

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 25th March 2021

- Present: Councillor Viv Kendrick (Chair)
Councillor Mark Thompson
Mel Meggs
Carol McKenna
Dr Steve Ollerton
Richard Parry
Rachel Spencer-Henshall
Helen Hunter
Karen Jackson
- In attendance: Catherine Riley, Assistant Director of Strategic Planning
Calderdale and Huddersfield NHS Foundation Trust
Emily Parry-Harries, Consultant in Public Health, Head of
Public Health Policy, Kirklees Council
Diane McKerracher, Chair, Locala
Phil Longworth, Senior Manager, Integrated Support,
Kirklees Council
Tom Brailsford, Service Director, Resources,
Improvement and Partnership
Rob Webster, Lead Chief Executive West Yorkshire and
Harrogate ICS
Natalie Poole, Mid Yorkshire Hospital NHS Trust
Owen Richardson, Intelligence Lead, Public Health
Mike Houghton-Evans, outgoing Chair of Kirklees Adult
Safeguarding Board
Robert McCulloch- Graham, new Chair of Kirklees Adult
Safeguarding Board
Alex Chaplin, Strategy and Policy Officer, Integration
- Apologies: Councillor Musarrat Khan
Councillor Carole Pattison
Councillor Kath Pinnock
Dr Khalid Naeem
Jacqui Gedman
Kathryn Giles

- 1 Membership of the Board/Apologies**
Apologies were received from the following Board members: Cllr Musarrat Khan,
Cllr Carole Pattison, Cllr Kath Pinnock, Jacqui Gedman and Kathryn Giles.

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2 **Minutes of previous meeting**

That the minutes of the meeting held on the 26 November 2020 be approved as a correct record.

3 **Interests**

No interests were declared.

4 **Admission of the Public**

All agenda items were considered in public session.

5 **Deputations/Petitions**

No deputations or petitions were received.

6 **Covid-19 Update**

Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health provided the Board with an update on Covid-19 in Kirklees advising that the information is accurate as of the 25 March 2021.

In summary, the Board was informed that:

- The Kirklees weekly cases were 10% higher than the previous week
- Kirklees is now ranked 16th out of 149 (upper tier) local authorities, with a rate of 107 per 100,000
- Although the rates are significantly lower than they were and there has been progress in the rates reducing, the reduction has slowed and started to slightly increase
- Bradford and Wakefield are currently in the top 10 highest rates
- Schools returning will have an impact on the number of cases because of the implementation of lateral flow testing within schools. The test will proactively highlight individuals who have Covid but do not display any symptoms. This is important in breaking the chain of transmission

The Board was informed that data is available on the Kirklees website which gives a breakdown of cases on a ward-by-ward basis and on middle super output areas which is smaller than wards. The information also shows the distribution of cases across the district and it highlights that there are pockets of cases that reflects a more endemic transmission that has been seen throughout the year.

The Board was advised that because there are now smaller numbers, it is easier to see where there are increasing numbers and often this can be down to an outbreak within a workplace or something that detects a higher number of cases.

There is a local contact tracing system which enables people to be contacted, these are the individuals that the national team has not been able to contact. The local team will visit them to see if there is anything they need while they are self-isolating. Work in the communities is also being undertaken with partners to try and understand what is causing the increase in numbers and making sure that the key message, hands, face, space is still being put out.

RESOLVED

That Rachel Spencer-Henshall be thanked for providing an update on the current position of Covid-19 in Kirklees.

7 Kirklees Joint Strategic Assessment Overview 2020/21 and Director of Public Health Annual Report 2021

Rachel Spencer-Henshall, and Owen Richardson, Intelligence Lead, Public Health updated the Board on the Kirklees Joint Strategic Assessment Overview 2020/21 and the Director of Public Health Annual Report 2021.

