

**HEALTH AND WELLBEING BOARD, 21<sup>st</sup> February 2019**

**PRESENT:**

**CALDERDALE COUNCIL MEMBERS**

Councillors Baines MBE, Mrs Greenwood, Metcalfe, MK Swift, T Swift MBE (Chair), Chief Executive – Robin Tuddenham, Director, Adult Services and Wellbeing - Iain Baines, Director, Children and Young People's Services – Julie Jenkins, Director, Public Health - Paul Butcher

**CALDERDALE CLINICAL COMMISSIONING GROUP MEMBERS**

Dr S Cleasby, Dr M Walsh

**CALDERDALE DIVISION, WEST YORKSHIRE POLICE**

Chief Superintendent R Whitehead

**HEALTHWATCH CALDERDALE MEMBER**

H Hunter

**CALDERDALE AND HUDDERSFIELD FOUNDATION TRUST**

Anna Basford

**SOUTH WEST YORKSHIRE PARTNERSHIP FOUNDATION TRUST**

Salma Yasmeen (Substitute for Tim Breedon)

**44 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dipika Kaushal (CVAC) and Dr David Birkenhead (CHFT).

*(Councillor Mrs Greenwood arrived at 10.15 hours).*

*(The meeting closed at 11.55 hours).*

**45 MEMBERS' INTERESTS**

*(Councillors Baines MBE declared an interest as he is an elected Calderdale and Huddersfield Foundation Trust Membership Governor).*

**46 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 20<sup>TH</sup> DECEMBER 2018**

**RESOLVED** that the Minutes of the meeting of the Health and Wellbeing Board held on 20<sup>th</sup> December 2018 be approved as a correct record and signed by the Chair.

**47 QUESTION TIME**

The Chair of the Health and Wellbeing Board invited members of the public to ask questions of any Member of the Board. An oral response would, if possible, be provided at the meeting, but if this was not possible a written response would be provided to the questioner normally within 7 working days and published on the Council website.

A Member of the public asked the following question:

**HEALTH AND WELLBEING BOARD, 21<sup>st</sup> February 2019**

- (A) The delivery of health and social care to those in need is heavily dependent on having the staff, trained to an appropriately high level, to delivery it.

Chapter One of the Long Term Plan for the NHS says "Expanded Neighbourhood Teams" will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health professionals such as physiotherapists and podiatrists/chiropractors.

Across West Yorkshire and Harrogate, it is acknowledged that there are severe supply shortages in many of these disciplines, many of which are expected to worsen.

Calderdale Cares has been in existence for a year or so and I presume there has been detailed work carried out to define the gap between the current workforce and what is required for fully functioning and responsive neighbourhood teams.

The summary published in Item 7 is, of necessity, lacking in detail. I assume that a detailed analysis had been published elsewhere, so that the gaps could be addressed now and into the future. Could the Board give a description of the key problems and how they were being addressed?

Dr M Walsh responded and advised that there was detailed work being undertaken on the challenges being faced to fill gaps in the workforce. At the end of 2018 there had been an independent review and he felt that the outcomes were clearer now than they were nine months previously; and that it was possible to maintain and augment services with a group responsible for sign-posting, gatekeeping for example they were looking to collaborate with Calderdale College on the local growth of services. In terms of recruitment and retention of GP's it was proving a challenge locally, regionally and nationally. Ten GP's had recently been recruited through the Pennine GP Alliance.

Officers responded and advised that recruitment, skill training and retention of staff was difficult and was not limited to local level. Nationally there were 110 thousand vacancies in social care with a 31% annual turnover in staff. The story of value of social care had recently been launched. SOLACE, the representative body for senior managers working in local government were reviewing this issue. Calderdale's adult social care was currently recruiting through apprenticeship schemes. Perceptions needed to change as care workers were often referred to as low paid and therefore perceived to be low skilled. This was not the case and needed to be addressed.

**IT WAS AGREED** that through the informal board a session on workforce recruitment could be held and the findings of that review could be submitted to a future meeting of this Health and Wellbeing Board.

