

Public Document Pack



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

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Wednesday 10 January 2024

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Thursday 18 January 2024**.

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".

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 Jackie Ramsay (Chair)	
Councillor Elizabeth Reynolds	Cabinet Member - Learning and Aspiration
Councillor Mark Thompson	Ward Councillor - Birstall and Birkenshaw Ward
Councillor Kath Pinnock	Ward Councillor - Cleckheaton Ward
Councillor Moses Crook	Cabinet Member - Housing & Highways
Tom Brailsford	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
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
Nicola Goodberry Kenneally	Chief Executive Officer, Community Pharmacy West Yorkshire
Liz Mear	Independent Chair 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
Alasdair Brown	Third Sector Leaders
Dr Khalid Naeem	General Practice Representative
Dr Vanessa Taylor	University of Huddersfield
Warren Gillibrand	University of Huddersfield

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 - 16

To approve the minutes of the meeting of the Board held on the 29th June 2023.

3: Interests

17 - 18

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/or 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 submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the Public must submit a deputation at least three clear working days in advance of the meeting and shall subsequently be notified if the

deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

6: Public Question Time

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted at least three clear working days in advance of the meeting.

7: Special Educational Needs and Disability Programmes

19 - 54

The Board will receive information on The Big Plan – SEND Strategy Refresh; SEND Governance arrangements, and an update on the Written Statement of Action.

Contact: Jo-anne Sanders, Service Director, Learning and Early Support

8: Kirklees Health and Care Partnership - Starting Well Programme

55 - 66

The Board will receive information on Starting Well (An update on the refreshed governance and accountability arrangements, including the role and scope of the new Board and groups reporting to it; HWBB role in governance; Children and Young People Partnership changes and update).

Contact: Jo-Anne Sanders, Service Director, Learning and Early Support

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 29th June 2023

- Present:**
- Councillor Viv Kendrick (Chair)
 - Councillor Musarrat Khan
 - Councillor Mark Thompson
 - Rachel Spencer-Henshall
 - Richard Parry
 - Carol McKenna
 - James Creegan
 - Christine Fox
 - Superintendent Jim Griffiths
 - Liz Mear
 - Alasdair Brown
- In attendance:**
- Lucy Wearmouth, Kirklees Council
 - Rebecca Elliott, Kirklees Council
 - Vanessa Taylor, University of Huddersfield
 - Alex Chaplin, Kirklees Council
 - Owen Richardson, Kirklees Council
 - Julie McDowell, Kirklees Council
 - Matt England, Mid Yorkshire NHS Trust
 - Rachell Milson, West Yorkshire Health, and Care Partnership
 - Mark Hindmarsh, West Yorkshire Health, and Care Partnership
 - Matt Whitaker, West Yorkshire Health, and Care Partnership
 - Mary Wishart, Locala
 - Vicky Pickles, Calderdale, and Huddersfield Foundation Trust
 - Izzy Worswick, South-West Yorkshire NHS Foundation Trust
 - Rebecca Gunn, Kirklees Council
 - Priti Gohil, Kirklees Council
 - Shannon Kennedy, Public Health Specialty Registrar, Yorkshire, and the Humber
- Apologies:**
- Councillor Carole Pattison
 - Stacey Appleyard
 - Nicola Goodberry Kenneally
 - Len Richards
 - Dr Khalid Naeem

1 Membership of the Board/Apologies

Apologies were received from Karen Jackson, Sean Rayner, Catherine Riley, Stacey Appleyard, Dr Nick Hardiker and Nicola Goodberry Kenneally.

Mary Wishart attended as sub for Karen Jackson, Izzy Worswick attended as sub for Sean Rayner, Vicky Pickles attended as sub for Catherine Riley and Vanessa Taylor attended as sub for Dr Nick Hardiker.

2 Minutes of previous meeting

That the minutes of the meeting held on the 30 March 2023, be amended to reflect that Sean Rayner was in attendance.

3 Interests

No interests were declared.

4 Admission of the Public

All agenda items were considered in public session.

5 Deputations/Petitions

No deputations or petitions were received.

6 Public Question Time

No public questions were asked.

7 Director for Public Health Annual Report

Rachel Spencer-Henshall, Strategic Director Corporate Strategy, Commissioning and Public Health, informed the Board that it is the responsibility of the Director for Public Health to produce an annual report, and the 2022/23 annual report, is entitled 'Poverty Matters'.

The Board was informed that although there has been some reduction in for example, the price of fuel, things are not necessarily getting better for people in terms of food inflation, and the situation with regard to mortgages and rents is getting worse.

Citizens Advice reported an unprecedented request for support, particularly from those who had reached crisis point. The findings suggests that even though people were going to Citizen Advice before this period, people are reaching crisis quicker and there are more people in crisis and the demand is becoming greater.

There have also been reports from Healthwatch, highlighting that people are avoiding NHS appointments due to the cost of travel, and in some cases even the cost of phone calls are proving challenging. In addition, there are reports of a few people unable to take up prescriptions and potentially not visiting the dentist.

This creates many things that could have been mitigated in Primary Care through use of prescriptions or access to dentistry, and that might ultimately impact on the system in terms of more people presenting at A&E.

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There has been twice as many referrals into food banks through the Welfare and Exchequer Team, and that is only the ones known about within the system, and not what is happening outside of the system. Demand is high for all of those things.

The Board was informed that lived experience has become a bit of a 'buzz' word in terms of how to describe getting the view of people. It is however, fundamentally having a conversation with people who are experiencing this and getting a sense of what it is like for them to be in poverty.

It is important to thank the 12 people who contributed to this annual report, who were as open as they could possibly be about what they were experiencing, and the report could not have been written without them. They were brutally honest about how it was affecting them day-to-day of a life being in poverty. They came from a range of different backgrounds and were in many different situations across the whole Kirklees district.

Many of the individuals had received support via the Local Area Coordination Teams, which is a partnership agenda, run in the council alongside health colleagues and Social Prescribing Link Workers.

The main theme that came out of the report was that people were struggling around household bills and general finances, which resulted in skipping meals, buying food that was out of date and as reduced as possible. Occasionally, this was on the basis of hoping that the produce was going to be all right, knowing there was probably a level of risk, as in some cases it might have gone off.

There was a lot of hope, and sometimes there was a tendency to ignore the positives when thinking about the negatives, and there was a hope that things were going to get better.

Mental health issues were highlighted as a result of living in poverty, and people were describing that in different ways. Sometimes it was about anxiety, sometimes it was about depression, however, mental health was an important issue.

Travel costs were highlighted as a barrier to access to services. It was not necessarily that the services were not available or open and accessible for people in terms of the times that were available, it was actually the cost of getting to the services that was a challenge.

Issues with housing was raised particularly in respect of relationships with landlords. For example, in some cases, it was the ability to afford rent, and the fact that rent was often being increased and there were dampen mould issues. There has been a number of tragic cases around the health impacts of damp and mould, which has highlighted the quality of housing in the district.

Not all the individuals had the same family circumstances, however, there was a strong will to protect the children in those families from the impact of poverty. It is hard to experience something that is causing stress while having to be a different person in front of your children. The knock on effect for that was potentially a level of

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social isolation because for family members when they were with others and when they were with their children, they were showcasing that everything was alright. That puts a huge pressure on people, and it makes it difficult for them to connect to people and to ask for support.

There are strong communities in Kirklees, and for some people, which was the difference between surviving and not surviving, in terms of the crisis that they were in. It is important to remember the role of the voluntary and community sector as being pivotal in supporting people in these crisis situations.

Finally, work opportunities, and ensuring the right work was out there, because while there is some work opportunities, it may not necessarily be the right type, for example, the family friendly element of work and there are a few recommendations around that.

The Board was shown a video which articulated the summary of findings and the key themes. The Board was informed that there is a webpage where people can find the full report and it should be reasonably easy to navigate. The webpage gives an outline on why poverty matters and more on the statistics around what poverty does in terms of the data.

It has the national context, and given that the national context changes quite quickly, it will be as up to date as it can be. It also includes the local context which brings in some local data and local intelligence in terms of what is happening around poverty. It includes the case studies articulated, documented as a day in the life, to show an individual's day to day existence, and how poverty is manifesting itself in some of their choices and actions. There are also case studies from partner organisations. Board members were encouraged to have a look at the webpage and use it within their organisations going forward.

The Board was informed that as part of creating this, a number of community organisations were consulted, particularly the Community Anchors who were fundamental alongside TSL colleagues and others during the pandemic. Case studies were provided from all of those about what they have been experiencing as service providers. This gives a perspective from both the individuals themselves and the organisations that are out there on the front line providing support.

The recommendations were formed based on all the intelligence that came from both the individuals and those organisations, to hopefully get a set of actions to take forward as a Kirklees system.

The following information was given by residents as what would make life easier and how best people can be supported with the cost of living crisis:

- Support with the cost of living - targeted support to mitigate the increases in costs of food, rent, and utilities
- Value lived experience - professionals and decision makers need to gain a deeper understanding of the reality of living in poverty
- Access to services – give more thought to cost issues, (such as travel) in service design and delivery

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- Person and Community centred support – prefer face to face support from a consistent and trusted person
- Help into employment – applying for roles, more flexible working opportunities, affordable childcare, and support with costs such as DBS checks
- Free spaces to connect - community spaces to socialise without spending money
- Access to good quality affordable homes – poor quality and precarious housing impacts on people’s physical and mental health, secure tenure is important

There are a few examples of recommendations, and some are national policy suggestions, and it is how to take those forward. An important factor will be putting health equity and wellbeing at the heart of any kind of planning; and understanding the impact on health and wellbeing in terms of policy decisions.

For the health and care system specifically, it is having a commitment to tackling poverty, and even though many of the wider determinants of health are more challenging for the health and care system, it should not preclude taking and seeing action around them. In addition, looking at inclusive and sustainable economic change, which links with the economy and economic strategy for Kirklees going forward. Again, using these views to help to co-design and develop better communications and better services and championing that lived experience.

There are a few examples for organisations working in Kirklees, which is much based on the case studies:

- Identify the need for, and promote uptake of, the full range of targeted statutory financial assistance that already exists
- Adjust debt collection processes towards being sensitive to the financial and mental health needs of communities and customers
- Engage and involve communities and the voluntary sector in the assessment of current services/interventions, and the development of new ones
- Consider how to embed support with rising living costs into clinical pathways
- Explore opportunities for developing poverty aware practice in workforces

The Board was informed that for individuals who want help, there is some guidance for frontline staff, for example Third Sector Leaders (TSL). TSL can help around volunteering opportunities for individuals as well as support available for people filling in documentation or just to listen. Poverty matters, and just doing one thing won’t make it go away, it is looking as a system at the various influences each organisation has, to be able to improve things?

The Board was asked to use and disseminate the report and use it where it is likely to have the most impact.

RESOLVED:

That the Board acknowledges its responsibility to disseminate and use the information.

That Rachel Spencer-Henshall and colleagues be thanked for providing an update on the Director for Public Health Annual Report 2022/23.

8 Kirklees Health and Wellbeing Strategy Update

Alex Chaplin gave a brief update on the Kirklees Health and Wellbeing Strategy (KHWS), advising that following feedback from the March Board meeting regarding the approach, the intention is to reaffirm the approach to the updates.

The Board was reminded that at the sign off for the KHWS in September 2022, the Board asked for an in-depth update on one priority, and summary updates on the other two priorities at each meeting rotating.

At today's meeting, the main priority update will be on Healthy Places, and a summary update with a RAG rating will cover Connected Care and Mental wellbeing.

The priority update will include:

- A general overview of work under the priority and optional area(s) to highlight in detail, successes, challenges, and requests for support

The two summary updates will be brief, limited to one slide each and may include:

- A general overview, an area to highlight, successes, challenges, and requests for support

The intention is to assess how the update is working, and if required, undertaken a review at the September 2023, board meeting.

Mental Health

Rebecca Elliot, Public Health Manager, gave a brief update on the Mental Health priority, advising that a further, more detailed update will be provided at the July board meeting.

The Board was reminded that the last mental health deep dive was in January 2023, where information was presented on the Primary Care mental health transformation piece of work, and the aim of today's summary update is to share some of the successes. There is now a new serious mental illness and physical health and wellness team across Kirklees, which is inviting people who are on the serious mental illness register to attend for a physical health check with their GP. In some Primary Care Networks, this is already having a significant impact, and this might be an area that the Board may want to hear more about in July.

In terms of suicide prevention, we are in the middle of a really insightful and successful suicide bereavement quilt roadshow, which is taking place across many different communities in Kirklees, this will conclude on the 6th of July. It has proved fruitful and insightful to hear from communities about having conversations around suicide in the district and tackling that stigma. That has been really positive.

