**Name of meeting: Council (Extra-Ordinary)**
**Date: 16 March 2016**

**Title of report: Creating a Plan for the Health of the People of Kirklees**

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| **Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?** | N/A |
| **Is it in the Council's Forward Plan?** | N/A |
| **Is it eligible for "call in" by Scrutiny?** | N/A |
| **Date signed off by Director & name**<br><br>**Is it signed off by the Director of Resources?**<br><br>**Is it signed off by the Assistant Director - Legal & Governance?** | Richard Parry, Director for Commissioning, Public Health and Adult Social Care<br><br>N/A<br><br>N/A |
| **Cabinet member portfolio** | N/A |

**Electoral wards affected: All**

**Public or private:** Public

**Recommendation**

That Council consider the issues raised in this report and agree how best to influence and lead a comprehensive planning approach for the health of its population.

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**Background and Key Points**

Increasing demand as a result of population change, clinical practice innovation, workforce shortages, the evidence of the improved patient outcomes as a result of receiving ever more specialist treatment and financial challenges all mean that local NHS services, as indeed NHS services across the country, need to change.

The health economy for Kirklees is complex.

- The planning and commissioning of services is undertaken by NHS England for specialist services and for general practice (the detail differs between the Huddersfield and Dewsbury areas, with Greater

Huddersfield taking a greater level of responsibility for general practice commissioning).

- The planning and commissioning of locally delivered health care services is undertaken by Greater Huddersfield CCG for the Huddersfield area and by North Kirklees CCG for the remainder of Kirklees.
- Local hospital services are delivered by Calderdale and Huddersfield NHS Foundation Trust (CHFT) for the Huddersfield area with the main hospital sites being in Huddersfield and Halifax.
- Hospital services for Dewsbury and surrounding area are delivered by Mid Yorkshire NHS Trust which has sites in Dewsbury, Wakefield and Pontefract.
- Many more specialist or complex treatments (both planned and emergency services) are delivered by other trusts in places such as Leeds, Manchester and Sheffield depending on the clinical issue.
- Community health care services such as district nursing, occupational and physio therapy are delivered by Locala across the whole of Kirklees. Locala also delivers a number of public health services under contract from the Council.
- Mental health services are delivered mainly by South West Yorkshire Partnership Trust which serves Calderdale, Kirklees, Wakefield and Barnsley.
- The most frequent contact that local residents across Kirklees have with healthcare provision is through general practice and local pharmacies.

In 2015, North Kirklees CCG and Greater Huddersfield CCG jointly let a contract for the delivery of community health care services. The outcomes that were wanted from this contract were designed jointly with Kirklees Council and the approach planned for Kirklees as a place. This contract was ultimately let to Locala who work closely with the Council to deliver a joined up health and social care approach. The 24/7 single point of contact for Locala services operates out of Kirklees Council buildings (Civic Centre 3 and Flint Street) alongside other Council services.

Whilst out of hospital care was planned on a place based approach, the planning and change programmes associated with local hospital services (the Right Care, Right Time, Right Place programme for CHFT and Meeting the Challenge for Mid Yorkshire Trust) appear to be more focused on the organisational footprints rather than planning for Kirklees as a place. Indeed, the 2 programmes appear to have some contradictory presumptions about where people will travel to, with each assuming that more people will be treated by the other trust. As the NHS planning document "The Five Year Forward View" says "*For many years now, the NHS has emphasised an organisational separation and autonomy that doesn't make sense to staff or the patients and communities they serve"*

The NHS faces a £30bn funding gap as a result of the factors set out above. The intention is that this is met through £8bn of additional funding and £22bn of gain as a result of transformation. A national review has been undertaken of the potential efficiency savings available in the NHS based on current ways of working ("the Carter Review"). This did identify the scope for up to £31m of efficiencies in CHFT and up to £39m of efficiencies in Mid Yorkshire Trust.

This paper sets out a potential approach to ensuring that the public of Kirklees have access to high quality clinical care as locally as possible consistent with a reasonable set of clinical and financial constraints. It is an approach that is based on the need to plan for Kirklees as a place and the presumption that a holistic plan, starting with preventative and self-care approaches is ultimately the most sustainable plan and will deliver the best outcomes for local residents. Such a plan needs to be part of a broader place based approach that also integrates social care support for those people who need it. This is entirely consistent with the 2016/17 NHS planning guidance which stresses the need to address financial and delivery issues in the acute sector but to also take a place based approach.

## Proposed approach

A preventative approach

A holistic plan for Kirklees must start with the aim of reducing ill health developing in the first place. Many health conditions, particularly long term conditions, are preventable. Appropriate diet, physical activity, housing, abstinence from smoking, moderate and considered consumption of alcohol, safe working environments and protection from environmental pollutants (e.g. air pollution) all result in better health and very substantially reduced levels of diabetes, COPD, coronary disease, common cancers etc.

There are about 1000 preventable deaths in Kirklees each year that would have been amenable to such public health interventions.

