

# Public Document Pack



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Commissioning**

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Wednesday 7 July 2021

## Notice of Meeting

Dear Member

### Health and Wellbeing Board

The **Health and Wellbeing Board** will hold a **Virtual Meeting - online** at **2.00 pm** on **Thursday 15 July 2021**.

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft", on a light-colored background.

**Julie Muscroft**

**Service Director – Legal, Governance and Commissioning**

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

## **The Health and Wellbeing Board members are:-**

### **Member**

Councillor Viv Kendrick (Chair)

Councillor Musarrat Khan

Councillor Carole Pattison

Councillor Mark Thompson

Councillor Kath Pinnock

Mel Meggs

Carol McKenna

Dr Khalid Naeem

Richard Parry

Rachel Spencer-Henshall

Helen Hunter

Karen Jackson

Beth Hewitt

# Agenda

## Reports or Explanatory Notes Attached

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**Pages**

**1: Membership of the Board/Apologies**

This is where members who are attending as substitutes will say for whom they are attending.

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**2: Appointment of Deputy Chair**

The Board will appoint a Deputy Chair for the 2021/22 municipal year

**Contact:** Jenny Bryce-Chan, Principal Governance Officer, Tel: 01484 221000

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**3: Minutes of previous meeting**

1 - 12

To approve the Minutes of the meeting of the Board held on the 25<sup>th</sup> March 2021.

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**4: Interests**

13 - 14

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

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**5: Admission of the Public**

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

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## **6: Deputations/Petitions**

The Board 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.

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## **7: Public Question Time**

The Board will hear any questions from the general public.

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## **8: Covid-19 Update**

The Board will receive an update on Covid-19 in Kirklees.

**Contact:** Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health

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## **9: Showcasing Innovation - The Kirklees Local Offer**

The Board will receive a presentation showcasing innovation. The Kirklees Local Offer - information about support, services and activities for young people (aged 0-25) with special educational needs and disabilities (SEND) in Kirklees.

**Contact:** Tom Brailsford, Service Director, Resources, Improvement & Partnership Tel: 01484 221000

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## **10: The Kirklees SEND system**

15 - 58

The two papers provide an overview of the current developments in the Kirklees SEND system:

- (a) Draft Kirklees Self-Assessment Summary – Special Educational Needs & Disability
- (b) Draft Kirklees SEND Transformation plan

**Contact:** Tom Brailsford, Service Director, Resources, Improvement & Partnership. Tel: 01484 221000

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## **11: Children and Young People's Plan priority updates**

59 - 64

The purpose of this paper is to update the Health and Wellbeing Board on the work in delivering the Children and Young People's Plan Priorities.

**Contact:** Tom Brailsford, Service Director Resources, Improvement & Partnerships, Children's Services and Mary White, commissioning & Partnerships Manager, Resources, Improvement & Partnerships  
Tel: 01484 221000

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## **12: Developing the Kirklees Joint Health and Wellbeing Strategy**

65 - 70

The purpose of this paper is to seek the Board's endorsement for the proposed approach to developing the Joint Health and Wellbeing Strategy in conjunction with the Economic Strategy and Inclusive Communities Strategy and approve the timetable for producing a new Joint Health and Wellbeing Strategy.

**Contact:** Phil Longworth, Senior Manager, Integrated Support. Tel: 01484 221000

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Contact Officer: Jenny Bryce-Chan

## KIRKLEES COUNCIL

### HEALTH AND WELLBEING BOARD

**Thursday 25th March 2021**

- Present: Councillor Viv Kendrick (Chair)  
Councillor Mark Thompson  
Mel Meggs  
Carol McKenna  
Dr Steve Ollerton  
Richard Parry  
Rachel Spencer-Henshall  
Helen Hunter  
Karen Jackson
- In attendance: Catherine Riley, Assistant Director of Strategic Planning  
Calderdale and Huddersfield NHS Foundation Trust  
Emily Parry-Harries, Consultant in Public Health, Head of  
Public Health Policy, Kirklees Council  
Diane McKerracher, Chair, Locala  
Phil Longworth, Senior Manager, Integrated Support,  
Kirklees Council  
Tom Brailsford, Service Director, Resources,  
Improvement and Partnership  
Rob Webster, Lead Chief Executive West Yorkshire and  
Harrogate ICS  
Natalie Poole, Mid Yorkshire Hospital NHS Trust  
Owen Richardson, Intelligence Lead, Public Health  
Mike Houghton-Evans, outgoing Chair of Kirklees Adult  
Safeguarding Board  
Robert McCulloch- Graham, new Chair of Kirklees Adult  
Safeguarding Board  
Alex Chaplin, Strategy and Policy Officer, Integration
- Apologies: Councillor Musarrat Khan  
Councillor Carole Pattison  
Councillor Kath Pinnock  
Dr Khalid Naeem  
Jacqui Gedman  
Kathryn Giles

- 1 Membership of the Board/Apologies**  
Apologies were received from the following Board members: Cllr Musarrat Khan,  
Cllr Carole Pattison, Cllr Kath Pinnock, Jacqui Gedman and Kathryn Giles.

**2 Minutes of previous meeting**

That the minutes of the meeting held on the 26 November 2020 be approved as a correct record.

**3 Interests**

No interests were declared.

**4 Admission of the Public**

All agenda items were considered in public session.

**5 Deputations/Petitions**

No deputations or petitions were received.

**6 Covid-19 Update**

Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health provided the Board with an update on Covid-19 in Kirklees advising that the information is accurate as of the 25 March 2021.

In summary, the Board was informed that:

- The Kirklees weekly cases were 10% higher than the previous week
- Kirklees is now ranked 16<sup>th</sup> out of 149 (upper tier) local authorities, with a rate of 107 per 100,000
- Although the rates are significantly lower than they were and there has been progress in the rates reducing, the reduction has slowed and started to slightly increase
- Bradford and Wakefield are currently in the top 10 highest rates
- Schools returning will have an impact on the number of cases because of the implementation of lateral flow testing within schools. The test will proactively highlight individuals who have Covid but do not display any symptoms. This is important in breaking the chain of transmission

The Board was informed that data is available on the Kirklees website which gives a breakdown of cases on a ward-by-ward basis and on middle super output areas which is smaller than wards. The information also shows the distribution of cases across the district and it highlights that there are pockets of cases that reflects a more endemic transmission that has been seen throughout the year.

The Board was advised that because there are now smaller numbers, it is easier to see where there are increasing numbers and often this can be down to an outbreak within a workplace or something that detects a higher number of cases.

There is a local contact tracing system which enables people to be contacted, these are the individuals that the national team has not been able to contact. The local team will visit them to see if there is anything they need while they are self-isolating. Work in the communities is also being undertaken with partners to try and understand what is causing the increase in numbers and making sure that the key message, hands, face, space is still being put out.



**RESOLVED**

That Rachel Spencer-Henshall be thanked for providing an update on the current position of Covid-19 in Kirklees.

**7 Kirklees Joint Strategic Assessment Overview 2020/21 and Director of Public Health Annual Report 2021**

Rachel Spencer-Henshall, and Owen Richardson, Intelligence Lead, Public Health updated the Board on the Kirklees Joint Strategic Assessment Overview 2020/21 and the Director of Public Health Annual Report 2021.

Director of Public Health Annual Report 2021

The Board was informed that the annual report focuses on health inequalities across the life course, particularly given the experiences of the last 12 months. The purpose of the report is to understand the nature and the scale of the health inequalities experienced by communities in Kirklees using a life stages approach that explores inequalities from birth to end of life. The aim is to explore the differences in outcomes experienced by different groups in the local population and how this can be highlighted and addressed as a priority.

The reason for this approach is that often inequalities experienced in younger years will have an impact going through the life course, therefore intervening as early as possible is crucial in order to change that trajectory in terms of those inequalities.

At previous Board meetings there has been discussions about the wider determinants of health, and it is recognised that this cannot be solved through healthcare alone. The aim is to target, support and work collectively on the wider determinants of health as this will be the difference between success and failure. Being in the local authority for public health creates an opportunity to make a difference, although the changes might not be evident for generations to come however, putting in the work now will make a difference long term.

The Board was informed that the annual report was written in a way to articulate what health inequalities are, and how these can be measured. The Board was asked its view on whether there should be a set of inequality indicators by which the Board can monitor on a regular basis what is being done to address inequality. This is how the Kirklees Joint Strategic Assessment has been framed this year not just to look at life expectancy but healthy life expectancy and making sure those key inequality measures are built in to make sure the system is doing what it needs to do.

The report talks about the factors that influence inequalities, again picking up on the wider determinants of health and the importance of intervening at different stages. By taking a life stages approach it is possible to give the Board and partners different things they can focus on and areas where collective action can be taken.

The report also gives a reflection on how Covid has impacted on health inequalities and how it has brought those inequalities into the forefront of people's minds and hopefully provided a catalyst for action in a way that may not have done before.

## Health and Wellbeing Board - 25 March 2021

From a council perspective, and the partnership shares this ambition, an Inclusion Commission is about to be established that might help drive some of this work. The Partnership Executive has looked at how health inequalities and inequalities more broadly can be a priority.

Health inequalities and the conditions that lead to them are not inevitable giving a real opportunity for change with the collective power and influence, particularly putting local residents at the heart of this and by co-producing solutions with them will genuinely make a difference. Population Health Management is a way of being able to look at how to tackle those inequalities and, measure the impact of that activity.

The Board was given examples of the content of the report which focused on the life course stages including:

- 0-2, year-olds - new beginnings the factors that make good outcomes for this age group
- 18-34, year-olds - early adulthood is a significant transitional period and people tend to have a lot of life changes at this point. Moving to live independently is such a significant change that if people can be supported to increase their changes in terms of outcomes, then it is an ideal time to intervene
- there are inequalities in terms of disability with fewer than half of disabled adults in Kirklees qualified to level two or above and disabled people are more likely to live in a low-income household. There is evidence that there are inequalities experienced by disabled people in Kirklees and in response a place partnership approach has been adopted. This approach is where groups of ward members came together to look at how they can tackle mental health on a ward level and that is a good example of population health management. This is taking a problem, looking at the intelligence as to why that is a problem and working collectively with fellow ward members and with the public to design solutions.
- 60-79, year-olds with this age group it is important to mention Covid as age has been the biggest risk factor and nearly half of the clinically most vulnerable people in Kirklees have been in this age group. This age group also tends to have multiple co-morbidities.

The Board commented that a set of inequality indicators that would enable it to monitor the work on health inequalities on a regular would be extremely beneficial. It would also be helpful to think about how these indicators might link to the inequalities work being undertaken by individual partner organisations. A suggestion was made that organisations work together to draw up what the set of indicators.

### Joint Strategic Assessment (JSA) Overview

Owen Richardson, Intelligence Lead, Public Health presented the latest version of the JSA overview advising the Board that there is synergy between the information presented in the Director and Public Health Annual Report and the Kirklees JSA.

## Health and Wellbeing Board - 25 March 2021

The overview utilises the content of the Kirklees Director of Public Health's Annual Report to highlight needs, assets, and health inequalities across seven life stages, however it does not yet reflect the impact of Covid on the KJSA.

The overview section of the KJSA uses the same seven life stages that are in the DPH report taking the same common threads, population, inequalities, Covid-19 and population health management.

At each life stage, case studies are provided to demonstrate how taking a Population Health Management (PHM) approach can help to reduce inequalities.

The navigation menu enables the ease of movement to any of the life stages and there are sub menus within each life stage to select the topic ie population, inequalities, Covid-19 and population health management.

The Board was provided with a summary of the information in the KJSA.

### **RESOLVED**

That Rachel Spencer-Henshall and Owen Richardson be thanked for providing an update on the Director of Public Health Annual Report 2021 and the Kirklees Joint Strategic Assessment Overview 2020/21

### **8 Update on Kirklees Inclusion Commission and development of the Kirklees joint health and wellbeing strategy**

#### Update on Kirklees Inclusion Commission

Rachel Spencer-Henshall and Phil Longworth provided the Board with an update on the Kirklees Inclusion Commission and development of the Kirklees Joint Health and Wellbeing Strategy.

The Board was informed that in October 2020, Cabinet approved, and Council endorsed, the formation of a member-led Commission that will work closely with partners and communities to make recommendations and instigate action, focused on a better understanding of the issues faced, and take forward clear actions to advance equality in Kirklees.

The Commission's key objectives will be to:

- Hear the voices of those with lived experience of inequalities and those in positions of power locally
- Hear progress reports at the quarterly meetings and make recommendations for action
- Hold the system to account
- Influence at a local, regional, and national level to address issues outside of the Local Authority's direct control.

The Board was informed that the intention was to start this work earlier, however with the third lockdown the system has been working hard in tackling Covid, supporting the vaccination programmes and dealing with winter. The work of the

## Health and Wellbeing Board - 25 March 2021

commission has therefore been pushed back to the summer, however in the meantime a shadow inclusion commission has been set up which starts on Monday. The idea is they can do a piece of work to set up the terms of reference for the formal commission and consider the engagement methodology to be used to make the commission more effective.

The five deep dives that were proposed for the formal commission were:

- Health
- Housing
- Education, employment, and skills
- Poverty
- People

The Board was informed that within each of the deep dives, consideration will be given to the impact on the following characteristics: age, disability, gender reassignment, health, race including colour, nationality, ethnic or national origin, religion or belief, sex, sexual orientation and socio-economic status and/or class.

There will be a communication plan to support this, as well as keeping the partnership updated both the Partnership Executive for Kirklees and the Health and Care Executive on a regular basis.

### Kirklees Joint Health and Wellbeing Strategy

Phil Longworth, Senior Manager Integrated Support provided an update on the Kirklees Joint Health and Wellbeing Strategy. The Board was reminded that it has a statutory duty to ensure that there is a Joint Health and Wellbeing Strategy and as the current strategy is coming to an end consideration will need to be given to developing a new strategy.

At the Health and Wellbeing Board meeting in September 2020, the Board discussed the need to develop a new Joint Health and Wellbeing Strategy and update the place-based plan. Since then, there has been a number of significant changes that will impact on this work, most notably:

- Greater Huddersfield CCG and North Kirklees CCG have agreed to formally merge on 1st April 2021 to form Kirklees CCG.
- The Government published the White Paper 'Working together to improve health and social care for all' on the 11<sup>th</sup> February 2021. The government's plan is that the legislative proposals outlined in this White Paper will begin to be implemented in 2022. The new statutory Integrated Care Systems will take on many of the functions of CCGs, consequently it is expected that CCGs will be dissolved in March 2022.