One of the VCS organisations, Community Links, has a project called 'Men's Talk,' which is providing a mental health theatrical production around lived experience of mental health, which is now receiving national recognition. It is important to show

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that there are some new innovative ways of talking about mental health.

In terms of milestones coming up, a review of mental health community options contract is being undertaken, and just linking in with the DPH report on poverty, it is recognised that, poverty is both a cause and consequence of mental health.

With any commissioning that is about to be embarked upon, it will be important to think about poverty and looking through the poverty lens throughout any mental health work. The 'I' statements of the strategy will be taken to the Mental Health Alliance in August, to try and get some traction on how to tangibly take forward some of the issues within the strategy, and ask other partners to take some of these suggestions forward.

In terms of lived experience, it important to work with people across the district with experience of mental health to inform not only what we do but how we do it. The service user arm of the Mental Health Alliance is well underway, and just wanted to share what is happening because it is a positive step forward that is vital to the work around mental health.

The Board was asked that if there was a particular area of focus for the deep dive into mental health at the July Board meeting, to contact Rebecca Elliott.

Connected Care and Support

Rachel Millson, Senior Strategic Planning and Development Manager provided a summary update on the progress made on the Connected Care and Support priority. The Board was informed that one of the key achievements since the last update was the development of the Health and Care Plan which was signed off by the ICB board in May 2023.

There has been a system wide event focusing on discharge pathways, thinking about a move towards advocating a home first approach to discharge. There are ongoing discussions through the Health Inclusion Network, again focusing on health inequalities and the impact of poverty and thinking about how collectively partners can come together and agree some actions around reducing inequalities across the system.

There is ongoing work being undertaken around the community services contract and the review phase. This has now been completed and it is into the design phase, looking at how the future service specifications will be built and what the future services will look like.

In terms of upcoming milestones, there is ongoing work around some of the implementation of the Health and Care Plan, which is through the strategic themes which are the 'wells.' Further details on this will be provided at agenda item 9, Health and Care Plan update. There will be more follow up conversations around discharge and help inclusion and looking at the response to the primary care access recovery plan that was published last month.

Healthy Places

Lucy Wearmouth Head of Improving Population Health and Julie McDowell, Active Citizens and Places Officer, attended the meeting to provide an update on the Healthy Places priority.

The Board was informed that it is recognised that environmental factors impacts on a person's ability to be physically and mentally healthy, and housing, green space and how safe a person feels in their local area all has an impact on their ability to lead a healthy life.

There is significant evidence in Kirklees and nationally, around the fact that people who are living in more deprived areas are more likely to live in poor quality housing and are more likely to report that their housing is unsuitable for their needs. Even if they live in a deprived area and live near to green space, they are less likely to access that space. In terms of food, it will be harder to access healthy, nutritious, affordable food and there are more likely to be many hot food takeaways within the local area.

The ambition through the KHWS:

“The physical and social infrastructure and environment supports people of all ages who live, work or study in Kirklees to maximise their health opportunities and to make the healthy choice the easy choice”.

The Board was informed that there are a number of success indicators associated with the ambition, many of which come from the Currently Living in Kirklees (CLiK) survey. This is to understand the impact and the difference being made by the work across the partnership. The success indicators includes things like air quality, overall satisfaction with the local area, use of parks and green spaces, and levels of physical activity for children and adults.

The Board was directed to the presentation which outlined the 'I' statements and the evidence to demonstrate how the 'I' statements were being achieved across the system.

The 'I' statements include some of the following:

“ I would like safe accessible local places where I can meet friends and we can do activities together regardless of age and abilities”

“ I would like to access affordable activities that I can do with my children that help us to be physically and mentally fit”

The Board was shown a short clip on delivering the 'I' statements entitled “Magic in the Community”, and advised that the Everybody's Active Team in the Council is facilitating this through training community partners, younger people with long term health conditions are also taking part as well. There are new groups being set up all the time for example, the Windybank Estate, Dewsbury Hospital, and the Mission in Huddersfield.

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The Bread and Butter Thing, is a good example of working with local communities to understand their local needs and offer a variety of opportunities. The scheme is an affordable food scheme that offers cheap, nutritious, affordable food across hyperlocal places in Kirklees. Residents can access three good bags of food for £8.00 and anybody can be a member.

It is coming up to the 10th scheme in Kirklees and the following is an example of what has been delivered between March 2022 and December 2022:

- 1603 people have shopped with the Bread and Butter Thing and that has created 3555 volunteer hours

One of the important aspects of this scheme, is that it is run by the community and one unexpected consequences of this work, was it was not just about enabling residents to access affordable food, it is also helping to connect people within their local area.

The Walk Wheel Ride hub, is another example which aims to give people advice and inspiration to travel on foot, bike, scooter, or wheelchair. It is a virtual hub that will be a one stop shop for people of all ages and abilities in Kirklees, and is hosted and being developed by EPIK which stands for environmental projects in Kirklees.

In addition to the 'I' Statements, there are also the six key factors which includes inequalities, shaped by people, poverty, digital, housing and climate emergency.

Shaped by people, which is one of the Council shared outcomes, and was written by local people and it's their aspirations for how they would like to describe and measure improvements in local places and what they want to see there. What has been developed in Kirklees is the place standard tool kit and action plan, which is a way of having conversations with local communities about places, asking them about how they feel about a place and their experience of living in that place. Ten thousand people have taken part in a conversation across Kirklees, across 25 activities.

In terms of the next steps, the Board is asked to help promote the statements and sign up to this. There are challenges with the budget and recruitment, and it is recognised that place based work can be seen as a challenge because it is across services and partners, however that is also a strength.

There are three asks of the Board today:

- 1) To comment on, and help shape the direction of delivery against the healthy places priority
- 2) Consider how board members can support the delivery against the healthy places wellbeing priority
- 3) Further develop regular feedback mechanisms to monitor progress and identify gaps for healthy places

RESOLVED:

That Alex Chaplin, Lucy Wearmouth, Julie McDowell, Rebecca Elliott, and Rachel Millson be thanked for providing an update on the Kirklees Health and Wellbeing Strategy and associated priorities.

9 Health and Care Plan Update

Rachel Millson, Senior Strategic Planning and Development Manager provided an update on the Health and Care Plan, advising that the aim of the update is to pull out some key points around how the design was approached, as it has been done differently; and key points in terms of some of the development areas.

In summary, the Board was advised that the Health and Care Plan outlines how the Kirklees Health and Care Partnership, will collectively make changes over the next five years to deliver on the Connected Care and Support priority within the KHWS. A different approach was taken in the development of the plan this year, as the aim was to make sure it was a systems plan that was representative of all of the partners within the health and Care Partnership.

- A system planning group leads on the development of the Health and Care Plan, with a nominated lead from the different partner organisations that sit on the Health and Care Partnership
- A principal was adopted early on to build on what was already in place rather than start with a blank sheet of paper
- Work was undertaken with the program and transformational leads from across the system to understand what they were doing and what their next steps would be, and use that as the starting point for the development of the plan
- An iterative approach was taken to the process, in terms of developing something and then checking back with people, and then developing it and refining it going along and continuing to work with those nominated leads and with the transformation leads, linking into the work that is been undertaken across West Yorkshire in terms of the development of their Integrated Care Strategy and the Joint Forward Plan
- The principle taken, is that it is a live plan and although it has been signed off, the work does not stop, it continues, it is updated and refreshed annually
- At the end of the process when it was signed off, there was a reflective session to understand if there were things that could have been improved and to make sure everybody was involved that needed to be

The Board was informed that a number of different groups and committees have had the opportunity to comment as it was being developed. It was finally signed off by the Integrated Care Board (ICB) Committee on the 10th of May, and these are the priorities that are within it.

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System wide strategic themes/programmes – starting well, living well, aging well
Priority actions – improving access to health care, holistic approach to out of hospital care, crisis response and workforce.

The Board was informed that within the plan, the first two years are very detailed in terms of the changes to be made and the last three years are more outcomes based and aspirational. Another key point to note, is that the I statements have been integral to the development of the plan.

Mark Hindmarsh and Matt Whittaker, Kirklees health and Care Partnership, provided further detail on the priority programs. The Board was informed that the priorities link directly back to the Health and Wellbeing Strategy, working closely with colleagues in public health and using that as the basis for making some choices about where the focus and priorities should be.

The issues in the areas of focus have been deliberately chosen because they are whole system issues, these are issues that impact on all partners in different ways, and are recognised on a need to work on together in order to make a collective difference to them. There is a strong legacy of working together in Kirklees, and this is about strengthening and building on what is already in place across the Kirklees partnership.

The Health and Wellbeing Strategy and underpinning Health and Care Plan talks to this life course approach to the delivery of health and care. A piece of work was started at the beginning of the year to map out current delivery structures to see if we are geared up to deliver on this live course approach. There is an aging well program that has been established for the last couple of years, however, there has not been a fully integrated partnership way of delivering a fit within the starting well and living well remit.

The underpinning ethos of every 'well' program, is that of end to end care and that of systems thinking with regards to how to have conversations around opportunities and or issues, ensuring nothing will be handled in isolation of the rest of the system. The intention with these different well programs is a platform that has got the breadth of providers and partners around the table considering the entirety of pathways.

Within that, there is also a need to focus on the prevention side and early intervention side of things, whilst recognising, there is space for the more complicated cases and ensuring that a seamless transfer of care is embedded within the different well programs.

The single most important factor to all this, is working together as a partnership and aligning priorities, recognising the challenges, and opportunities and taking action on them.

RESOLVED:

That:

the Board notes the update and the outstanding areas which are still in development

Rachel Millson, Mark Hindmarsh, and Matt Whittaker be thanked for providing an update on the Health and Care Plan

10 West Yorkshire ICB Forward Plan update

Rachel Millson, provided an update on the West Yorkshire ICB Forward Plan. In summary, the Board was advised that the West Yorkshire Integrated Care Board, developed an integrated care strategy which was completed in January 2023. It is a nationally mandated requirement for all Integrated Care Boards to develop a Joint Forward Plan by June 2023, that details how they will deliver upon that strategy.

The Health and Care Plan, supports delivery of the strategy alongside the Joint Forward Plan. The timescale for the development of the Kirklees Health and Care Plan have been run alongside those for the Joint Forward Plan to ensure triangulation.

A Strategy Design Team was established at the start of last year, and had representation from across all the five places within West Yorkshire, and also from all the programs of work that are led at West Yorkshire level. There has been a public engagement and consultation process supported by Healthwatch, and that campaign was undertaken in early 2023, and that helped shape the narrative. Kirklees has been an active member of those discussions, attending workshops and online events and contributing to the development of the narrative.

The Board was directed to the appended report which included the ICB covenant outlining the national requirements around the need to develop the plan, and what needs to be included in it, and also the process that they have undertaken. There is also a draft of the plan included, correct as of May 2023. For the West Yorkshire team, it is an ongoing refining process, and the aim is to sign off the final version of the plan on the 18th May at their board, and then launch that alongside the Integrated Care Strategy on the 20th of July.

In terms of the ongoing process and keeping that document live, they are advocating that it will be alive document and will reflect changes as they happen. There will be quarterly improvement events, from which anyone from place and programme can attend, with the first being in August 2023.

RESOLVED:

That Rachel Millson, be thanked for providing an update on the Joint Forward Plan.

11 Climate Change Strategy

Shannon Kennedy, Public Health Specialty Registrar, provided the Board with an update on the Climate Change Strategy. In summary, the Board was informed that the draft strategy went to the Partnership Board in March 2023, as a working draft where it was agreed that the next phase was to take this working draft to colleagues and Health and Wellbeing Boards for engagement and comment.

The strategy:

- Sets out system ambition on climate change and sustainability
- Highlights need for a risk management approach because climate change is everyone's problem
- Provides some high-level interventions across the ICP

It is looking at how the whole system can have an ambition on climate and sustainability. Climate change is already having an effect and is already a problem for people across West Yorkshire and across the world today, and this is going to accelerate.

The purpose of this strategy was also to provide some interventions and actions at a high level across the health and care partnership, not just within the NHS bodies that make up the partnership, but for everyone, because climate change issue is not just for the NHS to tackle.

Referring to the presentation, the Board was shown examples of how climate change is affecting the West Yorkshire region, including flooding and wildfires. The Board was informed of that unseasonable heat a few weeks ago, and during last summer's heat wave, there were approximately 3000 deaths in people aged 65 and over and such issues are accelerating. Effects are also being seen in the health service and in well-being in general for people.

As part of this strategy, a menu of actions have been provided that could start to be taken at a systems level. It is important to emphasise that these actions are not a mandate, but a starting point. If all of the actions were taken, the system would be in a substantially better place than it currently is, not just mitigating, but reducing climate harms. The living environment has many climate harming substances, such as climate harming fuels and gases, medication and overprescribing and all these are hard on the climate.

There is much work that needs to be done in order to reach local targets on things like net zero, and national requirements under the Climate Change Act.

