

Contact Officer: Jenny Bryce-Chan

**KIRKLEES COUNCIL**

**HEALTH AND WELLBEING BOARD**

**Thursday 2nd December 2021**

Present:

Councillor Musarrat Khan  
Councillor Mark Thompson  
Councillor Kath Pinnock  
Carol McKenna  
Dr Khalid Naeem  
Rachel Spencer-Henshall  
Helen Hunter  
Karen Jackson  
Beth Hewitt

In attendance:

Catherine Riley, Assistant Director of Strategic Planning  
Diane McKerracher, Chair, Locala  
Phil Longworth, Senior Manager, Integrated Support  
Nicola Cochrane, Joint Transformation Programme  
Manager  
Alex Chaplin, Strategy and Policy Officer, Integration  
Patrick Boosey, Wellness Service Lead  
Trudie Davies, Mid Yorkshire NHS Trust  
Julie Oldroyd, Senior Manager, Transformation,  
Community, Kirklees CCG  
Debra Tate-Taylor, Locality Lead, Urgent and Emergency  
Care  
Alexander Jennings, Scissett Mount Care Home Manager  
Kyomi Cambell, Kirklees Urgent Community Response  
Manager  
Sean Rayner, South West Yorkshire Partnership NHS  
Foundation Trust  
Lisa Waldron, Wellness Service Operations Manager

Apologies:

Councillor Viv Kendrick (Chair)  
Councillor Carole Pattison  
Mel Meggs  
Richard Parry

**24 Membership of the Board/Apologies**

Apologies were received from Cllr Viv Kendrick, Cllr Carole Pattison, Mel Meggs, Richard Parry and Jacqui Gedman.

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

### 25 **Minutes of previous meeting**

That the minutes of the meeting held on the 30 September 2021 be approved as a correct record.

### 26 **Interests**

No interests were declared.

### 27 **Admission of the Public**

All agenda items were considered in public session.

### 28 **Deputations/Petitions**

No deputations or petitions were received.

### 29 **Public Question Time**

No questions were asked.

### 30 **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.

Referring to statistical information, the Board was informed that there has been a good uptake across the older age groups of, both vaccine doses, and the booster. While in the age 80 plus uptake has been slightly less, there has been a good uptake of the booster in the 75 to 79 age range. Colleagues in primary care and other partners have been working hard to get into places like care homes and to housebound patients to make sure that they are targeted. There is still some way to go, however there is good coverage in Kirklees.

The Board was informed that the information shows that there is still a difference in uptake in the most deprived areas versus the least deprived areas. This reinforces the need to put up more convenient popups in those areas where there are people working multiple jobs and potentially cannot access that vaccination clinic as easily.

The partnership has provided an excellent response in getting popups established in the right locations along with the Community Champions who fed in the intelligence in terms of how to increase uptake. Again, there is more work to do however, it feels like a positive story.

The data shows that Kirklees has done particularly well in the under 18's, which reflects the work that has happened to get the 12 to 15 campaign into schools. Kirklees has consistently been higher than its neighbours in Yorkshire and the Humber with the school program. This is very much testament to Locala and the school system for the relationship that they have got and Medicare and the pharmacies who have worked alongside them. This is another good news story for Kirklees.

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In terms of the infection rate, there has been a significant reduction. Kirklees has the lowest rating in West Yorkshire, well below the England average of 440 and is 145<sup>th</sup> out of 149, local authorities with a rate of 261.5. This again feels like positive news. It is important to recognise that this is a stressful time and people have been following the guidance, which is hugely positive to try and keep that number down.

The Board was informed that with regard to the new variant the messages coming out of the media is confusing. It is important that if people have symptoms of Covid, getting a PCR test is by far the best way to get the most accurate result possible. PCR tests also enables a lab to genetically sequence and determine very quickly if there are different variants.

In response to the information presented the Board asked about the eligibility for the booster because when people have tried to make an appointment for their booster, they have not been available. In response the Board was advised that the difficulty at the moment is that people are presenting based on the announcement, however that is not how the system is set up because people will be called descending order of age, which she's right because age is the most important factor.

### RESOLVED

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

- 31 Showcasing Innovation : Kirklees Urgent Community Response**  
Julie Oldroyd, Senior Manager Transformation attended the meeting to provide an update on Kirklees Urgent Care Response Service (UCR). Also in attendance to share their experience of the service were Alexander Jennings Care Home Manager and Kyomi Campbell, Urgent Community Response Manager.

In summary, the Board was advised that part of the NHS long term plan was to introduce an urgent community response service for the local populations by 2024. The aim of the UCR is to get fast access to both health and social care professionals to avoid, admissions to hospital where possible, delivering a crisis response where people are seen within two hours for any urgent needs and receive reablement within two days.