The information being presented aims to explore with the Board the approach to be undertaken which has identified three main tasks:

- 1) Ensuring that there is a joint Health and Wellbeing Strategy in place that reflects the ambitions about how to improve the health and wellbeing for people

## Health and Wellbeing Board - 25 March 2021

- 2) Developing a Health and Wellbeing Plan that describes what the health and care system in particular can do to contribute to achieving the aims set out in the joint health and wellbeing strategy
- 3) Integrated Care Partnership, which are the partnership arrangements which will evolve significantly over the next 12 months

The Board was informed that it is important to continue to build on the good work that is already being done in many areas which include:

- Design the new Kirklees system
- Inequalities
- Integrated Care Partnership model and governance
- Enablers and care functions
- Step up contribution in shaping the ICS

### RESOLVED

The Board:

- a) Welcomes the establishment of the Kirklees Inclusion Commission and would encourage all partners to actively participate in the work of the Commission
- b) Will provide comment on the proposed approach to responding to the White Paper
- c) Approves the timetable for producing a new Joint Health and Wellbeing Strategy

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

Phil Longworth presented proposed revisions to the terms of reference for the Health and Wellbeing Board. The Board was advised that the national, regional, and local context that the Board is operating within has undergone significant changes over the past 12-18 months, including:

- Response to the Covid-19 pandemic.
- The West Yorkshire Health and Care Partnership is established as the 'Integrated Care System' and the new Partnership Board has been meeting formally since June 2019
- Further development of the West Yorkshire Joint Committee of Clinical Commissioning Groups, the West Yorkshire Association of Acute Trusts, and the West Yorkshire Mental Health Services Collaborative
- Greater Huddersfield CCG and North Kirklees CCG have agreed to formally merge on 1<sup>st</sup> April to form Kirklees CCG
- The nine Primary Care Networks in Kirklees are now well established.
- The Kirklees Integrated Commissioning Board and the Kirklees Integrated Provider Board have evolved into the Kirklees Integrated Health and Care Leadership Board.
- The Children and Young People's Partnership has been re-established and developed a new Children and Young People's Plan and the Health and Wellbeing Board has taken on formal oversight of this work

The Board was advised that the current membership, as set out in the Terms of Reference was amended in May 2019 for the first time since the Board was

## Health and Wellbeing Board - 25 March 2021

established in April 2013 and reflected the requirement as set out in the Health and Social Care Act 2012.

The changes to membership have reflected the shift to a much more collaborative culture which is at the core of both the Kirklees Health and Wellbeing Plan and the NHS Long Term Plan.

Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which both HWBs and ICSs will have to have regard to.

Amending the membership of the Board to:

- reflect the creation of a single CCG for Kirklees. The 3 representatives in 2021/22 will be the Clinical Chair, Accountable Officer and the Lay Member: Patient & Public Involvement.
- include a nominated representative of the Kirklees Integrated Health and Care Leadership Board to replace the representative from the now defunct Integrated Provider Board.
- Include representation of the Primary Care Networks in recognition of their role in establishing the new model of integrated care and as system and clinical leaders
- Reflecting the Board's role in providing oversight of the Children and Young People's Partnership and the Children and Young People's Plan and recognising the Director of Children's Services role as including representing the Children & Young Peoples Partnership

### RESOLVED

That the proposed revisions to the Terms of Reference and membership of the Health and Wellbeing Board be approved by the Board.

- 10 Kirklees Safeguarding Adults Board Annual Report 2019 - 2020**  
Mike Houghton-Evans, Independent Chair, Kirklees Safeguarding Adults Board (KSAB), presented the Kirklees Safeguarding Adults Board Annual Report for 2019-2020.

The Board was informed that the approach over the last 12 months has been to embed the recommendations that came from the peer challenge into the work programme of KSAB. Mr Houghton-Evans stated that it is heartening how the practitioner forums have been used and developed which is the main mechanism for getting strategy through to frontline service and it's proved to be very effective.

An example of this is that the strategy and procedure for self-neglect was signed off and it was only through engaging effectively with frontline practitioners that it became apparent that it needed amending and it has been amended and it is now more effective and well received.

The Panel was informed that the main focus has been Covid-19, and KSAB has developed its own risk register and core members meet regularly to review and

## Health and Wellbeing Board - 25 March 2021

update the risk register. The risk register has not highlighted anything that wasn't already known, however it just brought them into closer focus.

Mr Houghton-Evans explained that there has been a lot of discussions about inequalities and that has become much more obvious during the last few months. KSAB is committed and will continue to be an outward facing board recognising that the boards objectives cannot be achieved on its own and should be considered as a group of system leaders and as such want to collaborate with other bodies that look after the health wellbeing and safety of the communities in Kirklees. This includes the Health and Wellbeing Board, Children's Safeguarding Board, and the Community Safety Partnership Safer Kirklees.

The Board was informed that the challenge event has just been completed. The event is where every year the chair of KSAB meets with every board member separately with Helen Hunter, Healthwatch and Penny Renwick, independent lay member of the board to have a conversation with the board members about what the issue are.

A summary of the key findings from the conversations with board members are:

- Some organisations are very effective in demonstrating that they are in touch with the impact of their services on their patients or service users
- Some organisations are more effective at demonstrating that they have the procedures in place, and while they have the documentation, the systems for measuring the impact of their services are not strong enough
- KSAB may want to keep an eye of the 'new normal' which is a term used to described that there are some benefits to way in which KSAB has been engaging with the public and would want to keep and that will create a new normal

From KSAB's perspective over the next 12 months the aim is to hear more real-life stories and not just look at the numbers and Healthwatch will assist with this work.

Mr Houghton-Evans announced that he would be retiring, and the new Independent Chair of the Kirklees Adult Safeguarding Board would be Mr Rob McCulloch-Graham.

The Board thanked Mr Houghton-Evans for all the work he had done over the years and wished him well for the future.

### **RESOLVED**

That the Kirklees Safeguarding Adults Board Annual Report 2019/20 be formally received by the Health and Wellbeing Board.

- 11 The Kirklees Safeguarding Children Partnership Assurance Report**  
Tom Brailsford, Service Director, Resource Improvement and Partnership presented the Kirklees Safeguarding Children Annual Assurance Report on behalf of the statutory partners.

## Health and Wellbeing Board - 25 March 2021

The Board was informed that the report was produced by Sheila Lock Independent Advisor to the Safeguarding Children Partnership and sets out the multi-agency work in the preceding year and articulates the priorities going forward.

The Board was advised that there is a requirement on local partnerships as prescribed under Working Together 2018 to produce an Annual Assurance statement of safeguarding activity. This is the first annual assurance report since changes to the new arrangements from the Safeguarding Children's Board to the Safeguarding Children's Partnership which covers the first year of operation as a partnership.

As part of the philosophy, there is a choice of three statutory partners to include and work with, within the new arrangement and this has been kept as wide and as integrated as possible.

As expected there has been an impact throughout Covid-19, however, as a partnership, there has been a continued ability to carry out the full range of expected functions and it is important to say thank you to all the partners across children's services who've been able to carry on keeping children, young people, and families safe throughout the pandemic.

The response has been excellent and with the structures that are in place and the meetings in some cases have been more frequent, there has been a real effort across the partnership to keep children and young people safe.

One of the key issues to pull out from the report is that throughout the last year, a review was undertaken by the DfE and Leeds in terms of the improvement notice and the six tests that they had put in place that Children Services needed to meet. Following that review process, the improvement notice was lifted because the six tests had been met. One of the tests was strong and supportive partnerships, again this provides further assurance that safeguarding children's partnership is doing what it needs to do.

Currently there are a number of things being undertaken including:

- further developing the model of independent scrutiny and what that looks like
- had a number of practice learning reviews this year which is worth highlighting in terms of good practice. These reviews have been about serious youth violence, child sex abuse, Cahms issues and contextual safeguarding. Which in essence is getting frontline practitioners to come together to talk about learning from reviews.

Moving forward for the coming year there are four priorities:

1. domestic abuse and children in households while domestic abuse is a feature
2. Child criminal exploitation and abuse
3. Children and young people's mental health including the response to adverse child experiences
4. Widening the Scrutiny function to look at including children, young people, and families in scrutinising services



## Health and Wellbeing Board - 25 March 2021

### RESOLVED

That

- a) the content of the Kirklees Safeguarding Children Partnership Assurance report be noted by the Board
- b) the Health and Wellbeing Board note the joint agency priorities going forward and to highlight any particular contributions that the Safeguarding Partnership should make on the Joint Health and Well Being strategy

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<b>KIRKLEES COUNCIL</b>  <b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b> <b>DECLARATION OF INTERESTS</b> <b>HEALTH AND WELL BEING BOARD</b>			
<b>Name of Councillor</b>			
<b>Item in which you have an interest</b>	<b>Type of interest (eg a disclosable pecuniary interest or an "Other Interest")</b>	<b>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]</b>	<b>Brief description of your interest</b>

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.

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE: 15<sup>th</sup> July 2021</b>
<b>TITLE OF PAPERS:</b> <b>(a) Draft Kirklees Self-Assessment Summary – Special Educational Needs &amp; Disability</b> <b>(b) Draft Kirklees SEND Transformation plan</b>
<p><b>1. Purpose of papers</b></p> <p>The two papers provide an overview of the current developments in the Kirklees SEND system. The Health and Well Being Board provides the oversight for the SEND partnership in Kirklees.</p> <p>The Self-Assessment summary (Paper a) provides an overview for the HWBB an overview of the strengths and development areas across the SEND partnership in Kirklees. The planned transformation activity to address the development areas identified is outlined in the Transformation Plan (Paper b).</p> <p>The Self-Assessment also provides the background for an unannounced joint CQC/Ofsted Inspection which could take place from 21<sup>st</sup> June onwards.</p>
<p><b>2. Background</b></p> <p>The Health and Well Being Board has ultimate oversight and responsibility for the effectiveness and outcomes of the Special Educational Needs and Disability (SEND) Partnership in Kirklees.</p> <p>The SEND provision and effectiveness in Kirklees is subject to a statutory, unannounced Inspection by the CQC/Ofsted in line with the provisions of the Children’s and Families Act 2014. Kirklees is one of 5 authorities in the region not have had an inspection as of yet.</p> <p>The inspection of the local area will cover and report on the following key aspects in arriving at a judgement about the effectiveness of the local area:</p> <ul style="list-style-type: none"><li>• the effectiveness of the local area in identifying children and young people who have special educational needs and/or disabilities</li><li>• the effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities</li><li>• the effectiveness of the local area in improving outcomes for children and young people who have special educational needs and/or disabilities.</li></ul> <p>As part of this inspection a key document is a Self-Assessment of the current position across the SEND partnership. The draft Self-Assessment summary (Paper a) identifies strengths and development areas for the Kirklees system for the Board to note and discuss.</p> <p>To address the development needs and build upon the strengths a transformation programme across a number of workstreams has been drawn together. The draft programme attached (Paper b) is based on achieving and delivering the seven inclusive system wide ambitions for the SEND which have been previously brought to the Board.</p> <p>The Seven ambitions are:</p>

- Responsive and holistic early intervention
- Culture of trust between parents and families
- Inclusive practice in the community and within education settings
- CYP thriving in education setting and celebrating more holistic outcomes and achievements
- An integrated system
- Embedding a shared culture of proactivity and holistic skills and knowledge
- Supporting children to have clear aspirations, with a focus on independence and preparing for adulthood

The transformation programme outlines 6 clear and interrelated workstreams which will lay the basis for achieving these ambitions over the next 24 months

### **3. Proposal**

The Health and Well Being Board provides the oversight for the SEND partnership in Kirklees. The papers are brought to facilitate a discussion around SEND and to ensure that HWBB are aware and sighted on the key issues and development in the SEND system.

### **4. Financial Implications**

There are no specific financial implications for the HWBB to consider at this time but the transformation programme does outline a number of initiatives and investment which are planned.

### **5. Sign off**

**Mel Meggs** – Strategic Director Children’s Services [mel.meggs@kirklees.gov.uk](mailto:mel.meggs@kirklees.gov.uk)

### **6. Next Steps**

Members of HWBB are asked to ensure that all organisations represented at the Board take these discussions into their organisations and ensure that their managers and staff are briefed on the key issues.

### **7. Recommendations**

To note the contents of the reports and any actions from the ensuing discussion

### **8. Contact Officer**

Tom Brailsford, Service Director Resources Improvement and Partnership – [tom.brailsford@kirklees.gov.uk](mailto:tom.brailsford@kirklees.gov.uk)

## Health and well Being Board Paper a)

### Self-Assessment Summary for Kirklees Local Area Response to SEND reforms

#### Introduction

Ofsted and the Care Quality Commission (CQC) undertake an unannounced joint inspection programme to assess the quality of support for children with special educational needs and disabilities (SEND) in all English local authority areas. They are 4 years into a 5 year programme and Kirklees has still to be inspected. Given that many areas in Yorkshire have already been inspected, it is highly likely that Kirklees will soon be visited. This could happen at any time on or after 21<sup>st</sup> June.

The term 'Special Educational Needs and Disability' is used to describe learning difficulties or disabilities that make it harder for children to learn than most children of the same age. Children with SEND are likely to need extra or different help from that given to other children their age. This support can be provide through a SEN Support or if they have a greater need through an Education, Health and Care plan (EHC) the age range for SEND is 0 – 25 covering both Children and Adult Services.

#### What will the SEND inspection look at?

The inspection of the local area will cover and report on the following key aspects in arriving at a judgement about the effectiveness of the local area:

- the effectiveness of the local area in **identifying** children and young people who have special educational needs and/or disabilities
- the effectiveness of the local area in **assessing and meeting the needs** of children and young people who have special educational needs and/or disabilities
- the effectiveness of the local area in **improving outcomes** for children and young people who have special educational needs and/or disabilities.

This inspection will be an area inspection and will involve the local authority, schools and colleges and health partners. It will seek the views of both young people and their carers.

#### Our Vision

The partnership vision for Children and Young People is that they have the best start in life. We want our young people to be proud to come from Kirklees and its localities. We want confident children ready to do well throughout their schooling and in life. We want to see our children making good progress and achieving the best outcome, with improved life chances for everyone. We also recognise that partnership working is key to success as there are a number of agencies involved in working with families and young people.

Our aspirations for children and young people with SEND are not different to all children and this receives the highest priority from the key partners. We recognise that delivering the best outcomes for all our children with SEND is a significant challenge which many authorities and partners face. We are proud of our workforce across the partnership and we have demonstrated in a number of areas both innovation and highest quality provision. We

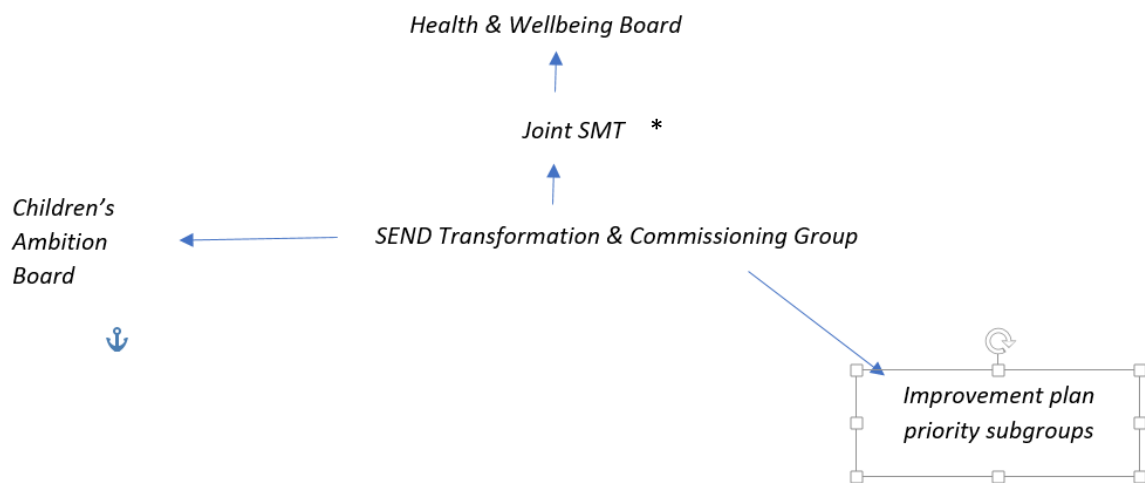
also recognise however that not all of our provision and outcomes are consistently good and we recognise there is more to be done to achieve our aspirations.

