

Contact Officer: Jenny Bryce-Chan

**KIRKLEES COUNCIL**

**HEALTH AND WELLBEING BOARD**

**Thursday 17th September 2020**

Present: Councillor Viv Kendrick (Chair)  
Councillor Musarrat Khan  
Councillor Carole Pattison  
Councillor Kath Pinnock  
Councillor Mark Thompson  
Mel Meggs  
Dr Steve Ollerton  
Helen Hunter

In attendance: Emily Parry-Harries, Consultant in Public Health, Head of Public Health Policy, Kirklees Council  
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  
Ian Currell, Chief Finance Officer  
NHS Greater Huddersfield CCG / NHS North Kirklees CCG

Apologies: Carol McKenna  
Dr Khalid Naeem  
Richard Parry  
Jacqui Gedman

**51 Membership of the Board/Apologies**

Apologies were received from the following Board members Richard Parry, Jacqui Gedman, Carol Mckenna and Dr Khalid Naeem.

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Emily Parry-Harries attended as sub for Rachel Spencer-Henshall, Ian Currell attended as sub for Carol McKenna and Jane Close attended as sub for Karen Jackson.

### 52 Minutes of previous meeting

That the minutes of the meeting held on the 16 July 2020 be approved as a correct record.

### 53 Interests

No interests were declared.

### 54 Admission of the Public

All agenda items were considered in public session.

### 55 Deputations/Petitions

No deputations or petitions were received.

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

No written questions were received.

### 57 Kirklees Economic Recovery Plan and Inclusive Economy

The Board was presented with information which outlined the draft Kirklees Covid-19 Economic Recovery Plan (ERP) which was approved for consultation by Cabinet on 13<sup>th</sup> July 2020.

The Board was informed that the Covid-19 pandemic has affected the economy locally, nationally, and globally in an unprecedented manner and the primary purpose of the ERP is to set out how the Council and other stakeholders across the public, private and third sectors can directly support the recovery.

The Kirklees Economic Recovery Plan works around a framework:

- **Spend with local impact** – health and care providers have significant budgets and when spent locally, this can help strengthen the local economy. Using a social value approach in procurement, this can drive positive benefits in terms of strengthening local supply chains
- **Employment** – ‘good work’ for employees in creating better work locally
- **Assets** – community uses for estate assets. The NHS and other providers have significant estates that can be used for community benefit
- **Tackling Poverty** – poverty proofing access to services. There is an opportunity to look at what poverty proofing access to services means and how this will impact on wider health experiences
- **Grassroots** – Voluntary & Community Sector (VCS) commissioning, social-prescribing, and the strength of the local communities

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- **Understanding local impact** – service data creating insight. By using intelligence, this creates a wealth of data which enables the better understanding of impact of economic factors on local communities
- **Environmental sustainability** – moving towards a carbon free sustainable economy in a way that does not disadvantage groups that have been disadvantaged by previous industrial transitions

The Board was informed that on a West Yorkshire context a lot of work has been undertaken to incorporate inclusive growth into the West Yorkshire and Harrogate Health and Care Partnership plans. This is essential to drive through good health outcomes and build health as a factor into the local industrial strategy.

The Board was presented with statistical information which highlighted the economic impact of Covid-10 on Kirklees and advised that the situation is very fast moving and each week new stats are coming out. In summary:

- Projected fall of 41% in local Q2 Gross Value Added (GVA)
- 50,400 workers furloughed by May
- 14,200 self-employed residents received support
- 85% increase in benefit claimants 10,225 in Mar to 18,870 in May
- Youth unemployment at 3,910 (10.4%) in May
- 60% reduction in live vacancies in Leeds City Region

The Council is putting together a £40m economic recovery fund by repurposing its property investment fund, start up and retention fund and prioritising capital investments. In addition, the Council will also be continuing to look at funding available from the government and West Yorkshire region which can be maximised for its benefit in Kirklees.

The Board was invited to make comment on the recovery plan and to highlight the actions being taken by partners to support the economic recovery and the broader inclusive economy objectives.