The request to the Health and Wellbeing Board is:

- Engage, support and be aware that this work is being undertaken
- Consider the actions on the menu of options and think about how that might work in terms of taking ownership on climate and biodiversity at a place level
- There is also an option to make a pledge and promote the 'all hands in' campaign that begun last year, and outlines ways for people to make simple personal pledges about how they might act on climate and biodiversity

The following question was posed to the Board:

“What do you need from the Climate Change Team to help you deliver the strategy and associated actions”?

RESOLVED:

That Shannon Kennedy be thanked for providing an update on the Climate Change Strategy.

That the presentation be circulated to board members.

12 Local Declaration on Tobacco Control

Rebecca Gunn, Public Health Manager and Priti Gohil, Health Improvement Practitioner Advanced, provided an update on the Local Declaration on Tobacco Control. The Board was informed that the update would focus on the local declaration on tobacco control, which the council had recently signed up to, what that means and what is being done locally.

The Board was shown information on the local picture of tobacco in Kirklees as follows: (prevalence data)

- Higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation and is more common among people with a mental health condition, people with lower incomes, people experiencing homelessness, people in contact with the criminal justice system, people who live in social housing, people without qualifications, lone parents, and LGBT people
- Just over 12% of the adult population in Kirklees smoke (2020), however, that is higher in certain wards within the district which mirror areas of highest deprivation
- Smoking costs Kirklees £121 million a year including NHS provision (ASH, ready reckoner). The impact is seen within primary care and within social care with smokers requiring more support from those services earlier
- The average smoker in Kirklees spends £2000 per year on cigarettes
- Smoking is the leading cause of preventable cancer, and there is the intergenerational impact, in terms of where children live in households with smokers, they are more likely to take up smoking later in life
- Smoking is an addiction, and as much as it can be perceived as a lifestyle choice the majority of smokers do want to quit

The Board was informed that the Council has signed up to the Local Declaration on Tobacco Control. It is a statement of commitment that the council is committed to taking comprehensive action to address the harms of smoking.

Health and Wellbeing Board - 29 June 2023

The declaration requires the Council to:

1. Act at a local level to reduce smoking prevalence and health inequalities to raise the profile of the harm caused by smoking to our communities, and in so doing support delivery of the national smokefree 2030 ambition
2. Develop plans with our partners and local communities to address the causes and impacts of tobacco use
3. Participate in local and regional networks for support

The Board was informed that over the last 12 to 18 months, work has been undertaken to commission a vaping device offer within the stop smoking services.

The evidence is supportive of use of vaping devices, as part of a quit attempt for adults who smoke, and that is within recognised Nice guidance. That is available within the Wellness Service and within Aunty Pams, and will be rolled out in other areas, for example Employee Healthcare.

Work is being carried out within schools, undertaking some insight work with young people, their parents, and teachers in North Kirklees regarding attitudes to smoking a vape. The aim is to reduce it to 5% in line with the national target and around empowering people to create those safe and positive changes that they need.

The framework for Tobacco Control Alliance are based around three strands, supporting people who smoke to stop, preventing people from starting smoking and smokefree Kirklees. The local declaration was recently signed off by the Chief Executive, Director for Public Health, and the Leader of the council.

RESOLVED:

That Rebecca Gunn and Priti Gohil be thanked for providing an update on the Local Declaration on Tobacco Control.

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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.

SEND - The Big Plan



1. A call to action

Why do you need to read this?

Because we want to let you know what we're doing - it's important to all of us and together we can make even more of a difference.

Who is this for?

This is important for everyone, but mainly those who live or work with children and young people who have Special Education Needs and Disabilities (SEND) from birth to 25.

Why you?

Because you have the power to make a difference every day. We see so many great examples of that happening and we know we can connect better.

What are we trying to achieve?

Together we've always tried and will continue to make sure that every child has the best possible start in life and achieve their best. We know that there are always opportunities to improve how we do that - sometimes that's doing more, but often it's about doing things differently.

We're ambitious for children, young people and parents and carers in Kirklees. We're trying to make sure we support children and families at the earliest opportunity; our young people go to school in Kirklees with positive results; there's a consistent and inclusive offer; and whatever our young people are interested in, we want them to excel. [Click here](#) to see our 7 inclusive ambitions.

When we achieve this, young people have told us what it would look and feel like. Examples include **"I feel ready for my next steps"**, **"I will be attending a school in Kirklees"**, **"Services are better used and waiting lists go down"**.

What's the action?

It only takes a couple of minutes to read this. We'd love to hear more of your examples of how impact is being made. [Click here](#) and you can either leave us a message telling us about it or we can call you to capture it.



2. Context - Why are we 'doing this'?

We've listened to what young people, parents, carers and partners (Education, Health, Voluntary Sector and Council) have said.

Our young people told us not to talk about Strategy, call it **'Our Big Plan'** so that's what this is. You also said **"don't write lots of stuff - keep it simple"**.

We know everyone around the country is facing similar issues to Kirklees. In January 2023 we had 63,741 children and young people who go to school in Kirklees. The number of requests for support with SEND have increased significantly and are more complex, and the amount of money available to us has not been and isn't enough. We need to look at different ways to make the differences we've jointly set out to achieve.

There is no single action that sorts everything out, so we need to have a Big Plan to focus the work. This then makes it easier to share what's planned, what's been achieved and what's left to do.



3. So how will we go about this?

We've been working together and we're looking at ways to further improve.

We're bringing partners together in an Improvement Board to oversee and drive the work. We already link into key meetings where partners come together and we'll continue to look at how we can best use established arrangements rather than create more.

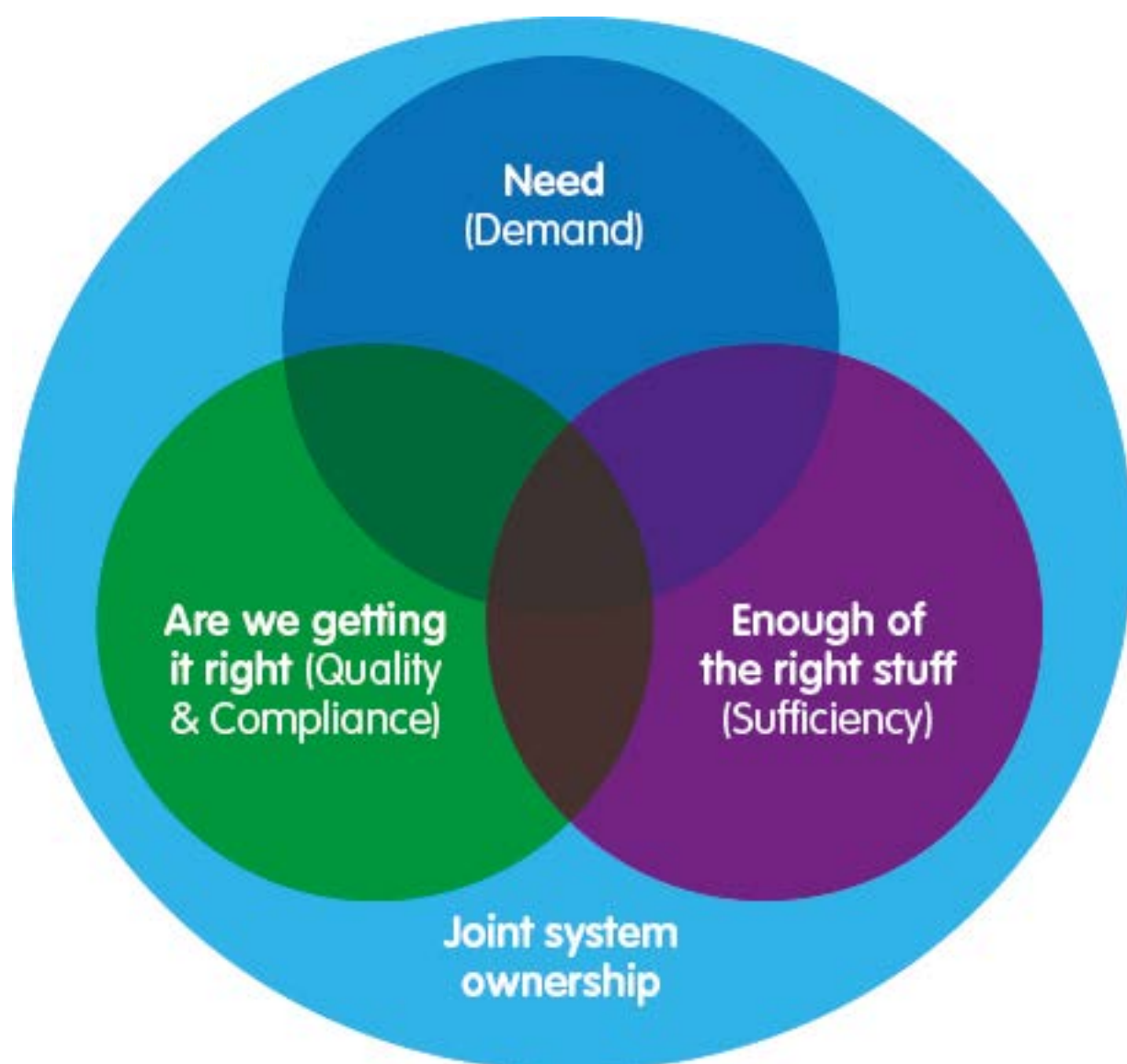
How can people get involved?

There will be increasing engagement with and through our partners such as Education, NHS - Health / Locala, Thriving Kirklees Partnership, Voluntary Sector partners such as PCAN, and the Council. In addition, you can [click the link](#) to get in touch with us and we'll talk with you to see what might work best for you.

4. What and when

This plan has developed over time and there are now 3 key areas of work that focus on 'Need' (Demand); 'Are we getting it right' (Quality & Compliance); and 'Enough of the right stuff' (Sufficiency).

We've listened and heard what parents, carers and young people have said and have made sure that feedback is built into the projects.



Some things that we're doing:

a. Need (Demand) - Re-designing things so people get the right help at the earliest point; Supporting people from birth into adulthood (Transition at all stages / Preparation for Adulthood). This ties back to what young people have told us if we get it right – **"I feel ready for my next steps"**.

b. Are we getting it right (Quality & Compliance) - The right support happens as quickly as possible and, where it doesn't, we understand why and try to improve things. We know what is going well and do more of this.

c. Enough of the right stuff (Sufficiency) - We use data, research and feedback from children and families to work out what's needed. We then reshape or change how we do things, so they are easier to understand and work better.

- ★ We've also increased our support for teachers, pupils and their families. We've already increased Additionally Resourced Provisions (ARPs) in some schools and are looking to do more of this. 2 of our special schools are being rebuilt with more places for pupils. Building works will be finished in 2026.
- ★ There's lots of detailed plans underneath this and we'll bring more of that detail together in our SEND Transformation Plan. We produce the Kirklees SEND newsletter with updates on progress at least 4-times a year - if you don't already get it, [click here](#).
- ★ We've also made 7 commitments that we've shared with Government inspectors in our 'Written Statement of Action'. These can be seen below and the things we have planned / are doing will help us achieve those.
- ★ Joint system ownership: We need all of us - partners including young people, parents and carers, and voluntary groups, to own, drive and make sure that things happen in the best way possible to make a difference.
- ★ We will try our best to listen to you, hear you and act on what you have told us. Our aim is to work with you and partners so that you get the support that you need.