We have recently developed as a partnership a set of Inclusive ambitions which outlines our aspirations for Kirklees. Our aim is to develop an approach to SEND from 0 to 25 that:

- Responsive and holistic early intervention
- Culture of trust between parents and families
- Inclusive practice in the community and within education settings
- CYP thriving in education setting and celebrating more holistic outcomes and achievements
- An integrated system
- Embedding a shared culture of proactivity and holistic skills and knowledge
- Supporting children to have clear aspirations, with a focus on independence and preparing for adulthood

### How does the Partnership work?

A key part of the 2014 reforms was to create a joined up approach across health, educational and social care partners. In Kirklees we currently organise ourselves as a strategic partnership as follows:



\*Joint SMT is made up of Senior Health and Local Authority Leaders in Adults and Children's

### What do we say about our progress?

Across the partnership we have taken an open and honest approach in relation to the progress made. We know the SEND reforms were introduced in 2014 and therefore by 2021 these should be embedded. Like many areas, and this is a national trend, we have found the SEND reforms challenging for a variety of factors including, most recently, the impact of Covid-19. It is our assessment that in Kirklees there is much good practice and improvement since 2014. There are areas, however, where there is more to be done and therefore there will be some inconsistency in children's and family's experiences of SEND related services.



## **Data and Pressures**

The percentage of pupils with a statement or EHCP from 2016/17 to 2019/20 has increased in line with the national average (England: from 2.8 to 3.3/Kirklees: from 2.6 to 3.1)

The percentage of children and young people at SEN support from 2016/17 to 2019/20 has increased above the national average (England: from 11.6 to 12.0/Kirklees: from 9.7 to 10.8)

We have fundamentally reviewed all aspects of our SEND activity in the past year and developed individual action plans for our priorities and started implementation on these. Our approach is modelled on the successful Social Care improvement model and approach. This has provided the focus for our improvement agenda throughout the year and allows us to measure our progress.

Our analysis of the pressures in relation to SEND shows an increasing demand. We have developed a strategic partnership with Impower, a nationally recognised SEND improvement partner. We have developed a single improvement plan to address areas where we feel there are gaps or services can be improved with a particular focus on strengthening our early identification and support for families to address these pressures. We are also concentrating on building sustainability across the SEND partnership to address the issue of increasing financial pressures.

The initial focus was developing our understanding of the pressures and trends within the SEND system to engage with partners to develop an agreed, strategic approach to deliver improvements in outcomes and consistency. This has for example seen a significant improvement in the proportion of all new EHC plans issued within 20 weeks at over 70% placing Kirklees in the 2<sup>nd</sup> quartile on the DfE LA Matrix. Our current performance stands at over 80%.

## **Our Achievements and Areas for Development**

There is a shared commitment across our partnership to improve the outcomes for children and young people with SEND. We have some really good examples of services making an impact to change lives and support families and young people. We know that consistency is major priority for all parties and we have developed a comprehensive action plan for the next year. We know that some of assessment processes can be improved and we are addressing this. We are also aware that some services have capacity issues and this will require us to better identify issues at an earlier stage to ensure that appropriate support is available sooner to families.

Whilst the inspection will look at our services in a number ways, it is important we demonstrate our impact in three ways; *Identification of Needs, Assessing and Meeting Needs and Effectiveness in Improving Outcomes*. The following examples identify where we have made a difference. It is not a comprehensive list but gives a flavour of what we are developing and tackling. We also identify areas where more progress is needed

### **Identification of Children and Young People**

*We have made improvements by .....*

- Developing our focus on the early identification and support, working with families in a restorative manner to identify and co-produce agreed plans and strategies
- Our Mental Health Support Teams developing a whole school approach Learning and Development offer across 80 schools helping the identification of priorities around SEMH with a model regarded as good practice and shared across the region
- Reviewing the Graduated Approach Guidance for mainstream schools incorporating a focus on current guidance to support identification and provision of children and young people with SEMH and Communication and Interaction needs culminating in recommendations for development.
- The development of a local group of Lead SENCOs incorporating training to undertake activities such as local SEND peer reviews of schools, leading local support for schools including SENCOs new to role, feeding in local best practice guidance to SENCO Network aimed at building the capacity of mainstream schools to identify and meet needs as early as possible.
- By adopting a partnership approach to two year assessments whereby if a 2 year old is attending an Early Years setting the setting will complete the health assessment as part of the Early Years Foundation Stage (EYFS) progress check.
- Throughout the Covid pandemic maintaining and adapting our support to families. We have also continued to make significant progress for example in relation to our Local Offer.

*We can get better by .....*

- Developing our Model(s) of Practice - Our research into our cases show we could have intervened earlier (73%) to provide more early and timely support
- Whilst our Local Offer has been refreshed, there is further development been undertaken in relation to its ease of use and impact
- Working to ensure the voice of the child is heard consistently throughout our SEND activity developing a model of co-production with parents and families too.
- Ensuring our whole workforce is appropriately aware of SEND issues and how to work with families and young people.
- Getting better at identifying ways to ensure that sufficiency of provisions is created in adult commissioning through earlier communication between children and adult services.
- Through Locala improving its identification and reporting processes in relation to children with EHC plans to ensure timely reports for development plans.

### **Assessing and Meeting Needs**

*We have made improvements by .....*

- Aiming to support more young people to remain in mainstream settings and we are providing schools with additional resources to achieve this.
- Consulting on a new funding model for mainstream schools phase 1, Phase 2 will look at Specialist provision;

- Making sure our Designated Medical Officer / Designated Clinical Officer play a key part in implementing the SEND reforms and in supporting joined up working between health services and local authorities.
- Commissioning and developing some innovative arrangements to bring partners and provision together such as Thriving Kirklees, Sensory Occupational Therapies
- Ensuring our statutory compliance in relation the EHC is improving and above the national average.
- Responding to referrals across all Specialist Provision settings in a timely manner
- Wellbeing for Education Return commencing November 2020 with specific focus on anxiety, stress, loss and bereavement as a consequence of the pandemic
- Having Special Schools for Children with SEND that are rated good or outstanding
- Developing a Young Peoples Activity Team, which provides sessional leisure and recreational activities for disabled children and young people aged 5 to 18, is well regarded by parents and children and has adapted to respond to Covid-19
- Creating a range of provision and services that offer high quality support and advice ,e.g., Portage, Intensive Family Support, Education Psychology
- conversations feed into the LA knowledge of best practice & areas for development
- Committing to investing significantly to develop our capacity to support young people to remain in Kirklees rather than be educated elsewhere.
- Our CAMHS provision in relation to the COVID impact being committed to offer SEND support utilising a creative and flexible approach to intervention including a continuation of offering face-to-face appointments where required.

*Some examples of our Innovation include*

- Locala's Children's Expert Team Services works effectively across a number of disciplines and with partners in an integrated way to support children's physical, learning, communication needs.
- Through Locala establishing a new Sensory Occupational Therapy service for children in Kirklees, including training of parents and professionals providing an improved knowledge base of those supporting children with sensory difficulties; 1 to 1 assessment provision for children with significant sensory requirements
- Starting an Inclusion team with school inclusion partners to work on SEND reviews, peer to peer development, targeted training and support.
- Our commissioning arrangements are integrated across health and the local authority partners helping to co-ordinate activities and provision more effectively

*We can get better by .....*

- Developing our Model(s) of Practice - Our research into our cases show we could have intervened earlier (73%) to provide more early and timely support
- Improving Sufficiency – there is insufficient capacity in all settings and placements across our SEND system to meet individual needs
- Reducing Exclusions – too many of our young people with SEND needs are excluded from their settings

- Moving towards adulthood requires a more holistic approach from a younger age and more consistent co-production
- Having more local options and choices for young people across Kirklees which mean that young people don't have leave Kirklees to live or for education.
- Tackling the waiting times for some services such Speech and Language, Autism and Children's Mental Health referrals are too long at present
- Addressing the increasing demand and the impact has led to pressures in SENDACT and other areas
- Improving in Adult Social Care the transitional arrangements/pathways for those young people who do not have a Learning Disability need to be improved.

### **Effectiveness in Improving Outcomes**

*We have made improvements by .....*

- Having a major, single transformation plan and programme which has clear timescales and success measures in place. The first stage include the refreshed Local Offer, the Inclusion Support Offer and our additional investment in mainstream schools.
- Re-commissioning the Local Offer and co-designing and produced this with parents and carers and with plans for children and young people to further improve its accessibility;
- Launching our Inclusion and Support Offer which is developing our support to practitioners such as SENCOs to support families and young people.
- Having a good and effective relation with Parents of Children with Additional Needs (PCAN). We actively seek to co-produce our improvement priorities.
- The transition pathways for young people into adulthood have been reviewed with key stakeholders and the support and service enhanced.
- The *My Life* project improving the adult social care offer of information, advice, and guidance available to young people within specialist educational settings.
- **MY Project SEARCH** Dewsbury Hospital is a unique pre-employment program which helps young people with learning disabilities gain the skills they need to get meaningful paid jobs. A similar scheme will be introduced by Kirklees Council
- Delivering in Kirklees a high overall Education, Employment and Training (EET) performance level which our SEND EET figures reflect with 92.7% in education, employment or training (March 2021)
- By investing in our systems in a number of key ways to capture our impact included a SEND data dashboard where key trends are captured along with a refreshed approach to quality assurance.

*We can get better by .....*

- Being aware that we have not always been able to assess the impact of our services. Our first steps across all partners will be to capture what is working well and the effectiveness of our provisions.
- Ensuring that all of young people receive consistent, high quality and timely services.

- Implementing our new Quality Assurance framework (as part of practise across Children's Services) which will help to identify good practice and ensure the standard of practice is more strengths based and restorative.
- Assessing our impact – We need to develop a better understanding of what is making an impact to outcomes and to commission the right services across both children and adult settings education and social care.
- Improving Educational outcomes for children with SEND across a range of educational outcomes across Key Stages 2 to 4
- Whilst understanding our NEET data is strong, we still need to broaden and improve the employment and education/training choices for post our post 16 teenagers and young people
- Locala recognising the need to review and embed the use of outcome measures in relation to a number of therapies.

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**SEND**  
**Transformation Plan**  
2021

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# 1. Foreword

**Cllr Viv Kendrick – Cabinet Member for Children’s Services,**

**Cllr Carole Pattison – Cabinet Member for Learning, Aspiration and Communities,**

**Mel Meggs – Director of Children’s Services,**

**Carol McKenna – Chief Officer CCG**

Our partnership vision in Kirklees for Children and Young People is that they have the best start in life. Our aspirations for children and young people with SEND are not different to all children and this receives the highest priority from all our partners. We are proud of the partnerships that are at the heart of services and understand that our successes are based on *working with families* building on their strengths.

The coronavirus pandemic has clearly brought unprecedented challenges to the way in which we deliver services and the way in which we work, particularly during our response to the initial crisis. As a partnership we are proud of the way we have supported and helped to minimise the impact and disruption that Covid-19 has bought.

We recognise that delivering the best outcomes for all our children with SEND is a significant challenge which many authorities and partners face. Our plan outlines how we approach these challenges and the opportunities there are to improve our work. It has a focus on outcomes for people. We will concentrate our energy and resources on the things that make a difference to people’s lives.

In producing change and transformation of outcomes we are seeking to improve the life experiences and chances of a cohort of young people who consistently benchmark below their peers in relation to educational attainment and employment prospects. Our transformation programme is seeking to deliver culture change in how we do things as much as systemic improvement across the system. This work is a critical strand to our work in addressing inequalities in society.

Our focus will be on early intervention and supporting co-production and design, the approach we are developing illustrates our organisational commitment to working with families, partners, stakeholders and communities of interests. This is highlighted in the development and agreement of a set of “Shared Ambitions” across the Kirklees SEND partnership.

We are proud of our workforce across the partnership and we have demonstrated in a number of areas both innovation and highest quality provision. We also know however that not all of our provision and outcomes are consistently good and we are aware there is more to be done to achieve our aspirations.

As a partnership we continue to strive to deliver outstanding services and outcomes for our children and young people, and in particular our children and young people with additional needs.

Our improvement work has driven progress in meeting the needs of children and young people with additional needs, but we recognise that we need to go even further as a whole system with our transformation programme to meet the high aspirations we have locally for our children and families. This is our challenge.

There are many opportunities across our local system to fulfil our aspirations. This plan sets out our ambitions, how we will build on our foundations and how we will improve.

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## 2. Introduction

### 2. Introduction

Our vision for children and young people in Kirklees is that they have the best start in life. We want our young people to be proud to come from Kirklees and its localities. We want confident children ready to do well throughout their schooling and in life. We want to see our children making good progress and achieving the best outcome, with improved life chances for everyone. Our aspirations for children and young people with SEND are no different from what we would want for all children.

We know that delivering the best outcomes for all our children with SEND is a significant challenge which many authorities and partners face. Across the partnership we have taken an open and honest approach in relation to the progress made. We know the SEND reforms were introduced in 2014 and therefore by 2021 these should be embedded. Like many areas, and this is a national trend, we have found the SEND reforms challenging for a variety of factors including the impact of Covid-19.

It is our assessment that in Kirklees there is much good practice and improvement since 2014. There are areas, however, where there is more to be done and therefore there will be some inconsistency in children's and family's experiences of SEND related services.

#### The Kirklees SEND context

- We have just over 104,000 Children and Young People of which 69,638 are school aged.
- 3812 Children and Young People have an Education, Health and Social Care Plan - 44% rise since 2015
- The % of pupils with a statement or EHCP from 2016/17 to 2019/20 has increased in line with the national average
- The % of children and young people at SEN support from 2016/17 to 2019/20 has increased above the national average
- Kirklees identified 11,121 pupils with SEN in 2019-20. The breakdown of the 3728 pupils who had EHC plans (34%)
- 7,393 who are receiving SEN Support (66%)

#### Our Challenges

Whilst facing demand pressures, we also recognise that more could be done in the local SEND system to improve outcomes and results. As a partnership we have already undertaken extensive work to address these challenges and have achieved significant successes over the past two years. We recognise, however, that there are opportunities to go further. Some of these challenges are as follows:

We have examples of good services but we are aware of the challenges across Kirklees:

- Consistency and quality across services. We also struggle to capture our impact
- Model of Practice - Our research into our cases show we could have intervened earlier (73%)
- Sufficiency – we lack enough capacity in all settings and placements across our SEND system
- Exclusions – too many of our young people with SEND needs are excluded from their settings
- Moving towards adulthood requires a more holistic approach from a younger age and more consistent co-production
- Some of our systems and services are under pressure

As a partnership we have already undertaken extensive work to address these challenges and have achieved significant successes over the past two years, but we also recognise that there are opportunities to go further.

### Our Approach

To support this ambition a review of the SEND system in Kirklees was carried out between March – October 2020, with the aim of understanding:

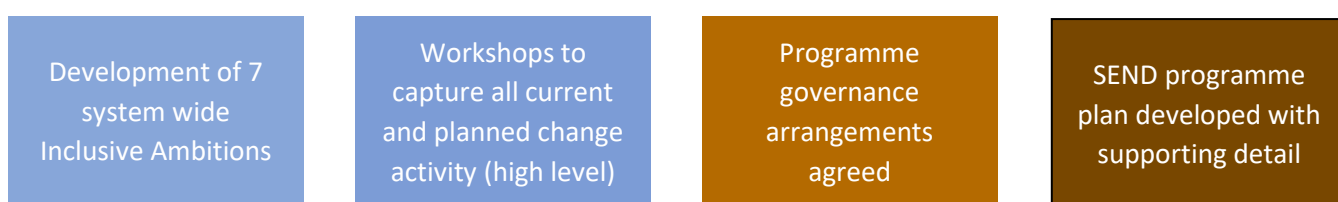
1. Where are the opportunities to identify alternative ways to support children and young people with SEND that will help them achieve the best outcomes?
2. What specific interventions could make a difference? When in the child/young person’s journey would these make the difference?
3. What are our ambitions across different elements of the SEND system for children and families in Kirklees?
4. How are we using our resources at present, is this the most effective use and is it sustainable in the longterm.

