

Public Document Pack

Kirklees Council



Council Chamber - Town Hall, Huddersfield

Tuesday 30 October 2018

Dear Member

The Council will meet on Wednesday 7 November 2018 at 5.30 pm at Council Chamber - Town Hall, Huddersfield.

This meeting will be webcast live and will be available to view via the Council's website.

The following matters will be debated:

Pages

1: Announcements by the Mayor and Chief Executive

To receive any announcements from the Mayor and Chief Executive.

2: Apologies for absence

To receive any apologies for absence.

3: Minutes of Previous Meeting

To agree and authorise the Mayor to sign the Minutes of Council held on 10 October 2018.

1 - 6

4: Declaration of Interests

7 - 8

The Councillors will be asked to say if there are any items of the Agenda in which they have a Disclosable Pecuniary Interests, which would prevent them from participating in any discussion of them items or participating in any vote upon the items, or any other interests.

5: Petitions (From Members of the Council)

To receive any Petitions from Members of the Council in accordance with Council Procedure Rule 9.

6: Deputations & Petitions (From Members of the Public)

The Committee will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

7: Public Question Time

The Committee will hear any questions from the general public.

8: West Yorkshire Combined Authority - Minutes

9 - 24

To receive the Minutes of the Meeting of the West Yorkshire Combined Authority held on 2 August 2018.

9: Scrutiny Update

To receive an update on areas of Overview and Scrutiny work.

Contact: Penny Bunker, Governance and Democratic Engagement Manager.

10: Annual Report of Director of Public Health - Healthy Ageing

25 - 76

To receive the report of the Director of Public Health

Contact: Rachel Spencer-Henshall, Director of Public Health.

11: Key Discussion - Health Inequalities

Council will be invited to discuss the issue of Health Inequalities and information to support this discussion will be provided in the presentation of the Director of Public Health.

(Under the provision of Council Procedure Rule 5(5), the Key Discussion shall commence no later than 7.00pm. Council Procedure Rule 18 (23) permits a maximum of 60 minutes for this item).

12: Written Questions to the Leader, Cabinet Members, Chairs of Committees and Nominated Spokespersons

77 - 80

To receive written questions to the Leader, Cabinet Members, Chairs of Committees and Nominated Spokespersons in accordance with Council Procedure Rule 12/12(1).

The schedule of written questions will be tabled at the meeting.

13: Motion submitted in accordance with Council Procedure Rule 14 as to Flockton Traffic Issues

To consider the following Motion in the names of Councillors Smith, J Taylor and D Hall.

“This Council notes that work is now underway to produce an Option Assessment Report in relation to the North Kirklees Orbital Route which will help to determine if this is a viable scheme to develop.

Additionally the £77 million Cooper Bridge by pass, linking the A644 near junction 25 M62 and the A62 near Bradley Bar is currently in the Design phase.

The Council recognises that both these schemes have the potential to significantly affect the volume and flow of traffic in and around the village of Flockton and on the B6118.

Given the existing severe traffic problems affecting the village of Flockton and the undoubted increase in the future with developments already in construction and the potential from the Local Plan , the Council recognises that even if it were to overlook the 2 major road schemes already mentioned, without intervention, this situation will only continue to deteriorate.

Therefore the council calls on the Cabinet to undertake an assessment of any impact upon the village of Flockton & B6118 from the NKOR and A62 scheme and to ensure that due consideration is given to the issues in Flockton prior to any work starting on either of these road schemes.”

14: Motion submitted in accordance with Council Procedure Rule 14 as to Universal Credit

To consider the following Motion in the names of Councillors Uppal, A U Pinnock, Homewood, Ullah, Murgatroyd, Griffiths, Kaushik, Richards, Walker, Loonat, Hill, McBride, Mather, Khan and Pandor.

“This Council notes the Universal Credit (UC) policy and its roll out is flawed, causing unnecessary hardship to local families and people across the country whilst failing to meet its original aims.

This Council further notes, that in Kirklees, following the roll out of UC Full Service in November 2017, over 12,730 people are now in receipt of UC support, which has led to problems with rent arrears, and general indebtedness particularly from the 5 week minimum wait for an initial payment; as a result, there has been an increased use of local welfare service provision and foodbanks. From 1/11/17 to 31/3/18 there was 2,177 referrals from the local welfare provision team to four Kirklees foodbanks, up 27% from the same period in the previous year. Recent figures from The Welcome Centre Foodbank in Huddersfield show that between May to July 2018 referrals due to Universal Credit stood at 611; in the first four months of 2018 the centre received 469 referrals.

Official figures show hundreds of thousands of UC payments made nationally are being subject to deductions used to pay back arrears in rent, council tax and utility bills, pushing families into a downward spiral of debt and poverty. Similarly, the local welfare provision team in Kirklees are taking more calls from residents who have not been able to make their UC payment last due to budgeting issues or deductions taken from their payments due to advances, arrears payments or tax credit overpayments. Between 1 April to 24 August 2018, 64% of referrals from the local welfare provision team to local foodbanks and/or fuel vouchers were due to UC claimants struggling with budgeting or low income. This compares to 33% for the period 1/11/17 to 31/3/18.

In addition, for people on UC who are in work, but are paid weekly or fortnightly, the monthly UC payment is causing additional budgeting problems; self-employed workers on UC are significantly worse off than under legacy benefits and compared with employees; and disabled people are being pushed into poverty with the abolition of disability premiums when transitioning on to UC. Furthermore UC payments currently go to one named member of a household. With the present policy there is a real danger that if the whole payment goes to one named individual there is no guarantee that the money will be distributed fairly within the household.

This Council therefore resolves to write to the Secretary of State for Work and Pensions, making these points, demanding that the Government addresses these issues, and stops the roll out and

transition of people on to Universal Credit.”

15: Motion submitted in accordance with Council Procedure Rule 14 as to Giving People a say on the Final Brexit Deal

To consider the following Motion in the names of Councillors Lawson, A Pinnock, K Pinnock, Iredale, Burke, Eastwood, Wilson, Munro, Cooper, Stewart-Turner and Allison.

“This Council notes:

- The growing concern at the prospect of the UK leaving the European Union (EU) with either a bad deal or no deal at all.
- The growing support for people to have a say on the final Brexit deal, including support from organisations such as the British Medical Association, the Royal College of Nursing, GMB, Prospect, TSSA, business leaders and student unions representing over 980,000 students at 60 universities and colleges.

This Council believes that:

- By voting to leave the EU in June 2016, the UK voted for departure but not the destination. There has never been a consensus about how to leave and about our future relationship with the EU post-Brexit, but the years since the referendum on the UK’s membership of the EU has shown the complexity of the task and how challenging Brexit is to deliver.
- Since the referendum, there has been meaningful debate about our EU membership; there is now greater public awareness about the nature and impact of Brexit on the UK and there is ongoing movement in public opinion.
- The future direction of the country post-Brexit should not be decided by a small number of parliamentarians in Westminster. This is too big an issue and will affect all of us for generations to come; sovereignty rests with the people.
- The decision to leave the EU and subsequent negotiations has created political, social and economic uncertainty in the UK. Brexit is likely to have a major impact on local authorities, including Kirklees Council, potentially reducing funding for local and regional investment and development projects, affecting governance and legal frameworks and impacting on the progress of devolution deals.

- There are implications for Kirklees as a result of Brexit and there is consternation from some of our residents, including non-UK EU nationals, about what Brexit may mean for them. For instance, leaving may have an impact on our local health services, with recent NHS data revealing that 31 nurses and health visitors from EU member states left Calderdale and Huddersfield NHS Foundation Trust between March 2017 and March 2018. Brexit is already having an impact on our local manufacturing industry, while some businesses in our region are reconsidering investment plans in new production and new jobs while they await the Brexit deal. Furthermore, Brexit may limit the educational opportunities for our young people. It may cause damage to our local economy and public services and result in a squeeze in living standards.
- As a country, we are not close to resolving the big issues about which people care about; parliament is deadlocked and the impasse will cause insurmountable damage to the UK. A public vote is the only way to move forward.
- The British people deserve the right to have a final say on what direction the country should take on Brexit and must have a vote on the UK's final deal with the European Union.

This Council, therefore, resolves to:

- Request that Cabinet updates and maintains the Council's Risk Register, ensuring that the Register includes an up-to-date and robust account of the risks associated with Brexit;
- Be proactive in planning, outlining the issues and risks associated with different Brexit scenarios, assessing the possible impact on the Council and local area and implementing recommend measures as soon as possible;
- Support people to have a say on any final Brexit deal through a vote;
- Ask the Leader of the Council to write to the Prime Minister expressing the Council's support for people to have a final say on the Brexit deal."

16: Motion submitted in accordance with Council Procedure Rule 14 as to Modern Slavery

Motion submitted in accordance with Council Procedure Rule 14 as to Modern Slavery

To consider the following Motion in the names of Councillors Hughes, Pandor, Sheard, Khan, Kendrick, Mather, McBride, Ahmed, Scott, Turner, Lowe, A U Pinnock and Walker.

“This Council notes

Though slavery was abolished in the UK in 1833, there are more slaves today than ever before in human history. Figures from the International Labour Organisation (ILO) suggest that there are more than 40 million people in modern slavery across the world, with nearly 25 million held in forced labour.

There were 5145 potential victims were submitted to the National Referral Mechanism in 2017; a 35% increase on 2016. A rising number but still well below the 10,000 and 13,000 potential victims estimated by the Home Office.

Modern Slavery is happening nationwide, including the Kirklees district. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. This can include sexual and criminal exploitation.

Additionally, Government plans to bring in temporary migrant workers to the UK from outside the EU to fill labour shortfalls after Brexit could leave thousands of people at risk of exploitation. Proposals for 5,000 non-EU workers to come on six-month visas to work on British farms over the next two years could create a hotbed for modern slavery unless key safeguards are adopted.

This Council believes:

- That action needs to be taken to raise awareness of modern slavery and the fact that it is happening all over the UK, including Kirklees.
- That the current support for victims is not sufficient and needs to go beyond the 45 days they are currently given by the government.
- That Councils have an important role to play in ensuring their contracts and supplies don't contribute to modern day slavery and exploitation.

This Council resolves:

To adopt a policy against Modern Slavery to ensure our procurement practices don't support slavery; and

To ask Cabinet to ensure that:

- Its corporate procurement team is trained to understand modern slavery through the Chartered Institute of Procurement and Supply's (CIPS) online course on Ethical Procurement and Supply;
- its Contractors are required to comply fully with the Modern Slavery Act

2015, wherever it applies, with contract termination as a potential sanction for non-compliance;

- any abnormally low-cost tenders are challenged to ensure they do not rely upon the potential contractor practising modern slavery;
- it highlights to its suppliers that contracted workers are free to join a trade union and are not to be treated unfairly for belonging to one;
- it publicises its whistle-blowing system for staff to blow the whistle on any suspected examples of modern slavery;
- its tendered contractors are encouraged to adopt a whistle-blowing policy which enables their staff to blow the whistle on any suspected examples of modern slavery;
- it reviews its contractual spending regularly to identify any potential issues with modern slavery;
- it highlights for its suppliers any risks identified concerning modern slavery and refers them to the relevant agencies to be addressed;
- it refers for investigation via the National Crime Agency's national referral mechanism any of its contractors identified as a cause for concern regarding modern slavery; and
- it reports publicly on the implementation of this policy annually.

And ask the Chief Executive to write to the Government to ask that they:

- Commit to improved standards of protecting all victims, regardless of their nationality, and put those standards into law.
- Ensure all victims are supported through their trauma, and protected from their traffickers. The government should work with civil society to build a comprehensive long-term system of protection for all victims of modern slavery practices.
- Develop a child advocates scheme to protect trafficked children should be rolled out as soon as possible. We still see children going missing from the care of authorities at 'alarming' rate.
- Restore the full right for migrant domestic workers to change employers, to give them a route out of abuse. The ability to legally leave one's abusive employer without worrying about deportation is the most basic protection everyone should have.
- Invest: The police need resources to carry out complex trafficking investigations. In the current climate of cuts, these often complex investigations are too often bumped down in the priority order for more 'urgent' work, with results easier to show.

- Ensure that in its Brexit negotiations, the UK it retains full access to European intelligence and mechanisms making international investigations possible.
 - Review the performance of the Transparency in Supply Chains Clause of the Modern Slavery Act, to identify where it can be strengthened to ensure that efforts against slavery in international business supply chains are optimised.”
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17: Motion submitted in accordance with Council Procedure Rule 14 as to Child Sexual Exploitation

To consider the following Motion in the names of Councillors D Hall and Watson.

“This Council resolves that the Leader of the Council should write to the Home Secretary for the purposes of inviting the Minister to cause an inquiry to be held under the provisions of the Inquiries Act 2005 in relation to a case where it appears to him that particular events have caused, or are capable of causing, public concern, those events being the conviction of a number of individuals from the Kirklees area for offences of Child Sexual Exploitation and the ongoing prosecution of a number of other individuals from the same area for offences of Child Sexual Exploitation.”

(This Agenda item is submitted as Opposition Priority Business, in accordance with Council Procedure Rule 17, and shall therefore be brought forward if the consideration of the item has not commenced within two hours of the start of the meeting).

By Order of the Council



Chief Executive

Contact Officer: Andrea Woodside

COUNCIL

KIRKLEES COUNCIL

**At the Meeting of the Council of the Borough of Kirklees held at
Council Chamber - Town Hall, Huddersfield on Wednesday 10 October 2018**

PRESENT

The Deputy Mayor (Councillor Mumtaz Hussain) in the Chair

COUNCILLORS

Councillor Masood Ahmed	Councillor Mahmood Akhtar
Councillor Karen Allison	Councillor Bill Armer
Councillor Gulfam Asif	Councillor Donna Bellamy
Councillor Martyn Bolt	Councillor Cahal Burke
Councillor Nosheen Dad	Councillor Richard Eastwood
Councillor Eric Firth	Councillor Michelle Grainger-Mead
Councillor Charles Greaves	Councillor David Hall
Councillor Steve Hall	Councillor Lisa Holmes
Councillor Erin Hill	Councillor Edgar Holroyd-Doveton
Councillor James Homewood	Councillor Christine Iredale
Councillor Paul Kane	Councillor Manisha Roma Kaushik
Councillor Viv Kendrick	Councillor Musarrat Khan
Councillor John Lawson	Councillor Vivien Lees-Hamilton
Councillor Robert Light	Councillor Fazila Loonat
Councillor Terry Lyons	Councillor Naheed Mather
Councillor Peter McBride	Councillor Bernard McGuin
Councillor Darren O'Donovan	Councillor Marielle O'Neill
Councillor Shabir Pandor	Councillor Nigel Patrick
Councillor Carole Pattison	Councillor Mussarat Pervaiz
Councillor Amanda Pinnock	Councillor Andrew Pinnock
Councillor Kath Pinnock	Councillor Hilary Richards
Councillor Mohammad Sarwar	Councillor David Sheard
Councillor Ken Sims	Councillor Elizabeth Smaje
Councillor Richard Smith	Councillor Mohan Sokhal
Councillor Julie Stewart-Turner	Councillor John Taylor
Councillor Kath Taylor	Councillor Graham Turner
Councillor Sheikh Ullah	Councillor Rob Walker
Councillor Michael Watson	Councillor Habiban Zaman
Councillor Nell Griffiths	Councillor Alison Munro
Councillor Richard Murgatroyd	Councillor Mark Thompson
Councillor Harpreet Uppal	

60 Announcements by the Mayor and Chief Executive

The Deputy Mayor informed Council, that in the absence of the Mayor, Councillor Gwen Lowe, he would Chair this meeting of Council.

The Deputy Mayor invited the Cabinet Member for Corporate Services to announce that the Council's Market Service and Creative Economy Team had won the 'Innovation of the Year' Award at the recent National Association of British Market Authorities (NABMA) conference.

The Chief Executive (i) welcomed the Members of Youth Council who had attended to observe the meeting and (ii) reminded Council of the restrictions applying to voting under Section 106 of the Local Government Act 1992, in respect of Agenda Item 8.

61 Apologies for absence

Apologies for absence were received on behalf of Councillors Cooper, D Firth, Hughes, Lowe, Scott and Wilson.

62 Minutes of Previous Meeting

RESOLVED - That the Minutes of Council held on 12 September be approved as a correct record.

63 Declaration of Interests

No interests were declared.

64 Petitions (From Members of the Council)

No petitions were received.

65 Deputations & Petitions (From Members of the Public)

- (a) Council received a deputation from Caroline Goodwill in respect of Red House, Gomersal, and the importance of preserving local heritage assets.
- (b) Council received a deputation on behalf of the Friends of Mill Lane School, delivered by Michelle Illingworth, which raised issues relating to road and traffic safety concerns within the vicinity of the school. A petition was also submitted.
- (c) Council received a deputation from June Jones, on behalf of Unite Union, in regards to the Motion on Universal Credit at Agenda Item 15.
- (d) Council received a deputation from Elena Delaney, Charlotte Michael, and pupils from Scissett Middle School in respect of road and traffic safety concerns, and in regards to the Motion on Flockton Traffic Issues at Agenda Item 14.
- (e) Council received a deputation from Stephanie Tague in respect of the impact of potential car parking charging upon the vitality of Cleckheaton Town Centre. A petition was also submitted.

The Cabinet Member for Economy (Cllr Turner) responded to (a) and (c). The Cabinet Member for Communities and Environment responded to (b), (d) and (e). With regards to (b), the Cabinet Member advised that the matter would be referred to Cabinet Committee – Local Issues.

66 Public Question Time

Questions were received from (i) Caroline Goodwill in respect of proposals for the site at Red House, Gomersal and (ii) Elena Delaney in respect of funding for improvements to the road infrastructure within the Flockton area.

The Cabinet Member for Corporate Services responded to (i). The Cabinet Member for Economy responded to (ii).

67 Council Budget Strategy Update 2019-2022 (Reference from Cabinet)

It was moved by Councillor Turner, seconded by Councillor Pandor, and

RESOLVED -

- 1) That the decision of Cabinet, as set out at Paragraph 1 of the considered report, be noted.
- 2) That approval be given to the updated baseline general fund revenue and Housing Revenue Account budget forecasts over the 2019-2022 period, as set out at Appendix A (general fund) and Appendix C (HRA) of the considered report.
- 3) That approval be given to the revisions to earmarked reserves and general balances, as set out at Appendix B.
- 4) That approval be given to the changes to the existing plan, as set out at Appendix D.
- 5) That approval be given to the flexible receipts strategy, as set out at Appendix E.

68 Written Questions to the Leader, Cabinet Members, Chairs of Committees and Nominated Spokespersons

Under the provisions of Council Procedure Rule 12, Council received the following written questions;

- (1) Question by Councillor D Hall to the Cabinet Member for Communities and Environment (Councillor Mather)

‘What is the Council’s policy on replacing concrete litter bins?’

The Cabinet Member to responded thereto.

- (2) Question by Councillor D Hall to the Cabinet Member for Economy (Councillor McBride)

‘Please will you give an update on Pioneer House, including total spending to date on the project?’

The Cabinet Member to responded thereto.

- (3) Question by Councillor D Hall to the Cabinet Member for Economy (Councillor McBride)

‘How long will it take to complete your masterplans for Huddersfield and Dewsbury town centres?’

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The Cabinet Member responded thereto.

- (4) Question by Councillor D Hall to the Cabinet Member for Housing and Democracy (Councillor Scott)

'Not counting the 550 "Excellent Homes for Life" units commissioned by the last Conservative administration, how many council houses have been built in Kirklees since 2009?'

The Cabinet Member for Economy responded on behalf of Councillor Scott.

- (5) Question by Councillor Iredale to the Cabinet Member for Corporate Services (Councillor Turner)

'How are you measuring satisfaction with the Council's automated telephone system?'

The Cabinet Member responded thereto.

- (6) Question by Councillor A Pinnock to the Cabinet Member for Communities and Environment (Councillor Mather)

'Can the Council claim compensation from Virgin Media where the installation of new cables result in local pavements and verges being damaged?'

The Cabinet Member responded thereto.

- (7) Question by Councillor Eastwood to the Cabinet Member for Communities and Environment (Councillor Mather)

'There are estate agents 'for sale' signs cluttering a piece of council-owned land in Lindley. Numerous requests have been made to remove the signs, but the signs have remained in place and no enforcement has been undertaken by the Council. When can residents expect to see the signs removed?'

The Cabinet Member responded thereto.

- (8) Question by Councillor D Hall to the Cabinet Member for Corporate Services (Councillor Turner)

'How many new dwellings are expected per year in your new budget assumptions?'

The Cabinet Member responded thereto.

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- (9) Question by Councillor D Hall to the Cabinet Member for Economy (Councillor McBride)

‘How many new dwellings are expected per year in your Local Plan?’

The Cabinet Member responded thereto.

- (10) Question by Councillor Holmes to the Lead Member for Children’s Scrutiny Panel (Councillor Burke)

‘Have you, as Chair of Children’s Scrutiny, asked the Police to attend a meeting to provide Members with a full briefing on the current CSE situation in Kirklees?’

The Lead Member responded thereto.

- (11) Question by Councillor Smith to the Leader of the Council (Councillor Pandor)

‘Can we be confident that the threatened Bin Strike is now not going to happen?’

The Leader responded thereto.

69 **Minutes of Cabinet**

RESOLVED - The Minutes of Cabinet, held on 21 and 29 August 2018 were received, and noted.

70 **Holding the Executive to Account**

Council received Portfolio Updates from the Cabinet Member for Economy (Councillor McBride) and the Cabinet Member for Health and Social Care (Councillor Khan).

Oral questions were addressed to the Cabinet Member for Economy (Councillor McBride).

(The remainder of oral questions were not received due to time constraints).

71 **Minutes of Other Committees**

RESOLVED – That the following Minutes be received and noted;

- (a) Appeals Panel – 27 July 2018
- (b) Corporate Parenting Board – 30 April 2018
- (c) Overview and Scrutiny Management Committee – 3 September 2018
- (d) Personnel Committee – 30 July 2018
- (e) Strategic Planning Committee – 2 August and 30 August 2018.

72 **Oral Questions to Committee Chairs and Nominated Spokespersons of Joint Committees/External Bodies**

Oral Questions to the following Chairs and Spokespersons were received;

- Strategic Planning Committee (Councillor S Hall)

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- Kirklees Neighbourhood Housing (Councillor Smaje)
- Kirklees Active Leisure (Councillor Sokhal)
- West Yorkshire Police and Crime Panel (Councillor A U Pinnock)

(At this stage of the Meeting, it was moved by Councillor Smith and seconded by Councillor Bolt, that Council Procedure Rules be suspended to allow for the consideration of Agenda item 14 (Minute No. 73 refers) prior to the termination of the meeting. The Motion, on being put to the vote, was not carried).

- 73 **Motion submitted in accordance with Council Procedure Rule 14 as to Flockton Traffic Issues**
Item not considered (due to time constraints).
- 74 **Motion submitted in accordance with Council Procedure Rule 14 as to Universal Credit**
Item not considered (due to time constraints).
- 75 **Motion submitted in accordance with Council Procedure Rule 14 as to Giving People a say on the Final Brexit Deal**
Item not considered (due to time constraints).
- 76 **Motion submitted in accordance with Council Procedure Rule 14 as to Modern Slavery**
Item not considered (due to time constraints).

KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC			
DECLARATION OF INTERESTS			
Council			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



**MINUTES OF THE MEETING OF THE
WEST YORKSHIRE COMBINED AUTHORITY
HELD ON THURSDAY, 2 AUGUST 2018 AT COMMITTEE ROOM A,
WELLINGTON HOUSE, 40-50 WELLINGTON STREET, LEEDS**

Present:

Councillor Susan Hinchcliffe (Chair)	Bradford Council (to minute 36)
Councillor Tim Swift MBE	Calderdale Council
Councillor Judith Blake CBE	Leeds City Council (to minute 36)
Councillor Peter Box CBE	Wakefield Council (to minute 36)
Councillor Stewart Golton	Leeds City Council
Councillor David Hall	Kirklees Council
Councillor Shabir Pandor	Kirklees Council
Councillor John Pennington	Bradford Council
Councillor Andrew Waller	City of York Council

In attendance:

Graham Botham	Network Rail (to minute 33)
Rob Warnes	Northern (to minute 33)
Graham Meiklejohn	Transpennine Express (to minute 33)
Angela Taylor	West Yorkshire Combined Authority
Caroline Allen	West Yorkshire Combined Authority
Dave Pearson	West Yorkshire Combined Authority
Ruth Chaplin	West Yorkshire Combined Authority

28. Apologies for Absence

Apologies for absence were received from Roger Marsh.

29. Declarations of Disclosable Pecuniary Interests

There were no pecuniary interests declared by members at the meeting.

30. Exempt Information - Possible Exclusion of the Press and Public

Resolved:

- (a) That in accordance with paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972, the public be excluded from the meeting during consideration of Appendices 7 and 10 to Agenda Item 8 on the

grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information and for the reasons set out in the report that in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

- (b) That in accordance with paragraph 5 of Part 1 of Schedule 12A to the Local Government Act 1972, the public be excluded from the meeting during consideration of Appendix 1 to Agenda Item 13 on the grounds that it contains legally privileged information and if members of the press and public were present there would be disclosure to them of exempt information. It is considered that the public interest in maintaining the content of the appendix as exempt outweighs the public interest in disclosing the information as publication could prejudice legal proceedings.

31. Minutes of the Meeting of the Combined Authority held on 28 June 2018

Resolved: That the minutes of the annual meeting of the West Yorkshire Combined Authority held on 28 June 2018 be approved and signed by the Chair.

32. Governance Arrangements

The Combined Authority considered a report of the Director of Resources in respect of governance arrangements.

The report provided an update on appointments to committees and panels of the Combined Authority and sought approval for the proposed membership of the Inclusive Growth and Public Policy Panel which was set out in Appendix 2 of the submitted report. Councillor Waller confirmed that York would like to be represented on the Inclusive Growth and Public Policy Panel and it was agreed that a nomination would be sought from them.

Members also endorsed the appointment of Councillor Blake as the representative for the Combined Authority and City of York Council on the Rail North Committee of Transport for the North.

Resolved:

- (a) That the updated appointments as set out in Appendices 1 and 2 of the submitted report be noted.
- (b) That the membership of the Inclusive Growth and Public Policy Panel as set out in Appendix 2 to the submitted report be approved and a nomination from York City Council be sought.
- (c) That the appointment of Councillor Blake as the representative for the Combined Authority and the City of York Council on the Rail North Committee of Transport for the North, with Councillor Hinchcliffe as her substitute be endorsed.

33. Rail Performance and Governance

The Combined Authority considered a report of the Director of Transport Services on rail performance and governance.

At the last meeting, the Combined Authority had expressed their deep concern about the severe impact the poor rail performance in the north was having on passengers, employment, tourism and the economy in the City Region following timetable changes introduced in May 2018.

The meeting was attended by Rob Warnes, Performance and Planning Director, Northern, Graham Botham, System Operator Director, Network Rail and Graham Meiklejohn, Regional Development Manager, Transpennine Express. They offered their sincere apologies for the chaos and disruption to the rail services and acknowledged that improvements must be made urgently. Each was given the opportunity to address the meeting and provide an overview of their involvement in the process for planning the timetable changes, the reasons for the breakdown in performance following its introduction, the compensation being offered to passengers and the steps being taken to improve performance.

It was considered that there was a lack of accountability and members were extremely disappointed that assurances could not be given as to when improvements to the level of service would be made and that such disruption would not reoccur. They stressed that the compensation packages for affected passengers must be more widely communicated using all media sources.

It was noted that a review of the circumstances leading up to the timetable change was to be undertaken and this would be led jointly by Councillor Judith Blake and Jo Johnson, the Rail Minister. Members noted the remit of the Blake/Johnson Review and the terms of reference which were attached at Appendix 1. They discussed the key points outlined in the submitted report and these would be formally submitted for consideration by the review team.

A meeting would be arranged with representatives from the rail industry once the report and recommendations of the Blake/Johnson review have been received and more information on the measures being taken to improve performance including detailed, up-to-date performance figures and assurances on future performance can be provided. In the meantime the rail operators and Network Rail were asked to provide each district within the City Region with a summary of their plans.

Resolved:

- (a) That the impact on passengers of the May 2018 rail timetable change be noted.
- (b) That the submission of the key points set out in paragraph 2.24 of the submitted report to the Blake/Johnson Rail North Partnership Joint Review be approved.

- (c) That a meeting be arranged to consider the outcome of the Blake/Johnson review and discuss the issues further.
- (d) That the Director of Transport Services request Northern, Network Rail and Transpennine Express provide a summary of their plans for each district of the City Region.

34. Devolution and the Review of Local Enterprise Partnerships

The Combined Authority considered a report of the Interim Director of Policy and Strategy which:

- Provided an update on progress towards securing devolution to Leeds City Region.
- Provided details of the proposals contained in the Review of Local Enterprise Partnerships (LEP), announced by the Government on 24 July 2018.

Members noted the recent developments in relation to the One Yorkshire proposition and copies of the Secretary of State's letter in respect of the One Yorkshire submission and the response from the One Yorkshire Leaders were attached at Appendices 1 and 2 of the submitted report.

It was reported that the Government had recently announced the Review of Local Enterprise Partnerships and the summary of the Government's proposals was attached at Appendix 3. It was noted that the Government has asked for proposals for changes to existing LEP geographies, particularly in relation to the requirement to remove overlaps, by the end of September 2018. Councillor Waller reported that York City Council were disappointed at the rigid view of the geography as they overlapped into two LEP areas and asked that their concerns be taken into consideration. It was noted that there will be engagement with stakeholders and members requested further information and discussion on the various options to determine how best to respond.

Resolved:

- (a) That the recent developments in relation to securing devolution to Leeds City Region be noted.
- (b) That further discussions be held in respect of the review of Local Enterprise Partnerships.

35. Capital Spending and Project Approvals

The Combined Authority considered a report of the Director of Delivery on the progression and funding for the following schemes through the Combined Authority's assurance process:

- Rochdale Canal – Cycle Safety Fund
- Corridor Improvement Programme – A58/A672
- Corridor Improvement Programme – A646/A6033

- Beech Hill (Phase 1a and 1b)

Details of the four schemes were provided in the submitted report and it was noted that these had been considered and recommended for approval by the Investment Committee.

Members also considered the following schemes which have had change request reports assessed in line with the Combined Authority's assurance process and also been considered and recommended by the Investment Committee for approval:

- Forge Lane/Dewsbury Riverside
- Kirklees Housing Project
- Bradford One City Park
- Halifax Station Gateway

Consideration was given to the following schemes that have proceeded directly to the Combined Authority due to the nature of the funding streams or timescales related to delivery. Each scheme has been assessed in line with the Combined Authority's assurance process:

- Skills [re]boot project
- Leeds City Region Employment Hub

The Combined Authority also considered a recommendation to enter into a Funding Agreement with Wakefield Council in relation to the Wakefield Eastern Relief Road and details were provided in exempt Appendix 10.

The update on the Leeds New Station Street scheme was noted. It was reported that further work was being undertaken and a final business case will be considered by the Investment Committee in September with approval for the scheme being delegated to the Managing Director in consultation with the Chair of the Combined Authority.

Members discussed the funding and delivery of schemes and it was noted that a report on the impact of Brexit on the City Region would be prepared for the next meeting of the Combined Authority.

Resolved:

- (a) In respect of Rochdale Canal - Cycle Safety Fund - Canal Towpath Improvement Phase 2 - Hebden Bridge to Todmorden –

That following a recommendation from the Investment Committee, the Combined Authority approves:

- (i) That the Rochdale Canal Towpath Improvement project proceeds through decision point 2 and work commences on activity 4 (full business case).
- (ii) That an indicative approval is given to the total project value of £1.553 million and the Combined Authority funding contribution of

£1.473 million (from the Department for Transport – Cycle Safety Grant fund) with full approval to spend being granted once the scheme has progressed through the assurance process to decision point 5 (full business case with finalised costs). The remainder will be funded by £80,000 from Calderdale Council.

- (iii) That future approvals are made in accordance with the approval pathway and approval route outlined in the submitted report including at decision points 4 and 5 through a delegation to the Combined Authority's Managing Director following a recommendation by either Investment Committee or the Combined Authority's Programme Appraisal Team. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

(b) In respect of the Corridor Improvement Programme - A58/A672 -

That following a recommendation from the Investment Committee, the Combined Authority approves:

- (i) That the Corridor Improvements Programme scheme - A58/A672 proceeds through decision point 3 and work commences on activity 4 (full business case).
- (ii) That an indicative approval to the total project value of £6.024 million is given to be funded from the West Yorkshire plus Transport Fund with full approval to spend being granted once the scheme has progressed through the assurance process to decision point 5 (full business case with finalised costs).
- (iii) That the development costs of £706,665 are approved in order to progress the scheme to decision point 4 (full business case), and that the Combined Authority issue an addendum to the existing Funding Agreement with Calderdale Council for expenditure of up to £706,665 from the West Yorkshire plus Transport Fund taking the total approval to £941,665.
- (iv) That future approvals are made in accordance with the approval pathway and approval route set out in the submitted report, to include at decision points 4 and 5 through a delegation to the Combined Authority's Managing Director. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

(c) In respect of the Corridor Improvement Programme - A646/6033 Calderdale -

That following a recommendation from the Investment Committee, the Combined Authority approves:

- (i) That the Corridor Improvements Programme scheme - A646/6033 proceeds through decision point 3 and work commences on

Activity 4 (full business case).

- (ii) That an indicative approval to the total project value of £5.092 million is given to be funded from the West Yorkshire plus Transport Fund with full approval to spend being granted once the scheme has progressed through the Assurance Process to decision point 5 (full business case with finalised costs).
 - (iii) That the development costs of £594,581 are approved in order to progress the scheme to decision point 4(full business case), and that the Combined Authority issue an addendum to the existing Funding Agreement with Calderdale Council for expenditure of up to £594,581 from the West Yorkshire plus Transport Fund taking the total approval to £789,581.
 - (iv) That future approvals are made in accordance with the approval pathway and approval route set out in the submitted report, to include at decision points 4 and 5 through a delegation to the Combined Authority's Managing Director. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.
- (d) In respect of Beech Hill, Halifax -

That following a recommendation from the Investment Committee, the Combined Authority approves:

- (i) That the Beech Hill project (phase 1a) proceeds through decision point 5 and work commences on activity 6 (delivery).
- (ii) That the Beech Hill project (phase 1b) proceeds through decision point 2 and work commences on activity 4 (full business case) through the provision of an updated business case for both phases 1a and 1b.
- (iii) That indicative approval is given to the total revised Combined Authority funding requirement of £2.197 million, to be funded from the Local Growth Fund. Phase 1b total forecast cost of £797,000 to be funded from over-programming against the Local Growth Fund with full approval to spend being granted once the scheme has progressed through the assurance process to decision point 5 (full business case with finalised costs).
- (iv) That approval is given for expenditure of up to £1.4 million for Phase 1a of the project to be funded from the Combined Authority's Local Growth Deal and that the Combined Authority enter into a Funding Agreement with Calderdale Council for expenditure up to £1.4 million.
- (v) That future approvals are made in accordance with the approval pathway and approval route outlined in the submitted report to include for Phase 1b at decision points 4 and 5 through a delegation to the Combined Authority's Managing Director

following a recommendation by the Combined Authority's Programme Appraisal Team. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

(e) In respect of Forge Lane / Dewsbury Riverside -

That following a recommendation from the Investment Committee, the Combined Authority approves:

- (i) That the change request is approved to omit the Forge Lane site from the Growth Deal Priority 4a programme and that this site is substituted with the Dewsbury Riverside site with an indicative allocation of a grant from the Local Growth Fund to the value specified in the exempt Appendix, with full approval to spend being granted once the scheme has progressed through the Assurance Process to decision point 5 (full business case with finalised costs).
- (ii) That the Dewsbury Riverside project proceeds through decision point 2 and work commences on activity 4 (full business case).
- (iii) That the funding support to the Dewsbury Riverside site is provided in the form of a grant to the value specified in the exempt Appendix, rather than as a loan, (which was previously approved).
- (iv) That future approvals are made in accordance with the approval pathway and approval route outlined in the submitted report, including at decision point 5, following a recommendation by the Combined Authority's programme appraisal team. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

(f) In respect of Kirklees Housing -

That following a recommendation from the Investment Committee, the Combined Authority approves:

- (i) That the change request to the Kirklees Housing project is approved to reduce the Local Growth Fund funding for Phase 1 (Ashbrow Housing and Soothill Housing Sites) to £700,000.
- (ii) That the change request is approved to omit the Stile Common site from the project and that this site is substituted with the Waterfront site (Phase 2) with an indicative allocation for a £300,000 loan from the Local Growth Fund, subject to Phase 2 being brought back through the assurance process in the form of an expression of interest and considered by Investment Committee and the Combined Authority at decision point 2 (case paper).
- (iii) That the Combined Authority enters into an addendum to the existing loan agreement with Kirklees Council to reflect the change

request.

- (iv) That future approvals are made in accordance with the approval pathway and approval route outlined in the submitted report following a recommendation by the Combined Authority's Programme Appraisal Team. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

- (g) In respect of One City Park, Bradford -

That following a recommendation from the Investment Committee, the Combined Authority approves:

- (i) That the change request to the One City Park project is approved to extension to the project timescales and that the project should reconfirm its business case as part of undertaking activity 5 (full business case with finalised costs).
- (ii) That future approvals are made in accordance with the approval pathway and approval route outlined in the submitted report, including at decision point 5 through a delegation to the Combined Authority's Managing Director following a recommendation by the Combined Authority's Programme Appraisal Team. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

- (h) In respect of Halifax Station Gateway -

That following a recommendation from the Investment Committee, the Combined Authority approves:

- (i) That the change request to the Halifax Station Gateway project of £793,000 additional development funds is approved. This takes the total approved development funds to £1.108 million.
- (ii) That the Combined Authority enters into a £793,000 addendum to the existing funding agreement with Calderdale Council for expenditure of up to £1.108 million from the West Yorkshire plus Transport Fund.
- (iii) That future approvals are made in accordance with the Approval Pathway and Approval Route outlined in the submitted report including at decision points 4 and 5 through a delegation to the Combined Authority's Managing Director following a recommendation by the Combined Authority's Programme Appraisal Team. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

- (i) In respect of Leeds City Region Employment Hub, the Combined Authority approves:

- (i) That the Leeds City Region Employment Hub project proceeds through decision point 2 and work commences on activity 5 (full

business case with finalised costs).

- (ii) That an indicative approval to the total project value of £9 million is given. The Combined Authority contribution will be £8.738 million, which will be funded from an anticipated ESF grant of £5.786 million, Business Rates Pool funding of £2.71 million (year 1 and years 2 & 3 allocation) and £242,000 from an existing revenue approval. Full approval to spend will be granted if the scheme has been successful in securing ESF funding and once the scheme has progressed through the assurance process to decision point 5 (full business case with finalised costs).
 - (iii) That future approvals for Employment Hub are made in accordance with the assurance pathway and approval route outlined in the submitted report including at decision point 5 through a delegation to the Combined Authority's Managing Director following a recommendation by the Combined Authority's Programme Appraisal Team. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.
- (j) In respect of Skills [re]boot project, the Combined Authority approves:
- (i) That the [re]boot project proceeds through decision point 2 and work commences on activity 5 (full business case with finalised costs).
 - (ii) That an indicative approval to the total project value of £3.145 million is given (of this, the Combined Authority's contribution will be £2.870 million which will be funded from an anticipated ESF grant of £1.573 and £1.297 million from Section 31 reserves). Full approval to spend will be granted if the scheme is successful in securing ESF funding and once the scheme has progressed through the assurance process to decision point 5 (full business case with finalised costs).
 - (iii) That future approvals are made in accordance with the approval pathway and approval route outlined in the submitted report including at decision point 5 through a delegation to the Combined Authority's Managing Director following a recommendation by the Combined Authority's Investment Committee. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.
- (k) In respect of Wakefield Eastern Relief Road, the Combined Authority approves:
- (i) That waiver of the requirement that the final account for the Wakefield Eastern Relief Road is settled prior to the Combined Authority entering into an addendum to the funding agreement with Wakefield Council.
 - (ii) That the Combined Authority enters into an addendum to the existing Funding Agreement with Wakefield Council for

expenditure of up to £5.574 million taking the total value of the funding agreement to £37.593 million.

- (l) In respect of Leeds New Station Street, approval of the full business case and full business with finalised costs for the Leeds New Station Street scheme be delegated to the Combined Authority's Managing Director in consultation with the Chair of the Combined Authority following consideration by the Investment Committee in September 2018.

(a) Corridor Improvement Programme - A58 / A672

In respect of the Corridor Improvement Programme - A58/A672 -

That following a recommendation from the Investment Committee, the Combined Authority approves:

- (i) That the Corridor Improvements Programme scheme - A58/A672 proceeds through decision point 3 and work commences on activity 4 (full business case)
- (ii) That an indicative approval to the total project value of £6.024 million is given to be funded from the West Yorkshire plus Transport Fund with full approval to spend being granted once the scheme has progressed through the assurance process to decision point 5 (full business case with finalised costs).
- (iii) That the development costs of £706,665 are approved in order to progress the scheme to decision point 4 (full business case), and that the Combined Authority issue an addendum to the existing Funding Agreement with Calderdale Council for expenditure of up to £706,665 from the West Yorkshire plus Transport Fund taking the total approval to £941,665.
- (iv) That future approvals are made in accordance with the approval pathway and approval route set out in the submitted report, to include at decision points 4 and 5 through a delegation to the Combined Authority's Managing Director. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

(b) Corridor Improvement Programme - A646 / A6033

Resolved: In respect of the Corridor Improvement Programme - A646/6033 Calderdale -

That following a recommendation from the Investment Committee, the Combined Authority approves:

- (i) That the Corridor Improvements Programme scheme - A646/6033 proceeds through decision point 3 and work commences on Activity 4 (full business case).
- (ii) That an indicative approval to the total project value of £5.092 million is given to be funded from the West Yorkshire plus Transport Fund with full approval to spend being granted once the scheme has progressed through the Assurance Process to decision point 5 (full business case with finalised costs)
- (iii) That the development costs of £594,581 are approved in order to progress the scheme to decision point 4(full business case), and that the Combined Authority issue an addendum to the existing Funding Agreement with Calderdale Council for expenditure of up to £594,581 from the West Yorkshire plus Transport Fund taking the total approval to £789,581.
- (iv) That future approvals are made in accordance with the approval pathway and approval route set out in the submitted report, to include at decision points 4 and 5 through a delegation to the Combined Authority's Managing Director. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

(c) Leeds City Region Employment Hub

In respect of Leeds City Region Employment Hub, the Combined Authority approves:

- (i) That the Leeds City Region Employment Hub project proceeds through decision point 2 and work commences on activity 5 (full business case with finalised costs)
- (ii) That an indicative approval to the total project value of £9 million is given. The Combined Authority contribution will be £8.738 million, which will be funded from an anticipated ESF grant of £5.786 million, Business Rates Pool funding of £2.71 million (year 1 and years 2 & 3 allocation) and £242,000 from an existing revenue approval. Full approval to spend will be granted if the scheme has been successful in securing ESF funding and once the scheme has progressed through the assurance process to decision point 5 (full business case with finalised costs).
- (iii) That future approvals for Employment Hub are made in accordance with the assurance pathway and approval route outlined in the submitted report including at decision point 5 through a delegation to the Combined Authority's Managing Director following a recommendation by the Combined Authority's Programme Appraisal Team. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

(d) Skills Reboot Programme

In respect of Skills [re]boot project, the Combined Authority approves:

- (i) That the [re]boot project proceeds through decision point 2 and work commences on activity 5 (full business case with finalised costs).
- (ii) That an indicative approval to the total project value of £3.145 million is given (of this, the Combined Authority's contribution will be £2.870 million which will be funded from an anticipated ESF grant of £1.573 and £1.297 million from Section 31 reserves). Full approval to spend will be granted if the scheme is successful in securing ESF funding and once the scheme has progressed through the assurance process to decision point 5 (full business case with finalised costs).
- (iii) That future approvals are made in accordance with the approval pathway and approval route outlined in the submitted report including at decision point 5 through a delegation to the Combined Authority's Managing Director following a recommendation by the Combined Authority's Investment Committee. This will be subject to the scheme remaining within the tolerances outlined in the submitted report.

36. Channel 4 National HQ

The Combined Authority considered a report of the Executive Head of Economic Services which provided an update on the effort to attract the Channel 4 national HQ to Leeds City Region.

Members welcomed the announcement that Leeds has now been shortlisted as one of the final three locations which was tribute to the effort and partnership approach achieved across the City Region. There was unanimous support from members for the bid which, if successful, would provide benefits and opportunities for all districts in the City Region

Further information will be requested by Channel 4 and a process of negotiation will take place over the summer. It is expected that Channel 4 will announce its preferred location for the national headquarters and two new creative hubs in the autumn.

Resolved: That the City Region's bid for Channel 4 continue to be supported.

Councillor Hinchcliffe left and Councillor Swift chaired the remainder of the meeting.

37. Medium Term Financial Strategy and Budget 2019/20

The Combined Authority considered a report of the Director of Resources which provided an update on the medium term financial strategy and budget planning for 2019/20.

Members noted the proposed timetable for the development of the financial strategy and budget and for engaging with members and partners before its approval in February 2019 which was attached at Appendix 1. A budget summary which set out the position agreed by the Combined Authority in February 2018 was attached at Appendix 2. It was reported that any changes that have occurred since February 2018 would be addressed in the revised strategy and members discussed the key issues, assumptions and changes to be taken into consideration which were detailed in the submitted report.

A report would be brought to the next meeting, setting out details of costs and income for the next three years and highlighting where decisions are required. Consideration would also be given for public consultation and engagement as part of the budget setting process.

Resolved: That the report be noted.

38. Corporate Planning & Performance

The Combined Authority considered a report of the Director of Resources in respect of corporate planning and performance.

Members discussed corporate performance including progress against corporate priorities, risk management and budget provision. Appendix 1 set out the current status of the 14 key Corporate Plan priorities and an update on the key strategic risks.

It was reported that the Governance and Audit Committee had considered the updated Corporate Risk Management Strategy and had approved the 2017/18 annual accounts at their meeting held on 30 July 2018. The external auditor, Mazars, had reported their findings and had given an unqualified audit opinion, without modification. The current spend against budget was summarised in Appendix 2 and it was noted that there were currently no areas of concern to report.

Resolved: That the report be noted.

39. Appointment of Director of Policy, Strategy and Communications

The Combined Authority considered a report of the Managing Director on the appointment of Director of Policy, Strategy and Communications.

Members noted the process which had been undertaken to recruit a Director of Policy, Strategy and Communications and ratified the appointment of the preferred candidate.

Resolved: That the recommendation of the Member Appointing Panel be approved and Alan Reiss be appointed as Director of Policy, Strategy and Communications, subject to receipt of satisfactory references.

