

Contact Officer: Jenny Bryce-Chan

## KIRKLEES COUNCIL

### HEALTH AND WELLBEING BOARD

**Thursday 30th June 2022**

- Present: Councillor Viv Kendrick (Chair)  
Councillor Musarrat Khan  
Councillor Carole Pattison  
Councillor Mark Thompson  
Councillor Kath Pinnock  
Carol McKenna  
Dr Khalid Naeem  
Richard Parry  
Rachel Spencer-Henshall  
Beth Hewitt  
Stacey Appleyard
- In attendance: Tim Breeley-Fox, Locala  
Cllr Jackie Ramsay, Lead Member Health and Adults  
Social Care Scrutiny Panel  
JoL Hilton-Jones, Public Health Manager  
Phil Longworth, Senior Manager, Integrated Support  
Alex Chaplin, Strategy and Policy Officer, Integration  
Sharon Hewitt, Kirklees Safeguarding Children  
Partnership Manager  
Diane Mckerracher, Chair of Locala  
Rachel Millson, Senior Strategic Planning and  
Development Manager, Kirklees Health and Care  
Partnership  
Mags Rogerson, Service Manager, Personalised Care  
Matt England, Mid Yorkshire Hospital NHS Trust  
Chani Mortimer, Service Manager, Domestic Abuse &  
Safeguarding
- Apologies: Mel Meggs  
Jacqui Gedman

**1 Membership of the Board/Apologies**

Apologies were received from Mel Meggs, and Karen Jackson.

Tim Breeley-Fox attended as sub for Karen Jackson.

**2 Minutes of previous meeting**

That the minutes of the meeting held on the 31<sup>st</sup> March 2022 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 Public Question Time**

No public questions were asked.

**7 Joint Health and Wellbeing Strategy**

Rachel Spencer-Henshall, Strategic Director for Corporate Strategy, Commissioning and Public Health was invited to introduce the Kirklees Joint Health and Wellbeing Strategy refresh. Prior to introducing the item, the Board was given a brief update on the current position regarding Covid-19 in Kirklees to highlight some of the challenges that the system is currently facing.

The Board was informed that there are a significant number of cases again in Kirklees which is not different to anywhere else in the country. It would seem that there is another wave most likely as a result of the various variance within the Omicron strain. On the positive note, the impact of the vaccination programme shows that those people needing hospitalisation is a lot fewer than it would be based on the current number of cases. It is however, impacting on staff levels, particularly in the health sector which is struggling in terms of people being off with COVID and the impact this has on the ability to deliver care.

The Board was reminded that for people who are 75 and over, and those that are clinically extremely vulnerable, there has recently been a spring booster campaign for an additional vaccination and the offer is still open. For anyone who has not yet had their vaccine and feel like now is the right time the offer is always available.

Introducing the Joint Health and Wellbeing Strategy (JHWS), Ms Spencer-Henshall reminded the Board that it had asked for the Joint Health and Wellbeing Strategy (JHWS) to be refreshed and in response, colleagues have been working on refreshing the strategy over the past year.

The final draft of the strategy is being presented with the hope that each of the organisations represented by the Health and Wellbeing Board will endorse it within their respective organisations. To date, there has been a great deal of engagement on this, and those involved should be thanked for their work.

Phil Longworth Senior Manager Integrated Support, referring to the appended report, advised the Board on issues to consider as follows:

- **Opportunities for partners to endorse the draft JHWS** - giving partners the opportunity to comment on the draft strategy, recognising that the discussion might result in changes being made. Following the discussion, the Board will be

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asked to endorse the draft strategy with the aim that the final version will be brought back to the Board in September 2022.

