

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 26th November 2020

- Present: Councillor Viv Kendrick (Chair)
Councillor Musarrat Khan
Councillor Carole Pattison
Councillor Kath Pinnock
Councillor Mark Thompson
Carol McKenna
Dr Khalid Naeem
Dr Steve Ollerton
Helen Hunter
- 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
Richard Mellor, Locala
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
Diane McKerracher, Chair, Locala
Phil Longworth, Senior Manager, Integrated Support,
Kirklees Council
Mary White, Commissioning and Partnership Manager
Tom Brailsford, Service Director, Resources,
Improvement and Partnership
Jo-Anne Sanders, Service Director, Learning and Early
Support
- Apologies: Mel Meggs
Richard Parry
Rachel Spencer-Henshall
Karen Jackson
Jacqui Gedman
Kathryn Giles

73 Membership of the Board/Apologies

Apologies were received from the following Board members: Richard Parry, Karen Jackson, Mel Meggs, Rachel Spencer-Henshall and Jacqui Gedman.

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Richard Mellor attended as sub for Karen Jackson, Emily Parry-Harries attended as sub for Rachel Spencer-Henshall and Tom Brailsford attended as sub for Mel Megs.

74 Minutes of previous meeting

That the minutes of the meeting held on the 17 September 2020 be approved as a correct record subject to a) the correction of spelling of an attendee's name, b) that a board members apology be noted and c) a grammatical correction.

75 Interests

No interests were declared.

76 Admission of the Public

All agenda items were considered in public session.

77 Deputations/Petitions

No deputations or petitions were received.

78 Questions by members of the Public (Written Questions)

No written questions were received.

79 Covid-19 Update

The Board received an update on the current position regarding Covid-19 in Kirklees. The Board was informed that the information being presented is data up to the 24 November 2020 and, confirmed cases up to the 18 November 2020. In summary, the Board was advised that:

- Covid-19 admissions in the latest week are lower than the previous three weeks which is a positive direction of travel and this applies to both Calderdale and Huddersfield Foundation Trust (CHFT) and Mid Yorkshire NHS Hospital Trust
- The weekly cases of Covid-19 being reported have also fallen in the previous week. The week commencing 5 November there were 2,580 cases and week commencing 12 November there were 2,103
- The weekly rate in Kirklees is 478.2 per 100,00, which ranked Kirklees as fifth in the country and the highest rate per 100,00 in the West Yorkshire local authorities. The important issue to note from the rate is that it is decreasing, and the level of decrease is fairly steep
- It is highly likely that Kirklees will go into tier 3. The legislation that relates to the specific content of those tiers is being read in parliament today and the legislation will be received overnight. Tier 3 authorities will look similar to how they were prior to the national lockdown and will come into effect at midnight on the 2 December 2020

The Board was informed that in respect of the vaccination programme, the government has asked the NHS to be ready to deliver a Covid-19 vaccination programme as soon as one becomes available. In West Yorkshire, planning and delivery is being carried out by teams in Kirklees, Bradford and Craven, Calderdale,

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Leeds, Wakefield and Leeds teaching hospitals NHS Trust is co-ordinating this work.

Working to the guidelines set out by the Joint Committee on Vaccinations and Immunisations, all aspects of the vaccines are being considered including, who will administer it, where it will be provided from and the logistics, how accurate and useful information will be provided to people about the vaccines that they are about to receive and how to ensure that the vaccine is accessible to everyone within local communities.

The Board was informed that while there has been a lot of speculation in the press about the vaccine becoming available, as of today, there is still not yet a confirmed vaccination, although extensive planning is underway for a number of different scenarios. The aim will be to build on the models in place for the delivery of the flu vaccine.

The current guidelines are that the first priority groups for receiving the vaccine will be care home residents and staff, health and social care staff and people over 80. The aim is to plan for this to start at the beginning of December, however it is likely that this will start during the second week of December. The vaccine will have to undergo strict clinical trials and will have to be approved for use by the independent regulator before it is rolled out.

Patients are being asked not to contact their GP practices for information about the vaccine, as GPs currently do not have any further information available and it will just block the primary care phone lines.

The Board was informed that plans are also being put in place for a population roll out of testing, using the lateral flow tests to start within the next couple of weeks. There is currently a great deal of work being undertaken.

