

Public Document Pack



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

Julie Muscroft

Governance and Commissioning

PO Box 1720

Huddersfield

HD1 9EL

Tel: 01484 221000

Please ask for: Jenny Bryce-Chan

Email: jenny.bryce-chan@kirklees.gov.uk

Wednesday 16 November 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 24 November 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	Cabinet Member - Health and Social Care
Councillor Carole Pattison	Cabinet Member for Learning, Aspiration and Communities
Councillor Mark Thompson	Ward Councillor - Birstall and Birkenshaw Ward
Councillor Kath Pinnock	Ward Councillor - Cleckheaton Ward
Mel Meggs	Director for Children's Services
Rachel Spencer-Henshall	Strategic Director - Corporate Strategy, Commissioning & Public Health
Richard Parry	Strategic Director - Adults and Health
Carol McKenna	Kirklees (ICB) Accountable Officer/Place-based Lead
Karen Jackson	Chief Executive, Locala
Stacey Appleyard	Kirklees Healthwatch
Ruth Buchan	Community Pharmacy
James Creegan	Social Care providers (nominated by Kirklees Care Association)
Christine Fox	Housing Partnership
Dale Gardiner	West Yorkshire Fire & Rescue
Superintendent Jim Griffiths	West Yorkshire Police
Liz Mear	Independent Chair (or Member) of the Kirklees Integrated Care Board Committee
Sean Rayner	South-West Yorkshire Partnership Foundation Trust
Len Richards	Mid Yorkshire Hospitals Trust
Catherine Riley	Calderdale and Huddersfield NHS Foundation Trust
Dr Nick Hardiker	University of Huddersfield
Alasdair Brown	Third Sector Leaders

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

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

2: Minutes of previous meeting

1 - 10

To approve the minutes of the meeting of the Board held on the 22nd September 2022.

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.

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.

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.

6: Public Question Time

The Board will hear any questions from the general public.

7: Inclusive Communities Framework

The Board will receive a presentation, and is being asked to support the implementation of the Inclusive Communities Framework and to note progress to date.

Contact: Jo Richmond, Head of Communities and Caroline Henderson, Partnership Officer

8: Kirklees Health and Wellbeing Strategy implementation plan

13 - 16

The purpose of the report is to seek the Boards support for the proposed approach to implement the Kirklees Health and Wellbeing Strategy.

Contact: Emily Parry-Harries, Consultant in Public Health, Phil Longworth, Senior Manager, Integrated Support, Stacey Appleyard, Director of Healthwatch Kirklees

9: Future Commissioning Arrangements for Community Pharmacy, Optometry and Dental Services

The Board will receive a verbal update on the future commissioning arrangements for Community Pharmacy, Optometry, and Dental Services.

Contact: Carol McKenna, Accountable Officer (Kirklees)

10: Adult Social Care Reforms

The Board will receive a presentation on Adult Social Care Reforms and the implementation in Kirklees.

Contact: Richard Parry, Strategic Director, Adults and Health and Alexia Gray, Head of Quality Standards and Safeguarding Partnerships

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 22nd September 2022

- Present:
- Councillor Viv Kendrick (Chair)
 - Councillor Musarrat Khan
 - Councillor Carole Pattison
 - Councillor Mark Thompson
 - Richard Parry
 - Carol McKenna
 - Karen Jackson
 - Stacey Appleyard
 - Christine Fox
 - Dale Gardiner
 - Catherine Riley
- In attendance:
- Phil Longworth, Kirklees Council
 - Alex Chaplin, Kirklees Council
 - Caitlin Davies, South-West Yorkshire Partnership Foundation Trust
 - Vanessa Taylor, Huddersfield University
 - Emma Hall, Mid Yorkshire Hospitals NHS Trust
 - Alasdair Brown, Third Sector Leader
 - Tom Brailsford, Kirklees Council
 - Owen Richardson, Kirklees Council
 - Paul Harris, Kirklees Council
 - Esther Ashman, NHS West Yorkshire ICB
 - Emily Parry-Harries, Kirklees Council
- Apologies:
- Councillor Kath Pinnock
 - Ruth Buchan
 - James Creegan
 - Superintendent Jim Griffiths
 - Liz Mear
 - Jacqui Gedman
 - Rachel Spencer-Henshall
 - Len Richards
 - Dr Nick Hardiker
 - Mel Meggs
 - Sean Raynor