The level of opportunity, coupled with the extent of work already underway in the system, has highlighted the need for the following:

- A shared programme to deliver the Inclusive Ambition for our children , young peoples and families with additional needs
- A single programme plan that pulls together all our SEND change activity
- Our plan is ambitious and delivered with pace whilst importantly ensuring that our work is sequenced so interdependences between programmes are accounted for

This transformation programme has been developed on a planned basis over the past six months, with the key steps set out below. The programme has been shaped concurrently with ongoing day to day activity, enabling the programme approach and targeted interventions to deliver impact as we develop the programme direction.

**FIGURE 1: PROGRAMME PLAN KEY STEPS**



### 3. Seven system wide inclusive ambitions

Partners recognised as a clear priority for us is to work closely across the system to achieve the transformation required. We know working with complex systems is difficult and the challenges across Health, Education and Social Care are real. Our aspiration is to simplify this complexity for children, young people and families and ensure integrated provision. To do this it is crucial that we continue to build upon relationships across the system, and have a shared vision of what we are trying to achieve.

To help us with this we have developed a series of Inclusive Ambitions. These are measurable ambitions which we can all work towards together. The ambitions recognise whilst there are different national and local contexts and pressures for partners, we must work as one system unified by inclusive ambitions which all partners have developed.

The seven summarised ambitions captured below were developed with system wide involvement including health and social care partners in 2020/2021.

- 1 Responsive and holistic early intervention
- 2 Culture of trust with parents and families
- 3 Inclusive practice in the community and within education settings
- 4 CYP thriving in education settings and celebrating more holistic outcomes and achievements
- 5 An integrated system
- 6 Embedding a shared culture of proactivity, holistic skills and knowledge
- 7 Supporting children to have clear aspirations with a focus on preparing for adulthood

## 4. Programme principles, structure and workstreams

Programme design and delivery focus has been shaped by three key questions:

- Is the proposed activity consistent with ‘no decision about me without me’?
- Would this be good enough for my child?
- Will the proposed programme activities support the delivery of the Inclusive Ambition?

To inform programme design and planning a series of programme principles were identified. The principles represent both; ways of working with and support the outcomes of children and young people, and how the programme will operate, drive accountability and celebrate success.

**FIGURE 2: PROGRAMME PRINCIPLES**

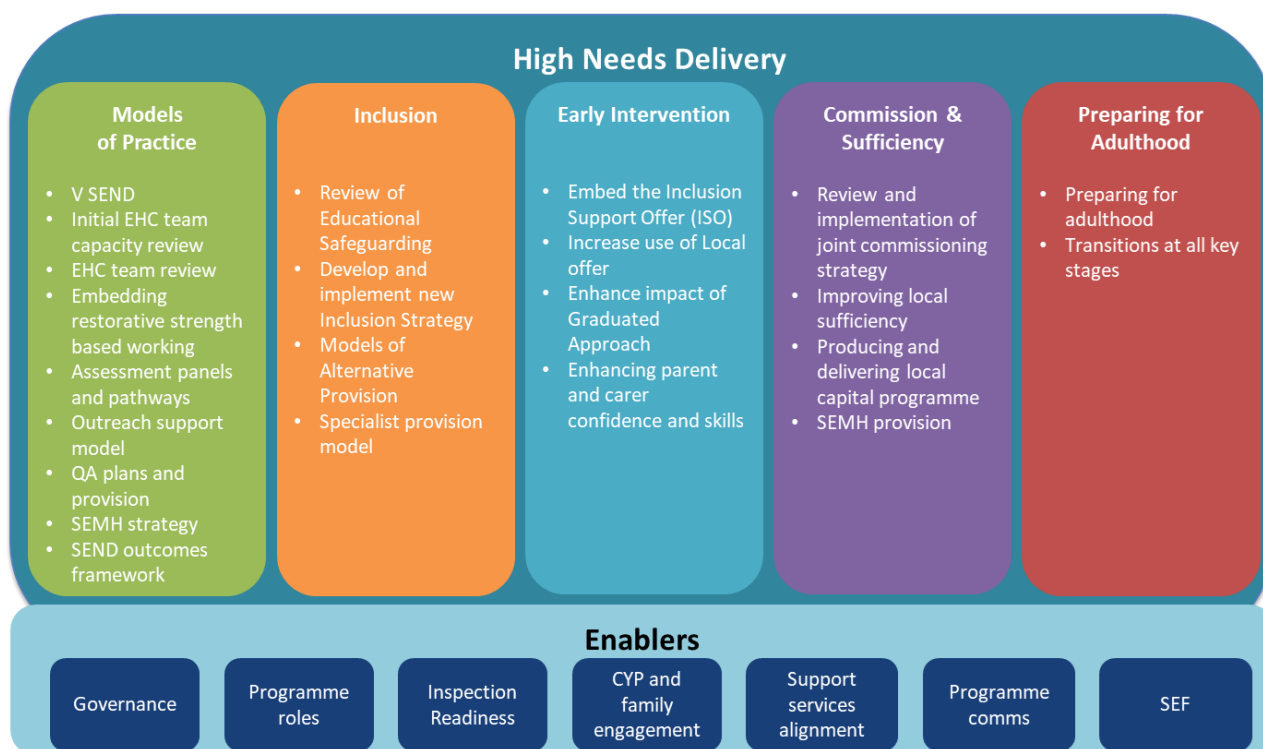
#	Principle	#	Principle
1	Holistic early intervention	10	Young people’s voices / engagement
2	Culture of trust	11	Demonstrable benefit / outcomes
3	Inclusion throughout the community	12	People / place partnership
4	Responsive provision to need	13	Evidence based decision making
5	Integrated support	14	System transparency
6	Empowered and strength based practice	15	Realism and deliverability
7	High aspiration	16	Accountability and challenge
8	Tackle inequalities	17	Celebrate success
9	Co-production	18	Awareness of unintended consequences

**As a programme we must constantly challenge ourselves – would this be good enough for my child?**

Programme shaping and planning activity has identified five delivery workstreams together with an enabling workstream.

This provides an overarching programme structure with clear points of ownership, that can be effectively communicated to stakeholders throughout the system.

**FIGURE 3: PROGRAMME STRUCTURE**



The delivery workstreams have been defined to reflect the targeted change throughout the local SEND system, whilst partially aligning to current operational structures to provide clarity of ownership and focus.

Workstream leads have been appointed to reflect organisational ownership and expertise. In turn workstream leads have nominated Project Leads who they believe will be the most appropriate individuals to lead specific projects.

Each project will draw on a range of expertise from throughout the SEND system (education, health, parents and carers, external SME's) to ensure co-production, shared system ownership and high-quality delivery.

**FIGURE 4: WORK STREAMS**

Workstream	Workstream Objectives	Workstream projects	What this means for the CYP
Enablers	Putting in place enablers which will support the achievement of the overall programme ambitions	<ul style="list-style-type: none"> <li>• Establish governance</li> <li>• Recruit programme roles</li> <li>• Inspection readiness</li> <li>• Define and implement approach for CYP and family engagement</li> <li>• Programme comms planned and initiated</li> <li>• Self evaluation framework (SEF)</li> </ul>	The programme will be well communicated and understood with the enablers supporting overall programme delivery
Models of Practice	Building on the ways of working in the Kirklees high needs system to enable CYP to thrive in education and adulthood. Driving these improvements through embedding strengths based working, alongside effective pathways, processes and tools.	<ul style="list-style-type: none"> <li>• V SEND</li> <li>• Initial EHC team capacity review</li> <li>• EHC team review</li> <li>• Embedding restorative strength based working</li> <li>• Assessment panels and pathways</li> <li>• Outreach support model</li> <li>• QA plans and provision</li> <li>• SEMH strategy</li> <li>• SEND outcomes framework</li> </ul>	CYP will be asked more questions about their strengths, interests and ambitions, rather than focusing on deficits. This promises the opportunity for a more positive educational experience.
Inclusion	Creating an 'inclusion first' priority across Kirklees. This includes proactively working to prevent exclusions, seeking opportunities for returning children and young people from Alternative Provisions and creating pathways, teams, provisions to enable this approach.	<ul style="list-style-type: none"> <li>• Review of Educational Safeguarding</li> <li>• Develop and implement new Inclusion Strategy</li> <li>• Models of Alternative Provision</li> <li>• Specialist provision model</li> </ul>	CYP receive an education in a setting that is supportive and proactively seeking to ensure inclusion wherever possible. This enables CYP to receive an education in the setting that is most suitable to their skills and objectives.
Early Intervention	Developing a targeted response to working with children earlier, when their needs arise. Maximising the positive impact of early intervention on longer term outcomes, and support financial rebalancing of the system.	<ul style="list-style-type: none"> <li>• Embed the Inclusion Support Offer (ISO)</li> <li>• Increase use of Local offer</li> <li>• Enhance impact of Graduated Approach</li> <li>• Enhancing parent and carer confidence and skills</li> </ul>	CYP are more likely to receive support an earlier stage, reducing their chances of progressing through the system and enhancing their outcomes, readiness for adulthood and overall well-being.
Commissioning and Sufficiency	Aligning commissioning strategies with the commitment to early intervention and 'inclusion first', built on a robust evidence base. Ensuring provisions support children and young people are in the setting that best enables them to reach their potential.	<ul style="list-style-type: none"> <li>• Review and implementation of joint commissioning strategy</li> <li>• Improving local sufficiency</li> <li>• Producing and delivering local capital programme</li> <li>• SEMH provision</li> </ul>	CYP are more likely to attend the setting that is best suited for them, enabling them to socialise with peers and receive an education that is most likely to enable them to reach their potential.
Preparing for Adulthood	Preparing for adulthood from childhood. Ensuring a genuine focus on independence and transition earlier in the child's journey, developing confidence for the child or young person, family and setting that they have appropriate objectives set that support their transition into adulthood.	<ul style="list-style-type: none"> <li>• Preparing for adulthood</li> <li>• Transitions at all key stages</li> </ul>	Empowering CYP to feel confident about approaching adulthood by having continuous conversations and support in place at an earlier stage.



## 5. Workstreams

As set out the programme has five delivery workstreams, supported by an enabling workstream. It is recognised that further work is required to define outputs and milestones for each workstream. A workshop is being held with key workstream team members on June 15<sup>th</sup> to develop this detail, which will be shared in due course.

This section of the paper sets out in more detail the ambition and delivery objectives for each workstream.

DRAFT

## 5.1 Models of practice

Workstream Lead	Kelsey Clark-Davies – Head of Safeguarding and Inclusion
<p><b>What Outcomes do we want?</b></p>	<ul style="list-style-type: none"> <li>• That Children and Young People with additional needs have their needs met in a mainstream educational setting</li> <li>• We have a workforce that has the capacity, appropriate skills and abilities to offer timely assessment and reviews for our Children Young people and Families</li> <li>• That where an EHC plan is required that this plan is strengths based, has clear outcomes across Education Health and Social Care and is undertaken restoratively with families.</li> <li>• That our processes to support children and families including how we assess and make decisions collectively at panel’s are strength’s based and all involved agree the appropriate level of intervention to ensure needs are met appropriately and at what level and regularly reviewed.</li> <li>• We offer high quality outreach support to our mainstream and specialist settings to order to support them to continue to meet children and young people’s needs wherever possible.</li> <li>• We have the highest aspirations for our children young people and families and we robustly demonstrate in an evidence based way that we have their improved outcomes across Education, Health and Social Care</li> <li>• That we have in relation to SEND an aspirational local learning strategy in “Kirklees Futures” which is fully realized.</li> <li>• We continue to implement the Valuing SEND outcomes tool to identify needs and strengths of the child or young person, the educational setting and the family in order to provide the right support across a range of settings and contexts.</li> </ul>
<p><b>How will we do this?</b></p>	<ul style="list-style-type: none"> <li>• Undertake restorative, strengths-based working with staff across services to provide them with an effective toolkits, strategies and approaches that delivery flexible, individualised solutions.</li> <li>• Interventions and processes deliver co-produced, individualised outcomes and plans – this will represent a move away from setting and hours led models, to more creative and flexible approaches</li> <li>• Targeted work at key gateway points are effective on focusing on outcomes and supporting independence – including consistently exploring non-EHCP support options.</li> <li>• Embedding the Valuing SEND tool, providing insight into system wide, and cohort/setting specific opportunities throughout Kirklees.</li> </ul>

	<ul style="list-style-type: none"> <li>• Introducing a clear outcomes framework to track individual and service outcomes. This will be shaped during the summer 2021, building on what is currently in place and measured, identifying additional measures to build in. The intention is for the framework to be approved during Autumn 2021 and launched by end-Autumn term</li> <li>• Review the current EHCP processes with teams to improve quality and timeliness. This will include a re-launch of the SENDACT team from January 2022, with an intensive period of activity to confirm the role of the team, staff development and recruitment to ensure the team is best positioned to deliver strong outcomes. In addition there will be short term interventions to support team capacity and workflow.</li> <li>• Improved outreach support offer to mainstream settings throughout Kirklees with a local focus, linking settings into local resources that they can easily contact and access</li> </ul>
<p><b>Workstream projects</b></p>	<ol style="list-style-type: none"> <li>1. V SEND</li> <li>2. Initial EHC team capacity review</li> <li>3. EHC team review</li> <li>4. Embedding restorative strength based working</li> <li>5. Assessment panels and pathways</li> <li>6. Outreach support model</li> <li>7. QA plans and provision</li> <li>8. SEMH strategy</li> <li>9. SEND outcomes framework</li> </ol>
<p><b>Milestones</b></p>	<ol style="list-style-type: none"> <li>1. VSEND <ul style="list-style-type: none"> <li>- Analysis and provision planning September and October 2021</li> <li>- Provision implementation November – December 2021</li> </ul> </li> <li>2. Initial EHC team capacity review <ul style="list-style-type: none"> <li>- Findings and plan from audit of roles and responsibilities of the SENDACT Team July 2021</li> </ul> </li> <li>3. EHC team review <ul style="list-style-type: none"> <li>- Finalised structure of team, including roles, responsibilities, job titles, JDs and capacity August 2021</li> <li>- Staff assimilation and recruitment September 2021</li> </ul> </li> <li>4. Embedding restorative strength-based working <ul style="list-style-type: none"> <li>- Readiness activity complete August 2021</li> <li>- Implement approach September 2021</li> </ul> </li> <li>5. Assessment panels and pathways <ul style="list-style-type: none"> <li>- Developing insights and recommendations document from the observation and data July 2021</li> <li>- New panels approach implemented September 2021</li> </ul> </li> <li>6. Outreach support model <ul style="list-style-type: none"> <li>- Options developed September 2021</li> </ul> </li> </ol>

