrastructure
13.03.19

6. Next Steps

The draft strategy has been endorsed by Cabinet and is due to go to Full Council for approval on 20 March 2019.

Following approval at Full Council, the next steps for the Kirklees Economic Strategy are to develop the partnership arrangements and delivery mechanisms required to deliver the action programmes within the strategy.

7. Recommendations

For the board to note the publication of the Kirklees Economic Strategy

8. Contact Officer

Alan Seasman – Theme Lead Place and Inward Investment
alan.seasman@kirklees.gov.uk
Tel: 01484 221000

Kate McNicholas – Strategy and Policy Service Manager
kate.mcnicholas@kirklees.gov.uk
Tel: 01484 221000

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	28 March 2019
TITLE OF PAPER:	The Development of Primary Care Networks in Kirklees and the New Five Year Framework for GP Contract Reform.
1. Purpose of paper	<p>The purpose of this paper is to provide an update on the development of Primary Care Networks in Kirklees.</p>
2. Background	<p>Primary Care Networks are a critical component of the vision for health and social care set out in the Kirklees Health and Wellbeing Plan. Primary Care Networks are much more than groups of general practices. They represent a fundamental shift in the way health and care is provided to our population. GP practices, community services, social care and others will be expected to work together in a way they have never done before.</p> <p>The development of Primary Care Networks will help to deliver the aims of both Clinical Commissioning Group’s existing Primary Care Strategies, and it is a key focus of the Integrated Commissioning Strategy and the Integrated Provider Board.</p> <p>The 2018/19 NHS Planning Guidance sets out the ambition for Clinical Commissioning Groups to actively encourage every GP practice to be part of a local primary care network ensuring there is complete geographical contiguous population coverage by the end of 2018/19.</p> <p>In Kirklees, this work is well underway and the current position, an update on the implications of the new GP contract 5 year deal together with some of the challenges and next steps are set out in the Appendix.</p>
4. Financial Implications	<p>Not applicable – Financial implications are being picked up through existing CCG Primary Care Commissioning Committees</p>
5. Sign off	<p>Dr Steve Ollerton, Clinical Chair, Greater Huddersfield CCG</p>
6. Next Steps	<p>Next steps and key milestones to note. By 15th May date, each network has to confirm:</p> <ul style="list-style-type: none"> • Names of member practices • Network list size as at 01 01 19 • A map clearly marking the agreed Network area • The initial network agreement signed by all member practices • The single practice or provider that will receive funding on behalf of the PCN • The named accountable Clinical Director <p>By the end of May 2019 – each CCG will need to approve the arrangements for Primary Care Networks.</p>

7. Recommendations

The Health and Wellbeing Board is asked to:

- a) Receive the update on the development of Primary Care Networks in Kirklees
- b) Note the importance of the GP contract reform
- c) Consider and discuss implications, next steps and challenges for Primary Care Networks

8. Contact Officer

Catherine Wormstone

Head of Primary Care Strategy and Commissioning – Greater Huddersfield Clinical Commissioning Group and North Kirklees Clinical Commissioning Group.

Appendix

1. Introduction

Next Steps on the NHS Five Year Forward View (March 2017) and NHS 2018/19 Planning Guidance set out the ambition for Clinical Commissioning Groups (CCGs) to actively encourage every practice to be part of a local Primary Care Network (30,000 – 50,000 population) ensuring there is complete geographical contiguous population coverage, as far as possible, by the end of 2018/19.

In Kirklees, work commenced in the summer of 2018 to set the foundations for the development of nine Primary Care Networks – five in the Greater Huddersfield CCG area and four within North Kirklees.

The publication of the [NHS Long Term Plan](#) on the 6 January 2019 committed £4.5 billion more for primary medical and community health services by 2023/24. Shortly afterwards on 31 January 2019, NHS England and the British Medical Association's General Practitioners Committee published a [five-year GP \(General Medical Services\) contract framework from 2019/20](#).

The new contract framework marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan through strong general practice services. The contract increases investment and more certainty around funding and looks to reduce pressure and stabilise general practice. It will ensure general practice plays a leading role in every [Primary Care Network](#) (PCN) which will include bigger teams of health professionals working together in local communities.

The principles of integration and closer working between health and social care in these key NHS policy documents very much reinforce the way in which Kirklees had commenced the journey locally and are in alignment with the Kirklees Health and Wellbeing Plan 2018-2023 as well as the Primary Care Strategy documents for both CCGs.

It is very helpful to have the clarity, funding and confidence to continue this journey towards more integrated primary and community care services at pace and there are high levels of engagement from all key stakeholders.