13 Membership of the Board/Apologies

Apologies were received from Cllr Kath Pinnock, Mel Meggs, James Creegan, Superintendent Jim Griffiths, Sean Rayner, Dr Nick Hardiker, Len Richards, Liz Mear, Rachel Spencer-Henshall, Jacqui Gedman and Ruth Buchan

Tom Brailsford attended as sub for Mel Meggs
Caitlin Davies attended as sub for Sean Rayner
Vanessa Taylor attended as sub for Dr Nick Hardiker
Emma Hall attended as sub for Len Richards
Emily Parry-Harries attended as sub for Rachel Spencer-Henshall

14 Minutes of previous meeting

That the minutes of the meeting held on the 30 June 2022, be approved as a correct record.

15 Interests

No interests were declared.

16 Admission of the Public

All agenda items were considered in public session

17 Deputations/Petitions

No deputations or petitions were received.

18 Public Question Time

No public questions were asked.

19 Health and Wellbeing Board Terms of Reference Update

Phil Longworth, Senior Manager Integrated Support, updated the Board on the recent amendments to the Health and Wellbeing Board's Terms of Reference (ToR).

The Board was reminded that at a previous meeting, the Board was advised that as the Health and Wellbeing Board is a committee of the Council, any revisions to the ToR would have to be formally signed off by Full Council, and at a recent meeting of Council, the revised Terms of Reference were approved.

The membership of the Board has also been updated, however there are still a few places that still need to be filled, and consideration will need to be given to who will take up the role of the Vice-Chair of the Board. The aim is to formalise the appointment of the Vice-Chair at the next Board meeting.

RESOLVED

That the information on the revised terms of reference for the Health and Wellbeing Board be noted.

20 2022-25 Pharmaceutical Needs Assessment update

Owen Richardson, Data and Insight Enablement Lead, Public Health, provided the Board with an update on the 2022-25 Pharmaceutical Needs Assessment (PNA). The Board was informed that work is being undertaken to publish the next PNA which is due to be published on the 1st October 2022.

A draft copy of the document was circulated in June 2022, and went out for 60-day public consultation, however, there was minimal feedback. The information has been updated and no gaps have been identified in pharmaceutical provision in Kirklees. The next step will be to publish the latest version once it has been signed off by the Health and Wellbeing Board. The information will then be available on the website before the 1st October 2022.

A question was asked whether there was actions being taken on repeat prescriptions sent to the elderly or disabled individuals who are unable to stop their prescriptions as it can result in wasted medications, and does the PNA address this?

In response, the Board was advised that this is not within the scope of the PNA, however, members suggested that the question be directed to Ruth Buchan, Community Pharmacy West Yorkshire as there are specific rules regarding the return of medicines.

RESOLVED

That

- a) Owen Richardson be thanked for providing an update on the Pharmaceutical Needs Assessment
- b) Sign off of the final version of the 2022-25 Pharmaceutical Needs Assessment be approved by the Board
- c) That a question regarding the return of unused medication be directed to Ruth Buchan, Community Pharmacy, West Yorkshire

21 Joint Health and Wellbeing Strategy

Emily Parry-Harries, Consultant in Public Health and Phil Longworth, Senior Manager Integrated Support, presented the final version of the Joint Health and Wellbeing Strategy (JHWS).

The Board was reminded that the draft strategy was presented to the Health and Wellbeing Board, at its meeting in June 2022. The response from the Board at the time was that there should be further engagement with partners and that particular elements of the strategy needed to be simplified. This work has now been undertaken and the final draft is being presented to the Board for sign off.

Emily Parry-Harries, informed the Board that it is important to thank all the people who have done the hard work of pulling the information together and facilitating the various conversations.

Health and Wellbeing Board - 22 September 2022

The Board was informed that the Health and Wellbeing Strategy, outlines the shared commitment to improving the health and wellbeing of all who live, work and study in Kirklees. The Board was reminded that developing the strategy is a statutory responsibility of the Health and Wellbeing Board and forms part of the Council policy framework, and it also forms part of the Integrated Care Board's statutory arrangements. It is an important document that people are required to refer to and take account of.

