

# Public Document Pack



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Wednesday 22 June 2022

## Notice of Meeting

Dear Member

### Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Virtual Meeting – online** at **2:00 pm** on **Thursday 30 June 2022**.

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

Karen Jackson

Beth Hewitt

Stacey Appleyard

# 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: Minutes of previous meeting**

1 - 10

To approve the minutes of the meeting of the Board held on the 31<sup>st</sup> March 2022.

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**3: Interests**

11 - 12

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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**4: 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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**5: 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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**6: Public Question Time**

The Board will hear any questions from the general public.

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**7: Joint Health and Wellbeing Strategy**

13 - 16

The purpose of this paper is to seek the Board's endorsement of the draft refreshed Joint Health and Wellbeing Strategy (JHWS).

**Contact:** Phil Longworth, Senior Manager, Tel: 01484 221000

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**8: Transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership**

To receive an update.

**Contact:** Carol McKenna, Chief Officer, NHS Kirklees Clinical Commissioning Group

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**9: Domestic Abuse strategy**

17 - 52

The purpose of the report is to share the Domestic Abuse Strategy with the Health and Wellbeing Board.

**Contact:** Chani Mortimer, Service Manager, Domestic Abuse & Safeguarding Partnerships, Tel: 01484 221000

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**10: Kirklees Safeguarding Children Partnership Annual Report 2020/2021**

53 - 90

This report is being presented to the Kirklees Health & Wellbeing Board to provide an insight into the work that has been undertaken by the Kirklees Safeguarding Children Partnership in the 2020/2021 financial year.

**Contact:** Sharon Hewitt, Kirklees Safeguarding Children Partnership Manager, Tel: 01484 221000

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**11: Proposed revisions to the terms of reference for the Kirklees Health & Wellbeing Board**

91 - 104

The purpose of this report is to seek approval for the proposed revisions to the Terms of Reference for the Health and Wellbeing Board.

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

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**12: Arrangements for future Health and Wellbeing Board Meetings**

To seek Board members views on arrangements for future meetings of the Board.

**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 31st March 2022**

- Present: Councillor Viv Kendrick (Chair)  
Councillor Carole Pattison  
Councillor Mark Thompson  
Councillor Kath Pinnock  
Carol McKenna  
Dr Khalid Naeem  
Richard Parry  
Rachel Spencer-Henshall  
Karen Jackson  
Beth Hewitt
- In attendance: Colin Lynch, Locala  
Sean Rayner, Director of Provider Development, South  
West Yorkshire Partnership NHS Foundation Trust  
Catherine Riley, Calderdale and Huddersfield Foundation  
Trust  
Emily Parry-Harries, Kirklees Council  
James Griffith, West Yorkshire Police  
Phil Longworth, Senior Manager, Integrated Support  
Alex Chapman, Kirklees Council  
Cllr Habiban Zaman, Lead Member for Health and Adult  
Social Care Scrutiny Panel  
Owen Richardson, Intelligence Lead, Public Health  
Mike Houghton-Evans, Former Chair of Kirklees  
Safeguarding Adults Board  
Rob McCulloh-Graham, Current Chair of Kirklees  
Safeguarding Adults Board  
Jacqui Stansfield, Service Manager, Commissioning,  
Quality and Performance
- Apologies: Mel Meggs  
Jacqui Gedman

**47 Membership of the Board/Apologies**  
Apologies were received from Mel Meggs and Jacqui Gedman.

**48 Minutes of previous meeting**  
That the minutes of the meeting held on the 20 January 2022, be approved as a correct record.

**49 Interests**

No interests were declared.

**50 Admission of the Public**

All agenda items were considered in public session.

**51 Deputations/Petitions**

No deputations or petitions were received.

**52 Covid update**

Rachel Spencer-Henshall, Strategic Director for Corporate Strategy, Commissioning and Public Health, provided an update on the current position regarding Covid-19 in Kirklees. In summary, the Board was informed that there are significant changes that have come effect, including the end of the requirement to self-isolate, the end of vaccine passports and there will no longer be universal free lateral flow testing across the country. Communication is being prepared aimed at providing information to support people going forward to enable them to live as safely as possible with COVID.

The Board was informed that in terms of the data that is usually presented at the meeting, the reporting has not been as comprehensive as it has been, and while there are some figures on what cases look like in Kirklees at the moment, it may not be accurate enough to be able to make that judgement. The population level studies that are carried out suggest that currently approximately one in 16 people across the UK may have Covid.

Acute trust colleagues will reflect that there is now an increasing pressure on the NHS system which may also be showing through into primary care. The data does, however, suggest that there is no increase in the numbers of people in intensive care as a result of Covid which reinforces the fact that the vaccination programme is preventing serious illness and death amongst the most vulnerable.

The important message is that people should still get the vaccine even if they have not yet had the vaccine, it is an evergreen offer. The booster programme will shortly be launched and anyone in the over 75 cohort and have had their vaccine longer than six months can book now to get their springtime booster and those who are in a clinically vulnerable group can also access the booster.

The vaccine is key however, it is also important that people continue to wash their hands. When looking at all infectious diseases whilst dealing with Covid the numbers had reduced, and that was because people's hygiene was generally better and washing hands is an effective way of protecting from a range of infectious diseases.

The challenge now is that there will no longer be access to testing in the same way as before, therefore it will be difficult for a person to know if they have Covid or not. Although the NHS website still refers to the cough and the temperature, through anecdotal information the symptoms being experienced by individuals who have Covid have been very varied. The important position for people to take is that if they have respiratory symptoms, such as coughing and sneezing then it could be Covid



and therefore if they are able, they should stay at home and isolate for five days. That may not be possible for everyone, however if they do need to go out, they should think about the vulnerability of others and wear a face covering and try to keep a safe distance.

In reference to the health and care system, guidance has been published about the testing regime that will come into effect for health and social care staff. They are still working through some of the specifics however, to give some reassurance, that there will be an expectation that health and social care testing will continue, particularly, for those that work in care homes. If there was an outbreak in one of the settings, testing would be implemented to identify any potential new variants. There is still the risk that, the current Omicron variant may change and there is likely to be another mutation, which is important to keep an eye on when that happens.

The important message is:

- get the vaccine,
- keep hand washing,
- if you have any respiratory symptoms, just think about how to potentially protect other people, and stay at home if possible

In response to the information presented a number of questions asked as follows:

- regarding the evergreen offer for vaccinations, is it evergreen in the sense of that will be the new norm and that will continue forever or is there an expectation that that would lessen off at some point?
- the price of the testing kits will be beyond the means of a lot of people, what availability is there for the Council to provide some form of free testing where there is an outbreak for example in a place of work or, nursery?

## **RESOLVED**

That Rachel Spencer-Henshall be thanked for providing an update of Covid-19 in Kirklees

- 53**      **Director of Public Health Annual Report 2022**  
Rachel Spencer-Henshall, Strategic Director for Corporate Strategy, Commissioning and Public Health, provided an update on the Director of Public Health Annual Report, entitled the first 1000 days.

In summary, the Board was informed that last year's annual report was focused on tackling inequalities which was timely in terms of the pandemic and the impact that had on exacerbating those inequalities. The focus of this year's annual report is on the first 1000 days of a child's development and the importance of this period in anyone's life.

There is a well-established evidence base, demonstrating the importance of the first 1000 days that is from conception to the age of two and the impact those days has on the outcomes for the rest of their lives. The development, that occurs in those

## Health and Wellbeing Board - 31 March 2022

thousand days it is still unmatched at any other time of life and development during this time is key. The 'best start in life' is one of Kirklees' shared outcomes.

The Board was informed that the aim in this year's annual report is similar to last years, which has been to pull together in a slide set which summarises the factors that are associated with the best child outcomes, using narrative from Kirklees families as well as the professionals providing care and support to families, in addition to supporting data.

The aim is to look at the issue based on what the local population is saying and what the professionals that work with them are saying to see whether there are clear set of recommendations that can be taken forward. Inequality data will form part of the picture as it is recognised that not all groups in Kirklees are the same and consideration will need to be given to doing things differently to support the diverse population.

The Board was informed that the different organisations that make up the Health and Wellbeing Board would not carryout this work as separate organisations and the work being undertaken around children and families demonstrates a cohesive working relationship. Colleagues in Locala are doing excellent work on the Thriving Kirklees Programme and the partners involved in that include NHS maternity services, and the public health team, and they are doing a phenomenal job in terms of making a difference to the lives of children and parents. This is a reflection of partnership working.

The Board was informed that:

- in terms of being born in Kirklees, the headline numbers shows that the general fertility rate in Kirklees is declining
- life expectancy is significantly lower in Kirklees than the England average for males and females and life expectancy has reduced. This is not unsurprising given the excess deaths seen during Covid
- the age of mums is increasing with fewer deliveries to teenage mothers which is similar to what is happening nationally
- Nationally, there is a higher proportion of babies born to mothers of non-white British ethnicity than perhaps across the rest of the country. However, these mothers tend to live in more deprived areas therefore, in terms of the factors that contribute to healthy pregnancy, it's ensuring that those outcomes are not affected by deprivation

The Board was informed that the format of how the report is put together is that there are five developmental stages, preconception, pregnancy, labour and birth, infancy, and toddlerhood. Each development stage includes the perspective of the parent, the child, and the professional. It allows users to navigate in the order of the development stages or look specifically at a stage, giving the user the option to choose a particular area of interest.

## Health and Wellbeing Board - 31 March 2022

In terms of pre-conception the aim was to talk about what good looks like. In each of the development stages there are ten factors which essentially are ten things that will have an influence on outcomes and there is data that underpins the information.

For example, preconception includes mums and dads staying fit and healthy, eating the right foods, exercising, stopping smoking, reducing alcohol consumption, and taking folic acid which is hugely important during pregnancy. Any pre-existing health conditions will need to be managed effectively by their appropriate health professionals because it is important that all the checks are done as well as booking in early with maternity services.

Kirklees has a higher proportion of obesity, than national data and the rate of obesity in early pregnancy has increased quite dramatically. The 2018/19 figure was 23.6% compared to the 2021 figure of 35.9% which is a significant increase. Attempts have been made to carry out a survey, to get an understanding about women's health or perceptions about their health before pregnancy. The last survey was carried out in 2018. The challenge with this is that mothers were more likely to cease or reduce unhealthy behaviours, while their partners often seemed to increase their unhealthy behaviours which is an interesting dynamic.

It is important to inform parents about the healthy start vitamins scheme, and how to help people make those lifestyle changes and there is a tool that people are being signposted to called 'Planning for Pregnancy'. Examples were given of the information provided under each development stage.

The Board was informed that this is still being finalised, however it is a recognition of excellent system that is in place to support those starting or expanding their family and the support provided during the first thousand days. The key recommendations include:

- Preconceptionally, is for both partners to lead as healthy life as possible, keep any pre-existing conditions controlled and take folic acid
- Pregnancy, looking after yourself, avoiding alcohol, and staying active and being able to move around is important and becoming familiar with the movement of the baby and seek help if anything feels out of the ordinary
- early years in terms of post birth try to initiate breastfeeding if possible, however, do not become distressed if it is not possible to breastfeed, make sure the child is immunised, follow safe sleeping practices and self-care is important

Acknowledgements were made to the people who contributed to the annual report, which reflects good partnership working. In terms of next steps, the Board was advised that a few final tweaks and final checks will be made and both versions of the report should be available by mid-April.

The Board commented that the use of infographic was a good way of presenting information.

**RESOLVED**

- a) Rachel Spencer-Henshall be thanked for providing information on the Director of Public Health Annual Report
- b) Board members will make use of the DPH report to inform decision making and commissioning to help reduce health related inequalities and improve early years outcomes

**54 Kirklees Joint Strategic Assessment update, 2022 Pharmaceutical Needs Assessment update and 2021 CLiK Survey update**

Owen Richardson, Intelligence Lead, Public Health provided an update on the Kirklees Joint Strategic Assessment, 2022 Pharmaceutical Needs Assessment and the 2021 CLiK Survey.

Kirklees Joint Strategic Assessment (KJSA)

The Board was informed that the pandemic had shifted focus over the last two years in terms of response to the pandemic and supporting people through it, therefore there has not been the opportunity to keep the KSJA up to date. Regular work is resuming, and people are once again looking to the KJSA for up-to-date local intelligence to inform commissioning decisions.

The proposal being put to the Board is that the out-of-date content on the KJSA website is temporarily archived and replaced with a ready-made profile that was produced by the Local Knowledge and Intelligence Service. The data within that profile mirrors to some extent the data within the KJSA. It contains sections regarding the different factors considered within the KJSA, it has local authority level data including Kirklees data and has comparisons with regional and national figures also.

Subject to agreement from the Board the out of data content will be archived and replace with the profile information. A KJSA steering group will work on a design of a new KJSA site and will look at what sections to include in a new version and start to refresh all the data, which will be published in due course.

Pharmaceutical Needs Assessment (PNA)

Work is being undertaken collectively across West Yorkshire with the five local authorities and the Public Health Intelligence Teams pooling resources to work on the PNAs, which will be bespoke and tailored to each local authority's needs. It is currently at the stage where the draft is to be signed off in order for it to go out to consultation, it will need to go out for sixty-day consultation and to receive feedback. The deadline for publishing the PNA will be the 1<sup>st</sup> October 2022. The Board was informed that that draft will be shared with Board members with the ask that it is signed off ahead of the consultation period which is aimed to start in mid-April.

CLiK Survey

The Board was informed that the CLiK Survey is the adult population survey that is periodically run, usually around every four years. The last survey ran from November through to December 2021, and some of the data has been received and is being analysed, the headlines are being finalised and work is being undertaken putting together a communication programme. In response to the survey, there were approximately 6000 responses which is a good-sized data set and will provide useful insight which all partners will be able to use.

**RESOLVED**

That;

- a) The Board endorses and supports the proposal to replace the KJSA content site
- b) Owen Richardson, Intelligence Lead Public Health be thanked for providing an update the Kirklees Joint Strategic Assessment, 2022 Pharmaceutical Needs Assessment and the 2021 CLiK Survey

**55 Adult Safeguarding Annual Report**

Rob McCulloch-Graham, Chair of the Kirklees Adult Safeguarding Board (KASB), presented the Adult Safeguarding Annual Report to the Board advising that he has been in post for 12 months and the report was prepared under the watch of the former Chair, Mike Houghton-Evans.

Mike Houghton-Evans informed the Board that during his ten years as chair, hard work has been undertaken to make sure that the Safeguarding Adults Board is seen as a true strategic partnership. It is hosted by the local authority, and not a direct function of the local authority like some other boards, this has enabled good engagement from partners. Partners chair all the sub-groups and have been active in taking forward the Boards agenda.

The KASB should be proud of the strides it has made to engage with other strategic partnerships in Kirklees, primarily Children's, Community Safety and the Health and Wellbeing Board. The strong message is "you achieve your work through collaboration, not through isolation".

The Board was informed that the appended report refers to the challenge session which happens every year, where chair and the lay member lays down challenge questions to members of the Board such as "what are we doing well and what do we need to do better?" The session was particularly useful session midway through the pandemic because through the pandemic a risk register was developed, which highlighted areas where safeguarding needed particular attention.

KSAB is well supported by Jacqui Stansfield, Service Manager and colleagues.

**RESOLVED**

That:

- a) The information in the Kirklees Safeguarding Adults Board Annual Report be noted by the Board
- b) Rob McCulloch-Graham and Mike Houghton-Evans be thanked for presenting the annual report

**56 Transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership**

Carol McKenna, Chief Officer NHS Kirklees CCG, provided a brief update on the transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership. The Board was informed that work is being undertaken on the assumption that it will get through Parliament in time for the revised start date, 1<sup>st</sup> of July. The original timescale for the new arrangement to begin on the 1<sup>st</sup> April was delayed, therefore several aspects of the new arrangements are currently working in shadow form.

The Board was reminded that the last update included information on the name of the partnership, the work being undertaken on a collaboration agreement to support the place-based partnership and the recruitment process that was about to take place to recruit to some of the independent posts on the committee in Kirklees.

The work on the collaboration agreement continues, it is not yet complete, however there will be another update at the Partnership Forum in a weeks' time. The collaboration agreement is a document that underpins the way in which partners will work together. It is not legally binding and that was a strong view of the partners that it should not be legally binding it is the spirit and values that will underpin the local partnership in Kirklees. That should come to a conclusion shortly.

In terms of recruitment the Board was informed that it is nearing the end of the process for appointing the independent chair of the committee of the ICB in Kirklees and the independent members. There are preferred candidates for those roles and currently working through the usual employment checks. An announcement on the appointments will be made in due course.

The ICB Committee in Kirklees, in addition to having independent members would also be made up of a number of partner members, including people from the council, the trusts, Locala, mental health trust and general practice. Representatives from these organisations will be confirmed shortly. The intention is to start holding shadow meetings of the Committee in Kirklees from April through to June with the focus being on development to enable people to get to know each other, understanding the role and information sharing.

**RESOLVED**

That Carol McKenna be thanked for providing an update on the transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership

**57 Terms of Reference and membership for 2022/23**

Phil Longworth, Senior Manager, Integrated support provided an update on the work being undertaken to update the terms of reference and membership in light of the changes. An initial draft of the revised terms of reference has been shared with key officers and further work will be done to ensure it reflects the legislation once it has been passed.

The draft terms of reference will be shared with the Health and Wellbeing Board at the first meeting of the municipal year, where members will be asked to comment and give formal agreement to recommend the terms of reference to council for ratification.