### **RESOLVED**

That the information in the Kirklees Economic Recovery Plan be noted by the Board.

## **58 Covid-19 Update**

The Board received an update on the current position regarding Covid-19 in Kirklees. In summary, the Board was informed that as of the 10 September 2020, the cumulative position is as follows:

- Number of confirmed cases in Kirklees: 3260
- Cases in the last week: 188
- Latest weekly rank: 26, for a little while Kirklees was in the top 10 for the being one of the worst performing areas in the country, Kirklees is now no longer in that position, with the latest weekly rank being 26.

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The Board was advised that there are significant issues with access to testing. The current high demand for testing nationally means Kirklees is struggling to get the testing capacity needed. It is not merely about getting the test, having the swab and have people present for testing it is about the capacity in the labs to process them. It is beyond local control however work is being undertaken nationally to rectify the issue.

The way in which people should access those tests is still through the government website or by calling 119. The message is very clear that people should only get tested if they are symptomatic. Those symptoms are a high temperature or a new continuous cough and a loss or change to your sense of smell or taste. Only if a person has one of those symptoms should they book a test. If a person does have symptoms they must get tested and the household must isolate while they wait for the results.

The Board was informed that with regard to care homes from the 6 July 2020 asymptomatic testing was rolled out nationally to all registered care homes for those aged over 65 and for those suffering dementia. From 31 August 2020 (with despatch dates from 7 September 2020) asymptomatic testing, remaining care homes can participate. The Infection Prevention Control (IPC) Team has ensured all care homes are registered on the national portal to receive swabs. Residents are tested monthly, and staff are tested weekly. Identified positive cases are not retested for 6 weeks post positive test.

There are different pieces of work that is supporting the local response to Covid being undertaken, for example:

- Local Outbreak Control Plan (Covid-19) (with supporting Standard Operating Procedure (SOP) and Risk Assessment), which had previously been presented to the Board
- Communications Strategy, which runs alongside the Local Outbreak Control Plan
- Community Protection Plans, there is a weekly process of reviewing the data and looking at where the evidence shows an increase in numbers and then deploying community protection plans into particular areas
- Kirklees Test and Trace Group
- Health Protection Board
- Outbreak Control Board (cross party members)

In responding to the pandemic, making sure there are enough PPE supplies when they are needed has been a significant challenge for Kirklees. Kirklees has been responsible for managing the West Yorkshire Local Resilience Forum emergency supplies and has worked with all West Yorkshire Local Authorities, NHS England WY and others, providing emergency supplies to all community-based providers of health and social care and holds an emergency stockpile.

The Board was informed that 6 months into responding to this pandemic a great deal has been learnt and it is important to ensure that lessons learned are identified and shared. There needs to be early engagement to minimise any possible wider outbreak in the community and ensure that Covid-19 guidance is available in all

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languages and establishing a relationship and rapport with local businesses, schools and care homes is essential to achieve effective communication.

The Board was reminded of the six key messages that needs to be in the forefront of people's minds:

- 1) Handwashing
- 2) Social distancing, maintaining 2 metres if possible and 1 metre where maintaining 2 metres is not possible
- 3) Limit social contacts
- 4) Isolate if symptomatic
- 5) Getting tested if displaying symptoms
- 6) The use of face coverings, particularly when using public transport or out and about especially where 2 metre social distancing cannot be maintained

### RESOLVED

That the update on the current position of Covid-19 in Kirklees be noted by the Board.

#### 59 **Stabilisation and Reset Phase 3 Planning**

The Board received an update on the approach being taken to 'stabilisation & reset' across the Kirklees health and social care system, receiving information on the requirements of the system and the subsequent timeline.

The Board was informed that further to the NHS phase 3 letter that was received on the 31<sup>st</sup> July 2020 and the much awaited publication of the planning guidance, the headlines from the guidance was that the NHS Emergency Preparedness, Resilience and Response (EPRR) was reduced to a level 3, with effect from the 1 August 2020. Discussion are ongoing with patients and clinicians, which have helped inform what the NHS priorities are for the third phase of stabilisation and reset.