RESOLVED

That the update on Covid-19 in Kirklees be noted.

80 Community Engagement during Covid-19

Helen Hunter, Chief Executive, Healthwatch Kirklees and Healthwatch Calderdale updated the Board on the Covid-19 engagement work that Healthwatch Kirklees has been delivering. The Board was informed that the information being presented was to, share key learning from the engagement work, talk through the next steps, and ask the Board to consider how it can make use of the engagement findings.

In summary, the Board was informed that Healthwatch Kirklees' response to the pandemic has been:

- Providing clear and up to date communications about Covid-19 and all related topics. At the start of the pandemic, Healthwatch's role was to provide clear and up to date information not only about the national messages but also about what was available to people locally. A frequently

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asked questions section was created on Healthwatch's website which was well visited.

- Involvement in the community effort and supporting local residents. Staff were involved in the community effort and volunteered in Kirklees.
- Working with the seldom heard. A telephone befriending service was started for people, particularly those with additional vulnerabilities who may have been isolated. For example, people with drug and alcohol problems and learning disabilities. The aim was to try and reduce some of their social isolation.

The core Healthwatch work is to amplify the voice of the general public, particularly focusing on those who might face the greatest inequalities, to try and influence health and care delivery. A major piece of engagement work, over a three-month period was undertaken. This was launched at the end of May and aimed to capture people's lived experience of accessing health and care services through the pandemic. The work was developed with partners in Calderdale and replicated in Kirklees. There were three key elements to that piece of work:

- Health and care experience survey – for staff, service users and carers, including questions about what it has been like to access health and care during the pandemic
- Story telling tools – people have been doing things in such creative ways across this time, and it was important to encourage people to talk about their lived experience of this period in whatever way suited them
- Information, signposting and advocacy summaries – people who have sought the support of Healthwatch have had their stories summarised in monthly reports

The survey closed on 31st August 2020 and the information was brought together and analysed through a data management system with 696 survey responses, 36 staff responses and 36 stories.

The outcome of the work produced five key themes as follows:

- Access to service
- Digital access
- Communication
- Quality of care
- Cleanliness, hygiene, and infection control

The Board was informed that it is important to note that there was a balance of the feedback in almost every area of the information heard and it is important to reflect both sides of the feedback. For example, access to service be that face to face, over the telephone or online some people felt that they had had a significant improvement in their access particularly to GP services. There were, however, some people who found it more challenging not being able to see someone face to face.

The Board was informed that this is not the end of the Covid work as there are 4 other key areas of focus for example work with BAME communities and to gather the voice of people residing in care homes. There is an awareness of the disproportionate impact on people with disabilities and long-term conditions in terms of delays in care certainly and Healthwatch are keen to work with those groups. Accessing dental care is also another important area that people are talking to Healthwatch about.

RESOLVED

That the Board support Healthwatch Kirklees to develop a comprehensive picture of engagement in Kirklees during the Covid-19 pandemic

81 Kirklees Children and Young People's Plan - November 2020 Updates

Mary White, Commissioning and Partnership Manager, provided the Board with an update on the Children's and Young Peoples Plan reminding the Board that In November 2019, the Health & Wellbeing Board agreed to take responsibility for providing governance and oversight of three new Children and Young People's Plan priorities and agreed a format to do so.

The Board was informed that while there is no longer a statutory requirement to produce a Children and Young People's Plan, there is consensus that a Plan provides a collective focus and clarity about priorities to be championed and addressed across the Partnership.

Work with the new Children and Young People's Partnership has focussed on assessing intelligence and insight from a range of sources to agree priorities. (e.g. KJSA, Year 9 Health Survey, Community Hubs' insight; young people's voice and influence work and commentary; service key performance data on outcomes for the child population and for specific vulnerable groups.

There are a range of things that are a priority for young people in Kirklees, however for the purposes of the partnership the agreed priorities are those that require a whole system to respond to, and that require all of the organisations whether they are statutory, voluntary or community to play a part in delivering the outcomes.