2. Background

2.1 What are Primary Care Networks?

The first key document to describe the intention that “most GP Surgeries will increasingly work together in primary care networks or hubs” came in the [Next Steps on the NHS Five Year Forward View](#) in 2017. Since then, it has become a clear direction of travel and is now set firmly in the new GP contract announcements. It is important to remember that Primary Care Networks are not new organisations or legal entities but are a collective and integrated way of working to make the best use of health and social care resource.

Fig 1. The summary below describes a working definition of Primary Care Networks

A working definition

Primary care networks enable the provision of **proactive, accessible, coordinated and more integrated primary and community care** improving outcomes for patients. They are likely to be formed around natural communities based on GP registered lists, often serving **populations of around 30,000 to 50,000**. Networks will be small enough to still provide the personal care valued by both patients and GPs, but large enough to have impact through deeper **collaboration between practices and others in the local health (community and primary care) and social care system**. They will provide a platform for providers of care being sustainable into the longer term.

The core characteristics of a primary care network are:

- **Practices working together and with other local health and care providers**, around natural local communities that geographically make sense, to provide coordinated care through integrated teams
- **A defined patient population in the region of 30,000-50,000**
- **Providing care in different ways to match different people's needs**, including flexible access to advice and support for 'healthier' sections of the population, and joined up care for those with complex conditions
- **Focus on prevention and personalised care**, supporting patients to make **informed decisions** about their care and look after their own health, by connecting them with the full range of statutory and voluntary services
- **Use of data and technology** to assess population health needs and health inequalities, to inform, design and deliver practice and population scale care models; support clinical decision making, and monitor performance and variation to inform continuous service improvement
- **Making best use of collective resources across practices** and other local health and care providers to allow greater resilience, more sustainable workload and access to a larger range of professional groups

2.2 The Kirklees Journey

Greater Huddersfield CCG and North Kirklees CCGs had both started their journey towards integration and had different arrangements in place as a starting point. Both CCGs had recognised this ambition to work at scale within their individual Primary Care Strategies. GP practices in both CCG areas were coming together in groupings but these were not necessarily geographically arranged and were inwardly focussed on review of referrals.

Within Greater Huddersfield CCG some groups of practices had already proactively reached out to start closer working with partners whilst some were less able or aware of the need to work in a different way due to the immense pressure on GP practice services.

The development of Primary Care Networks across Kirklees will need to reflect some of the differences in pace and understanding whilst at the same time, working towards the same goals. NHS England describes this as a journey and has developed an outline 'maturity matrix' to help Networks and to acknowledge that networks will not be reach full maturity overnight.

As part of being an Integrated Care System, the West Yorkshire and Harrogate Health and Care Partnership is allocated some non-recurrent resource in 2018/19 to accelerate and embed the development of Primary Care Networks in Kirklees. This has been primarily directed towards freeing up the time to make change for GP practices, holding a number of engagement events, developing intelligence packs for networks and establishing a programme management approach for the work

The baseline assessment against the NHS England Maturity Model which was completed in September 2018 recognised that each CCG was at the start of a development journey and would be '*establishing the foundations for transformation*'.

2.3 Primary Care Networks in Kirklees

Within Kirklees, the foundations have now been set for the establishment of nine geographically arranged Primary Care Networks (PCNs). The groupings and the populations are set out below.

North Kirklees		
Cluster	No. of Practices	Network Patient Population
Cleckheaton and Heckmondwike	7	52,510
Batley and Birstall	8	59,552
Ravensthorpe, Dewsbury, Mirfield	5	42,407
Dewsbury and Thornhill	7	39,913
Greater Huddersfield		
Network	No. of Practices	Network Patient Population
The Valleys Health and Social Care Network	6	53994
The Mast	5	35113
The Viaducts	8	52310
Greenwood Network	10	57960
Tolson Care Partnership	8	50501

2.4 Progress to date

There is an extensive amount of work underway to prepare the development of nine Primary Care Networks but set out below are some of the key highlights from the work programme so far.

