

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 30th September 2021

- Present: Councillor Viv Kendrick (Chair)
Councillor Musarrat Khan
Councillor Carole Pattison
Councillor Mark Thompson
Councillor Kath Pinnock
Richard Parry
Rachel Spencer-Henshall
Carol McKenna
Dr Khalid Naeem
Helen Hunter
Karen Jackson
Beth Hewitt
- In attendance: Catherine Riley, Assistant Director of Strategic Planning
Calderdale and Huddersfield NHS Foundation Trust
Chris Lennox
Diane McKerracher, Chair, Locala
Alex Chaplin, Strategy and Policy Officer, Integration
Councillor Habiban Zaman, Lead Member for Health and
Adult Social Care Scrutiny Panel
- Apologies: Mel Meggs
Jacqui Gedman

13 Membership of the Board/Apologies

Apologies were received from Mel Megg and Jacqui Gedman.

Dr Khalid Naeem, Deputy Chair of the Health and Wellbeing Board, chaired the meeting.

14 Minutes of previous meeting

That the minutes of the meeting held on the 15th July were approved as a correct record.

15 Interests

No interests were declared.

16 Admission of the Public

All agenda items were considered in public session.

17 Deputations/Petitions

No deputations or petitions were received.

18 Public Question Time

No questions were asked.

19 Covid-19 Update

Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health provided an update on the current position regarding Covid-19 in Kirklees, highlighting some of the key points from the current data.

In summary, the Board was informed that in terms of the vaccination uptake, Kirklees, as a whole has an uptake of 82.9% in its over 18 population, for dose one and 76% for dose two. The data suggests that in terms of uptake there are some differences within the place-based community at a local level and there are a couple of districts where uptake is not as good as in the rest of Kirklees.

The data also shows that the uptake of the vaccination in younger people is more gradual and anecdotal evidence suggests that it's more about people going for their vaccine when they find the time, or when it fits with their life, rather than actively booking it. The vaccine programme is going well however, there is still some work to do to increase uptake and the CCG, Council and partners have been working on trying to increase uptake up by working with schools, colleges, and universities. Work is currently being undertaken to roll out the vaccine to 12-15-year-olds in schools.

In response to the information presented, the Board raised a number of questions and comments as follows:

- Building on the discussion around young people are there any patterns or differences emerging between north and south Kirklees given that there is a university, bigger colleges, and more schools in south Kirklees?
- Will lateral flow tests no longer be free and if so, what will be the likely impact on testing arrangements?
- In terms of communicating to the public what are the key messages that residents of Kirklees should still be mindful of to keep themselves and others safe as far as is possible?

The Board was informed that it is important that people undertake their own personal risk assessment, for example wearing a face covering is a personal choice. As winter approaches there is less opportunity for people to be out and about in the fresh air, however, hand washing, keeping good ventilation, and giving people space are things that individuals can still do. In addition, get the vaccine and the booster program which will be starting shortly.

RESOLVED

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

20 Showcasing Innovation : Kirklees Better Outcomes Partnership

Emma Hanley, Senior Contracting and Procurement Manager and Victoria Busby, Kirklees Better Outcomes Partnership provided the Board with an update on the work of Kirklees Better Outcomes Partnership (KBOP).

The Board was provided with background information which outlined the reason why the previous provision for housing related support services contracted with a number of different organisations to deliver different contracts to the most vulnerable in society, was remodelled. The service provides for people who have vulnerabilities, disabilities or lifestyle factors that may make them more at risk of becoming homeless or being able to live independently. For example, it might include people with mental health problems, drug and alcohol dependency, offenders, young people, and domestic abuse, people with a range of needs.

The previous contracts didn't always allow or encourage services to think differently or creatively, and as a result of significant budget reductions, interventions have become a lot shorter. While it may address the presenting need, it does not necessarily tackle the underlying root causes, thereby creating a revolving door.

The focus was on ensuring that people were accessing the correct benefits rather than truly maximising income by developing employability skills to enter work. The aim was to find a way to incentivise support services to address those underlying issues to help build on service users, resilience and encouraging sustainable skills, and behaviour. Developing more flexible interventions to improve outcomes instead of process focused service provision.

The new service model is now paid based on outcomes achieved. It uses additional top up funding from the Life Chances Fund utilising social investors through a social impact bond which brings new investment into the sector and creates new partnerships between social investors, commissioners, voluntary sector service providers and beneficiaries working co-productively. The services commenced in September 2019, and to date it has supported over 2500 new starts on the program.

The Board was informed that Kirklees Better Outcomes Partnership (KPOB) is a social enterprise with eight expert organisations collaborating to prevent homelessness. Each service has an individual specialism across mental health, support, substance misuse, domestic abuse, housing, and offending. The social enterprise was formed as an alternative to traditional support services and a way to place outcomes at the forefront of delivery.

