

Contact Officer: Jenny Bryce-Chan

**KIRKLEES COUNCIL  
HEALTH AND WELLBEING BOARD**

**Thursday 16 July 2020**

Present: Councillor Viv Kendrick (Chair)  
Councillor Kath Pinnock  
Rachel Spencer-Henshall  
Richard Parry  
Dr Steve Ollerton  
Carol McKenna  
Dr Khalid Naeem  
Helen Hunter  
Mel Meggs

In attendance: Jacqui Gedman, Chief Executive, Kirklees Council  
Emily Parry-Harries, Consultant in Public Health, Head of  
Public Health Policy, Kirklees Council  
Owen Richardson  
Jane Close, Locala  
Cllr Habiban Zaman, Lead Member for the Health and Adults  
Social Care Scrutiny Panel  
Catherine Riley, Assistant Director of Strategic Planning  
Calderdale and Huddersfield NHS Foundation Trust  
Tim Breedon, Deputy Chief Executive South West  
Yorkshire Partnership NHS Foundation Trust  
Matt England, Associate Director of Planning and  
Partnerships Mid Yorkshire Hospitals NHS Trust  
Diana McKerracher, Chair, Locala  
Phil Longworth, Senior Manager, Integrated Support,  
Kirklees Council  
Natalie Ackroyd, Senior Strategic Planning, Performance and  
Service Transformation Manager  
Vicky Dutchburn, Head of Strategic Planning, Performance &  
Delivery

**Membership of the Board/Apologies**

Apologies were received from the following Board members Councillor Carole Pattison, Council Musarrat Khan and Kathryn Giles

**Minutes of previous meeting**

That the minutes of the meeting held on the 4 June be approved as a correct record, subject to the correction of the misspelling of a participant's name.

## **Interests**

No Interests were declared.

## **Admission of the Public**

All agenda items were considered in public Session.

## **Deputations/Petitions**

No deputations or petitions were received.

## **Questions by members of the Public (Written Questions)**

No questions were received.

## **Kirklees wide approach to inequalities**

The Board received a presentation which highlighted the latest available evidence around inequalities and the ongoing work to reduce inequalities in Kirklees. The Board was advised that addressing inequalities has been a Kirklees priority for a long time however, Covid-19 has brought this issue into sharper focus.

The presentation to the Board aimed to outline, for discussion, a set of short and long-term actions with the intention of forming a partnership-wide action plan.

In summary, key highlights from the presentation included:

- In early 2020, the Institute of Health Equity published a review of the evidence around changes in health equity in the 10 years since Marmot's initial report. The last decade has been marked by a deteriorating health and widening health inequalities
- Previous presentation to Health and Wellbeing Board (Jul 2019) demonstrated local health inequalities associated with place, deprivation, gender, age, ethnicity. The Kirklees Joint Strategic Assessment (KJSA) also highlights inequalities.
- The Public Health England Deprivation report (June 2020) highlights societal inequalities have been magnified by the impact of COVID-19. Highest risk and worst outcomes from COVID-19 for, older people, males, those living in more deprived areas and Black, Asian and Minority Ethnicities. Additional risk factors include where a person is born, certain occupations and people with pre-existing co-morbidities

The Board was reminded that the most important tools for dealing with Covid-19 continues to be, regular hand washing for 20 seconds or more with soap and warm water. If soap and warm water is not readily available, alcohol hand gel as a good second. Social distancing remains key and if people are symptomatic, they must get tested and have a good idea of who they have come into contact with to enable test and trace to be undertaken. The use of face coverings is also important.

The Board was advised that Kirklees was already on a journey to tackle inequalities, however the data has starkly highlighted that greater action is needed. There are a number of things to be conscious of in terms of the broader impact of the pandemic.

For example, there has been a very rapid move towards delivering services in a digital based way and for part of the population this is working very well, however, there are other parts of the local population who are digitally excluded. There are also major concerns about the mental health impact on young people and people who are lonely and socially isolated.

In terms of next steps:

- Community engagement will be key,
- Intelligence led - the data is getting better but still more work to do
- Communications is improving and making information available in a wide range of community languages
- Specifically focusing on five areas: health, economy, education, housing and environment

### **RESOLVED**

That the Board will champion the reduction of inequalities across the partnership and shape the response to this issue through discussion and ownership of key actions

### **Kirklees Outbreak Control Plan**

The Board considered a report which provided an overview of the Kirklees Outbreak Control Plan and the arrangements in place for dealing with Covid-19. Kirklees has strong outbreak management arrangements in place, with robust local governance under the leadership of the Director of Public Health.