**RESOLVED**

That Phil Longworth, Senior Manager, Integrated support be thanked for providing an update on the proposals to revise the terms of reference and member of the Board

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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:</b> 30 <sup>th</sup> June 2022
<b>TITLE OF PAPER:</b> Kirklees Joint Health and Wellbeing Strategy Refresh
<p><b>1. Purpose of paper</b></p> <p>The purpose of this paper is to seek the Board’s endorsement of the draft refreshed Joint Health and Wellbeing Strategy (JHWS). This will enable the draft to be shared with Partners to seek their endorsement prior to the final version being presented at the September Board meeting for final approval.</p> <p>The draft refreshed JHWS will be presented at the Board meeting.</p>
<p><b>2. Background</b></p> <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.</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.</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 top-level strategies covering Health and Wellbeing, Economy, Environment and Inclusive Communities.</p> <p>Each top-tier strategy will set out:</p> <ul style="list-style-type: none"><li>- the way we will work (including place-based emphasis)</li><li>- our shared priorities</li></ul> <p>The top-tier strategies will be supported by a range of strategies and plans covering specific issues/services. Work is underway to ensure there is a shared map of all the key partnership-based strategies and plans to support this.</p> <p><b>2.2 JHWS development process</b></p> <p>Following discussions with the Health and Wellbeing Board in <a href="#">Summer</a>/Autumn 2021 a range of engagement activity has been undertaken with local organisations, partnership groups, political groups, scrutiny and other bodies.</p> <p>The intention was always to put significant emphasis on what people who live, work and study on Kirklees are telling us. This has been done by collating</p> <ul style="list-style-type: none"><li>• Feedback local partner organisations have gathered from people who use or may use their services about what is important to them, their families and friends</li><li>• 2021 <a href="#">Currently Living in Kirklees</a> (CLiK) survey results (over six thousand residents took part)</li><li>• The local area survey feedback (<a href="#">Place Standard</a>)</li><li>• Healthwatch Kirklees surveys for people who live, work and study in Kirklees about what is important and makes a difference to their (and their family’s and friends’) health and wellbeing.</li></ul>

## **2.4 Developing the West Yorkshire and Kirklees place-based plan for health and care**

The Board has received regular updates on how the Kirklees and West Yorkshire health and care partners are working together to respond to the changes set out in the recent White Papers and the Health and Care Act. The new arrangements in Kirklees will collectively be known as the Kirklees Health and Care Partnership.

The West Yorkshire Integrated Care Board has a duty to agree a plan to meet the health and healthcare needs of the population within West Yorkshire and this must have regard to place-based joint health and wellbeing strategies. The ICB be co-producing a new five-year plan for the Partnership which will set out the ambitions for the integrated care board. This will build on the existing work and ambitions, set out in the [Partnership's better health and wellbeing for everyone plan](#). It will include a sharper focus on health inequalities. The plan will be produced with local health and care colleagues and will be built from a local neighbourhood perspective, with strong links to our local place health and wellbeing strategies. A key part of the plan will be how we measure health improvement for the 2.4 million people living across West Yorkshire. The ICB expect to complete the work by December 2022.

Similarly, the ICB's place committees also need to have a plan to meet health and healthcare needs that has regard to the JHWS. The Kirklees Health and Wellbeing Plan was developed in 2018 and updated in 2019. The commitments in the Plan are embedded in the new Kirklees Health and Care Partnership arrangements. But it is recognised that many of the actions are now well developed, and the Plan will need to be refreshed. A crucial part of the approach will be to build on recent developments, including those supported by the Health and Wellbeing Board eg Tobacco Control ([September 2021](#)), Kirklees Ageing Well Strategy ([December 2021](#)), the system wide approach to Trauma Informed Practice ([January 2022](#)) etc. And the programmes being developed across the West Yorkshire Health and Care Partnership eg [West Yorkshire People Plan](#) (which others do we want to highlight? Cancer?)

## **2.3 Proposed Flightpath**

The Board has the statutory responsibility for the JHWS as the senior partnership body for health and wellbeing in Kirklees. However the delivery of the JHWS will be through a wide range of partner organisation and partnership bodies. Therefore the proposed path will give those partners an opportunity to endorse the JHWS before it receives final approval by the Board.

As the JHWS is part of the Council Policy Framework and it needs to go to Full Council for endorsement. Authority to approve the JHWS rests with the Board.

## **2.4 Developing headline actions for each priority**

Throughout the engagement phase lots of ideas for action have been identified and collated. Leads for each of the priorities are working on bringing those together with existing plans and ambitions. These are included in the draft JHWS being presented to the Board, but we anticipate these to be further refined through engagement with partners before being incorporated into the final version of the JHWS in September.

Alongside this the team working on the 4 top-tier strategies are

- Clarifying the interdependencies between the 4 top-tier strategies
- Pulling together the full range of strategies and plans across the partners that can support the implementation of the strategies.

## **2.5 Embedding the ways of working**

The engagement activity has highlighted a range of issues about how we work with individuals, families, communities, and together as partners. These are all consistent with our existing commitments to place-based working, restorative approaches, and the wider shift to collaborative approaches such as personalisation and co-production.

This culture change will be as important as the focus on the priorities and themes and will require determined and consistent effort over the lifetime of the JHWS.

## **2.6 Tracking delivery and impact**

Delivery of the Strategy will largely be through the wide range of partnership strategies and plans we are currently mapping. Plus individual organisations corporate plans. Each of these will have its own arrangements for tracking delivery and impact.

At a strategic level there are two strands to the proposed approach

### **a) Shared Outcomes**

The JHWS will focus on 4 of the 8 shared outcomes agreed across the Kirklees Partnership: Best start in life; as well as possible for as long as possible; live independently; shaped by people (a common outcome across all 4 top-tier strategies). The JHWS will also impact on, and be supported by, the other 4 outcomes: safe and cohesive communities; sustainable economic growth and clean & green.

Monitoring of progress towards the Kirklees Shared Outcomes will be done through a set of headline indicators. The indicators are currently being refined and updated by the Council's Corporate Data and Insight Team.

### **b) Delivery**

The Strategy will be delivered through a wide range of partnership strategies and plans, and organisations responding to the strategic direction set out in the JHWS.

The Health and Wellbeing Board's role is to hold partners to account on delivery against the JHWS ways of working, priorities, and key strategies and plans.

The details of the approach are being developed but the Board has previously set out its expectation that having set the strategic direction through the JHWS, partnerships and partners take responsibility for delivery and the Board receives regular updates on delivery and provides 'check and challenge' to the system.

## **2.7 Presenting the top tier strategies and the action to deliver them**

The team working on the top-tier strategies are very aware that previously there has been no consistent core narrative or look and feel to our partnership strategies. This has not helped create the sense that the relationships and dependencies between the strategies are critical to achieving the Shared Outcomes.

The team is working with the Council's Corporate Communications Team to develop a consistent look and feel, initially for the core texts. Building on that we want to explore more creative and engaging ways of sharing the strategies and crucially how these are being turned into action to improve people's lives. Currently this is done, but in a disjointed way.

<p><b>3. Proposal and next steps</b></p> <ul style="list-style-type: none"> <li>• The draft refreshed Join Health and Wellbeing Strategy will be shared with Partners to seek their endorsement prior to the final version being presented at the September Board meeting for final approval.</li> <li>• The endorsement process will also enable minor amendments to be made to the draft JHWS, particularly in strengthening the proposed actions against the priorities.</li> <li>• Work with partners across West Yorkshire and Kirklees ICB to ensure the Kirklees JHWS is reflected in the ICB five year plan and the Kirklees Health and Care Partnership Plan.</li> <li>• Further work on clarifying and strengthening the interdependencies between the 4 top-tier strategies.</li> <li>• Further develop work across partners to embed the ways of working set out in the JHWS.</li> <li>• Further develop the proposed approach to tracking delivery and impact of the JHWS.</li> <li>• Develop a consistent and engaging approach to presenting the top-tier strategies.</li> </ul>
<p><b>4. Financial Implications</b></p> <p>None at this stage.</p>
<p><b>5. Sign off</b></p> <p>Rachel Spencer-Henshall, Strategic Director of Corporate Strategy, Commissioning and Public Health, Kirklees Council</p>
<p><b>7. Recommendations</b></p> <p>The Kirklees Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> <li>• Endorse the draft refreshed Join Health and Wellbeing Strategy</li> <li>• Encourage Partners to endorse the JHWS prior to the final version being presented at the September Board meeting for final approval.</li> </ul>
<p><b>8. Contact Officer</b></p> <p>Emily Parry-Harries, Consultant in Public Health, Kirklees Council  <a href="mailto:emily.parry-harries@kirklees.gov.uk">emily.parry-harries@kirklees.gov.uk</a></p> <p>Stacey Appleyard, Director - Healthwatch Kirklees  <a href="mailto:stacey.appleyard@healthwatchkirklees.co.uk">stacey.appleyard@healthwatchkirklees.co.uk</a></p> <p>Phil Longworth, Senior Manager – Integrated Support, Kirklees Council  <a href="mailto:phil.longworth@kirklees.gov.uk">phil.longworth@kirklees.gov.uk</a></p>

**Title: Kirklees Domestic Abuse Strategy 2022-2027****Produced By:**

Chani Mortimer,  
Service Manager Domestic Abuse and Safeguarding Partnerships

**Given To:**

Kirklees Health and Wellbeing Board

**Purpose of Report**

To share the Domestic Abuse Strategy.

**Overview**

The existing Kirklees Domestic Abuse Strategy (2019-2021) is drawing to a close. The existing Strategy was endorsed by Cabinet on 10 September 2019.

The Domestic Abuse Strategic Partnership has reviewed achievements under the 2019-21 Strategy, and notes that:

- partners have attracted significant investment and commissioned a range of interventions to support our work across individuals, families and communities;
- we also have a range of robust multi-agency working arrangements that aim to coordinate victim safety and hold perpetrators to account for their behaviour;
- we continue to face barriers with working together to engage some victims and survivors in support – given that domestic abuse is a complex social problem that has an impact on local council services (across children's, adults, housing and community based services), the third sector, health organisations, housing providers and the Criminal Justice System, survivors and their children may be caught within local structures, unclear of how to navigate services to get the help they need, and may receive conflicting messages.

To strengthen our response, the Domestic Abuse Strategic Partnership agreed that it would be useful to incorporate a 'whole system' response to delivering services, to ensure that all agencies that provide services to victims of domestic abuse, perpetrators and their children respond in a consistent and coordinated way.

2022-2027 Domestic Abuse Strategy

The Kirklees Domestic Abuse Strategy 2022-2027 has been prepared with and endorsed by the Domestic Abuse Strategic Partnership. The Strategy clearly outlines how outcomes will be measured, the principles that underpin our approach, strategic priorities for the Partnership and how governance arrangements will drive the work of the Strategy forward.

Crucially, the DASP has identified the work to be shared with the public through the Strategy as a public facing document. A more detailed workplan, which clearly identifies gaps in our current provision and intelligence and activities to drive the strategy forward, will support the strategy and be monitored by the DASP on a quarterly basis. The workplan will include arrangements for an annual review of the strategy, with constructive challenge to be sought from regional partners.

The Domestic Abuse Strategy is intended to be a broad strategy that captures activity delivered by all partners to improve our response to domestic abuse, including those that are driven forward and delivered by single agencies in addition to those commissioned by the Partnership.

With this in mind, the Strategy includes:

- A foreword by Councillor Pattison in her capacity as Chair of the Communities Board, with statements of support to be provided by West Yorkshire Police and the Kirklees Health and Care Partnership;
- An overview of the impact of domestic abuse, with the focus on understanding the harm caused by perpetrators and how this may ripple across multiple victims, children and the broader community;
- Our shared vision and strategic aims, which include responding to voices of lived experience, intelligence, supporting our workforce, supporting our specialist services, working with our communities and our partnership commitment to tackle domestic abuse through internal processes in addition to participating in broader partnership activities;
- Principles that underpin our work, including working with the whole person (recognising intersectionality and the impact of trauma), whole families, whole communities, influencing the whole society and recognising domestic abuse as a form of violence against women and girls;
- Outcomes that partners are working towards, both strategic and at case management level;
- Strategic priorities, each of which will be supported by a working group to drive forward activity:
  - Priority One: Whole Family Approach to domestic abuse
  - Priority Two: Supporting perpetrators to change their behaviour
  - Priority Three: Partnership response to victims with multiple needs and/or protected characteristics
  - Priority Four: Supporting victims to maintain or access safe and stable housing
  - Priority Five: Multi-agency working arrangements
- Governance arrangements, setting out the oversight of the Domestic Abuse Partnership through the Communities Board, links with other strategic boards and arrangements for commissioning, monitoring performance and opportunities for learning.

The Strategy also includes Annexes to outline achievements under the previous strategy; an overview of prevalence data; our approach to developing the new strategy; and a link to the Kirklees Early Help vision.

## Current Picture and Next Steps

The draft Strategy has been presented to the Council's Scrutiny Committee by Council and partner representatives (including colleagues from the Clinical Commissioning Group).

The Strategy has been formally endorsed by the Communities Board, who are responsible for governance and oversight, and will then be presented to Cabinet.

## Challenges and Implications for the Partnership

### Working with People

The Strategy outlines how our whole system, including the third sector, health organisations, housing providers, social care and the Criminal Justice System, works in a consistent and coordinated way to:

- See and respond to the **whole person**, whether that be victims and survivors (including children), perpetrators or others affected by domestic abuse
- Work with the **whole family** to minimise the harm caused by perpetrators and build resilience
- Work with the **whole community** to minimise the harm caused by perpetrators and support victims and survivors to live the lives they want; and
- Influence the **whole society** through the media, politicians, employers, key opinion formers and commentators by challenging victim blaming and damaging gender stereotypes.



### Place Based Working

The Strategy refers to the work we do in Places, recognising our partnership arrangements to respond to local communities, including Place Partnerships, Primary Care Networks, community hub models of working and Local Neighbourhood Policing teams.

### Financial, HR, Communications issues (including value for money)

The 2022-2027 Domestic Abuse Strategy has no immediate financial implications for Partners.

Over the course of the strategy, the Council will be working with partners to establish joint commissioning arrangements and the Strategy includes an aspiration to develop pooled funding arrangements.

Current commissioning arrangements in relation to domestic abuse are supported by Council funding, grant funding arrangements with the West Yorkshire Mayor's Office (most of which are short term) and an annual grant from the Department of Levelling Up, Housing and Communities, which relates to support for victims of domestic abuse, and their children, in safe accommodation.

### HR

The 2022-2027 Domestic Abuse Strategy has no immediate HR implications for the Council.

The Strategy includes a partnership commitment to:

- Provide domestic abuse training to support our employees to respond appropriately to people who report domestic abuse, including arrangements for routine and/or targeted enquiry as appropriate; and
- Implement a domestic abuse policy and procedure/guidance for how the organisation will respond to employees who are victims/survivors, or perpetrators, of domestic abuse.

The Domestic Abuse Strategic Partnership will monitor compliance with these commitments over the course of the strategy.

### Communications

The Strategy provides a comprehensive framework for gathering feedback and intelligence, which will highlight the need for targeted campaigns on specific issues and/or within specific communities.

The Strategy itself will be formatted by the Council's graphics team to ensure that the document is accessible and has a consistent look and feel to other Council policies. We are doing this work in conjunction with ongoing work on the Communities Plan to avoid duplication of effort.

## Officer Recommendations

For Health and Wellbeing Board to note the draft Domestic Abuse Strategy.

Partners are asked to consider the implications of the strategy for their organisations and work of the Health and Wellbeing Board.

## Author & Contact Officer

Chani Mortimer  
Service Manager, Domestic Abuse and Safeguarding Partnerships

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Title page

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## FOREWORD – CHAIR COMMUNITIES BOARD

To be confirmed

## STATEMENT OF SUPPORT – WEST YORKSHIRE POLICE

To be confirmed

## STATEMENT OF SUPPORT – KIRKLEES HEALTH AND CARE PARTNERSHIP

To be confirmed

## ACKNOWLEDGEMENTS

Kirklees has drawn on the expertise of two highly regarded national charities in the development of this Strategy, which was developed in partnership with [Standing Together Against Domestic Abuse](#) and with ongoing support from [SafeLives](#).

Domestic abuse is a complex social problem that impacts people, communities and services, with support provided by the third sector, local council services, health organisations, housing providers, education settings and the Criminal Justice System. It can be difficult for survivors and their children to get the help they need – each organisation may only be responding to one aspect of the issue, and sometimes different organisations have different processes, responsibilities, and measures of success. Survivors and their children may be caught within these structures, unclear of how to navigate services to get the help they need; may receive conflicting messages; and end up being blamed for the abuse perpetrated against them.

Since 2019, Kirklees has been working towards the [Whole Picture Approach](#) championed by [SafeLives](#), which recognises that domestic abuse is never all of someone's experiences or situation and sets out a framework for working with the whole person (rather than a series of issues), the whole family (considering the needs of everyone that may be at risk from a perpetrator), the whole community and whole society to end domestic abuse, for good. Through the Whole Picture Approach, the Kirklees Domestic Abuse Partnership has attracted significant investment and commissioned a range of interventions to support our work across individuals, families and communities. Our achievements under the 2019-2021 Domestic Abuse Strategy are provided in Annexe A.

A needs assessment undertaken in 2021, which included feedback from victims and survivors, indicated that our Partnership continues to face barriers with working together to engage some victims and survivors in support. As a result, the Partnership commissioned [Standing Together Against Domestic Abuse](#) to support Kirklees to strengthen the way our local agencies work together, aiming to shift responsibility for safety away from individual survivors to the community and services existing to support them.

Through this ongoing support from SafeLives and Standing Together, Kirklees aims to create a domestic abuse informed system where local agencies work together to keep victims, survivors and their families safe, hold abusers to account, and end domestic abuse by changing the way local communities, organisations and individuals think about, prevent, and respond to it.

This Strategy is the result of ongoing collaboration between:

- Kirklees Council – Communities Service, Adults Services, Children's Services, Public Health, Housing
- West Yorkshire Police
- Kirklees Clinical Commissioning Group
- Calderdale and Huddersfield Foundation Trust NHS
- The Mid Yorkshire Foundation Trust
- South and West Yorkshire Partnership Foundation Trust
- National Probation Service
- Pennine Domestic Abuse Partnership
- Kirklees & Calderdale Rape & Sexual Abuse Centre
- WomenCentre Calderdale and Kirklees
- Domestic Abuse Prevention Programme
- Locala Health and Wellbeing
- Choices for Health in Addiction Recovery and Treatment (provided by Change, Grow, Live)

We wish to thank all the victims and survivors that have shared their stories with us, and those that continue to influence our work in other ways. Speaking out about their own often traumatic

experiences, and how local services have supported or hindered their recovery, has helped us to identify what we need to do to provide safety for victims, survivors and their children, to support their longer-term recovery, and to hold perpetrators to account for their behaviour. We hope that our work will continue to improve access to support for everyone affected by domestic abuse.

