

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 28th June 2018

- Present: Dr Steve Ollerton (Chair)
Councillor Donna Bellamy
Councillor Kath Pinnock
Councillor Cathy Scott
Dr David Kelly
Carol McKenna
Richard Parry
Fatima Khan-Shah
Helen Wright
- In attendance: Rachael Loftus – Head of Regional Health Partnerships
Ian Holmes – Director, West Yorkshire and Harrogate STP
Phil Longworth, Health Policy Officer
Jen Mulcahy, Programme Manager – Right Care, Right Time, Right Place Programme
Jenny Bryce-Chan, Governance Officer
- Invited Observers: Councillor Elizabeth Smaje – Chair of Health and Adults Social Care Scrutiny Panel
Catherine Riley, Calderdale and Huddersfield NHS Foundation Trust
Diane McKerracher – Locala
Matt England, Mid Yorkshire Hospitals NHS Trust
John Keaveny, South West Yorkshire Partnership NHS Foundation Trust
- Apologies: Councillor Shabir Pandor (Chair)
Councillor Viv Kendrick
Rachel Spencer-Henshall
Steve Walker
Jacqui Gedman

1 Membership of the Board/Apologies

Apologies were received from the following Board members, Cllr Shabir Pandor, Cllr Viv Kendrick, Jacqui Gedman, Rachel Spencer-Henshall and Steve Walker.

Emily Parry-Harries substituted for Rachel Spencer-Henshall.

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2 Minutes of previous meeting

RESOLVED – That the Minutes of the 22 March 2018, be approved subject to a correction to reflect that a question was asked in respect of the number of public responses to the Pharmaceutical Needs Assessment.

3 Interests

No Interests were declared.

4 Admission of the Public

That all agenda items be considered in public session.

5 Deputations/Petitions

The Board received a deputation from Christine Hyde, North Kirklees Support the NHS.

6 Public Question Time

No questions were asked.

7 Confirmation of Deputy Chair

That Dr Steve Ollerton be confirmed as the Deputy Chair of the Health and Wellbeing Board for the 2018/19 municipal year.

8 Plans to respond to Secretary of State letter

Jen Mulcahy, Programme Manager, Right Care, Right Time, Right Place (RCRTRP) Programme attended the meeting to provide an update on the RCRTRP Programme. The Board was informed that the proposals to reconfigure health services had been referred to the Secretary of State in September 2017 by the Joint Health Scrutiny Committee (JHSC).

The response from the Independent Reconfiguration Panel (IRP) was received by the Clinical Commissioning Groups (CCGs) in May 2018. In summary, the IRP concluded that maintaining the status quo was not an option and pursuing the proposal in more detail is reasonable in the interests of local health services. It recognised that the clinical case for concentrating all the relevant services for those with emergency needs in one location, and separating these from planned care had been reinforced, not contradicted. Additionally, the report identified that there is the prospect of needing to make service changes to protect their safety and quality.

The IRP report identified three areas which require further focus, those being; out of hospital (community) care, hospital capacity and the availability of capital financing. The Board was informed that the hospital had taken the lead in terms of the finances and hospital capacity and the CCG had taken the lead with out of hospital provision. The next steps will be a meeting with the Joint Health Scrutiny Committee in July and the deadline for responding to the Secretary of State is 10 August 2018.

RESOLVED - That the plans to respond to the Secretary of State letter be noted by the Board.

9 Integrated Care System (ICS) in Development

Rachael Loftus, Head of Regional Health Partnerships attended the meeting to update the Board on the Integrated Care System (ICS) in Development. The Board was advised that the Integrated Care System describes the partnership between health and care organisations across West Yorkshire and Harrogate.

In June 2017, eight partnerships were invited to be a part of the Integrated Care System Development Programme as part of the first wave. West Yorkshire and Harrogate is part of the second wave to receive this development support.