This is a high level strategy that sets the tone and highlights how things are done and will be supported by a range of specific strategies and plans. The Health and Care Partnership will have a key role in shaping the health and care services to deliver on the Joint Health and Wellbeing Strategy.

The process of developing the strategy has included a great deal of engagement and conversations. Feedback has been gathered from local partner organisations, use has been made of the information from the Currently Living in Kirklees (CLiK) survey and Healthwatch has been a significant partner in developing the 'I' statements which sets the tone to articulate the issues that are important to local people. There has also been the use of local and national intelligence, such as the Kirklees Joint Strategic Assessment (KJSA), the Director of Public Health annual report, and key national reports, for example those developed by Michael Marmot.

There have been many changes since the JHWS was approved in 2014, some of the most notable that were not reflected in the previous JHWS include:

- Covid pandemic
- Cost-of-living crisis
- Recognition of the climate emergency
- Significant changes to the partnership landscape, for example the development of the Integrated Care Board
- Localities/neighbourhoods
- Kirklees 'place'
- West Yorkshire

In addition, there has also been a wider recognition of the importance of:

- The impact of poverty and housing on people's health and wellbeing
- Tackling inequalities and promoting inclusion
- Recognising, understanding, and working with distinct communities
- Working with communities and individuals rather than just doing things to or for them
- The potential of digital technology for improving health and wellbeing

The Board was informed that it is important to recognise that the JHWS is part of the process on how to improve the lives of the population of Kirklees, and, recognising the interdependencies between the Health and Wellbeing strategy, the Inclusive Communities Framework, the Inclusive Economy Strategy, and the Environment Strategy.

Health and Wellbeing Board - 22 September 2022

Referring to the 'Rainbow model', the Board was informed that there are a wide range of issues that impact on people's health and wellbeing, and some of those issues are beyond Kirklees. While it is possible to respond to the impact of those issues, it is not possible to influence them to be any different, however it is important to recognise those wider determinants.

The strategy is for people of all ages who live, work or study in Kirklees, because all of those people contribute a great deal to what makes this a vibrant and good place to live. The 'I' Statements were developed with Healthwatch, and has been very much informing the things that are emphasised within the strategy which reflects what people have said is important to them.

The vision for the Health and Wellbeing Strategy is:

"People of all ages who live work or study in Kirklees live their best lives with good health and wellbeing, free from inequality, stigma, discrimination and barriers, so they can do and enjoy the things that matter to them".

Our Values

- We believe everyone has the right to good health and wellbeing
- We are committed to getting rid of health and wellbeing inequalities
- We value difference and promote fair access to opportunities and resources
- We are committed to addressing the wider factors that influence and impact on health and wellbeing
- We are committed to enabling communities and individuals to adapt and thrive

JHWS Approach (ways of working)

- We work with communities and individuals, and don't do things to them
- We recognise that who you are, and where you live, work and study, impacts on your health, wellbeing, and inequalities
- We make the most of the diverse knowledge, experience and skills of our communities and colleagues
- We develop and strengthen skills and resources in local communities and organisations
- We have the courage to be creative and innovative
- We make sure our work is intelligence, evidence and insight driven
- We focus on prevention and early identification and intervention
- We build and maintain strong relationships with effective working partnerships and systems
- We provide high support and high challenge to partners and colleagues
-

The Board was reminded that the JHWS will support the achievement of the 8 Kirklees shared outcomes, particularly the first 4.

1. Children - have the best start in life
2. Healthy – people in Kirklees are as well as possible for as long as possible
3. Independent - People in Kirklees live independently and have control over their lives

Health and Wellbeing Board - 22 September 2022

4. Shaped by people - We make our places what they are
5. Safe & cohesive
6. Achievement
7. Economic
8. Clean & Green

To achieve this the Strategy identifies 3 priorities

- Mental Wellbeing
- Healthy Places
- Connected Care and Support

And in tackling these priorities and delivering the range of plans for specific issues that we need to consider the impact of a range of factors:

- Poverty
- Inequalities and inclusion
- Shaped by People
- Digital
- Housing Climate Emergency

The Board was informed that there is also a need to develop a Health and Care Plan for Kirklees, which will:

- Detail how the Health and Care Partnership will deliver primarily the Connected Care and Support Priority of the refreshed JHWS (recognising the interdependency with the Healthy Places and Mental Wellbeing Priorities)
- Respond to the West Yorkshire ICP five-year Strategy refresh and Joint Forward Plan
- Respond to anticipated refresh of the national strategic priorities

The Board was presented with a number of questions for discussion as follows:

- How are Health & Wellbeing Board (H&WB) members going to use the JHWS?
- How does the JHWS help shape the work of the HWB?
- How can the Board support embedding the JHWS in the culture of our organisations and partnerships?
- How does the Board want to assess the impact of the JHWS?

