

Contact Officer: Jenny Bryce-Chan

## **KIRKLEES COUNCIL**

### **HEALTH AND WELLBEING BOARD**

**Thursday 26th September 2024**

Present:

- Councillor Beverley Addy (Chair)
- Councillor Carole Pattison, Leader of the Council
- Rachel Spencer-Henshall, Deputy Chief Executive and Executive Director for Public Health and Corporate Resources
- Carol McKenna, (ICB) Accountable Officer/Place-based Lead
- Stacey Appleyard, Director, Health Watch
- Christine Fox, Director, Health Watch Director, Health Watch
- Liz Mear, Independent Chair of the Kirklees Integrated Care Board Committee
- Alasdair Brown, Chief Executive of Kirklees Active Leisure (KAL), representing Third Sector Leaders
- Warren Gillibrand, Acting Head of Department, Nursing, Huddersfield University
- James Creegan, CEO of Kirklees Care Association (Virtual attendance)

In attendance:

- Alex Chaplin, Strategy and Policy Officer, Kirklees Council
- Victoria Valence, Locala
- Emily Parry-Harries, Consultant in Public Health, Kirklees Council
- Carmain Gibson-Holmes, South-West Yorkshire NHS Foundation Trust
- Matt England, Mid Yorkshire NHS Foundation Trust
- Cath Simms, Service Director, Adults and Social Care Operations
- Vicky Dutchburn, Director of Operational Delivery and Performance
- Lisa Williams, Assistant Director of Transformation & Partnerships
- Jo-Anne Sanders, Service Director, Learning and Early Support
- Adrian Wisniewski, Programme Manager, Strategy, Innovation and Planning
- Owen Richardson, Data and Insight Enablement Lead

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Apologies: Tom Brailsford  
Richard Parry  
Karen Jackson  
Dale Gardiner  
Chief Supt Jim Griffiths  
Sean Rayner  
Len Richards  
Catherine Riley  
Dr Vanessa Taylor

### 13 **Membership of the Board/Apologies**

Apologies received from, Catherine Riley, Vanessa Taylor, Richard Parry, Karen Jackson, Sean Raynor, Tom Brailsford, Dale Gardiner, Len Richards and Chief Superintendent James Griffiths.

Cath Simms, attended as sub Richard Parry, Lisa Williams attended as sub Catherine Riley, Victoria Wallace attended as sub for Karen Jackson, Carmain Gibson-Holmes attended as sub for Sean Raynor and Matt England attended as sub for Len Richards.

### 14 **Minutes of previous meeting**

That the minutes of the meeting held on the 27<sup>th</sup> June 2024 be approved as a correct record.

### 15 **Declaration of Interests**

No interests were declared.

### 16 **Admission of the Public**

All agenda items were considered in public session.

### 17 **Deputations/Petitions**

No deputations or petitions were received.

### 18 **Public Question Time**

No questions were asked.

### 19 **Appointment of the Deputy Chair**

Dr Warren Gillibrand, Acting Head of Nursing, Huddersfield University was appointed Deputy Chair of the Board for the 2024/25 municipal year.

### 20 **Special Education Needs & Disabilities (SEND) Update**

Jo-Anne Sanders, Service Director, Learning and Early Support and the Senior Responsible Officer for the SEND transformation in the local area, and Adrian Wisniewski, Programme Manager, Strategy Innovation and Planning, attended the meeting to provide an update on the SEND Transformation Programme.

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Jo-Anne Sanders reminded the Board that the last update on the programme was in January 2024, and as the Health and Wellbeing Board is the most senior part of governance for this programme, it is important to report back on the progress that has been made and the next steps.

The Board was informed that the update would focus on:

- Some of the work that has been undertaken in terms of the shifting culture,
- Key focuses and also the challenges,
- Key milestones that have been achieved since the last update
- Further examples of progress and impact
- Next steps
- Deep dive – for the Board to suggest areas to be presented at the next deep dive

The Board was informed that there has been an attempt to try and change the culture, and it requires a system approach to make things better for children and families, and children as they prepare to become adults. There have been opportunities that have been recognised, regarding how to work together in partnership for families with anyone who wants to provide help and support and drive some of the shared accountability.

There are some cogs that have to work together such as:

Co-production - which is something that the local area needs to be proud of. There is an active parent/carer forum that holds to account, challenges but are also very supportive

Governance – clear governance, there are three levels of governance, making sure there is the right buy-in at each level. The highest strategic level of governance, partners, then the operational level

Quality and compliance – there is a clear focus on making sure things are done in a timely way, but also making sure they are of quality, ensuring that they are set up to have impact. Rather than sitting behind a desk it is important to step out, and listen to people's lived experiences and trying to make a difference on the ground. An example, is the local offer live event, supported by a range of partners, but was led by the parent/carer forum, held in June and the feedback has been extremely positive.