**48 NHS LONG TERM PLAN FROM A WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP PERSPECTIVE**

The Director, West Yorkshire and Harrogate Health and Care Partnership (WYHHCP) submitted a written summary of the NHS Long Term Plan (LTP) and provided a presentation outlining the work of the WYHHCP and LTP and its 5 year strategy. The health and care leaders had come together to develop a LTP to make

**HEALTH AND WELLBEING BOARD, 21<sup>st</sup> February 2019**

the NHS fit for the future and to get the most value for patients out of every pound of taxpayers' investment. The plan had been drawn up by those who knew the NHS best, including frontline health and care staff, patient groups and other experts. They had benefited from hearing a wide range of views, whether through the 200 events that had taken place and/or the 2,500 submissions received from individuals and groups representing the opinions and interests of 3.5 million people. The summary set out the key things that could be expected to be seen and heard about over the next few months and years, as local NHS organisations worked with their partners to turn the ambitions in the plan into improvements in services in every part of England.

Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICSs), were groups of local NHS organisations working together with each other, local councils and other partners, now needed to develop and implement their own strategies for the next five years. These strategies would set out how they intended to take the ambitions that the NHS Long Term Plan detailed and work together to turn them into local action to improve services and the health and wellbeing of the communities they served, building on the work they had already been doing. This meant that over the next few months, whether you were NHS staff, a patient or a member of the public, you would have the opportunity to help shape what the NHS Long Term Plan would mean for your area and how the services you used or worked in needed to change and improve. To help with this, the Partnership would work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public were heard and Age UK would be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Members commented on the membership configuration of the Partnership; that the Partnership did not transfer responsibility from each of the Authorities; for example if there was a safeguarding issue within one of the Authorities it would be addressed by that Authority; as the National Framework was evolving the Healthcare Partnership was a way to allow the organisations within the Partnership to work together collaboratively within the framework of the 2012 legislation; the LTP was not a blue print but allowed the STP and ICS to work more flexibly with each other and would enable initiatives such neighbourhood care rather than social care and would involve Council Members and the voluntary sectors at a local and/or regional level; there would be more focus on Children and Young Persons and vulnerable adults wellbeing. The first Meeting of the WYHHCP Partnership Board would be held in June 2019 and Chaired by Councillor T Swift MBE, Leader of Calderdale Metropolitan Borough Council.

**RESOLVED** that:

- (a) the Director, West Yorkshire and Harrogate Health and Care Partnership be thanked for attending and responding to Members' questions; and
- (b) the NHS Long Term Plan Summary be noted.

**49 CALDERDALE CARES UPDATE**

The Head of Service Improvement, Calderdale Clinical Commissioning Group (CCCG) submitted a written report which provided an update on the continued

**HEALTH AND WELLBEING BOARD, 21<sup>st</sup> February 2019**

development and delivery of Calderdale Cares and provided an overview of activities undertaken in Quarter 4 and plans for Quarter 1 which included:

- Strategic Development;
- Locality Development – including a description of Primary Care Home and Primary Care Networks;
- Integrated Commissioning update;
- Communications and Engagement update;
- Organisation Development and Workforce update;
- Update on enabling activities; digitisation and estates;
- Update on activities to provide assurance, particularly;
- Development of a joint approach to quality assurance;
- Development of a joint approach to assurance on mitigation of strategic risk.

It was intended that this format would be regularly updated in order to ensure there was timely clarity on activities. In addition to the attached summary update, more detailed information was provided on development of the Health and Wellbeing Strategy and the work of the Integrated Commissioning Executive (ICE).

The co-chairs of the Calderdale Cares Locality Group for Central Halifax, Dr Helen Davies, GP and Alison Haskins, Chief Executive, Halifax Opportunities Trust attended the meeting and addressed the Board. They advised that the group had met in December 2018 and reviewed data held on the locality which had thrown up more questions than answers. At it's meeting in February 2019 which was well attended Members had reviewed data held on suicide rates and had reviewed where the person lived, the underlying reason or cause which had led to the person taking their own life, if the person was currently undergoing any treatment for that reason or cause. The review also focused on preventative measures and wellbeing strategies which could be put in place. The co-chairs advised that they had joined the Locality Group as a representative of their own organisation and that prior to joining the group they had limited knowledge of the other organisations that were out there, which through making simple connections with each other, could provide help and support to their own voluntary groups.