40. Legal Claim in Respect of Combined Authority Loans

The Combined Authority considered a report of the Director of Resources on a legal claim in respect of Combined Authority loans.

The report provided information on the legal claim issued against Barclays Bank PLC (Barclays) in respect of loans held by the Combined Authority and the 2006 regulatory findings made against Barclays on the manipulation of LIBOR (London Inter-bank Offered Rate).

A summary of the current position was provided in exempt Appendix 1 to the submitted report and consideration was given to entering into a retainer with Hausfeld LLP (Hausfeld) for legal representation including the provision of legal and expert advice on the merits of the Combined Authority's claim.

A progress report will be brought to the next meeting.

Resolved: That Hausfeld be instructed to provide legal representation to the Combined Authority including detailed advice on the merits of the Combined Authority's claim.

41. Minutes for Information

(e) Draft Minutes of the West Yorkshire and York Investment Committee held on 4 July 2018

Resolved: That the draft minutes of the West Yorkshire and York Investment Committee held on 4 July 2018 be noted.

(f) Draft Minutes of the Transport Committee held on 6 July 2018

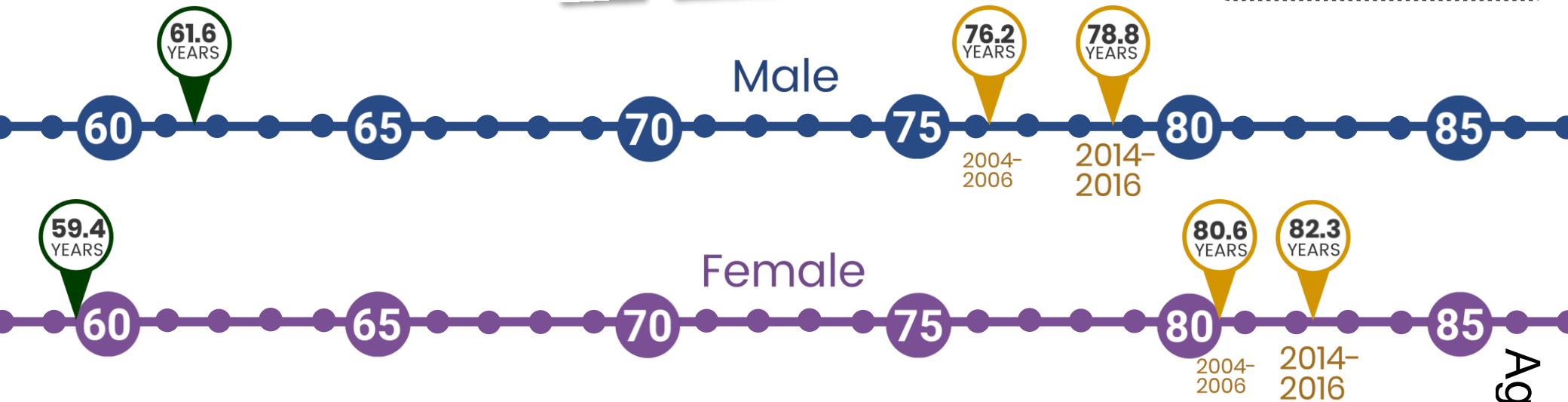
Resolved: That the draft minutes of the Transport Committee held on 6 July 2018 be noted.

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Ageing Well in Kirklees

 LIFE EXPECTANCY AT BIRTH

 HEALTHY LIFE EXPECTANCY AT BIRTH
2014-2016



There is a clear **social gradient** for **LE** and **HLE** for both **males** and **females**:



There is overwhelming evidence for prioritising **preventative approaches**.

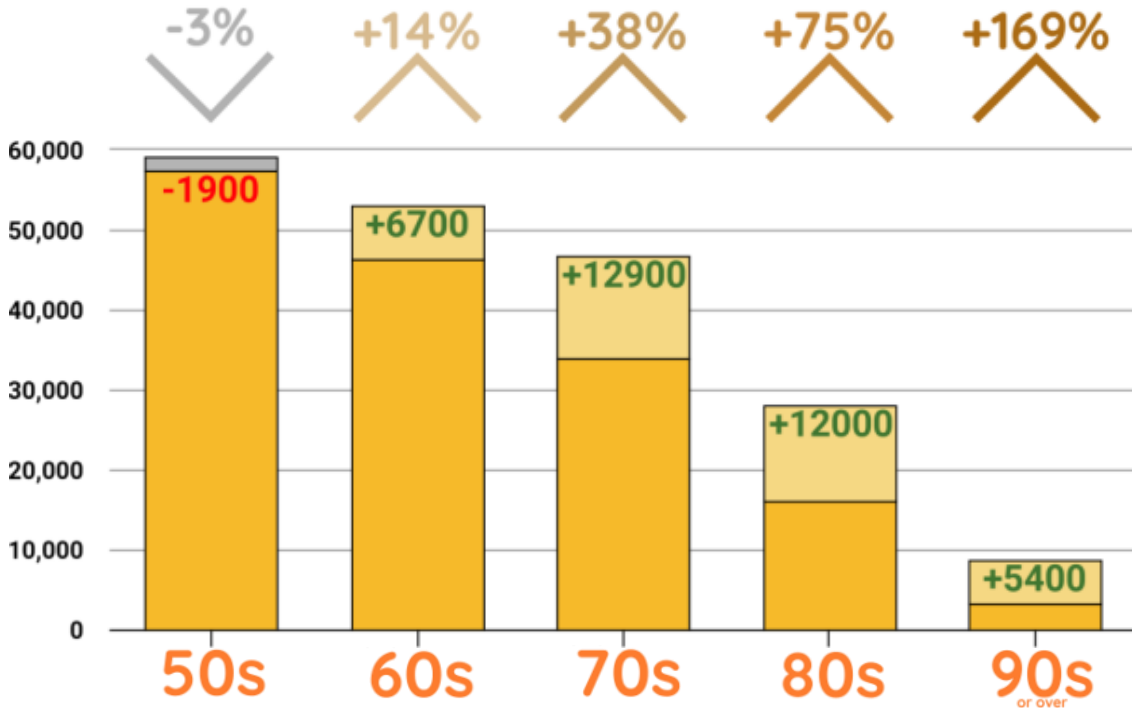


It is more **cost effective** and **easier** to **prevent** some issues that that are often present in childhood than to **undo** them in adulthood.

Changing need

Projected population changes
2017-2037

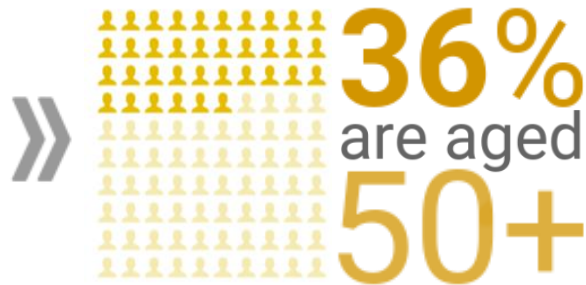
The 'oldest old', who have a substantial risk of requiring long-term care, are the **fastest growing age group** in the UK.



The way in which people receive care is changing...

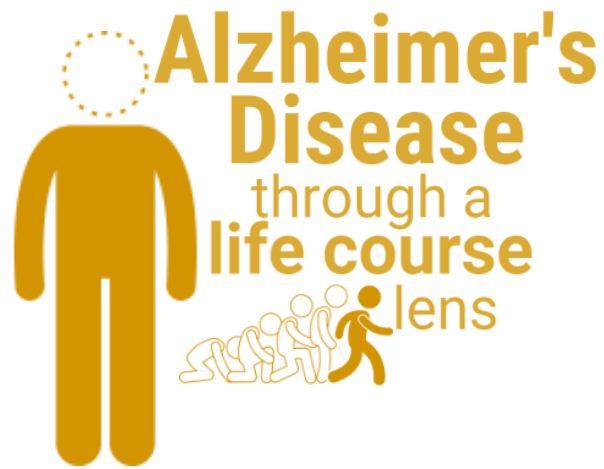


There are around
440,200
PEOPLE
living in
Kirklees



Alzheimer's Disease

through a life course lens



The **community, families** and **carers** provide key support to the health and care system.

£ UNPAID CARERS = £ NHS

Older people WITH NO or LOWER FREQUENCY CARING RESPONSIBILITIES



1 OUT OF 4 FEMALES

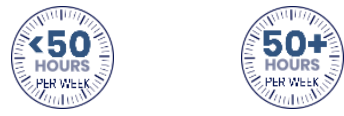
&



1 OUT OF 5 MALES

AGED 50+ HAVE CARING RESPONSIBILITIES

ARE MORE LIKELY TO FEEL IN **GOOD HEALTH**



...AND LESS LIKELY TO LIVE WITH A **MENTAL HEALTH CONDITION**



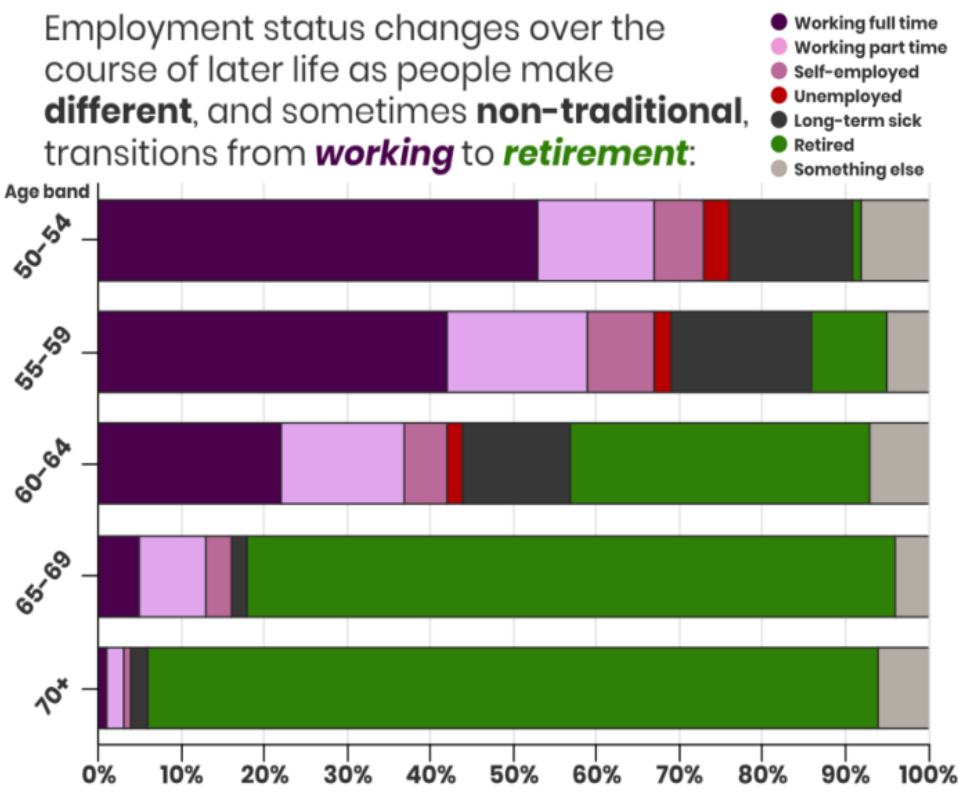
A QUARTER of the **older** workforce have some kind of **CARING RESPONSIBILITIES**



Working in later life

Working later in life has benefits for **individuals** and **families, employers and wider society.**

Employment status changes over the course of later life as people make **different**, and sometimes **non-traditional**, transitions from **working** to **retirement**:



Age-diverse teams offer benefits for **employers**, including:

Problem solving skills	Experience
Reliability	Greater innovation
Punctuality	Knowledge sharing
Different perspectives	Professionalism
Interpersonal skills	Mentoring



Evidence shows that these skills can improve people's retirement savings and their work and health outcomes.

Volunteering

-  improved quality of life;
-  improved life satisfaction;
-  improved ability to cope with ill health;
-  healthier lifestyles;
-  improved family relationships;
-  improved social networks;
-  improved self-esteem;
-  sense of purpose.



45% of people aged 50+ **VOLUNTEER** at least monthly



Page 31



...so **encouraging** and **enabling** more people to volunteer across the life course as well as in later life is an important contributor to **ageing well**.

"Grandparenting" can...



...foster a **child's** sense of wellbeing



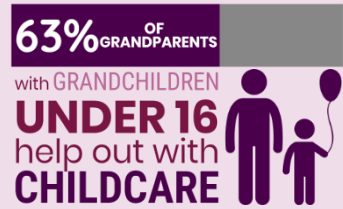
...help **younger generations** remain in employment



...promote resilience in **later life**

NATIONALLY:

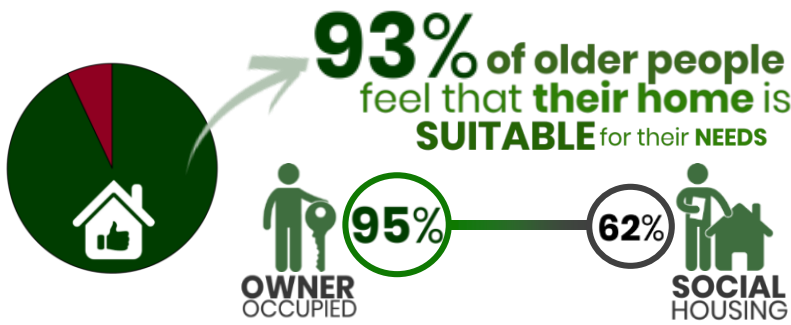
1 OUT OF 4 WORKING FAMILIES & **1 OUT OF 3** WORKING MOTHERS USE GRANDPARENTS FOR CHILDCARE



RATES OF VOLUNTEERING are already **HIGHEST** among **OLDER ADULTS**

Places

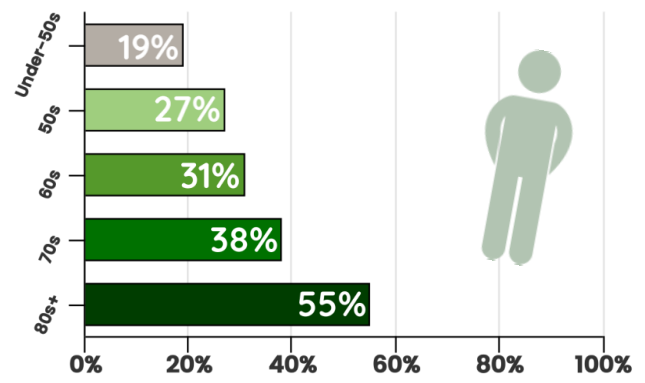
Well-designed and accessible environments have a **positive effect** on individual and community health and **wellbeing** and reduce **isolation**.



"Intergenerational mixing" can reduce loneliness



The proportion of people living alone **INCREASES** WITH AGE:



The importance of being **inclusive** cannot be overestimated; **ageist attitudes harm older people** as they lead to age-based **discrimination**.



EXPERIENCE



**KNOWLEDGE &
INSIGHTS**



HERITAGE



VOLUNTEERING



CHILDCARE



CARING

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Ageing Well in Kirklees

Director of Public Health
Annual Report 2017/18

Foreword

The aim of this report is to describe effective ways to help us age as healthily as possible by highlighting some of the issues we experience as we age that can impact on our health and wellbeing and the kind of things we can do to tackle these more effectively.



It focusses on the range of local assets that make a huge contribution to families and communities by supporting people to improve their outcomes, their wellbeing and their health.

MENTAL WELLBEING



Although it's positive to see that a high number of Kirklees' older population feels socially included, 1 in 4 experience feelings of loneliness and isolation at least some of the time.

The impact of **intergenerational** work in residential settings in reducing feelings of loneliness amongst older people needs to be determined, to inform longer term planning decisions.

It is important to understand **which groups** are more likely to experience loneliness and isolation at different life stages or following different life events and how local assets can help to prevent this or reduce the impacts.

Spotting **early signs** and responding to distress is vital in preventing depression. Mental health first aid is an evidence-based way of helping people do this, so supporting the provision of training must be a priority.

INTELLIGENCE-LED COMMISSIONING



Older people are the largest users of health services, representing two thirds of NHS users. Four out of 10 adult admissions to hospital last year were people aged 65+.

Whilst many of these admissions and stays are entirely appropriate, better use of **data** and **intelligence** can help ensure people stay out of hospital when being admitted will not improve their outcome.

Longer GP appointments can help reduce avoidable hospital admissions of older people cost-effectively.

Designing social care provision in **equal partnership** with the people that use them (and their carers) will inform the design and delivery of more effective services.

WORKING WITH PEOPLE (NOT 'DOING TO' OR 'DOING FOR' PEOPLE)



People working together in their communities to solve their problems and make the most of opportunities is at the heart of the way in which health and wellbeing outcomes are improved.

People with long-term conditions that feel able to **manage** their condition generally do better, are more independent and use expensive acute services less.

Barriers, such as organisational bureaucracy and professional hierarchy, that prevent people from working together need to be **removed** so that communities and organisations can develop solutions together, engage people and build relationships based on trust to create long-term, positive change.

Person-centred services and interventions need to be supported and commissioned, enabling people to increase their confidence, achieve self-defined goals and maintain health improving behaviour change.

It is not just about people being equipped to manage their health. People need **opportunities** to learn and develop new skills throughout their lifetime, explore opportunities for wider development, not just related to their current work role (e.g. gaining financial and technological skills to generate retirement savings or improve work and health outcomes).

Working longer and **volunteering** throughout life meets a desire to help others, meets a need to feel useful and valued, can help people make friends, and promotes enjoyment of new activities.

EQUITY



The importance of being inclusive cannot be overestimated; ageist attitudes harm older people as they lead to age-based discrimination.

Sensory impairment has a large impact on quality of life, access to social networks and access to services, particularly for those facing additional language or communication barriers. It's important to ensure these impacts are **mitigated**.

Finally, all organisations should embed the '**Carers Charter**' and develop flexible working policies (e.g. flexible working hours and home-office solutions to enable paid work alongside unpaid care) to support people irrespective of their circumstances to work, and to work healthier for longer.

Rachel Spencer-Henshall

Rachel Spencer-Henshall,
Director of Public Health

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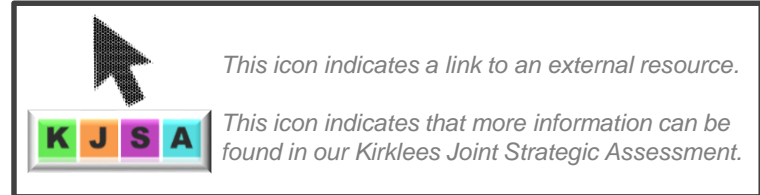
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This icon indicates a link to an external resource.

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Introduction

What data do we use to support local health and wellbeing?

Our *Current Living in Kirklees* (CLiK) survey is an important source of local intelligence on adult health and wellbeing. It is undertaken every four years and tells us things about:

- How people feel about their **health**
- How **confident** people are in managing their health
- Life **satisfaction** See Def A (pg 41)
- Emotional and mental **wellbeing** Def B
- **Resilience** Def C
- Social issues and **behaviours**
- **Similarities** or **differences** between groups Def D

It helps ensure that appropriate Public Health and Health and Social Care services are commissioned and helps us to monitor progress towards achieving outcomes.

In 2016, a random sample of 42,500 households across Kirklees received a postal questionnaire and links to an online version. There were 8,132 valid responses; 3,868 of these were from people aged 50 or over.

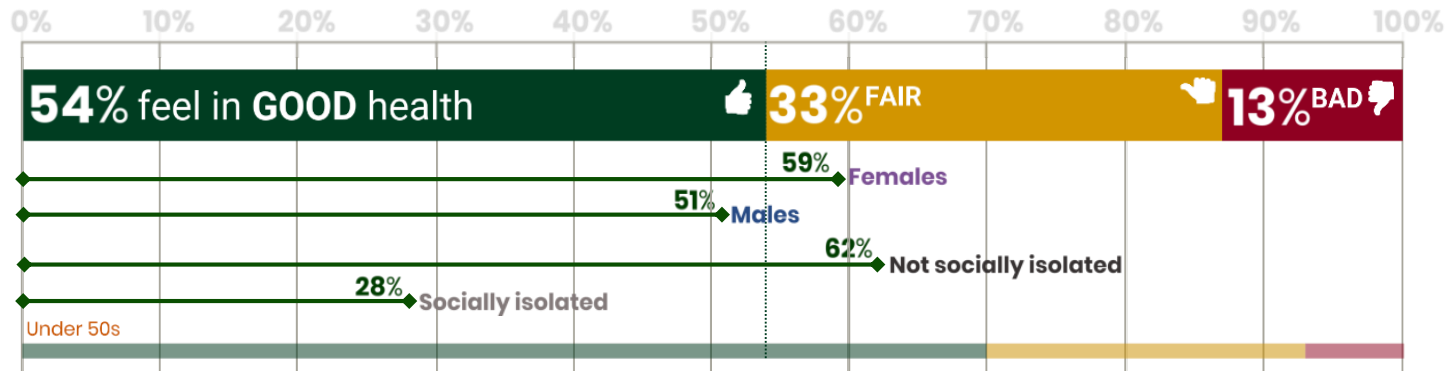
FOR THE PURPOSES OF THIS REPORT, "OLDER PEOPLE" OR "THOSE IN LATER LIFE" ARE CATEGORISED AS BEING **AGED 50+**

Kirklees Snapshot

How do older people feel locally?

Source: Current Living in Kirklees (CLiK) Survey, 2016

More than half of people aged 50+ feel that they are in good health. Females and those who aren't socially isolated are more likely to feel in good health. Those in good health feel much more confident managing their health than those who feel that their health is bad and most older people in Kirklees also feel resilient and satisfied with life.



98% & 37%
in good health & in bad health

feel **CONFIDENT** managing THEIR OWN HEALTH

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RESILIENCE

64% feel able to **BOUNCE BACK** after hard times

2 OUT OF 3
older people have
HIGH LIFE SATISFACTION

Why is an outcomes-based approach important?

In Kirklees we have committed to using an Outcomes Based Accountability™ (OBA) framework¹. Using this approach we are clear that the starting point for any planning process should be a clear statement of what conditions of wellbeing are desired (the **outcomes**).

The seven outcomes for Kirklees are:



Children

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 & Cohesive

People in Kirklees live in cohesive communities, feel safe and are protected from harm



Economic

Kirklees has sustainable economic growth and provides good employment for and with communities and businesses



Clean & Green

People in Kirklees experience a high quality, clean, and green environment



Independent

People in Kirklees live independently and have control over their lives

Starting with outcomes enables us to step back from the things we are already doing or commissioning and explore what needs to be done, by whom and with whom to achieve improved outcomes for the citizens and places of Kirklees and the people who use our services. If we achieve the above outcomes in Kirklees we will know that people are ageing well.

This report contributes to the 'story behind the baseline' (using OBA terminology) for several Kirklees outcomes and the indicators we will use to measure our progress towards achieving them. It will also inform discussions about what strategies, action plans and 'calls to action' are required to achieve improved outcomes for older people and across the life course. Alongside other local intelligence, much of which can be found in the Kirklees Joint Strategic Assessment (KJSA), this report will support Intelligence-led commissioning for outcomes across Kirklees.



Why is an asset-based approach important?

The contributions of older people to society include:



EXPERIENCE

Older people have invaluable life experience and have lived through different eras and faced different challenges to those of today.

Only older people know what older people truly need. The report *Caring for Our Futures* outlines what older people say they want; to be active and healthy and it is older people themselves who can best determine how these things can be facilitated².



KNOWLEDGE & INSIGHTS

They are more likely to volunteer their time for free than any other group.