Clusters - Some of this involves being brave and trying to look at innovation. Rather than looking inwards in Kirklees, it also involves looking up and down the country and seeking out opportunities. An example of this is a new way of working that is just being undertaken with mainstream schools, of which there are approximately 170. Work has started with groups called clusters, wrapping a team around those schools, to identify needs early and meet those needs as early as possible.

In addition, there are some system changes with the investment that the local area is making into rebuilding two of the special schools, to ensure there are enough places to cater for needs locally. Crucially, there was success in securing

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government support for an alternative provision free school. All of the different aspects of the cog need to work together to ensure the best outcomes for children.

The Board was provided with information that outlined what the focus has been and also some of the challenges. The Board was reminded that at the last SEND update, information was provided on 'The Big Plan'. In response, across the local area and beyond, there has been positive feedback about the accessibility and the language being easy to understand. It is important to evolve this rather than changing everything at once because that would become confusing to the system.

There are challenges with all this as demand is not staying static. There is not only an increase in demand, the complexity of some young people and families have also increased and this is whilst operating in a challenging financial landscape. There is a deficit within the high needs block, and work is being undertaken with the government to resolve this and there are resource capacity challenges across the system, which is nationally recognised and not just bespoke to Kirklees.

The Board was provided with information which outlined the key milestones since the last SEND update:

- In February, as a local area following an inspection, a 'Written Statement of Action' was issued and there has been follow up monitoring visits by the Department for Education (DfE) and NHS England. There has been a positive meeting, with many of the actions taken, the progress whether qualitative or quantitative and lived experiences being improved, and this was acknowledged by the DfE. This was a reflection of all the hard work of the partnership.
- In March, with regard to the Safety Valve, there has been a great deal of engagement with the DfE, and they acknowledge the challenges in being able to deliver a balanced budget, and was therefore able to renegotiate the terms of the Safety Valve. This gave a little more time to achieve and remove the high needs deficit
- In April, with the cluster working, the task and finish group co-produced and shared recommendations and a pathfinder group of schools was established to start trialling the new approach with schools.
- In June, Cabinet received a report regarding the clusters and were supportive of moving forward and those arrangements being put in place.
- In September, previously there had been opportunities to support young people to inclusion, therefore work was undertaken to refresh and update the Inclusion Fund Policy to reflect the changes to the early education and that new entitlement. Schools were asked to submit expressions of interest to roll out the next phase of the additional resource provisions.

The Board was informed that the clusters have now gone live, and the early years transition fund, the new approach is also live. Online from September another additional resource provision with more in the pipeline, and very successfully led by the Designated Clinical Officer, parent/carer forum for inclusion of neurodiversity

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(PINS) has gone from bidding to the actual delivery for 14 primary schools. This belies the amount of work, energy and effort the partnership has undertaken.

Referring to the presentation slides the Board was presented with statistical information relating to the Healthy Child Programme:

- Mandated new birth visits within 14 days was 8% at the time of inspection in 2022, now 79%; 6- week reviews 65% now 77%; 12 months was 68% now 89%, 2.5 yr reviews was 43% now 80%. This is impressive in terms of the improvements made in performance.
- Education Health Care Plans compliance is improving. There is month on month improvement with July and August being the best with over 200 plans issued. That means two record months since April 2024.

The Board was informed that while there has been progress, is any of this making a difference? One of the things that is being undertaken regularly is capturing people's lived experience. An example of the some of the impact can be seen with the Healthy Child Programme where families are generally happy with the service. In the last quarterly reporting, 96% of families surveyed rated Locala as good or very good.

In terms of next steps and what is being planned. It has been fortunate that there has been an opportunity to start a conversation with RISE partnership, and RISE stands for Research and improvement for SEND excellence and that is the council for disabled children and National Development Team for Inclusion (NDTi). There is an opportunity to work with them and focus on the preparation for adulthood. Part of the transformation there was an opportunity to meet with them to scope out what that support could look like.

The clusters workforce development aims to look at the review for special school funding, to ensure that they can be equipped with all the tools they need to meet the needs of young people. The Quality assurance framework is being able to connect with colleagues from the third sector and Kirklees Care Associations and those conversations have already started.

The Board was asked whether there are any areas of the programme that the Board would want to know more about ?