We also wish to thank:

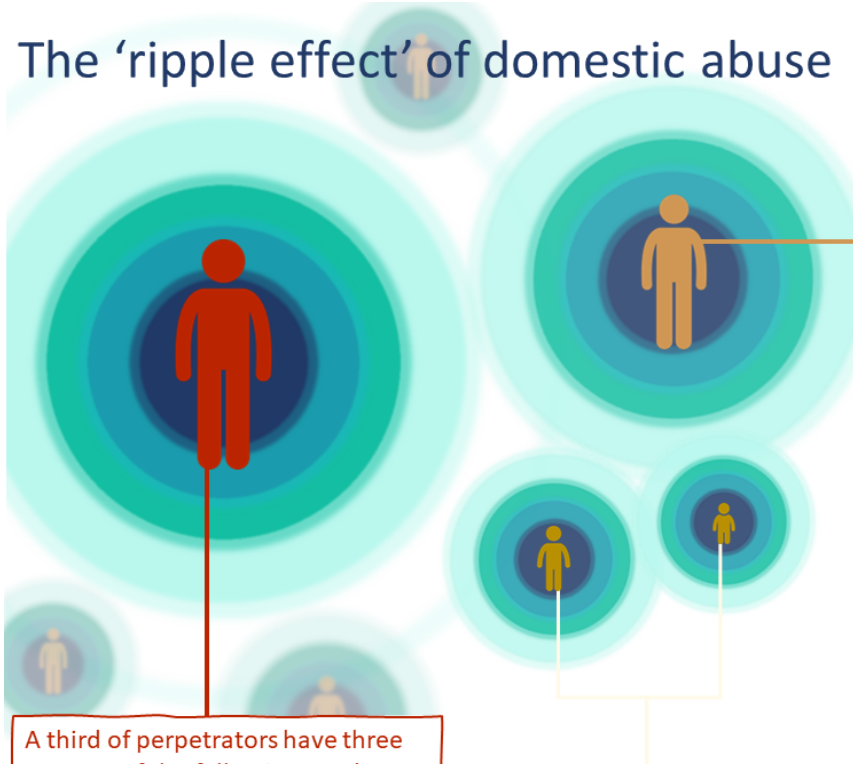
- all staff employed in our partnership organisations for contributing to this strategy, and for continuing to work tirelessly to support individuals, families and communities affected by domestic abuse;
- the Kirklees community more broadly, who have contributed to this strategy through the voices of community leaders and representatives;
- other organisations that continue to support us on our journey of continuous improvement, including:
  - Safe and Together
  - For Baby's Sake
  - West Yorkshire Mayor
  - Regional partners in Bradford, Calderdale, Leeds and Wakefield

#### A NOTE ON LANGUAGE

The terms 'victim' and 'survivor' are both used throughout this strategy, as there is some variation in how people who are living with or recovering from domestic abuse prefer to be referred to. In this context, victims and survivors include children living in households where there is domestic abuse. This strategy also refers to 'people affected by domestic abuse', which includes victims and survivors (including children) and perpetrators of domestic abuse.



## The 'ripple effect' of domestic abuse



### Impact on victims (may be more than one):

#### RISK OF HOMICIDE

A woman is killed by a current or ex-partner every 3 days in the UK. 40 in 10,000 are believed to be at risk of death or very serious injury from domestic abuse (in Kirklees, approx. 862 people).

#### RISK OF SUICIDE

Almost a quarter of Refuge's clients felt suicidal. Domestic abuse is believed to contribute to over a third of women's suicides.

#### MENTAL HEALTH

Over 70% of victims report clinical levels of psychological distress, with more than three quarters (77%) of victims suffering PTSD in addition to high levels of depression and anxiety.

#### RISK OF DESTITUTION

Fear of destitution cited as #1 reason victims chose not to leave abusive relationships. Research indicates that leaving an abusive partner costs around £10,080. Post-separation abuse, particularly through family courts, can be astronomical.

#### HOUSING

One in three survivors of abuse said they had to give up their home because of the abuse they had experienced. 32% of homeless women said domestic abuse contributed to their homelessness.

A third of perpetrators have three or more of the following needs:

- 28%** alcohol misuse
- 27%** employment difficulties
- 27%** housing
- 23%** mental health
- 18%** relationship issues with children
- 18%** difficulties with parenting
- 18%** relationship issues with family members
- 17%** drugs substance misuse
- 16%** financial difficulties
- 14%** social and community ties
- 11%** poor physical health
- 2.2%** other addictions

### Impact on children:

- One in five children experience domestic abuse growing up.
- Risk of serious harm - domestic abuse has been identified by the NPSCC<sup>[1]</sup>, Ofsted<sup>[2]</sup> and the Department for Education<sup>[3]</sup> as the most common characteristic of situations where children are at risk of serious harm.
- Risk of other forms of abuse - a third of children affected by domestic abuse also experience other forms of abuse<sup>[4]</sup>. Recent research also highlights the link between parental domestic abuse and exploitation (including sexual, criminal and for the purposes of violent extremism)<sup>[5]</sup>.
- The impact of 'witnessing' domestic abuse on children<sup>[6]</sup> has been linked to:
  - direct physical harm,
  - greater behavioural and emotional problems, neurological differences<sup>[7]</sup>, more disordered attachments<sup>[8]</sup> and learning problems<sup>[9]</sup>;
  - risk of poor mental health, school absence and additional academic support needs, youth offending, criminality and addiction issues<sup>[10]</sup>.
- More recent research highlights similar impacts from non-physical forms of domestic abuse on children, and there is an increasing professional recognition of the ongoing, cumulative impact of coercive control

### Impact on communities

- Housing e.g. possible increase in the number of rent arrears, vacant properties, pressure on local housing authorities for re-housing
- Increase in homelessness e.g. increase in homelessness applications, more rough sleepers and people seeking emergency accommodation
- Poor mental & physical health may contribute to a community's poor health status
- Education e.g. underachievement, absenteeism
- Safety of women and children e.g. at work, at school, in public & at contact centres
- Neighbourhoods e.g. sights and sounds, resident turnover, poverty, breaking up of extended family and/or community groups
- Anti-social behaviour e.g. criminal damage, substance misuse, violent crime, increase in children and young people loitering, at risk of exploitation
- Local business and employment e.g. unemployment, high job turnover, absenteeism, anti-social behaviour such as vandalism and theft
- Increased pressure on local agencies for support such as Criminal justice, social care, Housing, Health and the Voluntary Sector

## SHARED VISION FOR KIRKLEES

Our vision for Kirklees is to work together around individuals, families and communities to prevent, respond to and repair the damage caused by domestic abuse, with a range of services that are accessible and available to anyone who may need them.

### STRATEGIC AIMS

Our local Domestic Abuse Partnership, which includes voluntary and community services, local council services, health organisations, education settings, housing providers and agencies from the Criminal Justice System, will coordinate the broadest possible response to domestic abuse – from prevention and early intervention to dealing with crisis and long-term recovery and safety, working to keep survivors and their families safe and challenge abusers to change their behaviour.

#### RESPONDING TO VOICES OF LIVED EXPERIENCE:

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The Partnership will provide a range of opportunities for people with lived experience to share their stories with us, and develop a feedback loop so that victims and survivors can be informed about what services have done in response.

Victims, survivors and others with lived experience of domestic abuse are our most valuable source of information and insight to the support people need to help them recover from abuse.

Recognising that speaking about personal experiences of abuse can be traumatic, we will invite victims and survivors to participate in our collective response to domestic abuse in a way that feels right for them.

We will also seek feedback from perpetrators of domestic abuse, including those who have successfully completed programmes to change their behaviour, about the attitudes and personal experiences that may underpin their abusive behaviour, and what has helped them to change their behaviour.

We know that many of our employees have lived experience of domestic abuse, as do many people who live in our communities. Whether or not individuals wish to share their personal experiences with us, we know that their lived experience of domestic abuse will shape their interactions with our services. We also recognise that people are not single issues, and that everyone has unique experiences, so hearing a diversity of voices will provide the best opportunity for us to engage people in the support they need to recover from abuse.

#### INTELLIGENCE:

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The Partnership will continue to build a robust evidence base to inform decision making.

We use a range of mechanisms to gather evidence and intelligence about our communities, our services, and what works in other areas that may usefully be applied in Kirklees. These mechanisms include data, domestic homicide reviews and other multi-agency case reviews, multi-agency audits and research from local, regional, national and international sources.

Using intelligence from a variety of sources, in addition to the stories of local victims and survivors, we have a variety of evidence to guide how we allocate resources.

Drawing intelligence from a variety of sources helps us to understand:

- the prevalence of domestic abuse in our communities;
- how our various geographical communities and/or communities of identity report their experiences of domestic abuse;
- the needs of victims and survivors (including children) and issues that perpetrators may need support with; and
- the impact of domestic abuse on local services, and how successful local services are in engaging people affected by domestic abuse in support.

## SUPPORTING OUR WORKFORCE:

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The Partnership will provide a range of opportunities for learning, development and support to establish a workforce with the skills, knowledge, and systems needed to respond effectively to domestic abuse.

Through our Partnership and ongoing work with communities, we have a significant workforce committed to supporting people affected by domestic abuse.

Our Partner organisations have their own workforce development commitments that support their employees to develop the skills, knowledge and experience they need to excel in their roles. Many partners also have their own policies for supporting staff that may be experiencing domestic abuse and provide pastoral care for staff that may have experienced trauma.

As a Domestic Abuse Partnership, are committed to providing a range of opportunities for learning, including skills-based training, regular briefings and knowledge exchange, and work with all partners to provide support for staff that are affected by domestic abuse, whether through personal experience or the impact of supporting people in the community.

## SPECIALIST SERVICES:

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The Partnership will support specialist services to be innovative, adequately resourced and embedded across the local community.

Kirklees benefits from well-established and experienced specialist services for victims/survivors and perpetrators, including adults, children, and young people. The Partnership will continue to support specialist services to work together around individuals and whole families, recognising the whole of their experiences, responding in a non-judgemental and trauma informed way, and be accessible and available to anyone who might need them.

Pennine Domestic Abuse Partnership provides refuges, a crisis intervention service and community-based services. This benefits victims and survivors through not requiring them to move between services according to risk.

WomenCentre has expertise in responding to the needs of women facing multiple disadvantage, including mental health needs.

Yorkshire Children's Centre delivers behaviour change perpetrator programmes, supporting the to respond safely and appropriately to those who harm.

Connect Housing provide a refuge and dispersed accommodation, forming an important part of the partnership response.

There are domestic abuse specialists providing a response from within a range of settings, including Children's Social Care, Adult Social Care and health settings, as well as community engagements specialists located within the Council's Domestic Abuse Team.

## WORKING WITH OUR COMMUNITIES:

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The Partnership will support communities of geography, identity, online spaces and businesses/employers to understand the risks posed by those who abuse and their role in protecting the safety and wellbeing of those at risk.

Many people who experience domestic abuse may turn to their families, friends and wider community for support before they approach local services. Some people in our communities, in turn, may feel ill-equipped to support victims and survivors to achieve safety and wellbeing, and to help perpetrators access support to change their behaviour.

We will also continue to work with local community leaders and representatives to understand the local picture of domestic abuse, barriers to accessing services and what more is needed to keep victims, survivors and their families safe and hold abusers to account for their behaviour.

## PARTNERSHIP COMMITMENT

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All partners are committed to working internally and in partnership to respond to domestic abuse.

Our Partnership recognises that no one agency can effectively deal with domestic abuse on its own; it requires a coordinated effort by all agencies in our local community. Many of our Partnership agencies are not domestic abuse specific and provide services that need to be accessible for and responsive to whole communities. To help us work together to make victims, survivors and their children safe, and hold perpetrators to account, partner agencies have agreed to:

- Collate and share feedback from local people about their experiences of domestic abuse and local services;
- Provide domestic abuse training to support our employees to respond appropriately to people who report domestic abuse, including arrangements for routine and/or targeted enquiry as appropriate;
- Implement a domestic abuse policy and procedure/guidance for employees that explains how staff will respond to people who report domestic abuse;
- Implement a domestic abuse policy and procedure/guidance for how the organisation will respond to employees who are victims/survivors, or perpetrators, of domestic abuse;
- Gather and collate appropriate data that can be shared with the Partnership to highlight the demand For the Domestic Abuse Partnership; and
- provide appropriate resources to enable services to be commissioned, training to be delivered and multi-agency working arrangements to operate effectively.

## PRINCIPLES THAT UNDERPIN OUR WORK

In developing this strategy we have drawn on the expertise of two nationally recognised frameworks for responding to domestic abuse: the Whole Picture Approach championed by SafeLives; and the Coordinated Community Response pioneered by Standing Together Against Domestic Abuse.

Our approach to domestic abuse is simple:

Our whole system, including the third sector, health organisations, housing providers, social care and the Criminal Justice System, works in a consistent and coordinated way to:

- See and respond to the **whole person**, whether that be victims and survivors (including children), perpetrators or others affected by domestic abuse
- Work with the **whole family** to minimise the harm caused by perpetrators and build resilience
- Work with the **whole community** to minimise the harm caused by perpetrators and support victims and survivors to live the lives they want; and
- Influence the **whole society** through the media, politicians, employers, key opinion formers and commentators by challenging victim blaming and damaging gender stereotypes.

## WORKING WITH THE WHOLE PERSON

We recognise that people are not single issues and our services aim to respond to the whole person. In this context, the complexity of domestic abuse, and how it links to other adverse experiences, are explored and understood.

Harmful behaviour is addressed by proactively identifying all motivating factors and consequences (such as different types of violence and abuse and other criminality); and the services offered to people proactively check that all risks have been addressed, not just the initial presenting issue.

## INTERSECTIONALITY

Our services aim to be responsive to minoritized protected characteristics, taking account of intersecting inequalities and factors that impact on a person's experience of abuse and access to support services.

Taking an intersectional approach allows us to recognise that a person's identities and social positions are uniquely shaped by several factors simultaneously, which could include among others, race, ethnicity, sexuality, gender identity, disability, age, class, immigration status, caste, nationality and faith.

## RECOGNISING THE IMPACT OF TRAUMA

The Domestic Abuse Partnership is part of a broader partnership committed to working from a 'trauma-informed' perspective – understanding the impact of trauma on those needing support; how people who have experienced trauma may present to services; and how services can respond appropriately and effectively, with compassion and empathy, building collaborative relationships between professionals and people accessing services.

## WORKING WITH WHOLE FAMILIES

Kirklees is committed to a Whole Family Approach that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. In the context of domestic abuse, a Whole Family Approach works with families to strengthen protective factors for those at risk of abusing or being abused; appropriately assess the risk that perpetrators pose to all family members; and to enhance the safety and wellbeing of victims, survivors, children and perpetrators.

Kirklees is working with [Safe and Together](#) to improve the way we engage with families affected by domestic abuse. By working with adults and children harmed by a perpetrator's behaviours, and recognising the efforts that non-abusing parents are already making to keep themselves and their children safe, we hope to encourage more families to engage with support and be open about their daily lived experiences. Through this approach we also seek to encourage consistent, positive and meaningful change in perpetrators, given their ongoing role as parents.

## WORKING WITH WHOLE COMMUNITIES

Kirklees recognises the unique identities of local places, their strengths and aspirations. Across the district, our Partners have established a variety of arrangements to respond to local communities, including Place Partnerships, Primary Care Networks and Local Neighbourhood Policing teams.

These arrangements have been established to tailor services to respond to the needs of local populations, recognising that our communities are best placed to know their own strengths and challenges. By bringing local services closer to people and putting communities and their representatives at the heart of our response, we aim to achieve the best outcomes for individuals and communities in a way that is appropriate for them.

## INFLUENCE THE WHOLE SOCIETY

The Domestic Abuse Partnership is well connected to local, regional and national networks that can shape opinions and drive change on issues of national significance, including the types of services that are available, how they can be more accessible to a broader range of people and what arrangements we have in place for commissioning. Domestic abuse is a key priority for the Kirklees Communities Board and linked to ongoing work in the Kirklees Safeguarding Adults Board, Health and Wellbeing Board and Safeguarding Children Partnership. The Partnership is also linked in with:

- West Yorkshire Domestic Abuse and Sexual Abuse Board
- West Yorkshire Health and Care Partnership
- Standing Together Against Domestic Abuse
- SafeLives
- Women's Aid Federation
- Domestic Abuse Housing Alliance
- Safe and Together
- For Baby's Sake

## RECOGNISING DOMESTIC ABUSE AS A FORM OF VIOLENCE AGAINST WOMEN AND GIRLS

Anyone can be a perpetrator or victim of domestic abuse, from every possible segment of society.

Traditional approaches to domestic abuse, which either frame domestic abuse as a form of violence against women and girls, or try to remain gender neutral, may not adequately recognise the experiences of our lesbian, gay, bisexual and trans communities.

In domestic abuse situations, women are more likely to be victims and men perpetrators. This is represented within British Crime Survey findings<sup>1</sup>, Domestic Homicide Reviews<sup>2</sup> and throughout academic research<sup>3</sup>. Women are more likely to be victims of repeated patterns of controlling and coercive control, experience higher levels of fear and are significantly more likely to be killed by their partners or former partners than men.<sup>4</sup> The domestic abuse women face is more frequent, more extensive, and tied to broader social and structural barriers.

The Domestic Abuse Partnership recognises domestic abuse as a form of violence against women and girls, that is, 'violence that is directed against a woman because she is a woman or that affects women disproportionately'<sup>5</sup>. The focus on violence against women and girls does not detract from abuse that men also face, whether from other men or from women, or exclude from this dialogue and model other forms of abuse such as abuse in wider family contexts, and child to parent abuse.