VOLUNTEERING

Older people provide a huge volume of unpaid childcare as grandparents and many families depend on this support. It can have positive outcomes for the children, the working parents and the grandparents themselves.



CHILD CARE



CARING

They provide more care than any other section of the population and often don't recognise themselves as carers.



HERITAGE

The character, identity and values of society often centre around heritage and the experiences and stories of older people are central to this.



An asset-based approach starts with 'what's strong' rather than 'what's wrong'.

FOR MORE INFORMATION:



The contribution of older people to society is often overlooked and there are still-prevailing negative stereotypes related to being older. It is vital to build on the assets of individuals and communities, including those in later life.

These contributions can only be ensured if we foster people's health and participation as they age, through environments which promote accessibility, equity, safety, security and support age-friendly environments.

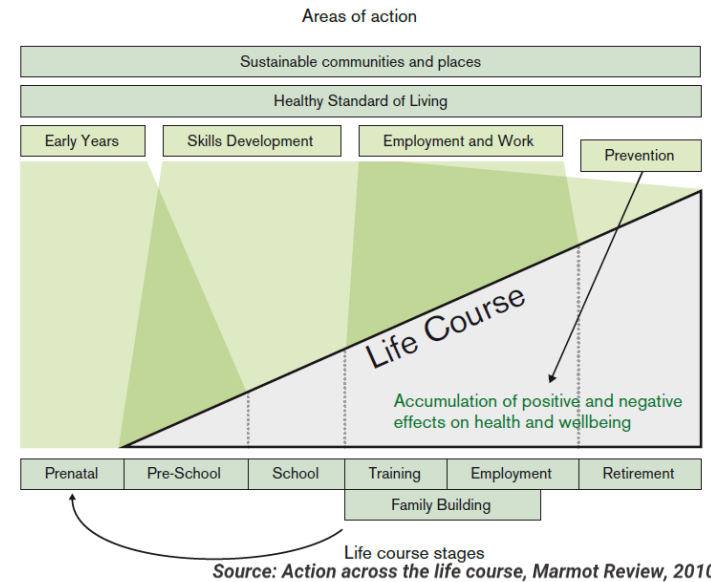
Why is a life course approach important?

Life course epidemiology is the study of long-term biological, behavioural and social processes that link health in later life to physical or social exposures during gestation, childhood, adolescence, adult life or across generations. There is a growing body of evidence which indicates that certain experiences during the early part of the life course can influence a person's health throughout their life and into old age³.

As Marmot highlighted, one of the primary purposes of taking action across the life course is to affect the ways in which socially determined influences impact on the individual with the aim of maximising the positive effects and minimising the negative effects.

What a child experiences during the early years (starting in the womb), including their physical, social, and cognitive development, lays down a foundation for the whole of their life, strongly influences their school-readiness and educational attainment leading to economic participation and long-term health. Later interventions, although important, are considerably less effective where good early foundations are lacking⁴.

There is overwhelming evidence on the increasing costs of an ageing population which provides a strong argument for prioritising preventative approaches. It is more cost effective and easier to prevent some issues that are often present in childhood than to undo them in adulthood.



Oral health has recently been highlighted as a major global public health priority; a number of health conditions have been scientifically linked with gum disease and poor oral health.

Dental caries and periodontal diseases are both highly prevalent and largely preventable chronic conditions which can affect individuals across the life course, from early childhood to old age⁵.

In 2010, untreated caries was the most prevalent condition worldwide, affecting 35% of the global population, and oral diseases accounted for 15 million disability adjusted life years worldwide⁶.

Dental care accounts for 5 - 10% of total healthcare expenditure and dental caries is the fourth most expensive disease to treat⁷.



Why is understanding diversity important?

Inclusion and diversity

There is no agreed definition of 'later life'. Some people may define themselves as 'older' in their 50's and for others this may be much later. Traditionally health and social care services for 'older people' have begun at 65 years. In reality, there is wide variation in when people begin to 'feel old' and define themselves as 'old'. At the age of 50 years, some people may plan seriously for retirement, take early retirement through choice or find it difficult to secure employment. Others may continue to work late into their 60s and beyond – there is no compulsory retirement age.

Clearly not all older people are the same! The diversity of older people applies not only to their employment status but to their family circumstances and responsibilities. 'The squeezed middle' or 'middle aged jugglers' are terms sometimes used to describe people in their 50s who have caring responsibilities for elderly parents as well as their own parenting responsibilities. Significant life events such as divorce, bereavement and becoming a grandparent have enormous implications for the health, wellbeing and economic status of adults which impact on later life. People's levels of self-esteem, motivation levels and personal resilience are shaped across their life course by experiences and events. Some people have the ability to bounce back from adverse events and others do not. Resilience, mental wellness, social support and inclusion all impact on how well we age.

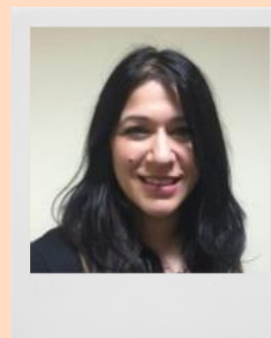
People aged 50+ now are the last generation to have experienced most of their lives without digital technology; and some people are more adaptable than others. Likewise, there is enormous variation in levels of health literacy.

Ethnicity and Culture

Kirklees is a thriving and diverse area; 22% of people in North Kirklees and 9% of people in South Kirklees are of South Asian ethnicity and the ethnic profile of Kirklees continues to change⁹. There are cultural trends and traditions, lifestyles, habits, histories, behaviours, activities, genetic predispositions across the life course which can impact on health and wellbeing. These include breastfeeding and weaning in infancy; language and literacy; access to skills and education; cultural and social norms and attitudes towards physical activity, sex, drinking, smoking and drugs. It is important to understand the intricacies of different cultures because interventions which might be suitable for one group may be inappropriate for another.

CULTURAL INSIGHT

Fatima Khan-Shah
Greater Huddersfield CCG
Public and patient engagement
& involvement professional,
specialising in health, social
care and education



British Pakistanis are the second largest ethnic group within Kirklees. Our relationship with food is complex and something that has been emotionally embedded in our community for generations. For many, in what can feel like a grey, cold and dreary environment, it is their only link to their homeland. This, along with the added complication of sedentary routines compared to the lifestyles in their countries of birth, can be a recipe for disaster for health and wellbeing.

A perception in the Asian sub-continent was that those who were overweight were wealthy as they could afford more luxurious food items and sweets. It can also be a sign of prestige to not have the responsibility to work either in or outside of the home. As a result, there is a culture here in Kirklees where the elders in homes quite often have a sedentary lifestyle due it being culturally acceptable. It would be frowned upon by the community if a mother-in-law was cleaning when her daughter-in-law is around to do it for them.

For many conservative women of the Hindu, Sikh or Muslim faiths, exercising in an unsegregated gym is not an option. For some, it is perceived as both culturally and religiously inappropriate. There is a perception amongst some communities that women seen walking in a park, for example, may be challenged with questions of 'what are you doing here?' with a subtext of 'shouldn't you be at home doing something?'

Taking ownership of one's health and wellbeing is accepted by some and not by others who sometimes use their ill-health for attention and sympathy which can lead to relatives trying to 'out-do' each other. This peer pressure does have a positive side though; if someone is trying out a new approach to improving their health, others want to give it a go. This approach could be utilised with some culturally tailored health management strategies.

Why is understanding inequality important?

Health inequalities have many dimensions (including age, gender, ethnicity and the other 'protected characteristics' defined in legislation). Socio-economic inequalities are at the root of health inequalities (the 'causes of the causes') across the world.

Locally, we use the Index of Multiple Deprivation (IMD) to monitor and understand socio-economic inequalities¹⁰. For all key indicators of health and wellbeing there exists a clear 'social gradient' – people who are better off experience better health and wellbeing across the life course than those who are worse off.

For the purposes of this report, significant inequalities will be represented with the group experiencing the **best** outcome on the left and the group experiencing the **worst** outcome on the right:



EXAMPLE

Kirklees Snapshot



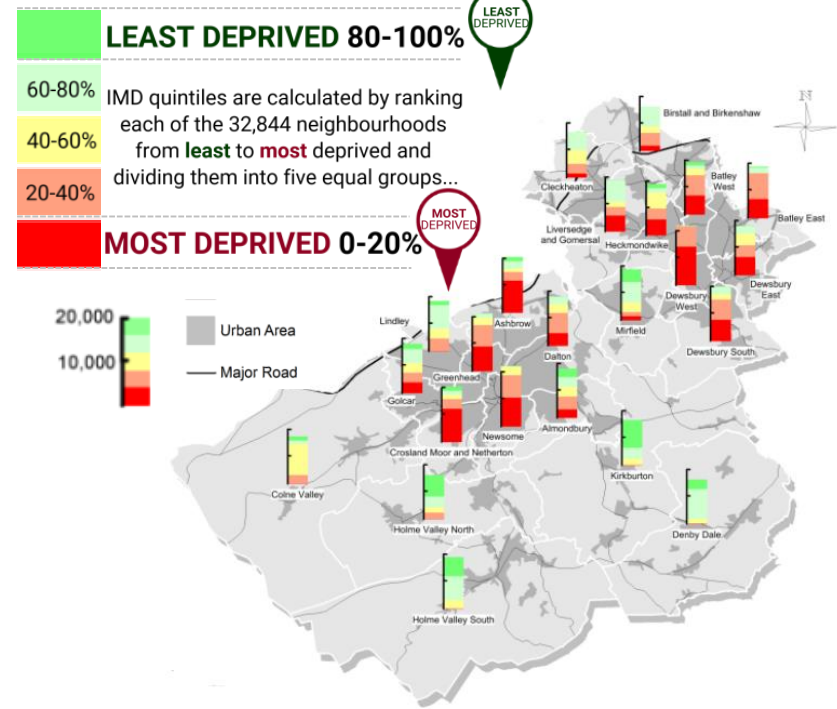
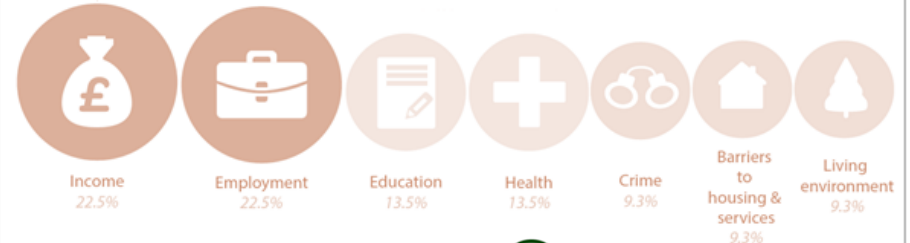
There are **social gradients** in later life



Source: Current Living in Kirklees (CLiK) Survey, 2016

How do we measure relative deprivation?

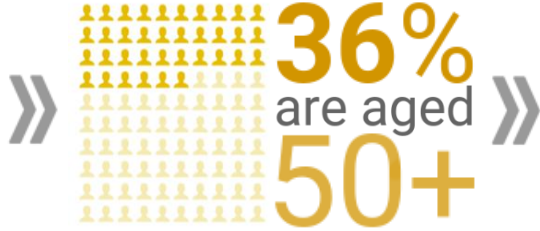
The Index of Multiple Deprivation (IMD) 2015 is the official measure of relative deprivation for neighbourhoods in England based upon 7 domains:



Source: GP registered population data, January 2015

Our Population

There are around **440,200** PEOPLE living in **Kirklees**



There are around **57,300** people in their... **50s**
They make up **13%** of the total population

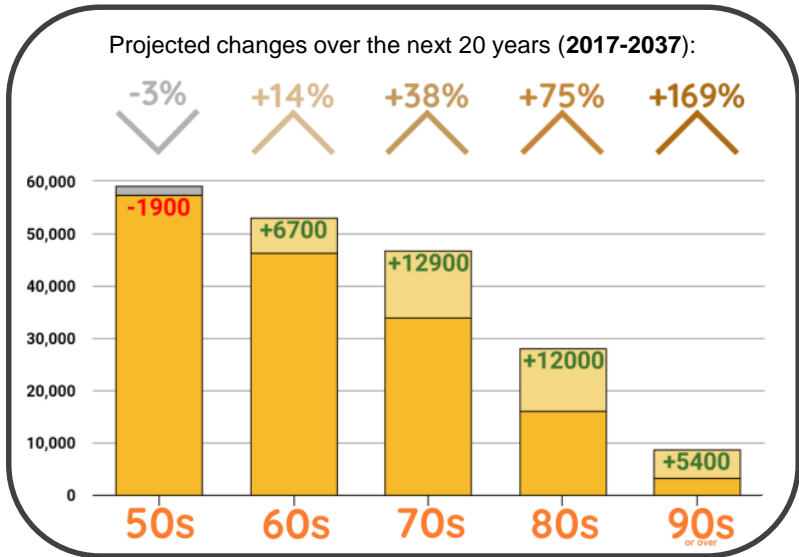
There are around **46,300** people in their... **60s**
They make up **11%** of the total population

There are around **33,800** people in their... **70s**
They make up **8%** of the total population

There are around **16,000** people in their... **80s**
They make up **4%** of the total population

There are around **3,200** people in their... **90s or over**
They make up **1%** of the total population

How is the population changing?



Latest population projections for 2037 suggest:

Largest population increases in youngest and oldest age groups + **No overall increase in the number of people aged 18-64 years** = **DEPENDENCY RATIO WILL RISE**

(more people too young/'too old' to work relative to 'working age' people)

In 2017: 145 PEOPLE OF NON-WORKING AGE SUPPORTED BY 100 PEOPLE OF WORKING AGE

»

In 2037: 175 PEOPLE OF NON-WORKING AGE SUPPORTED BY 100 PEOPLE OF WORKING AGE

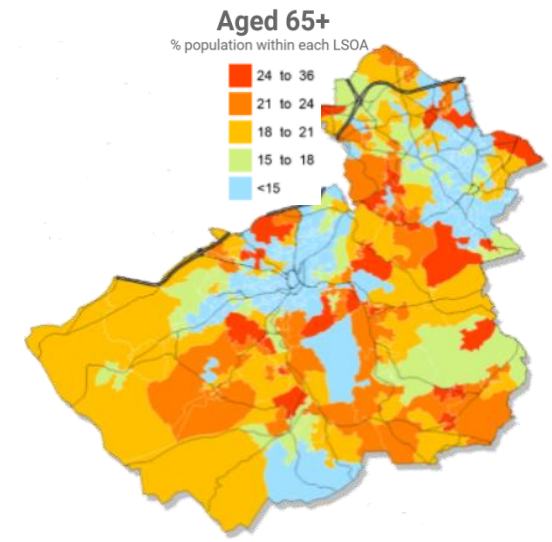
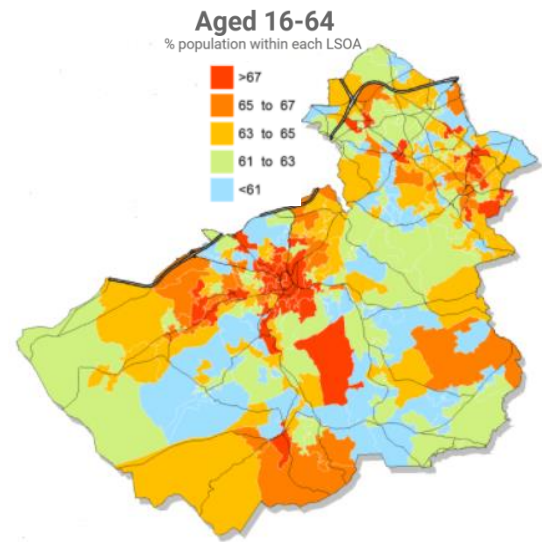
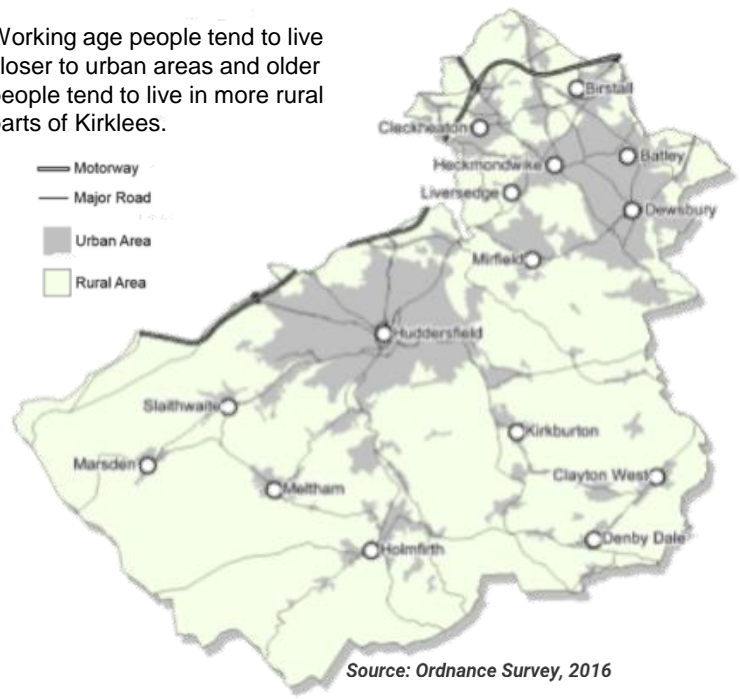
As children and older people tend to use health and social care services more than those of working age, **demands on services are likely to increase** while the burden of revenue generation falls on a relatively smaller proportion of the overall population.

Source: ONS Subnational Population Projections, 2014-based



Where do older people live?

Working age people tend to live closer to urban areas and older people tend to live in more rural parts of Kirklees.



Source: GP registered population data at ONS Lower Super Output Area (LSOA), 2015
[The number in brackets is a count of the LSOAs in each category]

RURAL AREAS have **higher average wellbeing...**

...but whilst a **smaller proportion of people in rural areas** than urban areas experience a **poor quality of life**, those who suffer from **loneliness** or **isolation** may experience it more acutely because of the **reduced accessibility** of local facilities and transport connections.

...tend to:
 be **less deprived**



have **lower crime rates**
 have **better air quality**
 have **more accessible green space**

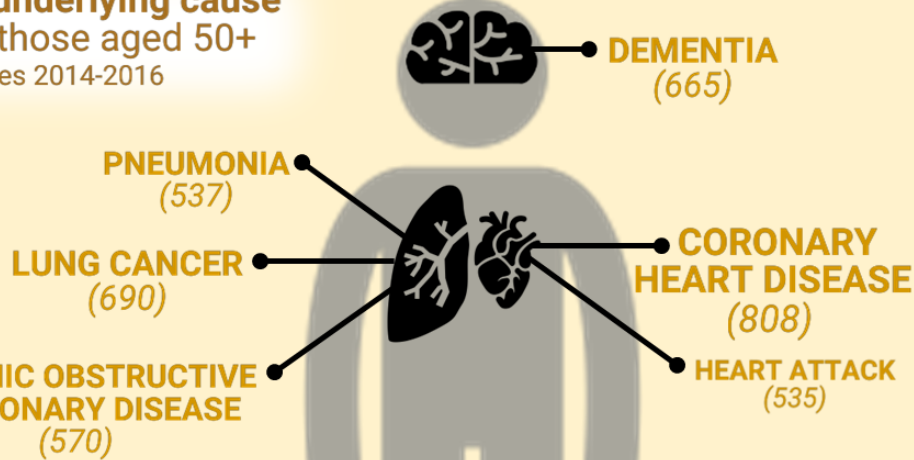
Increased engagement in **heritage activities** and use of **green space** are associated with lower inequality in life satisfaction.

FOR MORE INFORMATION:



Deaths in Kirklees

Deaths by underlying cause amongst those aged 50+
Kirklees 2014-2016



Many of these diseases have known **risk factors** associated with **unhealthy behaviours**, such as:



MANY OF THESE DEATHS ARE THEREFORE PREVENTABLE

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Cancer & Circulatory Disease

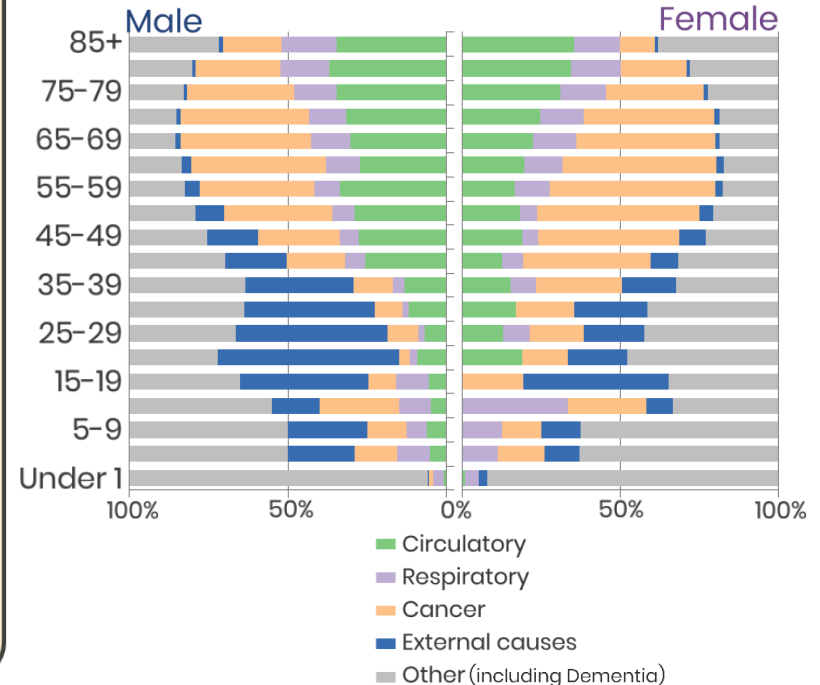
cause **more than half** of all deaths

Respiratory Disease & Mental & Behavioural Disorders are the next most common

FOR MORE INFORMATION:



Deaths in five-year age bands by underlying cause of death
Kirklees 2006-2015



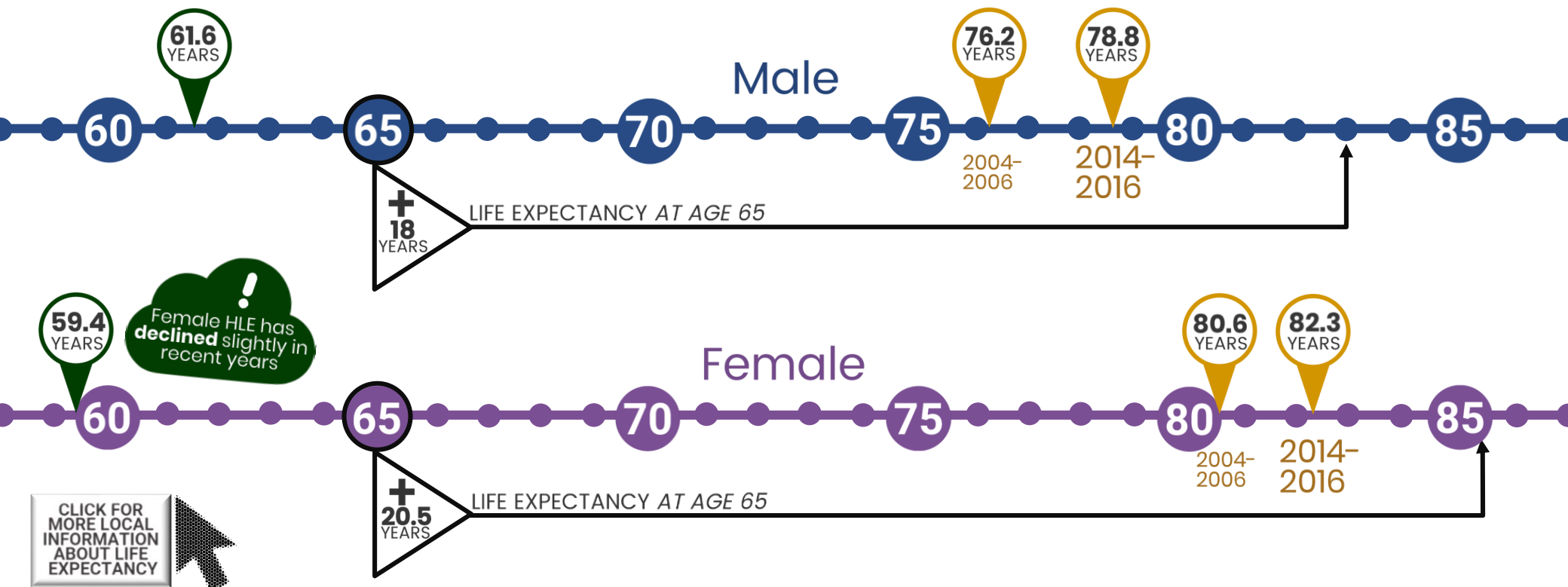
Source: Primary Care Mortality Database

Are we ageing well?