During the Covid period, delivery was expanded in a matter of weeks as part of a community led response implementing a seven-day emergency helpline, digital interventions, and home deliveries to frightened and isolated people.

The focus is on empowering individuals to achieve their ambitions and prevent homelessness. It was identified that traditionally contracts and services had been commissioned in a deficit focus way, with the effectiveness based on the number of

individuals using the program rather than the outcomes of the milestones achieved. The system and processes had prevented many from moving into independence fully from services.

The aim was to do something different, to use the flexibility of the outcomes-based contracts to reallocate power and decision making and handing it back to the person, using personalisation, advantage thinking, relationships and working on an equal person to person level.

The approach at KBOP is the belief that people can achieve anything they want when they are not trapped within a deficit system. This belief and the commitment to do things differently, gave the flexibility to innovate and change how services are delivered by moving away from traditional support towards person led models.

Processes have been changed to one that focuses on understanding what is important to people through conversation rather than through assessment. Paperwork and linear procedures have been removed enabling people to make their own decisions at the right time for them. Due to this approach and the hard work of partners and participants KBOP is now more than doubling the expected outcomes.

RESOLVED

That Emma Hanley and Victoria Busby be thanked for providing an update on Kirklees Better Outcomes Partnership.

21

Shaping the partnership response to Tobacco Control in Kirklees

Rebecca Gunn, Public Health Manager, presented a report which outlined the partnership response to shaping tobacco control in Kirklees.

The Board was informed that by way of background, the government set out its ambition that England will be smoke free by 2030, which is defined as rates of less than 5%. It is widely acknowledged that this will be a challenge particularly in areas of deprivation and among people living with mental health conditions for example. Therefore, bold action will be required both to discourage young people from taking up smoking and also support smokers to quit.

In the two years since this ambition was stated, it is estimated that around 200,000 children under the age of 16 will have started smoking and without action two thirds of those will go on to become regular smokers. It is really important within Kirklees that action is taken to drive down this prevalence through discouraging people from starting in the first place and supporting people to quit and normalising non-smoking within the communities.

Within Kirklees, there is a dispersed, model of smoking cessation across GP's, pharmacies and community providers for example, Auntie Pam's service and the Wellness service. They are doing some interesting work in terms of trying to encourage people to come to give up smoking in a range of different ways.

In order to achieve the government's ambition to be smoke free, there needs to be a district wide approach to tackling tobacco, and it was a good opportunity to strengthen the partnership approach. With the support of the Portfolio Holder for

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Health and Social Care, work has begun to formalise a tobacco alliance (name to be to be confirmed for Kirklees).

There have been two virtual meetings held so far, with quite broad representation, including people from people from housing, licensing, the acute trusts, the mental health trust, Yorkshire Cancer Research and Public Health England. It is important to keep momentum going and work has started on drafting an action plan.

The partnerships aim is to reduce smoking prevalence for a healthier tobacco free future for the children and young people in Kirklees and looking to align to the ambition to make Kirklees smoke free by 2030.

The Board was informed that on the 9th June 2021, the All-Party Parliamentary Group (APPG) on Smoking and Health launched its report and recommendations for the forthcoming Tobacco Control Plan to secure the government's ambition of a smoke free country by 2030.

Within the report that there are there are twelve recommendations, and it is important to note the ones which relate to the funding of tobacco control programs through a tobacco control levy. It proposes that funding be secured through a 'polluter pays' amendment to the health and social care bill, which forces manufacturers to pay to deliver end of smoking. The levy on manufactures is expected to raise £700m in the first year.

Another key recommendation calls for targeted investment to provide additional support to help smokers quit in regions and communities where smoking does the most damage, for example, areas where people work in more routine and manual jobs, and people who are unemployed and people with mental health conditions.

The Board was informed that the next Tobacco Control Plan for England is due to be published in October 2021 and was asked to note the recommendations and to support the call for the tobacco levy.

The Board agreed it would be useful to have a further timely update once the report had been published to comment and understand how things are working and contribute to that discussion.

The Board commented that the information presented links into the conversations around the Joint Health and Wellbeing Strategy and the need to look at new and different ways to approach some of the challenges that have been around for a long time. The work of the alliance will do that and help to embed tackling inequalities which is a key priority for the Council and its partners.

The Board further commented on the connotations of the name 'tobacco alliance' and was advised that it has been introduced by that name in other areas and therefore Kirklees also went with that name, however this could be looked at.