In summary those priorities are:

- a) Returning to near normal level of pre-Covid activity
- b) Preparing for winter and any further potential Covid spikes
- c) Undertaking a & b, while retaining any good practice that was adopted during Covid, while supporting staff, and taking any action to reduce inequalities

In terms of the planning process within Kirklees, there is a well-established planning team, with systems and processes that have been set up and used for a number of years. As part of the planning process all Clinical Commissioning Groups (CCGs) were required by NHS England Improvement to submit an activity plan to cover elective and no-elective services for the remainder of this financial year. A draft was produced and submitted on the 27th August 2020 and the final plans were submitted on the 17 September 2020. The plan will continue to be refined and discussed to see how they aggregate up to an Integrated Care System level.

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Both Mid Yorkshire & Calderdale and Huddersfield Foundation Trust Hospitals are working on phased implementation plans to meet the planning requirements and with regard to cancer services the aim is to restore full operation of cancers services, September 2020 to March 2021 to reduce 62 day and 31 day waiters to pre-pandemic levels. With regard to mental health the trust has done a detailed piece of modelling work, looking a referrals and contacts to be able to model pre-Covid and post-Covid detailed work. No services were ceased during Covid although a number of them were delivered differently and the urgent cases were seen by the mental health trust. Locally, from August there has been an increase of about 20% of the pre-Covid level of activity and that is backed up by the national picture.

### **RESOLVED**

That the Board endorses the approach being taken to 'stabilisation and reset' in Kirklees.

#### **60 Update on the Kirklees Health and Wellbeing Plan**

The Board considered a paper which sought approval for proposals to ensure the updating and delivery of the Kirklees Health and Wellbeing Plan, refocussing the Kirklees Joint Strategic Assessment and timeline for developing a new Joint Health and Wellbeing Strategy.

The Board was reminded that the Kirklees Health and Wellbeing Plan was signed off by the Board in September 2018, and subsequently refreshed in March 2019. The March refresh reduced it from a 30-page document to a plan on a page which aimed to summarise the key priorities for improving the way in which the health and well-being system works in Kirklees.

The Board was further reminded that a peer review was undertaken in November 2019, and one of the key recommendations from the review to develop an Integrated Health and Care Leadership Board has been implemented. The Leadership Board is responsible for overseeing the Place-Based Plan.

The proposal is to refresh the plan as progress has been made. There is a recognition that the vision, values, outcomes, and behaviours are still relevant, and the priorities chosen before Covid are still the right ones. It is also important to recognise that progress has been made in developing Primary Care Networks, providing a more coherent community response for some of the most vulnerable people and building provider alliances.

The next step will be to refresh the plan to reflect that progress has been made and also to reflect the fact that the context has changed. The Kirklees Partnership has recognised that inequalities have been brought to the fore through Covid-19. Consequently, the Partnership is committed to tackling inequalities being at the heart of everything.

The Board received a report on the Kirklees wide approach to inequalities at the July 2020 meeting, and agreed an update on the Plan should be presented to a future Board meeting. Work is underway across a range of areas, including:

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- Kirklees inequalities action plan
- Tackling poverty
- Inclusive growth
- Digital inclusion

All of these are directly linked to the Health and Wellbeing Plan. As such it will be crucial for partners across the health and wellbeing system to contribute to shaping and implementing these programmes, and for the Health and Wellbeing Plan led programmes to work alongside them.

The Health and Wellbeing Board has a number of statutory duties, one such duty is to ensure that there is an up to date and useful Joint Strategic Assessment and that the Board receives regular updates and; need to start thinking now about the Joint Health and Wellbeing Strategy which runs out in 2020 and there is a duty to have a Joint Health and Wellbeing Strategy. The intention is to bring an update to the Board in early 2021.

### **RESOLVED**

- a) That a revised Health and Wellbeing 'plan on a page' be presented to a future Board meeting for approval
- b) That approval be given to the proposed focus for the Kirklees Joint Strategic Assessment and overview
- c) That approval be given to the proposed timescale for developing a new Joint Health and Wellbeing Strategy