Members commented that the Long Term Plan provided funding for Long Term Primary Care Networks. There was a lot more to be done in the next two months and a further more detailed document on this would be submitted to the next meeting of this Board; the work of the Central Halifax Locality and a Member of the Health and Wellbeing Board enquired if they could attend the meetings of the Central Halifax Group on behalf of their organisation; that it was good to see best practice shared between organisations; were concerned that there were increasingly fewer GP's and more nurse practioners within the surgery setting, which was advised that this was due to a change in the model of care to enable delivery of frontline health care and that there was a need to look at how people were enabled to make lifestyle changes. The GP's which had been recently engaged had not necessarily increased the number of GP's within the Borough but would help to maintain numbers.

**RESOLVED** that:

**HEALTH AND WELLBEING BOARD, 21<sup>st</sup> February 2019**

(a) the co-chairs of the Calderdale Cares Locality Group for Central Halifax be thanked for attending and responding to Members questions; and

(b) the report be noted.

**50 WINTER PRESSURES**

The Chief Officer, Calderdale NHS Clinical Commissioning Group provided an oral report on Winter Pressures. He advised that so far this winter the service was in a strong position. No extra beds had been required and no operations had been cancelled. The locality was in the top quartile on Accident and Emergency performance and the delayed transfer of care had improved. Recently an important piece of work had been done on delayed discharge and readmissions. Readmissions were in the lower quartile which was being focused on. Frailty was better than the best nationally and flu levels had been low.

**RESOLVED** that the report be noted.

**51 EUROPEAN UNION EXIT READINESS**

Each partner organisation provided an oral update on their readiness for when the United Kingdom (UK) exited the European Union (EU).

Robin Tuddenham, Chief Executive, Calderdale MBC advised that Calderdale were preparing for the consequences of the UK leaving the EU and were working with other Local Authorities regionally. There were practical ways that the Council could support businesses on planning and legal requirements. Recently he had been at a meeting of the West Yorkshire Combined Authority where increasing concern about the consequences of leaving the EU had been expressed.

Dr Matt Walsh, Calderdale Clinical Commissioning Group, advised that at a recent meeting of the A & E Delivery Board Members had advised they had done as much preparation for when the UK left the EU as practicable. Concerns highlighted were on workforce provision. Immediate provision was not expected to cause much of a problem but long term, once staff were made aware of their own resident status there may be cause for concern on workforce provision. Food provision on leaving the EU was not a concern.

Salma Yasmin, South West Yorkshire Partnership Foundation Trust advised that a risk assessment on the supply of medication and equipment had been reviewed and contingencies had been put in place.

Anna Basford, Calderdale and Huddersfield NHS Trust advised that they were prepared as much as they could be for when the UK left the EU.

Chief Superintendent Richard Whitehead, Calderdale Division, West Yorkshire Police advised that strategic and tactical structures had been put in place to tackle any instances of disorder upon the UK leaving the EU.

Councillor Baines MBE commented that it was unfortunate that all parties could not agree on the delivery of the UK leaving the EU.

**HEALTH AND WELLBEING BOARD, 21<sup>st</sup> February 2019**

A local GP and Member of the Calderdale Cares Locality Group for Central Halifax advised that they were receiving enquiries regarding disruption of the provision of medication upon the UK leaving the EU. In response, Dr Matt Walsh, Calderdale Clinical Commissioning Group advised that they had received lots of reassurance from NHS England that supplies were in place. Collectively all parties needed to work together to enforce this message and to avoid oversubscribing medication as this would create problems in supply.

**RESOLVED** that the update be noted.

**52 DOMESTIC ABUSE PLEDGE**

The Director, Children and Young People's Service submitted a written report which provided an update on the Calderdale Health and Wellbeing Board Domestic Abuse Pledge. Partners on Calderdale Health and Wellbeing Board (HWB) had a crucial role to play in recognising and responding to domestic abuse. This was acknowledged at the Domestic Abuse Wicked Issues Forum in July 2018 which had resulted in the decision to propose that agencies on the HWB sign up to a Domestic Abuse Pledge. This was a way to demonstrate commitment and to take practical steps, if needed, to improve the support offered to both service users and staff. A draft pledge came to the August 2018 meeting of the HWB where an update had been requested for December 2018 in order to sign off the pledge. The Pledge had been updated with information from the West Yorkshire Police and it was requested that the Board sign off this final version of the pledge.

