

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 28th March 2019

- Present:** Councillor Viv Kendrick (Chair)
Dr David Kelly
Carol McKenna
Dr Steve Ollerton
Richard Parry
Helen Hunter
Jacqui Gedman
- In attendance:** Nicola Bush, Public Health Pharmaceutical Advisor
Alan Seaman, Theme Lead Place and Inward Investments
Catherine Wormstone, Head of Primary Care
Alan Turner, Programme Manager, Primary Care Networks
Jo-Anne Sanders, Service Director, Learning and Early Support
Emily Parry-Harries, Consultant in Public Health
Phil Longworth, Senior Manager, Integrated Support
Jenny Bryce-Chan, Principal Governance Officer
- Observers:** Councillor Elizabeth Smaje – Chair of Health and Adults Social Care Scrutiny Panel
Rachel Foster, Locala
Lisa Williams, Calderdale and Huddersfield NHS Foundation Trust
Sanele Mhlanga, Partnership Officer
- Apologies:** Councillor Shabir Pandor
Councillor Musarrat Khan
Councillor Kath Pinnock
Mel Meggs
Rachel Spencer-Henshall
Fatima Khan-Shah

1 Membership of the Board/Apologies

Apologies were received from the following Board members: Cllr Shabir Pandor, Cllr Kath Pinnock, Cllr Musarrat Khan, Mel Meggs, Rachel Spencer-Henshall and Fatima Khan-Shah.

Jo-Anne Sanders, attended as sub for Mel Meggs and Emily Parry-Harries attended as sub for Rachel Spencer-Henshall.

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2 **Minutes of previous meeting**

That the minutes of the meeting held on 31 January 2019 be approved subject to a correction to the wording in respect of agenda item 8 West Yorkshire Cancer Programme - Lung Health Checks.

3 **Interests**

Dr Kelly, declared an 'other' interest in agenda item 8, Primary Care Network Development.

4 **Admission of the Public**

All agenda items be considered in public session.

5 **Deputations/Petitions**

No deputations or petitions received.

6 **Supplementary Statement to The Pharmaceutical Needs Assessment**

The Board was advised that since the publication of the Pharmaceutical Needs Assessment (PNA) in April 2018, three pharmacies had closed and in line with the Regulations, a Health and Wellbeing Board must make a revised assessment as soon as is reasonably practical after identifying changes since the previous assessment.

The PNA Group has concluded that these closures were not of a significant extent to affect pharmaceutical services and neither do they create any gaps in services in the Denby Dale, Dewsbury East and Holme Valley South Wards. The appended statement is a statement of fact and is issued as the first update to the PNA during its 3-year period. The PNA will be fully revised in 2021.

The Board expressed concern regarding the impact on the community of three pharmacies closing and enquired whether they had already closed. The Board was advised that they had already ceased operating, however these closures were not concerning as there is adequate provision. As part of this process it was necessary for the PNA Group to look at the impact of these closures on local communities. The PNA takes into account the general population served by pharmacies including proximity of pharmacies to each other, to GP practices and to health services.

The Board questioned whether it had any powers with regard to the opening of pharmacies having previously raised concerns. The Board was informed that NHS England uses the PNA to assess pharmacy applications and as NHS England is the fund holder for the pharmacy contracts. The Board has no direct powers over the opening or closure of pharmacies.

NHS England can grant pharmacy applications in certain circumstances (outside of the PNA) where the applicant is offering improvement in/better access to pharmaceutical services e.g for people with protected characteristics, or under the unforeseen benefits category (benefits not foreseen at the time of PNA publication). The Board was further informed that it is consulted with each time there is a Market Entry application and that part of the role of Public Health Pharmaceutical Advisor, is to provide comment within 45 days on the opening of pharmacies on behalf of the

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Health and Wellbeing Board. The Board was informed that the PNA takes into account the Local Plan in the profiles sections under “planned developments”.

The Board commented that the PNA makes no reference to the use of pharmacies for reducing the pressure on GP surgeries. The Board was informed that any new nationally commissioned services provided by pharmacies to improve urgent care will be detailed in the next PNA revision and that a comment about the limited commissioning of the minor ailment service is detailed in the PNA Executive Summary. The Board was advised that Greater Huddersfield CCG has commissioned a minor ailment services, however North Kirklees has no such provision.

It was agreed that the Board would continue to receive its annual update and in addition it would receive a half yearly briefing paper.

RESOLVED - That the Supplementary Statement be approved for publication

7 **Kirklees Economic Strategy**

Alan Seaman, Theme Lead Place and Inward Investment attended the meeting to advice on the ongoing strategic alignment between health and wellbeing and the local economy.

The Board was informed that the current Kirklees Economic Strategy (KES) was produced in 2014, with the KES and the Kirklees Joint Health and Wellbeing Strategy intended to reinforce one another. Whilst much in the 2014 strategy is still relevant quite a lot has changed. For example, the government is introducing an industrial strategy with increased emphasis on productivity, the Council has refreshed its Council priorities, with inclusive growth being a new and important focus. Following a scoping review in 2018, it was confirmed that there had been sufficient change to necessitate a refresh of the KES.

From July to December 2018, the development of the new KES included engagement and consultation, in depth economic analysis, and the production of the final draft. The Board was advised that while the strategy had been to Cabinet and Full Council it was important to emphasise that this was not a council document but a Kirklees document.

The strategy aims to be more ambitious highlighting the benefits of growth and making sure people can benefit from growth.