Our 7 commitments

We have previously agreed these 7 commitments with Government inspectors in our Written Statement of Action:

1. Improve parent/carer confidence/young people's confidence in Kirklees SEND system
2. Increase the range and impact of early intervention strategies
3. Increase the sufficiency of places and settings across Kirklees Council
4. Increasing and improve the timeliness of responses to needs of children and young people with SEND
5. Enhance and improve the preparation for adulthood (PfA)
6. Improve outcomes for children and young people with SEND in mainstream settings
7. Addressing workforce pressures and capacity issues



2025 onward

- **2025** - More school places available for pupils with an EHCP
- **2026** completion date - Rebuild of Joseph Norton Academy
- **2026** completion date - Rebuild of Woodley School & College

2025

November 2022-2023

- **Nov 2022** - Kirklees SEND Newsletters - 8 weekly publication commenced
- **Nov 2022** - Local Offer live (South Kirklees, Huddersfield)
- **Autumn 2023** - Refresh of SEND Transformation Strategy (the 'Big Plan')
- **Nov 2023** - Local Offer Live (North Kirklees, Dewsbury)

NOV

September 2022-2024

- **Sept 2022, Sept 2023, Sept 2024** - Project Search new starters
- **Sept 2022** - Ravenshall Special School Satellite Provision opened at Headfield CE Junior School
- **Sept 2023** - Implementation of the Reception Transition Funding Pilot
- **Sept 2023** - Southgate Special School Satellite Provision opened at Newsome Academy
- **Sept 2023** - Appointment of Designated Clinical Officer (DCO)
- **Sept 2023** - Five new Additionally Resourced Provisions (ARPs) opened

SEPT

October 2023

- **Oct 2023** - Woodley School & College Post 16 Special School Satellite Provision opened in Huddersfield Town Centre
- **Oct 2023** - Graduated Approach - Launch of Inclusion Counts

OCT

June 2022-2023

- **June 2022** - Graduated Approach - Launch of Inclusive High Quality Teaching Audit Toolkit
- **June 2023** - Graduated Approach - Launch of supporting documents for schools
- **Summer 2023** - Healthy Child Programme - achieving the national ambitions for the health visiting offer

JUNE





Kirklees SEND Local Offer
www.kirkleeslocaloffer.org.uk

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**Health and
Wellbeing Board
18/01/24**

**SEND –
Children & Young
People with
Additional Needs**



Aims

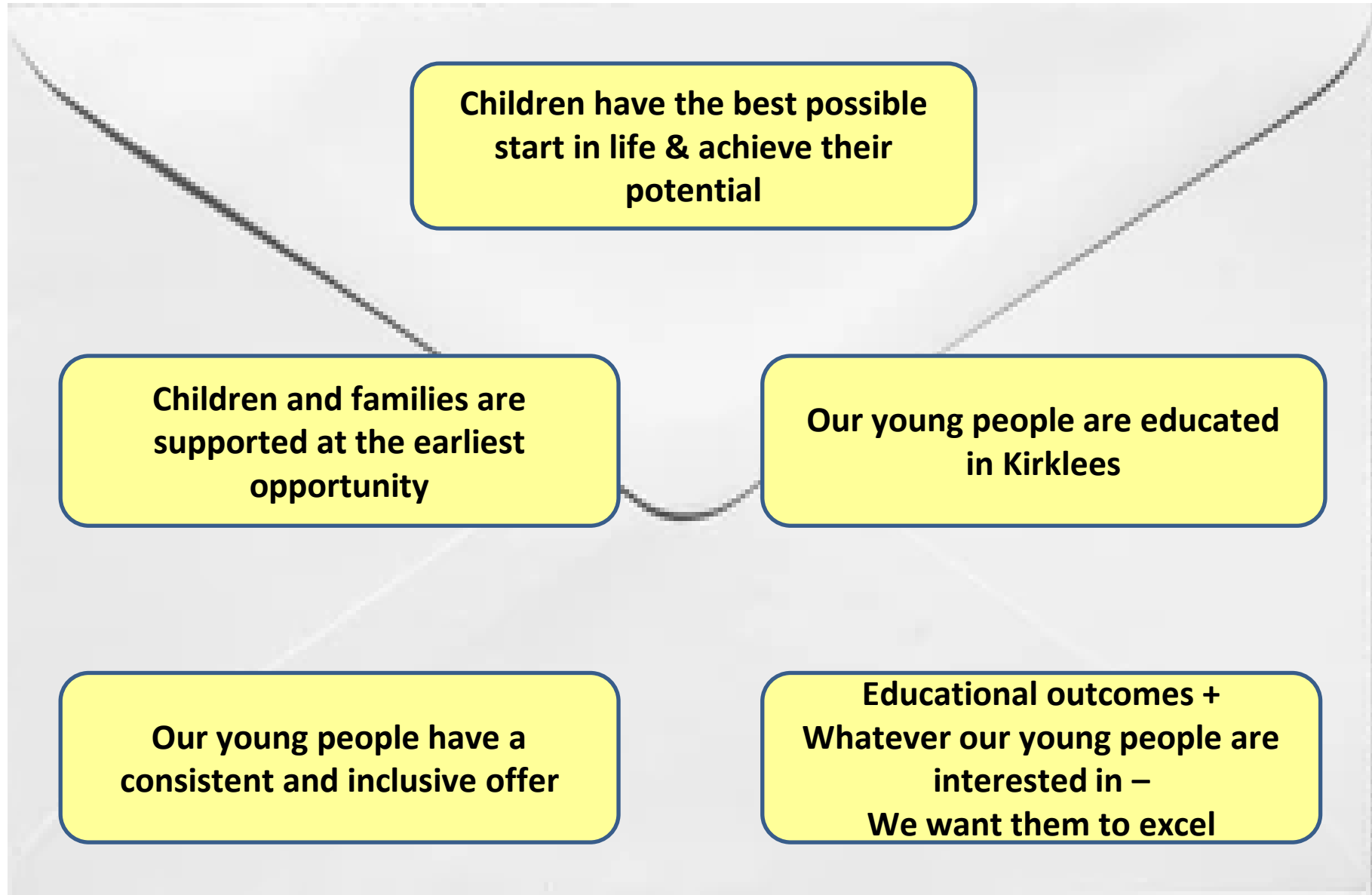
To share key info on :-

- ❖ Data context
- ❖ New governance arrangements
- ❖ Refresh of the Special Education Needs & Disability (SEND) strategy – ‘The big plan’
- ❖ Written Statement Of Action (WSoA)

To understand :-

- ❖ How the Health & Wellbeing Board can support gaining systemic ownership

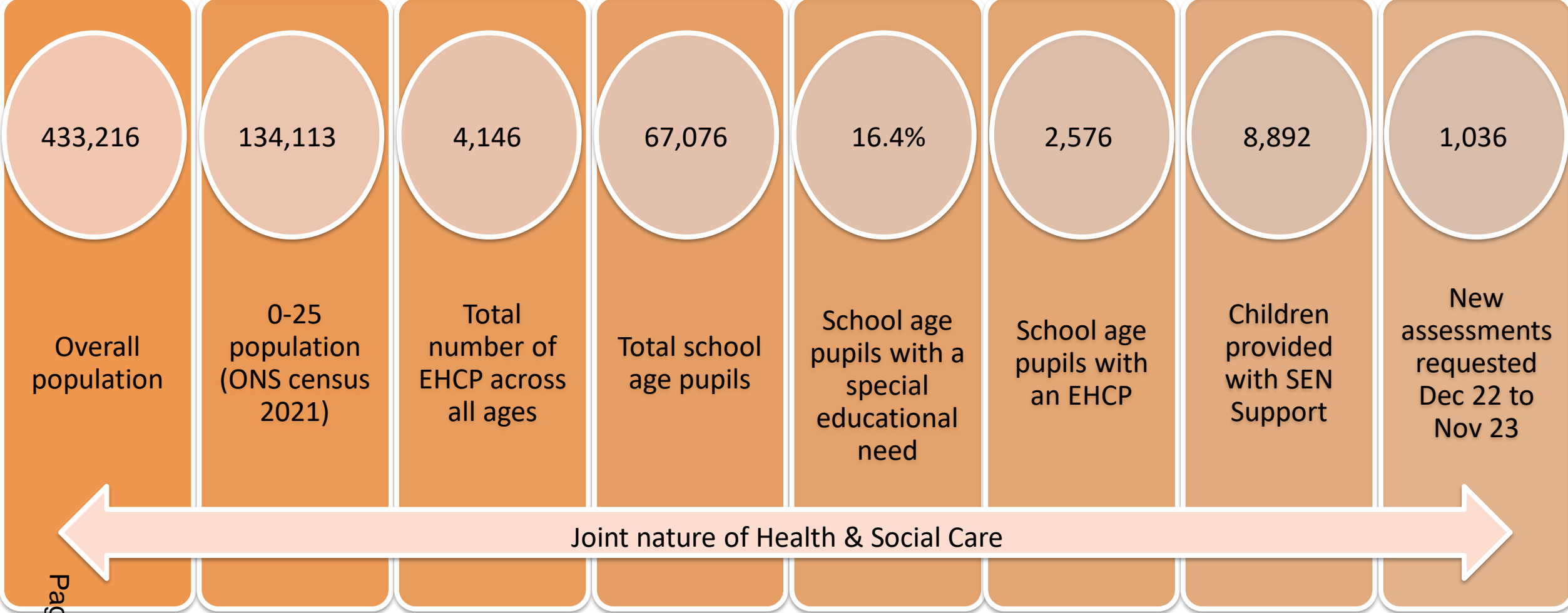
What difference are we trying to make and for whom...



Context

- ❖ New responsibilities on Health, Education and Social Care through Children and Family Act 2014 - statutory duties on all partners.
- ❖ Inspection framework jointly with Ofsted and CQC followed - we were inspected in February 2022.
- ❖ Green paper published in 2023 and subsequently National SEND and Alternative Provision improvement plan published.
- ❖ Strengthened partnership statutory responsibility and new partnership inspection framework produced.
- ❖ Our local transformation plan reflects national direction of travel.
- ❖ SEND now reports directly to the Health & Wellbeing Board and also links to Starting Well.

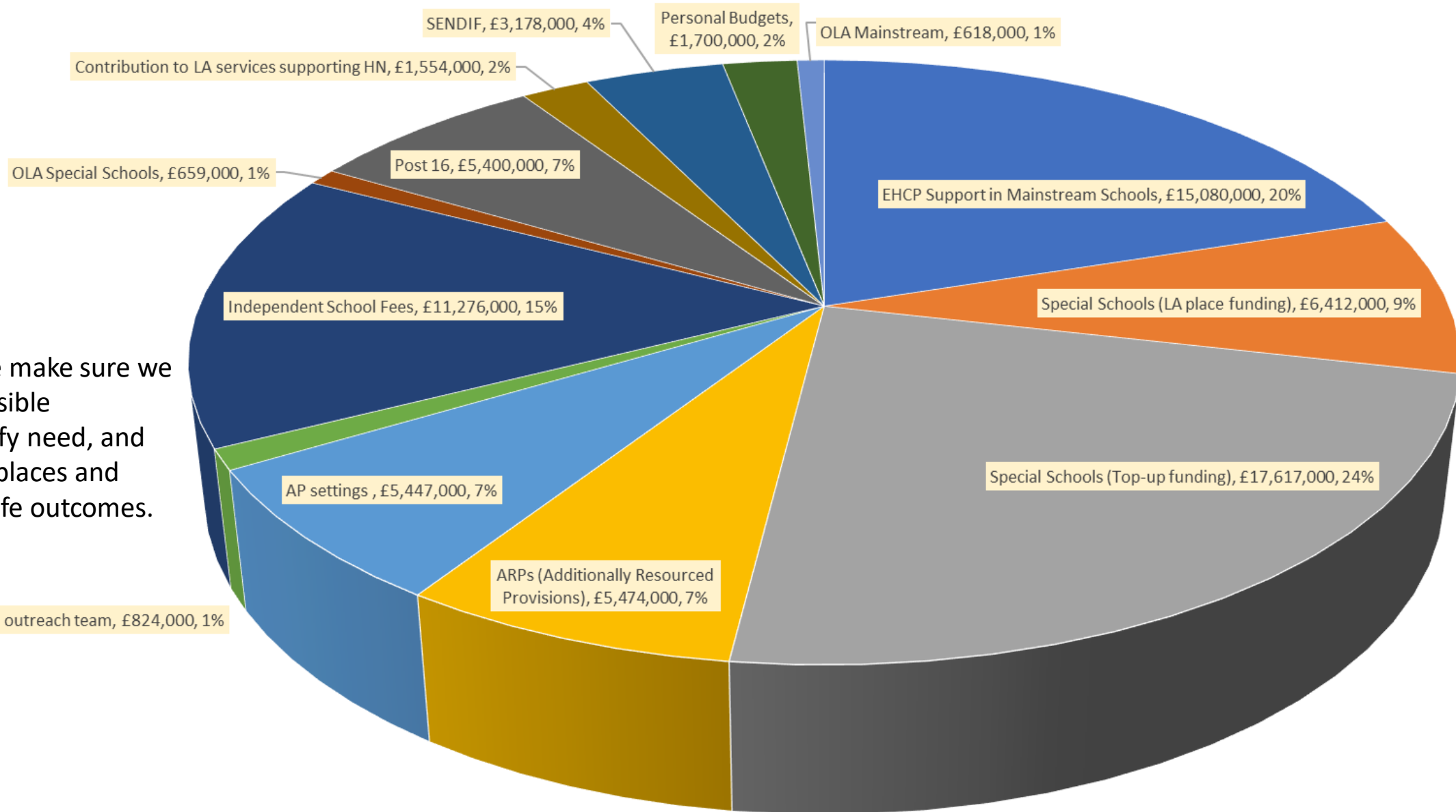
Kirklees Context Within Partnership Framework