In response to the information presented, the Board made a number of comments as follows:

- to shape the work of the Health and Wellbeing Board, it would be important to use the priorities and factors to theme future board meetings
- reinforcing what has already been said, it is important to thank everyone involved because it has been an extensive piece of work
- the strategy makes reference to other supporting and enabling strategies, and while the Health and Care Partnership has a strong role in delivering the JHWS, it is important to have a shared dialogue and a link with other sectors such as the economic sector for example
- there should be a regular standing agenda item, which provides feedback and monitors performance and progress of the JHWS

- recognising the way our partnership arrangements have evolved and matured since the original JHWS the Strategy it should be renamed as the Kirklees Health and Wellbeing Strategy.

RESOLVED

That:

- a) The Board approves the draft refreshed Kirklees Health and Wellbeing Strategy
- b) Authority be delegated to the Strategic Director of Corporate Strategy, commissioning, and Public Health to make any final minor amendments which may be necessary to take account of comments at future Board meetings

22 West Yorkshire Integrated Care Board Strategy

Esther Ashman, Associate Director Strategy, updated the Board on the West Yorkshire Integrated Care Board Strategy, advising that since transitioning to the new statutory arrangements on the 1st July 2022, there is a requirement to develop or refresh a five-year strategy. The West Yorkshire Integrated Care system, has a strategy in place which was published in 2019, and was subject to a long period of engagement and co-production with communities and organisations, where a set of ambitions and a strategy was developed.

The aim this time has been to try and take a different approach, and involves pulling together a design strategy group with representatives from across the breadth of the partnership, an inclusive group of approximately 40 people and it is growing. The offer is always open to get more organisations and community groups to join. It involves people from all the places, all the collaboratives, providers, voluntary and community sectors and Healthwatch, a good spread of people. Through the process of the strategy refresh, the aim is to try and create a new way of working in the partnership to build system leadership and system development.

The process has been co-designed with the design strategy group, and engaging with individuals within spheres of influence, to get much further afield in engagement to try and get everyone's views encompassed in this.

The strategy has been in place since 2019, and the message over the last few months has been not to abandon the 10 big ambitions as they are still relevant for West Yorkshire and not to completely rewrite the strategy. The aim is not to do a wholesale refresh of the actual strategy, as approximately 20% of the work is writing a high level document and 80% is about the delivery. It is important that this is not just a strategy that sits on a shelf, but the impact is felt by the people on the ground and that they are able to describe that things feel differently.

As part of the work, and from the document you will note that it includes insight and evidence from people through Healthwatch who has undertaken mapping of what has been gleaned from the population over the last few years. There is also insight from partners and stakeholders included in the document.

Health and Wellbeing Board - 22 September 2022

Referring to a diagram in the appended report, the Board was informed that the diagram gives an overview of how everything fits together. In the diagram it shows the West Yorkshire Integrated Care Strategy that is owned by the Integrated Care Partnership. The Partnership Board is not just NHS, it involves a wide range of organisations including housing and the police. This is a high level strategy which describes the approach to be taken, including the issues that NHS England says that needs to be done, and it includes the things that are important for the people of West Yorkshire, the 10 big ambitions.

It is also important not to lose sight of the delivery, and there is a requirement to develop a five-year Joint Forward Plan which will be owned by the Integrated Care Board. The forward plan will need to illustrate delivery of that strategy and delivery of the health and wellbeing strategies. Work is currently underway with representatives from across the partnership to co-design a process to ensure meaningful alignment of the forward plan, operational planning, Better Care Fund, and winter planning to the integrated care strategy. There are other strategies that feed in and will help with delivery such as the finance strategy, the people strategy, and the digital strategy.