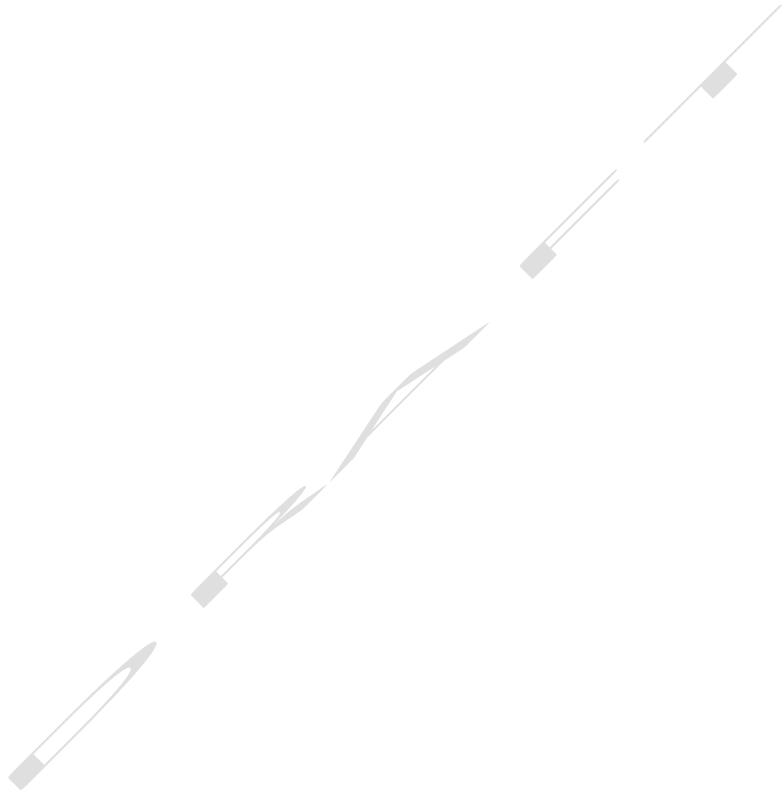
	<p>7. QA plans and provision  - Framework agreed re peer/manager/panel oversight QA of plans and sign off September 2021</p> <p>8. SEMH Strategy  - tbc</p> <p>9. SEND Outcomes Framework  - Draft Outcomes Framework for approval – November 2021</p>
<b>Inclusive Ambitions</b>	<p>Responsive and holistic early intervention  Culture of trust with parents and families  Inclusive practice in the community and within education settings  CYP thriving in education settings and celebrating more holistic outcomes and achievements  An Integrated System</p>
<b>Indicators (for discussion)</b>	<p>Number of Children and Young People with an EHC plan  Number of Children and Young People receiving support through My Support Plan  Educational Outcomes and EET outcomes  EHC outcome framework measurements and improvements  EHC Assessment and Review performance against statutory timescales  Number of EHC Plan’s quality assured and read “good “ or “outstanding.”  Number of complaints received and qualitative analysis of complaints reasons and outcomes  Children, young people and families self-reported satisfaction survey  Valuing SEND outcome measures in relation to need and settings and parents ability to meet need.</p>
<b>Linked Strategies or Plans</b>	<p>Kirklees Futures Learning Strategy  Children and Young People Workforce Strategy  Kirklees Capital Strategy  Kirklees Health and Wellbeing Plan</p>

## 5.2 Inclusion

Workstream Lead	Kelsey Clark-Davies- Head of Safeguarding and Inclusion
<p><b>What Outcomes do we want?</b></p>	<ul style="list-style-type: none"> <li>• That the approach of all of services, settings and workforce is one of having inclusion at its heart.</li> <li>• That we have no exclusions from education settings in Kirklees and we support our Children and Young People with additional needs to remain in their current setting wherever possible</li> <li>• That we our offer of Alternative educational provision is creative, flexible and has a central aim of reintegrating our children and young people back into mainstreams settings.</li> <li>• That our specialist provision across Kirklees provides bespoke resources to meet our children and young people needs and embeds its expertise across all educational settings.</li> <li>• We offer high quality outreach support to our mainstream and specialist settings to order to support them to continue to meet children and young people’s needs wherever possible.</li> <li>• That our education safeguarding offer of training and support to all settings helps identify, manage and support safeguarding issues keeping our children and young people safe.</li> </ul>
<p><b>How will we do this?</b></p>	<ul style="list-style-type: none"> <li>• Development of the Education Safeguarding Service to provide a re-focused offer to schools. The core elements of this work are; better communicating the ESS offer to system partners, aligning the ESS team structure to ensure it delivers the best outcomes for CYP, and developing an ESS dashboard to inform strategic planning and decision making.</li> <li>• Develop our Outreach offer to support a range of situations</li> <li>• Shape and embed a new inclusion focus with schools, providing holistic earlier intervention and other support to prevent suspensions and exclusions. This will include better understanding the current pathways that lead to exclusions, clearer and earlier identification of those at risk, and targeted development sessions with partners to embed key skills and tools</li> <li>• Ensure that the Kirklees Alternative Provision offer is configured to provide the best possible outcomes. In this first instance this will be informed by a strategic step back; balancing operational effectiveness and achieving outcomes, followed by collaborative working with providers and partners to shape the offer. Reflecting SEMH needs will form a core part of this approach – with CYP insight directly informing the future offer</li> </ul>

	<ul style="list-style-type: none"> <li>• Special Provision offer is outcome focused and demonstrably meeting the needs of CYP</li> </ul>
<b>Workstream projects</b>	<ol style="list-style-type: none"> <li>1. Review of educational safeguarding</li> <li>2. Develop and implement new inclusion strategy</li> <li>3. Models of alternative provision</li> <li>4. Specialist provision model</li> </ol>
<b>Milestones</b>	<ol style="list-style-type: none"> <li>1. Review of education safeguarding <ul style="list-style-type: none"> <li>- Begin implementation of recommendations – July 2021</li> <li>- Review and implementation complete – December 2021</li> </ul> </li> <li>2. Develop and implement new inclusion strategy <ul style="list-style-type: none"> <li>- Documented inclusion strategy – September 2021</li> <li>- Inclusion dashboard rollout – September 2021</li> </ul> </li> <li>3. Models of alternative provision <ul style="list-style-type: none"> <li>- Establish a Local Authority leader of the AP Partnership offer which connects directly with the role and functions of educational safeguarding and admissions – December 2021</li> <li>- Alternative provision service level agreements in place – August 2022</li> </ul> </li> <li>4. Specialist provision model <ul style="list-style-type: none"> <li>- tbc</li> </ul> </li> </ol>
<b>Inclusive Ambitions</b>	<p>Culture of trust with parents and families</p> <p>Inclusive practice in the community and within education settings</p> <p>CYP thriving in education settings and celebrating more holistic outcomes and achievements</p> <p>An Integrated System</p> <p>Supporting children to have clear aspirations with a focus on preparing for adulthood</p>
<b>Indicators (for discussion)</b>	<p>Exclusion Data</p> <p>Educational Attainment at all key levels</p> <p>Reduction in external placements</p> <p>Alternative provision outcome measures</p> <p>Number of children and young people with additional needs in mainstream settings , specialist settings ,resource provision and alternative provision</p> <p>Outreach provision outcomes indicators</p> <p>Self reported feedback from children, parents and families in relation to how inclusive services are in Kirklees Council</p> <p>LADO referrals and analysis of theme’s and support required</p> <p>Children’s social care front door data</p>

	Children in Need dataset Child Protection data set
<b>Linked Strategies or Plans</b>	Kirklees Futures Learning Strategy Kirklees Sufficiency Strategy Kirklees Children and Young People Safeguarding Partnership Annual Plan Children's Social Care 10 Point Improvement Plan Kirklees Health and Wellbeing Board Plan

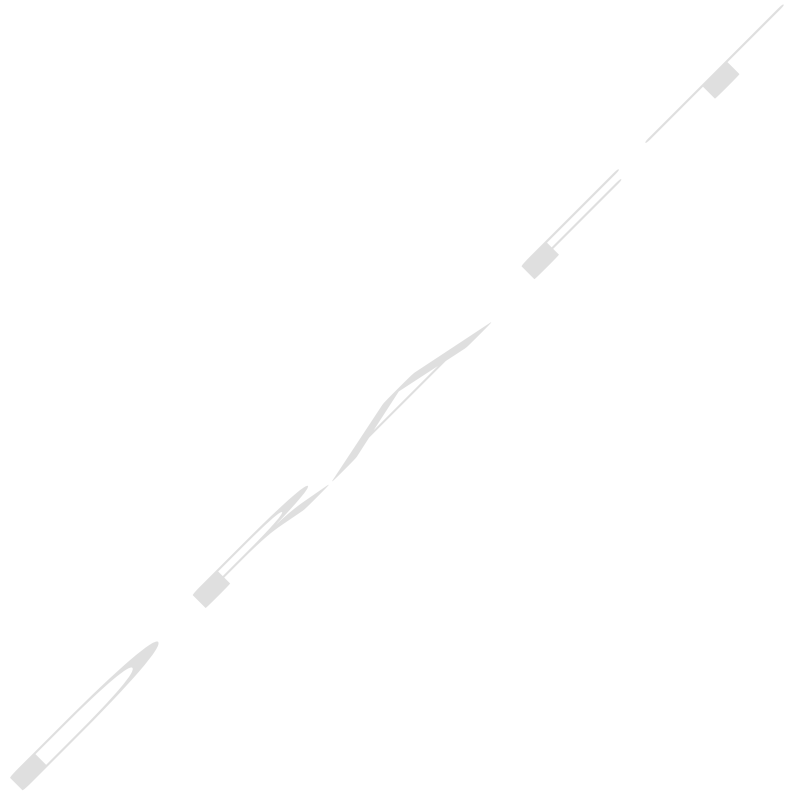


## 5.3 Early Intervention

Workstream Lead	Jayne Whitton- Principle Educational Psychologist
<p><b>What outcomes do we want?</b></p>	<ul style="list-style-type: none"> <li>• That our local offer is our first point of contact and support for our children, young people and families. The Local Offer is responsive, interactive and reduces the need for more formal interventions.</li> <li>• That our Inclusion Support Offer (ISO) provides education settings, our workforce and families with advice and support in meeting the needs of our children and young people at the earliest possible opportunity, without the need to escalate to an EHCP request.</li> <li>• That our Early Help offer is inclusive and meets a diverse range of needs for children and families with additional needs across Education, Health and Social Care.</li> <li>• That our Parents and Carers feel supported and have the confidence and skills in order to meet the additional needs of children and young people.</li> <li>• That all partners support our educational settings to implement our graduated approach and principles of “assess” , “plan” , “do” and “review” in relation to my support plans and EHC plans.</li> </ul>
<p><b>How will we do this?</b></p>	<ul style="list-style-type: none"> <li>• Embed the Inclusion Support Offer (ISO), track outcomes, and work proactively with hubs/settings that have not yet engaged with the offer. In addition the workstream will seek to quantify the impact of the interventions delivered through the summer term; highlighting opportunities to further develop the offer into the Autumn 2021 term</li> <li>• Build on and promote the Local Offer and use it as way to build relationships with families. This work includes exploring the channel offers (e.g. social media); obtaining feedback to directly link to development of the Local Offer</li> <li>• Improved Graduated Approach guidance to mainstream schools. This includes the Kirklees Ordinarily Available Offer, targeted Graduated Approach for SEN support guidance and a suite of wider guidance documents for schools. This work will link to the ISO offer, with a full feedback loop to understand how settings are using the graduated approach and where additional support will be needed.</li> <li>• Enhance skills and support offer to parents and carers – this will start by identifying particular stress points for parents and then working with them to address concerns, whilst giving them tools and skills to build their confidence. This approach will be</li> </ul>



	directly informed by good practice observed with other authorities. In addition all staff engaging with parents will be supported in having a common understanding of the offer and key components of the system processes.
<b>Workstream projects</b>	<ol style="list-style-type: none"> <li>1. Embed the Inclusion Support Offer (ISO)</li> <li>2. Increase use of the Local Offer</li> <li>3. Enhance impact of graduated approach</li> <li>4. Enhancing parent and carer confidence and skills</li> </ol>
<b>Milestones</b>	<ol style="list-style-type: none"> <li>1. Embed the Inclusion Support Offer (ISO) <ul style="list-style-type: none"> <li>- Promotion of ISO through multiple channels – September 2021 and ongoing</li> <li>- Regular attendance at school hub meetings from September 2021</li> </ul> </li> <li>2. Increase use of the Local Offer <ul style="list-style-type: none"> <li>- Establish young persons ‘channels’ eg website, social media, face to face to promote and communicate local offer September 2021</li> <li>- Develop more young people groups – September 2021</li> <li>- Identify gaps in knowledge of local offer through general public survey – November 2021</li> </ul> </li> <li>3. Enhance impact of graduated approach <ul style="list-style-type: none"> <li>- Graduated approach to SEN offer – September 2021</li> <li>- Wider graduated approach guidance – completed March 2022</li> </ul> </li> <li>4. Enhancing parent and carer confidence and skills ISO learning and Autumn term planning – July 21 <ul style="list-style-type: none"> <li>- Delivered training to parents and carers to manage behaviour at home – date tbc</li> <li>- Embedded parent carer training offer – date tbc</li> </ul> </li> </ol>
<b>Inclusive Ambitions</b>	<p>Responsive and holistic early intervention</p> <p>Culture of trust with parents and families</p> <p>Inclusive practice in the community and within education settings</p> <p>An Integrated System</p> <p>Embedding a shared culture of proactivity, holistic skills and knowledge</p>
<b>Indicators (for discussion)</b>	<p>Number of Children and Young People with EHC plans</p> <p>Number of Children and young people having needs met through my support plan</p> <p>Local offer outcomes measures and monitoring of use</p> <p>Number of children, young people and families with additional needs accessing early support</p> <p>Number of SENCO’s accessing the ISO and outcome following advice and support</p> <p>Waiting times for key interventions , e.g. Neurodevelopmental pathway , CAMHS SPA , Children’s community therapies</p> <p>Measures of confidence from parents and key stakeholders, e.g., PCAN</p>
<b>Linked Strategies or Plan’s</b>	Kirklees Earl Support Strategy



## 5.4 Commissioning and Sufficiency

Workstream Lead	Stewart Horn – Head of Children’s Integrated Commissioning
<p><b>What outcomes do we want?</b></p>	<ul style="list-style-type: none"> <li>• To have an intelligence based approach to understanding the needs of our population across Education , Health and Social Care and a coordinated approach to our commissioning intentions to meet that need</li> <li>• That children, young people and families receive integrated provision and do not face barriers between different organisations in order to access provision.</li> <li>• We have responsive commissioned services that are delivered in the right place and at the right time and improve outcomes are education, health and care.</li> <li>• We have a range of assistive technology solutions available locally to help children , young people and families maximize independence</li> <li>• That our children and young people are educated locally and live locally wherever possible and we have outstanding educational, residential and health settings and services to achieve this.</li> <li>• That we have an increased amount of foster carers that are well supported and have the skills and abilities to meet the needs of our children and young people as a family.</li> <li>• To have clear clinical oversight of the health outcomes and needs of our children and young people and ensure these needs are met through the most appropriate framework</li> <li>• That children, young people and families have the option of an integrated education, health and social care personal budget.</li> </ul>
<p><b>How will we do this?</b></p>	<ul style="list-style-type: none"> <li>• Develop and embed a joint commissioning strategy outlining Kirklees has a consistent, aligned and outcome focused approach to SEND commissioning. By September this work will have mapped the current needs in Kirklees against the current provision identifying gaps in the offer and sufficiency. This will followed by a market strategy which will target short to medium term activity to address these challenges</li> <li>• Short term commissioning interventions to support placement sufficiency and address identified shortfalls in quality/scope/capacity of the current offer – areas currently identified for intervention include; therapies support, tech enabled care, continuing care and the role of personal budgets</li> </ul>

