

# 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](mailto:jenny.bryce-chan@kirklees.gov.uk)

Wednesday 8 July 2020

## Notice of Meeting

Dear Member

### Health and Wellbeing Board

The **Health and Wellbeing Board** will hold a **Virtual Meeting - online** at **2.00 pm** on **Thursday 16 July 2020**.

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

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 Musarrat Khan

Councillor Carole Pattison

Councillor Kath Pinnock

Councillor Mark Thompson

Mel Meggs

Carol McKenna

Dr Khalid Naeem

Dr Steve Ollerton

Richard Parry

Rachel Spencer-Henshall

Helen Hunter

Karen Jackson

# Agenda

## Reports or Explanatory Notes Attached

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**Pages**

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

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

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**2: Minutes of previous meeting**

1 - 4

To approve the Minutes of the meeting of the Board held on 4 June 2020.

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**3: Interests**

5 - 6

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

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**4: Admission of the Public**

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

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**5: Deputations/Petitions**

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

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

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## 6: Questions by members of the Public (Written Questions)

Due to current Covid-19 restrictions, Elected Members and members of the public may submit written questions to members of the Health and Wellbeing Board.

Any questions should be emailed to [jenny.bryce-chan@kirklees.gov.uk](mailto:jenny.bryce-chan@kirklees.gov.uk) no later than 5pm on Tuesday 14 July 2020.

In accordance with Council Procedure Rule 51(10) each person may submit a maximum of 4 written questions.

In accordance with Council Procedure Rule 11(5), the period allowed for the asking and answering of public questions will not exceed 15 minutes.

Members of the Board will provide an oral response to any questions received, or if they are not able to do so, a written response will be provided.

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## 7: Kirklees wide approach to inequalities

7 - 8

A paper for the Board to discuss ongoing activity and actions to reduce inequalities in Kirklees (health-related and wider societal inequalities), and creation of a partnership-wide action plan to be shaped by the Health and Wellbeing Board.

**Contact:** Emily Parry-Harries, Consultant in Public Health and Owen Richardson, Intelligence Lead, Public Health Policy, Tel:01484 221000

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## 8: Kirklees Outbreak Control Plan

9 - 30

This report is to provide an overview of the Kirklees Outbreak Control Plan and to provide assurance that strong outbreak management arrangements are in place for Covid-19.

**Contact:** Jane O'Donnell, Head of Health Protection, Tel: 01484 221000

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**9: Progress on Establishment of Integrated Health and Care Leadership Board** 31 - 46

To provide a brief update on progress in establishing the Integrated Health and Care Leadership Board.

**Contact:** Steve Brennan, Kirklees Place Programme Director

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**10: Stabilisation & Reset Across the Kirklees Health and Social Care System** 47 - 62

A report to update the Board on the approach being taken to 'stabilisation & reset' across the Kirklees health and social care system, and the implications for the subsequent updating of the work programme to deliver the Kirklees Health and Wellbeing Plan.

**Contact:** Natalie Ackroyd, Senior Strategic Planning, Performance and Service Transformation Manager and Vicky Dutchburn, Head of Strategic Planning, Performance & Delivery

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**11: Learning and Evaluation - Shaping the future of public services in Kirklees**

A verbal update on proposals to establish a system wide approach to learning and evaluation to inform and support the design and transformation of public services in Kirklees.

**Contact:** Rachel Spencer-Henshall, Strategic Director, Corporate Strategy & Public Health, Tel: 01484 221000

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**12: Pharmaceutical Needs Assessment update** 63 - 64

A report for information only.

Contact: Owen Richardson, Intelligence Lead for Public Health tel: 01484 221000

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Contact Officer: Jenny Bryce-Chan

## KIRKLEES COUNCIL

### HEALTH AND WELLBEING BOARD

**Thursday 4th June 2020**

- Present:
- Councillor Viv Kendrick (Chair)
  - Councillor Musarrat Khan
  - Councillor Kath Pinnock
  - Councillor Mark Thompson
  - Rachel Spencer-Henshall
  - Richard Parry
  - Dr Steve Ollerton
  - Dr Khalid Naeem
  - Helen Hunter
  - Karen Jackson
- In attendance:
- Emily Parry-Harries, Consultant in Public Health, Head of Public Health Policy, Kirklees Council
  - Neil Coulter, NHS England
  - Jane Close, Locala
  - Ian Holmes, Director, West Yorkshire & Harrogate Health and Care Partnership
  - Cllr Habiban Zaman, Lead Member for the Health and Adults Social Care Scrutiny Panel
  - Ian Currell, Greater Huddersfield and North Kirklees CCGs
  - Anna Basford, Calderdale and Huddersfield NHS Foundation Trust
  - Tim Breedon, Deputy Chief Executive South West Yorkshire Partnership NHS Foundation Trust
  - Val Johnson, Third Sector Leaders
  - Matt England, Associate Director of Planning and Partnerships Mid Yorkshire Hospitals NHS Trust
  - Diana McKercher, Chair Locala
  - Phil Longworth, Senior Manager, Integrated Support, Kirklees Council
- Apologies:
- Councillor Carole Pattison
  - Mel Meggs
  - Carol McKenna
  - Jacqui Gedman
  - Kathryn Giles

**44 Membership of the Board/Apologies**

Apologies were received from the following Board members:- Cllr Carole Pattison, Carol McKenna and Mel Megs.

Ian Currell attended as sub for Carol McKenna.

**45 Minutes of previous meeting**

That the minutes of the meeting held on the 30 January 2020 be approved as a correct record.

**46 Interests**

No interests were declared.

**47 Admission of the Public**

All items considered in public session.

**48 Deputations/Petitions**

No deputations or petitions were received.

**49 Questions by members of the public (Written Questions)**

The Board received the following question from Cllr Zaman:

“What is the current process for testing of hospital patients for Covid 19 and what can the two acute trusts, CHFT and Mid Yorkshire do more to inform and reassure members of the public about testing for Covid 19 prior to discharge.”

**50 Implications of Covid-19 for Kirklees**

The Health and Wellbeing Board received a presentation on the implications of Covid-19 in Kirklees from local partners who have been at the forefront of the local response to the Covid-19 Pandemic. Each of the key organisations with a major role to play in delivering the Board’s aims and ambitions presented to the Board, a high-level summary of the following:

- how their organisation had responded so far and the current challenges
- what they had learnt and their plans for the future

**RESOLVED:**

That the Board recognises:

- a) the excellent work done by staff across a wide range of organisations to manage Covid-19 and its impact in Kirklees
- b) that the vision, outcomes and principles set out in the Kirklees Health and Wellbeing Strategy and the Health and Wellbeing Plan are still valid, and that



## **Health and Wellbeing Board - 4 June 2020**

these key strategic documents provide a useful framework for reviewing organisational and partnership responses to the Covid-19 Pandemic

- c) the Kirklees Integrated Commissioning/Provider Board review the Health and Wellbeing Plan and present an updated version to a future Health and Wellbeing Board meeting for approval

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

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

## NOTES

### Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>16/07/20</b>
<b>TITLE OF PAPER:</b>	<b>Kirklees wide approach to inequalities</b>
<b>1. Purpose of paper</b>	Discussion of ongoing activity and actions to reduce inequalities in Kirklees (health-related and wider societal inequalities), and creation of a partnership-wide action plan to be shaped by the Health and Wellbeing Board.
<b>2. Background</b>	This is a follow-up to the session on inequalities delivered to the Board in July 2019, considering emerging evidence of worse outcomes from COVID-19 for vulnerable groups and a renewed partnership approach to tackling inequalities.
<b>3. Proposal</b>	Presentation slides will be shared at the meeting to show the latest available evidence around inequalities. The presentation will summarise work already ongoing to reduce inequalities in Kirklees and will propose a set of short- and long-term actions for discussion, with the intention of forming a partnership-wide action plan.
<b>4. Financial Implications</b>	To be determined, based on identified actions.
<b>5. Sign off</b>	Rachel Spencer-Henshall, Strategic Director for Corporate Strategy, Commission & Public Health
<b>6. Next Steps</b>	Actions will be assigned following discussion at the meeting, and an update on actions will be provided at a future Board meeting (date to be determined).
<b>7. Recommendations</b>	The Board will be asked to champion the reduction of inequalities across the partnership and shape the response to this issue through discussion and ownership of key actions.
<b>8. Contact Officer</b>	Emily Parry-Harries, Consultant in Public Health, <a href="mailto:emily.parry-harries@kirklees.gov.uk">emily.parry-harries@kirklees.gov.uk</a> , 01484 221000 Owen Richardson, Intelligence Lead for Public Health, <a href="mailto:owen.richardson@kirklees.gov.uk">owen.richardson@kirklees.gov.uk</a> , 01484 221000

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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE: Thursday 16 July 2020</b>
<b>TITLE OF PAPER: Kirklees Outbreak Control Plan</b>
<b>1. Purpose of paper</b>  This report is to provide an overview of the Kirklees Outbreak Control Plan and to provide assurance that strong outbreak management arrangements are in place for Covid-19.
<b>2. Background</b>  Kirklees has strong outbreak management arrangements in place, with robust local governance under the leadership of the Director of Public Health. These well-established outbreak management arrangements are underpinned by the Kirklees Outbreak Plan endorsed by the Kirklees Health Protection Board. These arrangements are robust, effective, timely, and responsive, outlining clear roles and responsibilities of health and care services to manage outbreaks within a wide range of settings and population groups. The Kirklees COVID-19 Outbreak Control Plan builds on the existing outbreak plan, scaling up and enhancing existing arrangements and services to meet the needs of local communities.  The Kirklees Outbreak Control Board is currently being set up to oversee the plan and the public facing communication and engagement work.
<b>3. Proposal</b>  The Kirklees Outbreak Control Plan focuses on the following seven themes: <ol style="list-style-type: none"><li>1. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).</li><li>2. Identifying and planning how to manage other high-risk workplaces, communities of interest and locations including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).</li><li>3. Ensuring readiness to deploy mobile testing units (including walk through) to high risk locations (e.g. defining how to prioritise and manage deployment).</li><li>4. Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).</li><li>5. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security).</li><li>6. Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.</li><li>7. Establishing governance structures led by existing COVID-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.</li></ol>
<b>4. Financial Implications</b>

From the government allocation Kirklees Council has received £2,381,214.17 which is ring fenced for Covid-19 Test and Trace to deliver the Kirklees outbreak control plan; working with local key stakeholders and local NHS partners.