Preparing for Adulthood including the 18-25 cohort is critical

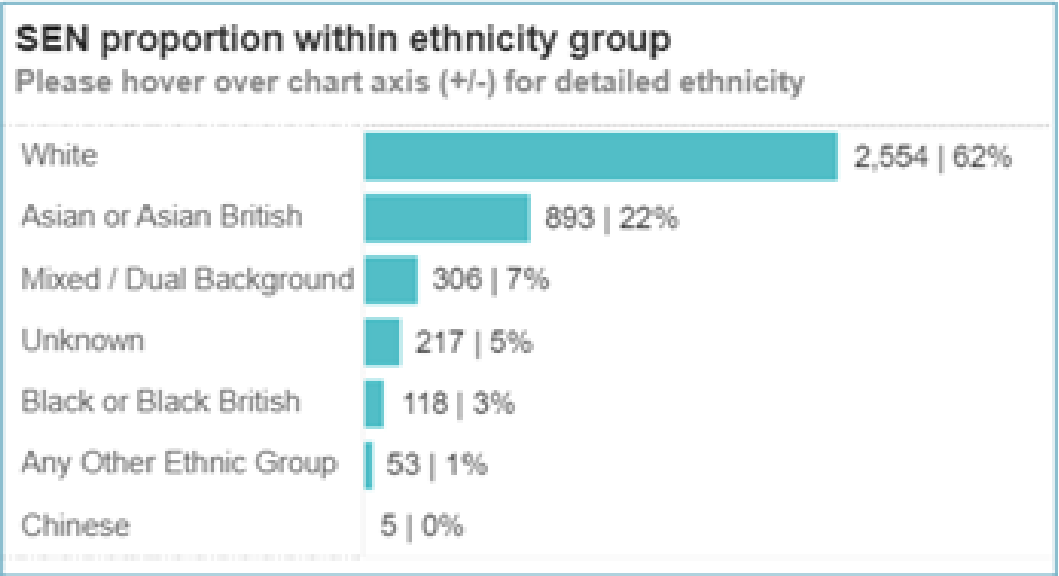
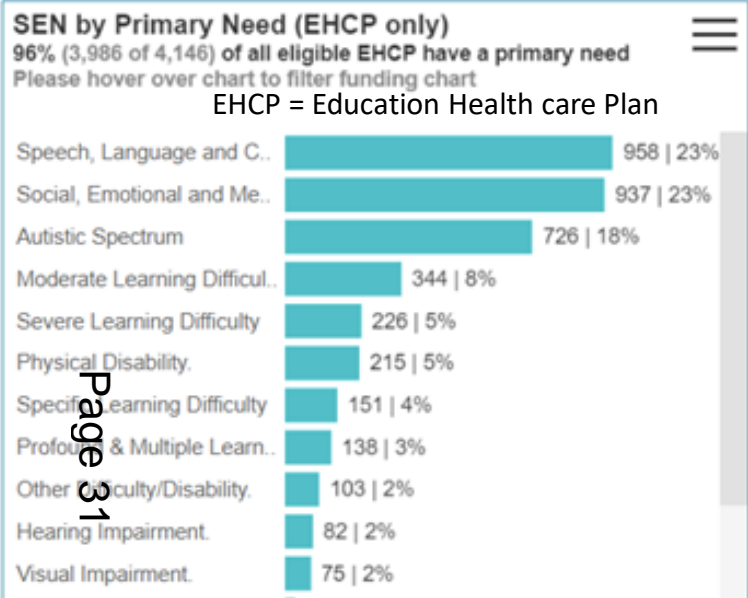
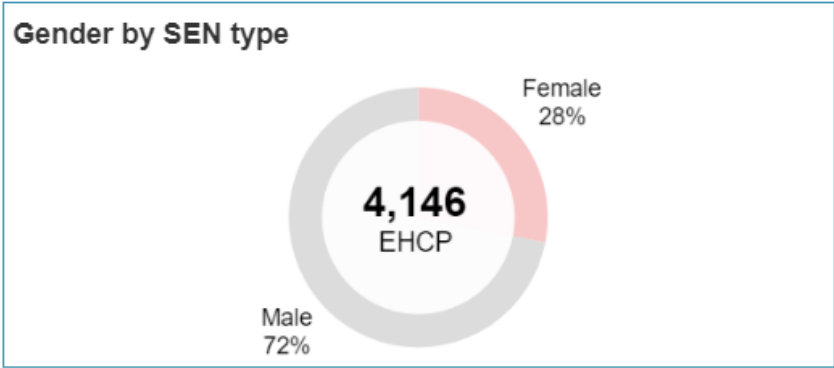
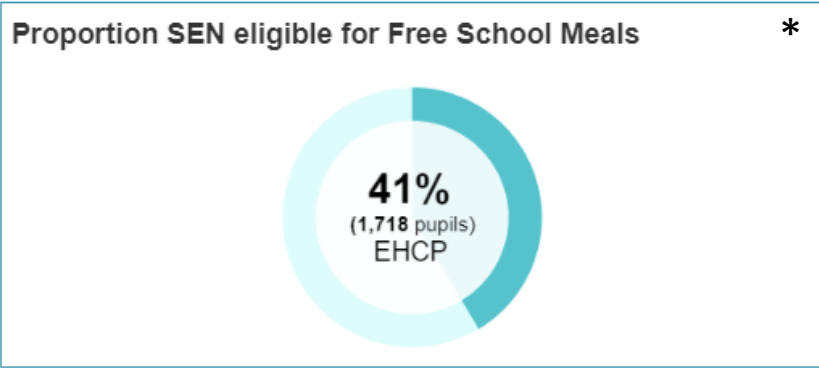
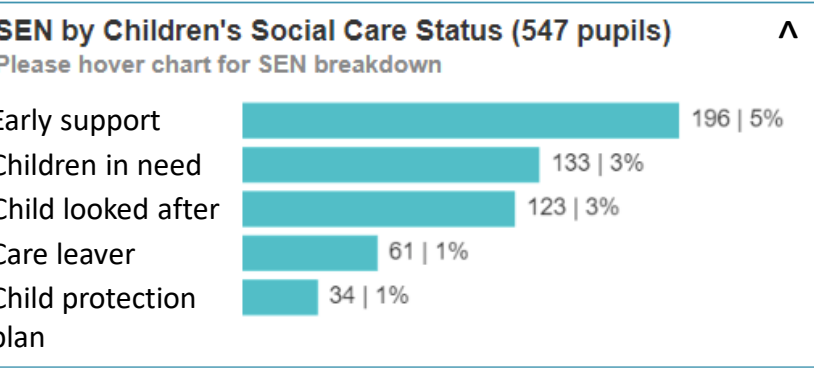
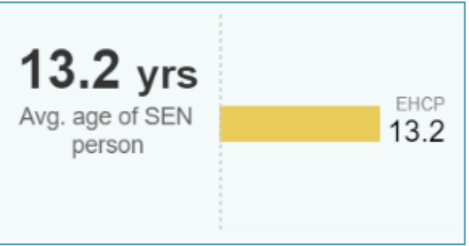
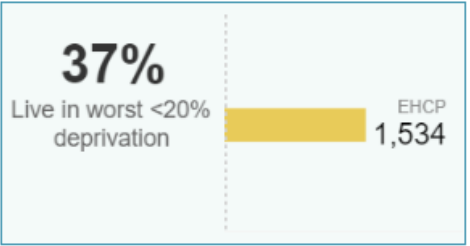
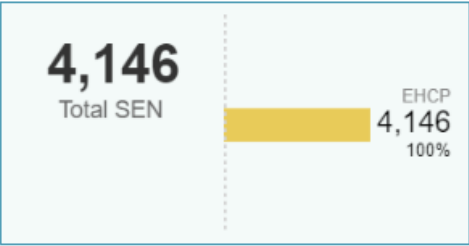
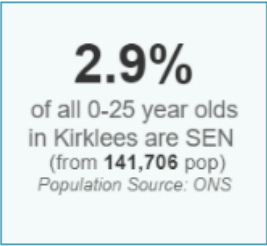
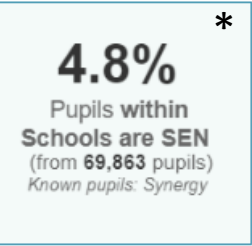
Targeted Spend - 23/24 High Needs Expenditure Forecast at Oct 23

Forecasted total Oct23
£75.239m
 High Needs Allocation
 including Block Tfr and
 Safety Valve funding
£62.371m
 Overspend position
£12.868m



Challenge - How do we make sure we are utilising all the possible opportunities to identify need, and commission sufficient places and services to get whole life outcomes.

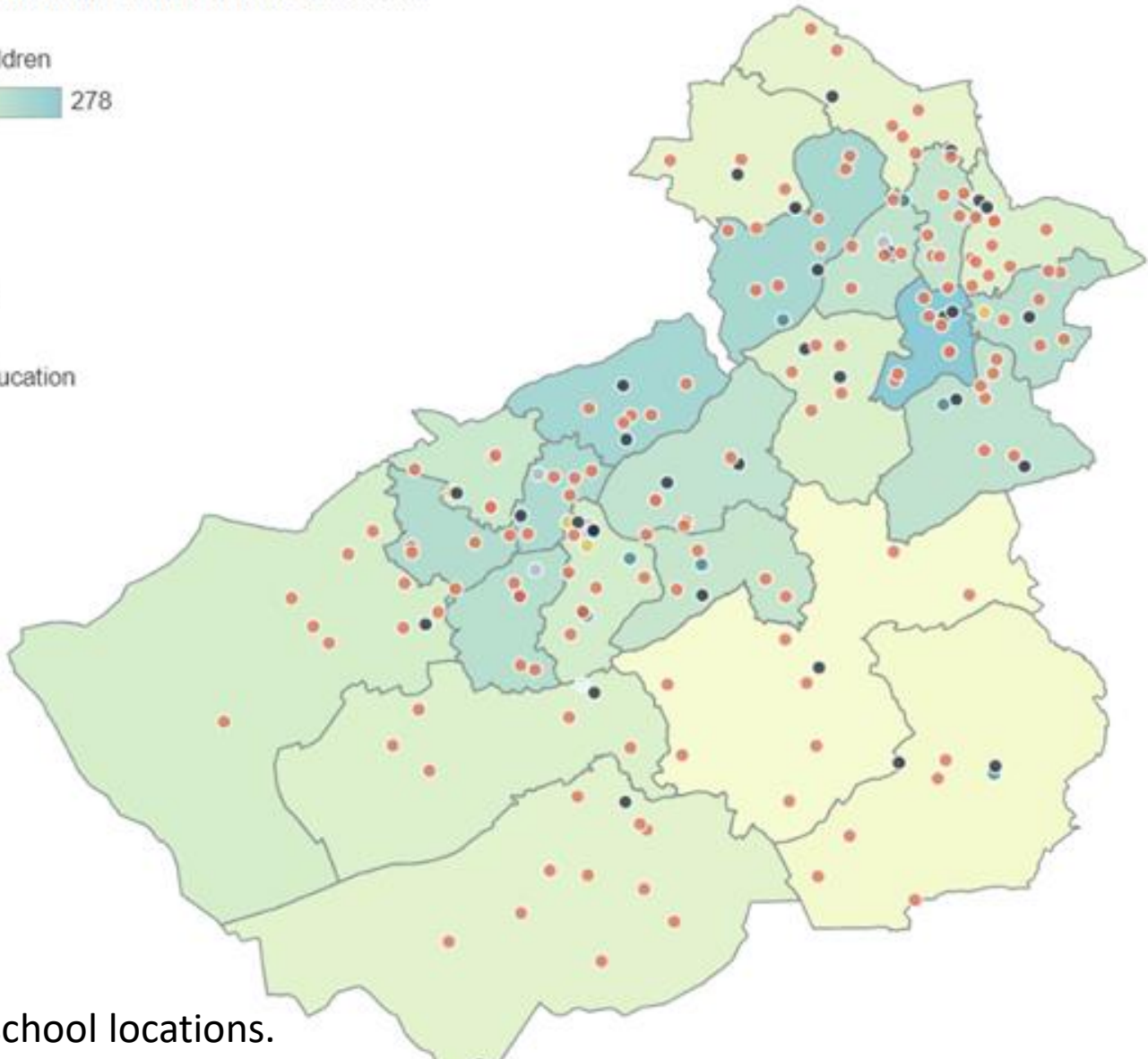
Further Data Context – Children & Young People with Additional Needs