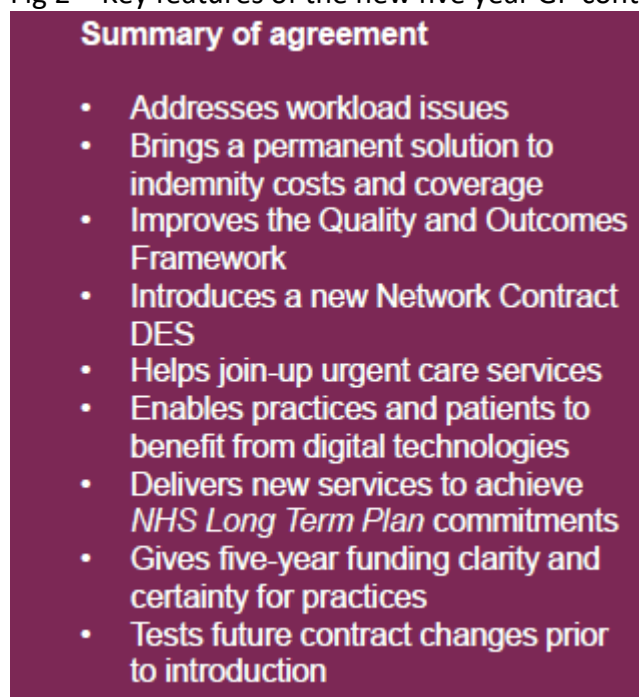
- a) All nine Primary Care Networks are now meeting regularly with representation from each practice and some with wider stakeholders represented (Locala, Kirklees Council, SWYPFT etc).
- b) Each Network has identified an interim leader or a leadership team
- c) A Programme Manager is in place for the development of Primary Care Networks and the existing programme plan is being adjusted to take account of the new GP Contract
- d) Each network has been tasked with producing a 'plan on a page' by the end of March 2019 which will include:
 - Network membership
 - Network leadership
 - Level of maturity against the NHS England Maturity Matrix
 - Key priorities identified by the network and the health needs of the population
 - An outline Development Plan
- e) Established Primary Care Network links with key wider system partners – Community Nursing, Adult Social Care, Community Plus, SWYPFT and the two GP Federations.
- f) Initial engagement events were held in October in each CCG area which covered:
 - What are Primary Care Networks?
 - What is Primary Care Home? (and what is the difference!)
 - What is in it for me, my practice and my patients?
 - What are the benefits and challenges of working together?
 - What have other areas learned from working collaboratively?
- g) Two large well attended events in March held in both North Kirklees and Greater Huddersfield which brought together a much wider group of stakeholders and had support from the National Association of Primary Care
- h) There is oversight and ownership of the development of Primary Care Networks through the Integrated Provider Board.

- i) A newly formed 'Primary Care Network Leadership Forum' met for the first time in February 2019 consisting of leadership representation from each network and partner organisations across Kirklees
- j) Work streams, including 'Communications and Engagement' and 'Data and Intelligence' have been formed to support the development of the Primary Care Networks. These work streams include partners from across the system aiming to ensure appropriate partnership engagement, in turn ensuring that networks are not only data driven but shaped and informed by all stakeholders inclusive of the populations they serve.
- k) Links established from the CCG Primary Care Teams for each Primary Care Network

2.5 Investment and Evolution: A five year framework for GP Contract Reform to Implement the Long Term Plan

The publication of this key document on 31 January 2019 has signalled a significant change in the direction of primary care and seeks to address the core challenges facing general practice.

Fig 2 – Key features of the new five year GP contract agreement



The strategy document firmly sets Primary Care Networks at the heart of a redesigned integrated primary and community care system.

2.6 The Network Contract Directed Enhanced Service (DES)

GP Practices will be offered a new Network Contract from July 2019 – this is a Directed Enhanced Service. The DES will provide funding for practices to form and develop networks, as well as for additional workforce and services to be delivered by the network. Networks can be structured in a number of ways depending on how the network members wish to employ staff and work together. All networks will have a Network Agreement which will outline how the practices will work together, how funding will be allocated and how services and workforce will be shared. NHS England is expected to provide a template document for this before the end of March 2019.

CCGs and Integrated Care Systems will play a role in approving the formation of networks and commissioning the services they will provide, as well as providing ongoing support. CCGs are also expected to provide £1.50/head in cash to support Primary Care Network development and this has been identified within both CCG allocations for 2019/20. 2019/20 is described as a “set up” year.

2.7 Network Service Specifications

Seven new services will be introduced in line with the NHS Long Term Plan primary care goals and phased into the Network DES over the coming years. The specifications for these will be developed with stakeholders during 2019/20. This is a significant difference for services to be commissioned at network level.

The service specifications are introduced as follows:

2020

- Structured medication review
- Enhanced health in care homes
- Anticipatory care (with community services)
- Personalised care
- Supporting early cancer diagnosis

2021

- Cardiovascular disease prevention & diagnosis
- Action to tackle inequalities

2.8 Changes to Workforce – Additional Roles Reimbursement Scheme

Recognising the pressure on front line services and the difficulties with recruiting and retaining health and social care staff, Primary Care Networks will be guaranteed funding for up to an estimated 20,000+ additional staff nationally by 2023/24.