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

Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health

Date:

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

The Health Protection Board will continue to receive assurance and updates on the Kirklees Outbreak Control Plan.

#### **7. Recommendations**

The Health and Wellbeing Board notes the information within the report and appended Plan.

<https://www.kirklees.gov.uk/beta/public-health-partners/pdf/kirklees-local-covid19-outbreak-action-plan.pdf>

The Health and Wellbeing Board approves the Kirklees Outbreak Control Plan and associated governance.

#### **8. Contact Officer**

Jane O'Donnell, Head of Health Protection. Jane.o'donnell@kirklees.gov.uk telephone: 01484 221000



# **Kirklees Outbreak Control Plan**

**July 2020**

**Draft**

## **Kirklees Council Contact Tracing Working Group Action Plan**

Kirklees has strong outbreak management arrangements in place, with robust local governance under the leadership of the Director of Public Health. These well-established outbreak management arrangements are underpinned by the Kirklees Outbreak Plan approved by Kirklees Health Protection Board. These arrangements are robust, effective, timely, and responsive, outlining clear roles and responsibilities of health and care services to manage outbreaks within a wide range of settings and population groups. The Kirklees COVID-19 Outbreak Control Plan builds on the existing outbreak plan, scaling up and enhancing existing arrangements and services to meet the needs of local communities.

### **Principles**

The following principles guided our approach to developing and delivering the Kirklees COVID-19 Outbreak Control Plan. The prevention and management of the transmission of COVID-19 should:

- Be guided by robust community engagement to maintain trust and implement test and trace with consensus and local ownership
- Be based on need and address health inequalities
- Be rooted in public health systems and leadership and build on our strengths and what is already in place
- Adopt a whole system approach
- Be delivered through an efficient and locally effective and responsive system dependent on being informed by timely access to data and intelligence
- Be sufficiently resourced
- Be evidence based
- Build in local learning and improvement

### **Local Outbreak Plans**

Local Outbreak Plans need to address seven themes:

1. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
2. Identifying and planning how to manage other high-risk workplaces, communities of interest and locations including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).
3. Ensuring readiness to deploy mobile testing units (including walk through) to high risk locations (e.g. defining how to prioritise and manage deployment).
4. Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).

5. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security).
6. Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
7. Establishing governance structures led by existing COVID-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

The aims of the Kirklees COVID-19 Outbreak Control Plan are threefold:

- Reduce infections
- Save lives
- Support recovery

We need to minimise and manage the spread of COVID-19 so the citizens of Kirklees feel safe to return to work, school and public places and restart the economy whilst living with COVID-19. Whilst COVID-19 can affect us all, some of us, due to our underlying health conditions or our individual circumstances, will be more vulnerable to its effects.

## **Governance**

The legal responsibility for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- PHE under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and PHE to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- Other responder's specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004.

In the context of COVID-19, this framework has been considerably modified by the provisions of and Central Government legislation and guidance issued under the Coronavirus Act 2020.

The Director of Public Health has, and retains primary responsibility for, the health of their local communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

**Kirklees Local Action Plan**

\*Note: The following criteria should be helped to denote the roll out stage where action need to be deployed/activated:

- a. Immediate (upon national mobilisation)
- b. Short Term (from national mobilisation until for 2 months)
- c. Medium to Long Term (beyond 2 months up to 24 months)

This document is owned and managed by the Kirklees Council Contact Tracing Working Group. For all queries relating to this action plan please contact [emergency.planning@kirklees.gov.uk](mailto:emergency.planning@kirklees.gov.uk) or [infection.control@kirklees.gov.uk](mailto:infection.control@kirklees.gov.uk)

This action plan is broken into the following themes (click below links to be taken to the relevant page):

- Theme 1: Care homes and school:..... 3
- Theme 2: High risk places, locations and communities..... 5
- Theme 3: Local testing capacity ..... 10
- Theme 4: Contact tracing in complex settings ..... 12
- Theme 5: Data integration ..... 12
- Theme 6: Vulnerable people..... 13
- Theme 7: Local Boards ..... 14
- Overarching Issues and Actions ..... 15

Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
<b>Theme 1: Care homes and school:</b>					
<i>Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).</i>					
Management of outbreaks in a care home or school setting	Identify possible scenarios and what strategies are needed to manage an outbreak.  Note: where care homes are impacted by local lockdowns, consideration will be given to weekly testing of all care home staff	Kirklees Council Contact Tracing working group	a		2 weeks  <b>Complete</b>

Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
	<p>within impacted areas to protect the most vulnerable for up to four weeks.</p> <p><b>Update 16/06/2020</b> – process in place pre-existing for care home outbreaks and a process is in place for schools outbreak management.</p> <p>Dynamic risk assessment and review of processes and procedures based on the setting an outbreak is occurring in</p> <p><b>Update 16/06/2020</b> – a draft agenda is within the Test and Trace SOP to support the role of the Incident Management Team and activities such as Dynamic Risk assessment and reviews.</p>				
Deliver the Kirklees Council Communications Strategy	<p>Engagement with the generic council communications to ensure that communications test and trace are amplified to all our population i.e. planning for communications to parents when their first language is not English, as a minimum, consideration of producing standard information producing that any school, nursery could use.</p> <p><b>Update 11/06/2020:</b> International new arrivals team have 5 bi-lingual members of staff and developing good working relationships with schools that have high levels of migrant children and young people especially asylum-seeking children so could offer support potentially.</p>	Communications in Liaison with Kirklees Council Communities, Children's, Education Safeguarding, and Adult Social Care/Infection Prevention and Control	a		4 weeks
	<p>Communications specifically for children's homes that aren't run by the Council, including those that support asylum-seeking children.</p>	Kirklees Council Communities Service and Children's Services/Looked After Children	a		4 weeks
Testing/support and contact tracing	<p>Environmental Health – to increase workforce and resources to support and assist any local contact tracing activity led by Infection Control. Additional training for new members of staff and/or existing staff for whom this is not main job role.</p>	Kirklees Council Environmental Health	a		Recruitment +/- 2 months

Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
	<b>Update 16/06/2020:</b> Kirklees Council engaging with PHE to obtain additional training. Increasing IPC resilience to support both test and trace and outbreak management				
<b>Theme 2: High risk places, locations and communities</b> <i>Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies).</i>					
Understanding the location of complex settings	Identify where “complex settings” exist across Kirklees and maintain a map and database of their locations and contact details.  <b>Update: 04/06/2020</b> – Emergency Planning Team are maintaining a developing data base and mapping layer. It is expected that this will grow as time goes on and as such this will be living document. For details on identified complex settings, to add complex settings, or to view mapping please contact <a href="mailto:emergency.planning@kirklees.gov.uk">emergency.planning@kirklees.gov.uk</a>	Kirklees Council Emergency Planning	a		Ongoing for response duration
Management of outbreaks	Identify possible scenarios and what strategies are needed to manage an outbreak.	Kirklees Council Test and Trace working group	a		Ongoing for duration of programme
	Environmental Health to increase workforce and resources to support and assist any local outbreak management activity led by Infection Control. Additional training for new members of staff and/or existing staff for whom this is not main job role.	Kirklees Council Environmental Health	a		+/- 2 months
	Identify Kirklees Council service specific contacts for each complex setting.	Kirklees Council Test and Trace working group	a		4 weeks
	Gain assurance that emergency plans/business continuity plans are in place for each setting	Service specific lead plus support from Kirklees Council test and trace working group and other relevant service leads	b		8 weeks

