

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 27th June 2024

Present: Councillor Cathy Scott, Leader of the Council
Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health
Richard Parry, Strategic Director, Commissioning, Public Health and Adult Social Care
Carol McKenna, Accountable Officer (Kirklees) West Yorkshire ICB
Karen Jackson, Chief Executive, Locala
Liz Mear, Independent Chair of Kirklees Integrated Care Board Committee
Sean Rayner, Director of Provider Development South-West Yorkshire Partnership NHS Foundation Trust
Catherine Riley, Associate Director of Strategy Calderdale and Huddersfield NHS Foundation Trust

In attendance: Jo Hilton Jones, Public Health Manager
Owen Richardson, Data and Insight, Enablement Lead
Alex Chaplin, Strategic Policy Officer
Lucy Wearmouth, Head of Improving Population Health
Jacqui Stansfield, Safeguarding Adults Partnership Manager
Michael Crowther, Kirkwood Hospice
Rebecca Gunn, Public Health Manager, Kirklees
Rebecca Elliott, Public Health Manager, Kirklees
Julie Hunneybell, Public Health, Kirklees Council
Paul Howartson, NHS West Yorkshire ICB
Louise Seddan, Locala
Jayne Healey, HR Manager, Kirklees Council
Mary White, Regeneration Manager, Resources, Improvement and Partnership
Catherina Westwood, Southwest Yorkshire Foundation NHS Trust
Emmerline Irving, Southwest Yorkshire Foundation NHS Trust
Alaistair Christie, Calderdale and Huddersfield Foundation Trust
Tom Bevan, Calderdale and Huddersfield Foundation Trust
Joanne Watkinson, Calderdale and Huddersfield Foundation Trust
Rachel Millson, Senior Strategic Planning and Development Manager

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Patrick Boosey, Transformation Programme Manager ICB
Nicola Cochrane, Transformation Programme Manager
ICB
Safdar Adnan, Kirkwood Hospice
Michael Crowther, Kirkwood Hospice

Apologies: Councillor Carole Pattison
Councillor Mark Thompson
Tom Brailsford
James Creegan
Christine Fox
Chief Supt Jim Griffiths
Alasdair Brown
Dr Vanessa Taylor
Warren Gillibrand

- 1 Appointment of Chair**
Cllr Cathy Scott chaired the meeting.
- 2 Membership of the Board/Apologies**
Apologies were received from Cllr Carole Pattison, Cllr Mark Thompson
Tom Brailsford, Vanessa Taylor, Dr Warren Gillibrand, Alasdair Brown, Chief Supt
Jim Griffiths, James Creegan, and Christine Fox.
- 3 Minutes of previous meeting**
That the minutes of the meeting held on the 18th January 2024 be approved as a
correct record.
- 4 Declaration of Interests**
No interests were declared.
- 5 Admission of the Public**
All agenda items were considered in public session.
- 6 Deputations/Petitions**
No deputations or petitions were received.
- 7 Appointment of Deputy Chair**
Dr Warren Gillibrand was nominated as the Deputy Chair of the Board for 2024/25.
- 8 Kirklees Safeguarding Adults Board Annual Report 2022/23**
Jacqui Stansfield, Safeguarding Adults Partnership Manager presented the Kirklees
Safeguarding Adults Board's (KSAB) Annual Report for 2022-23, on behalf of Rob
McCulloch-Graham, Independent Chair of KSAB. In summary, the Health and
Wellbeing Board (Board) was informed that one of the duties of KSAB is to produce
an annual report, and the purpose of the information being presented to the Board is
for information and awareness. It aims to demonstrate joint working across the
partnership to deliver strategic objectives.

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The Board was informed that safeguarding adults means stopping or preventing abuse or neglect of adults with care and support needs, whose care needs are caused by physical, mental or illness, people under the Care Act.

The role of KSAB is to ensure that there are arrangements in Kirklees that works well to help protect adults with care and support needs from abuse or neglect. It does this by:

- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- Assuring itself that safeguarding practice is person-centred and outcome focused
- Working collaboratively to prevent abuse and neglect where possible
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect has occurred
- Assuring itself that safeguarding practice is continually improving and enhancing the quality of life of adults in its area

Referring to the slides, the Board was presented with information which gave a breakdown of the structure of KSAB and the different work groups that help to deliver the strategic objectives. The vision is to work together to keep the people of Kirklees safe from abuse and neglect and this is achieved by putting people at the heart of everything, following the six safeguarding principles.