There are many examples of the manner in which poor personal behaviours reduce life expectancy and years lived with disability. Using physical activity as an example:

- One in six deaths are attributable to low levels of physical activity
- Recommended levels of physical activity reduce the chances of:
  - type II diabetes by 40%
  - Cardiovascular disease by 35%
  - Falls, depression and dementia by 30%
  - Joint and back pain by 25%
  - Cancers of the colon and breast by 20%

- One in four people are completely inactive and less than half of Kirklees residents are active enough to maintain health

This requires a comprehensive approach that requires work by all (individuals, communities, the Council, local employers and the local healthcare system). Whilst there is much good work being undertaken, the scale and pace of this must be increased. Tackling preventable disease and mortality will bring the greatest health gain to our local population.

Preventable disability is also a very significant issue. For example, type II diabetes now affects 6% of all adults and is primarily caused by obesity. Poor diet and diet related factors such as obesity, smoking, insufficient physical

activity and alcohol are the primary causes of disability according to the Global Burden of Disease study (PHE, IHM 2012). Many Kirklees residents are at risk from more than one risk factor (diet, activity, smoking, drinking etc.) so the approach must be flexible enough to work across risk factors and not operate in silos. This is particularly the case in parts of Kirklees that experience significant and multiple deprivations.

## A self-care approach

Whilst a preventative approach will reduce incidence of disease and ill health, it is not a "cure all". What then becomes important is enabling individuals to manage their own health condition as effectively as possible. Whilst there are a number of initiatives that already exist (for example, the PALS scheme that promotes physical activity for people with long term health conditions, the recently launched "My Health tools",, The Health Trainer service and the work that Locala is undertaking using video conferencing to enable people to change their own wound dressings with immediate access to supervision from an appropriate nurse).

One in four people in Kirklees live with one or more long term health conditions and this number will increase in the future. There is substantial evidence about the value of self-care in enabling people to have confidence in managing their health condition and reducing demand on formal health care services. A supported self-care approach can help to lessen the personal, social, financial and emotional aspects of living with a long term health condition. Support to self-care can greatly increase peoples sense of control and confidence, skills to monitor their condition and deal with setbacks, more appropriate use of services and better relationships with care professionals and lead to improved quality of life, improved symptom control, less work absence, playing a more active role in society and improved mental wellbeing.

What is required is a significant scaling up of current support to enable individuals to self-care. This will require activity from all parts of the healthcare system and is part of a broader shift from a deficit approach (focused on the things that individuals and communities lack or cannot do) to strength or asset based approach which builds upon the many things that they can do.

This will require a significant cultural change by a number of professionals. It also needs individuals to have ready access to advice and support when they need it.

## Access to primary care 7 days per week.

The 69 general practices and the wider primary care system, including 102 community pharmacies, are the bedrock of formal health care. This is the part of the system that most people have most contact with. It is also the part of the healthcare system where relatively speaking, least is spent, with an estimated 8% of healthcare spend being on primary care. It is an area that has not tended to have the same increases in investment that acute and specialist healthcare have experienced.

General practice faces a very significant workforce challenge, with more general practitioners leaving practice than are entering it, and this trend is likely to accelerate. The historic models of general practice are being challenged by the demands that are now being made of general practice.

General practice and primary care needs to change. There is an increasing demand for 7 day access to primary care consultation to enable people to avoid hospital admission and to facilitate discharge activity. Given the workforce challenges that face general practice, new ways of working will be needed to make best use of increasingly scarce general practitioner capacity. Some of this will involve practices working together to provide cover across the longer opening hours. Engagement with the public by the CCGs has suggested the public are willing to be seen by GPs other than their regular doctor for urgent issues, particularly outside of normal working hours.

Planned care

Planned care across West Yorkshire is changing. Increasingly, in line with the national models set out in the NHS planning document, "The five year Forward View", routine hospital activity is being planned on a wider footprint through an approach called "Healthier Futures". This reflects the growing specialisation of care and the inability to deliver all services in every local area. This is an acceleration of the current situation and is one which the public are familiar, with people being used to travelling to Leeds and elsewhere for some services.

This planning on a West Yorkshire footprint will, increasingly, challenge the sovereignty of individual local trusts. Whilst there is an understandable wish to avoid being distracted by formal mergers of organisations, the alternative is that greater whole system must take place. As this West Yorkshire Healthier Future approach is still under development, the proposals being made by CHFT do not fully take account of how much the model of delivery will change over even the next 3-5 years.

A transformational plan for Kirklees must both take this into account and fundamentally challenge the way that the public experience planned care. At present, almost all outpatient activity is delivered from hospital sites, with the public travelling to the hospital sites in Huddersfield, Halifax, Dewsbury and Wakefield to be seen for more routine clinical issues. People will also travel further afield for more specialist services. This model has been fundamentally unchanged for decades and does not reflect the advancement of technology nor the way that outpatient services are delivered in some parts of the UK and internationally.