- **Refining/improving content** – particularly the headline actions for each priority
- **The relationship with the West Yorkshire ICS strategy and Kirklees Place-based plan for health and care** - work has started on updating the West Yorkshire ICS Strategy and consideration will need to be given to how the place-based plan at the Integrated Care Board and the Kirklees Committee will develop and how they work together
- **Embedding ways of working** - as with the previous JHWS there is a great deal about ways of working and there is a continuing challenge regarding how to embed ways of working, particularly around issues like personalisation and co-production
- **Tracking delivery and impact** – it is important to keep track on the difference that is being made and the agreed areas are being delivered on
- **Communicating the top-tier strategies** – there is a challenge that is a collective one across the top tier strategy regarding how to communicate them in a way that is engaging and dynamic

Jo Hilton-Jones Public Health Manager, informed the Board that the new version of the strategy, focuses on the people who live, work, and study in Kirklees and the aim is to make sure it is in plain language and accessible. There has been extensive engagement largely led by Healthwatch that underpins the direction that has been drawn out.

It is high-level and sets the direction and tone and the implementation is reliant on the plans and strategies that sit underneath it. There is a reliance on mutual strategies such as the Environment Strategy, Inclusive Communities Strategy, and the Inclusive Economy Strategy to be able to deliver the intent. The alignment between the strategies is a shared vision and commitment to tackling inequalities.

The vision:

*“People who live, work and study in Kirklees live their best lives with good health and wellbeing, free from inequality, stigma and barriers so they can do and the enjoy things that matter to them”*

Values: (Principles or standards of behaviour – what is important)

- We believe everyone has the right to good health and wellbeing
- We are committed to getting rid of health and wellbeing inequalities (avoidable unfair differences in health and wellbeing between people of different social groups)
- We value difference and promote fair access to opportunities and resources
- We are committed to addressing the wider factors that influence and impact on health and wellbeing

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- We are committed to enabling communities and individuals to adapt and thrive

The Joint Health and Wellbeing Strategy is focused on the wider factors that impact on health and wellbeing and the need to address them in order to have good health and wellbeing in Kirklees, whilst highlighting the relationship with the other strategies. It is also about working with and empowering our communities. It is being clear about the commitments, and these are being phrased as 'we' statements, it is about how to deliver the strategy and the approach to the work.

The Board was informed that the 'shaped by people' outcome is one of the shared outcomes across Kirklees and place-based working. The strategy outlines details about how the work will be shaped by the people who live, work and study in Kirklees and the basic principles of approaching that. In addition, it sets out the approach to place-based working and how that is going to be delivered.

The inclusive Communities Framework is about showing the shared commitment to working better with our local communities about inclusivity and about social justice. It highlights the pillars of inclusive working and then the five key inclusive approaches that constitute the Kirklees way of doing things.

The Board was informed that a key part of the work going forward will be about how to collaborate with the other top tier strategies and other partnerships to deliver on issues outlined. The cost-of-living crisis being the most pertinent current example, of the need to work with the economic partnership on how to respond and the Inclusive Community framework gives a set of ways of approaching it. In order to respond positively and in ways that are consistent with the JHWS values, there is a need to work with people and not do things to them.

Shaped by people will be shared across all the top tier strategies, also recognising that the other four outcomes have a significant impact on health and wellbeing and will provide an opportunity for partners involved in the Board and others to contribute to them.

- Children having the best start in life
- People in Kirklees are as well as possible for as long as possible
- People in Kirklees live independently and have control over their lives
- We make our places what they are

One of the key elements of this which has been different is the work that Healthwatch has led on regarding the widespread engagement with local people to say what is important to them.

Stacey Appleyard Director - Healthwatch Kirklees, advised the Board that Healthwatch approached local partners including mental health service and the CCG, in addition to using other data it had collected over the past two years. People were saying many different things about services and health and wellbeing, and every single comment was read and there were between 3000 and 5000 comments and then allocated to an 'I' statement.

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The Board was informed that it is evident from previous iterations that people much prefer a plan on a page where they do not have to look at a long set of slides. There has been an attempt to try to summarise the findings from the process and how the JHWS needs to focus attentions. Considering the life course and outcomes and how the work is being shaped by people who live, work or study in Kirklees three priority areas have been identified.

- Mental wellbeing
- Health places
- Connected care and support

From the issues people had raised there are six factors that will need to be considered when tackling those priorities in addition to delivering on the other plans and strategies that supports this.

