

Contact Officer: Jenny Bryce-Chan

## **KIRKLEES COUNCIL**

### **HEALTH AND WELLBEING BOARD**

**Thursday 24th November 2022**

Present: Councillor Viv Kendrick (Chair)  
Councillor Carole Pattison  
Councillor Kath Pinnock  
Richard Parry  
Carol McKenna  
Stacey Appleyard  
James Creegan  
Christine Fox  
Superintendent Jim Griffiths  
Liz Mear  
Sean Rayner  
Catherine Riley  
Dr Nick Hardiker  
Alasdair Brown

In attendance: Phil Longworth, Senior Manager, Integrated Support  
Alex Chaplin, Strategy and Policy Officer  
Lorna Peacock, Locala  
Jo Richmond, Head of Communities  
Matt England, Mid Yorkshire NHS Trust  
Jo Hilton-Jones, Kirklees Council  
Cllr Jackie Ramsay, Lead Member Health and Adults  
Social Care Scrutiny Panel  
Emily Parry-Harries, Consultant in Public Health  
Alexia Gray, Head of Quality Standards and Safeguarding  
Partnerships

Apologies: Councillor Musarrat Khan  
Mel Meggs  
Rachel Spencer-Henshall  
Karen Jackson  
Ruth Buchan  
Len Richards  
Jacqui Gedman

#### **24 Membership of the Board/Apologies**

Apologies were received from Cllr Musarrat Khan, Karen Jackson, Len Richards, Mel Meggs, Ruth Buchan, and Jacqui Gedman.

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Lorna Peacock attended as sub for Karen Jackson  
Matt England attended as sub for Len Richards  
Emily Parry-Harries attended as sub for Rachel Spencer-Henshall

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

That the minutes of the meeting held on the 22 September 2022, 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 public questions were asked.

### 30 **Inclusive Communities Framework**

Jo Richmond, Head of Communities Kirklees, provided an update on the Inclusive Communities Framework (ICF). The Board was advised that the ICF initially started as a discussion regarding revisiting the cohesion strategy. From the discussions it became evident from talking to partners and listening to feedback from communities, there were questions about what does cohesion mean to people and what is the role in supporting cohesion as an outcome, rather than a problem to be fixed.

Cohesion was taking people down a singular lens, and the aim was to broaden that as communities and partners saw that in a much more holistic way. The conversations with communities became very much about feeling included and what needed to be in place for them to feel included. People talked about feeling safe, being able to participate, being able to get a job or training, having good schools, feeling heard and feeling wanted. They talked about being able to live a good life and being able to access services that they needed. It was very much about how people felt about their local place, their local environment, their connections with other people and with services. A piece of work was started across the system, involving many people who wanted to be involved on how to move from cohesion to inclusion.

It became clear that a framework would be much more useful because that was about doing, and although strategies are about doing, a strategy is also quite a focused piece of work in terms of cohesion and inclusion. It was important not just to have a strategy document that would be sat on a shelf, it was felt that a framework would be an active document that could be used with any piece of work in any organisation, large or small.

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The Board was informed that the framework has a number of core pillars within it, with a starting point that communities hold solutions and a belief that it is important to build a sense of belonging to encourage people to feel included

Believing, belonging, and care, became the underpinning pillars, and, in terms of the doing, that became about self-reflection. The approaches have been turned into a self-assessment which aims to build a sense of trust on how to include people, how to connect with people, communicating and celebrating and trying to keep it simple, because the tool is a document to enable reflection on what is being undertaken and the approach. The framework should prompt a conversation, and this has been tried during the development of the framework and in local places. It has also been tested out with other services and through self-assessment looking at ways that things can be done differently.

- The aim is to try this in local places with local services, people, and elected members
- Through self-assessment, find ways to work differently and build on what works
- Working alongside communities to identify ways to:
  - Connect
  - Communicate
  - Share power/equalise
  - Build trust
  - Celebrate alongside

The framework amplifies some good practice, and within the document there are examples of how people have done things that can be drawn on, and learned from. It aims to put in one place, all of the practice for example anti-oppressive practice, trauma informed practice, asset based and restorative practice. All of those practices are in one place within the document and people can link into those and have a look at what best fits with their organisation. It will then be reviewed in approximately 12 months to see what difference it has made, and if it is making the expected impact and that working alongside communities is more effective.