There are five new priorities in the updated KES which will help to deliver the vision for inclusive and a productive economy. These priorities will be taken forward through a 12 point action programme with five big wins. The priorities are:-

- Modern, innovate business
- Skilled and ambitious people
- Active Partnerships
- Advanced connectivity and infrastructure
- Revitalising and promoting key centres

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There are five priorities in the health and wellbeing plan, including, creating communities where people can start well, live well and age well and is the place based plan as part of the West Yorkshire Health and Care partnership. There are numerous suppliers and providers of service across Kirklees and the aim is to try and connect these and do things better. One in 10 of the workforce is employed in health and social care, and the aim is to work with colleges, universities and anchor institutions and starting to connect these in a more practical way.

The Board was informed that by focusing on inclusivity and productivity the KES and the Joint Health and Wellbeing Plan will continue to reinforce one another.

The Board questioned the actions behind the KES and Joint Health and Wellbeing Plan and suggested it would be beneficial for the Board to hold a session focusing on the wider determinants of health.

RESOLVED - That the Kirklees Economic Strategy be noted by the Board and that a further update be provided in 12 months.

8 Primary Care Network Development

Catherine Wormstone and Alan Turner attended the meeting to provide the Board with an update on the development of the Primary Care Networks (PCN) in Kirklees. The Board was informed that the PCNs are a critical part of the vision for health and social care as set out in the Kirklees Health and Wellbeing Plan. PCNs will help to deliver the aims of both the Clinical Commissioning Group's existing Primary Care Strategies and is a key focus of the Integrated Commissioning Strategy and the Integrated Provider Board.

In Kirklees, work has commenced develop nine Primary Care Networks, five in the Greater Huddersfield CCG area and four within the North Kirklees CCG area.

The Board was informed that the 2018/19 NHS Planning Guidance sets out the ambition for Clinical Commissioning Groups to actively encourage every GP practice to be part of a local primary care network and in Kirklees, this work is well underway. In addition, the publication of the GP contract framework marks some of the biggest changes to general practice contracts in over a decade and will ensure general practice plays a key role in every Primary Care Network.

The Board was advised that the NHS has set a deadline of the 15 May 2019, whereby each network is required to confirm:

- The name of the accountable clinical director
- Names of member practices
- List size
- A map marking the agreed network area
- The initial network agreement signed by all member practices
- Single practice or provider that will receive funding on behalf of the PCN

A high level summary will be shared with the Board.

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The Board was informed that seven national service specifications will be introduced in line with the NHS Long Term Plan and phased into PCNs during 2019/20.

While networks are going at different pace, some good work has already started for example partnership and joint working provides a positive start to the networks. The Board noted that the days of GP practices working in isolation are gone.

The Board questioned how governance arrangements will be developed as there will be some early decisions to be made. A PCN Leadership Forum is being developed and the Integrated Commissioning Board and Integrated Provider Board will play an active role in shaping and supporting the development of the PCNs. The CCG has commissioned the National Association of Primary Care, who have been working on PCN development across the country for several years, to support the process in Kirklees.

Public Health have provided all PCNs with a data pack to highlight the key characteristics and needs of the local populations. The PCNs are using this to shape their initial priorities.

The Board questioned whether the networks had talked to patient groups as patient involvement was important and in response was advised that those conversations were starting to happen with an event to be held in North Kirklees. In addition a communication strategy is being developed.

The Board commented that the list of people who want to be involved in PCNs resonates with what schools are doing, and links are already being made between the PCNs and (schools as) community hubs.

All partners expressed a commitment to being actively involved in the PCNs. The Board noted the importance of the PCNs being inclusive local partnerships, and not being exclusively focussed on General Practice specific issues.

The Board agreed that an update on the PCNs should be provided at every board meeting.

RESOLVED –

- (1) That the development of the Primary Care Networks in Kirklees be noted by the Board.
- (2) That an update on Primary Care Networks should be provided as every meeting of the Board.

9 Kirklees Health and Wellbeing Plan and local partnership planning arrangements

Phil Longworth, provided the Board with an update on progress implementing the Kirklees Health and Wellbeing Plan and emerging changes to the Kirklees partnership planning arrangements.

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The Board was informed that in order to better communicate the outcomes and priorities that the plan is seeking to deliver, a one page summary (appendix 1 to the appended report) had been developed which should tell the 'Kirklees story' in a more succinct and consistent way.

The Board was advised that work is being undertaken and there will be a lot developing over the next few months with people coming together building relationships. For example, the Integrated Commissioning Board is well established and is meeting regularly. The draft terms of reference and work programme for the Integrated Provider Board will be presented to the Board in June. Work is also underway streamlining partnership groups and clarifying which groups are working to deliver key programme in the Health and Wellbeing Plan. The Director of Childrens Services is working with partners to develop new partnership planning arrangements for children and young people.

The board noted that the West Yorkshire & Harrogate Partnership Board meets for the first time on the 6 June 2019.

RESOLVED - That the Board endorses the one page summary of the Kirklees Health and Wellbeing Plan.

10 **Proposed Revisions to the Terms of Reference for The Health and Wellbeing Board**

Phil Longworth, outlined proposed revisions to the Terms of Reference for the Health and Wellbeing Board. The Board was advised that the national and regional context in which the Board is operating, has undergone significant changes over the last 12-18 months for example:-

- Publication of the NHS Long Term Plan with its emphasis on promoting collaboration
- The West Yorkshire Health and Care Partnership has formally become an 'Integrated Care System' and the new partnership Board will meet from June 2019
- The emergence of Primary Care Networks, which has been formalised in the new GP contract

The current membership has not changed since the Board was established in April 2013 and in light of a much more collaborative approach, it is timely to update the membership.

The proposed revision is intended to extend the membership of the Board to include a nominated representative of the Kirklees Integrated Provider Board and; add a representative of Kirklees Overview and Scrutiny as an invited observer.

RESOLVED - That the revisions to the Terms of Reference for the Health and Wellbeing Board be approved by the Board.