	<ul style="list-style-type: none"> <li>• Strategic sufficiency work, linking closely with Valuing SEND outcomes ensuring Kirklees’ provision is in line with desired system outcomes. Immediate activity is underway to fully understand the current local provision, which will feed a series of strategic and tactical interventions. This will include developing an EHC sufficiency scorecard, as well as system wide sufficiency market statement.</li> <li>• Activity to develop a Capital Planning Programme alongside known targeted decision points – e.g. Purchase / refurbishment of properties</li> <li>• Review and enhance current emotional wellbeing offer – this will link closely to multiple projects within the Ways of Working and Inclusion workstreams ensuring a direct feedback loop from frontline insight. From a commissioning perspective the focus will be on understanding and shaping the market, to provide a strong, outcomes focused offer</li> </ul>
<b>Workstream projects</b>	<ol style="list-style-type: none"> <li>1. Review, revision and implementation of Joint Commissioning Strategy</li> <li>2. Improving local sufficiency</li> <li>3. Producing and delivering local capital programme</li> <li>4. SEMH provision</li> </ol>
<b>Milestones</b>	<ol style="list-style-type: none"> <li>1. Review, revision and implementation of Joint Commissioning Strategy <ul style="list-style-type: none"> <li>- Joined up SEND data set – September 2021</li> <li>- Draft commissioning strategy and intentions – September 2021</li> <li>- Final commissioning strategy and intentions – December 2021</li> <li>- Completed contracts register – December 2021</li> </ul> </li> <li>2. Improving local sufficiency <ul style="list-style-type: none"> <li>- Sufficiency market position statement – December 2021</li> </ul> </li> <li>3. Producing and delivering local capital programme <ul style="list-style-type: none"> <li>- Capital plan September 2021</li> </ul> </li> <li>4. SEMH provision <ul style="list-style-type: none"> <li>- SEMH working group mobilization – October 2021</li> </ul> </li> </ol>
<b>Inclusive Ambitions</b>	<p>Responsive and holistic early intervention</p> <p>Culture of trust with parents and families</p> <p>An Integrated System</p> <p>Embedding a shared culture of proactivity, holistic skills and knowledge</p>
<b>Indicators (for discussion)</b>	<p>Number of integrated personal budgets with education, health and social care</p> <p>Number of out of area placements where there is a educational, health and social care need.</p>

	<p>Capital Delivery Strategy success and outcomes measures</p> <p>Number of assistive technology solutions available and number of children , young people and families accessing them</p> <p>Outcomes from Joint Commissioning Strategy</p> <p>Number of children, young people and families accessing health provision through children’s continuing healthcare</p> <p>Number of foster carers recruited and retained</p> <p>Reduction in hospital admissions for children and young people with learning disability and / or autism</p> <p>Osfted and QCQ ratings of our local education, health and social care provision.</p> <p>Outcomes from SEND outcome framework</p>
<p><b>Linked Strategy or Plans</b></p>	<p>Transforming Care for Children and Young People</p> <p>Kirklees Health and Wellbeing Plan</p> <p>Kirklees Joint Strategic Needs Assessment</p> <p>Kirklees Sufficiency Strategy</p> <p>Health and Social Care White Paper and associated local plan</p> <p>Kirklees Children’s Social Care 10 point Improvement Plan</p> <p>Kirklees CAMHS Transformation Plan ( Future in Mind )</p>

## 5.5 Preparing for adulthood

<p><b>Workstream Leads</b></p>	<p>Liz Eastwood (Service Manager Learning Disability and Shared Lives) and Netta Goldthorpe (Project Manager, All Age Disability &amp; Mental Health)</p>
<p><b>What outcomes do we want ?</b></p>	<ul style="list-style-type: none"> <li>• That we are focused throughout our children and young people’s lives on preparing for adulthood and maximising independence</li> <li>• Children, young people and families experience smooth and consistent preparation for adulthood between children’s service and adult services.</li> <li>• We have a range of services that focus specifically on our children and young people maximizing their independent into adulthood</li> <li>• That children, young people and families have confidence in the planning and delivery of the outcome and provision required in their journey from childhood into adulthood.</li> <li>• That we have service provision and pathways that work across traditional age related service boundaries to provide flexibility for our children and young people with additional needs as they move toward adulthood.</li> </ul>
<p><b>How will we do this?</b></p>	<ul style="list-style-type: none"> <li>• Early, consistent and outcomes focused pathways and conversations, to provide clarity of expectation and high quality support at all stages. There is a focus on independence and adulthood, with conversations and decisions at every point of a young person’s journey</li> <li>• Enhance the young person’s voice as part of all elements of preparing for adulthood, including building the advocacy offer to provide more comprehensive support</li> <li>• CAMHS health offer supports preparing for adulthood and provides continuity of input with no cliff edges. Directly link into the commissioning emotional wellbeing work to shape the future offer</li> <li>• Enabling offer (legal framework, funding etc) aligned to support transition outcomes, giving staff the confidence and support to take a positive and flexible approach in best meeting CYP outcomes</li> <li>• Integrated delivery across key partners, enabling seamless CYP and family journey – this will involve working closely with settings and health partners to ensure the CYP/family experience feels seamless</li> </ul>

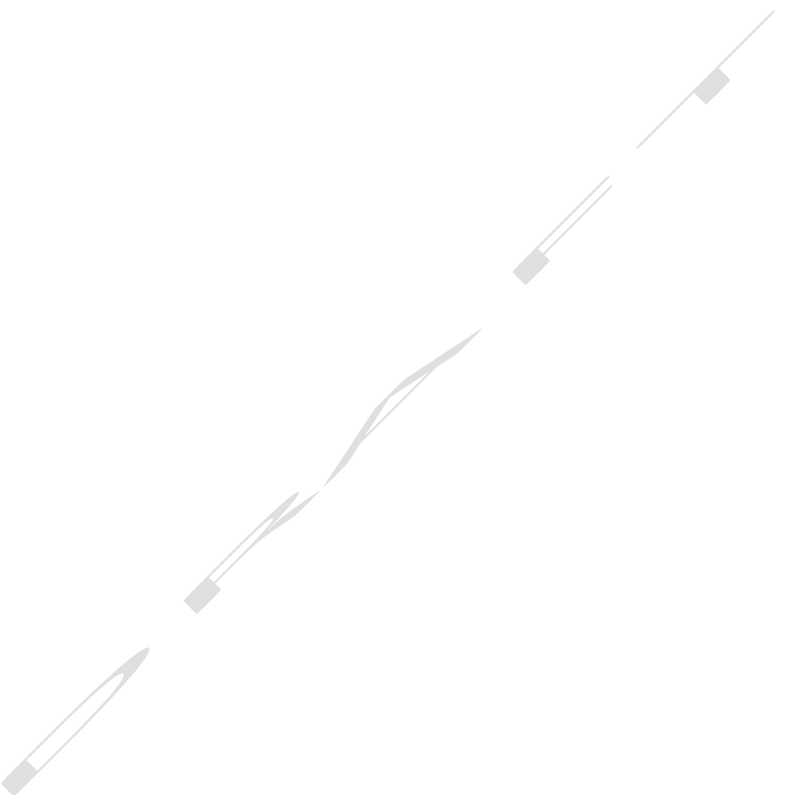
	<ul style="list-style-type: none"> <li>• Independence focused interventions – e.g. Travel training, light touch tech enabled care – that will support the young person in gaining confidence, and contribute to achieving overall outcomes</li> <li>• Staff development to embed core toolkit strategies and approaches to support resilience and flexible support planning.</li> <li>• Development of strong supporting data and intelligence offer to enable informed, timely and strategic decision making – this will include the development of a transitions dashboard to help inform future forecasting and budget planning</li> </ul>
<b>Workstream projects</b>	<ol style="list-style-type: none"> <li>1. Preparing for adulthood</li> <li>2. Transition at all key stages</li> </ol>
<b>Milestones</b>	<ol style="list-style-type: none"> <li>1. Preparing for adulthood <ul style="list-style-type: none"> <li>- Preparing for Adulthood dashboard – March 2022</li> <li>- Staff development and toolkit – from October 21</li> </ul> </li> <li>2. Transition at all key stages <ul style="list-style-type: none"> <li>- Independence focused interventions – from October 21</li> <li>- Work with staff to focus on PFA outcomes in EHCP + SEN support plans – date TBC</li> </ul> </li> </ol>
<b>Inclusive Ambitions</b>	<p>Responsive and holistic early intervention</p> <p>Culture of trust with parents and families</p> <p>An Integrated System</p> <p>Embedding a shared culture of proactivity, holistic skills and knowledge</p> <p>Supporting children to have clear aspirations with a focus on preparing for adulthood</p>
<b>Indicators (for discussion)</b>	<p>EET figures into adulthood</p> <p>Educational attainment</p> <p>Independence measures</p> <p>Children, young people and families self-reported satisfaction with transition across provision</p>
<b>Linked Strategies or Plans</b>	<p>Kirklees Health and Wellbeing Plan</p> <p>Transition Protocol</p> <p>NHS planning guidance in relation to CAMHS provision</p>

## 5.6 Enablers

Workstream Lead	Paul Harris – Head of Improvement, Voice and Partnerships
<p>What outcomes do we want?</p>	<ul style="list-style-type: none"> <li>• The voice of children, young people and families is consistently influencing strategic decision making across the partnership</li> <li>• That the detailed plans and possible solutions across the workstreams are coproduced with children , young people and families</li> <li>• That we engage and coproduce with a wide and diverse range of children, young people and families to ensure our plans reflect the diversity of Kirklees as a place.</li> <li>• That we have a shared self-evaluation across the partnership in relation to how we are fulfilling our duties in relation to the Children and Family Act 2014 and code of practice. Our understanding and awareness of “ourself” is based on a robust Quality Assurance Framework.</li> <li>• That across education, health and social care we have a proactive approach to the joint CQC and Ofsted inspection and framework</li> <li>• That delivery workstream have the appropriate resources, skills, abilities and capacity to ensure timely programme delivery</li> <li>• That we have a proactive communication and engagement strategy to ensure all staff and partners are engaged in, and have ownership of the programme</li> <li>• That the implemented programme governance facilitates effective reporting; celebrating successes and targeting priority intervention areas</li> </ul>
<p>How will we do this?</p>	<ul style="list-style-type: none"> <li>• Regular and meaningful engagement and co-production with CYP and families – this will be through a variety of methods ensuring that engagement is as comprehensive and inclusive as possible. Summer 2021 will be used to scope and shape this work with structured engagement commencing from August/September. Engagement through Autumn 2021 will be focused on identifying and shaping programme priorities for the coming period</li> <li>• Implement clearly defined programme governance where there is a shared understanding of ownership, roles, responsibilities and accountabilities. This will include from June / July 2021 having a monthly programme board, and fortnightly workstream lead meetings in place.</li> <li>• An understanding of the roles and capacity required to deliver the programme, aligned with flexible capacity and deployment of resources and recruitment to get the right resources in post.</li> </ul>



	<ul style="list-style-type: none"> <li>Targeted inspection readiness activity that will provide a solid, and informed, platform to drive further change activity – with preparation actions directly linked to programme work – e.g. case reviews informing strengths based working. Staff will be fully aware of their role in the inspection and where participating in focus groups are fully prepared. The SEF directly supports the inspection and aligns to future programme intentions</li> <li>Carefully planned and implemented communications and engagement plan. This recognises that internal staff and professional partners will need to engage with change activity throughout the programme. The communications approach will blend formal messaging with regular but more informal cascading through team meetings.</li> </ul>
<b>Workstream projects</b>	<ol style="list-style-type: none"> <li>CYP and family engagement</li> <li>Staff and partner communications and engagement</li> <li>Establishing and embedding governance</li> <li>Recruitment to programme roles</li> <li>Inspection readiness and SEF</li> </ol>
<b>Milestones</b>	<ol style="list-style-type: none"> <li>CYP and family engagement <ul style="list-style-type: none"> <li>Agree with workstream leads, the specific workstream activities – September 2021</li> <li>Work with the voice of the child workstream to develop the specific engagement strategy in relation to children and young people with SEND – September 2021</li> </ul> </li> <li>Staff and partner communications and engagement <ul style="list-style-type: none"> <li>Internal and partner communications and engagement strategy complete – from July 21</li> </ul> </li> <li>Establishing and embedding governance <ul style="list-style-type: none"> <li>Programme governance in place and operational – July 21</li> </ul> </li> <li>Recruitment to programme roles</li> <li>Inspection readiness and SEF <ul style="list-style-type: none"> <li>SEF and inspection readiness complete – September 21</li> </ul> </li> </ol>
<b>Inclusive Ambitions</b>	<p>Culture of trust with parents and families  An Integrated System  Embedding a shared culture of proactivity, holistic skills and knowledge</p>
<b>Indicators (for discussion)</b>	<ul style="list-style-type: none"> <li>Workforce Planning Indicators (Vacancies, turnover)</li> <li>Annual confidence surveys (Workforce, Parents, C&amp;YP, Partners)</li> <li>Communication and engagement plan measures</li> <li>Development of multi-agency teams and projects and self-reported confidence to deliver</li> <li>Annual governance reports/reviews</li> <li>Auditing activity – Voice of the Child, Co-Production</li> </ul>
<b>Linked Strategy or Plans</b>	<p>Kirklees Children’s Workforce Strategy  Kirklees Children and Young People’s Plan  Kirklees SEND Self Evaluation</p>



## 6. Six-month plan

The first six months of delivery focuses on embedding the extensive activity underway, whilst introducing new interventions which will deliver in-year impact and prepare the programme for a successful 2022/23. The approach will enable the programme to deliver measurable results and impact, whilst embedding the building blocks that will enable a shift in delivery scale and ambition from Autumn 2021.

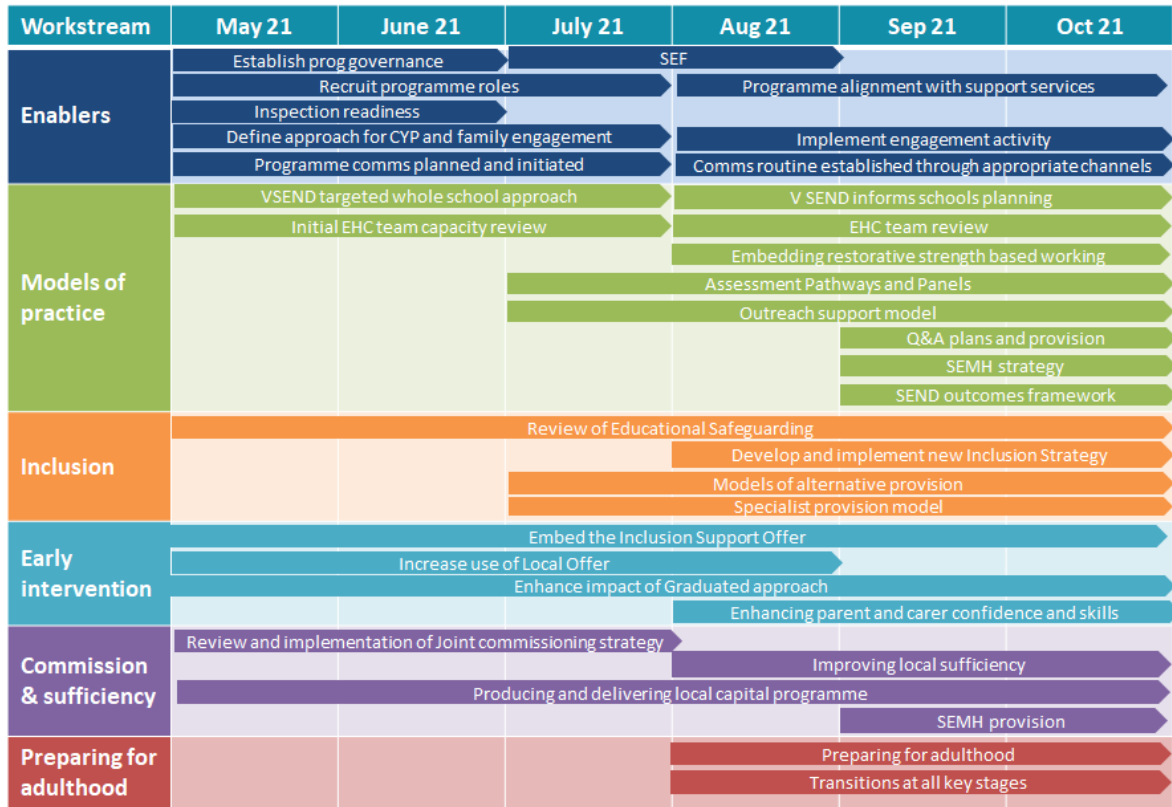
Extensive activity is already underway in the local SEND system, this includes new initiatives such as the Information Support Offer, operational interventions to support EHC team capacity and review work on commissioning and educational safeguarding. This activity will be brought under the programme governance umbrella, enabling the programme to best understand the impact being delivered, ensuring consistency of focus, and critical friend accountability.