In response to the information presented, the Board asked a number of questions and made comment including some of the following:

- The information presented reflects some of the discussions at the ICB Place Committee where the focus was on the Starting Well Programme, and there was a lengthy discussion around the neurodiversity in particular, the waiting time for assessments. One of the things that came out of the discussion, and it wasn't fully understood, was the extent to which having a diagnosis unlocks access to other services and support. When people are waiting for an assessment, how can we ensure that their children have access to the right level of support even though they

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haven't received a formal diagnosis. It is an area that seems to come up quite frequently.

- This is a really big challenge, and it isn't anything that one organisation can solve. What would be really valuable is more information in the way of data because it is important to understand where the demand is coming from. It is also important to look at the inequality's because it is known that people often go for private diagnosis and that risks creating inequalities in terms of the ability for people to get the diagnosis and therefore the support they need. Understanding the trends in relation to data and demand would be helpful.
- The cluster is an innovative way of looking at it because it is saying that rather than a statement leads to a special package of care, it is about ensuring that schools work together to share resources across the cluster, thereby making best use of the resources available rather than schools competing for precious resource when it is recognised there isn't enough to go around.
- The cluster only just launched in September; however, it would be good to see how that has impacted over the first term, appreciating that these things will take some time.
- The information came to life on the examples of impact outlined towards the end of the presentation, on the individual children being supported and the example of my happy mind programme being rolled out to nearly 35,000 pupils and that sounds like a really great intervention for supporting pupils and young people with their mental health. Will there be a continual roll out across schools and how will the impact of this be monitored?
- Healthwatch regularly hear from parents/carers particularly around ADHD and Autism assessment waiting times, how can people be connected who are having difficulties? Healthwatch also hears from people who have had to remove their child from school because the school is unable to meet their needs and also the support takes an exceptionally long time to put in place, therefore having their children at home is easier. How are these families being supported? This is difficult for anyone to understand with the number of improvements, challenges, pathways and different things that are happening, how is this being explained to local families?

### RESOLVED

That Jo-Anne Sanders and Adrian Wisniewski, be thanked for providing an update on SEND transformation, and that information relating to trends, data and demand to be brought back to a Board meeting at a later date.

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### **Better Care Fund Update**

Cath Simms, Service Director, Adults and Social Care Operations and Vicky Dutchburn, Director of Operational Delivery and Performance, provided the Board with an update on the Better Care Fund (BCF). The aim of the update would be to outline the plan spend through the BCF for the 2024/25 financial year, and also the plan for next year, and to get agreement from the Board.

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The Board was provided with an overview of the BCF, which is a mechanism for joint spending between the ICB, health and the council. It is not new money it is direct from the council and the ICB. The only exception to that is there has been some additional three year national non-recurrent funding specifically for adult social care, supporting hospital around discharge. The final year for the funding is 2024/25 and it is not clear whether there will be a repeat of that funding, although there may be some additional monies coming through for that.

There are some very clear national conditions and requirements that have to be followed in order to spend this money. Essentially it is around enabling people to stay well, safe and independent at home for longer providing the right care, in the right place, at the right time. There is a clear planning framework that needs to be followed. The recent one was a two year planning framework, the BCF plan covered from last year 2023/24, through to this year 2024/25.

The Board was provided with a summary of how both partners, the ICB and the Council contribute to the pooled funding as follows:

Source	£ ICB	£ Kirklees Council
NHS Contribution	£37,652,094	NA
Discharge Funding	£3,617,048	£4,164,306
Improved BCF	NA	£17,821,765
Disabled Facilities Grant	NA	£3,952,873

The Board was informed that in terms of how the spending has been planned for this year, a working group was established with representation from the ICB and Kirklees Council to oversee the planning process. For the 2024/25 plan, each scheme has been subject to a review to determine:

### Review criteria

- Delivery against national objectives
- Risk to future delivery
- Value for money
- Opportunities for efficiency through transformation

### Update and approvals

- In terms of approvals, the Health and Wellbeing Board (H&WB) is required to complete a planning template and delegated authority for this has been given to Vicky Dutchburn and Cath Simms to submit on behalf of the H&WB. Updates have also been delivered to the Joint Kirklees Senior Leadership Team.
- The plans were submitted to the BCF team in August, and the Section 75 agreements is being updated. This is a legal agreement to outline how the money is to be spent

The Board was informed that there is often an element of back and forth with the national BCF team regarding whether the narrative about how the money is going to be spent is explained to them.