Director of Public Health Annual Report 2021

The Board was informed that the annual report focuses on health inequalities across the life course, particularly given the experiences of the last 12 months. The purpose of the report is to understand the nature and the scale of the health inequalities experienced by communities in Kirklees using a life stages approach that explores inequalities from birth to end of life. The aim is to explore the differences in outcomes experienced by different groups in the local population and how this can be highlighted and addressed as a priority.

The reason for this approach is that often inequalities experienced in younger years will have an impact going through the life course, therefore intervening as early as possible is crucial in order to change that trajectory in terms of those inequalities.

At previous Board meetings there has been discussions about the wider determinants of health, and it is recognised that this cannot be solved through healthcare alone. The aim is to target, support and work collectively on the wider determinants of health as this will be the difference between success and failure. Being in the local authority for public health creates an opportunity to make a difference, although the changes might not be evident for generations to come however, putting in the work now will make a difference long term.

The Board was informed that the annual report was written in a way to articulate what health inequalities are, and how these can be measured. The Board was asked its view on whether there should be a set of inequality indicators by which the Board can monitor on a regular basis what is being done to address inequality. This is how the Kirklees Joint Strategic Assessment has been framed this year not just to look at life expectancy but healthy life expectancy and making sure those key inequality measures are built in to make sure the system is doing what it needs to do.

The report talks about the factors that influence inequalities, again picking up on the wider determinants of health and the importance of intervening at different stages. By taking a life stages approach it is possible to give the Board and partners different things they can focus on and areas where collective action can be taken.

The report also gives a reflection on how Covid has impacted on health inequalities and how it has brought those inequalities into the forefront of people's minds and hopefully provided a catalyst for action in a way that may not have done before.

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From a council perspective, and the partnership shares this ambition, an Inclusion Commission is about to be established that might help drive some of this work. The Partnership Executive has looked at how health inequalities and inequalities more broadly can be a priority.

Health inequalities and the conditions that lead to them are not inevitable giving a real opportunity for change with the collective power and influence, particularly putting local residents at the heart of this and by co-producing solutions with them will genuinely make a difference. Population Health Management is a way of being able to look at how to tackle those inequalities and, measure the impact of that activity.

The Board was given examples of the content of the report which focused on the life course stages including:

- 0-2, year-olds - new beginnings the factors that make good outcomes for this age group
- 18-34, year-olds - early adulthood is a significant transitional period and people tend to have a lot of life changes at this point. Moving to live independently is such a significant change that if people can be supported to increase their changes in terms of outcomes, then it is an ideal time to intervene
- there are inequalities in terms of disability with fewer than half of disabled adults in Kirklees qualified to level two or above and disabled people are more likely to live in a low-income household. There is evidence that there are inequalities experienced by disabled people in Kirklees and in response a place partnership approach has been adopted. This approach is where groups of ward members came together to look at how they can tackle mental health on a ward level and that is a good example of population health management. This is taking a problem, looking at the intelligence as to why that is a problem and working collectively with fellow ward members and with the public to design solutions.
- 60-79, year-olds with this age group it is important to mention Covid as age has been the biggest risk factor and nearly half of the clinically most vulnerable people in Kirklees have been in this age group. This age group also tends to have multiple co-morbidities.

The Board commented that a set of inequality indicators that would enable it to monitor the work on health inequalities on a regular would be extremely beneficial. It would also be helpful to think about how these indicators might link to the inequalities work being undertaken by individual partner organisations. A suggestion was made that organisations work together to draw up what the set of indicators.

Joint Strategic Assessment (JSA) Overview

Owen Richardson, Intelligence Lead, Public Health presented the latest version of the JSA overview advising the Board that there is synergy between the information presented in the Director and Public Health Annual Report and the Kirklees JSA.

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The overview utilises the content of the Kirklees Director of Public Health's Annual Report to highlight needs, assets, and health inequalities across seven life stages, however it does not yet reflect the impact of Covid on the KJSA.

The overview section of the KJSA uses the same seven life stages that are in the DPH report taking the same common threads, population, inequalities, Covid-19 and population health management.