The Board was informed that throughout the year, one of the objectives was supporting the workforce. In 2022/23, work was undertaken with regional consortium colleagues and, procuring an online platform, which has the overarching aim of enabling the joint multi-agency safeguarding adults policy and procedure to be easily accessed by partner organisations in West Yorkshire, North Yorkshire and the City of York. It is the same policy and procedures for those who work in different boroughs.

The platform provides practical support with a range of tools and guidance which have been tried and tested by practitioners. It has a dedicated area which can be populated with local safeguarding contacts and resources. Several networking events were held during 2022/23, inviting frontline staff and volunteers working in the safeguarding arena. The Dignity in Care steering group organised a network event to raise awareness of the NHS Civility and Respect campaign and how it can be adapted and adopted to improve the working practices of staff and volunteers across the safeguarding arena.

The Safeguarding Adult Review subgroup hold a network event each year and looked at learning from cases where people experience serious harm or death. The second network event followed up on practitioners and continuously take the feedback from those events to shape how to move forward into the next planning cycle.

The agreed shared objectives for 2022-23 were:

- Supporting the workforce
- Learning from Experience
- Partnership Working

- Community and Public Engagement

The Board was informed that as a way of seeking assurance one of the things KSAB undertakes is a challenge event led by the Independent Chair, and Healthwatch colleagues are invited along to help support. This is where constructive challenge around performance over the previous year, and to identify and agree some priority areas of focus for each agency and KSAB over the next 12 months. The main points for KSAB from the 2022 challenge event were reflecting on the past and looking to the future, minding the gap, where people might fall through services and communication, always looking at improving on that and information sharing.

Looking ahead to 2023/24, the aim was building on the successes and continuing to work together with partner organisations and people in the communities so that adults can live the best lives they can with their wellbeing and rights being supported, safe from abuse and neglect. With partners the workflow will follow six safeguarding principles, empowerment, prevention, proportionality, protection, partnership and accountability.

RESOLVED:

That Jacqui Stansfield be thanked for presenting the Kirklees Safeguarding Adults Board (KSAB) Annual Report for 2022-23.

9 Director of Public Health Annual Report 2023/24: Inequalities in the experience of death and dying

Rachel Spencer-Henshall, Strategic Director Corporate Strategy, Commissioning and Public Health, introduced the item, advising the Board that this work has been undertaken alongside Kirkwood Hospice, who have been a great ally with this project.

The Board was informed that Public Health annual reports are brought every year to the Board, and it is an opportunity, to consider as a system how to use the information to inform the work going forward. It would be useful to receive feedback on how to take the report further. It is important to thank everyone who has been involved in this because it is an excellent piece of work.

Lucy Wearmouth, Head of Improving Population Health, informed the Board that the Director of Public Health (DPH), chooses what the annual report should focus on, and the 2023/24 annual report focused on death and dying. The aim is to use the report as a vehicle to identify important key issues and gaps and flag up problems and report progress. Last year's annual report which focused on poverty, has facilitated taking conversations about poverty into areas and organisations where previously this would not have happened. The report is a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve.

Another important factor regarding the report, is for it to be as accessible as possible, for people to be able to read and access. It will be hosted on the Kirklees Council website, and it is in chapters, enabling people to easily find the information they require.

The focus for the 2023/24 annual report is 'Inequalities in the experience of death and dying, taking an assets based approach looking at what are the assets and opportunities in Kirklees communities, recognising there are differences between population groups. It was recognised when undertaking this work, that there is already work happening within this space, for example, members will be aware of the Dying Well Board that is in place and there has been recent insight gathered by Kirklees and West Yorkshire Healthwatch teams. The intention was to add value to what has already happened, rather than repeating work, therefore the focus was on understanding inequalities.

The Board was informed that there are many things that can be undertaken universally to support a good death, whilst recognising there are significant inequalities across different population groups, which has been explored within the report. In relation to this, the following was undertaken:

What we did

- Looked at national evidence, to understand which population groups are most at risk of experiencing inequalities in death and dying
- Facilitated discussions with a wide range of Kirklees organisations who work with the following population groups, including, people who identify as LGBTQ+, people experiencing homelessness, people with learning disabilities, people with non-malignant (non-cancerous) health conditions, people with serious mental illness or addiction issues, people living in poverty or deprivation, diverse experiences by race, ethnicity or faith and unpaid carers

What we asked

A series of questions were asked to a range of groups and organisations across the district, focusing on four main areas:

- The experience of end-of-life planning or care in Kirklees (with particular emphasis on inequalities)
- Gaps and challenges
- Examples of local strengths
- What would help to improve experience

The Board was shown an animation which outlined the work undertaken and the findings, in a way that is accessible to a broad range of people to digest in an easy way.