The Board was informed that the framework is currently being rolled out having been adopted by full council. There is a plan regarding how this will be disseminated through the organisation, and it will be incremental, it will grow and spread and will probably be tweaked as a result of learning along the way.

Board members were asked to consider if there was a way of using this framework within their respective organisations and be one of the early adopters?

In response to the information presented a number of questions were asked and comments made as follows:

- If an organisation wanted to explore this further or take this on, what should they do and how do they get hold of the documents?
- There have been conversations regarding the best way of taking this forward, disseminating it and using it and it was felt that the best route would be to take it through the Integrated Care Board Committee (ICB) with the recommendation that people endorse the approach, and the partners in the ICB Committee take it

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away and think about how they best use it within their organisations. This will be alongside the other approaches that they have to working with communities, it is not intended to replace a lot of the good work that goes on, but it is intended to complement and supplement it.

- It would be useful to have a further conversation regarding the role the VCS can play within this, particularly the mental and physical health impact and the preventative side
- An interesting aspect will be the feedback and for organisations to come back with examples

The Board was informed that any organisation who would like a copy of the framework or further discussions, should in the first instance contact Jo Richmond. Work is being undertaken to build a small team of people who will be able to come out and go through the self-assessment and provide assistance where necessary.

Cllr Carole Pattison, Chair of the Community Partnership Board (CPB), informed the Health and Wellbeing Board that it was the CPB that started this off, and it is heartening to see how all partners, are taking this framework on board and it will be good to receive feedback.

### RESOLVED

That Jo Richmond be thanked for providing an update on the Inclusive Communities Framework.

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#### **Kirklees Health and Wellbeing Strategy implementation plan**

Emily Parry-Harries, Alex Chaplin, Stacey Appleyard, and Jo Hilton-Jones provided an update on the implementation of the Kirklees Health and Wellbeing Strategy (KHWS). The Board was informed that the focus of the discussion, is the role that the Health and Wellbeing Board, and the individual organisations represented on the Board, will play in making the Health and Wellbeing Strategy into a strategy that is being practically used in formal and informal partnerships.

The Board was reminded that:

- the Health and Wellbeing Strategy was approved by the Board in September 2022
- the strategy is a high-level strategy, and it is the interdependencies with the other high level strategies that will bring this to life and give it the ability to be practically applied
- appended to the agenda papers is a timetable for when each of the individual strategies will come before the Health and Wellbeing Board

The Board was asked to consider when the strategy was going to be used, in order for it to become integral to how things are undertaken. It was explained that the discussion on the strategy was timely coming after the Inclusive Communities Framework, because these two together, form an important part of our vision and values.

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Emily Parry-Harries gave a special note of thanks to Phil Longworth for the work he has undertaken on the Health and Wellbeing Strategy, and more broadly on his last meeting of the Health and Wellbeing Board as he moves into semi-retirement.

Talking to the presentation, Alex Chaplin advised that when it comes to the delivery of the KHWS, delivery will be mainly through the actions on the following priorities:

- Mental wellbeing, delivered through the Kirklees all Age Mental Health Strategy and overseen by the Mental Health Alliance
- Healthy places, which would be arrangements for oversight of this priorities, which is still being developed
- Connected care and support, delivered through the emerging Kirklees Health and Care Plan, and overseen through the Kirklees Health and Care Partnership

There will be some work undertaken around raising awareness with people who live, work and study in Kirklees, regarding how to take care of their own health and wellbeing. The Health and Wellbeing Strategy sits alongside the Inclusive Communities Framework, the Environment Strategy, and the Inclusive Economy Strategy, which are some examples of the various strategies and plans that will sit alongside all of those top tier strategies.

Stacey Appleyard, Healthwatch, informed the Board that work is being undertaken to pull together a communications plan to raise awareness of the work that has been done on the strategy. The aim is to develop a suite of resources and toolkit for partners and stakeholders to share and spread the word even further.