The six factors:

- Inequalities and inclusion
- Shaped by people
- Poverty
- Digital
- Housing
- Climate emergency

The expectation is, if those factors feel like the right ones, conversations and the thinking can begin on how to build those into the different plans and strategies that can support the JHWS as well as delivering on those three priorities. In terms of delivering on the three priorities, the aim is to take the plan on a page approach.

The Board was informed that it is important to think about how to identify the difference that is being made, and a key part of this is check and challenge. Within the JHWS there are a set of values and ways of working and the importance of the 'I' statements are recognised. There is a plan on a page and a set of ambitions, and the things local partners can and should do. There is also a need to consider the six factors and how to connect these to the other top tier strategies and the success indicators part of the challenges for organisations and services to hold themselves to account.

In terms of the partnership arrangements, ultimately the Health and Wellbeing Board will be able to challenge the people working on those areas and against those tests to see if they are contributing to the delivery of the strategy. Across all the outcomes, it will be important to look at the system's performance measures to see how well the system is working.

In response to the information presented, the Board commented that it will be the role of the Integrated Care Board (ICB) in Kirklees to have oversight and delivery of much of the strategy, however, at the moment it is difficult to distil the information presented. As this develops over the next few months, it will be important to articulate much more clearly about what the expectation is of the Health and Care

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Partnership. This is in addition to thinking about going into the new arrangement and the new ICB and having clarity about how it fits together.

The Board asked a number of questions including the following:

- In terms of the workforce, because according to the headlines today a quarter of GP post might be unfilled at the end of this decade. Is there an issue regarding workforce matters?
- Support for the more transient communities for example a Ukrainian family just coming in might not initially fit under the vision or the value of working, living, or studying in Kirklees because they are not yet fully integrated into society. These people may have the biggest health inequalities and biggest challenges. Does there need to be support around that included in the strategy?

The Board commented that it is happy to endorse the strategy and the messages, however, would like a further conversation about how the information is presented before the final version is brought to the Board for sign off.

### **RESOLVED**

That:

- a) Officers be thanked for presenting the draft refreshed Health and Wellbeing Strategy
- b) the Board endorses the draft refreshed Health and Wellbeing Strategy and encourages partners to endorse the strategy before the final version is presented at the September Board meeting for final approval

## **8 Transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership**

Carol McKenna, Chief officer NHS Kirklees Clinical Commissioning Group, provided an update on the transition to West Yorkshire Integrated Care Systems and Kirklees Place-based Partnership. The Board was advised that today (30.06.22), is the last day of the Clinical Commissioning Group (CCG) and tomorrow (01.07.22) is the first day of the Integrated Care Board. The change for employees feels like an evolution who from tomorrow will have a different employer, however the journey will be known, and the partnership work being undertaken for many years will continue in a similar vein albeit within a different framework.

Ms McKenna stated that it was important to place on record a note of thanks to the CCG staff, because they have lived through a period of uncertainty for some considerable time and have worked extremely hard through the process as well as responding to the impact of the pandemic. The CCGs merged 15 months ago and that was an organisational change process that generated a great deal of work from the finance, governance and contracting teams undertaking various year end processes. All the work that is not visible but is vitally important had to be done when CCGs merged into the Kirklees CCG and is now having to be done again for the new arrangement.

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The Board was advised that tomorrow will be the first meeting of the Integrated Care Board (ICB) which will be streamed if Board members want to watch the meeting. It will be a meeting in public and will be fairly procedural. It is the first meeting to enable the operation as a new organisation and there will be a number of governance matters to be signed off and approved. Thereafter, the West Yorkshire Board will meet every two months in a public setting.

In respect of the work in Kirklees, one of the benefits of the three months delay in the new arrangement coming into being, is it has focused the work in shadow form and three shadow meetings of the local ICB committee have taken place. The ICB Committee in Kirklees is the place to where the resources will be delegated, therefore it is an important place. The first formal meeting of that committee will be on the 13<sup>th</sup> July 2022.

The Kirklees Health and Care Partnership logo which was developed across the partners and will be used going forward.