- Clinical Pharmacists (from July 2019)
- Social Prescribing Link Workers (from 2019/20)
- Physiotherapists (from 2020/21)
- Physician Associates (from 2020/21)
- Community Paramedics (from 2021/22)

The scheme will meet a recurrent 70% of the costs of additional Clinical Pharmacists, Physicians Associates, Physiotherapists and Community Paramedics; and 100% of the costs of additional Social Prescribing link workers.

Each network will appoint a Clinical Director, chosen from within the network. This would normally be a GP but does not have to be. Funding will be provided for this role based on the network size (0.25 WTE funding per 50,000 population size).

Significantly, the network can agree how the new workforce is employed and deployed across practices. For example, networks may choose to identify a lead GP practice as employer or could look to a local trust or GP Federation to undertake this function on their behalf.

2.9 Changes to Access

The new contract document signals a change to the way extended access (outside of GP core hours of 8am to 6:30pm) will be commissioned and delivered. The current Extended Hours Access Directed Enhanced Service which is delivered at individual practice level will form part of the Network Des from July 2019.

The Extended Access Service which the CCGs commission across a CCG footprint (through Local Care Direct and My Health Huddersfield and Curo) will also be expected to move onto a network footprint from April 2021.

2.10 'Digital First'

Digital-first primary care will become a new option for every patient improving fast access to convenient primary care and as part of this commitment:

- All patients will have the right to online and video consultations by April 2021
- All patients will have access online to their full record from April 2020
- 25% of GP appointments will be available for online booking by July 2019
- Fax machines will no longer be in use by April 2020
- Online access to repeat prescriptions and repeat

3. Challenges and Next Steps

The development of Primary Care Networks requires large scale system and cultural change and brings with it many challenges. The extent of the changes set out in the NHS Long Term Plan have implications for many existing work programmes across a number of organisations. Organisations and Heads of Service are encouraged to read the document and consider the implications for their areas of work and the teams they work with.

There is additional guidance expected from NHS England in the next few weeks which will set out more detail.

More consideration will also need to be given to

- Governance of Primary Care Networks and linked across the existing Health and Social Care infrastructure
- Leadership development and support for the Clinical Directors and those taking on leadership roles in Networks
- Organisational Development – recognising that Networks are not legal entities (but may choose to become so) they will still require support to work cohesively
- Information & Data sharing, access to IT systems

NHS England has set out the following timeline for the development of Primary Care Networks. This is set out below:

Fig 3 – Timeline for the establishment of Primary Care Networks

Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract
By 15 May 2019	All Primary Care Networks submit registration information to their CCG
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early Jun	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
30/6	Sign up by practice through CQRS
1 Jul 2019	Network Contract goes live across 100% of the country
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: year 1 of the additional workforce reimbursement scheme; ongoing support funding for the Clinical Director; Ongoing £1.50/head from CCG allocations

A key milestone is the 15 May 2019. By this date, each network has to confirm:

- Names of member practices
- Network list size as at 01 01 19
- A map clearly marking the agreed Network area
- The initial network agreement signed by all member practices
- The single practice or provider that will receive funding on behalf of the PCN
- The named accountable Clinical Director

4. Conclusion

Good progress has been made with the development of Primary Care Networks in Kirklees in a relatively short period of time. There is a high level of energy and commitment from all key stakeholders and for some practices, we recognise they need the space to build the relationships and trust which will be fundamental to the success of integrated working and sustainable Primary Care Networks.

The direction of travel now clearly set out in NHS policy, together with a significant amount of funding, will ensure we have the continued momentum to work collectively across the Health and Social Care system.

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	28 March 2019
TITLE OF PAPER:	Kirklees Health and Wellbeing Plan and local partnership planning arrangements
1. Purpose of paper	<p>The purpose of this paper is to update the Board on progress with implementing the Kirklees Health and Wellbeing Plan and emerging changes to the Kirklees partnership planning arrangements.</p>
2. Background	<p>The refreshed Kirklees Health and Wellbeing Plan was endorsed by the Board in September 2018. The Plan has subsequently been endorsed by key health and care partners across Kirklees. As the Plan is the Kirklees place based plan as part of the West Yorkshire Health and Care Partnership it is now available through the Partnership website here.</p> <p>The Plan provides an overview of the work across Kirklees to deliver improvement in the health and wellbeing of the population, referencing and drawing upon the wide-range of existing strategies and plans at an organisational, place or system level supporting this delivery.</p> <p>The headline shared priorities for the Kirklees population within the plan are:</p> <ul style="list-style-type: none"> • Create communities where people can start well, live well and age well. • Create integrated person-centred support for the most complex individuals • Develop our people to deliver the priorities and foster resilience. • Develop our estate to deliver high quality services which serve the needs of local communities. • Harness digital solutions to make the lives of people easier. <p>2.1 Plan high level summary</p> <p>In order to better communicate the outcomes and priorities that the plan is seeking to deliver a one page summary has been developed – see Appendix 1. This should enable us to tell the ‘Kirklees story’ more succinctly and consistently.</p> <p>2.2 Partnership planning landscape</p> <p>The Health and Wellbeing Plan covers a very wide range of organisational and partnership plans and activity that needs to be delivered over several years. Most of these plans have established reporting mechanisms. Since the work began on developing the Health and Wellbeing Plan we have established a range of supporting mechanisms:</p> <ul style="list-style-type: none"> • Kirklees Health and Care Executive Group which brings together the executive leads of all the major health and care partners in Kirklees. The group’s role is to be a forum where leaders of organisations come together on a regular basis to talk about Kirklees as a place rather than focusing on different organisational footprints. This will also to help to continue to build working relationships with the Yorkshire and Harrogate Health and Care Partnership so that Kirklees is fully involved in this work. • Kirklees Integrated Commissioning Board which oversees the implementation of the Integrated Commissioning Strategy that was approved by the Health and Wellbeing Board in September 2018 (here). As the Board has been in operation for nearly 12 months a review of the Terms of Reference is underway.