We also recognise that lesbian women, gay men and bisexual people experience similar or higher levels of domestic abuse when compared with heterosexual women; and that prevalence rates of domestic abuse may be higher for transgender people than any other section of the population<sup>6</sup>. Research also suggests that men and women with physical impairments are at much higher risk of domestic abuse<sup>7</sup>.

Kirklees Partnership therefore commits to taking a differentiated approach to domestic abuse that recognises the different experiences of victims/survivors according to their gender, race/ethnicity, class, and sexual orientation, including where these characteristics intersect; and recognising that these are not homogenous groups. A 'one size fits all' approach is not appropriate.

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<sup>1</sup> ONS, *Domestic abuse victim characteristics, England and Wales: year ending March 2019*

<sup>2</sup> Bear Montique, Standing Together, *London Domestic Homicide Review (DHR) Case Analysis and Review of Local Authorities DHR Process*

<sup>3</sup> Walby, S and Towers, J, *Untangling the concept of coercive control: Theorizing domestic violent crime*, 2018

<sup>4</sup> [https://www.womensaid.org.uk/wp-content/uploads/2015/12/successful\\_commissioning\\_guide.pdf](https://www.womensaid.org.uk/wp-content/uploads/2015/12/successful_commissioning_guide.pdf)

<sup>5</sup> CEDAW 1992

<sup>6</sup> [LGBT-Commissioning-Guidance-final-2.pdf \(galop.org.uk\)](#)

<sup>7</sup> Drill Toolkit: Tackling Violence Against Disabled Women and Girls. <https://avaproject.org.uk/types/policy/>

## OUTCOMES

Kirklees Domestic Abuse Partnership uses the [Outcomes Star](#) to measure how people in our communities are affected by the work our local services do. The Outcomes Star provides an effective way of putting our person-centred, strengths-based and co-production approaches into practice:

- Taking a person-centred approach, the Star is designed to be used in partnership with service users, informed by their perspectives and priorities;
- As a strengths-based framework, the Outcome Star includes a holistic assessment that focuses on aspects of life that are going well in addition to areas of difficulty; and
- As a form of co-production, the service user is seen as an active agent in their own life and a valuable source of expertise and knowledge rather than a passive recipient of services delivered by a professional.

Outcomes Stars are designed to demonstrate the impact of frontline services and provide data to offer insight into what services are achieving, early warning signs when services are under pressure and highlights good practice that may be replicated elsewhere.

The Stars that are most relevant to our work include:

- Change Star for perpetrators
- Empowerment for victims and survivors:
- My Star for children and young people

## STRATEGIC OUTCOMES

Over the course of this Strategy, the Partnership will be working towards creating a sustainable system to coordinate the broadest possible response to domestic abuse – from prevention and early intervention to dealing with crisis and long-term recovery and safety, working to keep survivors and their families safe and challenge abusers to change their behaviour.

To measure our progress, the Partnership will review and continuously improve the:

- range of quality interventions that are available to support:
  - victims and survivors of domestic abuse (including children) to be safe and well;
  - perpetrators of domestic abuse to change their behaviour;
  - early intervention and prevention of domestic abuse;
- sustainability of services to support victims, survivors and perpetrators, facilitating sufficient resources to meet demand;
- accessibility of services, so victims, survivors and perpetrators with a range of needs and protected characteristics can engage with the support they need;
- effectiveness of local multi-agency working arrangements; and
- awareness of local services, so people living and working in our communities know where to access support.



## PRIORITY ONE: WHOLE FAMILY APPROACH TO DOMESTIC ABUSE

Our Domestic Abuse Strategy reflects the Early Help vision for working with the whole family (provided as Annexe C):

### SCOPE

The Partnership has identified four strands to supporting whole families where there is a perpetrator of domestic abuse:

- Supporting children and young people that have been affected by parental domestic abuse;
- Supporting young people that are victims or survivors of domestic abuse in their own relationships;
- Supporting young people that perpetrate abuse against other people, whether in intimate partner relationships or against family members; and
- Direct, preventative work with children and young people to support the development of healthy relationships.

### KEY ACTIVITIES

- Increase the range of effective interventions to support children and young people affected by parental domestic abuse; that are victims or survivors of domestic abuse in their own relationships; that perpetrate abuse against other people, whether in intimate partner relationships or against family members; and that is being done on a more preventative level to support the development of healthy relationships.
- support the workforce, through training and other development opportunities, to identify, assess the needs of and respond appropriately to children and young people affected by domestic abuse;
- identify emerging programmes from other areas that have led to good outcomes children and young people affected by domestic abuse; and
- develop community engagement activities that support children and young people to access the support they need.

## PRIORITY TWO: SUPPORTING PERPETRATORS TO CHANGE BEHAVIOUR

Learning from national initiatives like the [Drive project](#), which advocates for changes so that perpetrators posing all levels of risk can no longer get away with abusive behaviour and can access the help they need to stop, the Domestic Abuse Partnership is committing to increasing the support available to support perpetrators to change their behaviour. This support will sit alongside comprehensive services for all victims and survivors.

### SCOPE

Our work with perpetrators will focus initially on perpetrators of domestic abuse that have come forward seeking help; or been identified by professionals as needing some support. We will consider perpetrators posing all levels of risk.

This work will link closely with the following identified priorities:

- Whole Family Approach to domestic abuse – who will lead on early intervention and prevention work with young people;
- Multi-Agency Working Arrangements – who will consider the approach taken in some other areas to establish multi-agency working arrangements specifically targeting perpetrator interventions.

### KEY ACTIVITIES

The Kirklees Domestic Abuse Partnership will establish a working group to:

- increase the range of effective interventions to support perpetrators to change their behaviour;
- improve access for this group to existing services that may meet their needs, including mental health and wellbeing;
- support the workforce, through training and other development opportunities, to engage with perpetrators and provide constructive challenge to their abusive behaviour;
- identify emerging programmes from other areas that have led to good outcomes in a broader range of relationships and across different demographics;
- consider opportunities for co-production of interventions, particularly for lower risk level interventions; and
- develop community engagement activities that support perpetrators to access the support they need.

## PRIORITY THREE: PARTNERSHIP RESPONSE TO VICTIMS WITH MULTIPLE NEEDS AND/OR PROTECTED CHARACTERISTICS

Many people experiencing domestic abuse have a wide range of other support needs, some of which will be as a result of the abuse they have experienced, or exacerbated by the abuse.

Research indicates that some victims may be less recognisable when they approach services for support, particularly those with high levels of need related to mental health, substance misuse, engagement in criminal activity and/or known for perpetrating violence and abuse against others.<sup>8</sup> Similarly, services face barriers in identifying and responding appropriately to some victims and survivors in our communities<sup>9</sup>, particularly those with protected characteristics.

### SCOPE

As a Partnership we want to respond to the interconnected experiences victims and survivors face when experiencing violence and abuse in addition to:

- mental health problems;
- problematic substance use;
- offending behaviour;
- insecure housing;
- destitution;
- disability, learning difficulty and health needs; and
- insecure immigration status.

Given the intersections between these experiences and protected characteristics, the Partnership will consider these together in consideration of the whole person.

This work will link closely with the following identified priorities:

- Supporting victims to maintain or access safe and stable housing; and
- Multi-Agency Working Arrangements.

### KEY ACTIVITIES

The Kirklees Domestic Abuse Partnership will establish a working group to:

- increase the range of effective interventions to support victims and survivors with multiple needs and/or protected characteristics;
- improve access for this group to existing services that may meet their needs, including mental health and wellbeing;
- support the workforce to identify, assess the needs of and respond appropriately to victims with multiple needs and/or protected characteristics;
- identify emerging programmes from other areas that have led to good outcomes in addressing multiple needs and across different demographics;
- consider opportunities for co-production of services; and
- develop community engagement activities that support victims and survivors with multiple needs and/or protected characteristics to access the support they need.

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<sup>8</sup> [Cry for Health full report.pdf \(safelives.org.uk\)](https://safelives.org.uk/cry-for-health-full-report.pdf)

<sup>9</sup> Helpfully brought to light by organisations such as IMKAAN and Mankind

## PRIORITY FOUR: SUPPORTING VICTIMS TO MAINTAIN OR ACCESS SAFE AND STABLE HOUSING

Home can be the most dangerous place for victims and survivors of domestic abuse. There are concerted efforts in both our housing and domestic sectors to support victims and survivors to access safe and stable housing, but these efforts could be better connected to address the range of housing needs for those experiencing domestic abuse, regardless of their tenure type, to achieve stable housing, live safely and overcome their experiences of abuse, including where perpetrators can be responded to and held accountable to improve victim/survivor safety.

### SCOPE

In addressing the housing needs of all victims and survivors of domestic abuse, we will work towards the [Whole Housing Approach](#) which considers all tenure types (social, private rented and private ownership) and temporary accommodation settings (refuge services, supported accommodation) alongside housing options and support initiatives needed to help people experiencing domestic abuse to either maintain or access safe and stable housing. This priority also incorporates our statutory duty to support victims of domestic abuse, and their children, in safe accommodation.

This priority connects with all other priorities, as insecure or unsafe accommodation can be a barrier to accessing support for victims and survivors, including children, and perpetrators of domestic abuse.

### KEY ACTIVITIES

The Kirklees Domestic Abuse Partnership will establish a working group to:

- map the available support for victims and survivors across housing and domestic abuse services, and consider ways to improve access for this group to existing services that may meet their needs;
- support the workforce, through training and other development opportunities, to identify, assess the needs of and respond appropriately to victims and survivors;
- identify emerging programmes from other areas that have led to good outcomes in addressing multiple needs and across different demographics; and
- develop community engagement activities that support victims and survivors with multiple needs and/or protected characteristics to access the support they need.

## PRIORITY FIVE: MULTI-AGENCY WORKING ARRANGEMENTS

The Domestic Abuse Partnership has developed a number of processes to support professionals from different agencies to share information, assess risk and increase safety for victims and survivors (including children).

### SCOPE

Our Multi-Agency Working Arrangements incorporate all partnership arrangements to respond to domestic abuse, including our Daily Risk Assessment Management Meeting, Multi-Agency Risk Assessment Conferences, Standards Screening and Operation Encompass notification process.

Activities will link closely with all other identified priority areas to ensure that our multi-agency working arrangements:

- Support perpetrators to change their behaviour;
- Respond appropriately to victims with multiple needs and/or protected characteristics;
- Support whole families affected by domestic abuse; and
- Support victims to maintain or access safe and suitable housing.

### KEY ACTIVITIES

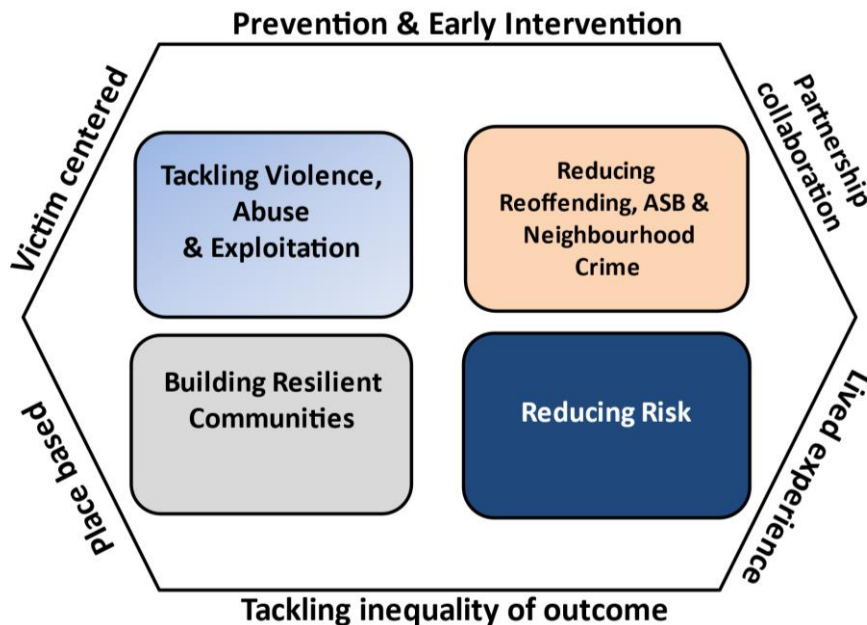
- Implementing new systems to provide better data and more streamlined information sharing between partners;
- Supporting partners to provide adequate resources to participate in multi-agency processes;
- Develop a process to conduct multi-agency audits of cases that are discussed through the Daily Risk Assessment Management Meetings and Multi-Agency Risk Assessment Conferences to consider practice issues and explore themes identified by the Partnership;
- Develop a process to conduct multi-agency case reviews in a variety of contexts, such as suicides or sudden unexplained deaths that feature a history of domestic abuse; near misses; and/or case examples of good practice; and
- Establish mechanisms for continuous improvement of our multi-agency arrangements through responding to learning that emerges from feedback from people with lived experience, partnership feedback, data and learning from case reviews and audit.

## GOVERNANCE

### DOMESTIC ABUSE AS A PRIORITY FOR THE KIRKLEES COMMUNITIES BOARD

Further detail to be provided in this section as the Communities Plan is drafted.

### PROPOSED STRATEGIC OBJECTIVES 2022-2025



### KIRKLEES DOMESTIC ABUSE PARTNERSHIP

The Kirklees Domestic Abuse Partnership is an umbrella term for all multi-agency partnership groups that work together to around individuals, families and communities to prevent, respond to and repair the damage caused by domestic abuse, with a range of services that are accessible and available to anyone who may need them.

The Kirklees Domestic Abuse Partnership incorporates the:

- Domestic Abuse Strategic Partnership, which drives progress against this strategy;
- A commissioning group, which meets twice a year to discuss budget priorities and commissioning arrangements;
- Priority Working Groups:
  - Supporting perpetrators to change their behaviour
  - Partnership response to victims with multiple needs
  - Whole Family Approach to domestic abuse
  - Supporting victims to maintain or access safe and stable housing
  - Multi-Agency Safety Planning Arrangements
- Domestic Abuse Network, which encourages practitioners working at an operational level to meet and discuss practice, trends, and changes

- Specialist services operational group, led by the voluntary sector: to enable a safe space for discussing service provision and provide a collective voice at the DASP.

Each partnership group has distinct terms of reference with clearly articulated reporting arrangements.

## COMMISSIONING ARRANGEMENTS

A specific commissioning group will be established to develop pooled budgets and determine priorities for resource allocation. This group will also explore opportunities to support the development of coproduced services.

This group will ensure that all commissioned services are working towards consistent outcomes and meet standards established by sector specialist (including Safelives and WomensAid) and refer to specialist commissioning advice produced by organisations representing victims and survivors with protected characteristics (such as GALOP).

## MONITORING PERFORMANCE

The Partnership will establish arrangements to monitor progress against this strategy through a combination of:

- Monitoring outcomes in commissioned services;
- Data from a variety of partnership sources, including police, provider services, social care and housing; and
- Feedback from people with lived experience, community representatives and staff.

It is envisaged that the Domestic Abuse Strategic Partnership will monitor performance on a quarterly basis and publish an annual summary, providing an opportunity to refresh the priorities identified in this strategy to respond to emerging themes.

## OPPORTUNITIES FOR LEARNING

### DOMESTIC HOMICIDE REVIEWS

The Domestic Abuse Partnership will disseminate the learning from Domestic Homicide Reviews as widely as possible through a combination of training, briefing notes and participation in regional events. The Partnership is also committed to learning activities 12 months after the publication of Domestic Homicide Review reports to consider how the learning has changed practice across the Partnership.

### MULTI-AGENCY CASE REVIEW AND AUDIT

This Strategy has identified activities for the Multi-Agency Working Arrangements Group to explore options for conducting multi-agency case reviews and audits. The Partnership will disseminate the learning from these processes as widely as possible and reflect the findings of these activities in training and development activity.

## ANNEXE A: ACHIEVEMENTS UNDER THE 2019-2021 STRATEGY

The Kirklees vision for the 2019-2021 Domestic Abuse Strategy was: ‘For everyone to understand their responsibility and contribute to tackling domestic abuse in Kirklees.’

This gave us the impetus to work far more with our communities, elected members, schools, health providers, businesses and voluntary sector services to raise awareness of domestic abuse, increase confidence for people to report domestic abuse to local services and to instil confidence in our workforce to respond when a report is made. Our work with community leaders, voluntary sector services and local partners showed that local people wanted to strengthen our support for children and young people affected by domestic abuse, so this has also been a focus of our ongoing work in 2019-2021. Further details are provided in the sections below.

It is also important to note that, during the 2019-2021 Strategy, there were a number of opportunities and challenges to deliver the work that we set out to achieve in 2019. Specifically:

- Record levels of investment in domestic abuse services and our partnership response;
- The introduction of a statutory duty to support victims of domestic abuse, and their children, in safe accommodation (with supporting funding); and
- The impact of Covid-19 and associated restrictions.

### INVESTMENT ACROSS THE PARTNERSHIP

#### 2019

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- Kirklees Domestic Abuse Partnership secured funding for commissioning an Independent Domestic Abuse Adviser service.
- Kirklees Place Partnerships identified domestic abuse as a key priority and allocated £400,000 to tackle domestic abuse.
- Through funding available through the (then) Ministry of Housing, Communities and Local Government, West Yorkshire secured funding for advanced practitioners to be based within refuge.

#### 2020

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- Additional resources were provided to the Independent Domestic Abuse Adviser service to support the increasingly complexity of cases being managed by the services as a result of Covid-19 and associated restrictions.
- Local providers were able to access resources to support their transition to Covid Safe services

#### 2021

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- The (then) Ministry for Housing, Communities and Local Government allocated £918,922 to support Kirklees to meet new statutory obligations to support victims of domestic abuse, and their children, in safe accommodation.
- Through funding available through the Department for Justice:



- Pennine Domestic Abuse Partnership successfully secured funding for two additional Independent Domestic Abuse Advisers to work specifically with children and young people and male victims
- Mid Yorkshire Hospitals Trust secured funding to recruit an Independent Domestic Violence Advisor
- Through funding available through the Home Office:
  - Domestic Abuse Perpetrator Programme secured funding to deliver the Recognise, Reflect and Change programme for medium risk perpetrators of domestic abuse
  - Kirklees Council secured funding to deliver a perpetrator intervention for fathers.