The Board was informed that across West Yorkshire and Harrogate there are approximately five hundred democratically elected councillors and it is important to make sure there are clearer routes for elected members to influence, challenge and inform the development of integrated care for the people of West Yorkshire and Harrogate.

The Board questioned how these routes were going to be developed and in response was advised that there will be an overarching Partnership Board being developed that will specifically include elected member representation. There will be more opportunities for local members to develop their collective input and also greater opportunities for members to hear about and ask questions regarding the West Yorkshire and Harrogate wide programmes. Over the summer elected members will be discussing the potential for a more formal partnership agreement as the system develops.

The Board was informed that there are members of the Health and Wellbeing Board who are involved in different strands of the work for example, Carol McKenna is leading on maternity, Drs Ollerton and Kelly are members of the Clinical Forum and Fatima Khan-Shah is championing carers. The Partnership Board proposals will also enable all partners to better participate in the governance of the partnership and develop more integrated approaches, both locally and at West Yorkshire and Harrogate level.

The Board asked in respect of the West Yorkshire and Harrogate Partnership where the decisions were being made, by whom and where will the money will come from. In response, the Board was advised that a design principle of the partnership is subsidiarity – in that all decisions, activity and investment will remain as locally as possible. This is except where critical mass is needed, where there is large variation in outcomes across the footprint or where there needs to be a radical change in order to achieve the ambitious outcomes that have been set.

The programmes that relate to this level of working have been agreed by the Partnership's "System Leadership Executive" which includes representatives from each of the organisations that make up the partnership. Funding for these West Yorkshire and Harrogate level programmes comes from a variety of sources, some of which is national funding (with mandated national programmes), some is funding that the Partnership has been successful in bidding for and a smaller proportion is where they are using existing resources in each place, but agreeing to share a single programme approach across all six places.

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Work will continue on the governance structure over the summer but the main aims are to ensure greater transparency, mutual accountability and elected member engagement.

The Board felt that a substantive item on the Partnership Agreement/ Memorandum of Understanding should be brought back to the September meeting of the Health and Wellbeing Board for further discussion.

RESOLVED - That the Board notes the decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate Health and Care Partnership in the next wave of Integrated Care Systems in Development

That the Board continues to shape the Kirklees engagement in the development of the partnership agreement

10 **Developing the Kirklees Health and Wellbeing Plan**

Richard Parry, Strategic Director for Adults and Health and Phil Longworth Health Policy Officer, updated the Board on developing the Kirklees Health and Wellbeing Plan. The Board was reminded that in 2016, Kirklees started the development of a Health and Wellbeing Plan to outline plans to implement the priorities in the Kirklees Joint Health and Wellbeing Strategy. This was partly in response to the NHS England mandate to create a Sustainability and Transformation Plan (STP) across the West Yorkshire and Harrogate footprint.

The STP Plan, led to the development of the West Yorkshire and Harrogate Health and Care Partnership with organisations working together across the region to improve health and care services.

The Board asked who the partners were and in response was advised that partners include the Council, Clinical Commissioning Groups, Acute Trusts, Locala, Healthwatch, South West Yorkshire Partnership NHS Foundation Trust and others.

The Board also raised questions regarding how the views of local people were being reflected in the plan. In response, the Board was advised that the plan was building on existing partnership and organisational plans which have all been developed in response to the views of local people.

The Board was informed that as the worked has developed, an independent organisation, Attain, has been commissioned to pull together the plans of each organisation to identify the gaps and opportunities and to take things forward. This will be summarised in a high level plan which sets out the key priorities for the coming years and will be presented to the Health and Wellbeing Board for approval in September.

RESOLVED -

That the Board:

- a) Endorses the refresh and approach to development of the Kirklees Health and Wellbeing Plan
- b) Engages in the refresh and development of the plan as outlined in the submitted report

11 Learning from winter 2017-18 across Kirklees

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RESOLVED -

That the Board:

- a) Endorses the refresh and approach to development of the Kirklees Health and Wellbeing Plan
- b) Engages in the refresh and development of the plan as outlined in the submitted report