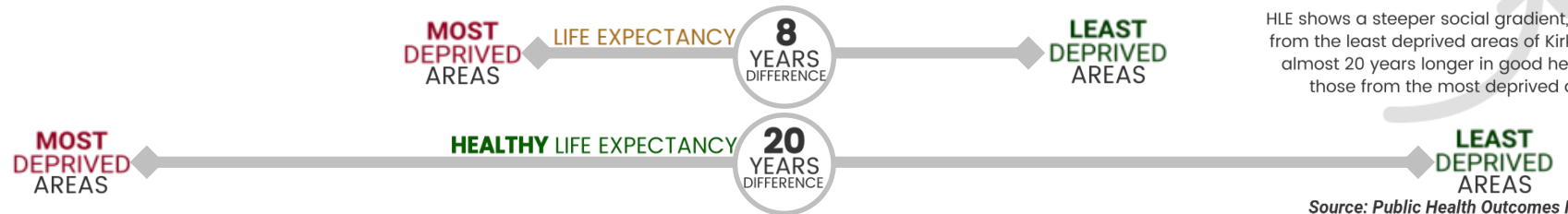
Life expectancy at birth in Kirklees has increased over the last ten years but, in line with the national trend, this increase has slowed more recently. Healthy life expectancy (HLE: the number of years that people may expect to live in good health) is an important 'ageing well' indicator. Unfortunately, for many people, living longer can mean more years of poor health.

LIFE EXPECTANCY AT BIRTH

HEALTHY LIFE EXPECTANCY AT BIRTH
2014-2016



There is a clear **social gradient** for **LE** and **HLE** for both **males** and **females**:



HLE shows a steeper social gradient, with those from the least deprived areas of Kirklees living almost 20 years longer in good health than those from the most deprived areas.

Source: Public Health Outcomes Framework (PHOF)

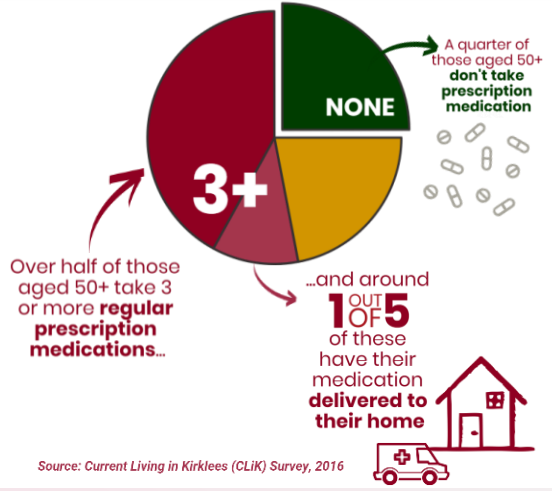
Healthy People

Health Issues

The number of people with diseases will double over the next 20 years and the number of people with more than one long-term condition is growing rapidly. The number of people with health and social care needs will also continue to increase unless we enable them to age well.

Behaviours

Healthy behaviours including not smoking, moderate alcohol consumption, good nutrition, physical activity and safe sex have a positive effect on health. While the health of younger people tends to be less immediately affected by their behaviour, occupation or wealth, unhealthy behaviours in youth and early adulthood significantly determine a person's health in later life so prevention and early intervention throughout the life course is vital.



Source: Current Living in Kirklees (CLiK) Survey, 2016

A life course perspective can increase our understanding of childhood obesity. There is now strong evidence that pre-natal and early-life factors are involved in the development of childhood obesity, and that obesity often begins early in life. Furthermore, despite some interventions with established effectiveness, adult obesity has proved very difficult to treat, emphasising the need for early preventative intervention.

Research has now identified potentially sensitive periods spanning the entire life course. Early childhood and adolescence in particular are emerging as important periods for the establishment of obesity. There are several implications of experiencing overweight or obesity during childhood upon later adult physical and mental health⁸.



Determinants of childhood obesity include maternal smoking, no or short duration of breastfeeding and obesity in infancy.



Lower general health scores, more GP visits and more school absenteeism.



Research overwhelmingly indicates that, despite some movement between weight categories, children who become overweight or obese are likely to remain overweight or obese.



Weight bias increases vulnerability to depression, poor body image, maladaptive eating behaviours.



Obese people are less likely to be in employment than people of a healthy weight.



Overweight and obesity in childhood and adolescence have adverse consequences on premature mortality and physical morbidity in adulthood¹¹.



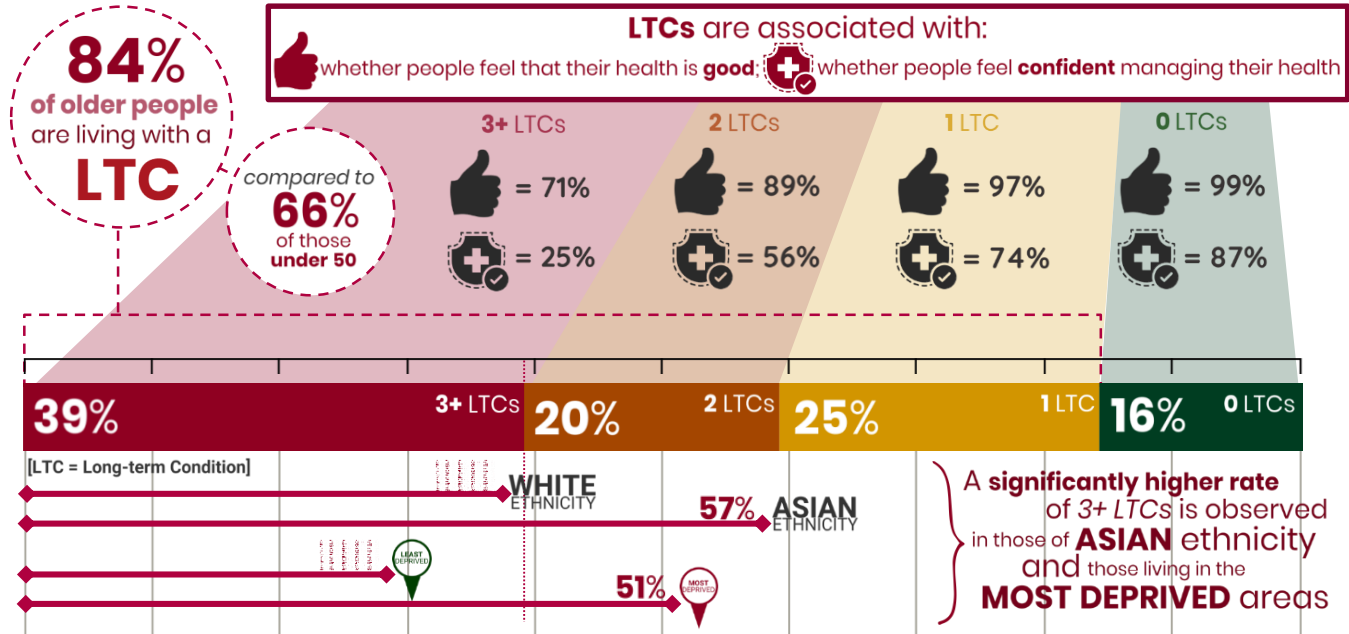
Kirklees Snapshot

: Living with Long-term Conditions

Long-term conditions (LTCs) ^{Def E} are more prevalent in older people and in more deprived groups. People with long-term conditions now account for about half of all GP appointments and about three-quarters of inpatient bed days.¹²

A LTC doesn't necessarily mean living in poor health, but the presence of multiple LTCs can significantly affect how people feel about their health and their confidence in managing it.

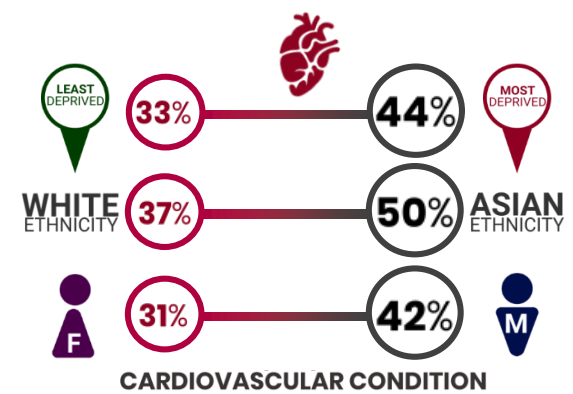
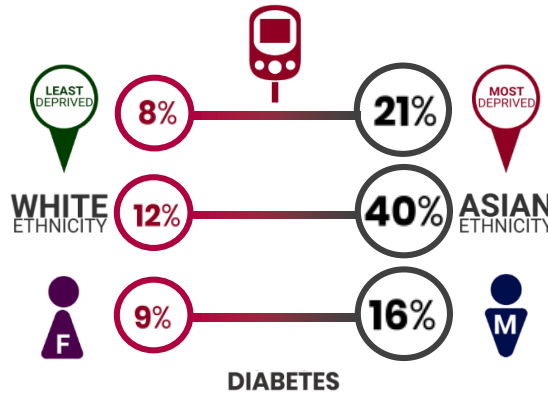
Deprivation, ethnicity and gender are all linked with the prevalence of LTCs such as diabetes and cardiovascular disease.



14% of older people have **DIABETES** compared to... **4%** OF THOSE UNDER 50

38% of older people have a **CARDIOVASCULAR CONDITION** compared to... **7%** OF THOSE UNDER 50

CERTAIN OLDER GROUPS are significantly **LESS** likely to be affected **BY THESE CONDITIONS**

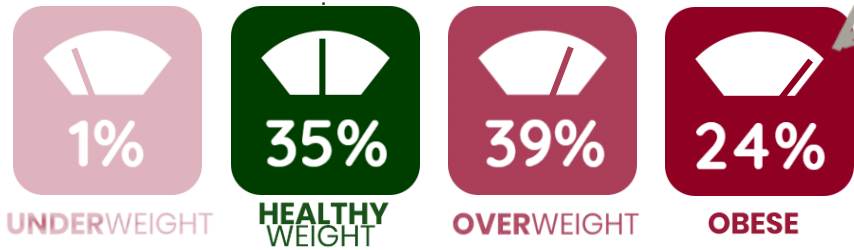


Kirklees Snapshot: Obesity & Mental Health

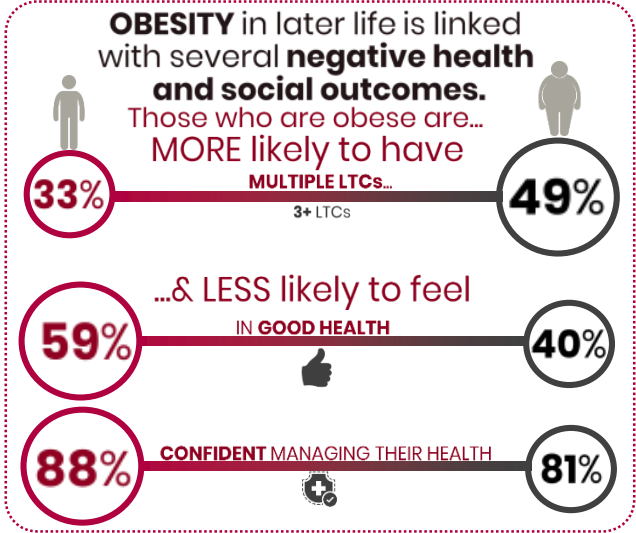
Just over **1 OUT OF 3** people aged 50+ are of a **HEALTHY WEIGHT**



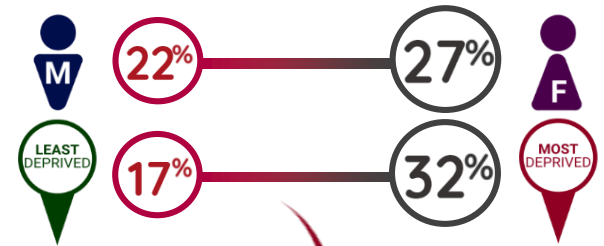
Good physical health significantly increases the likelihood of good mental health, and vice versa. 80% of obese ^{Def F} patients have never discussed their weight with their GP¹³ and twice as many deaths are due to inactivity than are due to obesity on its own.¹⁴ There is an overlap between long-term conditions and mental health problems which can affect outcomes and the cost of treatment. Services are not currently meeting existing levels of demand of those with diagnosable mental health problems.



Around **1 OUT OF 4** people aged 50+ are **OBES**



Males and those who live in the **least deprived areas** are less likely to report a mental health condition



Source: Current Living in Kirklees (CLiK) Survey, 2016

Local Assets



Thriving Kirklees is designed to improve outcomes for pregnant women, children, parents and their families. This contributes to a better start for children which prevents health problems in later life, enabling more people to age well.



Desmond

Desmond provides a family of group self-management education modules, toolkits, and care pathways for people with, or at risk of, Type 2 diabetes.

My Health Tools is an online resource that provides access to a wealth of trustworthy information and resources, to help people find support and feel more in control of their health. It currently has information on pain, anxiety, breathing problems, diabetes and depression.



Kirklees Health Trainers

Kirklees Health Trainers provide an encouraging and supportive role to adults in Kirklees who have a long term health condition and who want to make positive changes to their lives to improve their health and wellbeing.

PAWS 50

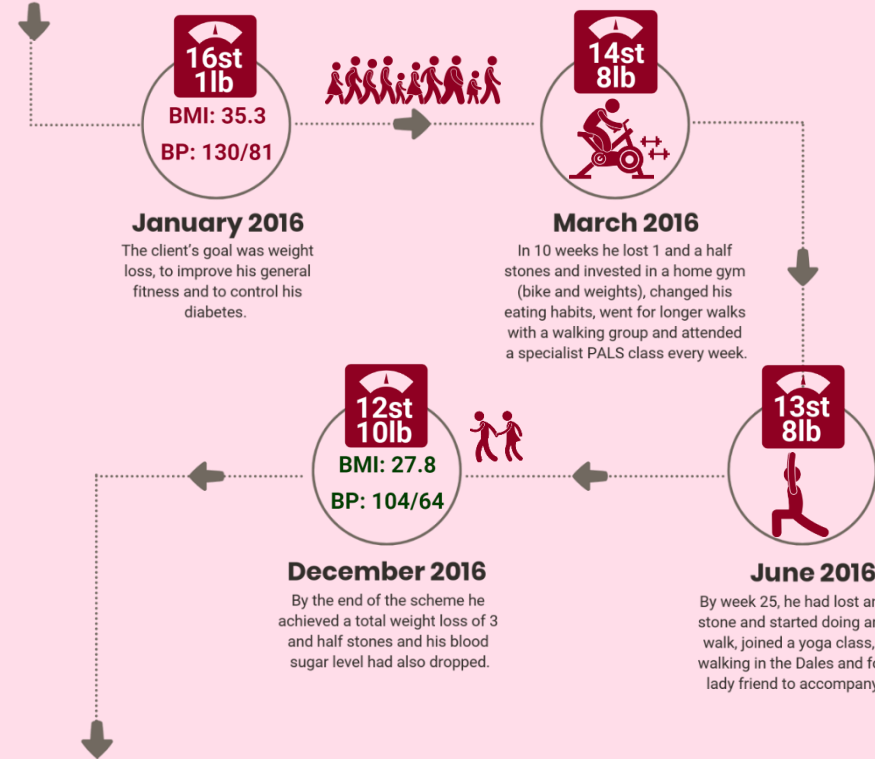
The Wellness Service will be a holistic, person-centred and strength-based approach to improving health and wellbeing amongst adults at risk of long-term health problems. It will aim to improve access to and awareness of services for people with long-term conditions and support people to consider what local assets are available.

The Wellness Service

CASE STUDY

"Mr Desmond"
Male, aged 68, North Kirklees

The client was referred to the scheme by the diabetes DESMOND group. He is a full time carer for his father and the only activity he did prior to joining the scheme was some gardening and local walking. He had never been to a sports centre before and never attended a class.

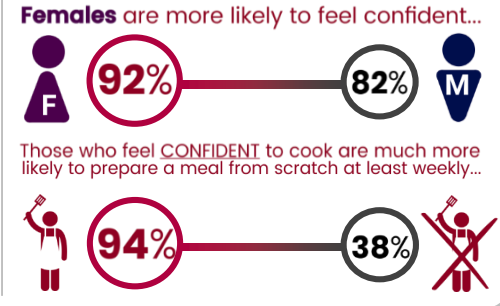


"I feel like a new man! My clothes I have not worn for years now fit me. I feel confident, full of energy and want to do more and not stop. PALS and its classes have changed my life. I never thought I could achieve such good results!"

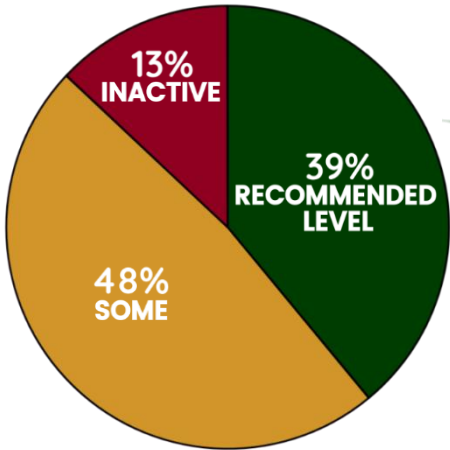
"Mr Desmond"

Kirklees Snapshot : Being Active & Healthy

Although reported levels of physical activity are rising and levels of smoking are declining slightly, rates of obesity are predicted to continue to rise. The rates are higher in more disadvantaged groups. Certain lifestyle choices present a threat to population health as they significantly increase the risk of chronic disease, including cancer, and reduce life expectancy.

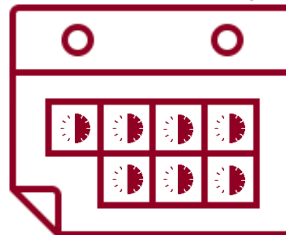


Older malnourished people are twice as likely to visit their GP, have more hospital admissions, stay in hospital longer, and have more ill health.¹⁵



67% of people aged 50+ walk weekly* and 7% cycle

The **RECOMMENDED LEVEL** of physical activity is 150 minutes of moderate aerobic activity per week (which is around **30 minutes per day**)



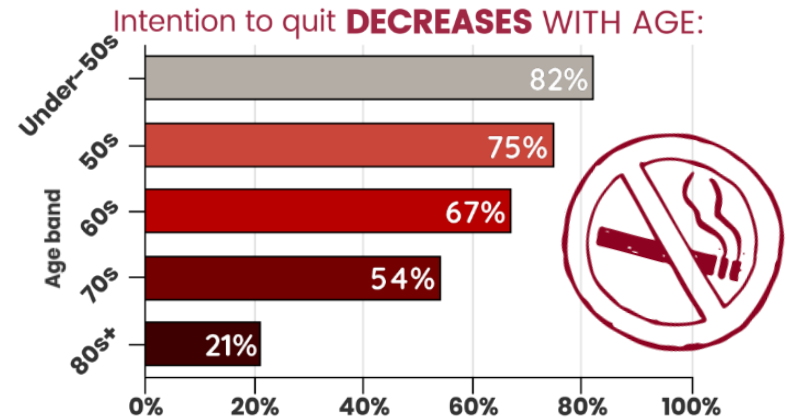
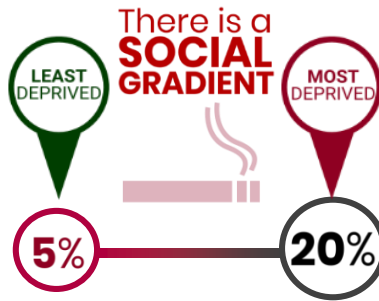
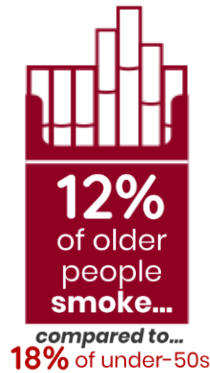
HOW MUCH **PHYSICAL ACTIVITY** DO PEOPLE AGED 50+ ACHIEVE?

* (walking for at least 10 minutes, for either travel or leisure)

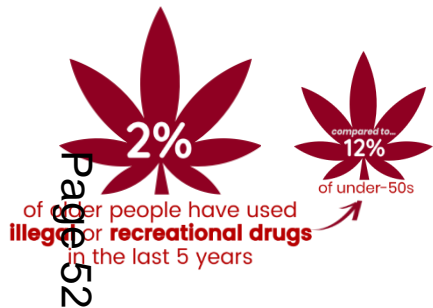
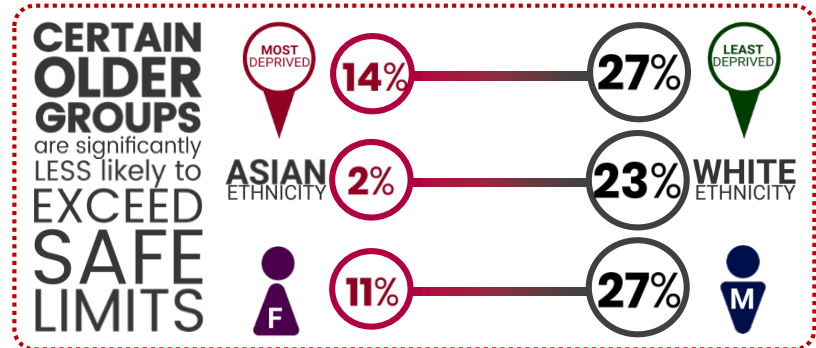
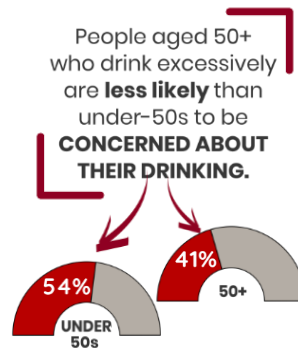
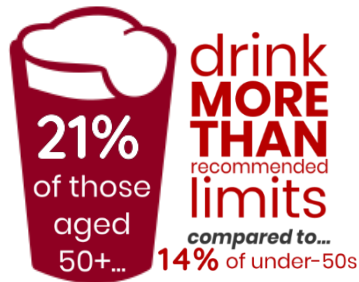
Kirklees Snapshot

: Unhealthy Behaviours

Smoking prevalence is lower amongst those aged 50+ but a social gradient spans the life course; four times as many older people living in the most deprived areas smoke compared to those living in the least deprived areas. As smokers age, their intention to quit becomes much lower.



A higher proportion of older people drink alcohol in excess of the recommended weekly limit (15+ units) compared to the under-50s. They also tend to be less concerned about their drinking habits.