<b>Issue</b> <i>(Note: More issues will need adding as appropriate)</i>	<b>Actions and their progress</b> <i>(date stamp these)</i>	<b>Lead</b>	<b>Roll out stage*</b>	<b>RAG</b>	<b>Timescale</b> <i>(from rollout stage)</i>
	When a potential outbreak is identified in a setting, <ul style="list-style-type: none"> <li>• Identify risk/gaps/barriers for each setting under an outbreak situation – consider physical/virtual site visit in line with a risk assessment</li> <li>• identify possible impacts on commissioned contracted services (How does 'ask' affect contract? Are additional resources required? Will performance be affected? How will this be funded?)</li> <li>• Identify relevant workforce for each setting (all agencies involved) and their characteristics and needs</li> <li>• Determine the ask of that workforce</li> <li>• Identify potential scale of support needs and risks associated to these (including PPE requirements)</li> <li>• Identify link agency/contact for each support need</li> <li>• Identification of ask on commissioned/contracted services</li> <li>• PPE requirements and supply established to meet this where appropriate</li> <li>• Identify a suitable emergency support plans for the affected setting(s) (including relevant contact points)</li> <li>• Identify specific communication needs of each setting (including access/ non-access to communication channels, language barriers, added complexities etc)</li> <li>• Development of specific communications (what messages, what will/won't work etc)</li> <li>• Consider deployment of mobile testing unit(s)</li> <li>• Assessment undertaken of likelihood of enforcement needing to be used and the impact this enforcement might have elsewhere (e.g. any impacts on primary or secondary health care provision/ transfer etc).</li> <li>• Identify any possible issues arising from the outbreak or measures taken to address it e.g. criminal behaviours, ASB, heightened risk of domestic abuse etc.</li> </ul>	Kirklees Council Outbreak/setting specific Incident Management Team	a		Ongoing for duration of programme

<b>Issue</b> <i>(Note: More issues will need adding as appropriate)</i>	<b>Actions and their progress</b> <i>(date stamp these)</i>	<b>Lead</b>	<b>Roll out stage*</b>	<b>RAG</b>	<b>Timescale</b> <i>(from rollout stage)</i>
	<ul style="list-style-type: none"> <li>Additional training/awareness required identified for those within these settings.</li> <li>Confirm any reporting lines and recoding requirements and connected processes.</li> <li>Identify GDPR/data protection procedures/issues foreseen</li> <li>Identify contingencies that may help maintain capacity of workforce (e.g. provide transport for staff, provide local accommodation for staff, etc).</li> </ul>				
Monitoring of Outbreaks	How are people going to be contacted, people understanding who is calling them if it's in English and they have limited or no English.	Kirklees Council Migration: Communities Service	a		4 weeks
	Houses of multiple occupation and hotels for Asylum Seekers, supported by the Home Office contract with Mears, Mears do not have the time to provide the support needed to carry out welfare phone checks in detail so how they are going to get this message across is a real concern (provided these for complex settings addresses).	Kirklees Council Migration: Communities Service	a		Ongoing for duration of programme
	140 asylum seeking family homes where people will have limited English if there is a local outbreak to manage (can provide this address for restricted use only as needed for planning).	Kirklees Council Migration: Communities Service	a		Ongoing for duration of programme
Deliver the Kirklees Council Communications Strategy	Communication concerning management of outbreaks where those who don't speak English is concern, we need to try and ensure people understand the Test and Trace programme – huge task, need to link up with others regionally and nationally re this is we can.	Kirklees Council Corporate Communications in liaison with other services as appropriate.	a		Ongoing for duration of programme
	Wider communications discussions set up (Services/setting reps, Communications Team, IPC, emergency planning etc) <ol style="list-style-type: none"> <li>Identify any required tailored communications</li> <li>Are additional communications needed within some settings e.g. landlords, commissioned providers, families of people living in setting etc?</li> </ol>	Kirklees Council Outbreak/Setting specific Incident Management Team with a lead by the Kirklees Council Corporate	b		4 – 6 weeks  And then ongoing for duration related to follow up comms.



<b>Issue</b> <i>(Note: More issues will need adding as appropriate)</i>	<b>Actions and their progress</b> <i>(date stamp these)</i>	<b>Lead</b>	<b>Roll out stage*</b>	<b>RAG</b>	<b>Timescale</b> <i>(from rollout stage)</i>
	3. Are additional communications needed within some settings e.g. landlords, commissioned providers, families of people living in setting etc? 4. Initial draft test and trace communications created for each setting/cohort as needed 5. Communications testing with cohort/setting – is ‘the ask’ understandable? 6. Final communications agreed 7. Translated/other versions of the communications created as needed 8. Identify if follow up communications needed e.g non-compliance, enforcement, local lockdown etc. 9. Repeat steps as above for follow-up communications	Communications representative.			
	Environmental Health to identify and support complex settings where Environmental Health already have a relationship as regulator – to add specific setting connect to any engagement and awareness raising	Kirklees Council Environmental Health	B		2 weeks
	Community reach and engagement plan to ensure regular contact with key groups and faith-based organisations  <b>Update 11/06/2020:</b> Faith webinar taking place, can be built on as a way of getting communications out to groups and faith based organisations	Kirklees Council Cohesion team / Communities Service	a		6 weeks and then ongoing for duration of programme
	Migration and Cohesion workstream communications to be designed for dissemination via text, video, audio, reach, word of mouth, phone engagement.  <b>Note:</b> For asylum seekers in home office accommodation: The Home Office need to be involved at a national and regional level re this, this has been raised to Migration Yorkshire	Kirklees Council Migration and Cohesion Communities Service	a		4 weeks for initial design.  Delivery ongoing for duration of the programme
Supporting specific population groups that are more vulnerable or harder to reach/engage with.	Housing support for asylum seeking families with children under 18 and singles. Need to work with Mears the accommodation provider, Migrant Help Home Office.	Kirklees Council Migration: Communities Service	a		Ongoing for the duration of the programme

Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
	<p><b>Update 11/06/2020:</b> Council is now in phone contact with all the families. the Council now has the main asylum applicants name and address</p> <p>Provide support and response for those who are “No Resources to Public Funds” (Children’s Services, Adults Services, Housing) – note that there is a challenge around refused asylum seekers and wider with immigration restrictions who are trying to avoid being seen by the authorities, allot of sofa and floor sleeping and we won’t be in contact with these.</p> <p><b>Update 11/06/2020:</b> Voluntary and Community sector – will be reaching some of those with NRPF that the council is not aware of but not all. Refugee Resettlement families - Council in regular contact.</p>	Kirklees Council Migration: Communities Service	a		Ongoing for the duration of the programme
	<p>Assist in communication with wider migrants whose first language is not English</p> <p><b>Update 11/06/2020:</b> working through key partners in other services (Children’s and Adults, Housing providers, GP’s wider health colleagues such as Locala).</p>	Kirklees Council Migration: Communities Service in liaison with Kirklees Council Corporate Communications Tea	a		Ongoing for the duration of the programme
Understanding of the contact tracing scheme and connected isolation requirements.	<p>Through relationships with Businesses (Environmental Health and Business Support Team) undertake specific sector engagement to highlight the Test, Trace and Isolate system.</p> <p><b>Update 16/06/2020:</b> Work with manufacturing sector already proposed.</p>	Kirklees Council Environmental Health and Business and Skills	b		4 weeks
Enforcement of any agreed outbreak management strategy, where there is no voluntarily compliance	Kirklees Council Track and Trace working Group need to understand range of enforcement opportunities, stakeholders and responsible agencies, routes to enforcement, memorandum(s) of understanding (where appropriate) – building all of this into the Kirklees Council Test, Trace, Isolate SOP.	Kirklees Council Environmental Health and Public Health Protection	a		2 weeks

Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
Support for businesses affected by local lockdown	To explore the possibility for local discretionary grant payments to support local businesses who are required to close during a local lockdown situation. This may aid compliance and mitigate the potential loss of jobs.	Kirklees Council Business and Skills	a		2 weeks
Outbreaks and transmission within hospitals and primary care facilities	<p><b>Primary care:</b> prevention of incidents through ensuring good infection control practices are in place across primary care.</p> <p><b>Hospitals:</b> Have an outbreak plan in place identifying appropriate measures to prevent nosocomial transmission of COVID- 19 including screening prior to admission and cohorting of any patients suspected to have COVID-19. In addition to this they also have excellent infection control provision in place.</p> <p><b>Joined up partnership:</b> Local Authority Public Health IPC will have a seat at any outbreak control incidents which take place within the hospital setting. The leadership for the outbreak control team (OCT) in the hospital would be under the Director of Infection Prevention and control and the OCT would link to any other over-arching management structures within the Trust.</p> <p>In adopting this approach to outbreak management, it will ensure a partnership arrangement.</p>	Kirklees Council Test and Trace Working Group	a		Ongoing throughout activation of test and trace programme
<b>Theme 3: Local testing capacity</b>					
<i>Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).</i>					
Organisations to be involved in the system.	Ensure all partners required are connected into each other to ensure a joined up response i.e. Community Health, Wider CKW	Kirklees Council	a		4-6 weeks

Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
	footprint, Kirklees Council Partners, 3rd Sector, faith groups, acute trusts. Further partners as outbreak dictates (translation services, education etc).	CCG Jon Parnaby			
Testing support	<p>Process to be developed for the deployment of mobile test units (MTUs) once under control of Council</p> <p><b>Update 16/06/2020:</b> If an Incident Management Team is active the team will identify the need for an mobile testing unit deployment and seek approval from Kirklees Council Director of Public Health who will then authorise this via the Emergency Planning Team. If there is no Incident Management Team active, in hours contact should be made with Kirklees Council Infection Control Team. Out of Hours, or in the event of urgent in hours need, the Kirklees Council Emergency Planning Team will be contacted. Either team will then seek Director of Public Health approval and Emergency Planning will then make contact with the Mobile Testing Unit to arrange deployment. Infection Prevention Control or Environmental Health will manage the liaison of this with the site(s) the unit(s) are being deployed to.</p>	Kirklees Council Test and Trace Working Group	a		2-4 weeks
	Process to be developed for Outreach when needed from satellite stations	CCG Jon Parnaby	a		2-4 weeks
	Clear guidance on pathways of test kits to ensure the Mobile Testing Unit (currently Kingfisher) and satellite (Randox) are kept separate and sent to the correct respective labs	CCG Jon Parnaby	a		2-4 weeks
Workforce for Testing Delivery	Trained workforce that is able to support rapid deployment of MTUs as needed.	Kirklees Council	a		2-4 weeks
	Trained workforce that is able to support rapid deployment of outreach from satellite stations as needed.	CCG Jon Parnaby	a		2-4 weeks

Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
<b>Theme 4: Contact tracing in complex settings</b> <i>Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity). For definition of complex setting, please see Appendix F of the Test, Trace Enable SOP</i>					
Supporting specific population groups that are more vulnerable or harder to reach/engage with.	#KirkleesWelcome colleagues can support but work with the Home Office and Mears is essential for asylum seeking family homes where people will have limited English if there is a local outbreak to manage (can provide this address for restricted use only as needed for planning).	Migration/ Communities Service	a		Ongoing for the duration of the programme
Support to complex groups and households	Need to work with the Home Office and Mears the accommodation provider regarding houses of multiple occupation and hotel s regarding Asylum Seekers, supported by the Home Office contract with Mears, Mears do not have the time to provide the support needed to carry out welfare phone checks in detail so how they are going to get this message across is a real concern (provided these for complex settings addresses). Provided the list of all HMO's to emergency planning.	Migration/ Communities Service	a		Ongoing for the duration of the programme
Complex Settings Workforce	Conduct Risk Assessment for site visits to investigate and manage local outbreaks	Environmental Health	a		2 weeks
<b>Theme 5: Data integration</b> <i>Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages).</i>					
Local case management complications due to dealing with a large volume of rapidly changing data.	Martin Wood and Owen Richardson to look into the use of M3 system. Wakefield are currently using M3 to manage their data and we use M3 already for wider environmental health work. Work on this will need to be in liaison with IT.  <b>Update 05/06/2020:</b> Owen Richardson has identified Shane Mullen in Wakefield Council as a point of contact for more details on how they use it.	Kirklees Council Public Health Intelligence, Infection Prevention and Control, Environmental Health, and IT Services.	a		Within the next 3-4 weeks for use throughout the duration of contact tracing for Covid-19.
Data sharing	On behalf of the Local Authority, a named senior responsible officer will confirm in writing that the Local Authority is compliant with the following:	Legal services	a		2 weeks

Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
	<ol style="list-style-type: none"> <li>1. in line with Articles 13 and 14 of GDPR, the Local Authority must ensure that their privacy notices are clear and provide sufficient information to the data subjects for them to understand what of their Personal Data is shared, details the rights of the data subject, the circumstances in which it was shared, the purposes for the data sharing and the identity of the Controller;</li> <li>2. in line with Chapter 3 of GDPR, the Local Authority must have policies and procedures in place to comply with the rights of the data subject including but not limited to the rights of access, rectification and profiling;</li> <li>3. in line with Article 5(1)(f) of GDPR, the Local Authority must ensure appropriate security of the Personal Data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures; and</li> <li>4. in line with Article 24 of GDPR, the Local Authority must ensure that they have implemented appropriate data protection policies across the organisation.</li> </ol>				
<b>Theme 6: Vulnerable people</b> <i>Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities</i>					
Management of outbreaks	<p>Communicating with those who cannot understand English, read English, asylum seekers with have limited or no access to the internet and many have no TV, etc.</p> <p><b>Update 11/06/2020:</b> Work is taking place around digital inclusion for vulnerable people but still a very long way to go re this, all asylum-seeking families with school age children should soon have access.</p>	Kirklees Council Communities Service	a		Ongoing for the duration of the programme on an outbreak to outbreak basis

Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
Local support for people who need it in order to self- isolate	Supporting the emotional health and wellbeing needs of those that need it when/if they are told they need to isolate. Signpost people to <a href="https://www.kirklees.gov.uk/beta/health-and-well-being/self-help-with-emotional-health-and-wellbeing.aspx">https://www.kirklees.gov.uk/beta/health-and-well-being/self-help-with-emotional-health-and-wellbeing.aspx</a>	Kirklees Council Public Health	a		Ongoing for duration of programme
Supporting specific population groups that are more vulnerable or harder to reach/engage with.	Identification on a procedure for managing cases linked to/involving potential victims of modern slavery (including those who have been trafficked) are mostly hidden and some may be living where they are working (above a nail bar/ on the premises of a car wash/ in a building where there is a cannabis grow) etc. Even though organisations may know about them, getting to them through their 'employers' could potentially be difficult or they may just deny anyone is there/ lie about identity.	Kirklees Council Communities Service and Communities Team	a		8 weeks
	Identification on a procedure for managing cases involving other hidden households e.g. sofa surfers, sex workers etc.	Kirklees Council Communities Service and Communities Team	a		8 weeks
<b>Theme 7: Local Boards</b>					
<i>Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public.</i>					
Management of outbreaks	<p>Arrange the rapid deployment of mobile testing units to assist in the management of a local outbreak.</p> <p>There is a need to ensure the ability to provide and support increased local access to testing, particularly using walk up and community testing hubs with local community centres and leaders. Further to this, there will be support and provision of, as appropriate, increased testing in specifically impacted workplace to detect asymptomatic cases, especially in the food industry, where cases are detected, potentially offering tests to all individuals in the workplace to detect asymptomatic and pre-symptomatic individuals.</p> <p><b>Update 11/06/2020:</b> Arrangements in place to facilitate this.</p>	Director of Public Health in liaison with active IMT for each local outbreak	a		Ongoing for duration of programme



Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
	How to manage out of hours notifications of localised outbreaks.  <b>Update 11/06/2020:</b> Arrangements in place to facilitate this utilising existing out of hours emergency response notification procedures, using initial contact as chair of Kirklees Council Contact Tracing Working Group as a sounding board for timescale for establishing an IMT to each reported outbreak out of hours prior to utilising the usual out of hours emergency response contacts.	Kirklees Council Contact Tracing Working Group	a		1 week  <b>COMPLETE</b>
Organisaitons to be involved in the system.	Identify key stakeholders and organisations, make links and lines of communication.	Kirklees Council Environmental Health	A		1 week
Enforcement	Identify options, a process for identifying the most appropriate, and a programme for implementation regarding local limitation measures on movement of people, closure of premises, preventing events and mass gatherings. (also see action above in complex settings)	Kirklees Council Contact Tracing Working Group	a		4-6 weeks
<b>Overarching Issues and Actions</b>					
<i>Establishing overarching actions to address a wide range of common workstreams covering the 7 theme areas</i>					
Communications	Development of an overarching Communications Strategy signed off by the Health Protection Board.  Develop a Communications Protocol to be signed off by the Director of Public Health.  Ensure the following are covered to support the above themes (As a minimum): <ul style="list-style-type: none"> <li>• Identify what comms strategies or platforms are already in place for various services and their connected community cohorts for messaging effectively.</li> <li>• Translation into other languages (note: communities team have 5 bi-lingual members of staff and the capacity to translate the top 11 community languages).</li> </ul>	Kirklees Council Corporate Communications Team	a		4-6 weeks for strategy development.  Delivery on the strategy ongoing for duration of programme



<b>Issue</b> <i>(Note: More issues will need adding as appropriate)</i>	<b>Actions and their progress</b> <i>(date stamp these)</i>	<b>Lead</b>	<b>Roll out stage*</b>	<b>RAG</b>	<b>Timescale</b> <i>(from rollout stage)</i>
	<ul style="list-style-type: none"> <li>• Design of standard information documents for use in various settings.</li> <li>• Engagement with Council wide teams to ensure that comms regarding test and trace are amplified to all Kirklees populations appropriately.</li> <li>• Ensure communications with contracted services are considered.</li> <li>• Supporting specific population groups that are more vulnerable or harder to reach/engage with.</li> <li>• Internal workforce communications</li> <li>• Identify standard reactive communications by building on those provided by NHS England to be developed in preparedness for any outbreak.</li> <li>• Messages for staff and local communities close to complex settings.</li> <li>• Cover myth-busting strategies.</li> <li>• Engagement and awareness raising:               <ul style="list-style-type: none"> <li>○ Identify any community leaders or key agencies (particularly 3<sup>rd</sup> sector) as contact points who can assist</li> <li>○ To be focussed and responsive to the needs of any single outbreak on the promotion on current isolation guidance and testing options.</li> </ul> </li> </ul> <p><b>Update 29/06/2020:</b> Plan has been drafted.</p> <p><b>Update 08/07/2020:</b> As per learning from the Leicester July 2020 lockdown the overarching communications strategy will be dynamically reviewed for each local outbreak reflecting the language, cultural needs and media channels used by the community, using local spokespersons and making use of workplaces as focal points for community leadership.</p>				