The Board was shown slides which demonstrated how the various committees fit together, including the Yorkshire Integrated Care Board and the Yorkshire Integrated Care Partnership, the two bodies that make up the Integrated Care System (ICS). When referring to the ICS it is the entirety of the partnership, and it is the West Yorkshire Integrated Care Board that is the statutory body.

The West Yorkshire Board will be supported by a range of committees and there will be five place committees including Kirklees and the ICB place committee will be supported by three subcommittees. The role of the three subcommittees will be predominantly concerned with assurance and being able to give the board assurance that the work of the place-based partnership is being appropriately scrutinised and have the right oversight and level of attention on the work being undertaken.

The Kirklees ICB committee will have the delegated authority to make decisions regarding the use of NHS resources in Kirklees and it is the NHS budget that is delegated currently, however, the expectation is that increasingly conversations will be had regarding the financial health of the entirety of the place. Increasingly, there will be oversight regarding resources not just in terms of finance but on matters such as workforce across the place.

The Board was informed that establishing these new bodies does not mean removing other things that currently exists and work effectively. There are good program structures to deal with a number of priority programs such as aging well, that is an example of one programme that brings together all the partners and that work will continue.

The difference will be in the decision taking mechanisms for example, where things in the past might have gone into the CCG Governing body, they would go into the Kirklees ICB Committee and that changes the ethos from a commissioner making the decision at the end to a partnership working together to agree what is best for a population and then taking the decision together.

**RESOLVED**

That Carol Mckenna be thanked for providing an update on the transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership

**9 Domestic Abuse strategy**

Chani Mortimer, Domestic Abuse and Safeguarding Partnership and Jo Richmond, Head of Communities attended the meeting to present the Domestic Abuse Strategy. The Board was informed that the previous domestic abuse strategy ended in 2021 and the one appended to the agenda is the new one that has been coproduced with partners in the Domestic Abuse Strategic Partnership and wider. It is based on a needs assessment, and it was against the backdrop of a new duty around safe accommodation.

The needs assessment which has informed the strategy did highlight a number of areas that has been strengthened, including work with children and young people, people with complex needs and one of the biggest changes is work with perpetrators of domestic abuse.

Developing the strategy was a strong partnership approach in terms of developing the priorities that were identified. Workshops were held with operational staff, in addition to staff at a more senior strategic level who helped to shape the strategy.

The priorities identified in the strategy include:

- **Priority one:** the whole family approach to domestic abuse - this links in with the existing early support offer around supporting children and young people that are affected by domestic abuse whether that is from parental domestic abuse as victims or perpetrators in their own right
- **Priority two:** supporting perpetrators to change their behaviour – this is around holding perpetrators to account and supporting behaviour change and trying to take a more trauma informed approach
- **Priority three:** the partnerships response to supporting victims with multiple needs and/or protected characteristics
- **Priority four:** supporting victims to maintain or access safe and stable Housing because housing is a big issue around domestic abuse
- **Priority five:** multi-agency working arrangements – is the arrangements in place as a partnership to respond to domestic abuse incidents that are reported by police and other agencies



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The Board was informed that a great deal of intelligence has gone into the development of this strategy and work is being carried out to strengthen the intelligence across the district in terms of understanding the local picture. Other strategic aims relate to supporting the workforce and supporting specialist services.

Kirklees is fortunate in that there are well established specialist domestic abuse support agencies, and it is supporting them to continue to be sustainable to develop a strong focus on working with local communities. It is also ensuring that there are robust arrangements in place to enable communities to feedback on how domestic abuse is affecting them as a community. The commitment of the partnership is not just what is being done collectively together but what each individual partner organisation is doing to respond to domestic abuse.

Cllr Musarrat Khan, Board member and Portfolio holder for Health and Social Care welcomed the strategy and the update given by officers and asked Board members to bear in mind that the strategy is a working document and is subject to annual review. Cllr Khan advised that while there are measurable outcomes it is important to increase the focus on prevention and tackling the perpetrators to try to help them with their behaviour change which may prevent further incidents.