Owen Richardson, Data and Insight Enablement Lead, informed the Board that the animation summarises the key points from the annual report and there is a lot of insight that is gathered as part of the process. An important aspect of the report, is the case studies that have been gathered, which highlight some of the good work that is being undertaken in Kirklees. By sharing these examples, the aim is to demonstrate best practice and encourage others to adopt those methods. There are case studies from the Mission in Huddersfield, a few cases from Kirkwood Hospice, and from the library.

Alongside local recommendations, it is important to consider the impact of national issues, policy and decision making. In April 2024, hospice funding was

debated in the House of Commons, with a recommendation for a national review of funding. The Marmot Review 10 Years On (2020) made several national policy recommendations, including how to ensure a healthy standard of living for all. These should be considered through a lens of death and dying. NICE guidance provides recommendations on service delivery for end-of-life care and care in the last days of life.

The Board was informed that in addition to system recommendations, the aim has been to also incorporate things that individuals could possibly do for themselves. While being aware that not everyone will be able to do these, there is a list of potential things that people could consider in advance of end of life, for example, making a will, getting their financial affairs in order, plan for future care, and organ donation.

The Board was advised that in terms of next steps, the report will be published shortly, and there will be a dedicated session to present and discuss with the Dying Well Board, and there is also a project team who will be disseminating the report across broad range of local organisations, partnerships and boards.

A couple of questions were posed to the Board as follows:

- How can the Health and Wellbeing Board disseminate and support the findings of this report?
- What are the opportunities for joint working across the system?

Michael Crowther Kirkwood Hospice, informed the Board that as an organisation, Kirkwood Hospice was delighted to have been involved in the development of the report and to help steer some of the work. The organisation is supportive of the recommendations particularly around keeping this at the front and centre, and encouraging the right conversations.

RESOLVED:

That:

- i) the officers be thanked for presenting the Director of Public Health Annual Report 2023/24 focusing on inequalities in the experience of death and dying.
- ii) the questions to the Board be considered.

- 10 Kirklees Health and Wellbeing Strategy Priorities - Mental Wellbeing**
- Rebecca Elliott, Public Health Manager, along with colleagues from a range of organisations, and services, advised the Board, that the update would be on the Mental Wellbeing priority of the Health and Wellbeing Strategy. The particular focus will be on the trauma informed approaches being taken across the Kirklees system. There are a number of speakers from across the Kirklees place who will contribute to the discussion, sharing some examples of the trauma informed approaches that are already happening.

The Board was informed that trauma is a public health issue, and research suggests that people who experience adverse childhood experiences are more likely to use alcohol, smoke, develop chronic diseases, and trauma can happen at anytime during the life course. Therefore, it is important to think about trauma informed approaches across the full life course. People are also more likely to develop mental health conditions and it is important to think about how trauma informed organisations are, and how trauma responsive they are. Not only in respect of the local population, but also for the people employed.

The Board was directed to a slide which outlined a pledge that the Director of Public Health, Rachel Spencer-Henshall, agreed to last year.

'Kirklees is committed to reducing health inequalities across the life course and tackling the risk factors that contribute towards adversity and trauma. Now more than ever, we are focused on working at place level and working with communities to really understand how we can build upon local assets and enhance protective factors for resilience. I pledge to support the ambition for West Yorkshire to be trauma informed and responsive by 2030, by sharing best practice and working in an integrated way to support those facing multiple disadvantages in the best way possible'.

Emm Irving, Head of Population Health from West Yorkshire Integrated Care Board (ICB), gave an overview of the West Yorkshire programme that supports the programmes already being undertaken in place. The Board was informed that currently in the world there is a great deal going on that is causing trauma and adversity for the population, therefore, instead of talking about what could be done, it is important to talk about what happens if nothing is done. There is likely to be an increase in the number of children born into poverty, an increase in children and adults in the criminal justice system, an increase in violence, health harming behaviours and disease, therefore it is important to act.

The programme across West Yorkshire, looks at how to work together as a system, all organisations, the entire workforce and the population to be trauma informed. It is an iterative journey, and it does not end and therefore, the aim is to get to a position where organisations and people are trauma informed, responding and constantly learning. The West Yorkshire programme is around supporting capacity, capability and intelligence across the system including place, providing resources, training and expertise around the subject area, also working with the large West Yorkshire organisations such as, West Yorkshire Police, the Acute Trusts and the ICB. There is then support down to place where this can be enacted in Kirklees to become a trauma informed, responsive place.