The Board was informed that there are things that will need to change in the strategy as a result of what has been heard. On the engagement that has been undertaken, poverty and cost-of-living feature high on the agenda and there is a need to embed that through the 10 big ambitions, and some work has been done with the strategy design group around that. Special Educational Needs, is also coming out strongly, and the need to strengthen the children and families' ambitions. The climate change ambition will need to be refined and conversations on this will be held shortly. Broader ambitions are included around GP and dental access, and in the lifetime of the strategy, the ICB will take on delegated authority for dental service, optometry, community pharmacy and some elements of specialised commissioning and this will need to be factored into the strategy. The strategy will take on a life-course approach from conception right through to end of life.

The Board commented that ambition verses realism in some aspects of the strategy may be a difficult balance, and this may lead to disheartenment if certain ambitions are not achieved.

RESOLVED

That:

- a) The approach to refreshing the strategy in line with partnership principles and operating model be noted
- b) The Board supports the proposition to refine the Partnerships' 10 big ambitions to reflect the citizen and partner insight
- c) The Board notes the intention to build a delivery framework which aligns the strategy with the Joint Forward Plan, operational planning, Better Care Fund and Winter Planning and maintains an improvement ethos

23

SEND Update

Tom Brailsford, Service Director Resources, Improvement & Partnership and Paul Harris, Improvement Partnership and Voice, provided the Board with an update on the SEND Transformation Plan.

Tom Brailsford informed the Board that a great deal of activity had taken place since the Board signed off the transformation plan approximately 18 months ago. Since then, there has been involvement with 'Safety Valve', which is an agreement, with central government regarding how to improve access to services and reduce overspend with financial support from the government. There has been a SEND inspection which has involved the whole partnership. It was timely to bring this update to the Board, rather than just providing an update on the requirement to produce a written statement of action following the inspection.

Paul Harris, advised the Board that the development of the transformation plan, was a co-production with partners, parents, and young people, to ensure it reflects the aspirations for people in Kirklees.

The following information was presented to the Board:

- The Kirklees SEND Transformation Plan, consists of five key workstreams with multiple projects sitting within them. This is underpinned by key enabling activities or building blocks with a focus throughout on co-production
 - 1) Models of practice
 - 2) Inclusion
 - 3) Early intervention
 - 4) Commission & sufficiency
 - 5) Preparing for adulthood
- The SEND age range goes from 0-25, covering both children and adults. The intention in the transformation plan is to align all the activities in a planned and sequenced way, to ensure it has the maximum impact.
- As this programme has been going for 18 months, it has already delivered a number of successful outcomes. This includes transforming the refreshed 'Local Offer', to make it more user friendly and provide a clearer guide to what is taking place in Kirklees. The Inclusion Support Offer, was worked on with schools, and provides details and support to SENCOs who have issues and want to talk through particular cases. The feedback has been positive, and this is an example of the transformation plan delivering its aims.
- Within the Safety Valve, there are a range of things that have been committed to and have already started to see the investment coming into the pipeline. There are investments around special schools and school satellite provision. A provision placed in mainstream settings which links to the special schools. There are a range of other priorities which will transform the capacity within Kirklees and enable more children to have their education and needs met within Kirklees rather than going to external provisions

Health and Wellbeing Board - 22 September 2022

- The Safety Valve is a partnership between Kirklees and the DfE, which aims to address historic pressure on the high needs block which has been an issue for many local authorities and is a real pressure in Kirklees. It is bringing in approximately £40m over a five-year period, and the expectation is to be able to demonstrate to the DfE that things are being delivered, and project plans are making significant difference and control of expenditure is coming down. Supporting that, is a series of work streams that all emanate from the transformation plan
- Ofsted/CQC Inspection Outcome - Between the 7th and 11th February 2022, Ofsted and the CQC conducted a joint inspection to judge the effectiveness of the area in implementing SEND reforms in Children and Families Act 2014. The published Inspection report, which is publicly available, highlighted the requirement for a 'Written Statement of Action' (WSOA) because of two significant areas of weakness. The inspection areas identified a number of issues, however, most of those issues, had already been identified, and were part of the transformation plan.
- The areas of weakness are:
 - *The poor delivery of the HCP which does not support the identification of SEND in children at the earliest opportunity consistently.*
 - *Weaknesses in the area's ability across services and within settings to identify and meet the needs of children and young people with SEND who are in mainstream settings.*
- The one area that they place more emphasis that was expected was around the 'Healthy Child Programme' and our compliance in relation to statutory visits
- In response, a Written Statement of Action will have to be produced for the two areas of weakness. It is disappointing to get a WSOA, but it is not surprising, virtually every local authority since Covid, who have had a SEND inspection has ended up with some form of written statement of action and a number of authorities in this area has had more than two points. For Kirklees, it was already being addressed ahead of the inspection, and a WSOA has been submitted and a response from Ofsted is awaited.

