

Contact Officer: Jenny Bryce-Chan

## **KIRKLEES COUNCIL**

### **HEALTH AND WELLBEING BOARD**

**Thursday 29th June 2017**

Present: Councillor David Sheard (Chair)  
Councillor Donna Bellamy  
Councillor Kath Pinnock  
Councillor Viv Kendrick  
Rory Deighton  
Carol McKenna  
Dr Steve Ollerton  
Richard Parry  
Fatima Khan-Shah  
Priscilla McGuire  
Gill Ellis  
Jacqui Gedman  
Kathryn Hilliam

Apologies: Councillor Erin Hill  
Dr David Kelly  
Rachel Spencer-Henshall

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

Apologies from the following Board Members were received: Cllr Erin Hill and Dr David Kelly.

Rory O'Connor substituted for Rachel Spencer-Henshall.

#### **2 Minutes of previous meeting**

##### **RESOLVED –**

The minutes of the 30 March 2017 were approved as a correct record.

#### **3 Interests**

No interests were declared.

#### **4 Admission of the Public**

All agenda items were considered in the public session.

#### **5 Deputations/Petitions**

No deputations or petitions received.

**6 Public Question Time**

No questions were asked.

**7 Appointment of Deputy Chair**

**RESOLVED –**

That Dr Steve Ollerton be appointed Deputy Chair for the 2017/18 municipal year.

**8 Kirklees Health & Wellbeing Plan**

Carol McKenna, Chief Officer Greater Huddersfield CCG, advised that, the Board should be familiar with the Kirklees Health and Wellbeing Plan as it was last presented in February 2017; and had previously been discussed at a Board development session.

The Board was reminded that the mandate for developing Sustainability and Transformation Plans (STPs) was announced as part of the National Joint Planning Guidance in 2016/17. The West Yorkshire STP incorporates six place based plans, and the Kirklees Health and Wellbeing Plan is the proposed final version of the local place based plan, which has been seen by the Greater Huddersfield CCG Governing Bodies and is scheduled for North Kirklees Governing Bodies.

The Plan aims to articulate the vision for Kirklees health and social care system and draw out the local challenges. It is different from plans produced at an organisation level as it is about the system as a whole.

Board members commented that a major factor that does not appear to be in the plan is how it is going to be financed. The Board felt that finance would need to be addressed as this would impact on the implementation of the plan. The Board was advised that the financial challenge is significant and the Kirklees position looks particularly challenging when placed in the context of the acute trusts in Kirklees. It was explained that this is not about new financial investment it is looking at what is already within the system and using it differently and more efficiently. The plan identifies gaps in finance and aims to be part of the solution, ensuring that there is much better efficiency in the system to enable it to function much better.

The Board was informed that the plan is not intended to be the whole story and that further work needs to be done including looking at the targets and milestones. One of the challenges with the plan is trying to bring everything together in the one place, whilst recognising that each agency will have its own plan and priorities.

The Board discussed aspects of the plan and questioned whether the title of the document reflected the true nature of the contents and whether it should be called a 'plan'. Questions were also raised about the type of language used and whether members of the public would understand it.

Board members commented that they were not aware of what was in any of the other five local plans which covers West Yorkshire and Harrogate. The Board was informed that the STP arrangement was to bring some form of co-ordination and part of the West Yorkshire STP is trying to bring co-ordination across the West Yorkshire geography and it will become clearer over the next 12 months.

Board members raised questions on whether on a local level the right priorities were being considered for example issues such as air quality which in some areas is very poor and air pollution is a problem is not mentioned. Further questions were raised whether air quality in Kirklees was being studied. In response, the Board was advised that in the Council there is a team of professionals looking at air quality and there is an air quality action plan and they can be invited to a future meeting to update the Board.

It was felt that the effectiveness of the Board is not trying to deal with too many priorities but should focus on a few key priorities. The role of the Board is to hold people to account for the health and wellbeing of people in Kirklees.

**RESOLVED –**

That the plan be approved subject to the revisions agreed by the Board.