At each life stage, case studies are provided to demonstrate how taking a Population Health Management (PHM) approach can help to reduce inequalities.

The navigation menu enables the ease of movement to any of the life stages and there are sub menus within each life stage to select the topic ie population, inequalities, Covid-19 and population health management.

The Board was provided with a summary of the information in the KJSA.

RESOLVED

That Rachel Spencer-Henshall and Owen Richardson be thanked for providing an update on the Director of Public Health Annual Report 2021 and the Kirklees Joint Strategic Assessment Overview 2020/21

8 Update on Kirklees Inclusion Commission and development of the Kirklees joint health and wellbeing strategy

Update on Kirklees Inclusion Commission

Rachel Spencer-Henshall and Phil Longworth provided the Board with an update on the Kirklees Inclusion Commission and development of the Kirklees Joint Health and Wellbeing Strategy.

The Board was informed that in October 2020, Cabinet approved, and Council endorsed, the formation of a member-led Commission that will work closely with partners and communities to make recommendations and instigate action, focused on a better understanding of the issues faced, and take forward clear actions to advance equality in Kirklees.

The Commission's key objectives will be to:

- Hear the voices of those with lived experience of inequalities and those in positions of power locally
- Hear progress reports at the quarterly meetings and make recommendations for action
- Hold the system to account
- Influence at a local, regional, and national level to address issues outside of the Local Authority's direct control.

The Board was informed that the intention was to start this work earlier, however with the third lockdown the system has been working hard in tackling Covid, supporting the vaccination programmes and dealing with winter. The work of the

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commission has therefore been pushed back to the summer, however in the meantime a shadow inclusion commission has been set up which starts on Monday. The idea is they can do a piece of work to set up the terms of reference for the formal commission and consider the engagement methodology to be used to make the commission more effective.

The five deep dives that were proposed for the formal commission were:

- Health
- Housing
- Education, employment, and skills
- Poverty
- People

The Board was informed that within each of the deep dives, consideration will be given to the impact on the following characteristics: age, disability, gender reassignment, health, race including colour, nationality, ethnic or national origin, religion or belief, sex, sexual orientation and socio-economic status and/or class.

There will be a communication plan to support this, as well as keeping the partnership updated both the Partnership Executive for Kirklees and the Health and Care Executive on a regular basis.

Kirklees Joint Health and Wellbeing Strategy

Phil Longworth, Senior Manager Integrated Support provided an update on the Kirklees Joint Health and Wellbeing Strategy. The Board was reminded that it has a statutory duty to ensure that there is a Joint Health and Wellbeing Strategy and as the current strategy is coming to an end consideration will need to be given to developing a new strategy.

At the Health and Wellbeing Board meeting in September 2020, the Board discussed the need to develop a new Joint Health and Wellbeing Strategy and update the place-based plan. Since then, there has been a number of significant changes that will impact on this work, most notably:

- Greater Huddersfield CCG and North Kirklees CCG have agreed to formally merge on 1st April 2021 to form Kirklees CCG.
- The Government published the White Paper 'Working together to improve health and social care for all' on the 11th February 2021. The government's plan is that the legislative proposals outlined in this White Paper will begin to be implemented in 2022. The new statutory Integrated Care Systems will take on many of the functions of CCGs, consequently it is expected that CCGs will be dissolved in March 2022.

The information being presented aims to explore with the Board the approach to be undertaken which has identified three main tasks:

- 1) Ensuring that there is a joint Health and Wellbeing Strategy in place that reflects the ambitions about how to improve the health and wellbeing for people

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- 2) Developing a Health and Wellbeing Plan that describes what the health and care system in particular can do to contribute to achieving the aims set out in the joint health and wellbeing strategy
- 3) Integrated Care Partnership, which are the partnership arrangements which will evolve significantly over the next 12 months

The Board was informed that it is important to continue to build on the good work that is already being done in many areas which include:

- Design the new Kirklees system
- Inequalities
- Integrated Care Partnership model and governance
- Enablers and care functions
- Step up contribution in shaping the ICS

RESOLVED

The Board:

- a) Welcomes the establishment of the Kirklees Inclusion Commission and would encourage all partners to actively participate in the work of the Commission
- b) Will provide comment on the proposed approach to responding to the White Paper
- c) Approves the timetable for producing a new Joint Health and Wellbeing Strategy

9 Proposed revisions to the terms of reference for the Health & Wellbeing Board

Phil Longworth presented proposed revisions to the terms of reference for the Health and Wellbeing Board. The Board was advised that the national, regional, and local context that the Board is operating within has undergone significant changes over the past 12-18 months, including:

- Response to the Covid-19 pandemic.
- The West Yorkshire Health and Care Partnership is established as the 'Integrated Care System' and the new Partnership Board has been meeting formally since June 2019
- Further development of the West Yorkshire Joint Committee of Clinical Commissioning Groups, the West Yorkshire Association of Acute Trusts, and the West Yorkshire Mental Health Services Collaborative
- Greater Huddersfield CCG and North Kirklees CCG have agreed to formally merge on 1st April to form Kirklees CCG
- The nine Primary Care Networks in Kirklees are now well established.
- The Kirklees Integrated Commissioning Board and the Kirklees Integrated Provider Board have evolved into the Kirklees Integrated Health and Care Leadership Board.
- The Children and Young People's Partnership has been re-established and developed a new Children and Young People's Plan and the Health and Wellbeing Board has taken on formal oversight of this work

The Board was advised that the current membership, as set out in the Terms of Reference was amended in May 2019 for the first time since the Board was

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established in April 2013 and reflected the requirement as set out in the Health and Social Care Act 2012.

The changes to membership have reflected the shift to a much more collaborative culture which is at the core of both the Kirklees Health and Wellbeing Plan and the NHS Long Term Plan.

Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which both HWBs and ICSs will have to have regard to.

Amending the membership of the Board to:

- reflect the creation of a single CCG for Kirklees. The 3 representatives in 2021/22 will be the Clinical Chair, Accountable Officer and the Lay Member: Patient & Public Involvement.
- include a nominated representative of the Kirklees Integrated Health and Care Leadership Board to replace the representative from the now defunct Integrated Provider Board.
- Include representation of the Primary Care Networks in recognition of their role in establishing the new model of integrated care and as system and clinical leaders
- Reflecting the Board's role in providing oversight of the Children and Young People's Partnership and the Children and Young People's Plan and recognising the Director of Children's Services role as including representing the Children & Young Peoples Partnership

RESOLVED

That the proposed revisions to the Terms of Reference and membership of the Health and Wellbeing Board be approved by the Board.

- 10 Kirklees Safeguarding Adults Board Annual Report 2019 - 2020**
Mike Houghton-Evans, Independent Chair, Kirklees Safeguarding Adults Board (KSAB), presented the Kirklees Safeguarding Adults Board Annual Report for 2019-2020.

The Board was informed that the approach over the last 12 months has been to embed the recommendations that came from the peer challenge into the work programme of KSAB. Mr Houghton-Evans stated that it is heartening how the practitioner forums have been used and developed which is the main mechanism for getting strategy through to frontline service and it's proved to be very effective.

An example of this is that the strategy and procedure for self-neglect was signed off and it was only through engaging effectively with frontline practitioners that it became apparent that it needed amending and it has been amended and it is now more effective and well received.

The Panel was informed that the main focus has been Covid-19, and KSAB has developed its own risk register and core members meet regularly to review and

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update the risk register. The risk register has not highlighted anything that wasn't already known, however it just brought them into closer focus.

Mr Houghton-Evans explained that there has been a lot of discussions about inequalities and that has become much more obvious during the last few months. KSAB is committed and will continue to be an outward facing board recognising that the boards objectives cannot be achieved on its own and should be considered as a group of system leaders and as such want to collaborate with other bodies that look after the health wellbeing and safety of the communities in Kirklees. This includes the Health and Wellbeing Board, Children's Safeguarding Board, and the Community Safety Partnership Safer Kirklees.