There are programmes in every place, all at different stages, and a maturity matrix shows where organisations all are in the journey and how to start working together. More importantly how to change the narrative from West Yorkshire driving it, to place driving it and West Yorkshire being there as a support mechanism.

Alastair Christie, Joanne Watkinson and Tom Bevan, Calderdale and Huddersfield Foundation Trust, provided an update on the BLOSM Service. The Board was informed that the service has been funded by both the West Yorkshire Health &

Care Partnership and the West Yorkshire Violence Reduction Partnership to introduce the principles of Trauma Informed Practice into our Emergency Departments at Calderdale and Huddersfield NHS Foundation Trust (CHFT).

The service has introduced Youth Navigators into the emergency departments to proactively engage with young people who may be at risk of exploitation, criminal activity or involved in serious violence. It is based on Navigator Services, which are run across the country, however, the focus at CHFT is young people who have a history of trauma, ensuring that identification and support, is given to those young people appropriately and make those onward referrals into community services.

Another priority has been how to integrate the principles of trauma informed practice to the clinical staff. For the last two years a module has been delivered on trauma informed practice to all Emergency Departments (ED), nursing staff, and from next month that will be delivered to clinicians across ED also. There has already been a difference in the culture within the departments and how staff are recognising people who have had previous trauma.

The current challenges – (Resources, Budget, Timescales)

- Securing longer term funding past our current funding model which ends in March 2025
- Current financial challenges within the Trust and across local authorities impacting on the day to day running of the service
- The impact year on year funding has had on retention of staff who have received the training and the need to recruit and retrain new starters

Katerina Westwood, Senior Advanced Nurse Practitioner, Southwest Yorkshire Foundation Trust (SWYFT), informed the Board that a change management approach is used in SWYFT to become a trauma informed organisation, which was endorsed by the Executive Management Team, in September 2022. This has involved working with Experts by Experience, moving into year 3 of the programme where SWYFT continues the journey to become a trauma informed organisation, which underpins all the work undertaken. The core principles of trauma informed have been adopted within the strategic objectives in priority programmes as well as across the Trust.

Phase 3 of the programme will focus on supporting sustainable changes to behaviours and practice, by continuing the operationalisation of the evaluated framework and ensuring the 'golden thread' is woven throughout everything. There will be a wider emphasis on staff support and wellbeing.

Successes include :

- the co-designed trauma informed awareness training which was signed off in January 2023 for delivery
- delivered the Train the Trainer session for staff and Experts by Experience to co-deliver training, trauma informed awareness, May 2024,
- successfully rolled out the Programme of Community of Practice forums scheduled, March 2024

The current challenges, is again thinking about resources and insufficient time and resource from teams and services to engage and implement any changes viewed as being necessary to support trauma informed developments, which will impact on the success of adoption and spread across the Trust. Lack of engagement from services and support to the changes from internal and external stakeholders and conflicting priorities at the Trust will impact on the success of adoption and spread across the Trust.

Louise Seddon, Youth Justice Specialist Nurse, representing Locala, with a special interest in trauma informed care, informed the Board that it is clear what the research shows regarding adverse childhood experiences and the impact that that has across the life course. This is evident on the frontline of care, there are children and families living in increasing poverty, facing increasing community tensions and increasingly facing the violence within their communities and the exploitation a lot of children and families are faced with. With that, there is a need to consider a trauma informed care approach which needs to run through the whole of the organisation, it is multi-faceted, and the vision focuses on considering the needs of both the client base and staff.

Trauma is considered through the life course, from the start of somebody's life at conception to the very end of the life. With this approach it is considering the voice of all the clients, their lived experiences and listening with care and compassion and providing staff with the skills to provide trauma informed care. It is considering the client and patients experience from the minute they might enter a health centre. It is having visionaries within the organisation who are willing to drive trauma informed care, its about taking staff on that journey and embedding that within practice and making it non-negotiable.