The Key issues for the Health and Wellbeing Board to note are:

- Approach is a whole partnership approach – SEND age range is 0 – 25
- Annual review of Transformation Programme starting
- Transformation Programme is essential delivery vehicle for Safety Valve Programme
- Our response links WSOA to Transformation and will incorporate Healthy Child Programme improvements

RESOLVED:

That Tom Brailsford and Paul Harris be thanked for providing an update on SEND.

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

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

(b) either -

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

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

KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 24 th November 2022
TITLE OF PAPER: Implementing the Kirklees Health and Wellbeing Strategy
<p>1. Purpose of paper</p> <p>The purpose of this paper is to seek the Board’s support for the proposed approach to implementing the Kirklees Health and Wellbeing Strategy (KHWS).</p>
<p>2. Background</p> <p>The Board approved the refreshed Kirklees Health and Wellbeing Strategy at its September meeting.</p> <p>The Strategy is now available online here.</p>
<p>3. Proposal and next steps</p> <p>3.1 Embedding the Kirklees Health and Wellbeing Strategy in other Strategies and Plans</p> <p>The KHWS is a high-level strategy – the detail is in the plans and strategies for specific issues that sit underneath and alongside it. Therefore, we will:</p> <ul style="list-style-type: none"> • Continue to work with leads on other Top-tier Strategies i.e. Inclusive Economy, Environment and the Inclusive Communities Framework to identify key interdependencies and how to <ul style="list-style-type: none"> • clearly articulate the the key contributions and impacts, and • ensure active collaboration on tackling the shared priorities. • Continue to work with the West Yorkshire Health and Care Partnership on developing the WY Health and Care Strategy • Complete a mapping of the key supporting strategies and plans • Continue working with the leads for those key strategies and plans to <ul style="list-style-type: none"> • identify examples of current activity that showcases the KHWS approach and contribution to delivering the priorities • agree how the KHWS can inform/influence future planning and delivery • Develop the Kirklees Health and Care Plan that will provide the detail of how the Kirklees Health and Care Partnership will <ul style="list-style-type: none"> • contribute to delivering the KHWS • respond to the emerging West Yorkshire ICP Strategic Plan and the anticipated refresh of the national strategic priorities. <p>3.2 Delivery of the KHWS</p> <p>The KHWS recognises that delivery of the Strategy will be through:</p> <p>a) Action on the KHWS priorities</p> <p>The Appendices set out our local ambitions, action for partners and local people, I statements that show what good would look like for local people, success indicators and key delivery plans for each priority.</p> <ul style="list-style-type: none"> ○ Mental Wellbeing <ul style="list-style-type: none"> This will be delivered through the Kirklees All-age Mental Health Strategy and overseen by the Mental Health Alliance ○ Healthy Places <ul style="list-style-type: none"> Arrangements for oversight of this priority are still being developed.

- Connected Care and Support

This will be delivered through the emerging Kirklees Health and Care Plan and overseen through the Kirklees Health and Care Partnership.

- b) Delivery of key strategies and plans e.g., Kirklees Health and Care Plan, Children & Young Peoples Plan, Everybody Active Strategy, Loneliness Strategy, Ageing Well Strategy etc. Plus individual organisations corporate plans - see above.
- c) Action by people who live, work or study in Kirklees
To support this, we will raise awareness of the key element so the KHWS – with a focus on real examples of local action across Kirklees.

3.3 Raising awareness of the KHWS

Kirklees Healthwatch are currently working up a comprehensive communications plan to raise awareness of the KHWS.

To support this we are developing a suite of resources to help people who live work or study in Kirklees to see how they can contribute to and expect to be impacted by the KHWS. This will include

- ‘Plain English’ and ‘infographic’ versions of the Strategy
- Interactive content, particularly highlighting the KHWS in action – examples of existing activity that exemplifies the approach set out in the Strategy, that can be shared through a wide range of channels
- Co-producing ‘locality’ version of the Strategy that connects local activity and plans to key elements of the Strategy
- a self assessment tool to support services/organisations/partnerships to identify how they can support the implementation of the KHWS.