**9 Kirklees Better Care Fund Plan 2017/19**

Richard Parry, Strategic Director for Adults and Health and Chief Officer, North Kirklees CCG, advised the Board that the development of the Kirklees Better Care Fund (BCF) Narrative Plan 2017/19, is based on draft planning guidance issued by the Local Government Association in April 2017.

The Full guidance is still awaited, which means that the timetable for agreement of plans by Health and Wellbeing Boards, submission and subsequent NHS regional moderation, calibration and approval of plans is unknown. It is however, anticipated that the initial submission of plans will need to be six weeks after the publication of the final guidance.

The Board was informed that a significant sum of money sits with the BCF Plan with the total existing fund being £30million. Board members questioned the additional amount awarded following the spring budget allocation and was advised that it was £8 million for 17/18. The final minimum allocations that the CCGs are required to put into the Better Care Fund for 17/18 and 18/19 are yet to be confirmed by NHS England.

Board members commented that it would be useful to have a look at what the BCF has achieved and what the money has done.

**RESOLVED -**

That the Board:

- a) Notes the update on the development of Kirklees Better Care Fund Narrative Plan 2017/19

- b) Delegates authority to the Strategic Director for Adults and Health, in consultation with the Chair of the Board, and nominated CCG representative i.e. the Chief Financial Officer and either the CCG Chairs or Chief Officer to agree the final version of the Plan.

## 10 Health and Social Care Integration in Kirklees - Our Case for Change

Carol McKenna, Chief Officer, Greater Huddersfield CCG, informed the Board that a report on integration was presented in March 2017 and over the last 18 months the Board has considered many papers on integration. There are a wide range of issues for health and social care to work together on and this update will outline the next steps in developing the vision for integration, the case for change and the benefits expected.

The Board was informed that integrated commissioning aims to build on existing approaches and examples include, children services, mental health, hospital avoidance, Kirklees Health and Wellbeing Plan and Better Care Fund.

The triple challenges for the Kirklees system are the:-

- **Health and wellbeing gap** – especially prevention and inequalities
- **Care and quality gap** – especially reshaping health and social care delivery meeting changing needs and variations in the quality of care
- **Financial Gap** – getting more from the funding available

In addition, there is also managing the complexity of two acute systems.

The Kirklees Joint Strategic Assessment also headlines a number of challenges such as people living longer with long term conditions, inequality and deprivation, an aging population and increasing under 18 population.

The Board was informed that making changes will strengthening the infrastructure to enable the commissioning and delivery of services in a consistent way and reduce duplication. The future commissioning and delivery of health and social care in Kirklees will be one place based commissioning system for out of hospital care, one place based out of hospital delivery system, one mental health system and two acute care systems with increasing levels of collaboration across acute care providers.

One of the key messages from the peer review was this is not joint working, this is a single system working to enable things to be done once and better, with a single commissioning voice.

The Board was informed that the three challenges mean that staying the same is not an option and there needs to be a step change in ownership and prioritisation. The national move towards place based commissioning is reflected in the West Yorkshire and Harrogate STP creating one commissioning voice for the Kirklees

place. New ways of working are required to combine strength and experience, skills and knowledge and resources from each organisation. Doing things once to make best use of scarce clinical and managerial capacity and capability and increasingly, money is attached to joint arrangements across the NHS and Council

Board members commented that needs to be clear in this is an accountability route and a sentence about accountability should be included.

Discussions are underway about a range of commissioning activity currently undertaken by CCGs being jointly managed at a West Yorkshire level. It will be important that the right planning footprint is developed for each issue to ensure service delivery is planned effectively.

**RESOLVED –**

- a) That the Board endorses the direction of travel set out in the case for change.
- b) That the Board supports the development of a programme plan to further develop and implement the proposed approach.

**11 Children's Services Update**

**RESOLVED –**

That the update report on the Children's Improvement Programme be noted by the Board.

**12 North Kirklees Clinical Commissioning Group - Annual Report & Account Narrative**

**RESOLVED –**

That the North Kirklees Clinical Commissioning Group annual report and account narrative be noted by the Board.

**13 Date of next meeting**

**RESOLVED –**

That the date of the next meeting be noted by the Board.