There will always be some conditions that require access to specialist equipment or where the clinicians involved in the service have simultaneous clinical commitments that require them to remain on the hospital site. This is not universally the case and a plan for Kirklees must address the use of technology to enable the public to receive clinical consultations without having to always travel to the hospital site. This will help to address the travel concerns that often arise when service change is proposed.

New models of working will include clinicians delivering outpatient care in more local sites than the hospital and the use of technology such as video

conferencing to enable clinical consultation activity to take place without the individual travelling to the hospital site. For some people, this will involve support to use this approach. This could involve the Third Sector and healthcare staff supporting people in their own homes or at local general practice premises. Examples of these approaches can already be found across the UK.

Using technology to reduce the need to travel to hospital sites will be particularly important for people with long term conditions who require regular outpatient support and reduce the cost, inconvenience and missed appointments that can arise from the current repeated need to travel to hospital sites.

The particular site that the clinicians are based at becomes less important in this model and the delivery approach focuses on striking the balance between convenience for the public and for clinicians.

Given the growing emphasis on planning and delivering healthcare across the West Yorkshire footprint, planned (elective) surgery and other treatments may take place from different sites to those currently used across Kirklees. If outpatient care is delivered in a different way to reduce travel by the public, then even if people ultimately have to travel further for inpatient services, their overall travel may still be reduced.

Unplanned Care

Whilst most people's contact with healthcare services will be for planned care particularly if people are better supported through self-care approaches and 7 day access to primary care, people will be concerned to know what will happen in the event of an accident or medical emergency.

In 2015, the Keogh review (Keogh Emergency and Urgent Care review and roadmap (2015)) developed a model for urgent and emergency care including consistent models, definitions and standards for care across England to improve the outcomes for people using the services. Accident and Emergency is not used to describe any of these services. The new models are "Urgent Care Centres", "Emergency Centres" and "Emergency Centres with Specialist Services".

A plan for Kirklees must offer a range of solutions.

For more minor accidents and illnesses, there should be ready access to Minor Injuries Units, pharmacies etc. to provide advice and treatment in local communities. These may well be delivered in conjunction with general practice and the community healthcare provider, Locala.

For people who have a more serious need, the approach starts with ready access to very immediate support through services such as Community First Responders, access to defibrillators etc. Immediate access to support to stabilise an individual's condition is the single intervention most likely to improve clinical outcomes for an individual to enable safer transfer to the most appropriate centre for on-going treatment and care. The role of paramedics and ambulance crews has changed very significantly in recent years in this

respect and will continue to change. This includes providing increasing levels of treatment in people's own homes to avoid a hospital admission.

It is inevitable that people experiencing major trauma, strokes and a range of other conditions will travel to more specialist centres that maximise the chances of survival with least long term impact. This is the current model of care delivery and will need to continue to be the case as it is not possible to deliver the full range of specialist services on the Kirklees footprint.

The area of contention is probably where the public of Kirklees should travel to if their condition cannot be dealt with in their local community and does not require treatment in a specialist centre.

Again, as part of a transformation approach (Vanguard), planning for urgent care is taking place on a West Yorkshire and beyond footprint. This approach is currently being developed and so the changes proposed by CHFT and Mid Yorkshire Trust take place in the absence of this having been developed. The work on a West Yorkshire footprint will inevitably mean a review of how services are provided at a number of sites, including those immediately around Kirklees and Calderdale. One might argue that any changes currently proposed risk becoming quickly superseded by the wider planning approach.

Mental health care

Whilst this report does not focus on support for mental health needs, there has been increasing recognition of the importance of access to good quality support for a wide range of mental health conditions that is based on a similar model that spans prevention through to support for people experiencing an acute episode of mental ill-health.

Conclusion:

To conclude, there should be an overall transformation plan for Kirklees that takes a holistic approach and takes account of the accelerating regional planning work that exists through the Healthy Futures and the Urgent and Emergency Care Vanguard.

The current transformation plans, in this context, appear to be plans for organisations rather than for the place of Kirklees. Whilst there are significant operational challenges for both Mid Yorkshire Trust and CHFT, the immediacy dealing with them must not result in missed opportunities for more transformational approaches given the scale of wider change in the system.

## Implications for the Council

The Council's ability to influence the way services are configured will impact on the quality of health provision within Kirklees.

## Consultees

Kirklees Chief Executive and Leading Members Meeting, 04.03.2016

## Next Steps

In accordance with the decision at the meeting of Council on 20.01.2016, the Chief Executive has written to the Secretary of State for Health seeking a meeting at which all political group leaders will have the opportunity to present the comments and views presented at the meeting, and the content of the agreed motion.

## Officer Recommendation

That Council consider the issues raised in this report and agree how best to influence and lead a comprehensive planning approach for the health of its population.

## Cabinet Portfolio Holder Recommendation

Not applicable.

## Contact Officer

Andrea Woodside, Principal Governance Officer, Legal and Governance Services.