Key
 * School population
 ^ 0 to 18
 All others are 0 to 25

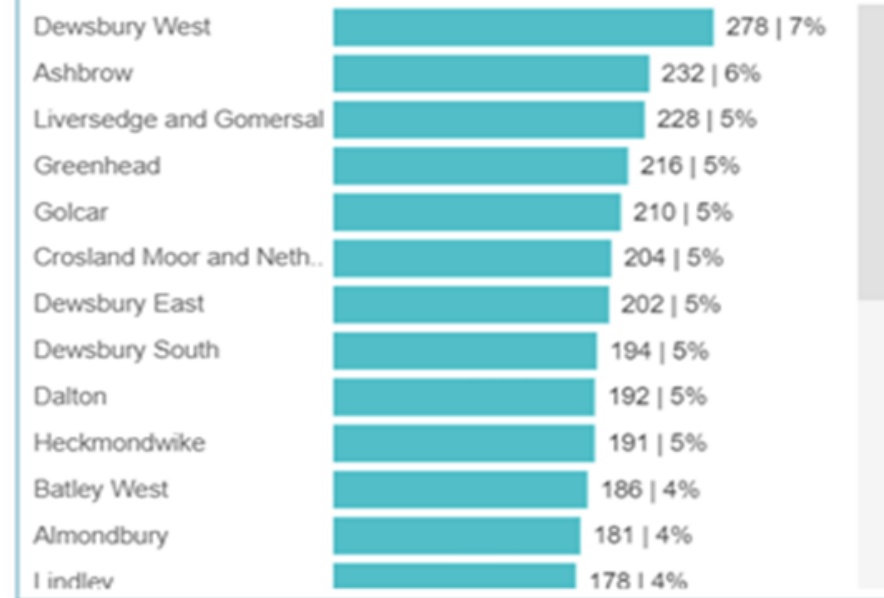
Further Data Context

SEN pupils within Wards and location of schools



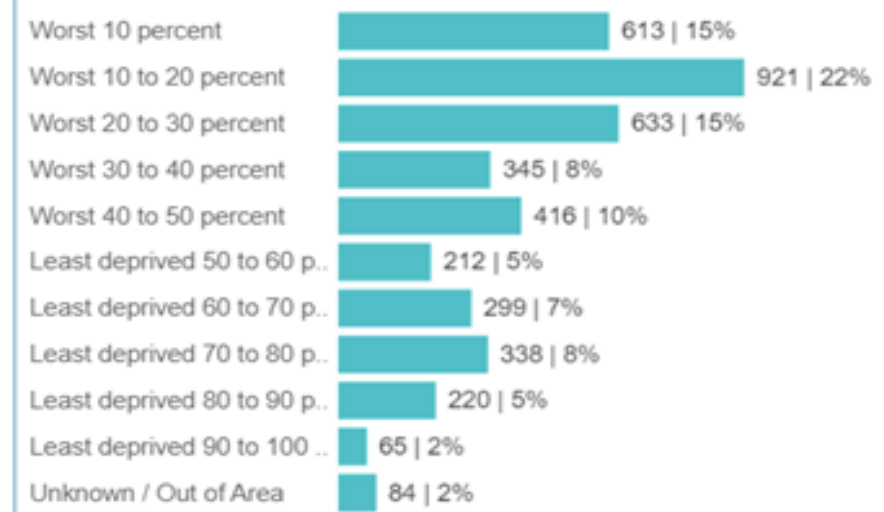
Number of SEN within each Ward

Please hover over chart to highlight map below



Index of Multiple Deprivation

Please hover over chart to highlight map below



'Dots' are school locations.
Shading of the map is where the pupil lives and is for all EHCP regardless of age.

Educational Attainment

Key stage 2

- ❖ Our challenges are reflected at national level.
- ❖ Compared to the expected standards for reading, writing and maths, children in Kirklees with SEND perform 3% below the national average.
- ❖ There has been a positive improvement for both SEND support and EHCP between 2022 and 2023.

Progress between Key Stage1 and Key Stage 2

- ❖ Progress for pupils with an EHCP is negative, however, it is higher than counterparts nationally in all subjects.
- ❖ The same is true for SEN support pupils in 2023 for writing and maths, but reading is below national.
- ❖ There has been positive improvement for reading, writing and maths for SEND pupils between 2022 and 2023.

Key stage 4 attainment

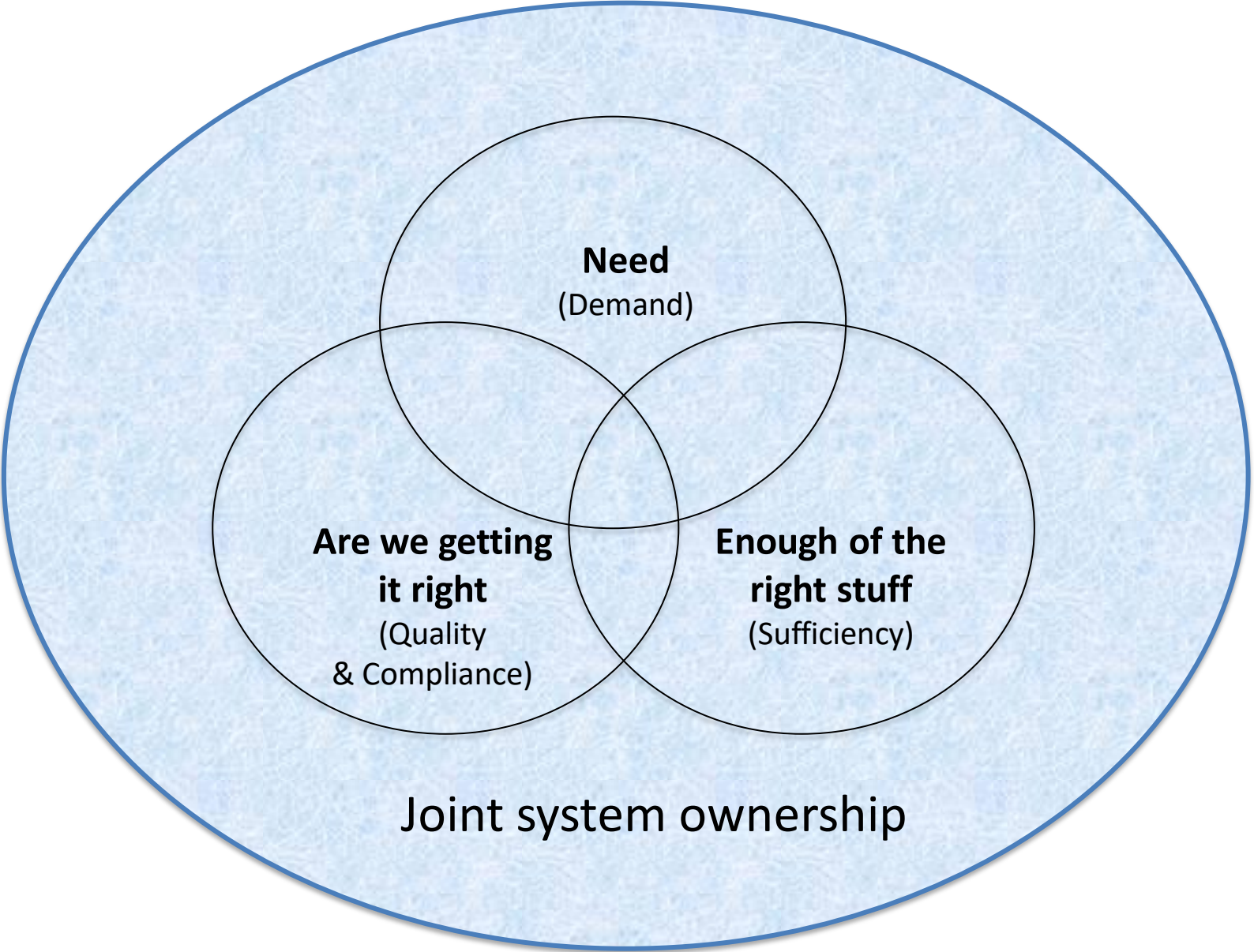
- ❖ Average 'attainment 8' and achieving 5 to 9 pass in English and Maths - pupils requiring SEN support performed worse than national average and these have dropped from 2022 to 2023.
- ❖ EHCP performance is very close to national average on both these indicators.



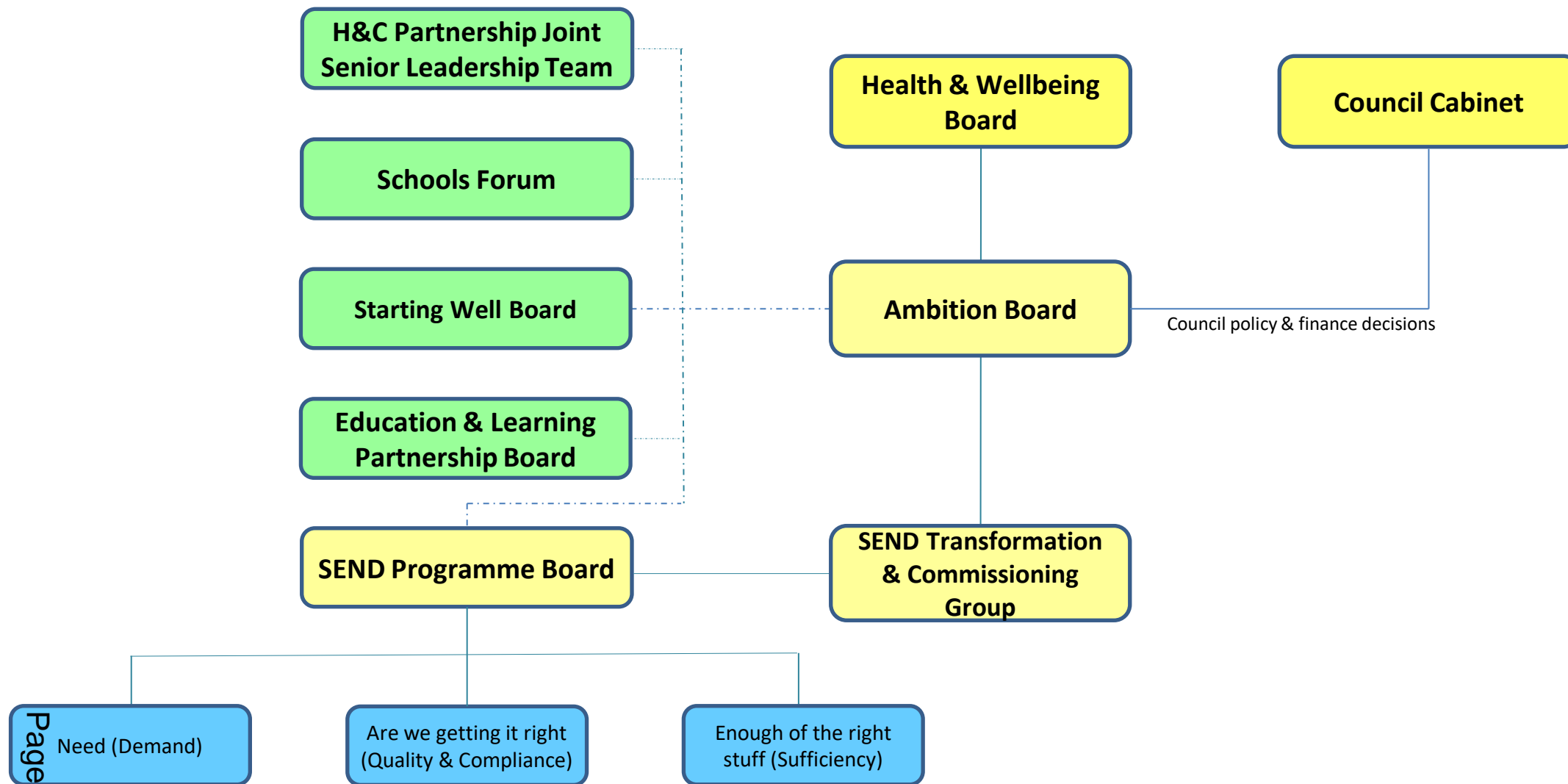
Governance

- ❖ Refreshed programme – 9 workstreams to 3
- ❖ New reporting lines to provide opportunities to enhance system ownership / gain additional grip

New Governance : Re-focused Programme



SEND Programme Governance



SEND Strategy Refresh 'The Big Plan'



Why refresh the SEND strategy?

- ✓ The original was published 2 years ago and progress has been made.
- ✓ DfE / NHS England (WSoA meeting) feedback has confirmed we're doing the right things / heading in the right direction.
- ✓ Strategic intent was and is correct, but we can communicate it better.



The Big Plan



The challenge

- ✓ Previous strategy doc had already been moving towards plain language.
- ✓ Looking to be creative, bring the strategy to life so people will want to read it.

The approach

- ✓ Worked with a range of partners including Locala, PCAN, Thriving Kirklees, Designated Clinical Officer, Local Authority officers and connected with Schools via Education Learning Partnership Board
- ✓ Worked with 63 young people from :-

Schools, Additionally Resourced Provision, Foundation College Course, Project Search, Elected Home Education Group, Short Breaks Participation Groups, Community Mental Health Youth Group

The Big Plan brings into view ...