In 2019, Kirklees was picked as one of seven pilot sites across the country for this service and the pilot was launched in November 2020. The pilot is a provider alliance approach working with partners across the system such as the Council, CCG, Locala, Local Care Direct, Primary Care Colleagues and working with South West Yorkshire NHS Foundation Trust and Kirkwood Hospice. Since November 2020, there have been approximately 1200 face visits and have hit the target of nought to two hours 96% of the time on average, which is positive.

Through the pilot period, changes have been made to how the pilot is delivered. The service initially began by being for people with frailty however, it is now available to all adults. There are more referral routes into the service now than there was at the beginning. There is a single pathway for roadside paramedics to

refer in and work is being undertaken to link in with Calderdale who are also looking developing a similar service and taking learning from the experience in Kirklees. The service has progressed from five days a week Monday to Friday to a seven-day service 8am to 8pm which has been positively received.

In addition, all providers of UCR submit data to a central database which captures data from across the countries to compare and contrast robust data. The impact to date is that 81% of people seen by the UCR have not attended A&E or been admitted to hospital within two days of a visit from the UCR teams.

Alex Jennings Care Home Manager, and Kyomi Campbell, Urgent Community Response Manager shared their experience of the service with the Board.

## **RESOLVED**

That Julie Oldroyd, Alex Jennings and Kyomi Cambell be thanked for providing an update on Kirklees Urgent Community Response

### **32 Kirklees Ageing Well Strategy**

Nicola Cochrane, Joint Transformation Programme Manager Kirklees CCG presented the Ageing Well Strategy for discussion with the aim of getting support from the Board to approve the strategy which had already been presented to the local Ageing Well Board and the Integrated Health & Care Leadership Board.

The Board was informed that the purpose of the strategy is to outline how quality of life and outcomes for the Kirklees population will be improved by supporting people to age well and remain independent for longer with focus on

- Early identification, prevention, proactive care
- Supporting people to identify their own needs
- Personalised care approach
- Empowering people to self-care and take control of their own care
- Services working in an integrated way (multi-disciplinary working/provider collaboratives)

There is a specific section within the strategy that focuses on health inequality that draws out the priorities that are within the Health and Wellbeing Plan with the aim of embedding these priorities where possible into the individual work streams. There are domains within the strategy which give more detail of how those priorities will be delivered through the individual work streams.

The strategy supports the key deliverables within the NHS Long Term Plan and the national NHS England Ageing Well Program. There are three main elements of the NHS England Ageing Well Program.

- The Urgent Community Response
- Enhanced Health in care homes
- Anticipatory care

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In Kirklees the definition has been widened within the ageing well program by using the national definition and then added a few other programs that are quite interdependent in terms of success of those three main programs. There are six work streams within the Ageing Well programme.

- Anticipatory care,
- Frailty
- A big piece of work around care homes
- End of life
- Urgent Community Response
- Discharged to assess work stream.

The strategy includes details of each of these programs.

The Board was informed that the aim of the strategy is to ensure that the population of the Kirklees receives a more personalised approach that is tailored to support their needs with the focus on prevention and early identification. The approach will embed shared decision making to ensure people feel more empowered to take control of their care and include outcome focused care planning with the strength-based approach.

### **RESOLVED**

That the Board

- Support and sign off the Ageing Well strategy
- Note that the implementation of the Ageing Well Strategy will be enabled by the use of pooled budget arrangements where these can support integration and transformation of services to improve outcomes.

### **33 Health Check Pilot Update**

Patrick Boosey, Wellness Service Lead and Lisa Waldron, Wellness Service Operations Manager provided an update on the Health Check Pilot.

In summary, the Board was informed that the Wellness Service aims to support adults in Kirklees live healthier, happier lives and feeling more able to look after themselves to foster people to look after their own health and well-being and maintain their independence. The service offers support to people who are experiencing low level mental health needs like anxiety and low mood, there is also support for people who want to stop smoking with support given using nicotine replacement therapy or vaping devices. There is support for people who are wanting to get more physically active and programmes and opportunities to support people to get more active in the community and utilise the resources that are already in Kirklees.

The service offers a healthy weight programme, which is one of the big referral areas. This is an example of where the service is using innovative evidence led approaches to tackling health inequalities through a Weight Neutral approach. This is a new approach to issues of weight and health that is driven primarily by

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compassion, takes blames away from individuals and fully acknowledges the mental and financial burden poverty and inequality places on people.

If an individual comes with a range of issues they want to improve or get support with, for example, they may want to stop smoking and want to get more physically active, the benefit of the health coaching approach is that they only have to tell their story once. The health coach can support across all these different areas offering a whole services, person-centred, holistic approach and people can be supported all under one roof by one individual and develop a rapport and relationship with that person.

The health coaching approach focuses on identifying individual strengths and resilience, recognising that everyone who comes has a lot of strengths and assets that they may not have recognised. The aim is to try and support them to use those strengths and assets in making positive changes to their health.