### **RESOLVED**

That

- a) Chani Mortimer and Jo Richmond be thanked for presenting the draft Domestic Abuse Strategy to the Board
- b) The Board notes the information presented and asks partners to consider the implications of the strategy for their organisations and the work of the Health and Wellbeing Board

- 10 Kirklees Safeguarding Children Partnership Annual Report 2020/2021**  
Sharon Hewitt, Kirklees Safeguarding Children Partnership Manager, presented the Kirklees Safeguarding Children Partnership Annual Report 2020/21 to the Board.

In summary, the Board was informed that the report is for the years of 2020 and 2021 and just to remind the Board that there is a requirement for the partnership to produce the annual report around the safeguarding activity that takes place. The report was signed off with the Partnership Executive via the three statutory partners from the local authority, the Clinical Commissioning Group (CCG) and the Police in June and is now on the Kirklees Safeguarding Children website.

The report starts with an introduction from those three partners and then leads into the focus areas for the time covered by the report. At that time, the focus was around early support, prebirth and non-mobile babies, domestic abuse, the impact on children at risk relating to child exploitation and for their safe transition into adult services. These areas of focus have continued into the 21/22 year and the report for that year will be available early autumn.

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The report gives a breakdown around population factors and the safeguarding activity and there was one serious incident notification that came through to the partnership in that time period. It did lead to a local Serious Case Review, but it did not meet the criteria for a notification to the National panel. The case specifically related to the hospital trust restraint policy around restrictive interventions that involve children and there has been some work that has taken place with both hospital trusts around that physical intervention policy.

The incident for the local SCR and was linked to the national themes that come from the National panel and those include

- the voice of the child
- disguise compliance
- professional curiosity
- effective assessment planning
- information sharing
- supervision.

In respect of the national themes, the Policies and Procedures group have been working on or have completed policies and procedures in relation to all the six national themes.

The report outlines the business priorities at that time and what had been achieved. One of the core activities at that time was the response to Covid-19 and developing a system wide collaborative response to the pandemic to protect vulnerable children and families across Kirklees. Part of the response was creating a COVID-19 web page to communicate key information to professionals, practitioners, and members of the community.

The Board was informed that the report outlines the approach to independent scrutiny approach and plan which was endorsed through the Executive Group as follows:

- Endorsed an approach and scrutiny plan
- Formally signed up as a partnership to the Multi-agency Safeguarding Arrangements (MASA)
- Committed to supporting a multi-agency response to look at system wide issues within the safeguarding system
- Supported a widening of scrutiny activity beyond a single individual, and agreed the named scrutineer 'holds the ring' in pulling scrutiny activity together in a meaningful way to support the Partnership Executive Group

The Board was informed that the Section 11 self-assessment which is part of the Children's Act 2004, places a duty on a range of organisations to ensure there have the right services and functions in place to safeguard and promote the welfare of children. The section 11 has taken place and most agencies assess themselves as being compliant against the 11 assessment areas and 66 questions relating to safeguarding. Those agencies who provided answers that were not compliant, it was agreed that Kirklees Safeguarding Children Partnership would undertake a focused challenge and assurance panel event to address the areas of noncompliance and feed that back to the partnership.

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The Exploitation Strategic and Operational Subgroup have undertaken a new way of working alongside the University of Bedfordshire in relation to contextual safeguarding for adolescents. This includes:

- Diversion and prevention to support children away from prosecution
- Local reflection based on a ministerial letter relating to injuries with knife or sharp object
- Work undertaken to review and respond to the Covid pandemic that considered protecting children from a distance

In addition, work has been undertaken to update the Child Exploitation policy, procedures, and guidance around children from abroad, including victims of modern slavery, trafficking, and exploitation.

The Board was informed of a listening and responding exercise being developed to inform change, which allows children and young people, families, and communities to have direct dialogue with the KSCP around any areas of concern, and then this will be expanded to involve practitioners.