The Board was asked to comment and make a formal decision regarding the reporting arrangements on the following recommendations:

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- Tobacco Alliance is recognised as formally accountable to the Health and Wellbeing Board
- Health and Wellbeing Board receive updates regarding the work of the Tobacco Alliance on a regular basis as agreed by the Board
- Health and Wellbeing Board will shape the work of the Tobacco Alliance and influence the agenda at a strategic level

RESOLVED

- That the draft action plan once formulated would be shared with the Board for feedback
- That timely updates on the work of the Tobacco Alliance would be presented to the Board

22 **The Health and Care Bill: Preparations in West Yorkshire and Kirklees for the proposed changes**

Carol McKenna, Chief Officer and Richard Parry Strategic Director for Adults and Health updated the Board on the Health and Social Care Bill. In summary, the Board was informed that the legislation is focused on establishing Integrated Care Systems (ICS) as statutory bodies from the 1st of April 2022. This will mean that the functions that currently sits within Clinical Commissioning Group's (CCG) will transfer into ICS's and CCGs will be dissolved after the 31st March 2021.

There are a number of dimensions that it just be helpful for the Board to consider. The Health and Social Care Act will establish:

- 1) **Integrated Care Partnerships (ICPs)** - which is a broad alliance of organisations and representatives, and that is very, very similar to the Partnership Board that is now operating across West Yorkshire and Harrogate ICS
- 2) **Integrated Care Boards (ICB)** - which will bring together the NHS bodies to improve population health and care, and that is a statutory body that will be accountable for funding and performance
- 3) **Place-Based Partnership (PBP)** – will remain as the foundations of Integrated Care Systems building on existing local arrangements and relationships. This will be an important element of the new arrangement

ICS exist to achieve four aims:

- Improve outcomes for population health and healthcare
- Tackle inequalities in outcomes, experience, and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

West Yorkshire and Harrogate have been operating as an informal ICS for several years now and it is fairly well developed. However, the changes required by the Act will see the current voluntary partnership move to statutory arrangements. The

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intention remains that collaborating as an ICS will help health and care organisations tackle complex challenges that are beyond the scope of individual organisations.

The Board was informed that in the early drafts of the Health and Social Care Bill social care got very little mention, but there are two key changes:

- from 2023 the CQC will start to inspect local authorities social care functions, in addition to existing inspection of care providers
- the government being able to pass funding to directly fund social care providers, rather than money flowing into local authorities then to social care providers,

As the development of the Act moved through various stages there has been more focus on social care, for example, the Health and Social Care Act will establish a requirement to create a workforce plan for the effectiveness of the health and care workforce. There is also the potential complexity of some announcements around the future of social care funding and who pays for their own care, and the pricing structure for things like residential care, with further detail to follow on that. There is also talk of an integration white paper later this year.

The Board was informed that there are five place-based partnerships within the West Yorkshire ICS. The potential activities and approaches of place-based partnerships include:

- Health and Care Strategy and planning at place
- Service planning
- Service delivery and transformation
- Population health management
- Connection support in the community
- Promote health and wellbeing
- Align management support

Provider Collaboratives – partnership arrangements involving at least two trusts working at scale across multiple places, with a shared purpose and effective decision-making arrangements to:

- Reduce unwanted variation and inequality in health outcomes, access to services and experience
- Improve resilience for example by providing mutual aid
- Ensure that specialism and consolidation occur where this will provide better outcomes and value

It is very much expected that the ethos of provider collaboratives will be the spirit of collaboration and cooperation rather than competition. The way the partnership has worked over the past 18 months in Kirklees to respond to the pandemic and deliver the vaccine program has been about collective teams and communities working together to address specific need.

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The place-based partnership will take on delegated authority for some elements, from the ICB, in terms of funding and performance. The expectation at the moment is that the level of resource delegated back into place will be quite significant to continue to make decisions locally on matters that are relevant to each place under that delegated authority.

The expectation is that the Health and Wellbeing Board will continue into the new arrangement and will still be responsible for setting the overall strategy within which the rest of the system will operate.

With CCG's no longer being in place, there will no longer be governing bodies made up predominantly of GPs. The aim will be to create a multi-professional multi-disciplinary, clinical, and professional reference group who can provide advice and leadership and guidance into the system and ensure that the decisions that are made are clinically sound.

Timeline and next steps

September 21	ICS Chair and Chief Executive appointment (currently underway)
Oct/Nov 21	ICS shadow form
November 21	PBP Shadow form
December 21	Place lead appointed
March 22	CCG transition complete
April 22	ICS and PBP live

- The Integrated Health and Care Leadership Board and Design Team will continue to develop Kirklees PBP model and structures
- Continue to test back with NHSE and West Yorkshire (WY) ICS
- Develop plan to be shared with WY team in November
- West Yorkshire refining functions using once or five times model and developing structures

RESOLVED

That Carol McKenna and Richard Parry be thanked for providing an update on the Health and Social Care Bill

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Date of the next meeting

The date of the next meeting be noted by the Board.