Issue <i>(Note: More issues will need adding as appropriate)</i>	Actions and their progress <i>(date stamp these)</i>	Lead	Roll out stage*	RAG	Timescale <i>(from rollout stage)</i>
Roles and Responsibilities	<p>Identify roles and responsibilities for those responsible for delivering the Test and Trace programme within Kirklees (including regional and national level organisations/teams).</p> <p><b>Update 16/06/2020:</b> These are identified in the Kirklees Council Test, Trace and Isolate SOP currently under construction.</p>	Kirklees Council Corporate Communications Team	a		<p>4-6 weeks for strategy development.</p> <p>Delivery under the SOP ongoing for duration of programme</p>
Business Continuity	Additional training/awareness required identified for internal staff to ensure they have knowledge on where they stand with regards to their work and its delivery if they are identified as a “contact”.	Kirklees Council Corporate Communications Team to organise	b		4-6 weeks
	<p>Review of Business Continuity Arrangements in the event of a rollback to greater enforcement.</p> <p>Business Continuity Champions for each team to provide assurance of this to the active Corporate Business Continuity Team.</p>	Corporate Business Continuity Team	a		3 months
Political Oversight	<p>An integrated national and local nationwide Covid-19 test and trace programme is being implemented that is designed to control the virus and enable people to live a safer and more normal life.</p> <p>For this programme to be successful, it is critical that as part we work together to communicate widely with the public and employers to gain their support for any actions that we need to implement.</p> <p>In order to deliver this Kirklees must establish a political oversight board.</p> <p><b>Update 29/06/2020:</b> Political oversight board established. The Board will ensure that there is effective communication and public oversight of the implementation (via the Kirklees Action Plan) of the national test and trace programme for Kirklees. The initial</p>	Kirklees Outbreak Control Board	a		Will remain active for the duration of the test and trace programme nationally established.

<b>Issue</b> <i>(Note: More issues will need adding as appropriate)</i>	<b>Actions and their progress</b> <i>(date stamp these)</i>	<b>Lead</b>	<b>Roll out stage*</b>	<b>RAG</b>	<b>Timescale</b> <i>(from rollout stage)</i>
	<p>urgent task is to support and help strengthen a specific communication plan, which ensures that all sectors and communities are communicated with effectively and that as a result any required behaviours are adopted by individuals and organisations. It will also provide public oversight of the implementation being delivered via the Action Plan regarding test and trace across Kirklees in response to Covid-19. This Board will receive regular updates from any of the following: Health Protection Board, Outbreak Control Team, and the Director of Public Health. Through these updates it will provide public oversight of progress on the implementation under the Kirklees Action Plan of the national test and trace programme within Kirklees. Any active Incident Management Team for localised outbreaks will deliver reassurance on specific outbreak responses ongoing.</p>				
<p>Resources</p>	<p>Resources to outbreaks may be a challenge which will be managed by the Incident Management Team as appropriate and in line with the Test and Trace Standard Operating Procedure.</p> <p>Resource issue due to local outbreaks will be managed under business continuity (see above)</p> <p><b>Update 29-06-2020:</b> Procedures to ensure and manage resources are in place.</p>	<p>Test and Trace Working Group and any active Incident Management Team</p>	<p>a</p>		<p>Will remain active for the duration of the test and trace programme nationally established.</p>
<p>Training</p>	<p>Ensure people involved in the test and trace workstreams have the appropriate training for responding to local outbreaks.</p> <ul style="list-style-type: none"> <li>• Overview of current Covid-19 epidemiology globally and in England.</li> <li>• Understanding of the public health function in England.</li> <li>• Overview of health protection principles.</li> <li>• Understanding for the role of contact tracing and monitoring in outbreak prevention control.</li> </ul>	<p>Test and Trace Working Group in liaison with appropriate teams and individuals.</p>	<p>a</p>		<p>Will need to be maintained throughout.</p>

<b>Issue</b> <i>(Note: More issues will need adding as appropriate)</i>	<b>Actions and their progress</b> <i>(date stamp these)</i>	<b>Lead</b>	<b>Roll out stage*</b>	<b>RAG</b>	<b>Timescale</b> <i>(from rollout stage)</i>
	<b>Update 29/06/2020:</b> Ensure people are aware of and using the resources for training provided by Public Health England.				
Local Lockdowns	Consideration to rolling back measures of social distancing (e.g. closure of schools, non-essential shops, etc) and enhancement of enforcement or monitoring of social distancing guidelines for at least two weeks to allow the impact of the above measures to be assessed.  <b>Update 08/07/2020:</b> Mechanisms (local, regional and national) are in place in order to make these decisions and implement them as appropriate.	Incident Management Team	a		Ongoing for the duration of test and trace implemented as and when needed.

<b>KIRKLEES HEALTH AND WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>16<sup>th</sup> July 2020</b>
<b>TITLE OF PAPER:</b>	<b>Progress on Establishment of Integrated Health and Care Leadership Board</b>
<b>1. Purpose of paper</b>	
1.1. To provide a brief update on progress in establishing the Integrated Health and Care Leadership Board.	
<b>2. Background</b>	
2.1. The Integrated Provider Board and Integrated Commissioning Board were established in 2018 as part of our ongoing approach to more integrated working across Kirklees. Both Boards have helped to do this since their formation – overseeing programmes of integrated work and helping to build and strengthen relationships.	
2.2. There was always an intention to bring the work of the two Boards together when the time was judged to be right. In November 2019, Kirklees took part in a Place Peer Review, supported by WY&H Partnership. This confirmed that this intention still existed and that it was now time to bring together providers and commissioners into a single integrated board.	
2.3. To support the implementation of this we asked an external organisation, Greengage, to conduct face to face and email interviews with members of the two existing Boards. This found strong support for bringing the two Boards together.	
<b>3. Proposal</b>	
3.1. Following the work by Greengage, the original intention was to hold two development sessions of the new Board during the first few months of 2020. However, due to the impact of Covid-19 this was not possible.	
3.2. The Kirklees Health and Care Executive agreed that instead this Board should be established at the earliest practicable opportunity and the first meeting of the Board took place on 2 <sup>nd</sup> July 2020.	
3.3. In the current situation there will be a key role for the Board to help to oversee the Kirklees Place approach to the delivery of health and care as we begin to emerge from the initial stage of Covid-19 [the immediate response to this having been overseen by the Kirklees system Gold and Silver arrangements].	
3.4. In addition to this the original intention that this Board would bring together and oversee the work programmes of the two previous Boards, many of which were similar, remains valid and important. The work by Greengage confirmed support for the development of an integrated delivery plan to support the implementation of the Health and Wellbeing Strategy and Plan. The emphasis for this being on those things which the individual Boards or individual stakeholders cannot do separately.	
3.5. A copy of the agreed terms of reference for the Board is included in Appendix A. This was reviewed by the Board in its first meeting, and the attached copy takes in to account comments made in the meeting	

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

4.1. There are no financial implications arising directly from this paper.

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

Steve Brennan, Kirklees Place Programme Director

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

6.1. The Board will meet on a monthly basis going forward.

#### **7. Recommendations**

7.1. It is recommended that the Board:

- Note the contents of this paper.

#### **8. Contact Officer**

Steve Brennan, Kirklees Place Programme Director, [steve.brennan@nhs.net](mailto:steve.brennan@nhs.net), 07770 620461

## Appendix A: Terms of Reference

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# Kirklees Integrated Health and Care Leadership Board

## Terms of Reference

Version No	Changes Applied	By/Date	Circulation
1.0	First Draft	SPB/May 20	KJ/RP/CM/PL
1.1	Update membership Change proposed name	SPB/June 20	First Meeting of the Board
2.0	Amended in light of comments at Board Meeting 2/7/20	SPB/July 20	Aug Board Meeting

## **1. INTRODUCTION**

- 1.1 There is a strong history of joint working in Kirklees. Most recently this joint working has been overseen by the Kirklees Integrated Commissioning Board and the Kirklees Integrated Provider Board.
- 1.2 This Board's role is to continue to support further joint working arrangements that can evolve over time in light of national, regional and local priorities. The aim is to encourage strong collaborative and integrated relationships, between commissioners and providers that enable timely decision making to support the improved health and wellbeing of the people of Kirklees.
- 1.3 Appendix 1 shows the relationship of the Board to the Kirklees Health and Wellbeing Board, programmes of work, and other integrated governance arrangements. The Board recognises that there are other joint working and partnership arrangements in place and will work to support these as appropriate.
- 1.4 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Board.

## **2. STATUTORY FRAMEWORK**

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

## **3. VALUES AND BEHAVIOURS**

3.1 The partners of the Board will:

- Work together to achieve agreed outcomes, putting the needs and interests of the people living in Kirklees and the local health and social care economy before the needs and interests of the individual partner.
- Be ambitious for the people we serve, staff we employ, and volunteers and ensure that our plans and work push us to deliver on these ambitions
- Ensure that a productive and constructive relationship continues to be developed and maintained, by:
  - Recognising, respecting, collaborating, and supporting each other's roles in the commissioning and provision of health, social care and public health.
  - Being open, honest, challenging constructively, transparent and communicative in all dealings with each other.
  - Acting with honesty and integrity, and trust each other to do the same
  - Having reasonable and realistic expectations of each other.
  - Being responsive to each other's needs at times of increased service demands and pressures.
  - Maintaining a duty of confidentiality regarding sensitive issues.
  - Demonstrating collective stewardship of the combined resources of the partners.
  - Implementing our shared priorities and decisions, holding each other mutually accountable for delivery.