Some of that work will be to produce plain English infographics, specifically to the people that were spoken to as part of an engagement. Approximately 12 months ago, Healthwatch spoke to people about what their future health and wellbeing aspirations were, and it is about closing that feedback loop with those people. Approximately 6000 people who live, work and study in Kirklees were part of the engagement and the aim is to go back to those people and close the feedback loop.

There are a couple of different ideas regarding raising awareness in terms of an interactive content website where people be it stakeholder, partners, or the public, can use the interactive website to highlight how they can use some of that in action, some of the 'I' statements and some of the priorities. A locality version of the strategy will be produced that connects local activity and plans and also be a self-assessment tool to support organisations identify how they can implement the health and wellbeing strategy locally.

The Board was informed that with the work being undertaken, it will be important to know if it has made any difference. At a previous meeting of the board, there was a discussion regarding shared outcomes which are a key element of the strategy. In refreshing the Health and Wellbeing Strategy, it has been made clear where the other top tier strategies pick up particular emphasis on the outcomes.

Work is underway to refresh of the basket of headline indicators that have been in place for several years, and an important consideration is how the indicators help the understanding of inequalities in Kirklees. They will indicate that things are going

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in the right direction and that the work is making a difference and in an accumulative fashion, it is having an impact on the health and well-being of the population of Kirklees.

In addition to these headline indicators each of the three KHWS priorities have also identified a range of 'success indicators'. This will be one of the tools to help people use the indicators in their planning, delivery and 'check and challenge' for their service, organisations, and partnerships.

The Board was informed that with regard to embedding the ways of working, the following are included in the strategy. The engagement activity that was undertaken to develop the strategy highlighted a range of issues about how work with individuals, families, communities and together as partners and various organisations. There are a set of clear values and other ways of working as follows:

- We work with communities and individuals, and don't do things to them
- We recognise that who you are, and where you live, work or study, impacts on your health, wellbeing, and inequalities
- We make the most of the diverse knowledge, experience and skills of our communities and colleagues
- We develop and strengthen skills and resources in local communities and organisations
- We have the courage to be creative and innovative
- We make sure our work is intelligence, evidence and insight driven
- We focus on prevention and early identification and intervention
- We build and maintain strong relationships with effective working partnerships and systems
- We provide high support and high challenge to partners and colleagues

Jo Hilton-Jones, Public Health Manager, advised that the check and challenge is the process that provides assurance for the Board that the partnership and partners are delivering what is set out in the Kirklees health and wellbeing strategy, tackling inequalities, and delivering against the vision and values.

The Board was asked to comment on, and support the proposed approach to the Kirklees Health and Wellbeing Strategy, and to consider how board members can support the different elements of the KHWS implementation plan.

In response to the information presented a number of questions were asked and comments made as follows:

- It will be important to keep an eye on tackling inequalities because with the current financial challenges being faced by people, and the cost-of-living crisis, this will have an impact on their health and their family's health, and it is going to be a challenge
- It will be good to have the one priority coming back to be reported on, and for a deep dive, however, would it also be possible to have an update on the other priorities even if it is just a summary
- When sending out surveys and engaging with communities, it can often be difficult to get responses from a diverse range of people, however it has to be

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noted that the engagement reached communities who may not otherwise have engaged, and it is impressive that 6000 contacts were made, and it should be celebrated

### RESOLVED

That

- a) the Board supports the proposed approach to implementing the Kirklees Health and Wellbeing Strategy
- b) Emily Parry-Harries, Alex Chaplin, Stacey Appleyard, and Jo Hilton-Jones be thanked for providing an update on the Kirklees Health and Wellbeing Strategy implementation plan

### 32 **Future Commissioning Arrangements for Community Pharmacy, Optometry and Dental Services**

Carol McKenna, Kirklees ICB Accountable Officer, updated the Board on future commissioning arrangements for Community Pharmacy, Optometry and Dental Services. The Board was informed that the aim is to provide an update on the changes in commissioning, while acknowledging the scale of some of the challenges that exists for example around access to dental services.