Successes:

- Becoming a Trauma Informed Organisation is in the Locala Strategy demonstrating support from the executive structure
- Work is being undertaken towards a trauma informed culture, committed to developing compassionate leaders and well-being provision is high on the agenda and well underway, e.g. supervision provision and expectations, safe space plans, lead training programme for all managers, personalised approaches, self-management teams, coaching conversations
- The organisation is invested in listening, co-production and delivery of services that demonstrates trauma informed care, care that is done with, rather than to people

Current Challenges:

- Still working towards developing a full-time post for the full fruition of TIO work
- Training provision limited due to capacity in the system of trainers
- Organisational changes, lack of co-ordination, lack of funding for services

Mary White, Commissioning and Partnerships Manager within Children Services provided the Board with information on services that Children Services have been delivering. The Board was informed that the Educational Psychology Service received some funding through the Alex Timson Programme in 2018, to begin to develop a programme of supporting schools around behavioural problems and

adopted a trauma informed approach. As a result of the funding, the service was initially able to develop a whole school programme to support schools to look at their own planning, school populations, wider community issues they might be encountering in the services that sit around them and how they can support children in a trauma informed way. That has been important in a number of schools behavioural policies, to work with children to ask, what has happened to you? What is going on in your life, rather than what's wrong with you and why are you doing this? It helps to get to some of the roots of the issues and provides a more person-centred, supportive environment for those children and young people. That has been an important pilot funding that has facilitated deep learning to grow that programme across schools in Kirklees, keeping in mind the mental health support model. One of the challenges around that, is sustaining that because of the funding.

Jane Healey, People Services Manager, Employee Healthcare, shared some successes with the Board, advising that a neuro-diversity pathway has been developed, because as an inclusive employer, staff are encouraged to be themselves and to perform to the best of their abilities. Work has been undertaken supporting people with a neurodiverse condition, which has been recognised by the Society of Occupational Medicine. The stress referral pathway, is positive, moving away from the traditional occupational health management referral into the unit, concentrating on having wellbeing conversations and helping people to take care of themselves. The Restorative Team, joined employee healthcare late 2023, and now have listening circles where there are peer-to-peer conversations which helps each other move forward.

Mary White, further informed the Panel that another programme operating in Children's Services, is a programme called New Beginnings which is an assessment programme, with expectant parents, where there are concerns regarding their children. Previously, there had been a needs based assessment programme and now there is a formulation approach, which is doing a very holistic needs assessment with the parents to be. This is with the support services around them, the wider family and neighbourhoods which is a trauma informed approach, looking at what their needs are, what their support needs will be in the future, to try as far as possible to keep their child safe and the family together and think about what the most appropriate support structures are.

Rebecca Elliott informed the Board that currently things are at the planning and preparation stage of the Council moving towards embarking on the journey to become a trauma informed organisation. The Maturity Matrix is essentially a tool, that work is being undertaken to develop some ownership across the council, to enable service areas to start to take ownership, and completing this on behalf of their own service area. Officers have attended many different forums and partnership meetings to talk about trauma informed practice and it is always well received and there are pockets and examples of good work that is happening across the Council.

The struggle is with resources to co-ordinate this across the council because it is not a part of one person's main remit, it is being done in and amongst other work. Another aspect which is being led at a West Yorkshire level is an organisational

toolkit, which is due to be released very soon which will include stages to work through to help on this journey.

The Board was presented with a number of questions with emphasis on:

What do the Board consider to be their role in supporting the commitment and progression of a more joined up way of working? What is the vision from the Board for the progression of this work?

RESOLVED:

That:

- i) the officers be thanked for providing an up on the Kirklees Health and Wellbeing Strategy Priority on Mental Wellbeing.
- ii) the questions to the Board be considered.

11 Kirklees Health and Wellbeing Strategy Priorities - Connected Care and Support

Rachel Millson, Senior Strategic Planning and Development Manager, advised the Board that the discussion would focus on some of the delivery of the Connected Care and Support priority within the Kirklees Health and Wellbeing Strategy.

The Board was informed that the Health and Care Plan, outlines how the Kirklees Health and Care Partnership will work together to drive change in response to national, regional and local directives. It does support the delivery of the Health and Wellbeing Strategy and some of the strategic documents that are developed for West Yorkshire, alongside the West Yorkshire Delivery Plan which is the Joint Forward Plan. There are metrics, initial metrics that are within the document, which have been developed in the context of the outcomes framework which supports the Health and Wellbeing Strategy.

The initial document was signed off by the ICB Committee in May 2023, and a commitment was made that it would be a live plan. It is recognised that things change and evolve, therefore the aim was to ensure that rather than starting with a new draft of the strategy every year, there would be a commitment to update and evolve the plan. Just to reinforce that the delivery is overseen by the Delivery Collaborative and all the partners who work within health and care have a seat on that delivery collaborative.