## WIDENING THE RESPONSE TO DOMESTIC ABUSE

Our Whole Picture Approach provides for a wider response to domestic abuse, encouraging geographical communities, online spaces and employers/businesses to recognise domestic abuse, the risks posed by those who abuse and the role of local communities in protecting people at risk of harm.

In Kirklees, this approach provided an opportunity to work far more with our communities, elected members, schools, health providers, businesses and voluntary sector services to raise awareness of domestic abuse, increase confidence for people to report and instil confidence in our local workforce to respond when a disclosure may be made.

The Place Partnership investment in tackling domestic abuse enabled Kirklees to employ staff that could work alongside local communities to reduce barriers to engaging in existing support and to develop innovative new ways of supporting victims, survivors and their children to keep safe and recover from abuse; and hold perpetrators to account for the harm they cause. These staff started their roles in October 2021 and their work will be instrumental in driving the work of the 2022-2027 Domestic Abuse Strategy forward.

## SUPPORTING VICTIMS OF DOMESTIC ABUSE, AND THEIR CHILDREN, IN SAFE ACCOMMODATION

In 2021 the Domestic Abuse Act introduced a new statutory duty for local authorities to establish arrangements to support victims of domestic abuse, and their children, in safe accommodation. Funding was provided by the (then) Ministry of Housing, Communities and Local Government to support local areas to implement the new duty. Key programmes funded through this investment are summarised below.

### WHOLE FAMILY SUPPORT

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The investment of funding to support the new duty provided an opportunity to strengthen our provision of services and support for children and young people affected by domestic abuse, specifically children and young people workers based within refuge; targeted family support for families recovering from domestic abuse; and commissioning a new therapeutic support service for children and young people affected by domestic abuse.

### SUPPORTING VICTIMS AND SURVIVORS WITH COMPLEX NEEDS

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The investment of funding by the (then) Ministry of Housing, Communities and Local Government provided an opportunity to strengthen our provision of services and support for victims and survivors with complex needs, specifically:

- Advanced practitioner roles based within refuge (12 months funding 2019-2020);
- Complex needs workers based within refuge (2021 onwards);

## SUPPORTING VICTIMS AND SURVIVORS DURING COVID

From the start of restrictions introduced as a result of Covid-19, the Domestic Abuse Strategic Partnership recognised that the circumstances created by lockdown would present unique challenges, and potentially increase risks for those experiencing domestic abuse. The Domestic Abuse Strategic Partnership responded quickly, coordinating the following actions in response to the national restrictions:

- Providing regular supplies of PPE and supporting refuge and accommodation-based services to operate safely and in line with social distancing requirements
- Making arrangements for staff (including those in provider services) to have the technology and support to be able to work from home to continue to provide virtual support and risk management for victims and families
- The Domestic Abuse Workers within Adults and Children's Social Care were supported to do crisis face to face work safely (such as meet in a socially distanced way to be able to physically check immigration documents or provide food parcels)
- The fortnightly Multi-Agency Risk Assessment Conference meetings for assessing risk and safety planning high risk cases of domestic abuse was moved to a virtual meeting
- The Daily Risk Assessment Management Meeting continued as a virtual meeting that could be accessed online
- Data on domestic abuse reports and the engagement with local services was monitored on a weekly basis, enabling the Partnership to monitor the impact of Covid-19 on our communities and local services
- All partners heavily promoted local services available, as well as rolling out the national campaign messages
- Frequent meetings were held regionally and through the Office of the Police and Crime Commissioner's office to ensure that any risks around volume or service delivery could be acted on. Kirklees also linked in with the Local Government Association and the Domestic Abuse Commissioner's office to ensure any national best practice could be considered
- Specific Covid-19/Domestic Abuse training was rolled out across the Partnership, with a focus on the Community Response Teams, within Health settings and across testing and vaccination sites.
- A specific campaign targeting the risk of domestic abuse amongst our older population was rolled out in June 2021, to coincide with the International Day for Elder Abuse and the easing of Covid-19 restrictions. The campaign was supported by information and training to a range of settings, including health settings, charity shops, faith institutions and cafes.

## MONITORING

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From the introduction of lockdown restrictions week commencing 23<sup>rd</sup> March 2020, weekly monitoring was set up from a range of sources to enable analysis to take place and identify any

trends or key areas of concern. The data suggested that referrals across the partnership remained stable over the lockdown period, with only a 4% increase on police call outs over a 12 month period. As there is usually a gradual year on year increase reported, this could not be directly attributed to Covid-19. The most significant increase was in with Pennine Domestic Abuse Partnership's Independent Domestic Abuse Advisor Service, who had to hold cases for longer than normal due to their complexity and delays within the criminal justice system. The Domestic Abuse Strategic Partnership agreed to fund additional staffing to address the increased pressure on the service.

## WORKFORCE DEVELOPMENT

During 2019-2020, the Domestic Abuse Strategic Partnership delivered a range of multi-agency training on domestic abuse, coercive controlling behaviour, the impact on children and our local multi-agency risk assessment processes. As classroom based courses, many were ceased as Covid-19 restrictions were introduced, and there was a shift in emphasis to provide domestic abuse awareness training to our community response teams.

In 2021 the Domestic Abuse Strategic Partnership introduce the Safe and Together approach to engaging with families affected by domestic abuse in Kirklees. Safe and Together provides skills-based training and tools for practitioners working with families to increase accountability for perpetrators as parents, reduce victim-blaming and ultimately improve outcomes for children and families.

Safe and Together Core Training was delivered to 40 professionals across the partnership, including children's social care and early help services; health services; and in the voluntary sector. An overview day was also delivered to an audience of 64 people across the Partnership.

## ANNEXE B: DOMESTIC ABUSE IN KIRKLEES

### NATIONAL, REGIONAL AND LOCAL PREVALENCE

## ANNEXE B: DOMESTIC ABUSE IN KIRKLEES

### NATIONAL, REGIONAL AND LOCAL PREVALENCE

The main sources for accessing national prevalence data about domestic abuse are the Office for National Statistics (ONS); and the Crime Survey for England and Wales (CSEW).

#### **For the year ending March 2021, figures show that:**

The Police recorded a total of **845,734** domestic abuse-related crimes nationally, which is an increase of **6%** from the previous year (ONS).

Nationally, domestic abuse related crimes make up **18%** of all recorded crimes.

In West Yorkshire domestic abuse related crimes make up **21%** of all recorded crimes.

West Yorkshire Police statistics show an increase of **2%** in 2020/21 to **53,508** domestic abuse related crimes.

In terms of outcomes as a result of reporting of incidents of domestic abuse to West Yorkshire Police it is noted that for the period April 2020 to November 2021 across West Yorkshire there were:

**58.6%** Victim Declines/Withdraws Support

**29%** Evidential Difficulties (Police)

**4.1%** Charged

**3.5%** Evidential Difficulties (Crown Prosecution Service)

Furthermore, there was an attrition rate regionally of **23.6%** (Kirklees rate is **21.2%**). The reasons for the attrition were attributable to:

Victim fails to attend in **60.8%**

Acquittal after trial **12.1%**

Victim refuses to give evidence or retracts **6.5%**

Administration finalised **4.8%**

Undermining evidence received or evidence ruled inadmissible **3.9%**

## PRIORITY ONE: SUPPORTING PERPETRATORS TO CHANGE THEIR BEHAVIOUR

In order for the partnership to support as many perpetrators as possible it is important to understand who is likely to commit domestic abuse, challenges they face, and likelihood to accept support.

Between April 2019 and March 2021 **94** high / medium risk males attended the Domestic Abuse Prevention Programme (DAPP) sessions, which is available to male perpetrators.

Attendees are **60% White** and **40% BME** and likely to be aged **30 to 39**

Perpetrators, of victims supported with securing housing were likely to have mental health issues (**48%**), drug issues (**69%**), or alcohol issues (**69%**)

Of the reports made into the Police between January 2019 and October 2021 the perpetrators were more likely to be aged between **21 – 40 (48%)** and **male**.

## PRIORITY TWO: PARTNERSHIP RESPONSE TO VICTIMS WITH MULTIPLE NEEDS

A **third** of victims supported with securing housing had **mental** and /or **physical** disabilities.

Pennine Domestic Abuse Partnership (**PDAP**) are commissioned to deliver the IDA Service in Kirklees. From January 2019 to October 2021, PDAP have summarised that:

**709** victims have accessed support.

**34%** of victims supported by PDAP have physical and or mental health disabilities.

**40%** of victims supported were in receipt of income support.

**KRASAC** offers support and advisory services for people, aged 13+, who have experienced rape, sexual and domestic abuse, at any time in their lives, living in Kirklees, Calderdale and Wakefield.

Between February 2019 to April 2021 **192** survivors of abuse through domestic violence accessed support.

Over **80%** of survivors have mental and/or physical disabilities.

## PRIORITY THREE: WHOLE FAMILY APPROACH TO DOMESTIC ABUSE

“Living in a home where domestic abuse happens can have a serious impact on a child or young person's mental and physical wellbeing, as well as their behaviour. And this can last into adulthood.” - NSPCC

**23%** of referrals of children into Early Support have been impacted by domestic abuse.

**24%** of domestic abuse related incidents and crimes occurred when children were present.

**18%** of survivors engaging with RASAC present with current or historic cases of Child Sexual Abuse.

## PRIORITY FOUR: SUPPORTING VICTIMS TO MAINTAIN OR ACCESS SAFE AND STABLE HOUSING

During the period September 2019 to October 2021 **105** homes have been made more secure

PDAP provide refuge accommodation for women in need of emergency protection between January 2019 and October 2021, **1,031** referrals for emergency refuge accommodation were received.

## PRIORITY FIVE: MULTI-AGENCY WORKING ARRANGEMENTS

Between Jan 2019 and October 2021 the Kirklees Daily Risk Assessment Management Meetings (DRAMM) dealt with **5,989** medium and high risk cases. Of these, 48% were considered high risk and referred to the Multi-Agency Risk Assessment Conference (MARAC). In cases referred to MARAC:

over **90%** were **female** and **31%** were **BME**

Less than **1%** of DRAMM and MARAC cases were LGBT+

**37%** of MARAC cases were repeats.

Date provided by Pennine Domestic Abuse Partnership (who support victims through the criminal justice system)

**541** charges were made by the Police and **251** victims have been supported through the criminal justice process.

**56** perpetrators received custodial sentences and **79** restraining orders were granted.

## ANNEXE C: PROCESS FOR 2022-2027 STRATEGY DEVELOPMENT

Since 2019, Kirklees has been working towards the [Whole Picture Approach](#) championed by *SafeLives*, which recognises that domestic abuse is never all of someone's experiences or situation and sets out a framework for working with the whole person, the whole family, the whole community and whole society to end domestic abuse, for good. Through the Whole Picture Approach, the Kirklees Domestic Abuse Partnership has attracted significant investment and commissioned a range of interventions to support our work across individuals, families and communities.

In 2021 the Domestic Abuse Strategic Partnership undertook a needs assessment to inform the development of our approach to meeting the new statutory obligations to support victims of domestic abuse, and their children, in safe accommodation. The needs assessment, which included feedback from victims and survivors, indicated that our Partnership continues to face barriers with working together to engage some victims and survivors in support.

The Domestic Abuse Strategic Partnership agreed that the 2019-2021 strategy provides a good framework as it has resources around victim, family and the community and that the Partnership would not want to move away from this approach. However, it needs to also include the system as a whole and how it is able to respond as a partnership to aid victims to navigate their way through the various agencies that they need to contact for support regarding domestic abuse. With this in mind, Kirklees commissioned Standing Together Against Domestic Abuse, who have pioneered the [Coordinated Community Response](#) to support organisations to work in partnership in identifying and responding effectively to domestic abuse. These agencies include the police, criminal justice partners, housing associations, local authorities, social services, healthcare workers, faith communities and charities.

Standing Together supported Kirklees by:

- Mapping provision and responses across the partnership: specialist domestic abuse/violence against women & girls' services; non-specialist community/voluntary sector services working with people subject to/perpetrating abuse; statutory and universal services;
- Gathering information on delivery, partnership working, commissioning through surveys, meetings, and desktop review. Informed by the Coordinated Community Response (In Search of Excellence) and Whole Housing Approach;
- Gathering examples of 'what works' nationally and from research to inform views on current local provision and responses, and how gaps can be addressed;
- From information collected in mapping exercise and consultations, benchmark Kirklees against the Coordinated Community Response (In Search of Excellence) and the Whole Housing Approach; make recommendations;
- Conducted workshops with Strategic Leads to present findings, gain consensus, identify strategic priorities; and
- Supporting with the development of the new strategy, the Partnership structure for responding to domestic abuse and the vision that Kirklees Domestic Abuse Partnership could work towards for 2022-2027.

## ANNEXE D: KIRKLEES EARLY HELP VISION

1. I trust the professionals working with me and my family – they understand us better

2. We only tell our story once. I get offered help much earlier now and everyone works together. There is someone in my life listening to and caring for me and my family, and appreciating our strengths

3. I set the outcomes in my family plan with my lead worker. I know how to improve our lives, navigate the system and get support if there are problems. Improving outcomes make a difference to our lives

4. When things get tough, I know the relationships I have with my friends and community will help me

1. Local leaders trust each and share responsibility to improve all outcomes for the place and population across the life course, with evidence and quality assurance of collective impact

2. Trust is underpinned by governance with shared responsibilities, e.g. Combined Authority, Public Service Board, Alliances

3. Local coordination of the family support system ensures needs are met, often matchmaking between demand and local resources and assets

4. There is an ambitious strategy that is transforming the local families support system and reducing demand to acute services. Prevention focussed initiatives are coordinated and seen as interdependent, such as crime, serious violence, child poverty, obesity, integrated communities

Early Help is the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse

FAMILIES

COMMUNITIES

Family Outcomes

LEADERS

WORKFORCE

1. In my community and networks, people know each other better and look out for how they can help

2. Our community and public services agreed to work together to promote and develop community resources, spaces and activity

3. There are local projects and groups in our neighbourhood connected to family support services. Businesses play an important role in the community

4. We help to design our local services. Any work with my community or family is done in partnership

1. There is a professional family support service. Whole family working is the norm for all people-facing public services through a shared practice model. And early help and family support is seen as everyone's responsibility

2. Public services work together in integrated hubs based in the community with a common footprint

3. Universal services such as schools and nurseries are supported to help local families and vulnerable people, with access to intelligence and common case management across the early help system

4. Data sharing across partners enables joint intelligence and risk-based analysis of families' needs, including finding and offering support to families with hidden needs





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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>30 June 2022</b>
<b>TITLE OF PAPER: Kirklees Safeguarding Children Partnership Annual Report 2020/2021</b>	
<b>1. Purpose of paper</b>	<p>This report is being presented to the Kirklees Health &amp; Wellbeing Board to provide an insight into the work that has been undertaken by the Kirklees Safeguarding Children Partnership in the 2020/2021 financial year.</p> <p>The report sets out the work of the multi-agency partnership in the preceding year and articulates the priorities going forward.</p> <p>The report while coming to the Health and Wellbeing Board primarily for information also highlights work done by the Safeguarding Partnership in relation to the priorities of the Health and Wellbeing Board in relation to children and young people , alongside work on cross cutting issues with other statutory partnerships including Safer community activity and Adult Safeguarding .</p>
<b>2. Background</b>	<p>There is a requirement on local partnerships as prescribed under Working Together 2018 to produce an Annual Assurance statement of safeguarding activity. As a partnership we have continued to develop a much fuller report, documenting key performance data alongside case studies to demonstrate impact. The year overall, has seen positive improvements in performance and therefore the report offers a high level of continued assurance.</p> <p>This report has been signed off by the Partnership Executive, made up of the three statutory partners of the Local Authority, the CCG and West Yorkshire Police.</p> <p>The priorities going forward build on existing priorities alongside the issues highlighted by monitoring and analysis of data.</p> <p>It is worth noting that there has been an impact as a consequence of the Covid pandemic, but that as a partnership there has been a continued ability to carry out the full range of expected functions.</p>
<b>3. Proposal</b>	<p>The Annual Assurance Report, while stands alone in terms of being prescribed by legislation, captures the contribution to a number of the Health and Wellbeing priorities for Kirklees. This includes supporting children and their families through a joint agency Early Help Strategy, designed to give children the best start and to support families to become more resilient. Alongside this promoting a climate in which children and young people feel safe and included in their communities. The request is for the Health &amp; Wellbeing Board to support the work undertaken, and the work to be undertaken in the next year.</p>
<b>4. Financial Implications</b>	<p>The safeguarding Partnership is supported by a multi-agency budget contributed to by partner agencies. This is detailed in the report. Agencies have confirmed contributions going forward</p>

**5. Sign off**

This assurance report has been signed off by the three leading safeguarding partners across Kirklees, these include Mel Meggs: Director of Kirklees Children Services; Penny Woodhead: Chief Quality & Nursing Officer Clinical Commissioning Group and Julie Sykes: Chief Superintendent West Yorkshire Police.

This report was signed off on 15<sup>th</sup> June 2022 and has been placed onto the Kirklees Safeguarding Children website.

**6. Next Steps**

The partnership will ensure that any comments from the Health and Wellbeing Board are fed into the work going forward and that the governance arrangements reflect the contribution. This will result in the development of the associated Business Plan

**7. Recommendations**

1. The Health and Well Being Board in line with agreed governance arrangements are asked to note the Assurance report and its contents.
2. The Health and Wellbeing Board are asked to 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

**8. Contact Officer**

Jane Carter, CSPR Co-Ordinator, Kirklees Safeguarding Children Partnership

[Jane.carter@kirklees.gov.uk](mailto:Jane.carter@kirklees.gov.uk)

01484 225161



Kirklees Safeguarding Children Partnership

# Kirklees Safeguarding Children Partnership

## Assurance Report 2020/2021

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# Introduction from Executive Safeguarding Partners

Welcome to our second Annual Assurance report as required by Working Together 2018 which is intended to provide an overview of our progress over the 12-month period from April 2020 to March 2021.