The programme is consciously investing capacity in enabling activity over the next six months. Embedding the right enablers will facilitate smoother delivery of the duration of the programme, ensuring that progress isn't slowed due to items that can be put in place now.

Central to the enabling activity is engagement with children and young people and their families. The programme is committed to the principle of 'no decision about me, without me' and engagement over the coming weeks will directly inform programme priorities and focus.

The programme will keep sighted on the impact that Covid and roadmap for Covid recovery to ensure that our actions address and manage the consequences of moving towards new post-Covid ways of working.

**FIGURE 6: SIX MONTH PROGRAMME PLAN**



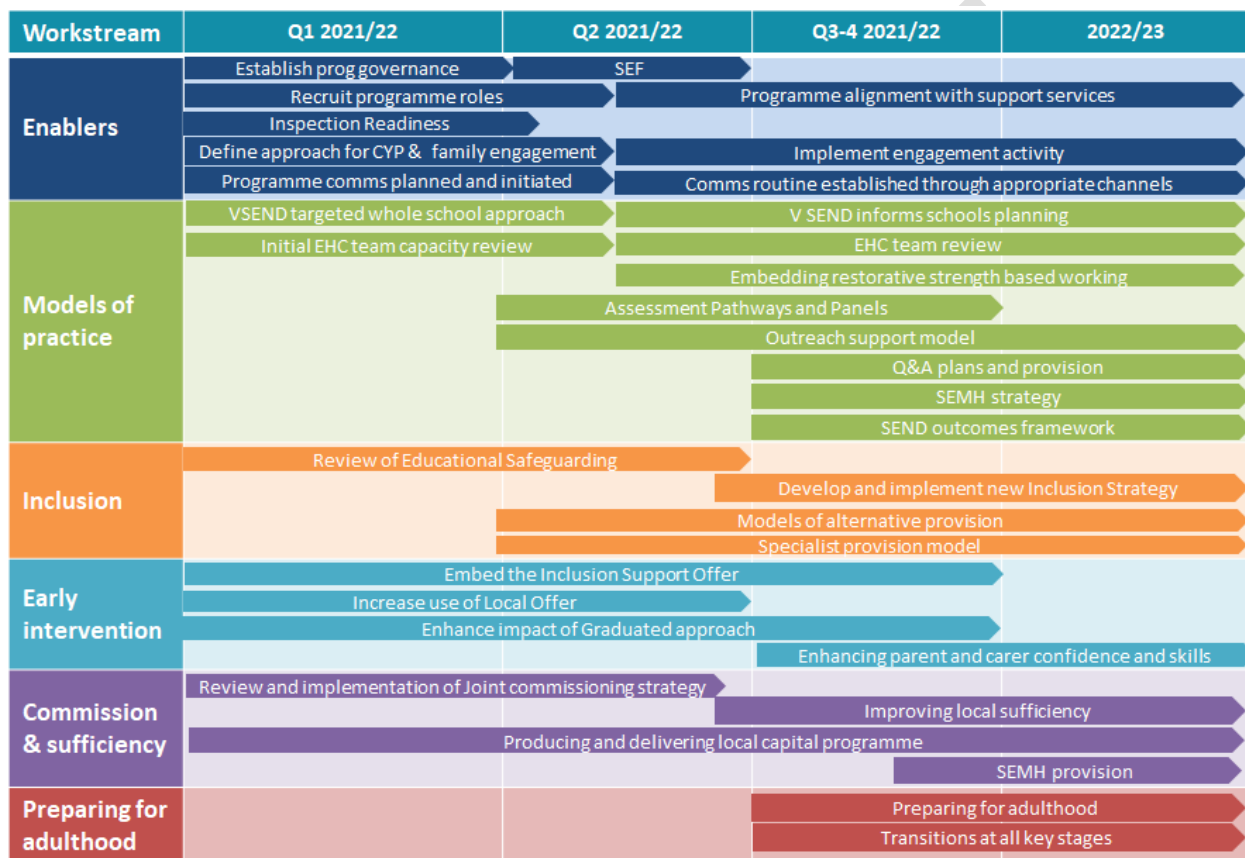
# 7. 24-month plan

The 24-month plan highlights the scale of the ambition for the programme and the level of activity required to deliver the inclusive ambition over the next twenty-four months. It is recognised that this is an ambitious plan, that will result in a significant level of change in the local SEND system during this period. Much of this activity will be driven by staff ownership and embedding new ways of working, which should significantly mitigate disruption.

This plan has been shaped by key programme stakeholders to develop an approach which, although ambitious, can be delivered.

Further definition of the plan for 2022/23 will be shaped over the coming months. Central to this will be the influence of the voice of the children young people and families, which will come from engagement in the summer and autumn, shaping programme plans, priorities and delivery models

**FIGURE 7: 24 MONTH PROGRAMME PLAN**

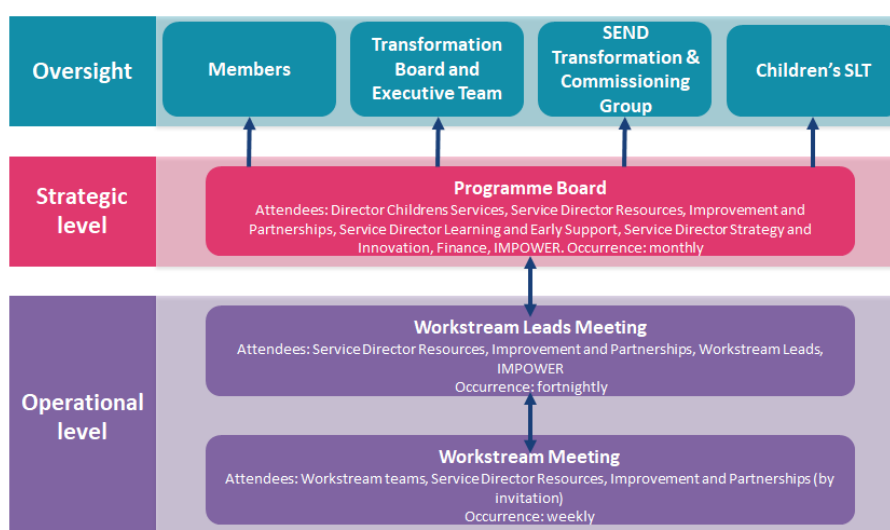


## 8. Governance and programme management

The proposed governance structure aims to provide both rigour and flexibility. The aim of the governance structure set out below is to provide an appropriate balance which provides; clear assurance to oversight groups, constructive challenge and clarity of direction at a workstream level.

. The governance approach is designed to enable upward and downward reporting – with Workstream Lead Meetings scheduled either side of the monthly Programme Board, ensuring that the right items are escalated, and key decisions cascaded in a timely fashion.

**FIGURE 5: PROGRAMME GOVERNANCE STRUCTURE**



A key component of programme reporting will be Trajectory Management. The Trajectory Management approach will track programme delivery against a target cost/demand position, directly linking to the impact delivered from activity at all points of the CYP journey. This will enable the programme to confidently report a whole system view, rather than isolated impact that may have unintended consequences elsewhere in the customer journey.

The programme will measure success through four lenses:

1. Meeting the SEND system financial requirements and delivering a financially sustainable service
2. Ensuring that the best possible outcomes are delivered for children and young people in Kirklees
3. Delivering in a socially equitable way that reflects and responds to the communities in Kirklees at a place level.
4. Supporting and building the skills and resilience of Kirklees staff, building capability for future change activities



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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>15<sup>th</sup> July 2021</b>
<b>TITLE OF PAPER:</b>	<b>Children and Young People’s Plan priority updates</b>
<b>1. Purpose of paper</b>	<p>The purpose of this paper is update the Health and Wellbeing Board on the work in delivering the Children and Young People’s Plan Priorities.</p> <p>The Health and Wellbeing Board has a central role in the governance of this work and it is important that it is sighted on its key developments.</p> <p>The Board’s insight and comments on the progress made in developing the Children and Young People’s Plan priorities is welcome.</p>
<b>2. Background</b>	<p>In November 2019, the Health &amp; Wellbeing Board agreed to take responsibility for providing governance and oversight of the Children’s Partnership arrangements in Kirklees, including the new Children and Young People’s Plan priorities. The Health and Wellbeing Board Terms of Reference were revised to reflect this responsibility.</p> <p>The Board received a report in November 2020 outlining the priorities in the Children and Young People’s Plan:</p> <ul style="list-style-type: none"> <li>• <b>To support inclusion and better outcomes for LGBT+ young people</b> –This work programme is coordinated in collaboration with the Brunswick Centre’s yOUTH project.</li> <li>• <b>To grow our youth offer – places to go, people to see, things to do.</b> This work is being developed and delivered through the new Youth Programme Development Board arrangements.</li> <li>• <b>To tackle child poverty</b> – This priority is being developed in collaboration with Tackling Poverty Partnership and its draft Action Plan work.</li> </ul> <p>Details of the rationale, outcomes and key focus for each priority are detailed in the Appendix.</p> <p>The Board also agreed to receive regular (approximately 6 monthly) updates on progress.</p>
<b>3. Proposal</b>	<p>That the Board receives a presentation highlighting progress in delivering the Children and Young People’s Plan priorities</p>
<b>4. Financial Implications</b>	<p>None at this stage.</p>
<b>5. Sign off</b>	<p>Mel Meggs, Director for Children’s Services</p>

**6. Next Steps**

- a) Work will continue to disseminate and secure awareness of the Children and Young People's Plan and Partnership arrangements.
- b) Working groups and Thematic Partnerships will continue to develop working and reporting arrangements for the priorities in the Plan
- c) The HWB Board will receive a further update on progress to deliver the Plan's priorities in early 2022.

**7. Recommendations**

The Kirklees Health and Wellbeing Board is asked to:

- a) Comment on the Children and Young People's Plan updates attached
- b) Continue to endorse the working arrangements for the Children's Partnership

**8. Contact Officer**

Tom Brailsford, Service Director Resources, Improvement & Partnerships, Children's Services.  
[Tom.brailsford@kirklees.gov.uk](mailto:Tom.brailsford@kirklees.gov.uk) tel:07711 015748

Mary White, commissioning & Partnerships Manager, Resources, Improvement & Partnerships, Children's Services. [Mary.white@kirklees.gov.uk](mailto:Mary.white@kirklees.gov.uk) tel:07976497683

## APPENDIX

<b>Priority: Inclusion and Outcomes for LGBT+ Young People.</b>																																																						
<p><b>Why is this a priority?</b></p> <p>14% of respondents to the Kirklees Year 9 Health survey in 2018 identified as lesbian, gay, bisexual or transgender. The figure increased to 15% in 2019. Both the 2018 and 2019 figures include the 5% of young people who said that they were unsure about their sexual orientation or defined themselves in some other way. National and local evidence identifies that LGBT+ young people face additional barriers to achieving their full potential as a consequence of their experience or fear of discrimination.</p> <p>The Kirklees Year 9 Health Survey identified that our young LGBT population is more likely to experience poor mental health, to adopt risky health behaviours (including smoking, drinking, risky sexual behaviour, higher self harm rates, comparative lack of personal support, and higher experiences of crime &amp; bullying</p> <p>Consultation with local young LGBT+ people and partners working with young people acknowledged a need to improve awareness of concerns and determine what good practice in this area looks like for services to respond more appropriately and fairly.</p> <p>There is evidence to show that trans people have on average higher levels of educational attainment, yet experience disproportionate levels of unemployment, homelessness and domestic abuse [source: Transforming Outcomes report 2018, LGBT Foundation]</p> <p>LGBT people are disproportionately affected by poor mental health (NHS digital 2018). Stonewall (2017) noted that 61% of LGB and 84% of trans young people self-harm; 70% of LGB and 72% of trans youth have suicidal thoughts and 22% LGB and 45% trans young people have attempted suicide.</p> <p>The Children and Young People’s Partnership used data and insight on the issue to consult partners and agree that this area of work is a high priority for the Partnership.</p>																																																						
<p><b>Outcomes:</b></p> <p><b>To narrow the gap in health inequalities for LGBT+ young people and the Kirklees child population.</b></p> <p>The year 9 Health survey will be used to track progress in improving outcomes as this provides local, robust evidence. Changes in experience and behaviours can be tracked year on year. In 2018, data evidenced:</p> <table border="1"> <thead> <tr> <th></th> <th>2018 All pupils</th> <th>2018 LGBT+</th> <th>2019 All Pupils</th> <th>2019 LGBT+</th> </tr> </thead> <tbody> <tr> <td><b>‘I worry most days’</b></td> <td>40%</td> <td>64%</td> <td>35%</td> <td>64%</td> </tr> <tr> <td><b>‘I have someone to talk to’</b></td> <td>40%</td> <td>25%</td> <td></td> <td></td> </tr> <tr> <td><b>‘I have no-one to talk to’</b></td> <td></td> <td></td> <td>14%</td> <td>35%</td> </tr> <tr> <td><b>When I have a problem I...</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Eat More</b></td> <td>22%</td> <td>32%</td> <td>16%</td> <td>32%</td> </tr> <tr> <td><b>Eat less</b></td> <td>13%</td> <td>31%</td> <td>12%</td> <td>31%</td> </tr> <tr> <td><b>Smoke:</b></td> <td>3%</td> <td>13%</td> <td>3%</td> <td>11%</td> </tr> <tr> <td><b>Drink</b></td> <td>3%</td> <td>16%</td> <td>3%</td> <td>11%</td> </tr> <tr> <td><b>Take drugs</b></td> <td>2%</td> <td>10%</td> <td>3%</td> <td>9%</td> </tr> </tbody> </table> <p>Work with the Brunswick Centre’s yOUTH project (for LGBT+ young people and their friends and families) provides insight in to lived experience. The yOUTH project is undertaking longitudinal research that informs practice and direction for this priority.</p>						2018 All pupils	2018 LGBT+	2019 All Pupils	2019 LGBT+	<b>‘I worry most days’</b>	40%	64%	35%	64%	<b>‘I have someone to talk to’</b>	40%	25%			<b>‘I have no-one to talk to’</b>			14%	35%	<b>When I have a problem I...</b>					<b>Eat More</b>	22%	32%	16%	32%	<b>Eat less</b>	13%	31%	12%	31%	<b>Smoke:</b>	3%	13%	3%	11%	<b>Drink</b>	3%	16%	3%	11%	<b>Take drugs</b>	2%	10%	3%	9%
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<p><b>Key Focus:</b></p> <p><i>There are four workstreams for this priority:</i></p> <ol style="list-style-type: none"> <li><i>1. Developing resources and training for services to effectively and confidently meet the needs of LGBT+ young people and improve inclusive practice</i></li> <li><i>2. Voice and influence work with LGBT+ young people</i></li> <li><i>3. Work to celebrate the LGBT+ community and challenge transphobia and homophobia</i></li> </ol>																																																						

*Work to improve data quality and monitoring about LGBT+ people and issues to better understand experiences and where to focus effort*

**Priority: To Grow Our Youth Offer – Places to Go, People to See, Things to Do.**

**Why is this a priority?**

The Children and Young People's Partnership identified this priority after considering a range of data, intelligence and insight on the positive and preventative impact that engaging in informal learning opportunities can have on young people's outcomes, especially vulnerable and marginalized young people. Austerity had a significant impact on the provision of youth services, particularly statutory funding and provision. Locally, £7.5m per annum of funding was taken out of the system between 2014 and 2017.