### RESOLVED

That

- a) Sharon Hewitt be thanked for presenting the Kirklees Safeguarding Children Partnership Annual Report 2020/21 the Board notes
- b) The Board notes the Annual Report and the joint agency priorities

### 11 Proposed revisions to the terms of reference for the Kirklees Health & Wellbeing Board

Cllr Viv Kendrick, Chair of the Health, and Wellbeing Board, informed the Board that with the imminent change of membership as a result to the new arrangements which will be in place from the 1<sup>st</sup> July, two members of the current Board will no longer be members of the Board, Beth Hewitt, Independent Board member and Dr Khalid Naeem, Deputy Chair. Cllr Kendrick on behalf of the Board thanked them for their attendance and valuable contribution they have made to the Health and Wellbeing Board.

Phil Longworth, Senior Manager, Integrated Support advised the Board that the report is formatted for going forward from the Health and Wellbeing Board to the Council's Corporate Governance and Audit Committee and then on to Full Council. The Health and Wellbeing Board is a committee of the council and therefore it is council that has the authority to change the terms of reference, however, can only do this, after the Health and Wellbeing Board has been consulted.

The Terms of Reference (TOR) is being revised to reflect that after today, the CCG will no longer be in existence and the Integrated Care Board (ICB) will begin from the 1<sup>st</sup> July 2022. The revisions are also aimed to reflect the wider policy direction

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that indicates a much broader set of partnership-based approach, which is a shift from a strict commissioner/provider frame of reference. This is what the original formation and membership of Health and Wellbeing Board was based on, and it is moving to something that is much more about recognising that all the key providers of health and care and related services have a significant impact on the health and wellbeing of local people.

The Board was informed that as part of the process of revising the TOR was looking at other Health and Wellbeing Boards and one of the things that stood out was that across West Yorkshire and more widely, is the difference Kirklees has between voting and non-voting members which is very much an anomaly. Therefore, the revisions will remove that distinction meaning that members of the board and all members can vote.

To make the Board more representative and include a wider range of partners who impact on health and wellbeing the membership has increased, however, it is worth noting that, the size of the board is not out of step with other authorities. There has also been an attempt to draw out the distinct roles because it is important to be clear about the role of the Health and Wellbeing Board and the role of the Integrated Care Board Committee.

There has never been the formal role of the vice chair and while in the past this role has been held by the clinical lead from the CCG's, the formal role of deputy chair has now been written into the terms of reference. The expectation is that will continue to be one of the other partners.

Written into the TOR is the role of the Board's chair, or someone designated from the Board to make the connections formally with the other partnership groups such as the Integrated Care Board, Safeguarding Partnerships. In addition, one of the issues that has been brought up by legal is that there are issues within the Health and Care Act which relates to a duty on the Integrated Care Board to make sure that they have reflected the Joint Health and Wellbeing Strategy in their plans. There also needs to be scope for the Health and Wellbeing Board to provide comments to the Integrated Care Board on their plans.

In terms of next steps, once the Board has agreed the revised TOR the report will progress to Corporate Governance and Audit Committee in July 2022 and Full Council in September 2022. One of the practical steps that will need to be taken will be identifying the membership, for example a member from General Practice, NHS England, Fire and Rescue service, the third sector, community pharmacy and social care. The proposal for social care is through the Kirklees Care Association.

### **RESOLVED**

That the revised Terms of Reference of the Health and Wellbeing Board be approved

**12 Arrangements for future Health and Wellbeing Board Meetings**

Phil Longworth advised the Board that during the pandemic, there was a dispensation given that Council meetings that were taking decisions could meet virtually. That dispensation has now ended, therefore any decision taken by the Board will have to be taken at an in-person meeting.

The formal decision taking by the board is limited to approval of the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment, and the Pharmaceutical Needs Assessment.

The suggestion before the Board is:

22<sup>nd</sup> Sept 2022 an in-person meeting to formally approve the Joint Health Wellbeing Strategy and the Pharmaceutical needs assessment

24<sup>th</sup> Nov 2022 Virtual meeting

19<sup>th</sup> Jan 2023 Virtual meeting

30<sup>th</sup> March 2023 In person

**RESOLVED**

That future meetings of the Health and Wellbeing Board will comprise of physical and virtual meetings