- ✓ A call to action – encouraging involvement and sharing of successes
- ✓ Our focus on :-
 - Demand
 - Quality and compliance
 - Sufficiency
 - Joint system ownership
- ✓ A roadmap of key deliverables



The Big Plan



What did young people tell us

- ✓ “Don’t call it strategy - its ‘the Big Plan...’”
- ✓ “Don’t talk about sufficiency – that means nothing to us. What you mean is enough of the right stuff”
- ✓ “Don’t say compliance – what you mean is are we getting it right”
- ✓ “If we don’t understand it, how can we do it”. Language matters!
- ✓ “Why is it mainstream and SEND? I don’t get why we are made to feel different”
- ✓ The above echoes our feedback from parents, carers and partners across the system.



Feedback and next steps

- ✓ Feedback welcomed.
- ✓ Sharing 'The big plan' in other arenas.
- ✓ Looking to 'launch' in this quarter.
- ✓ How can you help us to make it 'live'?
- ✓ Next – create a refreshed version of the SEND transformation plan – the detail underneath the big plan.



Written Statement Of Action

WSoA



Context

- ❖ DfE / NHS series of up to 6 quarterly review meetings where challenge and support is offered. Number 5 in February 24.
- ❖ 7 commitments made.
- ❖ Successful annual review meeting held.

Challenges

- ❖ Volumes, complexity and significant cost within a financial envelope.
- ❖ Waiting lists / volume requiring childrens therapeutic input.
- ❖ In the words of one of our headteachers 'Empowered parents in a (nationally) fractured system'.
- ❖ Changes in key contacts / relationships within DfE.
- ❖ Feedback from various national and regional groups plus other intelligence confirms we're underfunded; other Local Authorities are facing similar pressures; there's nothing significant that others have planned that we haven't already included.



Commitments

1. Improve parent/carer confidence/young people confidence in Kirklees SEND system.
2. Increase the range and impact of early intervention strategies.
3. Increase the sufficiency of places and settings across Kirklees Council.
4. Increasing and improve the timeliness of responses to needs of children and young people with SEND.
5. Enhance and improve the preparation for adulthood (PfA).
6. Improve outcomes for children and young people with SEND in mainstream settings.
7. Address workforce pressures and capacity issues.



Examples of Progress

- ❖ Our young people have told us what's important to them at school. This is informing our work with schools on re-building 2 of our Special schools.
- ❖ Worked with schools on 5 new Additionally Resourced Provisions as well as with our special schools to also bring further capacity with a new satellite, a town centre provision and an additional class within an existing special school from Sept 2023. The combination of these means more children can be educated closer to home in a way that suits their needs.
- ❖ Further supported early years sector and schools to help our young people through the launch of our 'graduated approach' and 'high quality intensive teaching tool'. Feedback from schools indicates this has been well received. Our specialist outreach support has been very positively received in schools with 100% of schools saying they would use the service again and 100% saying they would recommend to other schools and professionals.
- ❖ A new pathway for neurodiversity has been created and approved by the ICB. This partnership working between Health and the Council has positively impacted and already reduced waiting times.
- ❖ With schools forum, jointly commissioned an external expert in April 23 to support us in reviewing Kirklees Mainstream High Needs Funding. This supports our vision of developing a stronger, more consistent and timely mainstream offer to children with SEND with or without an EHCP. The work took place over the Summer term and findings were presented back to all stakeholders by October 2023.
- ❖ Piloted a change in how young people going into reception classes are supported. This has meant a reduction in paperwork for schools and children being supported even more appropriately from the start. Feedback from recent monitoring has confirmed positive impact in supporting smooth transition into school and promoting inclusion.



What's next ... Some key items

- ❖ Next WSoA challenge and support session due in February 24.
- ❖ Mainstream High needs funding - joint approach with schools to turn findings into a new model and action.
- ❖ ARPs - We're working with schools to look at how we extend this work further in 2024.
- ❖ Increase satellite capacity at Ravenshall (Headfields).
- ❖ Progress Special School re-builds.
- ❖ Focus on quality and compliance.
- ❖ Healthy Child Programme - HCP - develop and commence new model.
- ❖ Awaiting outcome of Additional Provision free school bids ...



Summary

Status

- ✓ Simplified, focussed but extensive programme
- ✓ Significant challenges
- ✓ Much already achieved

Critical next developments

- ✓ New high needs funding approach is key
- ✓ Capital works
- ✓ Systemic ownership :–
 - how can you this board help?
 - How can you help within your organisation?

Summary

Status

- ✓ Simplified, focussed but extensive programme
- ✓ Significant challenges
- ✓ Much already achieved

Critical next developments

- ✓ New high needs funding approach is key
- ✓ Capital works
- ✓ Systemic ownership :–
 - How can this board help?
 - How can you help within your organisation?

Appendix - Educational Attainment

Educational Attainment

Key Stage 2 - Attainment

Assessments were cancelled in summer 2020 and 2021. These statistics cover the attainment of Year 6 pupils who were assessed in summer.

Reading, Writing and Maths - Expected Standard

	Kirklees 2019	Kirklees 2022	Eng 2022	Y&H 2022	Kirklees Diff to Eng	2022 % Rank	National Rank	National Quartile	Cohort 2023	Revised Kirklees 2023	Revised Eng 2023	Revised Y&H 2023	Kirklees Diff to Eng	(out of 100) 2023 % Rank
All children	62%	57%	59%	57%	-2%	64	95	C	5626	58.0%	60.0%	58.0%	-2%	65
SEN Support	19%	18%	21%	20%	-3%	72	113	D	880	21.0%	24.0%	22.0%	-3%	72
EHCP	5%	4%	7%	6%	-2%	84	130	D	214	7.0%	8.0%	8.0%	-1%	63



Educational Attainment

Key Stage 2 - Progress

Progress of pupils between KS1 (Year 2) and KS2 (Year 6). Zero is the national average progress for all pupils. Only pupils who were assessed at both Key Stages are included in the measure.

KS1-KS2 Progress - Reading

	Kirklees 2019	Kirklees 2022	Eng 2022	Y&H 2022	Kirklees Diff to Eng	2022 % Rank	National Rank	National Quartile	Cohort 2023	Revised Kirklees 2023	Revised Eng 2023	Revised Y&H 2023	Kirklees Diff to Eng	2023 % Rank
All children	-0.8	-0.1	0.0	-0.1	-0.1	-	94	C	5632	-0.42	0.04	-0.26	-0.46	80
SEN Support	-2.1	-1.7	-1.2	-1.2	-0.5	-	111	D	881	-0.95	-0.58	-0.88	-0.37	73
EHCP	-4.8	-4.4	-4.5	-4.6	0.1	-	76	C	216	-3.94	-4.36	-4.33	0.42	54

Pupils with No Prior Attainment excluded from calculations



Educational Attainment

KS1-KS2 Progress - Writing

	Kirklees 2019	Kirklees 2022	Eng 2022	Y&H 2022	Kirklees Diff to Eng	2022 % Rank	National Rank	National Quartile	Cohort 2023	Revised Kirklees 2023	Revised Eng 2023	Revised Y&H 2023	Kirklees Diff to Eng	2023 % Rank
All children	-0.5	-0.1	0.1	0.1	-0.2	-	86	C	5632	-0.10	0.04	0.08	-0.14	67
SEN Support	-2.3	-1.5	-1.6	-1.5	0.1	-	74	C	881	-1.11	-1.53	-1.49	0.42	49
EHCP	-4.9	-4.0	-4.1	-4.6	0.1	-	73	C	216	-3.79	-4.41	-4.37	0.62	44

Pupils with No Prior Attainment excluded from calculations

KS1-KS2 Progress Maths

	Kirklees 2019	Kirklees 2022	Eng 2022	Y&H 2022	Kirklees Diff to Eng	2022 % Rank	National Rank	National Quartile	Cohort 2023	Revised Kirklees 2023	Revised Eng 2023	Revised Y&H 2023	Kirklees Diff to Eng	2023 % Rank
All children	-0.3	0.0	0.0	0.0	0.0	-	79	C	5632	0.07	0.04	-0.01	0.03	53
SEN Support	-1.6	-1.5	-0.9	-0.7	-0.6	-	119	D	881	-0.67	-0.84	-0.77	0.17	55
EHCP	-5.4	-4.4	-3.9	-4.3	-0.5	-	103	C	216	-3.82	-4.12	-3.99	0.30	58



Educational Attainment

Education - Key Stage 4 Attainment

October 23 Update: Provisional GCSE results

'This academic year saw the return of the summer exam series, after they had been cancelled in 2020 and 2021 due to the impact of the COVID-19 pandemic, where alternative processes were set up to award grades'.
 'Comparisons are made with both 2021, the most recent year, and 2019, because it is more meaningful to compare to the last year summer exams were sat. Given the unprecedented change in the way GCSE results were awarded in 2021, as well as the changes to grade boundaries and methods of assessment for 2021/22, users need to exercise caution when considering comparisons over time, as they may not reflect changes in pupil performance alone.'

Average Attainment 8 Score

	2021 Kirklees	2021 Eng	2021 Y&H	Kirklees Diff to	2021 LA Rank	2021 Quartile	Kirklees 2022	Eng 2022	Y&H 2022	Kirklees Diff to	2022 LA Rank	2022 Quartile	2023 Cohort	Provisional Kirklees 2023	Provisional Eng 2023	Provisional Y&H 2023	Provisional Kirklees Diff to
All children	49.5	50.9	49.1	-1.4	95	C	48.2	48.9	46.9	-0.7	70	B	5003	46.5	46.3	44.6	0.2
SEN Support	31.6	36.7	33.9	-5.1	141	D	33.3	34.9	31.6	-1.6	94	C	467	28.2	33.2	30.3	-5.0
EHCP	15.1	15.7	15.1	-0.6	83	C	15.1	14.3	14.3	0.8	64	B	174	13.7	14.0	13.7	-0.3

Achieving 5-9 pass in English and Maths

	2021 Kirklees	2021 Eng	2021 Y&H	Kirklees Diff to	2021 LA Rank	2021 Quartile	Kirklees 2022	Eng 2022	Y&H 2022	Kirklees Diff to	2022 LA Rank	2022 Quartile	2023 Cohort	Provisional Kirklees 2023	Provisional Eng 2023	Provisional Y&H 2023	Provisional Kirklees Diff to
All children	50.0%	51.9%	49.4%	-1.9%	90	C	49.9%	50.0%	47.7%	-0.1%	66	B	5003	45.7%	45.3%	42.4%	0.4%
SEN Support	16.6%	22.2%	18.8%	-5.6%	-	-	22.4%	22.5%	18.9%	-0.1%	-	-	467	13.7%	20.5%	16.6%	-6.8%
EHCP	4.8%	7.8%	7.1%	-3.0%	-	-	9.4%	6.9%	7.5%	2.5%	-	-	174	6.3%	6.8%	6.6%	-0.5%

Kirklees Health and Care Partnership

Starting Well Programme

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Agenda Item 8:

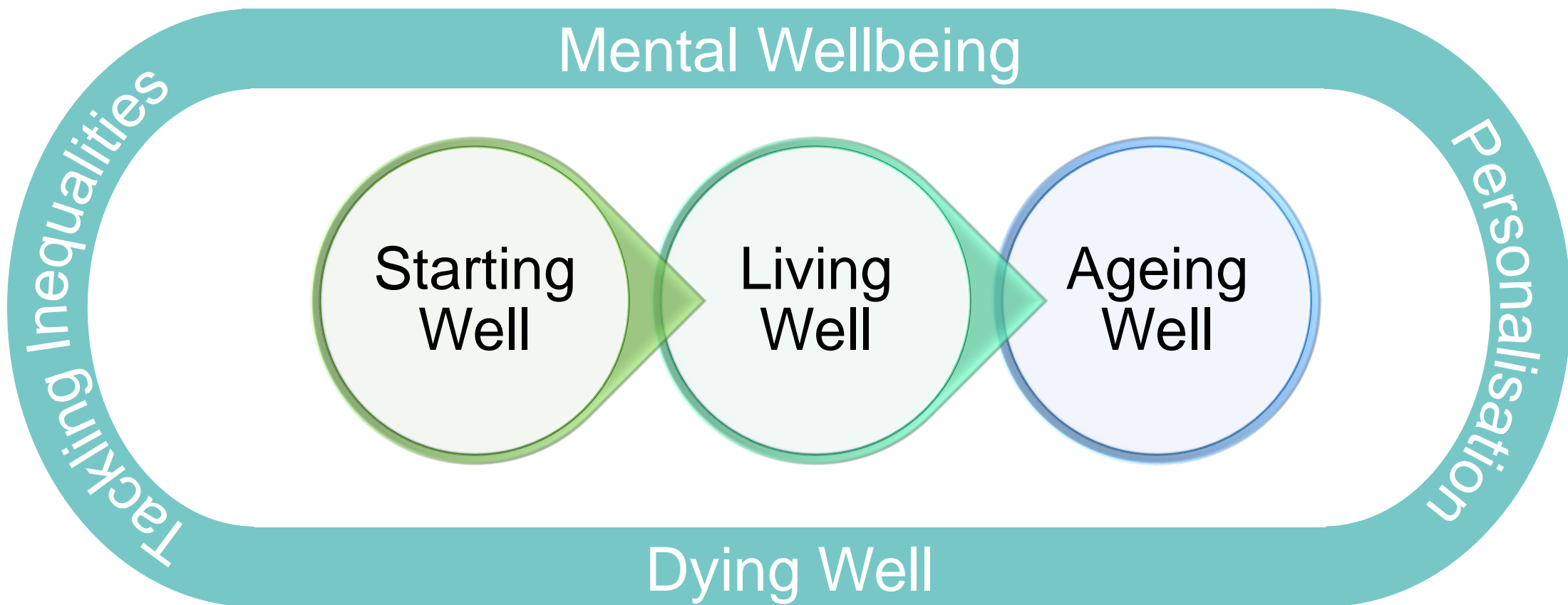
The Children and Young People's Partnership Plan 2020 - 2023