Referring to the presentation slides, the Board was advised of the system wide, strategic priorities that are within the plan, cuts across the life course approach, as outlined in the Health and Wellbeing Strategy, Starting Well, Living Well, and Aging Well programmes. Dying Well is a programme in its own right, however, it is considered in each of the other programmes and mental wellbeing, which can affect an individual at any point of the life course.

There are partnership strategic priorities and then there are organisational level priorities that are national directives to focus on in the short term, listed as priority actions including:

- Improving access to health and care
- Holistic approach to out of hospital care
- Crisis response
- Workforce

Patrick Boosey, Transformation Programme Manager ICB, provided an update on the Starting Well Programme. The Board was advised that the Starting Well Board, has an alignment with the Children and Young People's priorities and the subsequent resource to deliver these. It is a single place for existing Boards and groups to report to, enhancing partnership working, facilitating development of relationships, connected decision making and reducing duplication across the partnership. It is a forum to discuss complicated system wide strategic issues and opportunities to share learning and risk.

It is a single assurance mechanism to support decision taking processes, development of a system wide work plan, supporting groups such as the Ambition Board. It is a contact for West Yorkshire level work, for example, the Integrated Care System, alignment of data and intelligence, where there is qualitative information e.g. Children and Young People's Voice, and quantitative information and numerical shared data sets. It is a partnership approach to delivering the Families Together work in absence of additional central funding from government and it is enabling better connection of services by ensuring links at an organisational level and also with communities.

The priorities to be delivered over the next 12 months, includes the delivery of the Health and Care Plan, the Families Together implementation model across Kirklees, improvement in metrics associated with the first 1,001 days of a child's life, and creating a Starting Well Strategy and work plan to bring together a range of different partner priorities agendas and programmes of work. The aim is to integrate the Children and Young Persons Voice, to strengthen representation and inclusion within the work plan, specifically looking at commissioning and strategy and also developing a system wide standardisation metrics focusing on outcomes and the difference made across the system.

The next steps are to continue with further development of the Starting Well Board, with a focus on strategic partnership outcomes, development of the Families Together model with a focus on four key sites across Kirklees that will be offering a comprehensive rotating offer of services with face-to-face availability. An online digital platform offer, universal branding and marketing materials produced and utilised by partners. The evolution of the four partnership boards which feed into the Starting Well Board, these include the Youth Development Partnership, the Emotional Health and Wellbeing Partnership, Early Support Partnership Steering Group and the Early Years Development Board.

An action plan is to be produced to support the aims and ambitions highlighted in the Kirklees Health and Care Plan. Creation of a Starting Well Strategy which brings together the four board's ambitions and integrate the early help supporting families and Family's together agenda. Support the completion of the Starting Well section

within the KJSA with associated colleagues and a presentation to the ICB Committee in August to update on progress.

The Board was asked to:

1. Support to develop and/or facilitate a shared platform for the Starting Well partnership to work on i.e.: Teams/SharePoint
2. Resources will be required to progress a range of workstreams and projects, how do we fund this as a partnership with mounting pressures across the system i.e.:
 - Investment in Families Together (buildings, branding, service provision)
 - Development of an online platform to improve access and communication
 - Staff time to properly resource projects
 - Sharing of expertise, skills and assets i.e.: policy writing, marketing/communications, clinical leadership

Jo Hilton-Jones, Public Health Manager, presented information on the Living Well Programme, on behalf of Alison Steed, Senior Transformation Manager, ICB manager lead for the Living Well Programme.

The Board was informed that in terms of the Living Well Programme, the context is the fact that there is an aging population, more people are living with long term conditions, there are increased financial pressures and therefore there is a heightened need to focus on the prevention and inequalities aspects. Making the shift to having a community based prevention approach, whilst also focusing on early diagnosis and the secondary prevention approach in terms of the management of long term conditions, is a local priority.

The driver is enabling the partnership approach, to focus on better integrating the long-term condition work and delivering key outcomes. In terms of aims and objectives, the focus is on prevention, early identification, and secondary prevention. The delivery of the strategic priorities and responsibilities in terms of the long-term plan and other strategic commitments, the focus of those long term conditions is on cardiovascular disease, including stroke, diabetes and respiratory conditions that affect many of the population across Kirklees. Identifying commonalities to reduce the risk factors and preventing onset and building on those programmes such as the Core 20 Plus 5 initiative to better engage and deliver the prevention approach.

In respect of progress, Living Well is not as far ahead as some of the other programmes, and is not currently operating in a formal structure. The programme and workstreams are still being shaped and the work is still progressing, however, at this point there is no Senior Responsible Officer, which has been a barrier to be able to formally establish the programme.