The Board was informed that there was a requirement to publish a plan by the end of June, a target that was met. The plan covers seven key themes and addresses how local outbreaks will be managed, for example in schools and care homes and being preventative and not just reactive.

These well-established outbreak management arrangements are underpinned by the Kirklees Outbreak Plan endorsed by the Kirklees Health Protection Board. These arrangements are robust, effective, timely, and responsive, outlining clear roles and responsibilities of health and care services to manage outbreaks within a wide range of settings and population groups.

The Kirklees COVID-19 Outbreak Control Plan builds on the existing outbreak plan, scaling up and enhancing existing arrangements and services to meet the needs of local communities. The Kirklees Outbreak Control Board is currently being set up to oversee the plan and the public facing communication and engagement work.

### **RESOLVED**

That the Board notes the information within the report and plan

That the Board approves the Kirklees Outbreak Control Plan and associated governance

## **Progress on Establishment of Integrated Health and Care Leadership Board**

The Board received an update on progress in establishing the Integrated Health and Care Leadership Board. The Board was informed that one of the recommendations from the peer review in November 2019, was to bring together the work of the Integrated Provider Board and Integrated Commissioning Board. In response, steps were put place to bring together providers and commissioners into a single integrated board.

To support the implementation of this, an external organisation, was appointed to conduct face to face and email interviews with members of the two existing Boards. This found strong support for bringing the two Boards together. The Kirklees Health and Care Executive agreed that this single integrated Board should be established at the earliest practicable opportunity and the first meeting of the Board took place on 2<sup>nd</sup> July 2020.

## **RESOLVED**

That the Board note the content of the information within the report.

## **Stabilisation & Reset Across the Kirklees Health and Social Care System**

The Board received an update on the approach being taken to 'stabilisation & reset' across the Kirklees health and social care system, and the implications for the subsequent updating of the work programme to deliver the Kirklees Health and Wellbeing Plan.

The Board was informed that in December 2019, the five-year Finance and Activity Plans was submitted to West Yorkshire & Harrogate Integrated Care System. In March 2020, North Kirklees and Greater Huddersfield Clinical Commissioning Group submitted draft activity and finance plans for 2020/21 to NHS England and Improvement. This was an opportunity to refresh the 2020/21 plans and agree what the investment was before a level 4 incident was declared.

The Board was informed that as a result of the pandemic being designated a level 4 incident, all non-urgent and elective work was to be stood down as the focus was on critical care and building capacity to respond to Covid-19. The Board was directed to the evolving priorities during the Covid-19 incident, contained in the submitted report.

In summary:

Phase one – Supporting the exponential increase in critical care capacity and supporting the safe and effective discharge to communities to free up acute beds

Phase two - Continuing to provide critical and urgent care for Covid-19 patients, their recovery and rehabilitation. The real effort around phase two was about co-ordinating and resetting to a new normal that is referred to as stabilisation and reset process

Phase three – In the current phase 3 model the ICS has developed a 6 step framework with questions for each place to consider

## **RESOLVED**

That the Board

- Endorses the approach being taken to 'stabilisation and reset' in Kirklees

### **Learning and Evaluation - Shaping the future of public services in Kirklees**

The Board received a verbal update from the Director of Public Health on the initial thoughts around the learning from what has happened during Covid-19 as system rather than individual organisations. The Board was informed that the proposal is to ensure there is a robust and consistent approach to evaluation which builds on existing knowledge and activities and to be clear about what needs to be done to improve the seven shared Kirklees outcomes.

The proposal is to:

- Commission some activity that will help to understand the direct and indirect impact of Covid-19 on local communities, businesses and partners
- Assess the response at an organisation, system and population level to see if there are improvements that need to be made to work as a partnership
- Identify how learning can be gathered before, during and after, to identify the opportunities to transform what the system does and how the system works, which will include a mixture of qualitative and quantitative intelligence gathering

This will create a framework which will help partners understand what needs to be done differently and measured so that the system be more intelligence led.

## **RESOLVED**

That the Board supports the proposals as outlined by the Director of Public Health

### **Pharmaceutical Needs Assessment update**

The Board received, for information, an update report on the Pharmaceutical Needs Assessment.

## **RESOLVED**

That the Pharmaceutical Needs Assessment update be noted by the Board.