

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 6th September 2018

Present:

Councillor Donna Bellamy
Councillor Viv Kendrick
Councillor Kath Pinnock
Councillor Cathy Scott
Dr David Kelly
Carol McKenna
Dr Steve Ollerton
Richard Parry
Rachel Spencer-Henshall
Fatima Khan-Shah
Helen Wright
Jacqui Gedman

In attendance:

Lucy Cole, Project Lead (Kirklees Health and Wellbeing Plan)
Rachael Loftus, Head of Regional Partnerships
Steve Brennan, Senior Responsible Officer, Working Together
Phil Longworth, Health Policy Officer

Observers:

Catherine Riley, Calderdale and Huddersfield Foundation Trust
Jane Close, Locala
Chris Walker – Attain
John Keaveny – SWYFT
Matt England – Mid Yorkshire Hospital NHS Trust

Apologies:

Councillor Shabir Pandor (Chair)
Kathryn Hilliam

12 Membership of the Board/Apologies

Apologies were received from the following Board members:- Cllr Shabir Pandor and Katherine Hilliam.

13 Minutes of previous meeting

That the minutes of the meeting held on the 28 June 2018 be approved as a correct record.

14 Interests

No Interest were declared.

15 Admission of the Public

All agenda items be considered in public session.

16 Deputations/Petitions

The Board considered a written submission from Christine Hyde, North Kirklees Support the NHS.

17 Public Question

No questions were asked.

18 Kirklees Health & Wellbeing Plan

Lucy Cole, Project Lead (Kirklees Health and Wellbeing Plan) attended the meeting to present the draft Kirklees Health and Wellbeing Plan (2018 – 2023) to the Board for endorsement. The plan will be a key document for the Health and Wellbeing Board with the priorities informing the agenda of the Board going forward.

The plan outlines the planned objectives and key planned interventions and programmes of work for each of the four population cohorts. The cohorts include:

- Living well – this segment of the population are largely healthy and maintaining their own health and wellbeing, they may be subject to some risk factors – behavioural (e.g. smoking, poor diet) or social (e.g. poor housing)
- Independent – 84% of people over 50 have a long term condition, which they are managing alone and there is a huge population of unpaid carers
- Complex - this group has a number of complex needs and consume a large amount of resources across multiple agencies.
- Acute and urgent – at any one time, anyone may require an urgent or acute intervention, this should be provided in the right environment by the right professional, meeting the need as quickly as possible

The Board was informed that there are five shared priorities for the Kirklees population within the plan:-

- Creating communities where people can start well, live well and age well
- Creating integrated person-centred support for the most complex individuals
- Developing people
- Developing estates
- Harnessing digital solutions

Through the delivery of these priorities the aim is to make a real impact, on making healthy weight the norm for the population, increasing the proportion of people who feel connected and reducing the prevalence of mental health and social isolation and narrowing the gap in healthy life expectancy.

The approach will be working with nine local communities of approximately 30,000 – 50,000 across Kirklees, bringing together the NHS, social care, wider council services and the voluntary and community sector.

Health and Wellbeing Board - 6 September 2018

The Board was advised that once the plan had been endorsed it would then be submitted to each organisation to present to their individual governance structures for approval.

The Board raised a number of questions in respect of the plan including whether there would be a shorter public facing document and in response was advised that a shorter public version of the document would be produced.

The Board questioned how it would be possible to ensure that there was equality of provision considering the diverse nature of the communities in Kirklees. In response, the Board was informed that it was not about trying to draw new boundaries and there was still some work to do. Partners aimed to tailor services to meet the needs of the diverse communities recognising that there are dotted line community boundaries and communities are not always easy to define.

Board members stated that adult social care was working in four locality teams and children services was also working in the same way, therefore how would working in nine local communities, support the four locality teams approach. This was recognised but noted that all services needed some geographical boundary to effectively organise services, but that in practice, these would be flexible to meet the needs of local communities and maintain important relationships between professionals. The Board will have an overview to ensure that there are no gaps in service or support as a result of working to different geographical configurations.

The Board felt that the plan needed to go further and address issues in respect of safe affordable housing with clarity on the term 'affordable', the aspirations and reality of healthy weight becoming the norm and air quality. The Board also felt that there needed to be more depth about the diversity of Kirklees.

Ms Cole advised that the plan would be amended to incorporate the comments and suggestions made by the Board and any further comments could be submitted directly by email. The amended plan would be circulated to Board members.

The Board commented that it was a good piece of work and thanked Ms Cole for the work and presenting the plan.

RESOLVED - That the Board endorses the Kirklees Health and Wellbeing Plan and the plan moving into the implementation phase subject to the agreed changes.

19 Update on Integration of Health and Social Care Commissioning and Service delivery

Steve Brennan, Senior Responsible Officer, Working Together and Phil Longworth, Health Policy Officer provided the Board with an overview of the work undertaken over the last few months. The Board was reminded that it had previously received several updates on the ongoing work to integrate health and social care commissioning and integration.