Up until end of November 2021, there have been approximately 1500 referrals to the Wellness service across the different pathways, supporting people with smoking weight and getting more physically active. A key highlight is the smoking quit rate within the Wellness service is at 56%, which is significantly higher than the national average of 40%.

The Board was informed that the rationale and the background around the Health Check Pilot was that there has been a decline for people eligible for health checks in Kirklees taking up that offer in certain communities particularly those that face higher health inequalities. The Wellness Service and asked how uptake could be increased to attract people to have health checks in those that faced the highest health inequalities. The aim was to try to move away from medicalised model to more a more holistic person-centre approach.

There are qualified health coaches trained in health check delivery supervised by a clinical practitioner. The service offers a 45-minute face to face health check that is in a range of different community settings across Kirklees these are one-to one. The service offers health coaching follow ups, signposting and referring into specialist or clinical services.

The pilot started on the 8<sup>th</sup> November 2021 and is going to last a minimum of six months.

Key highlights to date:

- Since the launch the service has received 178 health check referrals
- 33 health checks in week one, 41 health checks in week two with 37 completed, 38 health checks booked in for week three with 37 completed
- Completed 107 health checks that were fully completed with follow on support provided up until the 26<sup>th</sup> of November
- 78% of the results obtained have shown abnormal, for example people might be reading as hypertensive and elevated cholesterol levels or might be classified in the obese ranges

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The results highlight that the health checks are reaching the right people as this is a first opportunity of early intervention and prevention with some people.

Tackling health inequality is an ongoing process and one of the issues identified was the need for flexible appointment times. This is being considered offering appointments from 8:00am to 8:00pm Monday to Saturday. The service is being data led, looking at mapping of health inequality data and the Index of Multiple Deprivation, then looking at venues and targeted promotions that are specific to those areas. The materials available are in the five most prominent community languages within the areas and there are interpreters on hand at multiple sites.

In response to the information presented the Board asked the following questions including:

- Is there a difference between the sort of support people were seeking before Covid and what they are seeking support for now?
- Will there be any longer-term evaluation of the impact of people using the service, particularly with enabling them to be independent and being motivated to change their lives?
- Where does the funding come from for the pilot?

### RESOLVED

That Lisa Waldron and Patrick Boosey be thanked for providing an update on the Health Check Pilot and the Board support the strategic direction of the service

#### 34 **The Health and Care Bill: Update on preparations in West Yorkshire and Kirklees**

Carol McKenna, and Phil Longworth provided an update on the preparations in West Yorkshire for the introduction of the Health and Care Bill. In summary, the Board was informed that the West Yorkshire Integrated Care System describes the arrangements that partially exist in shadow form, however some elements will become statutory from the 1st of April.

The arrangement encompasses a range of components, for example, a body called the West Yorkshire Integrated Care Partnership that will have a responsibility to agree the overall strategy for West Yorkshire and is built from place health and well-being strategies. It will also encompass a wide range of representatives in a similar way to the current West Yorkshire Health and Care Partnership Board. The enacting of that strategy sits with the Integrated Care Board which is the statutory body that receives the funding from NHS England. It is expected, subject to parliamentary approval, that these changes will come into effect from the 1<sup>st</sup> April 2022.

The Integrated Care Board (ICB) will be responsible for delivering the strategy, however a significant part of what they are accountable for will be enacted through delegation into place. There will be a sub-committee of the ICB in Kirklees, which is where the partnership will work together to respond to that delegation.

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The current Health and Wellbeing Strategy is being refreshed and will come through to the Kirklees Health and Wellbeing Board in due course for sign off. The Kirklees place-based committee of the ICB will be responsible for delivery against the Health and Wellbeing Strategy and agreeing health and care services in Kirklees.

It is expected that the place-based committee of the ICB in Kirklees will be supported by a range of other components and dialogue is taking place about establishing a clinical and professional forum that would play a key role in informing and supporting the decisions that will be taken. It is also important to retain and build on the many ways of hearing citizens and patient's voice.

The draft West Yorkshire ICB Constitution is currently being engaged on. Locally, work is being undertaken to develop a collaboration agreement to support the Kirklees place-based partnership, this will set out how partners work together taking decisions on a partnership basis.

The Board was informed that a white paper on an adult social care was published on the 1<sup>st</sup> December 2021 and there a couple of points to note:

- 1) Whilst the white paper sets out future funding commitments that should flow through into the adult social care system there will still be significant pressure on the system. This emphasises the importance of prevention and enabling people to be as independent as possible.
- 2) The statutory social care functions undertaken by local authorities will become subject to inspection by the Care Quality Commission. This will bring an extra level of assurance and is being viewed by most commentators as a positive development.

### **RESOLVED**

That Carol McKenna and Phil Longworth be thanked for providing an update on the preparations in West Yorkshire and Kirklees for the introduction of the Health and Care Bill

### **35 Date of the next meeting**

That the date of the next meeting 20 January 2022, be noted by the Board.