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In terms of key points:

- It is imperative that the plans meet the minimum financial contributions
- Aligned with financial planning assumptions
- Compliant with national conditions
- Aim to maintain or improve on 2023/24 outturn for BCF metrics

One of the aims is to improve on performance for 2023/24, which is why there has been planning regarding what worked well and what didn't. The Board was provided with a summary of the seven key scheme which forms part of the BCF spend, as outlined in the appended report.

- 1 Aids to Daily Living
- 2 Transforming Intermediate Care and Reablement
- 3 Carers Support
- 4 Supporting Social Care
- 5 Supporting the Voluntary and Community Sector
- 6 Care Home Support
- 7 Discharge

The Board was informed that one of the learning points from undertaking the planning cycle for 2024/25, was that some of the timings did not align very well for example, the budget planning cycle started before the NHS planning cycle for budget, which started at a different time to the BCF planning cycle. To address this, a new process has been set up, with the aim of starting the planning cycle earlier for next year with the intention of getting the indicative plans together by mid-October, to then feed into the Council and NHS Plans.

Each of the leads for the different schemes are asked to present, what has been achieved, how it has contributed to the core objectives, any challenges or pressures and if there are any opportunities to use the money differently.

The Board was informed that all the schemes are currently being reviewed, and the minimal level of investment will be maintained, regardless of what happens with the scheme.

### Outcomes

- Integrated Dashboards - joint activity and performance dashboards (EG integrated health and social care dashboard) provide a uniform system voice on flow, using historical data to understand variations throughout the year
- Modelled Bed Capacity - evidence based data and insight support our modelled bed capacity in Kirklees and there is confidence in the planned bed capacity and bed mix, with arrangements in place to handle system pressure. Shortfalls in community capacity will be met through spot purchase arrangements

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- Demand Shift - anticipated 'left shift' in demand from P2/P3 volumes to P1 ensures more people receive the right level of support to get them home. Admission avoidance services like UCR will continue to support the system
- Home First Strategy – the system wide Home Strategy and Plan aims to divert investment from bed-based solutions to home based offers, enhancing services like Reablement Therapy, consolidating bed-based offers, and supporting hospital transfers
- Dedicated Resources –1) IMC bed base with dedicated nursing and therapy resources to maximise independence 2) Recovery Bed Base with a dedicated therapy team for intense in-reach therapy

In response to the information presented, the Board asked a number of questions and made comment including some of the following:

- Do Community Champions and Community Anchors play a part in this. Social prescribing has been around for a while and has a strong role and there are innovative things happening through the VCSE in Kirklees and it would be good to see how that might be helping to contribute to this.
- When there is a better picture of what is coming in the years ahead, when there may not be defined funding, when would be a good time to come back to the Board and provide an update on how the landscape may have changed?

### RESOLVED

That Cath Simms and Vicky Dutchburn be thanked for providing an update on the Better Care Fund.

## 22 **Pharmaceutical Needs Assessment Update**

Owen Richardson, Data and Insight Enablement Lead advised the Board that there are two parts to the appended briefing paper. The first part is to update the Board on pharmacy changes in Kirklees, in the past year, since the last update. There were a list of changes, including change of ownerships, six supplementary change of hours, five of which were a reduction in hours with one being an increase in pharmacy hours. There was also a change of trading name and two pharmacy closures in Kirklees.

A small subgroup regularly meets to discuss the changes and the impact they may have on local pharmacy provision. Looking at both those closures, it was decided that there would be no significant impact on the local population. There has been one new pharmacy opened which is a distance selling premises with no face to face interactions, and one pharmacy that has moved slightly.

The second part of the update is to inform the Board on where things are at with the next Pharmaceutical Needs Assessment (PNA). PNA's need to be refreshed or

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rewritten every three years, and this will be due to be published in September 2025 and that will be the 3 years up for the current PNA.

The approach taken last time was to convene a West Yorkshire wide steering group, to collectively undertake the PNA, but write individual reports as every Health and Wellbeing Board has to have its own PNA. This will be the approach taken to refresh or rewrite the PNA. The steering group has started meeting regularly and there are some key milestones that will be coming up, as follows:

- October/November 2024, a survey will go out to the public and pharmacies to get views on current pharmacy provision,
- February 2025, there will be a draft of the report circulated to the Board prior to public consultation. The report has to go out to 60 day public consultation before it is published
- March/April 2025, public consultation
- The report will be brought back to the Board for final sign off July/August/September time. It will then be published in time of the old PNA running out

### **RESOLVED:**

That Owen Richardson be thanked for providing an update on the Pharmaceutical Needs Assessments and that the information be noted.