## 4. SCOPE AND OBJECTIVES

- 4.1 The commissioners and providers will work together on the identification, negotiation, implementation, and monitoring of integrated health, social care and public health commissioning and provision opportunities and initiatives. The purpose of the Board is to provide strategic direction and co-ordination to support the development and delivery of integrated commissioning and provision intentions, strategies and plans via an agreed programme of work.
- 4.2 To build relationships and trust between partner organisations.
- 4.3 To share and discuss the commissioning and provision plans of partners, identifying opportunities and making recommendations for greater efficiency, effectiveness and economy from integrated commissioning and provision. This includes working with partners outside of Kirklees where services are commissioned on larger footprints including, dental, pharmacy and opticians.
- 4.4 To provide the forum for open and transparent sharing, discussion and debate regarding utilisation of health and social care resources to benefit the people of Kirklees and to help the health and social care economy make the best use of available resources.
- 4.5 Through a common and innovative approach to areas such as planning, performance, consultation and resource allocation, unblock system-wide barriers to integration and develop new models for integrated commissioning and the delivery of services.
- 4.6 The partners will work together to ensure that the local commissioning and provision of health, social care and public health is, unless it can be evidenced that it is not appropriate or feasible, integrated and:
- Complies with the underpinning Guiding Principles attached at Appendix 2
  - Delivers the aims and objectives of the Kirklees Joint Strategic Needs Assessment, the Kirklees Joint Health and Wellbeing Strategy, and the Kirklees Health and Wellbeing Plan.
  - Is in line with national policy and guidance for the integrated commissioning and provision of health, social care and public health and supports the development of the West Yorkshire & Harrogate Health and Care Partnership in so far as its relates to IPB's remit
  - Delivers quality outcomes that make the most efficient and effective use of collective resources.
- 4.7 The Board will be responsible for:
- the strategic commissioning and provision of health and social care services, within the remit of the Board, that meet the reasonable needs of our population;
  - agreeing and monitoring the annual work programme to support the delivery of the Kirklees Health and Wellbeing Plan
  - reducing health inequalities, by identifying high risk, high priority populations and targeting resources, prevention and care to meet their needs
  - making efficient and effective use of our collective resources

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

#### 4.8 Areas of focus identified by the Board are:

- Oversee the development and implementation of an:
  - Integrated Delivery Plan to support the delivery of the Kirklees Health and Wellbeing Plan.
  - An outcomes framework including receiving information on progress towards achieving these outcomes in support of the 7 Kirklees Shared Outcomes,
  - Integrated approach to quality including oversight of the Integrated Quality Group
  - Integrated approach to communications, engagement and equality
  - Integrated approach to intelligence.
  - Integrated approach and scope for integrated provision and supporting the delivery of specific initiatives
  - Integrated approach to workforce development including oversight of the Integrated Workforce Development Steering Group
  - Integrated approach to use of digital technology including oversight of the Kirklees Digital Transformation Board
  - Integrated approach to use of estates including oversight of the Kirklees Estates Group
- Agreeing the aspiration for further pooling of budgets with size and scope to be determined. This could include providing a forum for joint consideration of funds received via the West Yorkshire and Harrogate Health and Care Partnership to support Kirklees Place Working.
- Receiving financial, performance and quality information on existing services and in particular where these are dependent on cross organisation working and co-operation.
- Building working relationships, trust, mutual understanding and confidence.

## 5. MEMBERSHIP

5.1 The membership of the Board is listed below. Where members are unable to attend they may nominate a deputy in advance to the Chair. Other individuals may be asked to attend meetings where appropriate to provide specialist knowledge and advice.

5.2 Members [21 members]

Kirklees CCGs	Chief Officer
Kirklees Council	Strategic Director Health and Care Director of Public Health Strategic Director Children's Services
Mid Yorkshire Hospitals NHS Trust	Chief Executive
Calderdale and Huddersfield NHS FT	Chief Executive
South West Yorkshire Partnerships NHS FT	Chief Executive
Kirkwood Hospice	Chief Executive
Locala CIC	Chief Executive
Third Sector Leaders	Chair
Domiciliary Care Providers Forum	Chair
Care Home Provider Forum	Chair
Curo GP Federation	Chief Executive
My Health Huddersfield GP Federation	Strategic Programme Manager
Primary Care Network	Clinical Director Representative North Clinical Director Representative South
Kirklees Neighbourhood Housing	Chief Operating Officer
Local Care Direct	Chief Executive
Community Pharmacy West Yorkshire	Chief Executive Officer
Health Watch Kirklees	Chief Executive
West Yorkshire Fire and Rescue	Kirklees District Commander

West Yorkshire Police	Chief Superintendent Kirklees District
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### 5.3 In Attendance [6 In Attendance]

Kirklees Place	Kirklees Place Programme Director Health Policy Officer Kirklees Council Head of Housing Services Kirklees Council Head of Strategy, Business Planning & Service Improvement GH/NKCCG Service Director – Integrated Commissioning GH/NKCCG/Kirklees Council CCG Chief Quality and Nursing Officer GH/NKCCG Communication Lead (TBC)
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## 6. DECISION MAKING

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

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

## 7. ARRANGEMENTS FOR THE CONDUCT OF BUSINESS

### 7.1 Chairing

7.1.1 The Board will be chaired by the Chief Officer GHCCG and NKCCG. The deputy chair will be the Strategic Director for Health and Care, Kirklees Council.

### 7.2 Quorum

7.2.1 The Board is quorate when 8 members are present, including:

- The Chair or Deputy Chair (or another member nominated by them).

### 7.3 Frequency of Meetings

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

### 7.4 Conduct of Business

- 7.4.1 Agendas and papers will be sent to members prior to the meeting and where possible 5 working days before the meeting. Minutes of the meeting will be circulated no later than 5 working days after the meeting. Action points will be recorded as an 'Action Log' and circulated with the minutes of the meeting.
- 7.4.2 This Board will observe the requirements of the Freedom of information Act 2000, which allows a general right of access to recorded information held by GHCCG, NKCCG and Kirklees Council, including minutes of meetings, subject to specified exemptions.
- 7.4.3 All members must declare any conflict of interest they may have regarding an agenda item at the start of the meeting.
- 7.4.4 If an individual in attendance at a meeting of the Board has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with their own organisation's conflicts of interest policy. This may include requiring the individual to withdraw from the meeting or part of it.
- 7.4.5 All declarations of interest, and agreed arrangements for managing the interest, will be recorded in the minutes.
- 7.4.6 Nolan Principles of Public Life are to be followed.
- 7.4.7 Members will abide by their information sharing agreements of their respective organisations and respect the confidentiality of partner organisations' information whilst undertaking their duties as part of this Board.

### 7.5 Administrative Support

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

## **8. REPORTING ARRANGEMENTS**

- 8.1 The Board will report into the Kirklees Health and Wellbeing Board.

- 8.2 Organisations represented at the Board will ensure that the work of the Board is reported into their own governance arrangements in the appropriate way.