UNHEALTHY BEHAVIOURS

- POOR DIET
- LACK OF PHYSICAL ACTIVITY
- SMOKING
- DRINKING EXCESSIVELY
- TAKING DRUGS

Out of every **10** older people in Kirklees...

- 0** UNHEALTHY BEHAVIOURS
- 1** UNHEALTHY BEHAVIOUR
- 2** UNHEALTHY BEHAVIOURS
- 3+** UNHEALTHY BEHAVIOURS

Local Assets



Practice Activity and Leisure Scheme (PALS) is a local Exercise Referral Scheme which aims to get more people more active more often. It is a partnership project between Kirklees Council, NHS Kirklees and Kirklees Active Leisure (KAL).



Everybody Active is an online resource for people living in Kirklees who would like to get more active and gives free access to step-by-step guidance, help to set realistic goals, easy-to-use online features and tools ideas, tips and information on a range of activities.



Yorkshire Smokefree offers telephone support, face-to-face session and online quit programmes to help people stop smoking.



Kirklees FINE Project is a healthy eating service which trains staff, professionals and volunteers in 'nutrition literacy' (understanding key messages about healthy eating). Since 2009 FINE have trained over 2,000 individuals in Kirklees who have used this knowledge in their area of work. The FINE team are currently targeting managers, cooks and care staff within older people's residential homes.



CASE STUDY

"Mrs PALS"

On beginning the scheme Mrs PALS felt lost and she described herself as being 'beige'. Daily pain was consuming her and any social activity was avoided as much as possible; it was easier to hide away.

At her initial consultation, Mrs PALS rated her self-esteem and physical health as poor and reported that she only got out of the house once a week. Together with her PALS officer, an action plan of attending Aqua Med each week was agreed.

Apprehensively Mrs PALS gave her action plan a go and attended Aqua Med and much to her surprise enjoyed it. She could move with ease in the water and found the other participants friendly. By the time Mrs PALS attended her first review consultation she had begun attending Aqua Med three times each week and was keen to continue.

At her second review she had progressed to attending Aqua Fit classes and had begun walking more. After being shown around the facilities at The Stadium, Mrs PALS decided to join as a full KAL member.

At her final consultation, Mrs PALS rated her self-esteem and physical health as above average and reported socialising at least five days a week. Mrs PALS became emotional when recalling her progress and reflecting on how much happier she felt. She noted that at the weekend she had complained about being out of breath after rushing back to the car with her daughter to avoid a parking fine. Her daughter laughed and commented: "**you wouldn't have been able to get back to the car like that a year ago!**".

Although Mrs PALS still experiences some joint pain, it is much more manageable. Her life is no longer beige, it is full of colour.



Insight...

Action...



The impact of intergenerational work on reducing loneliness amongst older people in residential settings, for example, bringing services such as nurseries, youth clubs, and care homes under the same roof.

Holistic approaches to the family, the environment, the community and the society into which a child is born and raised.



What older people need to know and do to maintain their sexual health and how local services and assets can enable this.

Support and build on existing networks and provision to prevent dementia and improve the lives of people living with dementia, their families and carers.



Explore motivations to improve NHS Health Check uptake, particularly amongst black and minority ethnic (BME) communities and people from poorer backgrounds.

Enable longer GP appointments to reduce avoidable hospital admissions among older patients cost-effectively.



Factors linked to lower levels of wellbeing and personal resilience amongst people in their fifties to aid implementation of preventive action in the workplace and communities.

Adopt integrated approaches to physical and mental health to protect the mental health of people living with long-term conditions.

Doctors to take a lead role in promoting the benefits of regular physical activity.

Ensure older people have access to services such as addiction or sexual health services, traditionally associated with younger people.

Older people who are less visible within communities and may be at risk of developing depression.

Promote holistic definitions of health which include mental as well as physical health.

Support provision of mental health first aid training.

Improve access to support for mental health problems which often underpin poor health behaviours). Services are not currently meeting existing levels of demand.



The most effective approaches and local assets to enable people from BME communities to feel confident managing their health and long-term conditions.

The health behaviours of different groups of older people and what works to promote and maintain behaviour change.

Address poor health literacy to increase levels of knowledge, understanding and confidence around health issues and health behaviours.

Address loneliness to protect the mental health of older people (e.g. by signposting to local social activity services).

Build on and support local assets to reduce social isolation (e.g. through social prescribing, improving connections between networks and enabling timely and reliable information about local assets to be readily available).

Care and Support

Changing Need

As well as an increase in the amount of ill health, population ageing will mean a greater prevalence of age-related conditions. The 'oldest old', who have a substantial risk of requiring long-term care, are the fastest growing age group in the UK.

Carers

Over the last 20 years, the management of chronic disease has moved from secondary care to primary and community care, with older people receiving the majority of their personal care from family and other unpaid carers. The way in which people receive care is changing. Traditional hospital in-patient stays are reducing, and more management of long term conditions is possible in the community.

Alzheimer's disease is the most common cause of dementia and, with an ageing population, prevalence is increasing yearly. Alzheimer's is not determined in any single time period but results in the complex interplay between genetic and environmental exposures throughout the life course.

A healthy lifestyle can help reduce the risk of Alzheimer's disease and other dementias. It has been estimated that up to half the cases of Alzheimer's disease worldwide may be the result of seven key modifiable risk factors: diabetes, high blood pressure, obesity, smoking, depression, cognitive inactivity or low education, and physical inactivity.

Alzheimer's Disease through a life course lens



Risk factors for developing Alzheimer's include intrauterine environment and birth weight.

Cognitive stimulation throughout the life course, especially during the sensitive period in early life, influences dementia risk.

Smokers have a 45% higher risk of developing dementia than non-smokers. Exposure to second-hand smoke (passive smoking) may also increase the risk of dementia.

Low socioeconomic status (SES) in parents may lead to a similarly low attained SES in their offspring, which in turn may lead to suboptimal adult SES – a risk factor for Alzheimer's.

Being obese in mid-life doubles the risk of developing dementia at a later age, but the mechanisms behind the link between remain unknown.

Health literacy throughout the life course facilitates the recognition of symptoms in later life and timely diagnosis and care. 18,19

Dementia increases rapidly with age;
 10% of deaths in **males** aged 65+ &
 15% of deaths in **females** aged 65+ are attributable to dementia¹⁶

2 OUT OF 3 people with dementia are cared for in the community, mostly by **UNPAID CARERS**

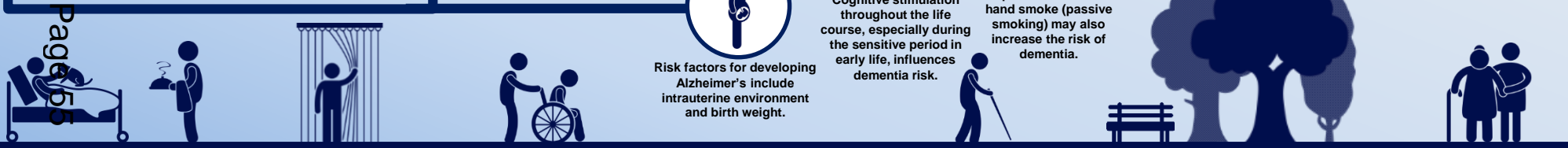
FOR MORE INFORMATION: **K J S A** Dementia

Kirklees Dementia Needs Assessment

Frailty is a loss of resilience that means people living with frailty do not bounce back quickly after a physical or mental illness or accident;

5% of people in their **60s & 65%** of people aged **90+** have frailty

1 OUT OF 7 people aged over 60 have frailty and it tends to be more common in **females**¹⁷

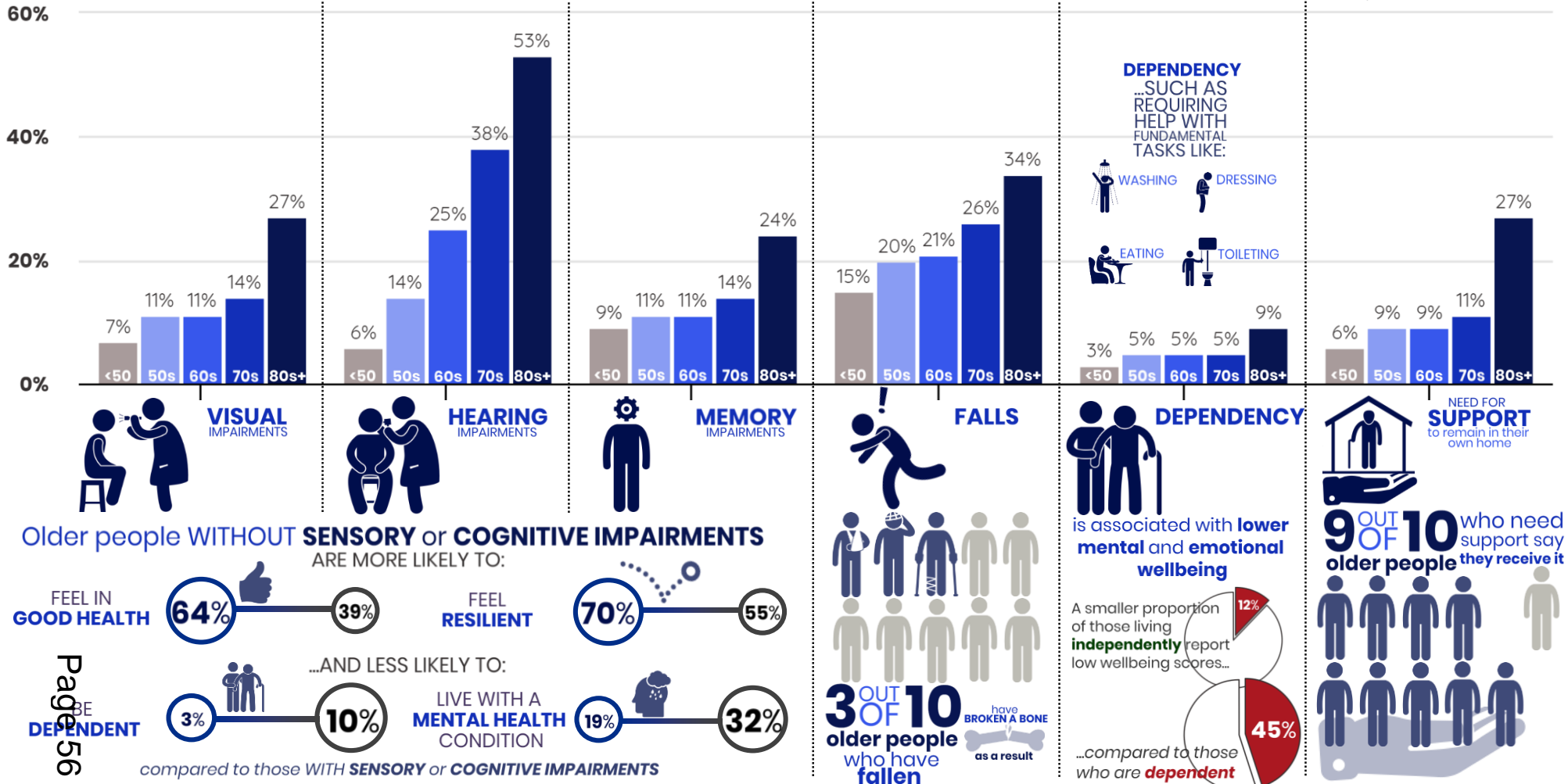




Living with Additional Needs & Age-Related Impairments

Dependency is associated with higher health and social care costs so it is important that people live as well as they can for as long as they can. Older people are the largest users of health services, representing two thirds of NHS users. 41% of all admissions to hospitals last year were people aged 65+.¹⁵

The risk of frailty increases with age and, in those aged 65 and over, lower socio-economic status is associated with more physical, psychological, cognitive and overall frailty. Between a quarter and a half of people over 85 are estimated to be frail, which is associated with disability and crisis admissions to hospital.²⁰ Dementia is also becoming a critically important issue in terms of both the high personal and social costs related to the disease and the wider impact on other parts of the health and care system.



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Local Assets



Kirkwood Hospice provides support to people living with illness or deteriorating functional status in order for them to achieve the best quality of life.



BreatheBetter
Feel good, do more

End of Life Care
End of Life Care Admiral Nurse

The Share + Care Group



Making Space delivers the Kirklees Dementia Information Service, providing comprehensive information about services available within Kirklees and appropriate signposting support to People with Dementia, their Carers and Family Members.

The 'Museum in a Box' scheme is a range of historical resources which have been produced by Kirklees Museums and Galleries. The boxes are primarily used for reminiscence work and have proven to be an effective way of reaching people living with dementia.



The Kirklees Dementia Hub is a partnership between Community Links and Age UK Calderdale & Kirklees and offers community activity, awareness raising and information and advice sessions for adults of any age a diagnosis of dementia.

An active Dementia Action Alliance with almost 200 members. 'Dementia Friendly' training sessions can be provided by the alliance to businesses, schools and community groups.



St. Anne's
Community Services

CREATE SPACE
PROMOTING POSITIVE MENTAL HEALTH

HOOT
creative arts

community links
inspiring hope
inspiring change

Kirklees Advocacy Service

women's Centre

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Community Mental Health Services

There are many local groups and services for people with age-related conditions; befriending, dancing, lunch clubs, exercise classes and community groups such as Dementia Cafes. There are also various mental health services that provide support for older people.

CASE STUDY

Museum in a Box

Supporting people through reminiscence

The 'Museum in a Box' project was developed nine years ago and now consists of 20 boxes (which are available for groups and organisations to borrow for free) on a variety of themes including school days, kitchen and washday, textile mills and rugby league.

Each box contains a range of 20 multi-sensory objects to help stimulate discussion, including tactile objects that can be handled, photographs, CDs and smells from bygone times. The themed objects and resources help to rekindle memories, encourage conversations, boost self-esteem and can offer support at a time of change. Over 90 box loans took place during January to June 2017, from 24 different organisations include care homes, hospitals, charities, agencies and community groups.

Kirklees Museums and Galleries have recently commissioned The Audience Agency to undertake an evaluation of the health and wellbeing impacts of the Museum in a Box scheme. Nine organisations that have used the boxes on a regular basis over the last year were surveyed. These organisations are using the boxes to supporting a range of service users including the elderly, people living with dementia and their families, people with long term health conditions, limited mobility and people with learning difficulties. Of those organisations surveyed:

- All strongly agreed that service users have enjoyed reminiscing/engaging with their personal history through using the boxes.
- All strongly agreed/agreed that Museum in a Box resources and sessions have enabled service users to improve their social interaction with others (e.g. care staff, family, other service users/participants).

Some of the benefits of using this scheme which were expressed in the survey included:

"Some residents really look forward to the sessions. Improves confidence and self-esteem as they realise how much they know. Creates laughter and positive feelings."

"Some residents who do not communicate much seem to come alive when we start to do the reminiscence session."

"Increases feelings of happiness and creates a 'buzz'"

The multi-sensory nature of the boxes are key to their success. One survey user commented:

"The variety of items, including tactile items, smells, music etc. all work on the brain in different ways to invoke memories."





Kirklees Snapshot : Caring Responsibilities


The changing health demands of the UK population will affect the provision of health and care over the next decade. The community, families and unpaid carers are a vital part of the health and care system and are integral to future success. Increasing community capacity and capability is central to enabling people to live more independently. Nationally, the value of unpaid support by carers roughly matches the cost of the NHS.

Unpaid carers face a number of challenges and supporting them to balance other competing responsibilities, particularly work, will help meet the increasing future demand.

Older people WITH NO or LOWER FREQUENCY CARING RESPONSIBILITIES





ARE MORE LIKELY TO FEEL IN **GOOD HEALTH**



55% ————— **39%**

...AND LESS LIKELY TO LIVE WITH A **MENTAL HEALTH CONDITION**



24% ————— **32%**


15% OF OLDER PEOPLE WHO PROVIDE 50+ HOURS OF CARE WEEKLY

compared to **30%** of under-50s

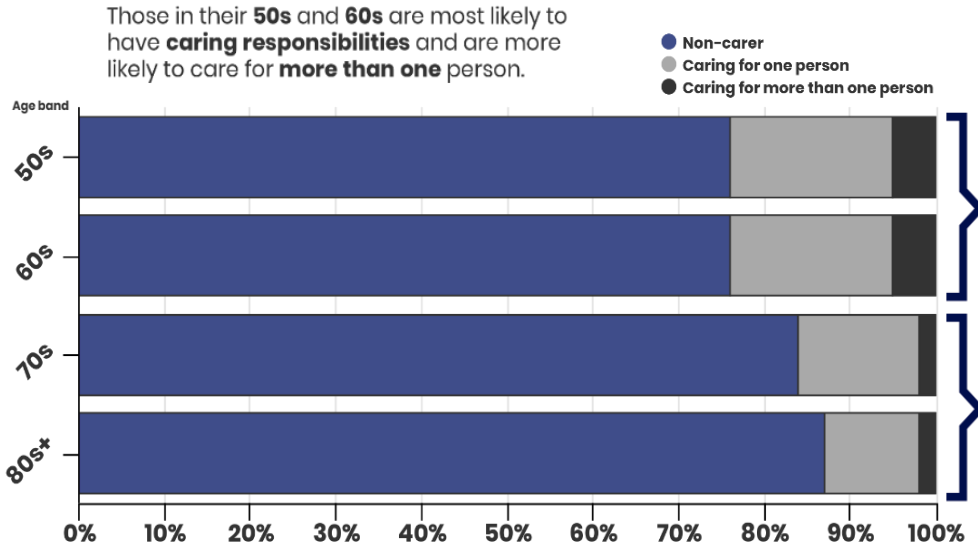
HAVE USED RESPITE CARE IN THE PAST 12 MONTHS


1 OUT OF 4 FEMALES

&


1 OUT OF 5 MALES


AGED 50+ HAVE CARING RESPONSIBILITIES



47% feel satisfied | **21%** feel dissatisfied with the **general support** provided to them **as a carer**

1 OUT OF 10 WORKING CARERS PROVIDES 50+ HOURS OF CARE PER WEEK

A QUARTER of the older workforce have some kind of **CARING RESPONSIBILITIES**



Local Assets



CASE STUDY

"Mr & Mrs"

Carers Count

Carers Count has been set up to promote the wellbeing of carers so they can continue in their caring role and have a life of their own.

Both are in their 80s and were referred from their GP's surgery to see what support we could offer them at *Carers Count*. They have no family in the area.

After a discussion about their financial situation, it became apparent that "Mr" could claim Attendance Allowance and a home visit was arranged to assist with filling out the form. After this was done he was awarded this at the higher rate.

Gateway to Care is a single point of access for adult social care which provides information and advice for carers and people who are cared for, including support to complete Carers' Assessments.

Kirklees
COUNCIL
Gateway to Care

Following this, it was identified that "Mrs" received the underlying entitlement to Carers' Allowance and her pension credit was topped up. This has made a difference of approximately £400 to them each month.

They also mentioned that they were having problems with access to their home and were waiting to hear from someone but they did not know who. Enquiries were made to Housing Association, Handy Care Team and Accessible Housing and the work was expedited which has made access much easier for them.

They are now aware of all our services and are planning to attend our Coffee and Chat group in the near future for support.



Free sessions and courses for carers are available locally. They offer support with building resilience, safeguarding, time management and self-care.



Insight...

Action...



Enable upstream, preventive interventions across the life course using evidence-based commissioning of 'age friendly' services.

Utilise new technology to support people with sensory and cognitive impairments and their carers to continue to live independently.

Enable older people to stay at home, feel safe and confident managing their daily routines.

Develop activities and opportunities (including volunteering) specifically aimed at older people.

Promote peer and mentor support.



Improve data quality on frailty and falls in older people to identify vulnerable and at-risk groups.

Ensure older people have access to health services that do not discriminate and which are equipped to provide safe, high quality care.

Co-production of social care provision, designing and delivering services in equal partnership to improve outcomes for older people.

Promote and enable carer-friendly health and care services.



Understand how referral and recovery rates and routes to Cognitive Behavioural Therapy and psychotherapy differ between age groups.

Access to stepped care approaches such as Cognitive Behavioural Therapy and Psychotherapy.



Particular challenges for older carers from different Black and Minority Ethnic groups.

Understand the impacts of sensory impairment on quality of life and social networks and access to services particularly for those facing additional language or communication barriers.



Embed the Carer's Charter across organisations.

Develop more Dementia Friendly initiatives.

Work with local businesses to help them recognise and support carers.

Support more carer break schemes.

Enable 'hidden carers' (those not in touch with formal support services) to find support and advice.

Work collaboratively and creatively with carers to address their health and employment outcomes.

Good Communities

Housing

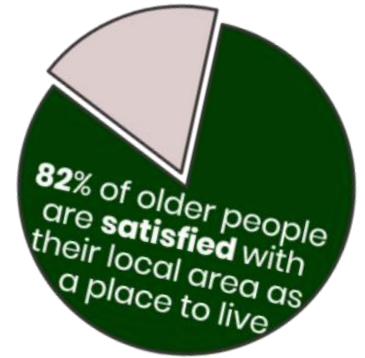
Good housing throughout the life course helps people to stay warm, safe and healthy, and enable them to do the things that are important to them. We know that people in later life spend more time in their homes and immediate neighbourhood than any other age group.

Accessible Places

People interact with outdoor spaces and the built environment in ways that reflect their lifestyles and physical capabilities. For some older people, their external environment has a major impact on mobility, access to resources and services, social participation, independence and quality of life. Places which are accessible and supportive facilitate social inclusion.

Social Inclusion

Staying connected (with family, friends, events, services, news and activities) is a key part of life. Social relationships are particularly important for older people, not only in facilitating access to support and leisure, but also in increasing resilience and promoting recovery from illness in socio-economic circumstances that otherwise would be detrimental to health.



Source: Current Living in Kirklees (CLIK) Survey, 2016

The home and neighbourhood are seen as having a crucial role in the wellbeing of older people. The home and place in which people live are an essential element of their quality of life; the home cannot simply be viewed as a 'setting'.

The sense of belonging to a place is connected with identity; deterioration in a neighbourhood and fear of crime have a strong negative influence on wellbeing by limiting activity and engagement with the outside world.

Neighbourhoods through a life course lens



Almost half of all childhood accidents are associated with physical conditions in the home.



Experience of multiple housing problems increases children's risk of ill-health and disability by up to 25 per cent during childhood and early adulthood.



Having more affluent neighbours can help inspire more positive norms among residents, but not as much as "bad influences" can undermine positive norms.



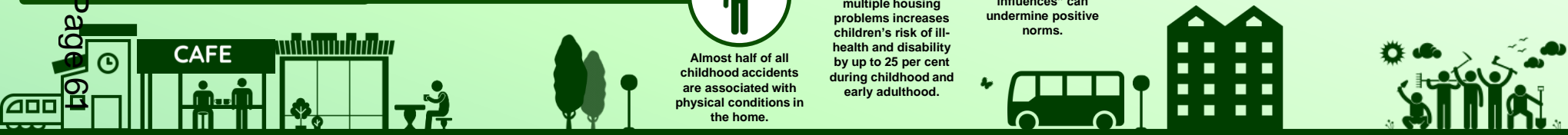
The chronic stress of living in dangerous or rundown neighbourhood can affect parenting styles, which can in turn affect children.



Unfit housing is linked to lower educational attainment and greater likelihood of unemployment.



Overcrowded conditions have been linked to slow growth in childhood, which is associated with an increased risk of coronary heart disease in later life. 21,22



Kirklees Snapshot


Housing Composition, Planning & Suitability

Over the next 20 years, there will be an estimated 35,000 more people aged 50+ years living in Kirklees. The number of people aged 80+ years is projected to almost double.