The Board was informed that dental services have been commissioned by NHS England since 2013, and previous to that, they were commissioned by Primary Care Trusts. When Clinical Commissioning Groups (CCGs) were established, that responsibility transferred to NHS England and that has been the case since then. It has been over nine years since these services were commissioned locally within Kirklees.

The establishment of Integrated Care Boards under the Health and Care Act earlier this year, has changed things. As part of that, there was the expectation that service commissioning for dental, community pharmacy and optometry, would be delegated from NHS England into Integrated Care Boards (ICB). The commissioning of general medical services, for example General Practice Services, was delegated from NHS England to CCGs some years ago, and that arrangement continued into the ICB, however this was not the case for the three independent contractors, which is now being changed.

The delegation of what are called 'POD' services, pharmacy, optometrists, and dentists, is included within the scope of delegation from NHS England to ICBs, and there have been some flexibility around when ICBs would take this on. It is the intention for the West Yorkshire ICB to assume delegation for pod services on the 1st of April 2023. The delegation of community pharmacies services include responsibility for GP dispensing services, and dental, includes primary, secondary, and urgent dental services. In order to manage this process and be prepared for the 1st of April 2023, there has been an assessment process undertaken. The ICB has been working with its places to pull together an assessment of where things currently are, and complete the assessment framework for consideration by NHS England which will demonstrate readiness to take on the delegation. This is known as the pre Delegation Assessment Framework, which was submitted to NHS England at the end of September 2022.

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It covers a range of areas including quality and transformation, governance and leadership, finance and capability and capacity. That was completed and submitted in accordance with the timescales. NHS England moderation panel met in October 2022, and West Yorkshire have been approved to take on responsibility for the delegation of these services from the 1st of April next year. That is subject to the final decision by the NHS England Board on the 1st of December, however, the recommendation that will be going to that board will be that West Yorkshire can take on this delegation.

The Board was informed that there are some risks that have been identified, and it appears that what has been described may appear to seem like a one-way process with the ICB having to demonstrate to NHS England, West Yorkshires ability to take on this delegation. There have however, been three particular risks that have been highlighted as part of this process from the ICB into NHS England.

- 1) There was the need for some assurance regarding the full transfer of the workforce capacity from NHS England. Those people who are currently working on this with NHS England, the resources needs be transferred to West Yorkshire to support that delivery
- 2) An assurance that there is sufficient funding to commission the service to a satisfactory standard
- 3) A full understanding of the service issues that will be taken on under delegation and a commitment from NHS England to work together to manage to best effect any future contractual flexibilities that will support addressing those issues, particularly with dental services

Some key risks have been identified from an ICB perspective, in addition to identifying a number of service issues and priorities. Healthwatch have previously spoken about this, and board members will also be aware that there are national and local issues relating to access to NHS dental services. The sort of issues highlighted and some of the challenges are similar to those across the health and care sector, such as workforce pressures due to the recruitment and retention issues for NHS dentistry, and also some challenges that result from the nature of the national dental contract.

West Yorkshire ICB are on track to take on responsibility for commissioning those services from the 1st of April and the intention behind that, is it is bringing it closer to the local population. That should make it easier to be able to identify solutions at both place and locality level.

In response to the information presented a number of questions were asked and comments made as follows:

- In respect of dental contracts, do different practices get paid different tariffs, as some dental practices find it difficult to make ends meet on the tariffs that they are on, whereas others are potentially making a profit on the tariffs they are on. Would the ICB have the power to make that more equal, particularly when considering inequality to promote a higher tariff in those areas where there are more oral hygiene, oral health issues



**RESOLVED**

That Carol Mckenna be thanked for providing an update on future commissioning arrangements for Community Pharmacy, Optometry and Dental Services.

**33**

**Adult Social Care Reforms**

Alexia Gray, Head of Quality Standards and Safeguarding Partnerships, provided the Board with an update on Adult Social Care Reforms. In summary, the Board was informed that the reform builds on existing social care legislation such as the 2014 Care Act, and two further white papers which put greater emphasis on personalisation, housing, technology enabled care, and carers. It is important to note that much of that was already being undertaken in Kirklees.