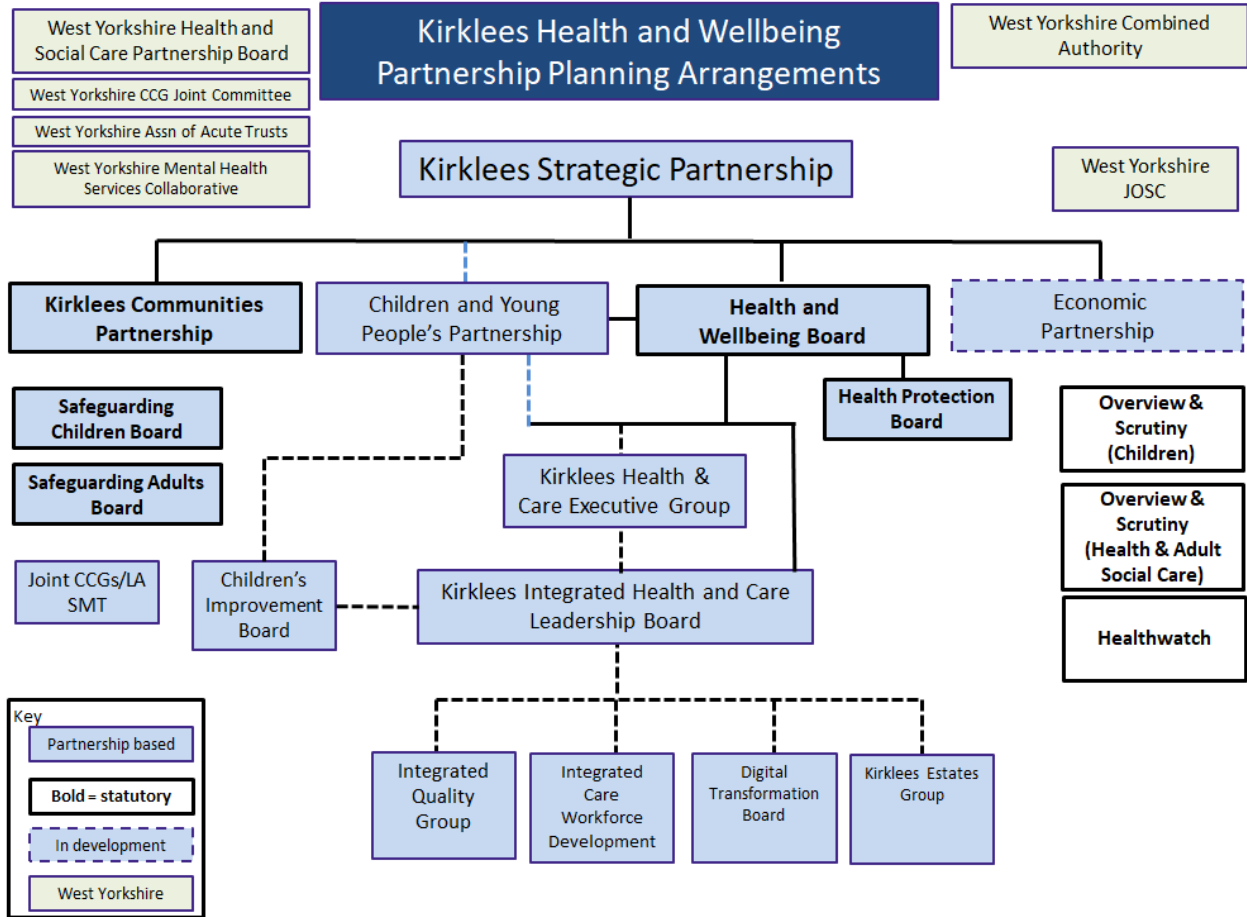
**9. Review Date**

9.1 These Terms of Reference are valid from July 2020 and will be reviewed in 12 months or sooner if required.

9.2 Next Review Date: March 2021



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



## GUIDING PRINCIPLES

### Our processes should:

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

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

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

- keep people safe – whilst promoting positive risk taking
- be sensitive to the ethnic, religious and cultural needs of all the people living in Kirklees

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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>16<sup>th</sup> July 2020</b>
<b>TITLE OF PAPER:</b>	<b>Stabilisation &amp; Reset Across the Kirklees Health and Social Care System</b>
<b>1. Purpose of paper</b>	<p>The purpose of this paper is to update the Board on the approach being taken to ‘stabilisation &amp; reset’ across the Kirklees health and social care system, and the implications for the subsequent updating of the work programme to deliver the Kirklees Health and Wellbeing Plan.</p>
<b>2. Background</b>	<p>At the June Board meeting all of the key organisations with a major role to play in delivering the Board’s aims and ambitions presented a high-level summary of</p> <ul style="list-style-type: none"> <li>• how their organisation has responded so far and the current challenges</li> <li>• what they have learnt and their plans for the future.</li> </ul> <p>The Board noted that the ‘emergency response’ phase was being managed through organisational and partnership resilience structures. Therefore, the focus for the Board should be on the next phase of our local response. In light of that the Board agreed that</p> <ul style="list-style-type: none"> <li>• The vision, outcomes and principles set out in the Kirklees Health and Wellbeing Strategy and the Health and Wellbeing Plan are still valid, and that these key strategic documents provide a useful framework for reviewing organisational and partnership responses to the Covid-19 Pandemic</li> <li>• The Integrated Health and Care Leadership Board review the Health and Wellbeing Plan and present an updated work programme to deliver the Plan to a future Health and Wellbeing Board meeting for approval.</li> </ul> <p>The West Yorkshire &amp; Harrogate Health and Care Partnership Board agreed a high-level approach and process for supporting system stabilisation and reset at its June Board meeting<sup>i</sup>. The intention is to use this process to both develop a coherent approach for West Yorkshire and the 6 places including Kirklees. This will also provide the basis for the response to the planning requirement for the NHS which are due to be published by NHS England/Improvement shortly.</p> <p>The timetable for a response to the NHS planning requirement is normally short and often does not allow for sufficient partnership engagement. The proposed approach mitigates the potential negative impact of this.</p> <p>The attached slides set out how this is being implemented in Kirklees, the emerging themes and indicative timeline.</p>
<b>4. Financial Implications</b>	None at this stage.
<b>5. Sign off</b>	Carol McKenna, Accountable Officer, NHS Greater Huddersfield CCG & NHS North Kirklees CCG
<b>7. Recommendations</b>	<p>That the Board</p> <ul style="list-style-type: none"> <li>• endorses the approach being taken to ‘stabilisation and reset’ in Kirklees.</li> <li>• comments on the emerging themes and the proposed timeline for the subsequent updating of the work programme to deliver the Kirklees Health and Wellbeing Plan.</li> </ul>

**8. Contact Officer**

Natalie Ackroyd, Senior Strategic Planning, Performance and Service Transformation Manager  
Vicky Dutchburn, Head of Strategic Planning, Performance & Delivery

NHS Greater Huddersfield CCG & NHS North Kirklees CCG

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<sup>i</sup> [https://www.wyhpartnership.co.uk/application/files/5015/9049/9623/19-20\\_Supporting\\_System\\_Stabilisation\\_and\\_Reset.pdf](https://www.wyhpartnership.co.uk/application/files/5015/9049/9623/19-20_Supporting_System_Stabilisation_and_Reset.pdf)



# Kirklees Place Stabilisation & Reset Health & Wellbeing Board

Natalie Ackroyd  
Vicky Dutchburn



## Quick look back planning requirements



### December 2019

5 year Finance and Activity Plans submitted to West Yorkshire & Harrogate ICS.

### 5th March

NK CCG and GH CCG submitted draft activity and finance plans for 2020/21 to NHS England and Improvement; This was a refresh for 1 year (20/21) compared to the 5 year plans that were submitted in December.  
Agreed Investment plan for 20/21

### Late March

#### Level 4 incident

Focus on critical care and building capacity to respond to Covid-19  
Step down of non urgent/Elective Work  
National directive to stop progress on all NEW investments

### April-June

Immediate recovery actions post-Covid-19 surge  
Focus on urgent activities





## Context: Our evolving priorities during the COVID-19 incident



### PHASE 1:

- Supporting the exponential increase in critical care capacity
- Supporting safe and effective discharge to communities, to free up acute beds
- Supporting the 1.4m 'vulnerable' people shielded from the virus, & other groups who are likely to be most effected by social distancing
- Ensuring continuation of other essential areas of business.



### PHASE 2:

- Continuing to provide critical & urgent care for Covid-19 patients, their recovery and rehabilitation
- Providing essential health & care services during the Covid-19 incident for other population groups
- Continuing to support people who are shielded
- Keeping health & care colleagues safe & well
- Understanding the wider impact on different population groups, including BAME / older/LD/mental health/safeguarding/other vulnerable people
- Co-ordinating our reset to the new 'normal' (stabilisation and reset ) – including responding to future peaks .



# A six step framework for organising our work...



	Questions	Key considerations include:
1	What are the priority population health outcomes?	<ul style="list-style-type: none"> <li>• Should reflect population need, health inequalities and supported by a clinical view</li> <li>• Should build on existing population health management capabilities</li> </ul>
2	What does this mean in terms of service priorities?	<ul style="list-style-type: none"> <li>• By service 'sector' reflecting the breadth of the partnership, including high impact prevention measures</li> <li>• Covering phase 2 and phase 3 as per slide 3.</li> </ul>
3	What are the requirements on other services on the pathway?	<p>Including:</p> <ul style="list-style-type: none"> <li>• Social care; Acute services; Diagnostics ; Patient transport services; Community services ; Primary care; MH&amp;LD; prevention</li> </ul>
4	What are the constraints?	<p>There are some common themes across services / sectors, including:</p> <ul style="list-style-type: none"> <li>• Personal Protective Equipment</li> <li>• Workforce</li> <li>• Physical estate (including ensuring covid /non-covid separation)</li> <li>• Medicines</li> </ul>
5	What innovations should we retain / adopt from elsewhere? What has been done that we are really proud of?	<p>For example:</p> <ul style="list-style-type: none"> <li>• Pathway change</li> <li>• Digital</li> <li>• New ways of working</li> <li>• Primary Care Network development</li> </ul>
6	What does this mean in terms of addressing need. What are the gaps?	<ul style="list-style-type: none"> <li>• At risk population groups</li> <li>• Inequalities</li> <li>• Impact on waiting activity and waiting times</li> </ul>



## World Café Style meeting



- Following introduction of the framework
- West Yorkshire & Harrogate ICS – Organised virtual event (Thursday 28th May)
- All places across West Yorkshire & Harrogate attended
- We were required to do a place based presentation
- Meet with programme leads to highlight emerging themes and priorities
- We thought this worked well and wanted to consider a similar approach for Kirklees