There has been an initial workshop with key strategic partners exploring priorities looking at the collective focus, and what will be the initial scope of the programme. There are four draft workstreams focusing on data, and how it can be better used to inform the work. The sharing of data is still an ongoing challenge.

Although currently the programme does not have a formal programme board, this work is still being driven forward, and there are already some real successes. Part of the delivery in terms of the secondary prevention agenda, is the National

Diabetes Prevention Programme, which is a national programme for people that have been identified as being at a high risk of developing diabetes, which can be described as pre-diabetes. People can be referred via their GP; therefore, it is important that there is early identification. Kirklees is continually achieving the referral trajectory, which is positive, it is trying to enable people to access those programmes, that can hopefully reverse the diabetes.

One of the pieces of work that is being progressed is NHS health checks, commissioned by Public Health, which is moving towards a targeted approach, and developing a new specification for that. There is also a Community Champions Campaign that is currently running on cardiovascular disease, and there has been some positive feedback with approximately 800 one-to-one conversations with Community Champions. From the feedback received, it highlighted that many people did not know what cardiovascular disease was and why taking their blood pressure medication was important and what the risks of not taking it were. There has been excellent support from the West Yorkshire ICB, they have provided 15 blood pressure monitors for the area and Community Champions have been trained in using them, are going out, and taking people's blood pressure.

One of the key challenges to highlight is the financial challenge, key to the delivery of this programme across the spectrum are the Community Champions, they are valuable as part of the work and support the access to the prevention messages. In addition, the Community Anchors, because without the Community Anchors and their capacity, and infrastructure, it will be a struggle to have Community Champions and at the moment their funding runs out at the end of this financial year.

Nicola Cochrane, Transformation Programme Manager ICB and the programme manager leading on the Aging Well Programme, informed the Board that this programme has been established for a while, with Karen Jackson as the Senior Responsible Officer, supported by a number of workstream leads.

The main aim with the programme, is to take an integrated proactive approach across the wider system and community, to enable the ageing population to help shape the environment and to optimise their own independence and wellbeing. Where necessary, be supported to live as safely and independently for as long as possible. When they do end up at crisis point there are services able to respond.

The programme has been developed based on national and regional guidance and recommendations such as the Long-Term Plan, Yorkshire and Humber State of Ageing Report, and the World Health Organisation 8 Domains of Healthy Ageing. The programme priorities are reviewed regularly, and when new guidance is published, the programme evolves to ensure it is aiming to achieve best practice where possible.

To meet the recommendations within the publications, seven workstreams have been established, these include:

- Proactive Care which focuses on providing personalised, co-ordinated, multi-professional support and interventions for people living at home with Frailty to maintain independent living and reduce the use of unplanned care

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- Kirklees becoming an Age-friendly community through exploring what communities value, working with the WHO 8 domains
- Falls is a newly established programme within Ageing Well. There is a system wide workshop in September to start to develop the work plan around this
- We have an ambition to develop a robust and resilient Care Sector, taking a partnership approach through the development of some workstreams with key areas of focus
- Discharge workstream and this focuses on embedding and mature the home first discharge approach to improve patient outcomes and improve patient flow out of hospital
- Virtual Ward which enables patients who would otherwise be in hospital to receive acute care and treatment in their own home
- and Urgent Community Response which provide urgent care within 2 hours of need to people their own homes to help avoid hospital admission

There are also strong links with key interdependent and enabling programmes such as the other well programmes, Mental Health, Housing, Carers and Civic Participation and Employment.

There is a well-established and represented programme board with membership from partners across the system to provide a governance route. A set of high-level metrics have been developed to monitor progress and are discussed monthly at the board. Overall, good progress is being made against these with the majority of them improving month on month.

Safdar Adnan, Kirkwood Hospice, provided an update on the Dying Well Programme advising that it is positive that it has its own 'well.' Four initial pieces of work have been identified by the Dying Well Board to progress, while the wider programme is being developed. These are, stigma and conversations about death and dying, identification and care planning, bereavement and care at home. The Community Champions will be undertaking a campaign around death and dying and the stigma surrounding that, and the barriers to accessing care and support.

There will be some rich learning that will come out of the work as highlighted in the DPH annual report, and it is important to ensure that people's experiences, help form and shape the Dying Well Programme ensuring that all parts of the system are involved on the Dying Well Board and the workstreams. Historically, there has been some gaps, for example, Primary Care and that will be an area of focus and will need to be supported by clinical and programme resource.