3.4 Indicator Framework

The Kirklees Shared Outcomes are a key element of the Strategy. Work is underway to refresh of the basket of headline indicators that have been in place for several years, and are an important element of the Joint Strategic Assessment that the Board approves annually. An important consideration is how the indicators help our understanding of inequalities in Kirklees.

In addition to these headline indicators each of the 3 KHWS priorities has also identified a range of ‘success indicators’. To support the ‘check and challenge’ process (see below) these are being collated by the Public Health Intelligence Team at a Kirklees and locality level.

This will be one of the tools to help people use the indicators in their planning, delivery and ‘check and challenge’ for their service/organisation/partnerships.

3.5 Embedding the ways of working

The engagement activity we undertook to develop the KHWS highlighted a range of issues about how we work with individuals, families, communities, and together as partners. The KHWS sets out a clear set of values and ways of working (See Section 4).

This culture change will be as important as the focus on the priorities and factors and will require determined and consistent effort over the lifetime of the JHWS to embed these ways of working.

Further work is needed with relevant colleagues across the system to understand how the current learning and organisational development offer, and the work on implementing other key strategies and plans, can support this aspect of implementation.

3.6 'Check and challenge'

The Board has set an expectation that having set the strategic direction through the KHWS, partnerships and partners take responsibility for delivery and the Board will receive regular updates on delivery and provides 'check and challenge' to the system. Across the Kirklees Partnership there is a shared commitment to tackling inequalities, where outcomes for local places and communities are unfair and unequal. This commitment underpins each element of this 'check and challenge' process.

The KHWS clarifies that this 'check & challenge' process needs to be against:

- The JHWS vision, values & ways of working
- Delivering on the 'I' statements
- Achieving the ambition, delivering the local partner actions and progress against the success indicators for each of the 3 KHWS priorities
- Consideration of 6 factors in delivering the 3 KHWS priorities and key strategies and plans
- Contributing to other top tier strategies, the 8 Kirklees Shared Outcomes and the West Yorkshire Health and Care Partnerships 10 ambitions.

The Strategy recognises the importance of this 'check and challenge' operating in 3 arenas

- In individual organisations and services
- In formal and informal partnerships
- In the statutory governance structures in Kirklees.

The Health and Wellbeing Board has overall responsibility for the KHWS and will hold partners and partnerships to account for their contribution to delivering the KHWS.

To support this process we are developing an 'Implementation Tool' to help people work through how they can maximise their contribution to the KHWS.

The Board also agreed that it would be useful to theme future meetings around the key aspects of the KHWS. Therefore it is proposed that there is a focus on each of the priorities based on the timetable below. The Implementation Tool will provide a structure to these sessions.

To complement this we will schedule discussions around the other Top-Tier Strategies, so the Board has the opportunity to influence and be aware of the key interdependencies. The Inclusive Communities Framework is being discussed at the November Board meeting.

HWBB Meeting	KHWS Priority	Other key Strategy/Plan	Top Tier Strategy
24 th November 2022			Inclusive Communities Framework
2 nd February 2023	Mental Wellbeing	Kirklees Health and Care Plan	Environment Strategy (tbc)
30 th March 2023	Connected Care and Support	Kirklees Health and Care Plan	Inclusive Economy Strategy (tbc)
May/June 2023	Healthy Places		

<p>4. Financial Implications</p> <p>None at this stage.</p>
<p>5. Sign off</p> <p>Rachel Spencer-Henshall, Strategic Director of Corporate Strategy, Commissioning and Public Health, Kirklees Council</p>
<p>7. Recommendations</p> <p>The Kirklees Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none">• comment on and support the proposed approach to implementing KHWS.• consider how Board members can support the different elements of the KHWS implementation plan.
<p>8. Contact Officer</p> <p>Emily Parry-Harries, Consultant in Public Health, Kirklees Council emily.parry-harries@kirklees.gov.uk</p> <p>Stacey Appleyard, Director - Healthwatch Kirklees stacey.appleyard@healthwatchkirklees.co.uk</p> <p>Phil Longworth, Senior Manager – Integrated Support, Kirklees Council phil.longworth@kirklees.gov.uk</p>