# Kirklees Place Based Meeting Tuesday 30<sup>th</sup> June



## Primary Care





Each organisation gave a 10 minutes presentation,

- ✓ 6 step framework,
- ✓ where are we now,
- ✓ what are the priorities moving forward
- ✓ Impacts on other services
- ✓ 5 minute Q&A session

Following all presentations – time to consider the emerging priorities for Kirklees



## Some things we have identified from Key learning from Covid response



- ✓ Recognition that we have an opportunity as a system to stop, think and plan;
- ✓ An opportunity to redesign pathways and referral processes;
- ✓ We have a collective will to change;
- ✓ We need to respond to clinical need and so must prioritise the work we do;
- ✓ We have the opportunity to do things differently at a local, CKW and West Yorkshire & Harrogate ICS Level;
- ✓ Engagement across all partners and strengthened relationships;
- ✓ Access to data at real time and shared modelling across providers and commissioners;
- ✓ Silver/Gold command Structure in place;
- ✓ The Pace at which we have worked and the governance approach has accelerated the implementation;
  - Satellite Testing sites in Huddersfield, Halifax and Wakefield
  - MH Crisis Lines in place for ALL staff/Organisations
- ✓ Communication – All Staff Briefings on MS Teams/Newsletters (FYI)



# Emerging Themes



**Inequalities**

**Communication**

**Status of social  
care**

**Role of care  
homes**

**Mental Health**

**Future resilience**

**Creating  
conditions for  
building on  
changes we've  
made**

**Digital**

**Strengthening  
VCS**

**Coproduction  
approach**

**Supporting staff**



## **Key Meetings/Discussions**



**Kirklees Integrated Health and Care Leadership Board  
2<sup>nd</sup> July**

**WY&H Stabilisation and Reset - whole place leadership discussions  
3<sup>rd</sup> July**

**System Leadership Executive – Stress Test (Scenarios)  
7<sup>th</sup> July**

**Activity Submission  
15<sup>th</sup> July**





## Next Steps



**Setting up smaller working groups to understand the re-start of services and the interdependencies**

**Identify and agree the priorities for Kirklees**

**Planning Guidance due Mid July?**



# Existing Health & Wellbeing Strategy & Plan



**your** health and wellbeing

Kirklees Joint Health and Wellbeing Strategy  
2014-2020

Version 2

## Kirklees Health and Wellbeing Plan 2018-2023

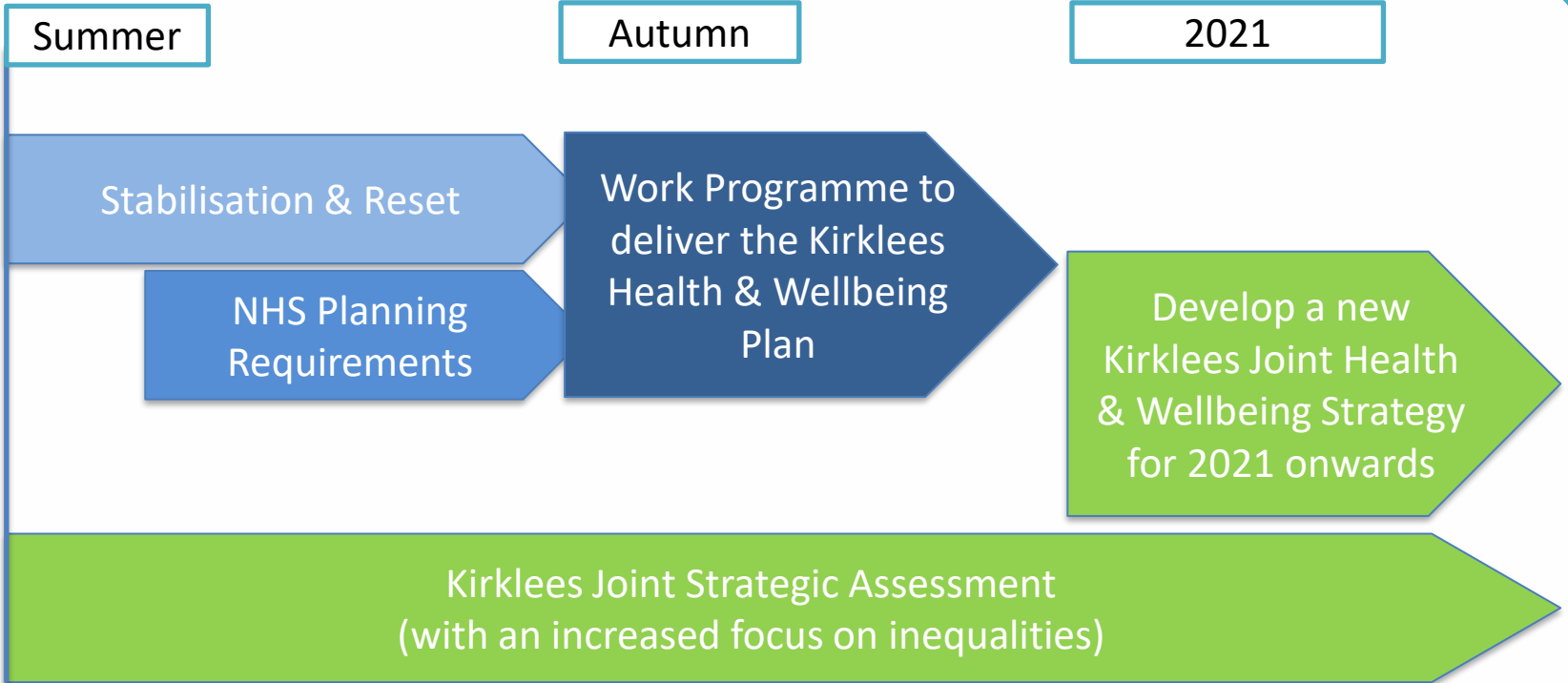
### Shared outcomes with Kirklees Economic Strategy

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



## Refresh timeline



# Questions



<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE:</b> <b>16/07/20</b>
<b>TITLE OF PAPER:</b> <b>Pharmaceutical Needs Assessment update</b>
<p><b>1. Purpose of paper</b></p> <p>This paper outlines the memos received from NHS England since the last update to the Health and Wellbeing Board (29/09/19). The paper supports the Health and Wellbeing Board in its duty to keep the Pharmaceutical Needs Assessment (PNA) up to date. An announcement by the government on a change to the date of publication of the next PNA is also included.</p>
<p><b>2. Background</b></p> <p>At its meeting on 28 March 2019, the Board requested a 6 monthly briefing paper detailing any changes to pharmaceutical services and responses made on its behalf to NHS England. Since the last update to the Health and Wellbeing Board (29/09/19), the following notifications have been received.</p> <p>Change of owner:</p> <ul style="list-style-type: none"> <li>• From Cohens Chemist (Gorgemead LTD ,4 Batley Road, Heckmondwike, WF16 9NE) to The Pharmacy Hub (Junction Pharma LTD), from 01/11/19</li> <li>• From K&amp;M Pharmacy Ltd (325 Meltham Road, Netherton, Huddersfield HD4 7EX) to Medicare Chemists Ltd, approved 02/07/20</li> </ul> <p>New trading name:</p> <ul style="list-style-type: none"> <li>• From Dickinson’s Chemist Limited (80 New Hey Road, Lindley, Huddersfield, HD3 4AJ) to Acre Pharmacy, from 26/09/19</li> </ul> <p>Supplementary hours change:</p> <ul style="list-style-type: none"> <li>• Acre Pharmacy (80 New Hey Road, Lindley, Huddersfield, HD3 4AJ), from 29/11/19 (increase in supplementary hours)</li> <li>• Lloyds Pharmacy (5 Greenside, Cleckheaton, BD19 5AN), from 30/08/20 (decrease in supplementary hours)</li> </ul> <p>Relocation:</p> <ul style="list-style-type: none"> <li>• Bradford Road Pharmacy relocation from 107 Bradford Road to 5 Cobcroft Road HD2 2RU, services started 14/04/20</li> <li>• ST Shaw LTD (Sharief Healthcare), relocation from Portacabin, 21 Thomas Street, Lindley HD3 3JJ to 57 Lidget Street, Lindley, Huddersfield, HD3 3JP, trading from 06/04/20</li> <li>• Huddersfield Pharmacy (Sharief Healthcare), relocation from 45 - 47 Market St, Huddersfield, HD1 2HL to 14 High Street, Huddersfield, HD1 2HA, approved 24/04/20</li> </ul> <p>In addition, notification has been received about a change to the deadline for publication of the next PNA. On 21 May 2020, the Department of Health and Social Care announced that the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until April</p>

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

2022 due to current pressures in response to the COVID-19 pandemic. Health and wellbeing boards will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time. The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 will be updated in due course.

**3. Proposal**

- Records will be continually updated with the notifications received from NHS England.

**4. Financial Implications**

- None

**5. Sign off**

- Rachel Spencer-Henshall

**6. Next Steps**

- Notifications of service changes will continue to be monitored, and any requirement for supplementary statements will be passed to the Health and Wellbeing Board for approval

**7. Recommendations**

- None, this report is for information only.

**8. Contact Officer**

Owen Richardson, Intelligence Lead for Public Health  
[owen.richardson@kirklees.gov.uk](mailto:owen.richardson@kirklees.gov.uk), 01484 221000