The Board was informed that the challenge event has just been completed. The event is where every year the chair of KSAB meets with every board member separately with Helen Hunter, Healthwatch and Penny Renwick, independent lay member of the board to have a conversation with the board members about what the issue are.

A summary of the key findings from the conversations with board members are:

- Some organisations are very effective in demonstrating that they are in touch with the impact of their services on their patients or service users
- Some organisations are more effective at demonstrating that they have the procedures in place, and while they have the documentation, the systems for measuring the impact of their services are not strong enough
- KSAB may want to keep an eye of the 'new normal' which is a term used to described that there are some benefits to way in which KSAB has been engaging with the public and would want to keep and that will create a new normal

From KSAB's perspective over the next 12 months the aim is to hear more real-life stories and not just look at the numbers and Healthwatch will assist with this work.

Mr Houghton-Evans announced that he would be retiring, and the new Independent Chair of the Kirklees Adult Safeguarding Board would be Mr Rob McCulloch-Graham.

The Board thanked Mr Houghton-Evans for all the work he had done over the years and wished him well for the future.

RESOLVED

That the Kirklees Safeguarding Adults Board Annual Report 2019/20 be formally received by the Health and Wellbeing Board.

- 11 The Kirklees Safeguarding Children Partnership Assurance Report**
Tom Brailsford, Service Director, Resource Improvement and Partnership presented the Kirklees Safeguarding Children Annual Assurance Report on behalf of the statutory partners.

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The Board was informed that the report was produced by Sheila Lock Independent Advisor to the Safeguarding Children Partnership and sets out the multi-agency work in the preceding year and articulates the priorities going forward.

The Board was advised that there is a requirement on local partnerships as prescribed under Working Together 2018 to produce an Annual Assurance statement of safeguarding activity. This is the first annual assurance report since changes to the new arrangements from the Safeguarding Children's Board to the Safeguarding Children's Partnership which covers the first year of operation as a partnership.

As part of the philosophy, there is a choice of three statutory partners to include and work with, within the new arrangement and this has been kept as wide and as integrated as possible.

As expected there has been an impact throughout Covid-19, however, as a partnership, there has been a continued ability to carry out the full range of expected functions and it is important to say thank you to all the partners across children's services who've been able to carry on keeping children, young people, and families safe throughout the pandemic.

The response has been excellent and with the structures that are in place and the meetings in some cases have been more frequent, there has been a real effort across the partnership to keep children and young people safe.

One of the key issues to pull out from the report is that throughout the last year, a review was undertaken by the DfE and Leeds in terms of the improvement notice and the six tests that they had put in place that Children Services needed to meet. Following that review process, the improvement notice was lifted because the six tests had been met. One of the tests was strong and supportive partnerships, again this provides further assurance that safeguarding children's partnership is doing what it needs to do.

Currently there are a number of things being undertaken including:

- further developing the model of independent scrutiny and what that looks like
- had a number of practice learning reviews this year which is worth highlighting in terms of good practice. These reviews have been about serious youth violence, child sex abuse, Cahms issues and contextual safeguarding. Which in essence is getting frontline practitioners to come together to talk about learning from reviews.

Moving forward for the coming year there are four priorities:

1. domestic abuse and children in households while domestic abuse is a feature
2. Child criminal exploitation and abuse
3. Children and young people's mental health including the response to adverse child experiences
4. Widening the Scrutiny function to look at including children, young people, and families in scrutinising services

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RESOLVED

That

- a) the content of the Kirklees Safeguarding Children Partnership Assurance report be noted by the Board
- b) the Health and Wellbeing Board note the joint agency priorities going forward and to highlight any particular contributions that the Safeguarding Partnership should make on the Joint Health and Well Being strategy