The Board was advised that work is progressing well and the main arrangements that had been put in place to oversee integrated commissioning and service delivery are the Integrated Commissioning Board (ICB) and the Kirklees Integrated Provider

Health and Wellbeing Board - 6 September 2018

Board (KIPB). These are supported by the Kirklees Health and Care Executive Group, in addition there are the existing Kirklees Health and Wellbeing Board arrangements.

To date, KIPB has had four meetings. It is still in its formative stages and will be working up formal terms of reference. Its aim is to change the relationship between commissioners and providers by supporting them to work together in a more integrated way, by joining up services and care around the needs of patients. It has identified areas where providers can work together to make a significant difference to integrating services over the next 6-9 months.

The development of Primary Care Networks is one of the key pieces of work that KIPB is undertaking.

To realise the vision for integrated commissioning a number of interventions have been identified for example, building on what is working well. There are a number of existing programmes which already have collaborative working.

The Board was informed that there are seven outcomes for Kirklees

- **Children** – have the best start in life
- **Healthy** – people in Kirklees are as well as possible for as long as possible
- **Achievement** – People in Kirklees have aspiration and achieve their ambitions through education, training, employment and lifelong learning
- **Safe and Cohesive** – people in Kirklees live in cohesive communities, feel safe and are protect from harm
- **Economic** – Kirklees has sustainable economic growth and provides good employment for and with communities and businesses
- **Clean and Green** – people in Kirklees experience a high quality, clean and green environment
- **Independent** – people in Kirklees live independently and have control over their lives

RESOLVED - That the Board:

- Notes the contents of the report
- Supports the ongoing work outlined in the report
- Approves the Kirklees Integrated Commissioning Strategy, subject to endorsement from the Integrated Commissioning Board
- Receives further updates on progress

20 **Integrated Care System Development**

Rachael Loftus, Head of Regional Partnerships advised the Board that Kirklees has been part of the West Yorkshire and Harrogate Health Care Partnership since its inception as a Sustainability and Transformation Plan in March 2016.

In October 2017, it was agreed that a Memorandum of Understanding should be developed to describe the type of relationship commitment, working arrangements and to support the next stage of the Partnerships development.

Health and Wellbeing Board - 6 September 2018

The MOU was drafted by a working group of colleagues from across Local Government and the NHS. All partners are clear that the next phase of partnership working is about the right systematic leadership for integration across health and care from across all the organisations that make up the partnership.

RESOLVED - That the Memorandum of Understanding be circulated to Board members to take through their individual governance structures.

21 **Director of Public Health Annual Report**

Rachel Spencer-Henshall, Strategic Director Corporate Strategy and Public Health, presented the Director of Public Health Annual Report 2018 (Ageing Well in Kirklees), explaining that it is a statutory requirement to write an annual report on the health of the population.

The Board was informed that the report has been presented in a visually engaging infographic format, underpinned by an outcomes-based, asset-based and life course approach. It highlights inequalities whilst also celebrating and promoting inclusion and diversity and includes information regarding the local population focussing on people aged 50 and over.

The report is sub-divided into four key sections, healthy people, care and support, good communities and working longer. Each section provides an illustrative example of how an issues impacts across the life course, a 'Kirklees snapshot' using the latest local data and intelligence; information on local assets; and a series of next steps for improving local understanding and taking action.

The Board was pleased to see the focus on Alzheimer's disease and the modifiable factors that people can affect from a younger age.

The Board asked about evidence of intergenerational work and in response was advised that this is an area for data development as although the initial evidence is promising, a clear case needs to be made and this will be a focus.

The Board was advised that the Annual Report would progress through governing bodies and full council.

RESOLVED - That the Board endorses a more positive and affirming view of ageing and use the intelligence from the report to support a system-wide, evidence and asset based approach to healthy ageing.

22 **Winter Review**

Phil Longworth, Health Policy Officer reminded the Board that in March 2018, the Board supported the proposals to undertake a Kirklees health and social care system wide review of local experiences over winter 2017/18. The review aimed to identify the key learning points and propose actions to improve outcomes and system efficiency and effectiveness.

The proposed approach was based on the model being used by Care Quality Commission (CQC), in their Local System Reviews. The review focused on in depth interviews with people from across the Kirklees health and social care system and

Health and Wellbeing Board - 6 September 2018

more than 40 people were interviewed individually and in groups. An interim progress report was presented to the Board in June 2018.

The Board was informed that there has been significant positive progress in relation to several of the issues highlighted through the review including building more positive relationships across the system. There are eight 'high impact changes' for improving patient flow and key service developments such as an integrated model of intermediate care and re-ablement. There are however still challenges such as: understanding the pressure on out-of-hospital services, especially primary care, community health services and social care; maintaining a focus on prevention and person centred care planning, and hearing the patient, user, carer voice.

It was recognised that the issues and solutions around winter pressures across health and social care were also experienced at various times throughout the year, and much of the planning and service improvements should not just focus on the winter period.

RESOLVED - That the Board notes the positive progress in responding to the lessons learnt and endorses the next steps.