- Kirklees Integrated Provider Board has a membership drawn from senior staff from across all main health and care providers (see Agenda Item 11 – Appendix 1). The Board is currently reviewing its work programme for the coming year.
- The development of Primary Care Networks is one of the most significant elements of the Health and Wellbeing Plan. Programme management arrangements are currently being developed.

An overview of the emerging Kirklees partnership planning landscape is shown in Appendix 2. It is recognised that more work is needed to ensure that:

- the respective roles of the key groups are clear and more widely understood
- the partnership groups that are working on specific elements of the implementation of the Kirklees Health and Wellbeing Plan are fully engaged
- the number of partnership groups is streamlined and all parts of the system are clear about reporting and accountability for the work they are leading on.

The Kirklees Partnership Executive is also undertaking a high level review of local partnership arrangements.

Whilst the Kirklees planning landscape is emerging so is the West Yorkshire landscape and all parts of our local system need to be actively engaged in the relevant West Yorkshire & Harrogate Partnership system activity.

A separate report (see Agenda Item 11) sets out the proposal to undertake a full review of the Health and Wellbeing Board’s Terms of Reference in 2019/20 in light of all these recent developments.

2.3 Key projects 2019/20

Across the long term headline shared priorities for the Health and Wellbeing Plan a small number of key projects have been identified. These are relatively new areas of activity that require significant partnership input to establish them as major local programmes in 2019/20.

2018-2023: Priorities	FOCUS FOR 2019
<i>Creating communities where people can start well, live well and age well</i>	Developing active communities projects in Primary Care Network areas
	Improving the lives of children and young people through a new Children’s Plan for Kirklees
	Tackling loneliness through a partnership wide Loneliness Vision and Action Plan
	Implementing the Kirklees Healthy Weight Declaration
<i>Creating integrated person centred support for the most complex individuals</i>	Developing Primary Care Networks
	Implementing a Kirklees wide integrated Frailty Model
	Establishing a Kirklees Mental Health Provider Alliance
Developing our people to deliver the priorities and foster resilience	Supporting staff, organisations and partnerships to deliver the Health and Wellbeing Plan
	Improving citizen engagement and personalised care in Kirklees
Developing our buildings to deliver high quality services	Developing a Kirklees wide estates plan focussed on community based services
<i>Harnessing digital solutions</i>	Developing an integrated Kirklees Digital Care Record

A brief summary of progress is provided in Appendix 2.

As part of the work to streamline the partnership groups and clarify the reporting and accountability arrangements a formal mechanism will be established to provide the Health and

Wellbeing Board with the necessary assurance about the delivery of the Health and Wellbeing Plan.
<p>3. Proposal and next steps</p> <p>a) Publish the Health and Wellbeing Plan high level summary and create a range of tools to support dissemination</p> <p>b) Review the Integrated Commissioning Board terms of reference</p> <p>c) Develop a work programme for the Kirklees Integrated Provider Board for 2019/20</p> <p>d) Establish a Primary Care Network programme governance arrangements</p> <p>e) Streamline the number of partnership groups and clarify reporting and accountability arrangements</p> <p>f) Communicate the emerging planning landscape and the roles of the key groups</p> <p>g) Undertake a full review of the Health and Wellbeing Board’s Terms of Reference</p> <p>h) Continue to develop key projects for 2019/20</p>
<p>4. Financial Implications</p> <p>None at this stage.</p>
<p>5. Sign off</p> <p>Richard Parry, Strategic Director Adults and Health, Kirklees Council</p>
<p>7. Recommendations</p> <p>The Kirklees Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • Endorse the one page summary of the Kirklees Health and Wellbeing Plan • Note and comment on the emerging planning landscape • Endorse the need to streamline local partnership groups and clarify reporting and accountability arrangements
<p>8. Contact Officer</p> <p>Phil Longworth, Senior Manager – Integrated Support, Kirklees Council</p> <p>phil.longworth@kirklees.gov.uk</p>