Some of the other work that is currently being undertaken, is the development of an integrated model of care, following work undertaken by Healthwatch. One of the key themes that came from that work was in regard to the support being offered to people that were being cared for at home.

In respect of the programmes, the Board was asked to consider the following questions:

Starting Well Programme

- Support to develop and/or facilitate a shared platform for the Starting Well partnership to work on i.e.: Teams/SharePoint
- Resources will be required to progress a range of workstreams and projects, how do we fund this as a partnership with mounting pressures across the system

Living Well Programme

- Support in identifying a Senior Responsible Officer
- Support a partnership approach for sustaining funding for community champions campaigns and Voluntary sector organisations to support prevention related activities

Ageing Well Programme

- Nothing to escalate

Dying Well Programme

- Lack of clinical leadership to support the Programme in the long term and the impact of this on progress
- How to improve primary care involvement within the Dying Well Board and workstreams

RESOLVED:

That

- i) the officers be thanked for providing an update on the Connected Care and Support Priority of the Kirklees Health and Wellbeing Strategy.
- ii) the questions to the Board be considered.

12 Joint Health and Wellbeing Strategy - Healthy Places update

Lucy Wearmouth, Head of Improving Population Health, provided the Board with an update on the Healthy Places priority within the Kirklees Health and Wellbeing Strategy. The Board was asked to consider, what would be the most useful way to receive these updates, for example, rather than tell the Board about everything in relation to Healthy Places, would it be more useful to focus specifically on one topic area, in depth.

The Board was informed that the aim of the information being presented is to

- Review Healthy Places Priority, which was last presented to the Board in June 2023
- Demonstrate some examples of success and progress
- Board to feedback on their own progress, within individual organisations
- Plan for next steps and potentially more of a 'deep dive' focus

The Board was reminded of the ambition for the Healthy Places Priority which is that *“The physical and social infrastructure and environment supports people of all ages who live, work or study in Kirklees to maximise their health opportunities and to make the healthy choice the easy choice.”*

There are a number of success indicators related to this which includes:

- Overall satisfaction with local area
- Use of parks and greenspaces

There is also a number of 'I' statements, which during the consultation stage of the strategy, highlights what mattered to local people. In terms of context, Healthy Places is a large and complex priority and what is presented in the report represents a small amount of work from across the system and it would be useful to think about the theme and potential topics for deep dive.

Jo Hilton-Jones, on behalf of Stephy Rogers, Third Sector Leaders (TSL), informed the Board that TSL leads on the Community Champions Programme and have developed and supported the delivery of an excellent local programme. The model that is running now, developed from the Covid Community Champions that ran for a time and then ceased, and was fortunate to receive Core 20 Plus 5 monies, that has enabled two years funding to develop the Kirklees Programme. Since then, there has been additional monies from the UK SPF programme in terms of levelling up, that has enabled the topics the Community Champions have been able to focus on to be broadened.

It is important to highlight that this is very much being delivered through the VCSE. Kirklees Third Sector Leaders, are the organisation that co-ordinate the programme and the training. They ensure that all the processes, and that Champions have access to all the relevant information. Healthwatch Kirklees are a vital partner in this, analysing all the data that Community Champions collect, because when they have a meaningful contact with an individual, it is entered into a tablet and at the end of six weeks, it is analysed by Healthwatch.

The reports that are produced and the insights are already making a difference in terms of informing the local system because as well as Community Champions improving health literacy, they are letting people know what is available, informing people regarding conditions and enabling access and engagement to health care and wider offers. It is also about getting information from people in the communities that experience the greatest health inequalities to understand what are the barriers for them and why those health outcomes are worse.

There is an awareness about some of the information, however, the information from the Community Champions is challenging some of the preconceived notions and thoughts in many cases. For example, language barriers for some people in the community are much greater than was realised and is much more of a barrier. In terms of digital access, some might have a phone but not a smartphone or they do not know how to respond to an appointment that is an invite to secondary care.

There are 92 Community Champions working currently, age ranged between 18 and 65. They are working through 15 community anchor organisations, covering 19 languages. In addition to the core community champion programme there is community conversations, targeted grassroots groups, where a particular topic is relevant to those groups are invited to apply for a small grant enabling them to do targeted work.

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Community Champions are people from local communities who people can relate to and identify with. They understand people's perspective and experience and are trusted. People are returning back to Community Champions either for the next topic because they found the first topic they engaged with valuable or for further information or signposting.

RESOLVED:

That the officers be thanked for providing an update on the Healthy Places Priority of the Kirklees Health and Wellbeing Strategy.