The majority of older people in Kirklees want to stay in their own homes with help and support when needed. Those living in familiar environments that suit their needs can find it easier to get out, and so are more likely to be physically active, connected and happy. However, compared to the rest of the population, people in later life are more likely to live in homes that are in a state of disrepair and pose a threat to health. Poor housing for older people costs NHS at least £634m every year.¹⁵

Most people in later life live in their own homes, but many homes do not have the key features required for independent living.

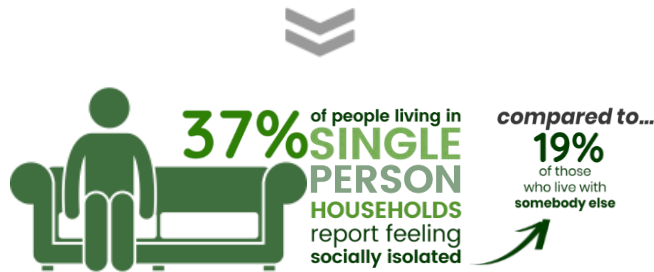
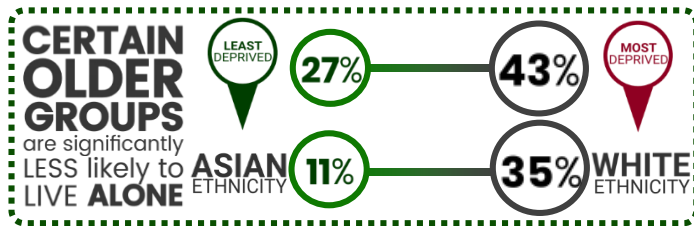
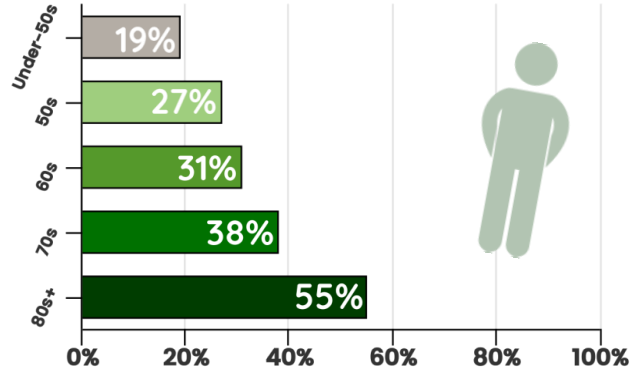
It is estimated that... **3-4%** of older people in Kirklees live in a **CARE HOME**



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Housing composition changes across the life course due to **life events** such as becoming a parent, becoming independent, marriage, divorce, caring responsibilities and bereavement.

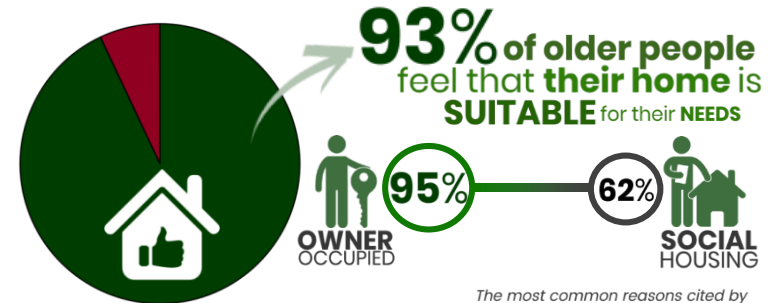
The proportion of people living alone **INCREASES WITH AGE:**



78% of older people feel that **PLANNING WHERE THEY LIVE** is important in **planning** for a long and healthy **retirement**

Certain older groups are more likely to feel this way...

Housing Type	Least Deprived	Most Deprived
OWNER OCCUPIED	86%	61%
SOCIAL HOUSING	81%	62%



The reasons for **UNSUITABILITY CHANGE** over the course of **LATER LIFE**

The most common reason cited by those in their **50s and 60s** is: **THEIR HOME NEEDING REPAIRS OR IMPROVEMENT**

The most common reasons cited by those in their **70s and beyond** are: **THEIR HOME BEING TOO LARGE** or **BEING UNSUITABLE FOR THEIR MOBILITY NEEDS**

Source: Current Living in Kirklees (CLiK) Survey, 2016

Local Assets



Kirklees has a multi-disciplinary team which includes the Accessible Homes Team (AHT) (home adaptations), the Housing Solutions service (homelessness) and Kirklees Neighbourhood Housing (KNH) who are commissioned to manage the housing stock as well as other duties such as enforcement.

The Choose 'n' Move scheme provides the opportunity for people to see which social rented properties are currently available and the chance to bid on them.

choose 'n' move

Home from Hospital provided by Age UK in partnership with Community Transport offers a seamless transport and support service for people who have spent time in hospital.



Good Neighbours is a local community scheme to help older people retain their independence, delivered by the Royal Voluntary Service.

Safe and Well

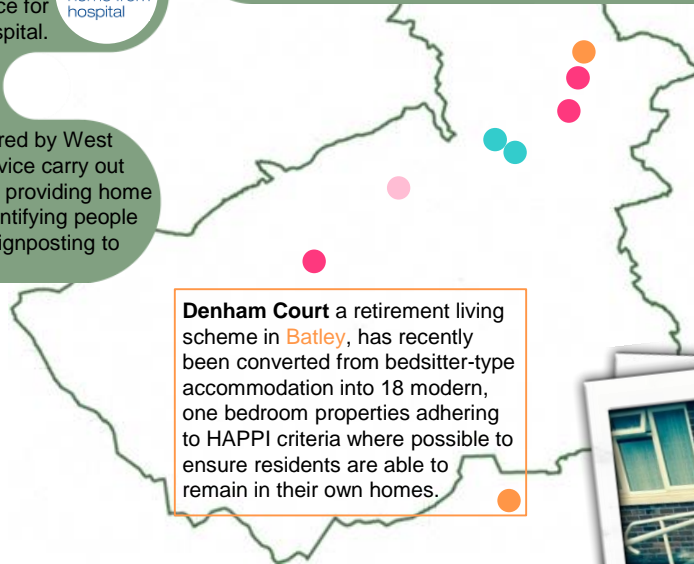
Safe and Well schemes, delivered by West Yorkshire Fire and Rescue Service carry out holistic community safety work, providing home fire safety advice as well as identifying people at risk of falls or isolation and signposting to services for those aged 65+.

Extra Care Housing schemes are a group of self-contained flats provided by Council-owned Private Finance Initiatives (PFIs) and designed to maintain the independence of older people (usually 50+) who have care and support needs. Currently, there are schemes in **Heckmondwike**, **Crosland Moor** and **Dewsbury**. There are 50 more units in development in **Ashbrow**, **Huddersfield** which will be available in 2020.

Denham Court a retirement living scheme in **Batley**, has recently been converted from bedsitter-type accommodation into 18 modern, one bedroom properties adhering to HAPPI criteria where possible to ensure residents are able to remain in their own homes.

There are various **retirement living schemes** across Kirklees which are owned by Kirklees Council and managed by KNH. All have communal facilities and Wi-Fi and two have community centres; **Finching Grove** and **Oddfellows Street**.

Activities include intergenerational initiatives and those that reduce social isolation and encourage health and wellbeing in later life.



CASE STUDY

"Mr & Mrs L"

Mr & Mrs L (aged 67 & 68) lived in a 3 bedroomed private rented house for around 24 years. Due to deterioration in Mr L's health they sought support from Kirklees Council and were referred to the Accessible Homes Team (AHT).

Mr L suffered with COPD (a chronic lung problem). Due to this he was unable to get up and down the stairs to access his bedroom, bathing facilities and toilet. The property also had a lot of damp that exacerbated his breathing problems. The couple had converted their dining room into a bedroom for Mr L and he based himself downstairs. He had a specialist bed, a commode and his wife would strip wash him daily. He would only go out for appointments but this was a struggle as there were steps at the access of the property.

A home visit was carried out by a Medical Advisory Officer from AHT, and band B (high medical priority) was awarded as the property could not be adapted.

Mr & Mrs L bid on Choose 'n' Move and they came top of a shortlist for a one-bedroomed bungalow at Meltham which was already adapted with a level access shower and was close to family support. AHT worked with Kirklees Neighbourhood Housing (KNH) in order to organise a viewing of the property. An Occupational Therapist from AHT was also present at this viewing. The couple accepted the property and moved in a couple of weeks later.

Following this, a further assessment was carried out and, as Mr L was experiencing breathlessness when walking, it was decided that the property could be further adapted to make it wheelchair-accessible for him; alterations were made to the width of the door, and a ramp was created.

This enables Mr L to be more independent within his own home. He is based on one level with easy access to all facilities and is able to bathe independently without assistance from his wife. He is able to get out of his property independently, and this in turn takes a lot of pressure off his wife who was beginning to struggle. Without this move and these adaptations, Mr L would have been at risk of falls, infection and a break-down in care which in turn would have impacted on NHS and Social Care resources.

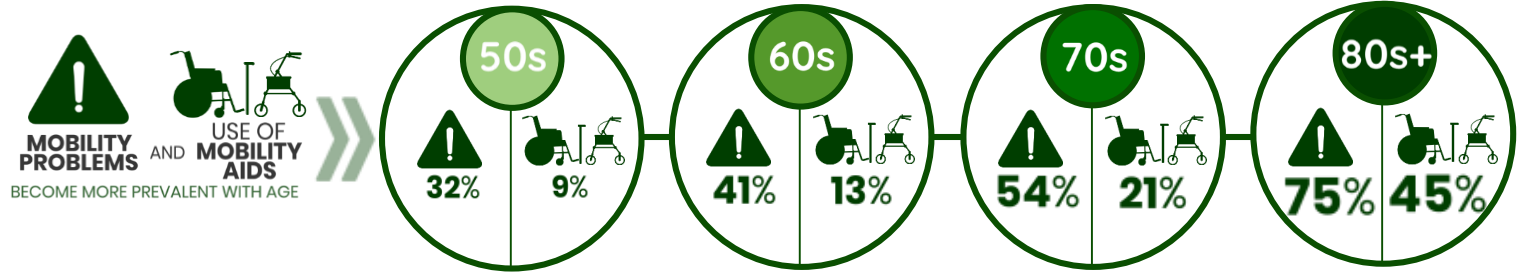


Kirklees Snapshot

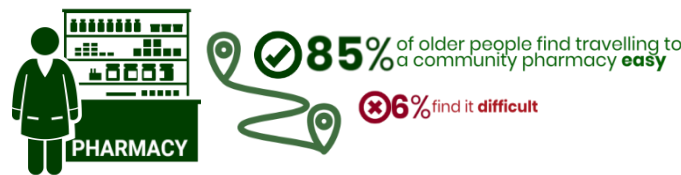
Mobility, Facilities & Safety

Well-designed and accessible environments have a positive effect on individual and community health and wellbeing and reduce isolation. For older people, these could include well maintained recreational areas, ample rest areas, safe pedestrian routes and accessible buildings as well as affordable and accessible transport.

Areas with more accessible green space are associated with better physical and mental health and the risk of mortality caused by cardiovascular disease is lower in residential areas that have high levels of "greenness". There is also evidence that exposure to nature could be used as part of the treatment for some conditions.²³ Illnesses related to sedentary urban lifestyles are creating an increasing economic and social cost. In order to maintain good health as we grow old, we need to be more physically active throughout our lives. Increasing the accessibility of the local environment can enable people to be more active, more often.

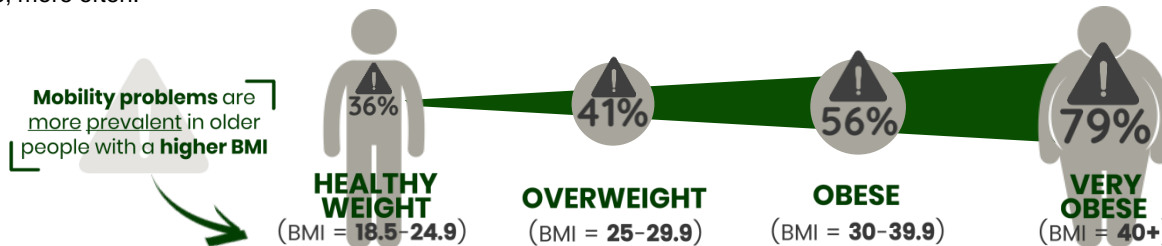


Those who use **mobility aids** are significantly **less** likely to **feel safe** during the day than those who don't:



82% of those aged 50+ feel safe in their **local area** during the **day**...

and **67%** feel safe **after dark**



Source: Current Living in Kirklees (CLiK) Survey, 2016

Local Assets



AccessBus

A door-to-door service using specially equipped vehicles for people who have difficulty in using conventional public transport. A number of free of charge Access Bus routes are available to those eligible throughout West Yorkshire.

Steps are being taken to ensure accessibility is at the heart of the West Yorkshire Local Transport Plan; procedures are in place to help disabled people, older people and people with dementia feel safe; transport information is made available in Braille, large print and easy-read; bus drivers can attend awareness information sessions; Travel Assistance Cards are designed to help disabled and vulnerable people when using public transport to let drivers know about any requirements they may have.



SCOOT

A number of road networks in Kirklees operate a SCOOT system (world leading adaptive signal control system). It responds automatically to fluctuations in traffic flow through the use of vehicle detectors reducing congestion and maximising efficiency. This brings benefits to vulnerable road users including older people via reducing emissions and improving air quality and by prioritising public transport.

CASE STUDY

Local Improvements

Over the past few years, the Landscape Team have been making improvements to local parks and green spaces across Kirklees to increase their accessibility.

September 2014
Tolson Museum Memorial Garden
Huddersfield

An area of the park tucked away behind the museum, where a secluded space could be used to create a memorial garden which would be a quiet, peaceful and uplifting environment to reflect on how wars and conflicts affected people. Working in an intergenerational context, the area was made safer and more accessible as well as being more informative and interesting.



July 2015
Dewsbury Country Park
Ravensthorpe

The 76 acre park, which is a former landfill site, is bordered by Dewsbury Moor, Mirfield and Heckmondwike and also includes the Spen Valley Nature Reserve. The rejuvenation of the site included a car-parking facility with an attractive and welcoming entrance point and a footpath network with trails for cycling and horse riding. These transformations have helped to make it a welcoming and accessible and a vital resource for the health and wellbeing of the local people



November 2012
Rectory Park
Thornhill Lees

The Landscape Team were commissioned to project manage the creation of new compacted gravel surfaced paths with timber board edges, designed to provide wide, even and regular surfaces to walk on and to allow wheelchair access where possible. The improvements also included the installation of benches and of ramps over uneven and sunken areas.



August 2016
Mirfield Petanque
Mirfield



The Landscape Team were asked to project manage the extension of the petanque court in the Mirfield Memorial Park. Petanque is a form of boules and the existing court is well used and appeals mostly to older users. It is anticipated that the extension will help to encourage greater use of this outdoor activity area, particularly amongst older people in the Mirfield area.

October 2011
Ings Grove Park
Mirfield

Ings Grove Park was hidden away from view behind a high retaining wall and was overgrown. A new entrance from Huddersfield Road was created and more accessible footpaths were designed throughout the site. Improvements were also made to the War Memorial in consultation with the British Legion, with the creation of an accessible ramp and lighting to the monolith.



Kirklees Snapshot 

: Cohesion, Inclusion & Connectedness

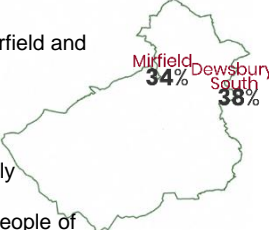
The effect of maintaining adequate social relationships is comparable with quitting smoking and exceeds many known risk factors for mortality. The causes of social isolation are varied and older people are particularly vulnerable, however there are many 'protective factors' that contribute to social inclusion; maintaining friendships, retaining a good income, having access to transport, transitioning well from employment to retirement, keeping in contact with children and family, keeping healthy and mobile and good levels of health and digital literacy.

However, older people are at higher risk of experiencing 'trigger events' such as bereavement, having falls or facing other health issues which may leave them feeling excluded. Some groups of older people will face discrimination because of their race/ ethnicity, sexual orientation, mental ill-health and so on that may increase isolation. The number of single-person households is predicted to rise significantly, particularly amongst older people, whilst at the same time many people are becoming increasingly connected through technological networks.

51% of older people feel that... people from DIFFERENT ETHNIC BACKGROUNDS GET ON WELL TOGETHER

This was lowest in Mirfield and Dewsbury South.

Older adults of Asian ethnicity were significantly more likely than people of White ethnicity to feel that people of different ethnic backgrounds get on well together:



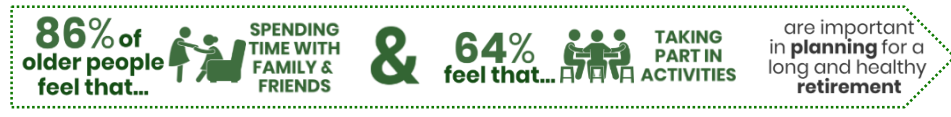
57% of older people feel that... people TRUST EACH OTHER

Wellbeing is a significant predictor of social trust; twice as many people with a high wellbeing score felt that people trust each other locally than people with a low wellbeing score:



67% of older people feel that... their local area is a place where people TREAT EACH OTHER WITH RESPECT AND CONSIDERATION

compared to... 60% OF THOSE UNDER 50



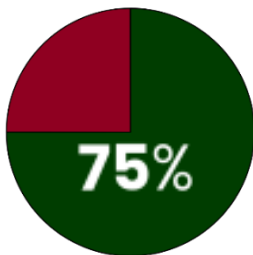
Social Inclusion

"Socially included": Rarely/never experiencing feelings of loneliness or isolation

"Socially isolated": Experiencing feelings of loneliness or isolation some/most/all of the time

Most people aged 50+ feel socially included. Loneliness is associated with depression (either as a cause or consequence) and higher rates of mortality.

In Kirklees, rates of social inclusion are much lower in those who have suffered from depression within the previous 12 months:



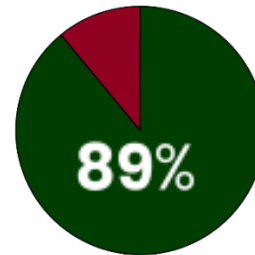
Social Connectedness

"Socially connected": Having somebody to comfort you when upset OR to help you out in a crisis

"Socially disconnected": Having nobody to comfort you when upset OR to help you out in a crisis

Most people aged 50+ are socially connected; males are more likely to lack social connections.

Older people who aren't socially connected are less likely to feel in good health than those who are socially connected:



Source: Current Living in Kirklees (CLiK) Survey, 2016

Local Assets



CASE STUDY

Walk With Us Project

Kirklees Older People's Network

KOP Network is an organisation which enables older people to have an active and collective voice in Kirklees.

University of the Third Age is a society of people who want to maintain and improve their quality of life by keeping fulfilled and active.



The Community Directory lists organisations that can provide help and support in community settings.

The Curtains Up Players is an over-50s theatre group which promotes communication and friendship and supports members to live well.



Huddersfield Over Fifties Forum

HOFF is a growing campaigning and social group for issues such as pensions, health, care transport and leisure who meet monthly.

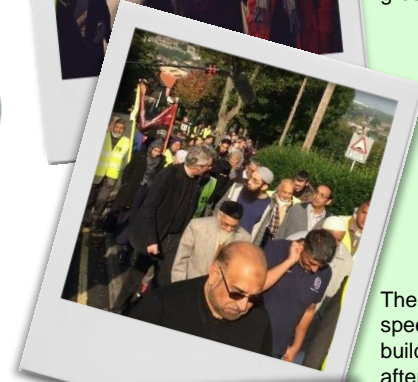
Men's Sheds are places run by men, for men in collaborative ways, where men come together to work side by side on a weekly basis to undertake projects.



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Huddersfield OWLS

Owls is a weekday leisure provision at Huddersfield Leisure Centre for those over 50, which includes activities such as swimming, gym, bowls, table tennis, squash and badminton.



The project started with an officer from the Community Engagement & Development team engaging with faith and non-faith groups to identify whether they were willing to make time for an event to bring communities together. Building rapport with groups helped to establish a planning group of key partners from different communities.

The *Walk With Us* Project was inspired by the idea of bringing local people together to find out more about their neighbours. Key partners included United Benefice of Batley (C of E), Indian Muslim Welfare Society, Batley Bulldogs, Pakistani Kashmiri Welfare Association, Batley Central Methodist, St Mary's Batley, Batley Smile and the Police.

A group of 20 volunteers arrived an hour before the event as planned for their briefing. The walk started on time at 2:30pm. The afternoon stroll in the sunshine begun with 200 local people walking together with smiles on their faces. People young and old, people of different backgrounds, local businesses, and local police and fire crews took part.

The finishing line was at Batley Bulldogs Stadium. When everyone had arrived three short speeches were made by local groups to thank partners for working together and to all involved for building a stronger Batley community. Afternoon tea and cakes were served by volunteers soon after and the walkers enjoyed the rest of the afternoon by getting to know each other and enjoying the play activities.

The complexity of the event was heightened with the by-election just days away as their was potential for electioneering. However, this was carefully balanced to minimise risks. Candidates were able to attend but election campaigning was not allowed. Two candidates attended but this was only in their community capacity to take part with the event. In the end this event created a good feel factor in the community which many people felt was required given the current affairs linked to the by election campaigns.

There were many positive comments collected on the Friendship Tree:

"I made a brand new friend and met someone else to get crafty with - more woolly projects will follow! Lovely Batley event"
Julie

"There's a special feeling when you've been part of something amazing"
Mohammed

"So much goodwill and mutual respect let's keep the momentum going!"
Colin

Insight...

Action...



Preventable illnesses and injuries resulting from inadequate housing.

How parks could be made more accessible and support their creation and maintenance amongst communities.

Which groups are more likely to experience loneliness and isolation at different life stages or following different life events and how local assets can help to prevent this or reduce the impacts.

Encourage cycling and walking amongst all age groups.

Raise awareness of accessibility issues and barriers to services.

Promote active citizenship across the life course.



How people in residential/care homes could remain at home for longer.

What helps to make older people feel safe so they can more easily and confidently access facilities and services in their communities.

Spatial and social barriers to using public transport (e.g. location of bus stops, accessibility of vehicles).

More about the barriers and facilitators to participation in local networks and lifelong learning opportunities.

Facilitate planned downsizing.

Improve physical accessibility to aid social inclusion.

Enable older drivers to recognise whether physical problems or medication are affecting their driving.

Support older people to maintain existing relationships and develop new connections.



Return on investment for provision of specialist accommodation.

Evidence to support commissioning and future supply of housing stock.

Increase availability across all tenures to meet all needs and budgets.

Gendered interventions to tackle inclusion barriers.

Involve older people in design.

Reach people at 'trigger points' for increased loneliness/ isolation and signpost to appropriate sources of support.



Perceptions, expectations and experiences of housing of different black and minority ethnic (BME) groups and vulnerable groups.

Improve access to green spaces to improve wellbeing.

Utilise psychological approaches to loneliness, e.g. cognitive behavioural therapy and mindfulness.



Perceptions, expectations and experiences of housing of different black and minority ethnic (BME) groups and vulnerable groups.

Inclusive design of outdoor spaces (adequate seating, public toilets, etc.).

Provide audible and visual road crossings and short crossing distances.

Familiar location to maintain community ties and stability.



Perceptions, expectations and experiences of housing of different black and minority ethnic (BME) groups and vulnerable groups.

Promote intergenerational relationships.

Utilise technology.