Our commitment during this period in Kirklees was to continue working together to enable children, young people and their families to live safe and resilient lives, to support them to build on their strengths and maintain a sense of belonging to the borough .

During this time the emergence of Covid19 has perhaps been the most significant challenge the Partnership has had to face. The pandemic has seen an unparalleled situation for those agencies tasked with the responsibility to keep children safe while continuing to deliver on care, education, protection and health services to our wider community.

The KSCP Executive Group would firstly like to praise the commitment and conscientiousness of all our frontline staff and managers within the Kirklees Borough and whose flexibility , resilience , professionalism and hard work made the difference in helping to safeguard children and young people in Kirklees during this time.

During this time there has been a quick response by the KSCP partners in implementing changes to its arrangements to ensure it was well placed to respond to the active changes in demand and service provision necessary to react to the virus.

These included a partnership commitment to:

- ▶ Continue with our Charing arrangements for the next year across the KSCP.
- ▶ Observe and report on the KSCP and its Relevant Agencies responses to COVID19.
- ▶ Ensure KSCP oversight arrangements allows us to remain abreast of demand on the system.
- ▶ Continue to use the expertise of the Independent Scrutineer across the system (Rapid Reviews, Local Child Safeguarding Practice Reviews, Multi-Agency Audit processes) to assure ourselves through scrutiny opportunities that the processes across the system are effective.
- ▶ Adapt virtual multi-agency training and practice development to meet the current and future restrictions placed on the Partnership.
- ▶ Retain, develop and progress new practices that were identified as effective during multi agency responses to COVID.
- ▶ Maintain a central internet resource for anyone wishing to access and understand more about safeguarding.
- ▶ Ensuring that the workforce have information and policies to follow relating to current issues
- ▶ Adjust our safeguarding arrangements accordingly to ensure we had the right balance between governance and a continuing grip at the operational level as the impact of COVID19 becomes more understood

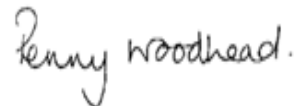
Mel Meggs

Director of Kirklees Children Services



Penny Woodhead

Chief Quality & Nursing Officer Clinical Commissioning Group



Julie Sykes

Chief Superintendent West Yorkshire Police





# About Kirklees: continued focus areas

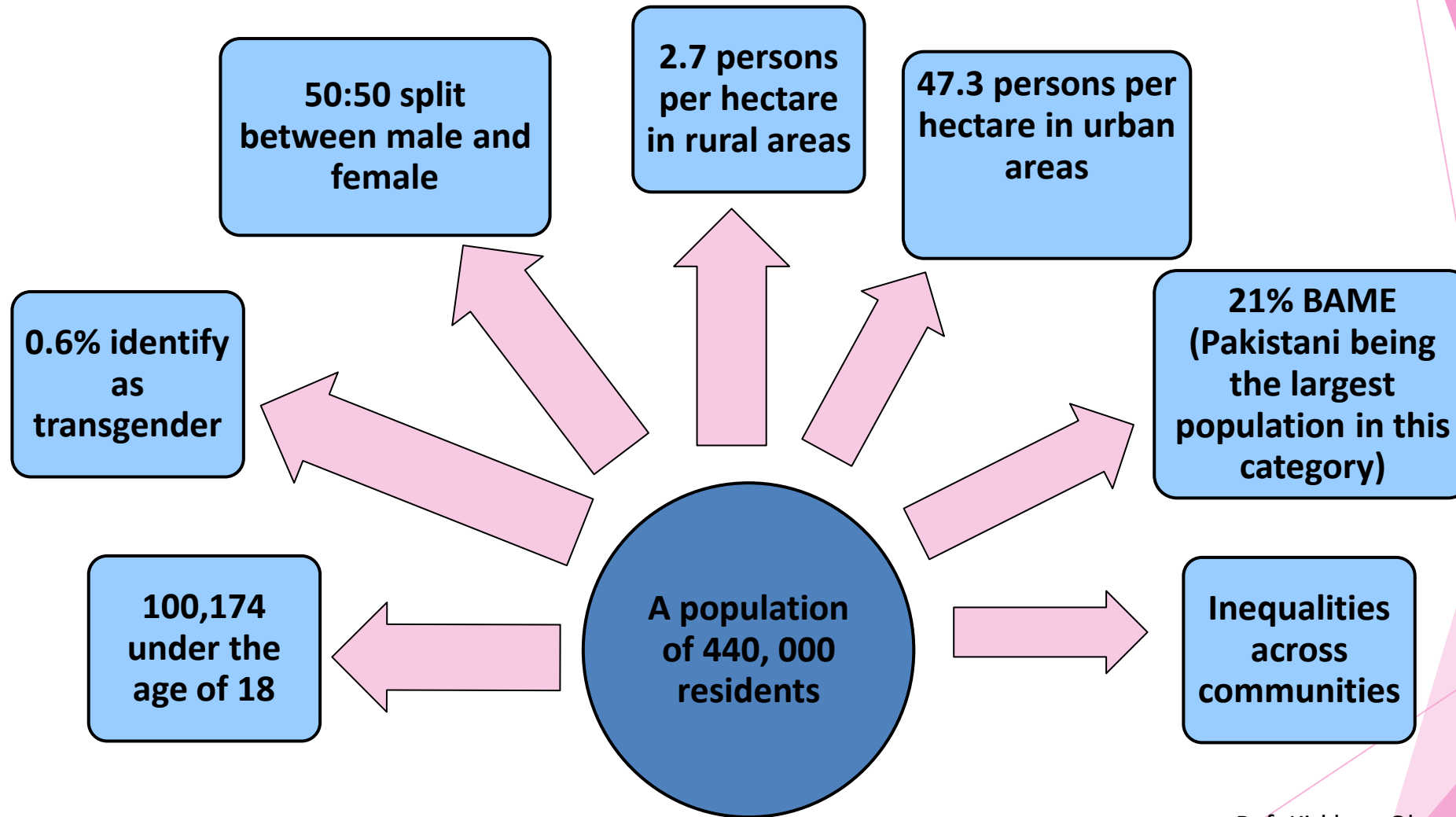
What was obvious when writing this report was that the Kirklees local challenges very much reflect the national picture nationally with concerns emerging in the following:

- ▶ For the early support of children and families
- ▶ Pre-birth and non-mobile babies
- ▶ Domestic abuse and the impact on children, and
- ▶ Risks relating to child exploitation for adolescents and their safe transition to adult services.

These are key areas that will remain a focus for the KSCP in 2021/2022



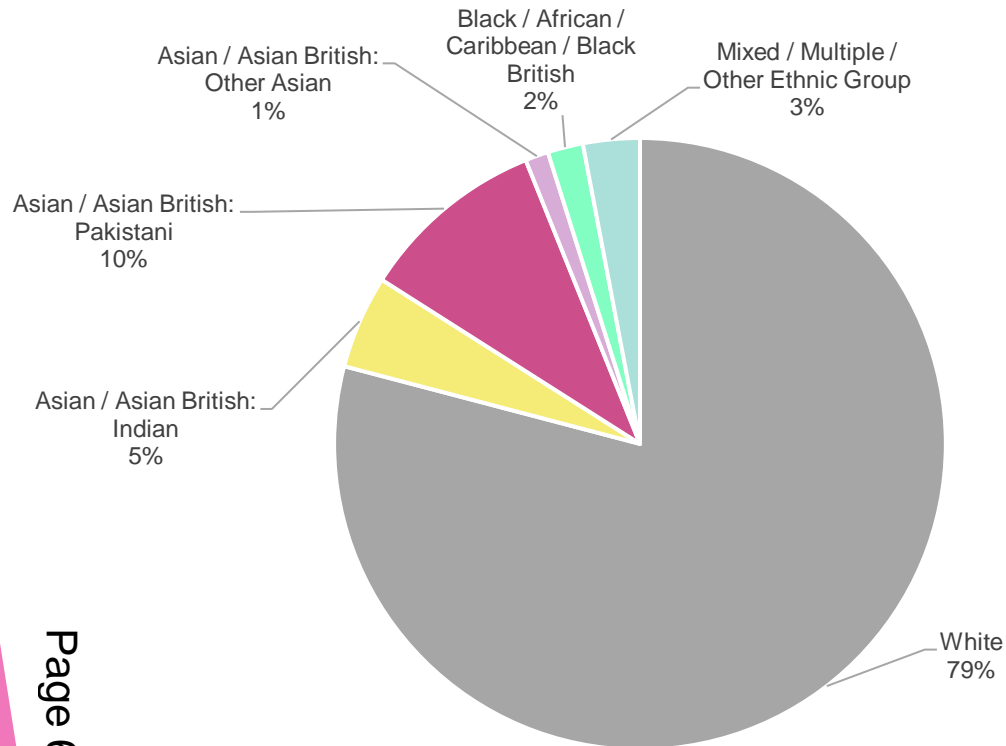
# About Kirklees: Population factors



# About Kirklees: Population breakdown

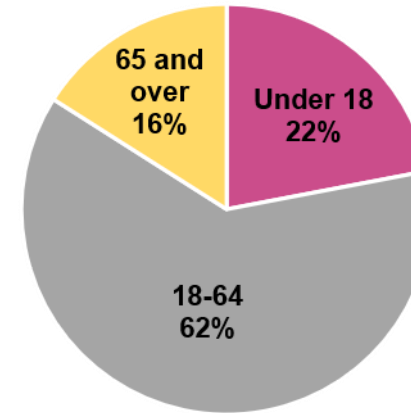


Around 440,000 people live in Kirklees Metropolitan Borough. Across the 4 borough localities: Batley and Spen, Dewsbury and Mirfield, Huddersfield and Kirklees Rural (mirroring the locality police teams)



Population by ethnic group - Kirklees 2011 Census

Population by age



There are approximately 70,000 schoolchildren in Kirklees



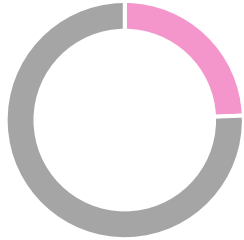
One in four primary school pupils has a first language other than English

Ref: Kirklees Observatory

# About Kirklees: Safeguarding Activity

**15.9**

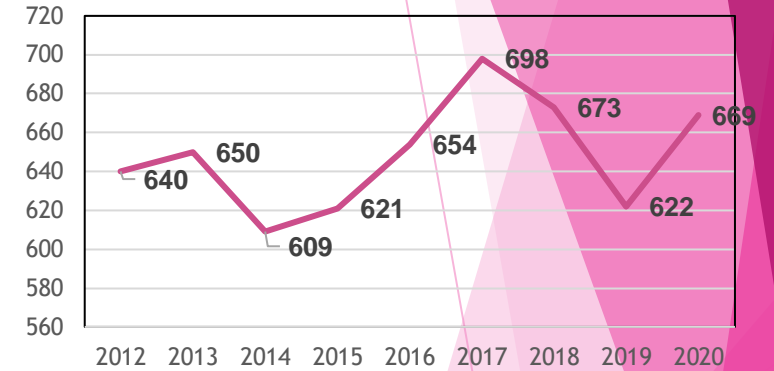
Percentage of re-referrals to children's social care within 12 months of the previous referral, in Kirklees (2020)



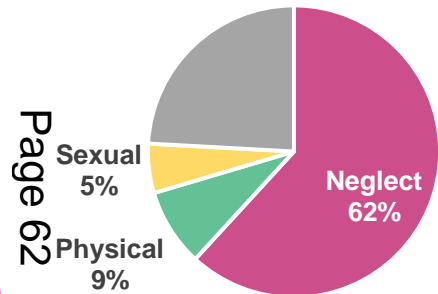
**399**

Number of children who are the subject of a Child Protection Plan in Kirklees (2020)

Number of Looked After Children in Kirklees



Child Protection Plans starting in 2020 by Category of Abuse



574 Early Help Assessments completed (2020)



14,026 Number of Initial Contacts to Front Door for families (2020)

Ref: KSCP Performance Data <sup>8</sup>

## Number of Serious Incident Notifications during reporting period (April 2020 – Mar 2021)

No. of SINS notified to KSCP Business Unit	No. of SIN progressed by LA to National Panel	No of Rapid Reviews Completed	No. of Local Safeguarding Practice Reviews initiated	No. of Local Learning Reviews
One	None	None	None	One

**Analysis of above data:** This case did not meet the criteria for a SPR. However, the Partnership undertook a Local Learning Review as an opportunity to explore learning, produce a report and identify recommendations for agencies and across the wider system.

**Future areas of focus:**

A review of CSPR processes to ensure timescales are managed appropriately and are clear across the Partnership. Further changes to hospital trusts restraint policy (Restrictive physical interventions involving children and young people) were instigated.

Reflection of this case was undertaken with consideration of the six National themes.

## KSCP Business Priorities 2020-2021: Demonstrating the impact...How did we do?

“The KSCP wants children and young people to be supported at the right time and place in their journey”

To understand better the Child's Lived experience: not just to talk about participation or voice

Multi-agency case audit tool for capturing of the child's lived experience was developed to assist with our audit activity for domestic Abuse. This tool can be adapted for future audits and ensure the child's experience is central to practice. To support and empower children and young people and [young people's voice](#) was developed on the KSCP website and informs young people's views and ensures as a partnership we are listening.

Embedding the new safeguarding arrangements for Kirklees

Development of briefing for new Safeguarding arrangements covering [MASA](#)

Enhancing the partnership's role in challenge and scrutiny through improved understanding of performance and Effectiveness

Development of a greater understanding across all agencies of "[what good looks like](#)"

Exploitation - Continuing to develop work around Child exploitation including, and to include arrangements to engage communities in developing the response

Development of an Exploitation strategy in collaboration with university of Bedfordshire and the National Working group ensured a wider understanding of the risks associated with Exploitation and therefore known and communicated across the partnership to enable targeted future work to be planned.

Early Support- Embedding Early Support across all agencies and making it work to deliver tangible outcomes to families and the 'system

For a better understanding of how to identify and support families who may require early intervention the Early Support Multi Agency Panel, framework for making decisions and TAF framework was progressed with recognition of future work streams for Family Group conferencing and Family Support Hubs.

Understanding the impact of trauma on children and young people

The understanding of the effects of trauma and the development of trauma informed tools (Neglect Toolkit) has enabled more effective support for children's emotional wellbeing. The training covering Adverse childhood experiences has provided a base line understanding across the partnership. A future area of focus now on transitions from child to adult services will further enhance a trauma informed approach.



## Governance, Assurance and Oversight

During the reporting period the KSCP Executive Group met on a monthly basis throughout the Covid Pandemic to assure themselves that the Partners continue to deliver against the priorities of the Business plan.

Attendance at the KSCP Executive comprises of the three key partners from Children's Services, West Yorkshire Police and the Kirklees Clinical Commissioning Group and also includes representation from Education, Public Health and the Independent Scrutineer.

Partners give significant input of time, commitment and resources.

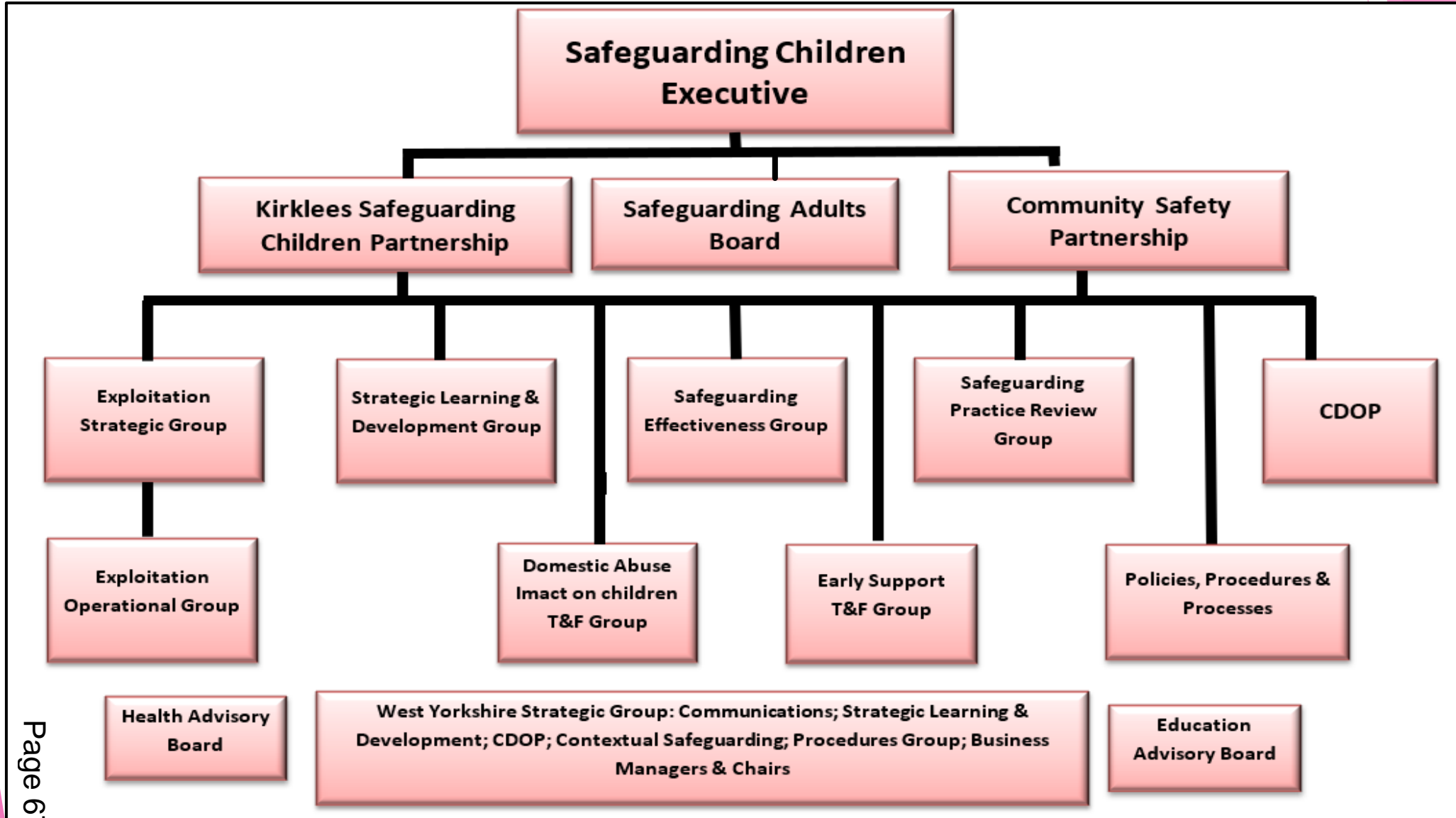
The KSCP Business Manager and Secretariat supports the work of the KSCP to help coordinate the sub groups who deliver against the priorities for the KSCP Executive.