Appendix 1: Kirklees Health and Wellbeing Plan high level summary

Kirklees Health and Wellbeing Plan 2018-2023

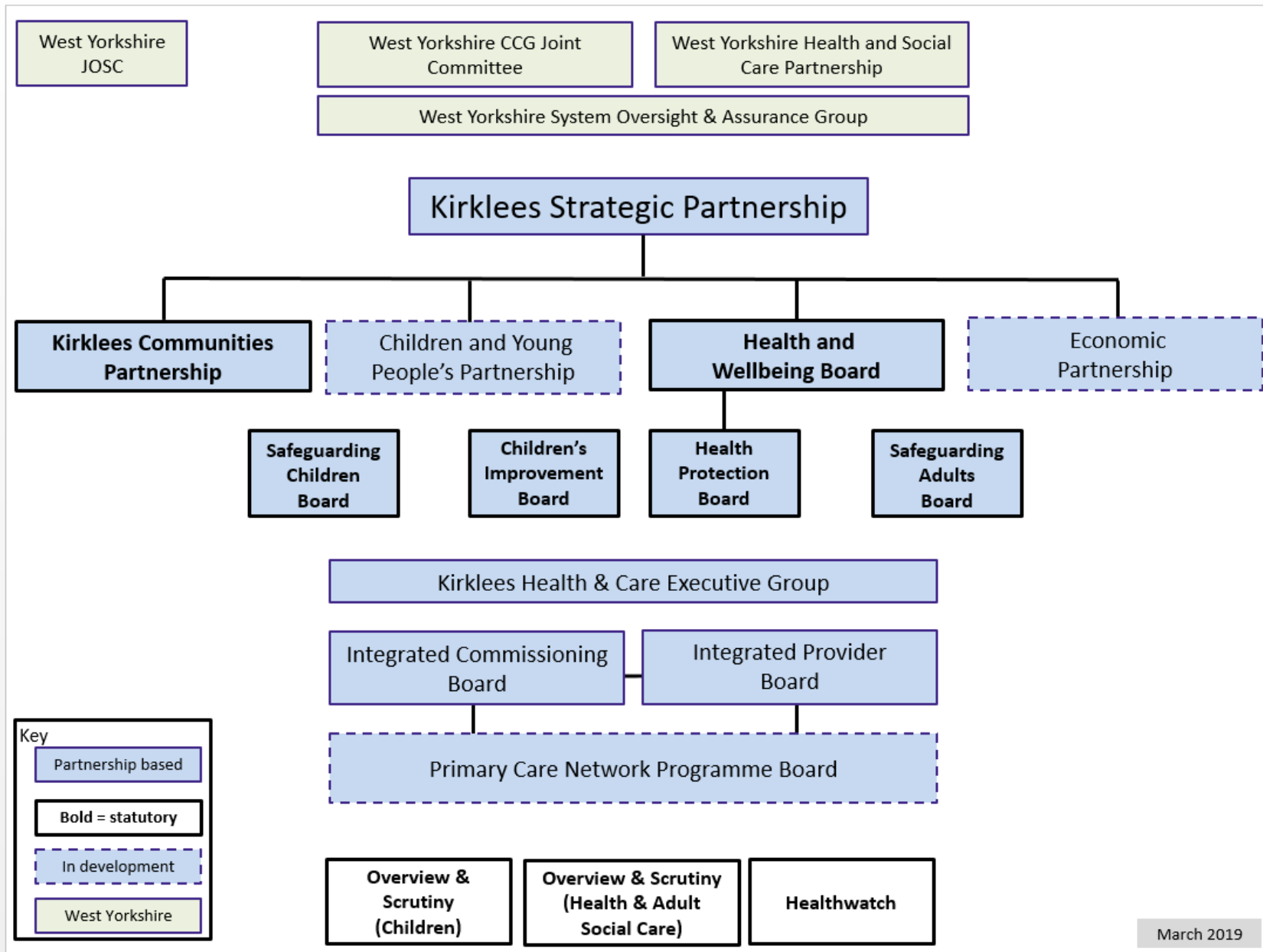
Shared outcomes with Kirklees Economic Strategy

Our shared outcomes are the pillars that support our overall vision for Kirklees to be a place that combines a strong, sustainable economy with a great quality of life. Our shared outcomes are:

- 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
- People in Kirklees live in **safe, cohesive communities** and are protected from harm
- People in Kirklees have aspiration and **achieve their ambitions** through education, training, employment and lifelong learning
- Kirklees has **sustainable economic growth** and provides good employment for and with communities and businesses
- People in Kirklees experience a high quality, **clean, and green environment**



Appendix 2: Kirklees Partnership Planning Landscape – March 2019



March 2019

2018-2023: Priorities	FOCUS FOR 2019	Lead	Progress
<i>Creating communities where people can start well, live well and age well</i>	Developing active communities projects in Primary Care Network areas	Jill Greenfield Head of Integrated Local Partnerships, Kirklees Council	Community Plus is working closely with a number of PCNs to develop local projects alongside the extension of social prescribing and the new Wellness Service Model.
	Improving the lives of children and young people through a new Children's Plan for Kirklees	Mel Meggs Director of Children's Services	Partnership event to relaunch the Children and Young People's Partnership held on 15 th March 2019.
	Tackling loneliness through a partnership wide Loneliness Vision and Action Plan	Jill Greenfield Head of Integrated Local Partnerships, Kirklees Council	Draft strategy being developed with involvement from a wide range of partners. Report to Health and Wellbeing Board in June 2019.
	Implementing the Kirklees Healthy Weight Declaration	Rachel Spencer-Henshall Director of Strategic Director Corporate Strategy, Commissioning & Public Health, Kirklees Council	Kirklees Healthy Weight Declaration endorsed by Cabinet and the Health and Wellbeing Board. Local elements of the Declaration being further developed with partners following event on 18 th March 2019.
<i>Creating integrated person centred support for the most complex individuals</i>	Developing Primary Care Networks	Catherine Wormstone Head of Primary Care, Head of Primary Care Strategy and Commissioning, Greater Huddersfield CCG/North Kirklees CCG	Network areas agreed. Programme plan in place. See also Agenda Item 9.
	Implementing a Kirklees wide integrated Frailty Model	Helen Severns Service Director – Integrated Commissioning Greater Huddersfield CCG/North Kirklees CCG/Kirklees Council	Programme plan developed and reviewed across Health and Social Care. Individual projects established across primary, secondary and community care including enablers around personalisation, prevention and awareness workstreams A North Kirklees Frailty Strategy being reviewed and updated to ensure it reflects the whole of Kirklees and is relevant to all age groups. A summit is being held in May to further develop and finalise the strategy and identify any gaps and opportunities.
	Establishing a Kirklees Mental Health Provider Alliance	Salma Yasmeen Director of Strategy, SWYFT	Approval for development of the Alliance secured from all key partners. Proposal now describes the priorities for mental health, in light of the health and wellbeing plan, covering the complex, multi

2018-2023: Priorities	FOCUS FOR 2019	Lead	Progress
		Emily Parry-Harries Head of Public Health, Kirklees Council	provider issues that benefit from organisations working together. The Alliance is complementary and inclusive of existing structures in Kirklees. A small working party has been established to create an action plan and progress this work.
<i>Developing our people to deliver the priorities and foster resilience</i>	Supporting staff, organisations and partnerships to deliver the Health and Wellbeing Plan	Steve Brennan SRO Working Together NHS Greater Huddersfield CCG/North Kirklees CCG	Organisational Development programme underway. Kirklees wide Integrated Systems Leadership Development events held in February and March 2019. Integrated Care Workforce Development Steering Group established and holding a workshop in April 2019 to identify priority areas where working together across Kirklees can add most value.
	Improving citizen engagement and personalised care in Kirklees	Saf Bhuta Head of Safeguarding & Quality, Kirklees Council Rachel Millson Senior Strategic Planning and Development Manager, Greater Huddersfield CCG/North Kirklees CCG	Local strategic direction for personalised care linking with population health management and the primary care networks agreed and project resource identified. Initial discussions held across Kirklees to define our approach to strategic co-production for health and care – paper being developed to go to Integrated Commissioning Board in April 19. Next steps include: developing policy and mechanisms for co-production and embedding co-production and personalised care in care planning, service delivery, project development and commissioning, extending and integrating personal budgets
<i>Developing our buildings to deliver high quality services</i>	Developing a Kirklees wide estates plan focussed on community based services	Ian Currell Director of Finance Greater Huddersfield CCG/North Kirklees CCG	Mapping of health and social care related public estates complete. Estates leads from all major partners meeting in April/May to start the process of developing a system wide approach to estates.
<i>Harnessing digital solutions</i>	Developing an integrated Kirklees Digital Care Record	Ian Currell Director of Finance Greater Huddersfield CCG/North Kirklees CCG	Draft Kirklees Digital Plan developed. Digital leads from across partnership developing a detailed implementation plan

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KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: 28 March 2019

TITLE OF PAPER: Proposed revisions to the Terms of Reference for the Health & Wellbeing Board

1. Purpose of paper

The purpose of this report is to seek approval for the proposed revisions to the Terms of Reference for the Health and Wellbeing Board.