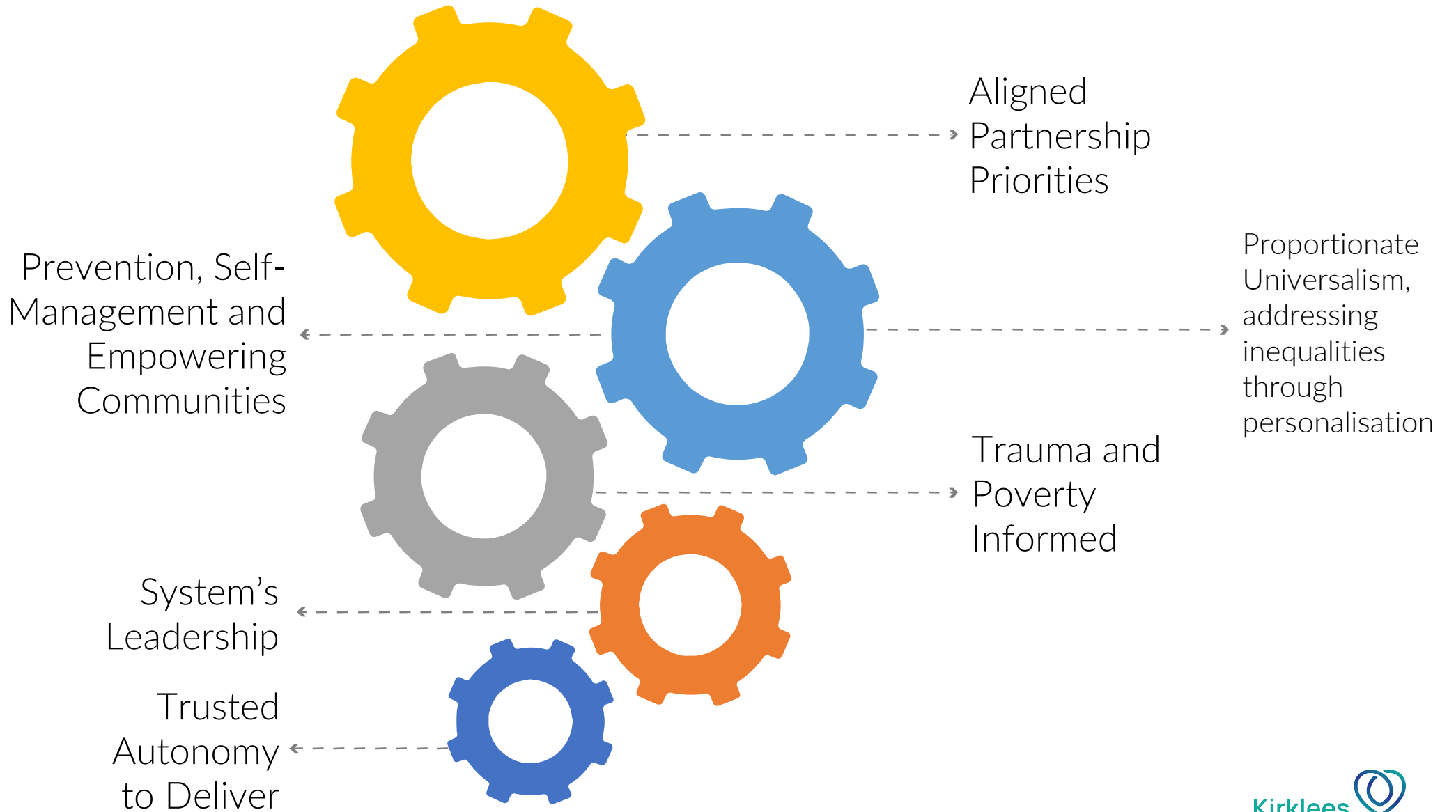
Our Priorities, and the :

- **To reduce the effects of poverty on children** – work embedded in *Kirklees Tackling Poverty Partnership* – includes *Cost of Living Support, Holiday Activity & Food Programme; poverty aware practice*
- **To support inclusion and better outcomes for LGBT+ young people** – sustainability includes *new commissioned service with local experts Brunswick Centre; Emotional Wellbeing Partnership*
- **To grow our youth offer** – places to go, people to see, things to do – progressed through the *Youth Development Partnership Board, Our Space, Holiday Activities; Kirklees Youth Alliance infrastructure support.*





Well Programme Principles



Core Aim:

Ensure children have the best start in life, with a focus on prevention and early intervention, to better enable integrated delivery of services for CYP and families.

Key Issues to be addressed by the programme

- Kirklees are facing a number of health challenges - stillbirths (4.3/1000), infant mortality (4.8/1000) and childhood 25.9% (Y6)) and maternal obesity (39.4%) are above the England averages.
- Known inequalities exist within the above data, many relating to protected characteristics, the wider determinants and deprivation.
- Kirklees CYP and Families are having to tell their story multiple times and often struggle to find the appropriate advice, leading to disengagement.
- Information and support services are not easily accessible
- There is not a partnership united list of priorities for CYP and Families, nor the integrated governance or joint commissioning.
- We do not have an agreed approach to measuring outcomes.
- Intelligence gathered from CYP and Families is fragmented and its use on service development/improvement could be enhanced.
- Need to shift focus into the community and prevention / early support services/support

Aims & Objectives

- Provide four physical family hubs within Kirklees, each with respective outreach sites. Family hubs to act as single points of contact and information for all support services for CYP and Families, including Start For Life Services.
- System working is set up to jointly focus on the same priorities, with resource flowing to enable work, with an emphasis on prevention and early identification.
- Improve health of families in the first 1,001 days
- CYP themselves and Parent and Carer Panel's inform service design and delivery.

Priorities

Implementation of Families Together Model owned and supported by multiple partners.

1-2 years:

- CYP system works to a single workplan.

Long term:

- Kirklees CYP and Families report that hubs address all of their needs and support requirements.
- Hubs facilitate co-location of staff working in all support services, including community health.
- Services are jointly commissioned and tailored to the needs of Kirklees CYP and Families, as per their feedback.

In scope

- Community based CYP (conception to 19 (25 with SEND) services
- Family Hub and Start For Life services
- Thriving Kirklees, Kirklees Keep in Mind (interface)
- Partnership oversight, delivery and awareness building
- SEND Transformation Programme (operational interdependencies)
- Transitions for 16-19 and 19-25 (SEND)

Out of scope

- SEND Transformation Programme (decisions)
- Complex care, acute based services
- Youth Justice Board
- Corporate Parenting Board
- Education & Learning Partnership Board

Governance and Workstreams

Starting Well Programme Board

Chair: Tom Brailsford

Membership: Calderdale and Huddersfield NHS Foundation Trust; Forget Me Not Children’s Hospice; Kirklees General Practice; Kirklees Local Authority (CYP, Communities, Public Health); Locala; Mid-Yorkshire Teaching NHS Trust; South West Yorkshire Partnership NHS Foundation Trust; VCSE – Third Sector Leaders – Yorkshire Children’s Centre; West Yorkshire Integrated Care Board; West Yorkshire Police

Leadership Team

SRO: Tom Brailsford
 PM: TBC
 PSO: TBC
 Clinical Lead: TBC
 ICB: Mark Hindmarsh
 LA: Jackie Beever
 PH: Vicki Stadnicki

The Early Years Programme Board

Youth Development Programme Board

Early Support Partnership Steering Group

Children's Emotional Health and Wellbeing Partnership

<p>Leads: TBC (chair); Becky Horsfall (support)</p>	<p>Leads: Jill Greenfield (chair); Stephanie Hill (support)</p>	<p>Leads: Helen Brear (co-chair) Michelle Lister (co-chair); Becky Horsfall (support)</p>	<p>Leads: Stewart Horn (chair); Mary White (support)</p>
<p>Purpose: Lead on the identified priorities from the assessment against the national Start4Life guidance.</p>	<p>Purpose: Focussed on leading on some of the identified priorities from the assessment against the Family Hubs guidance and the priorities that are important to YP.</p>	<p>Purpose: Current workstreams: Data and Outcomes; Parenting; Comms and Access; Area Partnerships. TBC, following framework assessment.</p>	<p>Purpose: Co-produce, develop and review an evidence-based Kirklees Children and Young People’s Emotional Wellbeing Strategy.</p>
<p>Outcomes: Improved access to Start4Life information for professionals and families. Improved outcomes of Start4Life services (TBC at next EYPB).</p>	<p>Outcomes: TBC following assessment against the Family Hubs guidance. Some outcomes can be included here from the YDB work that has recently been undertaken on the plan on a page.</p>	<p>Outcomes: TBC, following framework assessment.</p>	<p>Outcomes: Kirklees Children and Young People’s Emotional Wellbeing Strategy; Evidence and insight on the emotional wellbeing of children and young people in Kirklees; Improvements in children’s emotional wellbeing and system capacity to enable good emotional health.</p>

Kirklees 
**Families
Together**





National context – Family Hubs

- Dept for Health and Social Care and Dept for Education Family Hubs and Start for Life programme
- The Family Hubs and Start for Life programme helps meet commitments in [The best start for life: a vision for the 1,001 critical days](#), published as government policy in March 2021.
- **The programme will:**
 - Provide support to parents and carers so they are able to nurture their babies and children, improving health and education outcomes for all
 - Contribute to a reduction in inequalities in health and education outcomes for babies, children and families across England by ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it
 - Build the evidence base for what works when it comes to improving health and education outcomes for babies, children and families in different delivery contexts



Kirklees Families Together

- Place based integrated Early support offer for Children Young People and Families aged 0-19yrs (25 with SEND) whole family working
- Families Together (Kirklees Family Hubs) Cabinet approval April 2021
- 4 geographical areas, 4 main sites:
 - Huddersfield (Chestnut Children's Centre)
 - Dewsbury and Mirfield (Dewsbury Moor Children's Centre)
 - Kirklees Rural (Slaithwaite Town Hall)
 - Batley and Spennings (Birstall & Birkenshaw Children's Centre)
- 4 Families Together area partnerships
- Early support Steering Group



Priority Area	Actions
Improving access to information for professionals and families	<ul style="list-style-type: none">• Co-ordinate and consolidate information perspective i.e. knowing what is going on and professionals.• Map service offering - resource (physical and online) available that outlines the services.• Test alignment/integration of services i.e. transfer of support.• Ensure resource (physical and online) is available to families at point of contact for services.• Ensure resources (physical and online) are accessible and regularly updated.
System increased awareness of Family Hubs (Families Together) in its broadest sense	<ul style="list-style-type: none">• Awareness resources e.g. landing pages; website; leaflets; signage etc.• Awareness within partner organisations.• Public awareness.• Political awareness.• Publish FT branding - partners to use where appropriate.



Kirklees Families Together

Priority Area	Actions	Lead Group(s)
Align expected outcomes	<ul style="list-style-type: none"> • Agree our stance as a system – are we wanting to do all of what is outline in the framework under ‘data’. If so, this needs resource and capacity. • Agree what priorities are most important from data section - SWB discussion. • Partnership support to action priorities including supporting data sharing, where required. • Outcomes led by outcome of services from the service user perspective - embed this in all FT services. • Partnership aligned way of assessing impact. • Partnership way of using feedback for service improvement. 	<p>Early Year’s Programme Board (S4L)</p> <p>Youth Programme Development Board</p> <p>Early Support Partnership Steering Group</p> <p>Children's Emotional Health and Wellbeing Partnership</p>
FT workforce training	<ul style="list-style-type: none"> • Consistent approach across FT services. • Shared training opportunities across partners. 	<p>Early Year’s Programme Board (S4L)</p> <p>Youth Programme Development Board</p> <p>Early Support Partnership Steering Group</p> <p>Children's Emotional Health and Wellbeing Partnership</p>

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