*Places to go, people to see and things to do* are particularly important for children and young people's physical, social and emotional development. Youth provision provides spaces for trusted adults to develop positive relationships with young people and opportunity for young people to receive support when this is not readily available in their home and school lives. Youth provision can be an important early warning and support system, as well as a source of fun, informal learning, and achievement.

**Outcomes:**

The Youth Development Programme workstreams have a particular contribution to make to Best Start and Aspire & Achieve shared partnership outcomes. The workstreams (see below) are identifying measurable outcomes that will then be considered by the YPDB to agree some overall Board outcomes.

Perhaps the most significant outcomes of this work will be the increased capacity and resources to deliver effective local youth work.

**Key Focus:**

This work is being delivered through the Youth Development Programme Board. The work streams are:

- Detached Youth Work – targeted work with young people at risk
- Youth Places – developing appropriate facilities, safe spaces and provision for youth work
- Practice Model – integrating practice and services for especially vulnerable young people (
- Youth / Community Offer – generic, preventative places to go, people to see, things to do in young people's own community settings
- Prevention Pathway – linking closely with the Youth / Community Offer, and providing early support to young people who may otherwise be at risk.

## Priority: Reducing the Effects of Poverty on Children

### Why is this a priority?

*'Poverty has a significant impact on the lives of people who are experiencing it. It can affect life chances, the ability to find and maintain employment, the quality of housing which is affordable and the ability to ensure that it is heated to a comfortable level. Living in poverty also has a significant impact on physical and emotional health.'* - Kirklees Joint Strategic Assessment

Reducing the effects of poverty on children is identified as a priority by the Children and Young People's Partnership because poverty has an impact on children and families' daily lives, and on children's life chances and outcomes. Children living in poverty are more likely than their peers to have poorer educational, employment and mental and physical health outcomes.

The Partnership decided to focus on poverty because of its obvious contribution to good – and poor – outcomes, and because addressing the effect of poverty on children requires the whole system to collaborate to have an impact.

At age 4/5, 74% of children from the 20% most deprived areas have a healthy weight – and 85% of children from the most affluent quintile are a healthy weight. At age 10/11, the figures are 58% (most deprived) and 68% (least deprived).

There are gaps in educational outcomes between children who are eligible for free school meals (FSM) and their peers at the start and the end of statutory education:

Early Years Foundation Stage Scores "attaining a good level of development":				
	2018 All pupils	2018 FSM pupils	2019 All pupils	2019 FSM pupils
Kirklees	69.4%	55%	69.7%	55%
Y&H	69.4%	54%	70%	54%
England	71.5%	57%	71.8%	57%
Average Attainment 8 Score (i.e. average grade across 8 subjects):				
	2018 not FSM pupils	2018 FSM pupils	2019 not FSM pupils	2019 FSM pupils
Kirklees	48	34.9	48.4	33.4
Y&H	47	33.2	47.6	33.7
England	48.4	34.5	48.6	34.9

Source – Kirklees JSNA / Kirklees Learning Service

### Outcomes:

**The outcomes that we are tracking to measure who lives with poverty are:**

#### **1 Eligibility for Free School Meals**

**In January 2020, 19.1%** of primary school pupils were eligible for free school meals (17.7% nationally); **22.8%** of secondary school pupils are eligible for free school meals (**15.9%** nationally).

Both rates have increased year-on-year: Primary 2017/18: **17.8%** (**13.8%** nationally); 2018/19: **18.3%** (**15.8%** nationally); Secondary 2017/18: **20.1%** (**12.4%** nationally); 2018/19: **21.6%** (**14.1%** nationally).

Covid-19's economic impact can be evidenced in the in-year rise in eligibility and claims for Free School Meals. In January 2020, **13,628 pupils** / 19.6% claimed FSM; On 23<sup>rd</sup> October 2020, **15,541** / 22.4% of pupils were claiming.

**2 The proportion of 0-15-year-olds living in relative poverty** in Kirklees and nationally. This has been increasing year-on-year:

**2018/19: 25.9%** of 0-15-year-olds are living in relative poverty (**18.5%** nationally); this is around **23,200 young people** across Kirklees, an upward trend.

For comparison, earlier data is:

2017/18: **23.5%** of 0-15-year-olds are living in relative poverty (**18.2%** nationally)

2016/17: **21.9%** of 0-15-year-olds are living in relative poverty (**17.2%** nationally)

2015/16: **21.5%** of 0-15-year-olds are living in relative poverty (**16.4%** nationally)

2014/15: **20.7%** of 0-15-year-olds are living in relative poverty (**15.5%** nationally)

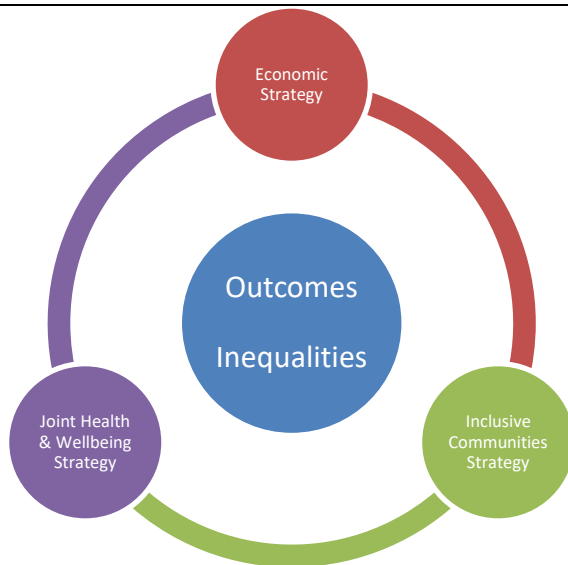
In 2018/19, more than **2 in 3** of these children are from working families (**18.2%** v **7.7%** from non-working families). (Source: PHIU)

**Key Focus:**

Areas of focus have been co-produced with Children and Young People's Partnership and Tackling Poverty Partnership members. They are:

- Working with schools and others to develop and share good practice in relation to 'poverty proofing', promoting a high take up of Free School Meals and encouraging improved financial literacy for young people
- Work across the Children and Young People's Partnership to address the food and activity needs of young people through the whole year, including the support required over weekends and during holidays
- Supporting the work of the Economic Partnership to address the particular needs and inequalities of young people in and entering the labour market.

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>15<sup>th</sup> July 2021</b>
<b>TITLE OF PAPER:</b>	<b>Developing the Kirklees Joint Health and Wellbeing Strategy</b>
<b>1. Purpose of paper</b>	<p>The purpose of this paper is to seek the Board’s endorsement for the proposed approach to developing the Joint Health and Wellbeing Strategy in conjunction with the Economic Strategy and Inclusive Communities Strategy and approve the timetable for producing a new Joint Health and Wellbeing Strategy.</p>
<b>2. Background</b>	<p>The Board has a statutory responsibility to develop, publish and own the Joint Strategic Assessment and Joint Health and Wellbeing Strategy for Kirklees. Taken together these provide the overarching framework for planning, commissioning and delivery of services that impact on the health and wellbeing of the whole population, not just health and care services. The associated Health and Wellbeing Plan provides the ‘place-based plan’ for health and care services in Kirklees (<a href="#">link</a>).</p> <p>The Board endorsed the updated Joint Strategic Assessment overview (<a href="#">link</a>) at the March 2021 Board meeting.</p> <p>The current Kirklees Joint Health and Wellbeing Strategy (<a href="#">link</a>) was approved by the Board in 2014. In September 2020, the Board agreed that a new Joint Health and Wellbeing Strategy should be developed in 2021.</p> <p>The context within which the Joint Health and Wellbeing Strategy is being developed has changed significantly. Some of the key changes include: Covid-19 and its wide ranging impacts; the development of new structures such as the West Yorkshire Integrated Care System, Primary Care Networks, Provider Alliances and bringing together commissioners and providers in the Kirklees Integrated Health and Care Leadership Board; increasing focus on place -based working and co-production; recognition of the needs to tackle climate change; and perhaps most significantly a system-wide recognition that inequalities have been highlighted and exacerbated by Covid and this requires a system-wide response. Part of this response will be through the work of Kirklees Inclusion Commission.</p> <p><b>2.1 Developing the Joint Health and Wellbeing Strategy and other top-level strategies</b></p> <p>The Kirklees Partnership has endorsed an approach to developing an inter-linked set of three top-level strategies covering Health and Wellbeing, Economy and Inclusive Communities.</p> <p>Each strategy will set out:</p> <ul style="list-style-type: none"> <li>- what we want to achieve and</li> <li>- the way we will work (including place-based emphasis)</li> </ul>



The strategies will be supported by sector specific plans that set out:

- how the sector will contribute to delivering the 3 strategies
- what the 'asks' are of others
- shorter term actions and milestones.

The Health and Wellbeing Plan will be the health and care sector's plan.

This approach presents a number of opportunities such as:

- a common focus on the Kirklees outcomes and inequalities in those outcomes
- a single conversation with communities/places
- sector specific conversations across the scope of the 3 strategies
- join up on content highlighting key areas of join up and overlap
- join up on landing them across a range of partnership arrangements
- clarifying and streamlining governance for the 3 strategies

## 2.2 Issues to be addressed in the JHWS development process

The discussions so far have highlighted several issues that should inform the next stage of development of the JHWS. Notably, that the vision in the current JHWS remains relevant and will not need any fundamental changes, and that the outcomes and system changes set out in the JHWS have provided a focus for action during the lifespan of the strategy and remain important 'work in progress'. Similarly, the values, behaviours and leadership principles in the Health and Wellbeing Plan remain useful but need updating to reflect the new context.

However, there are several issues that have come to the fore more recently:

- Focus on prevention - tackling the underlying causes
- Personalisation and health literacy
- Co-production
- Locality working
- Place based system planning
- Shift to provider collaboratives and alliances
- Developing new service delivery models, including community based health and care
- Responding to the Climate Emergency
- Telling the Kirklees story



A recent workshop with the Board highlighted additional ambitions and issues which will need to be incorporated into the development of the JHWB Strategy.

## **Ambitions**

### **Maintaining Momentum**

- As a system we strengthened understanding of our partners due to Covid, we need to capture this and turn it into action for the strategy
- The pandemic galvanised us to work in ways we would never have thought possible, but was both needed and positive, we need to feed this into culture change through the strategy
- We looked for forgiveness rather than permission, we need to encourage confidence in the system to continue this
- Covid gave us a common cause, we need to maintain this which goes beyond organisational ties

### **Covenant between people, places, and organisations**

- Not just general populations, and people with care/health needs, but also staff and volunteers
- Impact of Covid and 'long Covid' on peoples health, the fabric of communities, and the resilience of organisations
- Covid has highlighted and exacerbated inequalities, this must underpin everything we do now
- Treatment has led to issues e.g., ability to work, delayed access to treatment for other conditions
- We must not forget the basics which can impact people's care and wellbeing – admin and first point of contact
- Embedding co-production

### **Beyond Eligibility**

- Increased focus the NHS on equality of access to diagnosis and treatment
- Self-directed support for both individuals and communities – communities have aspirations as well as individuals
- We have been able to extend eligibility to meet needs and support wellbeing throughout the pandemic, we should continue a positive risk-taking approach

## **Risks**

### **Money flow**

- Are we 'losing out' to places that have readymade schemes to bid for?
- Will the resource allocation mechanisms disadvantage us because of our 'average' profile that masks massive differences between our localities?

### **Accountability**

- The new system might be more confusing e.g., as care is more integrated individual orgs might be tempted to not take responsibility for the person journey and 'blame' other bits of the system
- Need to take people with us, especially if we are going to target resources to tackle inequality
- Must consider the differences between LA footprints

- Partners have a responsibility to influence different factors

### Maintaining Focus

- Risk of some things falling out of focus, especially those which are LA or organisationally specific, in the push for a common cause
- At the same time, we cannot repeat mistakes of the past by becoming too hyper-focused on our own (organisational) contexts
- There is a need for understanding political contexts and ensuring contingency as much as possible

### Opportunities

- Covid has reset our strategic focus and abilities
- How to target resources to focus on at risk communities
- Learning from elsewhere has become even more important – across WY and beyond
- Two-fold role of the HWBB

## 2.3 Planned activity to develop the JHWS

The overall approach will emphasise:

- Being ambitious for Kirklees and our residents, particularly in relation to inclusion
- Co-production and people being able to tell their story
- Using a 'life course' approach, and recognising the importance of transition points, and drawing on insights from population health management
- Prevention and wellbeing focus
- Exploring potential scenarios and stressing the importance of learning and adapting from experience
- Outcome based – the difference we want to see rather than the inputs that should be delivered.

And as described above the links across the three top-level strategies - Health and Wellbeing, Economic and Inclusive Communities.

The work will be undertaken across three linked strands

•Needs & Assets	•Ambitions	•What works
<ul style="list-style-type: none"> <li>•What is the JSA telling us?</li> <li>•What is other data and intelligence and insights telling us?</li> </ul>	<ul style="list-style-type: none"> <li>•What are people's ambitions and expectations?</li> <li>•<i>Local people</i></li> <li>•<i>Staff and volunteers</i></li> <li>•<i>Local leaders</i></li> </ul>	<ul style="list-style-type: none"> <li>•What does the evidence tell us?</li> <li>•What have we learnt from the current JHWS &amp; HWB Plan?</li> <li>•What has Covid taught us?</li> </ul>

The engagement phase will be built around 4 strands of activity with

- Places – drawing on the rich locality-based conversations, many of which are ongoing
- Life stages – using the Starting Well, Living Well, Ageing Well framework
- Themes – such as learning from Covid, co-production, digital etc
- Structures – using existing and emerging organisational and partnership structures

## 2.4 Developing the Kirklees place-based plan for health and social care

The Board received an update on how the Kirklees health and care partners are working together to respond to the changes set out in the recent White Paper. This update highlighted the importance of the connections between developing the JHWS, refreshing the Health and Wellbeing Plan and developing the Kirklees Integrated Care Partnership – which will have lead role in delivering the Plan.

The Health and Wellbeing Plan will provide an overarching set of priorities and actions that will inform:

- workstream plans, including Starting Well, Living Well, Ageing Well and a range of cross-cutting themes and enablers
- locality plans
- organisational plans.

A further update will be presented to the Board in September.

### **3. Proposal and next steps**

- a) Throughout the Summer and Autumn work with partners to develop a draft Joint Health and Wellbeing Strategy using the approach outlined above.
- b) Hold an informal workshop with Health and Wellbeing Board members and other key senior leader in September 2021 to help shape the early draft of the new Strategy.
- c) Present a draft Joint Health and Wellbeing Strategy to the Health and Wellbeing Board meeting in December for approval.

### **4. Financial Implications**

None at this stage.

### **5. Sign off**

Richard Parry, Strategic Director Adults and Health, Kirklees Council

### **7. Recommendations**

The Kirklees Health and Wellbeing Board is asked to:

- Endorse the proposed approach to developing the Joint Health and Wellbeing Strategy in conjunction with the Economic Strategy and Inclusive Communities Strategy
- Approve the timetable for producing a new Joint Health and Wellbeing Strategy.

### **8. Contact Officer**

Phil Longworth, Senior Manager – Integrated Support, Kirklees Council

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