The Health and Care Act received royal assent on the 28<sup>th</sup> April 2022 and there are four key components:

- 1 A cap on the amount any individual can spend on their personal care over a lifetime, round £86,000
- 2 A more generous system of means testing
- 3 A 'fair' cost of care will be established to support providers; and
- 4 Enactment of section 18(3) of the Care Act which will mean all individuals can ask the local authority to arrange their care (self-funders). This would have implications around the numbers of people coming forward and the increased number of assessments that would be needed to be able to respond to that both financial and Care Act assessments

The original implementation date for these changes was October 2023. In the recent Budget Statement the Government deferred the implementation until 2025.

The Board was informed that the funding reforms were just part of a much wider programme of change, which includes a period of recovery from Covid, particularly around workforce recovery, backlogs of assessment and reviews, and the impact of the NHS recovery from the pandemic and much of that is still ongoing.

In addition to the components listed above there are also reforms in the assurance arrangements for local authority adult social care functions, introduction of liberty protection safeguarding in 2023 and the continued drive for health and social care integration. Delivering on these will also require transformation around systems and technology, new operator/delivery models and workforce development to support new models of care.

The Council has established a social care reform oversight group with various work streams to oversee this work. Two strands of this work were highlighted: market sustainability and the changes in CQCs remit.

The market sustainability exercise - a government programme that is aimed at local authorities preparing the adult social care market for reform and to support the move, to paying providers fair cost of care. It was aimed to determine what is a fair cost of care that is reflective of local circumstances with the idea being that it would

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help to shape future markets. The services that were in scope were standard and/or enhanced residential and nursing care (age 65+) and domiciliary care (age 18+).

The exercise has been completed in Kirklees, and that needed to be submitted on the 14th of October. The intention is that the Department for Health and Social Care will look at the submissions nationally throughout the course of November and feedback could be provided in December, and Kirklees could hopefully publish its market position statement in January.

The Health and Care Act 2022 puts CQC assessment of local authorities on a statutory footing. The CQC assurance framework is due to be introduced in April 2023. This includes:

- A duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in delivering their adult social care duties from 2023/24
- Implementing an adult social care data framework to improve the quality and availability of data nationally, regionally, and locally
- New legal powers for the Secretary of State to intervene in local authorities to secure improvement
- An increase in improvement funding to support local authorities to improve and deliver reforms.

The CQC has also recently announced that it will be using a Single Assessment Framework for all health and care services. The Framework is based on five key questions underpinned by quality statements and will assess providers, local authorities, and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment.

The assessment will be across 4 themes:

- working with people - that will touch on assessments and supporting people to live healthier
- providing support - the care provision partnerships and the community-based services and early interventions
- ensuring safety - safe systems, pathways and transitions and the role of the Safeguarding Board
- leadership and workforce - governance, management and sustainability, learning, improvement, and innovation

The Board was informed that in terms of the summary of key work to support adult social care transformation and the next step, these include

- Fair cost of care exercise submitted 14<sup>th</sup> Oct – await feedback from DHSC to inform Market Position Statement
- CQC readiness
- Working on the local account in conjunction with Association of Directors of Adult Social Service
- Modelling up number of self-funders in the community
- Exploring/implementing digital options (e.g. online Care Act Assessments)

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- Engagement with ICS/ICB structures to reinforce the scale and pace of reform and implications for local authorities
- Commissioning external support to undertake diagnostics (leading to a change programme) for increased volume demand and trajectories, including Social Care Reform implementation and identifying further potential efficiencies
- Considering impact on inclusion and inequalities (Gov impact assessments and local Integrated Impact Assessment)

In response to the information presented a number of questions were asked and comments made as follows:

- The sector has generally been underfunded for many years which means that the sector's got a lack of ability to reinvest into its own businesses and provide better services and quality and in its current format it is unsustainable. In Kirklees, approximately 8-9 care homes and services have left the market in the last 6-8 months and that is the tip of the iceberg. With the cost-of-living crisis, rising fuel costs, food cost, workforce costs and non-increasing income, and in real terms it is a reducing stream it means more providers may be on the edge

### **RESOLVED**

That Alexia Gray be thanked for providing an update on Adult Social Care Reforms