2. Background

In accordance with The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, if the Council wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments. The Board's Terms of Reference were last revised in March 2018.

The national, regional and local context the Board is operating within has undergone significant changes over the past 12-18 months, including:

- Publication of the NHS Long Term Plan with its emphasis on promoting collaboration.
- The West Yorkshire Health and Care Partnership has formally become an 'Integrated Care System' and the new Partnership Board will meet from June 2019.
- Creation of the West Yorkshire Joint Committee of Clinical Commissioning Groups, the West Yorkshire Association of Acute Trusts and the West Yorkshire Mental Health Services Collaborative
- The emergence of Primary Care Networks, which has been formalised in the new GP Contract and our local arrangement will be confirmed in May.
- Establishment of the Kirklees Integrated Commissioning Board and the Kirklees Integrated Provider Board. The Integrated Provider Board includes senior representatives from across the Kirklees health and social care sector (see Appendix 1)
- The Kirklees Partnership arrangements are also being reviewed, and the Children and Young People's Partnership is being re-established.

The current membership as set out in the Terms of Reference has not been changed since the Board was established in April 2013. The membership reflected the requirement as set out in the Health and Social Care Act 2012:

'core membership that health and wellbeing boards must include:

- at least one councillor from the relevant council
- the director of adult social services
- the director of children's services
- the director of public health
- a representative of the local Healthwatch organisation
- a representative of each relevant clinical commissioning group (CCG)
- any other members considered appropriate by the council'

In addition there are 'invited observers' from all the key local health and care provider organisations. This has meant that provider organisations have not had a formal voice at the Board, and that representatives from Overview and Scrutiny have only been able to observe Board meetings as members of the public.

In light of the shift to a much more collaborative culture which is at the core of both the Kirklees Health and Wellbeing Plan and the NHS Long Term Plan it is timely to update the membership of the Board.

3. Proposal

That the Board:

- Considers and agree the proposed revision to the Terms of Reference for 2019-20, specifically
 - Extending the membership of the Board to include a nominated representative of the Kirklees Integrated Provider Board. The Integrated Commissioning Board joint chairs are the CCG Chief Officer and Director of Adult Social Care and are already Board members.
 - Add a representative of Kirklees Overview and Scrutiny as an 'invited observer'.
- Agrees the revised Terms of Reference progress through Corporate Governance and Audit Committee and Annual Council.
- Agrees that a full review of the Board's Terms of Reference is undertaken and a report setting out proposed changes be presented to the Board in Autumn 2019.

4. Financial Implications

None.

5. Sign off

Richard Parry, Strategic Director Adults and Health, Kirklees Council 18 March 2018

6. Next Steps

That once the revisions to the Terms of Reference have been agreed by the Board it will progress through Corporate Governance and Audit and then to Annual Council in readiness for the 2018/19 municipal year.

Establish a Task and Finish group with relevant officers and Board members to undertake a full review of the Terms of Reference and report back to the Board in Autumn 2019.

7. Recommendations

That the Board accepts the proposed revisions and review of the Terms of Reference.

8. Contact Officer

Jenny Bryce-Chan, Governance Officer, Kirklees Council

Phil Longworth, Senior Manager – Integrated Support, Kirklees Council

Tel:01484 221000

Appendix 1: Kirklees Integrated Provider Board

Membership

- Calderdale & Huddersfield Foundation Trust
- Care Home Provider Forum
- CCGs
- Community Pharmacy West Yorkshire
- Domiciliary Care Manager Network
- GP Federations: My Health Huddersfield, Curo
- Healthwatch Kirklees
- Kirklees Council
- Kirklees Neighbourhood Housing
- Kirkwood Hospice
- Locala
- Mid Yorkshire Hospitals NHS Trust
- Local Care Direct
- Skills for Care
- South West Yorkshire Partnership Foundation Trust
- Third Sector Leaders
- West Yorkshire Fire & Rescue
- West Yorkshire Police
- Yorkshire Ambulance Service

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Health and Wellbeing Board

Membership

Membership of the Board includes voting and non-voting members as set out below:-

Voting members

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

Non-voting members

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

Invited observers

Invited observers from key local partners to promote integration:

Chief Executive or nominated representative of significant partners:

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

Representative of Kirklees Council Overview and Scrutiny

Terms of Reference

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

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

Voting Rights

See membership list

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

Substitute Members

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

Quorum

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

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