The three chosen priorities after consulting with young people are:

- **Reducing the effects of poverty on children** – at the same time as the children and young people's partnership was wanting to do some work to reduce the effects of poverty on children, there was another piece of work that was being undertaken to revisit the tackling poverty strategy in Kirklees. It was felt that rather than creating two separate work streams it would be better to combine those two pieces of work into the new tackling poverty partnership and action plan, and develop some specific actions around children and young people

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- **Improving inclusion and outcomes for LGBT** plus children and young people – this was chosen as a priority because nationally and locally, evidence shows that LGBT young people face additional barriers to achieving their potential and may experience more fear and discrimination
- **Growing our youth offer of places to go, things to do and people to see for children and young people** – one of the impacts of austerity was a reduction in the amount of funding opportunities for youth work with children and young people. In Kirklees, there was a significant reduction in the amount of youth work and there was no longer an inhouse youth service. Once a statutory provision is taken out, it reduces capacity building and support and training for the community and voluntary sector

Tom Brailsford, Service Manager, Resources, Improvement and Partnership and Jo-Anne Sanders, Service Director, Learning and Early Support provided the Board with an update on the Special Educational Needs and Disability (SEND) and High Needs work that is being undertaken with Impower.

The Board was reminded that in 2019, a 10-point improvement plan for SEND was presented to the Board. The ambition is to go through the transformation work, being undertaken and update the 10-point plan.

Since January 2020, work was being undertaken with Impower however this work paused during the first lockdown. The purpose of the work was to understand the SEND and high needs system and to understand the current service in terms of cost and the demand position. The aim was to try and identify opportunities to deliver good outcomes, to look at a financially sustainable system and also look at having that whole inclusive ambition for children and young people who have additional needs throughout Kirklees and to have that shared across all the partners.

The Board was informed that the aim is to improve outcomes for children and young people with additional needs by moving further towards a strength-based approach rather than a deficit-based approach and there has been a number of things undertaken as part of this approach.

There has been a lot of engagement which has driven the findings being presented today.

- There has been engagement with parents and carers, looking at high-needs professional adults and Learning Disability professionals.
- There has been some panel observations and colleagues have been observing the way decisions are made about children and young people's needs
- There has been some focus groups and very detailed case reviews looking at the detail

The Board was informed that it is becoming clear that there is increasing demand across the system and some of that demand is not driven by need, it is driven by behaviours which is not necessarily the right approach. There has been a 29.6% increase in Education Health and Care Plans (EHCP) in Kirklees. Demand for

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EHCP has increased across special schools and mainstream schools, however, mainstream schools have seen the largest growth in demand by 67.5%.

It is important not to underestimate the scale of the challenge with demand and cost increasing across the board. Since 2017/18 demand has increased and it is putting increasing pressure on the high needs block and that will equate to increasing pressure on health services such as speech and language therapy, occupational therapy and children's continuing care needs. Despite all this high spend, exclusions in Kirklees are increasing, the number of permanent exclusions has increased significantly, this suggests there is significant unmet need out there.

From the case reviews work undertaken, it is evident that the opportunities to meet needs in an early intervention type way are being missed. Covid-19 is likely to have further impact on demand and spend. Many parents and carers have indicated that the child or young person's needs has changed during lockdown and felt that throughout that period their needs had not been met.

The process of doing the inclusive ambitions work has put a challenge back to the system. This is not just in respect of the local authority, it is to the system that is supporting young people with additional needs, special educational needs and disabilities. It feels like there is a real opportunity to have the conversation about what are the shared ambitions. It is important to get the best outcomes for young people and to consider how this can be achieved by working together in a more cohesive way.

The Board was informed that last month at the inclusive ambitions workshop, key strategic colleagues from across the system had a positive discussion focusing on some of the following:

- what is required and how can needs be met as early as possible,
- how can resources be used to the best effect,
- how to gather the right intelligence to help shape the system moving forwards
- how can this be done in partnership codesigning with parents and carers.

Work needs to be undertaken to find better strategies to reduced young people being excluded from school. Consideration also needs to be given to how different accountability systems, ie education accountabilities and those from health can be better aligned as best as they can. There have been conversations that has led to further discussion about developing inclusive ambition that can be shared and will direct transformation moving forward.

RESOLVED

That the Board will

- a) Continue to endorse the working arrangements for the Children's Partnership
- b) Note the information presented on High Needs transformation