Partners could make five commitments to support people who lived and worked in Calderdale who were experiencing domestic abuse. The intention was for all agencies on the Health and Wellbeing Board to be able to demonstrate they were meeting or working towards the commitments in the pledge by March 2019. Appended to the report was further information on how agencies were working towards the commitments.

During discussions Members sought clarification on funding for Children's Services for the following Municipal year and were advised that Grant funding for Children's Services had ended in 2018. This had effected 1 ½ staff in post whose employment would end in March 2019. It was also requested that the Community and Safety Partnership be requested to review funding opportunities again.

**RESOLVED** that the Calderdale Health and Wellbeing Board Domestic Abuse Pledge be signed off.

**53 HOSPITAL AND COMMUNITY SERVICES RECONFIGURATION – WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE BRIEFING – FOR INFORMATION**

The Programme Manager, Right Care, Right Time, Right Place Programme, NHS Calderdale Clinical Commissioning Group (CCCG) and NHS Greater Huddersfield Clinical Commission Group (GHCCG) submitted a written report which provided an update for the Secretary of State for Health and Social Care to describe the proposed model of hospital care that was developed in August 2018 to address concerns raised by the IRP regarding hospital capacity and provided:

**HEALTH AND WELLBEING BOARD, 21<sup>st</sup> February 2019**

- an update on the development of care closer to home/out of hospital capacity;
- an update on the development of digital technology to support delivery of the proposed model of care;
- confirmation of the capital investment requirement and the expected impact of the proposed model of care to deliver recurrent system revenue savings;
- a description of the next steps and timeline for moving forward;
- a description of the on-going plans to ensure stakeholder and public involvement.

The proposed future model of hospital services in Calderdale and Greater Huddersfield would support and enable delivery of the vision and ambitions described in the NHS Long Term Plan. Digital technology would have a central role in transforming services supporting more people to have care at, or closer to home complemented by a hospital model that provided essential clinical adjacencies and the critical mass required to sustain staff recruitment, ensure quality and deliver revenue savings.

The proposed model would make use of both existing hospitals. Both sites would provide 24/7 A&E services and a range of day-case, outpatient and diagnostic services, although where possible services would be delivered in the community and closer to people's homes. The total number of hospital beds would remain broadly as they were now whilst services were developed in the community and demonstrated a sustainable reduction in the demand for in-patient hospital care. Enhanced Digital Health capability such as the electronic patient record and patient portals would enable 'real-time' review and advice on patient's care to be provided by specialist staff where required. Tertiary services would continue as now to be provided in Leeds and at other specialised service providers.

Members commented that it was good to see that digital technology had moved on considerably; enquired if the £20m investment at Huddersfield Royal Infirmary to enable adaptation of the existing building and address the backlog of maintenance required would be sufficient to deliver this objective and future proof the building and were advised that the monies would not future proof the building nor was the funding there to renovate the whole of the existing site. It was important to note that the proposed future model was committed to retaining the same number of beds spread between the two hospitals.

**RESOLVED** that the report be noted.

**54 ITEMS FOR INFORMATION**

The following items had been circulated for Board Members information and gave the Board the opportunity to comment or raise issues on the following reports:

- (i) **Health and Wellbeing Board Forward Plan**  
The Policy and Partnerships Support Officer, Calderdale Council submitted the Health and Wellbeing Board Forward Plan for consideration.

**HEALTH AND WELLBEING BOARD, 21<sup>st</sup> February 2019**

**RESOLVED** that the Policy and Partnerships Support Officer be requested to update the Forward Plan.

(ii) **Health and Wellbeing Board Future Meetings**

**RESOLVED** that the next informal meeting of the board be held on 15<sup>th</sup> March 2019 and the next formal meeting of the Board be held on 6<sup>th</sup> June 2019 commencing at 1000 hours.