Use the Local Plan to achieve accessible, safe, and people-centred communities for new infrastructure, and protect and enhance accessibility of existing facilities.

Working Longer

Employment & Retirement

As people live longer, extended working is becoming more common. There are more people aged 50+ years in employment than ever before. By 2022, one in three of the working age population will be aged 50+ years. Nationally, legislation already supports fuller working lives, with the reform of the State Pension since **2010**, the removal of the default Retirement Age in **2011** and employees being given the right to request flexible working after six months continuous service.

Volunteering

The most important factors that motivate people to volunteer later in life are putting a structure on free time, a way of continuing to use skills acquired through work and a route to explore and develop new skills unhindered by the demands of paid employment. These are in addition to the reasons that apply to volunteering across the life course: the desire to help others, a need to feel useful and valued, the desire to make friends, and enjoyment of the activity itself.

The quality of retirement is influenced by factors affecting retirement 'readiness' as well as events during retirement and the extent to which the reality of retirement lives up to expectations. Longer life expectancy is changing the structure of families so more generations are living simultaneously and many adults are juggling work and caring roles. This can create new challenges for families, communities and services as well as opportunities for inter-generational approaches to improving health and wellbeing.

Competence in oral language and the resulting transition to literacy is seen as crucial as a protective factor in ensuring later academic success, positive self-esteem and improved life chances. The acquisition of cognitive skills is strongly associated with better outcomes across the life course over a range of domains including employment, income and health.

A significant number of children have Speech, Language and Communication Needs (SLCN), but they fall into two groups. It is estimated that around 10% of all children have a long-term persistent SLCN, whereas upwards of 50% of children on school entry have more transient difficulties and, with the right support, are likely to catch up.²⁴

Language & Communication through a life course lens



There is a link between early spoken language skills and subsequent reading and writing skills.



There is evidence that the social class distinction for communication skills identified at pre-school can continue into adult life.



Because of their poor conversational skills, limited non-verbal skills and often poorly developed social understanding, children with SLCN are more likely than their peers to find peer interaction and forming real friendships difficult.



There is a high correlation between children with special educational needs and youth crime. 50% off the UK prison population has been identified as having literacy difficulties compared to 17% of the general population



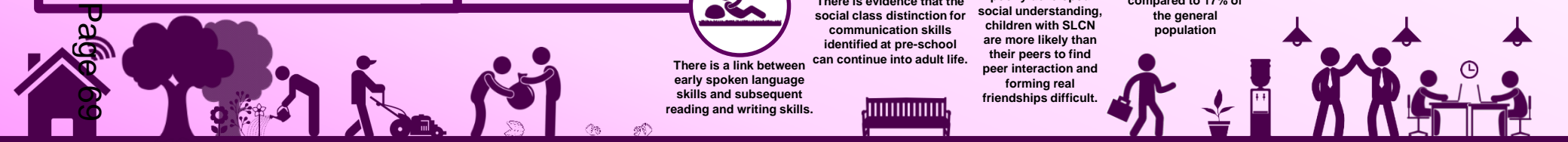
People with SLCN will have restricted employment opportunities limiting them to routine or semi-routine work or to unemployment.



Low income throughout the life course will adversely impact upon the ability to save for a pension and be financially secure in later life.^{24,25,4}



Evidence shows that these skills can improve people's retirement savings and their work and health outcomes.



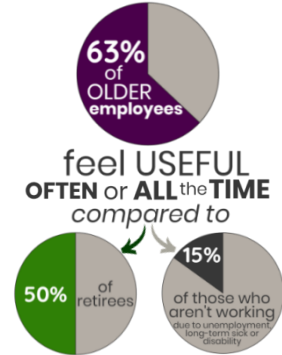
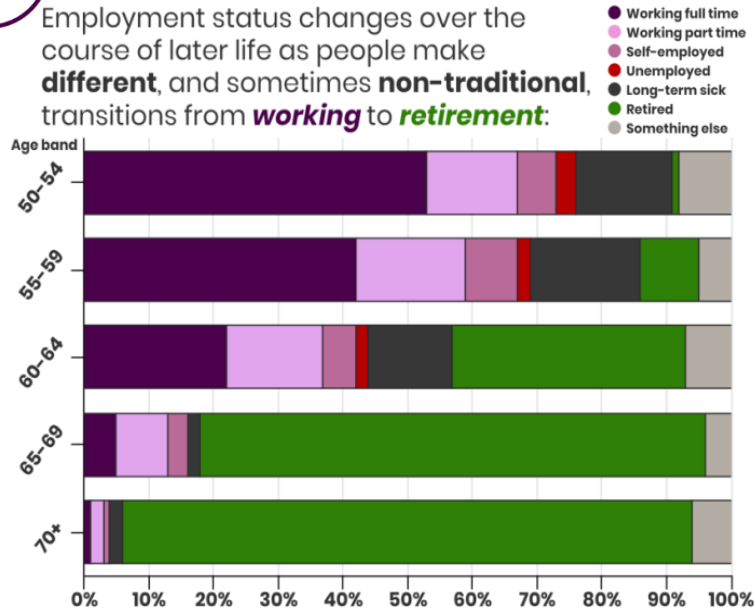
Kirklees Snapshot



Employment Status

Working later in life has benefits for individuals and families, employers and wider society. For most people, remaining in work as they age is good for both finances and health and wellbeing. There are a number of factors that influence early exit from the labour market. Some workers leave employment 'voluntarily' having planned financially for retirement but for others leaving the labour market early is a result of ill health, caring responsibilities or redundancy.

Employment status changes over the course of later life as people make **different**, and sometimes **non-traditional**, transitions from **working** to **retirement**:



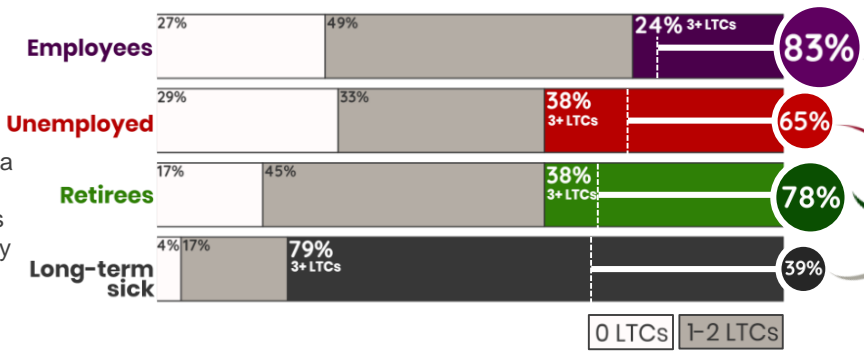
Employment in later life is positively associated with having a sense of purpose and reduced feelings of isolation.



Positive aspects of retirement may include more leisure or family time, or a chance to pursue lifelong or new interests.

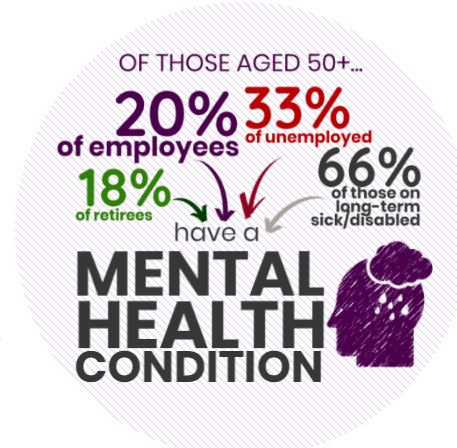


Negative aspects of retirement may include a fall in living standards, social isolation or a loss of status and identity associated with work.



Older employees have a lower rate of multiple long-term conditions than those who are unemployed, retired or on long-term sick.

Employment status is associated with how CONFIDENT older people feel about managing their OWN HEALTH.



Local Assets



A free database for employers looking to hire staff aged 50+ who are seeking work locally.

KNH's Tenants into Work team provides support into training and employment.



Jobcentre Plus districts have Older Claimants Champions delivering support of older workers (a national initiative).

Fusion Paddock Partnership with Kirklees Council delivers the Works Better initiative which helps people overcome barriers to employment.



A programme offering skills support for those trying to get back into work, affected by redundancy, or at risk of long-term unemployment.

Sessions are on offer for people aged 55+ to engage with digital technology.



Workers' Educational Association offers courses in Kirklees, providing positive learning opportunities for adults with little or disappointing educational experience.

CK Careers Service offers free support for people aged 50+ looking for work.



A more dynamic labour market and the impact of automation on jobs mean that workers of all ages need to adapt to more frequent and significant changes during their working lives and that re-training and re-skilling are increasingly important.

Age-diverse teams offer benefits for employers, including:

Problem solving skills	Experience
Reliability	Greater innovation
Punctuality	Knowledge sharing
Different perspectives	Professionalism
Interpersonal skills	Mentoring

DID YOU KNOW?

Participation in organised adult learning is falling. **Older people** are currently less likely to receive workplace training or participate in adult education, and there are differences in participation across **socio-economic groups, genders and ethnicities.**

A special note on: "Grandparenting"

Higher life expectancy provides a number of retirement opportunities, particularly for increasing the positive contribution of grandparents who play a significant role in the provision of childcare nationally.

"Grandparenting" can...



...foster a **child's** sense of wellbeing



...help **younger generations** remain in employment



...promote resilience in **later life**

The proportion of grandparents who are of working age is set to grow as the retirement age gradually rises.

Grandparenting responsibilities can impact on people's ability to work, their health and wellbeing and their opportunities to volunteer as well as the financial implications of saving and future childcare provision.

NATIONALLY:

1 OUT OF 5 GRANDMOTHERS PROVIDES **10+ HOURS** OF CHILDCARE PER WEEK

1 OUT OF 4 WORKING FAMILIES & **1 OUT OF 3** WORKING MOTHERS USE GRANDPARENTS FOR CHILDCARE

63% OF GRANDPARENTS

with GRANDCHILDREN **UNDER 16** help out with **CHILDCARE**

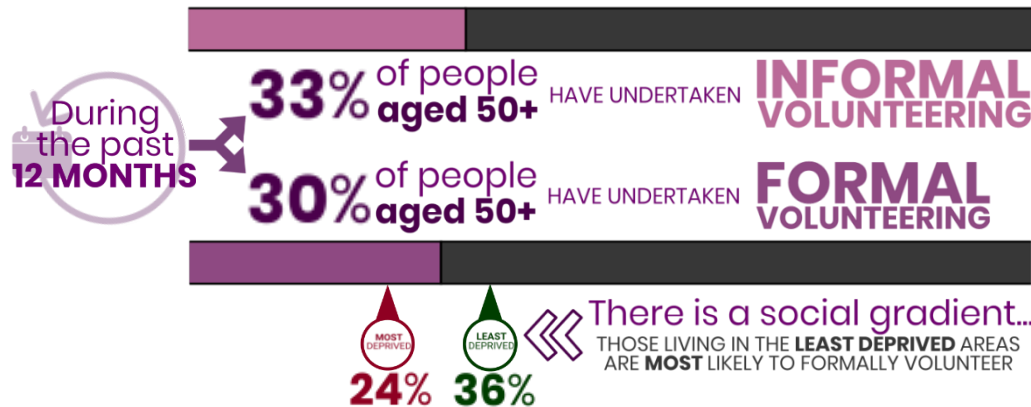


Kirklees Snapshot

: The Benefits of Volunteering

Volunteering brings many benefits to people who volunteer including:

-  improved quality of life;
-  improved life satisfaction;
-  improved ability to cope with ill health;
-  healthier lifestyles;
-  improved family relationships;
-  improved social networks;
-  improved self-esteem;
-  sense of purpose.



THOSE IN THEIR 60s are the most likely to volunteer (49%)

45% of people aged 50+ **VOLUNTEER** at least monthly



VOLUNTEERING in later life IS ASSOCIATED WITH HIGHER WELLBEING SCORES*.

	VOLUNTEERING at least monthly	NO VOLUNTEERING
I'm satisfied with my life nowadays	70%	61%
The things I do in life are worthwhile	74%	62%
I felt happy yesterday	70%	61%



It is also important to remember the valuable contribution of volunteers and volunteering to improved outcomes for the individuals, families and communities they work with.

Local Assets



Volunteering Kirklees work to make Kirklees a place where people of all ages can easily give time to make a differences to themselves and communities. They help communities to take action, help people find rewarding ways to give time and support organisations to work well with volunteers.

Over 1000 registered voluntary organisations

Almost 25,000 people volunteer through voluntary organisations alone. For more information on local assets and volunteering, please see:



Over 1000 unregistered voluntary organisations

Kirklees Museums and Galleries (K MAG) offer a wide range of volunteering opportunities. These include:

- Gardening and Conservation at Oakwell Hall and Country Park;
- Research roles 'behind the scenes' with the Curators;
- Public Engagement roles supporting a busy events programme.

The volunteer programme attracts a large number of retired Kirklees residents with successful retention rates – over half have been volunteering for at least three years.

In 2016, K MAG commissioned the Audience Agency to assess the health and wellbeing impacts of their volunteer programme over a two year period. The evaluation framework focused on the 'Five Ways to Wellbeing':



Volunteers were invited to complete a survey, which was then followed up with some one-to-one interviews. The study identified positive health and wellbeing impacts for K MAG volunteers, spanning all 'Five Ways to Wellbeing' pathways:

- CONNECT** 84% of volunteers increased their opportunity to spend time with other people.
- BE ACTIVE** 63% of volunteers have increased the amount of physical activity they do through their volunteering role
- KEEP LEARNING** 90% of volunteers agree that they have learnt new things through their role.
- Give** 100% believe they make a worthwhile contribution to society through their volunteering work.

The interviews also uncovered some personal stories in relation to why people volunteer and how volunteering has helped them through difficult times in their lives:

"After a second mental breakdown I needed a reason to get out of bed"

"I feel a lot fitter and a lot stronger than what I was before; coming here has given me a better purpose"

"The thing with having a stroke is, it can leave you quite tired by the middle afternoon, but I don't get that now...Because I'm interacting with people and there are quite a variety of things so I don't get bored."

"..one of the reasons why I still do it, is it's just been so beneficial for my mental health."

Insight...

Action...



Explore motivations for volunteering at different ages.

Build on, work with and support existing local assets that are enabling lifelong learning in communities across Kirklees.

Enable lifelong learning and address barriers to participation in adult education.

Identify more opportunities for enabling volunteering across the life course, bringing different generations together and combining volunteering with paid employment.



Explore the barriers and facilitators to preparing for older age.

Support self-employment which may prolong participation in work for older age groups.

Enable individuals to reskill throughout their lifetime; explore opportunities for wider development not just current work role (e.g. financial and technological skills to improve retirement savings, work and health outcomes).

Explore the opportunities for collaborating on the commissioning/ provision of pre-retirement information/ education/ support (e.g. Age UK run pre-retirement seminars around the country).

Explore opportunities for encouraging people to think about working and retirement options whilst they are 'middle aged' and plan ahead for later life.

Increase community volunteering opportunities for older people. This would also provide settings for older people to socialise and reduce feelings of isolation.



Explore how the Wellness Service can work with businesses to improve staff wellbeing.

Enable preventative "health at work" programmes.

Flexible working policies (e.g. flexible working hours and home-office solutions to enable paid work alongside unpaid care).

Train managers to understand ageing workforce requirements.

Support local businesses to improve the health and wellbeing of their staff and to facilitate the retention, retraining and recruitment of older workers.



Gain insights into the cultural aspects of working into older age and retirement.

Signpost people to useful checklists and advice to help them to prepare for retirement emotionally.



Assess support required by grandparents around childcare.

Embed Inclusion & Diversity principles in the workplace to prevent and respond to age discrimination.

Collaborate with carers to find out how best to manage the balance between caring responsibilities and working.

Support the existing voluntary sector in Kirklees to continue to thrive and develop.

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Definitions

Def A	Life satisfaction: Based on response to the question “On the scale of 0 to 10: overall how satisfied are you with your life nowadays?” [Defined as: Low=0-4, Medium=5-6, High=7-10].
Def B	Wellbeing: A subjective evaluation of how we feel about our lives. Based on responses to the questions from the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEEMWBS). [Defined as: Low=7-19.3, Medium = 20-27, High=28.1-35].
Def C	Resilience: Being able to adapt compassionately in the face of adversity, yet continue to function normally. Based on agreement with the statement “I tend to bounce back quickly after hard times”.
Def D	(Statistical) Significance: The likelihood that the difference between comparable numbers is caused by something other than mere chance. In this report, only statistically significant differences are highlighted where 95% confidence intervals do not overlap.
Def E	Long-term conditions (LTCs): Chronic diseases for which there are currently no cure and which may be managed with drugs and other treatment (including, but not limited to, depression, anxiety, other mental health conditions, asthma, cancer, chronic pulmonary disease, diabetes, heart disease, long-term pain, sciatica/lumbago/recurring backache, neuromuscular condition, musculoskeletal/rheumatological problems, dermatological problems or continence problems).
Def F	Body Mass Index (BMI): Used to determine a person’s weight in regard to their height to indicate whether they are underweight, of a healthy weight, overweight or obese. [Defined as: BMI under 18.5= Underweight, between 18.5 & 24.9 =Healthy weight, between 25 & 29.9= overweight, between 30 & 30.9= obese, 40+= very obese]

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Ageing Well in Kirklees

COUNCIL MEETING

Wednesday 7 November 2018

AGENDA ITEM 12 – WRITTEN QUESTIONS SUBMITTED IN ACCORDANCE WITH COUNCIL PROCEDURE RULE 12

**(1) Question by Councillor Holmes to the Leader of the Council
(Councillor Pandor)**

"Is Kirklees Council the country's biggest user of meat from animals that have their throats slit while fully conscious – despite 80% of all UK halal meat being humanely stunned first, which is accepted by the Halal Food Authority?"

The Leader of the Council to respond

**(2) Question by Councillor Armer to the Deputy Chair of West Yorkshire
Combined Authority Transport Committee (Councillor E Firth)**

"I have received an anguished communication from a resident of Shelley in my Ward to the effect that she is at risk of losing her job due to the abysmal level of service supplied by the local bus company. This woman has a poorly-paid but socially vital job as a carer for dementia sufferers. In his role as Portfolio Holder for Economy, what help can the Cabinet Member offer to her?"

The Committee Member to respond

**(3) Question by Councillor Armer to the Cabinet Member for Children's Services
(Councillor Kendrick)**

"Will the Leader please inform this Council as to the legal definition of a child in England within the terms of the Children Acts 1989 and 2004?"

The Cabinet Member to respond

**(4) Question by Councillor Armer to the Leader of the Council
(Councillor Pandor)**

"Is the Leader confident that this Council has, from 2000 to date, consistently discharged its duties under the relevant Children Acts?"

The Leader of the Council to respond

(5) Question by Councillor Armer to Cabinet Member for Learning and Aspiration (Councillor Ahmed)

"Can the Leader or Cabinet Member confirm that the Council's Education Department shares the Council's responsibilities under the Children Acts 1989 and 2004, and that individual schools must be compliant?"

The Cabinet Member to respond

(6) Question by Councillor Armer to the Cabinet Member for Learning and Aspiration (Councillor Ahmed)

"Can the Leader or Cabinet Member clarify whether or not schools have duties under the Children Acts 1989 and 2004 with regard to all children on their premises with their permission, rather than just to their enrolled pupils. Specifically, do these duties extend to children who are on school premises as part of a work experience programme sponsored by another school?"

The Cabinet Member to respond

(7) Question by Councillor Armer to the Cabinet Member for Learning and Aspiration (Councillor Ahmed)

"Can the Leader or Cabinet Member explain what, if any, responsibility this Council had for the actions or inactions of Faith Schools within Kirklees with regard to compliance with the respective Children Acts responsibilities during the period 2000 to date?"

The Cabinet Member to respond

(8) Question by Councillor Armer to the Cabinet Member for Housing and Democracy (Councillor Scott)

"Can the Leader or Cabinet Member please inform Council how many tenancies Kirklees Neighbourhood Housing has granted to persons under the age of 18 years in each year between 2002 to date?"

The Cabinet Member to respond

(9) Question by Councillor Armer to Cabinet Member for Housing and Democracy (Councillor Scott)

"Can the Leader or Cabinet Member confirm that since its inception in 2002 Kirklees Neighbourhood Housing has fully complied with the terms of the Children Act 1989?"

The Cabinet Member to respond

(10) Question by Councillor McGuin to the Cabinet Member for Corporate Services (Councillor Turner)

"On Saturday the volunteers at Almondbury Library were told a consultation on a move, for the library, to the Surestart building would start on Monday 5th. Is this adequate notice for them and for the councillors?"

74% of people in the last consultation said that they wanted to stay in the present building. Is there an expectation of a different result in this consultation?"

The Cabinet Member to respond

(11) Question by Councillor McGuin to the Cabinet Member for Health and Social Care (Councillor Khan)

"How quickly will the council move to close the Homestead Day Care/Dementia centre and move it to the Surestart Centre?"

The Cabinet Member to respond

(12) Question by Councillor McGuin to the Cabinet Member for Corporate Services (Councillor Turner)

"Is the Cabinet aware that decisions made by Kirklees whether it be by them or officers of the council, particularly as regards public buildings, has had a profound effect on the people of Almondbury, Lepton, and Moldgreen?"

The Cabinet Member to respond

(13) Question by Question by Councillor McGuin to the Cabinet Member for Corporate Services (Councillor Turner)

"Have the Clergy House garages in Almondbury been removed from the disposal of asset list agreed on August 21st by the Cabinet?"

The Cabinet Member to respond

(14) Question by Councillor Light to the Leader of the Council (Councillor Pandor)

"Given that there are now a number of air quality improvement areas across the borough and that recent research is now clearly linking poor air quality with poor health, will the Leader make a policy commitment to make improving air quality a key priority for the Council and in doing so commit the Council to introduce a Moss Tree in every air quality improvement area?"

The Leader of the Council to respond

(15) Question by Councillor Bellamy to the Cabinet Member for Communities and Environment (Councillor Mather)

"What help and assistance do we give to charities and businesses to help them dispose of waste that has been fly tipped onto their land, that the land owners and volunteers have removed?"

The Cabinet Member to respond

(16) Question by Councillor Iredale to the Cabinet Member for Economy (Councillor McBride)

"In the last fortnight, several stalls have closed at Queensgate Market, and there are a lot of empty stalls now. The market is uninviting. What is the Council doing to rectify this?"

The Cabinet Member to respond

(17) Question by Councillor Lawson to the Cabinet Member for Economy (Councillor McBride)

"The Council has an ambitious target of delivering 10,000 new homes by 2023. What is the Council doing to make sure that its planning office has enough capacity to meet this challenge?"

The Cabinet Member to respond

(18) Question by Councillor Munro to the Cabinet Member for Corporate Services (Councillor Turner)

"We have a great library in Almondbury which is in an historic purpose-built Carnegie library building, for which there is overwhelming local support for the service to remain there. So why are the Council intent on moving it to the Sure Start Centre which will only dilute the service?"

The Cabinet Member to respond

(19) Question by Councillor Munro to the Cabinet Member for Economy (Councillor McBride)

"My question concerns the Local Plan. The time for responding to the additional modifications proposed by the Inspector closed on October 1st. I note that on all Council owned land across Kirklees, the wording: "This site is owned by Kirklees and as such could deliver enhanced affordable housing and green infrastructure and offer design and quality that is of a high standard" has been deleted. I have not seen any recorded comments from Cabinet to suggest that they do not agree with the Inspectors proposed modification. My question therefore is: How can the Cabinet justify this when there is a backlog of over 6,000 affordable homes required to be built over the next few years to clear the backlog according to the Strategic Housing Market assessment 2016."

The Cabinet Member to respond