The role of the KSCP over this reporting period has been to:

- Jointly identify safeguarding priorities for Kirklees and to monitor against the Safeguarding Children Business Plan.
- Receive reports from the Executive Group and other partners in respect of the delivery of the Business Plan.
- Consider reports on relevant learning and development activity
- Receive reports from Independent Scrutiny activity.
- Receive reports on activity and the viewpoints of children and young people.
- Act as a reference group for the Safeguarding Partners.
- Identify and take action on new and emerging issues in the Borough in respect of children's safeguarding.
- Ensure effective linkages with other relevant partnerships and governance structures.



# Structure and Governance



# COVID 19 - the impact across the system

- ▶ The Coronavirus Pandemic increased pressure across Kirklees communities and services.
- ▶ It caused significant change to the daily lives of children and families which presented heightened levels of risk for some children and young people; the Safeguarding Partnership worked closely together to ensure that children and young people continued to receive the services and support they needed as agencies across the partnership faced challenges to deliver the full range of services. Child protection and safeguarding maintained a priority.

## The challenges identified for families:

- ▶ Families were being asked to stay at home, there was increasing financial pressure on many families and understandable anxiety.
- ▶ Families were becoming increasingly isolated and, despite an offer of a school place, some children identified as vulnerable were not taking up these places.

## KSCP identified the following potential emerging risks:

- ▶ Potential for an increase in intrafamilial child abuse including neglect, physical abuse, sexual abuse and emotional abuse as vulnerable children would be isolated at home with parents under increasing stress.
- ▶ Increases in cases of Domestic Abuse and Parental Conflict.
- ▶ Potential for increased online grooming with children spending more time unsupervised online, leading to greater vulnerability to exploitation from perpetrators.
- ▶ An increase in children experiencing emotional and mental health difficulties.
- ▶ An increase in substance and alcohol misuse.

# COVID 19 – The response across the system included:

- Instigation of a system wide collaborative response
- Fortnightly KSCP assurance meetings: to identify and mitigate pressures in the system, respond to and protect vulnerable children and families across Kirklees
- Creation of a Covid -19 webpage to communicate key information to professionals.
- Training briefings and Practice Guidance developed and communicated across the Partnership
- E learning opportunities continued.

# Independent Scrutineer

The KSCP has designed and set out a proposed model for developing effective and enhanced scrutiny within the Multi-agency safeguarding children arrangements. The intention being to clearly outline the Kirklees position on scrutiny as a tool for driving improvement, to articulate the vital and important role that the workforce, parents/ carers and children and young people play in challenging services and in shaping service responses. The development of our scrutiny model has been informed by good practice and research.

We have therefore:

- ✓ Endorsed an approach and scrutiny plan.
- ✓ Formally signed up as a partnership to the formal principles as adapted locally for the Multi Agency Safeguarding Arrangements ( MASA) .
- ✓ Committed to supporting a multi -agency response to look at system wide issues within the safeguarding system.
- ✓ Supported a widening of scrutiny activity beyond a single individual, and agreed that the named scrutineer 'holds the ring' in pulling scrutiny activity together in a meaningful way to support the Partnership Executive.

## The purpose and expected impact of scrutiny:

The University of Bedfordshire developed a report and toolkit to support the development of local approaches to scrutiny activity. That report and the six steps it outlines have been the basis for scrutiny activity conducted by KSCP and the Independent Scrutineer to date and will continue to form a golden thread running through the scrutiny activity plan set out below. Namely all scrutiny activity will link to

1. The strategic planning and policy implications for the three statutory partners
2. The engagement of the wider safeguarding partners
3. The involvement of children and young people in safeguarding plans at an individual and service level
4. The quality assurance processes to measure how much? And how well? Alongside impact
5. The clear link to national and local learning from serious cases
6. The planned programme of workforce development

In Kirklees we are seeking to take independent scrutiny from a process driven event to an enhanced approach that includes regular constructive dialogue with those who use our services.

# Scrutiny engagement across the system:

1. **Practitioners and workforce:** We have been able to use virtual means to engage with the workforce on critical service issues and serious cases, we use the same format to engage with a workforce group on the themes identified for scrutiny.
2. **Children and Young people:** There are a number of existing forums to assist us to engage with young people that provide a valuable insight into their perception of services. These include:
  - The Children in Care councils
  - The Our Voice group
  - The Youth offer group
  - The LGBT group facilitated by the Brunswick centre
  - The Youth parliament
  - School /College councils

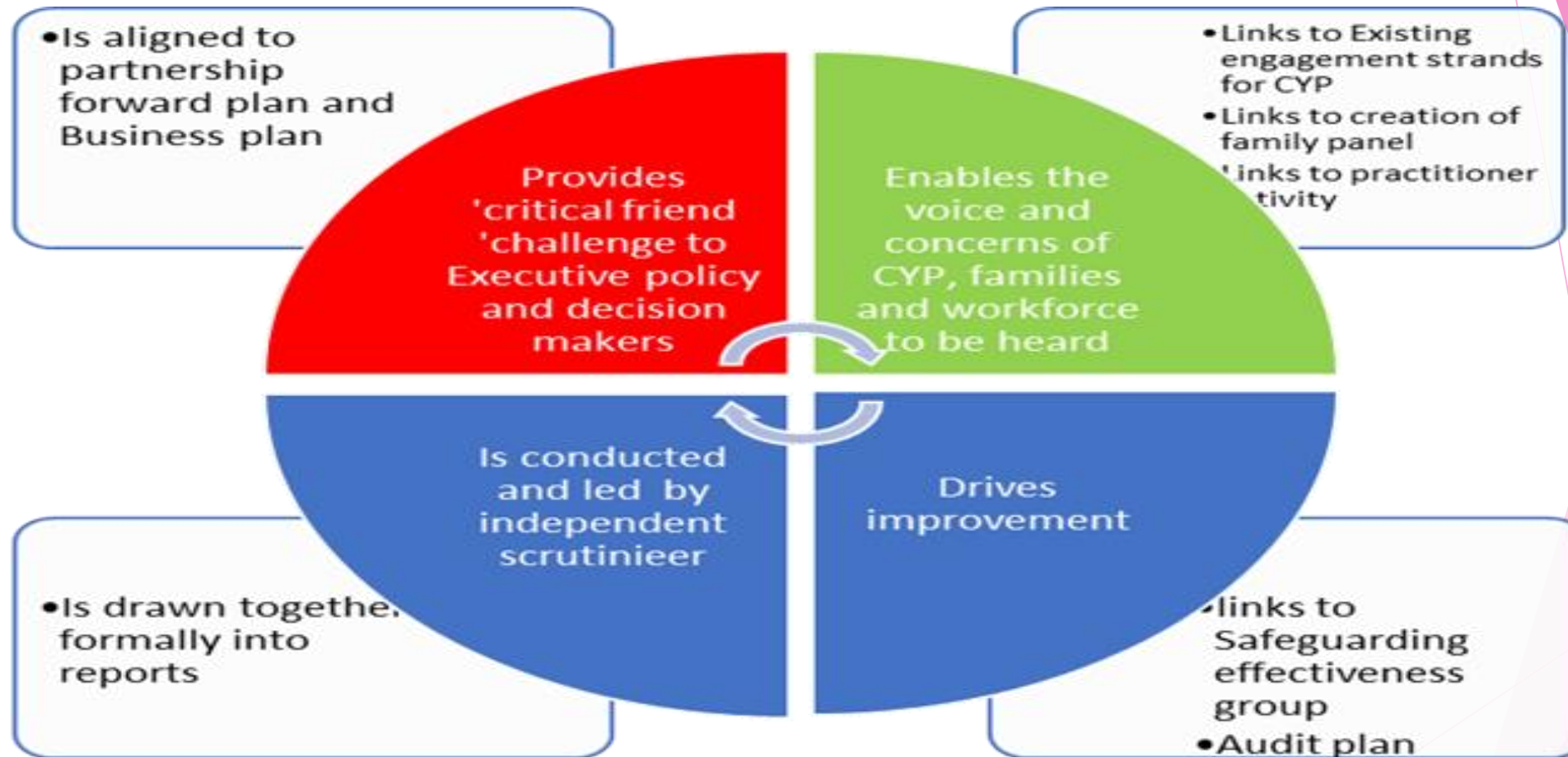
See examples on page 19

# Examples and impact of Scrutiny Activity in Kirklees 20-21



***“Engagement with children, young people and the wider workforce will continue to be a focus” ( please see full Challenge event report in appendices)***

# Why Scrutiny is a priority for Kirklees:





# Safeguarding and Effectiveness Sub group

## Influenced the following factors:

- ▶ System Indicators – Review and update has taken place
- ▶ Development of a new Partner agency quarterly template to communicate key developments , risks and management of risk , Performance assurance processes across the Partnership to give a system wide view on safeguarding arrangements.
- ▶ Key Partner Annual Reports

## Future work planned for 21 – 22:

- ▶ **Multi-Agency Audits** - ensure there is more of a direct link to other subgroups to ensure safeguarding effectiveness, performance monitoring and workforce development.
- ▶ **Qualitative information** - continued receipt of qualitative information obtained through audits from case reviews and other methods

# Section 11 Self Assessment Audit

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Kirklees SCP utilises the Enable Audit tool for the Section 11 Audit which includes Senior management commitment for

- Statement of responsibility
- Service development
- Safer recruitment
- Information sharing
- Monitoring and inspection arrangements
- Clear lines of accountability
- Staff training
- Effective inter agency working
- Working with individual children

Due to unforeseen capacity issues caused by the pandemic the Section 11 updating and reporting process was delayed to alleviate pressure on partners.

From the findings most agencies assessed themselves as compliant against the eleven assessment areas containing 66 questions relating to safeguarding for the Section 11 Audit.

Of those agencies who provided answers that were not compliant it is agreed that the KSCP will undertake a focused challenge and assurance panel event to address areas of non compliance and feedback the assurance obtained to the Partnership.

## Future area of focus

- Progress of a new website is being developed to host a new West Yorkshire Section 11
- Future Section 11 regional peer challenge event in development.
- Local Challenge event in development.

# Learning and Development Sub group

## Influenced the following factors:

- Offer for virtual core training reviewed and continued and included Working together to Safeguard Children Working Together to Safeguard Children refresher, Making positive Contribution to Child Protection Conferences and Core Groups, Introduction to Child Neglect, Harmful Sexual Behaviour, Improving Assessments in Child Safeguarding.
- Bitesize presentations and guidance developed for Elective home education, Sudden infant Death, Voice of the child , Victim blaming language, Domestic abuse and Learning disability and parental capacity.

## Future work planned for 21 – 22:

- Review of return to classroom and hybrid arrangements alongside continued virtual training.
- Development of a Multi agency partner training pool to deliver bespoke training.
- Quality assurance of current training offer.
- Strengthening links with other KSCP Subgroups

## Voice of our training delegates

Presenters made the most of the virtual training with use of breakout rooms into smaller groups making it possible to discuss topics more closely to then share with the larger group. Well organised and flowed well.

Amazing course, loved the break out rooms and really good!

I liked that it was online and we were able to discuss things still in groups using the "break out" rooms

There was a lot of information to cover but the day was broken up well with the small group activities, informal discussions and videos to make the information feel less bulky

A very thorough well led training course that provided numerous opportunities to discuss key issues surrounding safeguarding. The time went so quickly due to the pace and engaging activities.

# Child Safeguarding Practice Review (CSPR) Sub group

## Key factors for this sub-group during this reporting period:

- ▶ Group convened 5 times and was quorate on 5 occasions
- ▶ Published 1 Local Learning Review

## Key themes of local learning reviews included:

- ▶ Voice of the child
- ▶ Professional curiosity
- ▶ Supervision
- ▶ ACE`s
- ▶ Recognising risk

*See slide 9 for further detailed activity* 25

# Child Safeguarding Practice Review (CSPR) Sub group

## Influenced the following factors:

- ▶ Development of a Matrix to capture case details, activity, status of cases, audit trail of SIN, Rapid Review and National Panel communications, the oversight of local themes and the 6 nationally identified themes
- ▶ Additional training delivered for improving assessments in child safeguarding
- ▶ Recognition for future audit activity
- ▶ Recognise the importance of establishing stronger links to Safeguarding Effectiveness and Learning Development group

## Future work planned for 21 – 22:

- ▶ Enhance the Matrix information
- ▶ Review of processes: to enhance achievement of timescales
- ▶ Consider more National cases for Local reflection
- ▶ Learning opportunities to be recognised and disseminated across the system at the earliest point in reviewing the case

# Child Death Overview Panel:

Our Child Death Overview Panel ( CDOP ) works across two health footprints which include the Mid Yorkshire Hospital Trust and the Calderdale and Huddersfield Foundation Trust.

During this reporting period we have developed a quarterly report to identify and analyse any changes that we can make or actions we can take that might help to prevent similar deaths in the future.

We have shared this learning with colleagues regionally and nationally so that the findings have a wider impact.

We have analysed trends and made targeted interventions in response to these. For example recommending access to swimming lessons if there were deaths from drowning or road calming measures for road traffic accidents in particular areas.

Specific areas of work undertaken during the year include:

Collaborative launch of ICON across Kirklees, extensive advertising: The ICON programme delivers four simple messages before birth and in the first few months of a baby's life:

- I** – Infant crying is normal
- C** – Comforting methods can help
- O** – It's OK to walk away
- N** – Never, ever shake a baby.



A working group commenced across West Yorkshire and Harrogate to explore safe sleeping

# Exploitation Strategic and Operational Sub group 20-21





# Exploitation Strategic and Operational Sub

## Influenced the following factors:

- New ways of working for contextual safeguarding for adolescence
- Bespoke support project for a) use of risk assessment tools, b) disruption toolkits and c) the use of data in relation to child exploitation across the wider footprint of West Yorkshire
- Diversion and prevention to support children away from prosecution
- Local reflection based upon a Ministerial letter relating to injuries with a knife or sharp object
- Work undertaken to review and respond to the COVID pandemic that considered Protecting children from a distance.

## Future work planned for 21 – 22:

- Enhanced Local Problem Profile
- Transfer of Chairing arrangements to the Police for future subgroups
- Development of the Trauma Navigator post
- Education and Inclusion

# Policies, Procedures and Guidance Sub Group

The Kirklees Safeguarding Children's Partnership co-ordinates the development of policies, procedures and practice guidance for safeguarding and promoting the welfare of children and young people in Kirklees. The group analyses the implications of national multi-agency policies, procedures, practice guidance or research findings in terms of the need to develop any additional local policy, procedures or practice guidance.

## Updated Procedures during reporting period

- Referral, Investigation and Assessment
- Single Assessment

## Children in Specific Circumstances:

- Child Exploitation: Policy, Procedures and Guidance
- Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation
- Interpersonal Violence and Abuse (IPVA) Young People's Relationships West Yorkshire Practice Guidance

## Protocols:

- Accumulation of Minor Injuries Protocol (Kirklees only)
- Harmful Sexual Behaviour

## Safeguarding Partnership Arrangements:

- Professional Disagreements and Escalation
- Victim blaming language guidance

# Domestic Abuse impact on Children task and finish group:

## **1) Key Support:**

A action plan was developed to enable the group to map existing and foreseeable gaps in service provision. Scoping document was developed for all agencies to contribute their gaps in service.

## **We recognised:**

Domestic abuse has a devastating impact on children and young people that can last into adulthood. Domestic abuse services can offer specialist emotional and practical support for children and young people that have been affected. This Task and Finish Group was undertaken to drive a robust multi-agency action plan.

## **2) Gap Analysis:**

A master scoping document was developed pulling out the key areas of each agencies gaps. 3 key questions were analysed for each agency which were 1) what is working well 2) whole service gaps & risks 3) next steps.

**3) SWOT:** A process mapping exercise was developed and then undertaken amalgamating all information from the scoping, wider multi-agency discussions and 3 key questions pulling out the themes in a SWOT process.

## **4) Impact and Outcomes:**

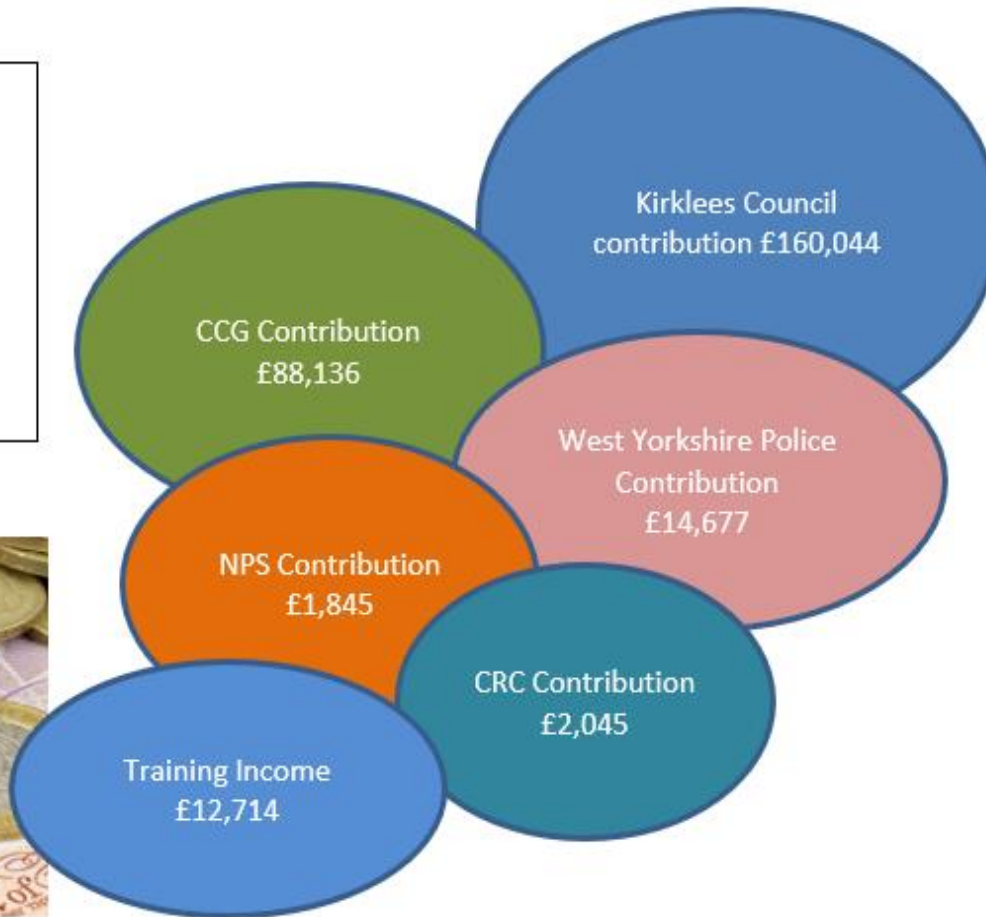
Therapeutic intervention services for children and young people affected by domestic abuse are being commissioned. Scoping work is being undertaken to support robust information feeding into risk assessments for both Adults and Children (DRAMM/MARAC). Domestic Abuse Strategy will be strengthened.

# Updates from Partner Agencies & Organisations



# Budget

<b>Income from Partners:</b>	<b>279,461</b>
<b>Staffing</b>	<b>230,616</b>
<b>Independent Scrutineer</b>	<b>23,942</b>
<b>SPR's</b>	<b>4,469</b>
<b>Website/software</b>	<b>30,842</b>
<b>Training</b>	<b>10,293</b>
<b>Supplies &amp; Services</b>	<b>7,419</b>



# Glossary

CAFCASS	Children and Family Court Advisory and Support Service	FGM	Female Genital Mutilation
CAMHS	Child and Adolescent Mental Health Service	HWB	Health and Wellbeing Board
CCG	Clinical Commissioning Group	IPVA	Interpersonal Violence and Abuse
CIN	Children in Need	KSCP	Kirklees Safeguarding Children Partnership
CPP	Child Protection Plan	LA	Local Authority
CSA	Child Sexual Abuse	LAC	Looked After Child(ren)
CSC	Children's Social Care	MARAC	Multi-agency Risk Assessment Conference
CSE	Child Sexual Exploitation	NPS	National Probation Service
CSP	Community Safety Partnership	PCSO	Police Community Support Officer
CWD	Children with Disabilities	PRU	Pupil Referral Unit
DA	Domestic Abuse	SPR	Safeguarding Practice Review
DAIC	Domestic Abuse Impact on Children	SEN	Special Educational Needs
DHR	Domestic Homicide Review	SUDI	Sudden Unexpected Death in Infancy
EHE	Elective Home Education	WYP	West Yorkshire Police
ES	Early Support	YPP	Young Person's Plan

# Partner Agency Documents

[South West Yorkshire Partnership NHS Foundation Trust](#)

[Calderdale and Huddersfield NHS Foundation Trust](#)

[North Kirklees Clinical Commissioning Group](#)

[Brunswick Centre](#)

[National Annual Review of CSPR`s](#)

[CDOP Annual Report](#)

[COVID Assurance](#)

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**Name of meeting:** Corporate Governance & Audit (CGA) and Council

**Date:** 15 July 2022 (CGA) & 7 September 2022 (Council)

**Title of report:** Proposed revisions to the terms of reference for the Kirklees Health & Wellbeing Board

**Purpose of report:** The purpose of this report is to seek approval for the proposed revisions to the Terms of Reference for the Health and Wellbeing Board

<b>Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?</b>	No
<b>Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports?)</a></b>	No
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	N/A
<b>Date signed off by <u>Strategic Director</u> &amp; name</b>  <b>Is it also signed off by the Service Director (Finance)?</b>  <b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	Richard Parry Strategic Director for Adults and Health
<b>Cabinet member <a href="#">portfolio</a></b>	Cllr Musarrat Khan - Health and Social Care

**Electoral wards affected:** N/A

**Ward councillors consulted:** N/A

**Public or private:** PUBLIC

**(Have you considered GDPR?)**

**This report contains no information that falls within the scope of the General Data Protection Regulation**

## 1. Summary

In accordance with The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, if the Council wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments.

On the 30<sup>th</sup> June 2022 the Health and Wellbeing Board, considered and endorsed the proposed amendments to the terms of reference.

## 2. Information required to take a decision

- 2.1 The national, regional, and local context the Board is operating within has undergone significant changes with the passing of the Health and Care Act 2022. The Act provides a new legislative framework to facilitate greater collaboration within the NHS and between the NHS, local government, and other partners, and to support the recovery from the pandemic.
- 2.2 Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at a local/place-based level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy, which both HWBs and ICSs will have to have regard to.

The key provisions of the Act that impact on the Health and Wellbeing Board (HWB) are:

- Establishment of Integrated Care Boards (ICB) and abolition of Clinical Commissioning Groups (CCG), with effect from the 1<sup>st</sup> July 2022. The West Yorkshire ICB will cover Kirklees, Calderdale, Wakefield, Bradford and Leeds.
  - The HWB in each local authority area is responsible for preparing a JSNA and a joint health and wellbeing strategy for their populations on behalf of their local authority and, previously their CCG. The Act transfers the responsibilities of CCGs to ICBs.
  - ICBs must have regard to relevant joint strategic needs assessments, the integrated care strategy for the local area and the joint local health and wellbeing strategy.
  - ICBs must involve each relevant health and wellbeing board in preparing or revising its forward plan setting out how they propose to exercise their functions, including proposals for health services, and action on the ICB's general duties and financial duties.
  - NHS England must conduct a performance assessment and publish a report on each ICB covering every financial year. In doing this they must consult each relevant HWB on its views on what the ICB has done to implement relevant joint local health and wellbeing strategies.
- 2.3 The West Yorkshire Health and Care Partnership is now established as the 'Integrated Care System' and the Partnership Board has been meeting formally since June 2019. The Council is represented by Cllr Pandor and Cllr Kendrick for 2022/23.
  - 2.4 The West Yorkshire ICB will establish 5 place-based Committees, including one for Kirklees. The ICB will delegate significant The ICB Constitution ([link](#)) 'creates the framework for the ICB to delegate much decision-making authority and resources to

our places'. The Council's Chief Executive will be a member of the Kirklees ICB 'place-based' Committee.

2.3 The Health and Social Care Act 2012 set out the core membership that health and wellbeing boards must include:

- at least one councillor from the relevant council
- the director of adult social services
- the director of children's services
- the director of public health
- a representative of the local Healthwatch organisation
- a representative of each relevant clinical commissioning group (CCG)
- any other members considered appropriate by the council

2.4 The current membership as set out in the Terms of Reference was amended in May 2021 ([link](#)). Those changes to membership 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. The report also highlighted other policy changes that have now been enshrined in the Health and Care Act 2022:

- 'primacy of place' which the White Paper recognised as 'most usually aligned with local authority boundaries'
- 'working together to integrate care' - embedding 2 forms of integration
  - within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle
  - greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

### 3. Proposals

3.1 Corporate Governance and Audit Committee and Council are asked to consider and agree the proposed revision to the Terms of Reference for 2021-22, specifically;

- Amending the membership of the Board to
  - reflect the creation of the Kirklees ICB Committee and the abolition of Kirklees CCG. The ICB representatives will be the Independent Chair and the Accountable Officer.
  - include a nominated representatives from a wider range of significant partners, including General Practice, Community Pharmacy, Social Care, West Yorkshire Fire and Rescue Service, the third sector, housing, schools, and the University of Huddersfield.
- Amending the Terms of Reference to
  - Reflect the new governance structures created by the Health and Care Act
  - Clarify the distinct role of the Board in relation to these new structures
  - Ensure the Board is actively engaged with the new structures.

Appendix 1 is the current version with the proposed changes marked with ~~strikethrough~~ text to be deleted, [blue](#) text to be added.

Appendix 2 is a the proposed new version.

#### **4. Implications for the Council**

##### **4.1 Working with People**

The extension of the membership will enable partners with a wider range of contacts with people who live, work and study in Kirklees to be reflected in the Board's work.

##### **4.2 Working with Partners**

The existing partnership arrangements between the council and partners will be strengthened and extended by including a wider range of partners as full members of the Health and Wellbeing Board.

##### **4.3 Place Based Working**

All the partners on the Board are committed to strengthening our place-based working arrangements. The Council has recently appointed 9 Lead Councillors for Primary Care Networks and Local Health Improvement.

It is anticipated that place-based working will be a core aspect of the refreshed Kirklees Joint Health and Wellbeing Strategy which is due later this year.

##### **4.4 Climate Change and Air Quality**

Whilst the revised Terms of Reference do not specifically reference climate change and air quality it is anticipated that climate change will be a core aspect of the refreshed Kirklees Joint Health and Wellbeing Strategy which is due later this year.

##### **4.5 Improving outcomes for children**

The Board has a specific responsibility to provide oversight of the Children and Young Peoples partnership and plan. The inclusion of representatives from schools and the University and making explicit the links with the Children's Safeguarding Partnership will also increase the focus of the Board on improving outcomes for children.

##### **4.6 Other (eg Legal/Financial or Human Resources)**

The Board has no decision taking responsibilities for service provision or finance. However, the Board will be represented on the Kirklees Integrated Care Board Committee that will have delegated powers to allocate funding and change service provision.

##### **4.7 Financial Implications for the Population**

There are no direct financial implications for the population.

#### **5. Consultees and their opinions**

The Health and Wellbeing Board endorsed the revisions to the terms of reference.

#### **6. Next steps and timelines**

Following consideration by Corporate Governance and Audit Committee, on the 15<sup>th</sup> July 2022, the report will progress to Full Council on 7<sup>th</sup> September 2022 for approval.

7. **Officer recommendations and reasons**

That the revised Terms of Reference of the Health and Wellbeing Board be approved.

9. **Cabinet portfolio holder's recommendations**

Not applicable

10. **Contact officer(s)**

Phil Longworth, Senior Manager – Integrated Support Kirklees Council

[Phil.longworth@kirklees.gov.uk](mailto:Phil.longworth@kirklees.gov.uk)

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Jenny Bryce-Chan, Principal Governance Officer

[Jenny.bryce-chan@kirklees.gov.uk](mailto:Jenny.bryce-chan@kirklees.gov.uk)

Tel: 01484 221000

11. **Background Papers and History of Decisions**

12. **Service Director responsible**

Julie Muscroft, Service Director, Legal Governance and Commissioning

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# Kirklees Health and Wellbeing Board Membership and Terms of Reference

## 1. Membership

~~Membership of the Board includes voting and non-voting members as set out below:~~

### ~~Voting members~~

- Three Members of Kirklees Council's Cabinet, one of whom may be the Leader
- One Senior Councillor from the main opposition group
- One Councillor from a political group other than the administration and main opposition group
- Director for Children Services (including as representative of the Children & Young Peoples Partnership)
- Director for Public Health
- Director of Adult Social Care
- One representative of local Kirklees Healthwatch
- ~~Three representatives of Kirklees Clinical Commissioning Group~~
- [Independent Chair \(or Member\) of the Kirklees Integrated Care Board Committee](#)
- [Kirklees \(ICB\) Accountable Officer/Place-based Lead](#)
- ~~One representative of Kirklees Integrated Health and Care Leadership Board~~

### ~~Non-voting members~~

- Chief Executive Kirklees Council
- Representative of NHS England

Nominated representative of significant partners:

- ~~Kirklees Primary Care Networks, which could come from one of the GP Federations acting on their behalf~~
- [General Practice](#)
- [Community Pharmacy](#)
- [Social Care providers \(nominated by Kirklees Care Association\)](#)
- Mid Yorkshire Hospitals Trust
- Calderdale and Huddersfield Foundation Trust
- South West Yorkshire Partnership Foundation Trust
- ~~Current community health provider~~ [Locala](#)
- West Yorkshire Police
- [West Yorkshire Fire & Rescue](#)
- [Third Sector \(nominated by Third Sector Leaders\)](#)
- [Schools](#)
- [University of Huddersfield](#)
- [Housing providers](#)

[Invited observers:](#)

- Representative of Kirklees Council Overview and Scrutiny

[The Council will appoint a Chair at the start of each Municipal Year.](#)

[The Board can appoint a Deputy Chair from its members at the first meeting of the Board in each municipal year. The Deputy Chair will normally be from a partner organisation other than the Council.](#)

## 2. Terms of Reference

The Health and Wellbeing Board is a statutory Committee of the Council bringing together the NHS, the Council and partners to:

The Board is a critical part of the governance structures for health and wellbeing across Kirklees and West Yorkshire.

~~a) Improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.~~

It is the main strategic partnership for Kirklees that brings together the NHS, the Council and partners to

- set the strategic direction for improving the health and wellbeing of the people who live, work and study in Kirklees
- reduce health inequalities, and
- promote co-operation and integration of services.

The Board will achieve this through<sup>1</sup>:

### Understanding Needs and Assets

- a) Developing, publishing and owning the **Joint Strategic Needs Assessment** for Kirklees (JSNA) (which is known locally as the Kirklees Joint Strategic Assessment (KJSA)) to inform local planning, commissioning and delivery of services and meet the legal responsibilities of Kirklees Council and the Clinical Commissioning Groups.
- b) Publishing and maintaining a statement of needs for pharmaceutical services (**the Pharmaceutical Needs Assessment**) across the Kirklees area.

### Setting out a Health and Wellbeing Strategy

- c) Developing, publishing and owning the **Joint Health and Wellbeing Strategy** for Kirklees, based on the KJSA and other local intelligence, to provide the overarching framework for planning, commissioning and delivery of services.

### Promoting co-operation and integration

- ~~d) Provide the structure for overseeing local and regional planning and accountabilities for health and wellbeing related services and interventions and the development of sustainable integrated health and social care systems including children and young people's partnership arrangements.~~
- e) **Promoting co-operation and integration** and across the Council, NHS, social care, public health and other bodies in the planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees, including as part of regional working.
- f) Establishing and maintaining links and active co-operation with the West Yorkshire Integrated Care Partnership, the West Yorkshire Integrated Care Board (ICB) and the Kirklees Place-based subcommittee of the ICB, and other regional working structures.

### Overseeing delivery of the Health and Wellbeing Strategy

- g) Assuring plans and delivery of key partnerships (eg Kirklees Health and Care Partnership) and programmes (eg the Kirklees Children and Young Peoples Plan), including that they have taken sufficient account of the Kirklees Joint Strategic Assessment, the Kirklees Health and Wellbeing Strategy, and the commitment to co-operation and integration.

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<sup>1</sup> The Boards statutory functions are shown in **bold**



- ~~h) Provide strategic leadership and oversight of key programmes, such as the Kirklees Health and Wellbeing Plan, Better Care Fund, including the Children & Young Peoples Plan and to encourage use of associated pooled fund arrangements where appropriate.~~
- ~~i) Ensure the involvement and engagement of service users, patients and the wider public in planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees.~~
- ~~j) Provide assurance that the commissioning and delivery of plans of partners have taken sufficient account of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.~~
- k) Ensure that the Council's statutory duties in relation to health protection arrangements and plans are delivered through the work of its sub-committee, the Kirklees Health Protection Board.
- l) Exercise any other functions of the Council delegated to the Board by the Council.

To facilitate co-ordination and integration the Chair, or their nominee, will:

- represent the Kirklees Health and Wellbeing Board at the West Yorkshire Integrated Care Partnership
- attend the formal meetings of the Kirklees Integrated Care Board Committee
- participate in the formal Kirklees health and care system assurance process
- liaise with the Chairs of the Children's Safeguarding Partnership, Adult Safeguarding Board and other formal partnership bodies in Kirklees as required.

### 3. Voting Rights

~~See membership list~~

All members of the Board are entitled to vote.

The Chair has the casting vote.

In accordance with The Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013, if the Council's wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments.

### 4. Substitute Members

Board Members can send a substitute to represent them should they be unable to attend and if appropriate cast their vote.

### 5. Quorum

The quorum for the board will be attendance by ~~50% of the accountable and 50%~~ **one third** of the membership.

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# **Kirklees Health and Wellbeing Board Membership and Terms of Reference**

## **1. Membership**

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- Calderdale and Huddersfield Foundation Trust
- South West Yorkshire Partnership Foundation Trust
- Locala
- West Yorkshire Police
- West Yorkshire Fire & Rescue
- Third Sector (nominated by Third Sector Leaders)
- Schools
- University of Huddersfield
- Housing providers

Invited observers:

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Promoting co-operation and integration

- d) **Promoting co-operation and integration and** across the Council, NHS, social care, public health and other bodies in the planning, commissioning and delivery of services to improve the wellbeing.
- e) Establishing and maintaining links and active co-operation with the West Yorkshire Integrated Care Partnership, the West Yorkshire Integrated Care Board (ICB) and the Kirklees Place-based subcommittee of the ICB, and other regional working structures.

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- f) Assuring plans and delivery of key partnerships (eg Kirklees Health and Care Partnership) and programmes (eg the Kirklees Children and Young Peoples Plan), including that they have taken sufficient account of the Kirklees Joint Strategic Assessment, the Kirklees Health and Wellbeing Strategy, and the commitment to co-operation and integration.
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