

Public Document Pack



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Commissioning**

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Wednesday 20 November 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 **1.00 pm** on **Thursday 28 November 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 "S Lawton".

Samantha Lawton

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 Beverley Addy (Chair)

Councillor Carole Pattison

Councillor Mark Thompson

Tom Brailsford

Director for Children's Services)

Rachel Spencer-Henshall

Deputy Chief Executive and Executive Director for Public Health and Corporate Resources

Richard Parry

Strategic Director - Adults and Health

Michelle Cross

Executive Director - Adults and Health (DASS)

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

Chief Supt 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 Vanessa Taylor

University of Huddersfield

Warren Gillibrand

University of Huddersfield

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

To receive apologies for absence from those Members who are unable to attend the meeting.

2: Minutes of previous meeting

1 - 10

To approve the minutes of the meeting of the Board held on the 26th September 2024.

3: Declaration of Interests

11 - 12

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

4: Admission of the Public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Board.

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 in writing, 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 in writing at least three clear working days in advance of the meeting.

7: Kirklees Safe zones

13 - 14

The Board will received information which will bring awareness of the Safe Zones project, and identify any improvements that could be supported by the wider partnerships.

Contact: Chief Superintendent James Griffiths – Kirklees District Policing Commander

8: A paper to Health and Wellbeing Board on the update of the Kirklees Local Plan

15 - 18

Purpose of paper

- To update the Health and Wellbeing Board on the Local Plan update in Kirklees, its purpose and importance
- To ensure members are able to ask further questions about the Local Plan update
- To ensure members are able to feedback on Local Plan update

Contact: Lucy Wearmouth, Head of Improving Population Health and Hannah Morrison, Team Leader, Planning Policy and Strategy

9: Inclusive Communities Framework

19 - 22

To inform the Health and Wellbeing Board (HWBB) around progress in implementing the Inclusive Communities Framework (ICF) which is one of the key enablers for the achieving the Kirklees Health and Wellbeing Strategy (KHWS) priorities of Mental Wellbeing, Connected Care and Support, and Healthy Places.

Contact: Jill Greenfield, Director Communities & Access Services,
Sarah Mitchell, Head of Communities and Tamsin Macdonald, Local
Area Coordination Manager

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 26th September 2024

Present: Councillor Beverley Addy (Chair)
Councillor Carole Pattison, Leader of the Council
Rachel Spencer-Henshall, Deputy Chief Executive and Executive Director for Public Health and Corporate Resources
Carol McKenna, (ICB) Accountable Officer/Place-based Lead
Stacey Appleyard, Director, Health Watch
Christine Fox, Director of Customer and Community Services, Connect Housing
Liz Mear, Independent Chair of the Kirklees Integrated Care Board Committee
Alasdair Brown, Chief Executive of Kirklees Active Leisure (KAL), representing Third Sector Leaders
Warren Gillibrand, Acting Head of Department, Nursing, Huddersfield University
James Creegan, CEO of Kirklees Care Association (Virtual attendance)

In attendance: Alex Chaplin, Strategy and Policy Officer, Kirklees Council
Victoria Valence, Locala
Emily Parry-Harries, Consultant in Public Health, Kirklees Council
Carmain Gibson-Holmes, South-West Yorkshire NHS Foundation Trust
Matt England, Mid Yorkshire NHS Foundation Trust
Cath Simms, Service Director, Adults and Social Care Operations
Vicky Dutchburn, Director of Operational Delivery and Performance
Lisa Williams, Assistant Director of Transformation & Partnerships
Jo-Anne Sanders, Service Director, Learning and Early Support
Adrian Wisniewski, Programme Manager, Strategy, Innovation and Planning
Owen Richardson, Data and Insight Enablement Lead

Apologies: Tom Brailsford
Richard Parry
Karen Jackson
Dale Gardiner
Chief Supt Jim Griffiths
Sean Rayner

Health and Wellbeing Board - 26 September 2024

Len Richards
Catherine Riley
Dr Vanessa Taylor

13 **Membership of the Board/Apologies**

Apologies received from, Catherine Riley, Vanessa Taylor, Richard Parry, Karen Jackson, Sean Raynor, Tom Brailsford, Dale Gardiner, Len Richards and Chief Superintendent James Griffiths.

Cath Simms, attended as sub Richard Parry, Lisa Williams attended as sub Catherine Riley, Victoria Wallace attended as sub for Karen Jackson, Carmain Gibson-Holmes attended as sub for Sean Raynor and Matt England attended as sub for Len Richards.

14 **Minutes of previous meeting**

That the minutes of the meeting held on the 27th June 2024 be approved as a correct record.

15 **Declaration of 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 questions were asked.

19 **Appointment of the Deputy Chair**

Dr Warren Gillibrand, Acting Head of Nursing, Huddersfield University was appointed Deputy Chair of the Board for the 2024/25 municipal year.

20 **Special Education Needs & Disabilities (SEND) Update**

Jo-Anne Sanders, Service Director, Learning and Early Support and the Senior Responsible Officer for the SEND transformation in the local area, and Adrian Wisniewski, Programme Manager, Strategy Innovation and Planning, attended the meeting to provide an update on the SEND Transformation Programme.

Jo-Anne Sanders reminded the Board that the last update on the programme was in January 2024, and as the Health and Wellbeing Board is the most senior part of governance for this programme, it is important to report back on the progress that has been made and the next steps.

The Board was informed that the update would focus on:

- Some of the work that has been undertaken in terms of the shifting culture,
- Key focuses and also the challenges,

Health and Wellbeing Board - 26 September 2024

- Key milestones that have been achieved since the last update
- Further examples of progress and impact
- Next steps
- Deep dive – for the Board to suggest areas to be presented at the next deep dive

The Board was informed that there has been an attempt to try and change the culture, and it requires a system approach to make things better for children and families, and children as they prepare to become adults. There have been opportunities that have been recognised, regarding how to work together in partnership for families with anyone who wants to provide help and support and drive some of the shared accountability.

There are some cogs that have to work together such as:

Co-production - which is something that the local area needs to be proud of. There is an active parent/carer forum that holds to account, challenges but are also very supportive

Governance – clear governance, there are three levels of governance, making sure there is the right buy-in at each level. The highest strategic level of governance, partners, then the operational level

Quality and compliance – there is a clear focus on making sure things are done in a timely way, but also making sure they are of quality, ensuring that they are set up to have impact. Rather than sitting behind a desk it is important to step out, and listen to people's lived experiences and trying to make a difference on the ground. An example, is the local offer live event, supported by a range of partners, but was led by the parent/carer forum, held in June and the feedback has been extremely positive.

Clusters - Some of this involves being brave and trying to look at innovation. Rather than looking inwards in Kirklees, it also involves looking up and down the country and seeking out opportunities. An example of this is a new way of working that is just being undertaken with mainstream schools, of which there are approximately 170. Work has started with groups called clusters, wrapping a team around those schools, to identify needs early and meet those needs as early as possible.

In addition, there are some system changes with the investment that the local area is making into rebuilding two of the special schools, to ensure there are enough places to cater for needs locally. Crucially, there was success in securing government support for an alternative provision free school. All of the different aspects of the cog need to work together to ensure the best outcomes for children.

The Board was provided with information that outlined what the focus has been and also some of the challenges. The Board was reminded that at the last SEND update, information was provided on 'The Big Plan'. In response, across the local area and beyond, there has been positive feedback about the accessibility and the language being easy to understand. It is important to evolve this rather than changing everything at once because that would become confusing to the system.

Health and Wellbeing Board - 26 September 2024

There are challenges with all this as demand is not staying static. There is not only an increase in demand, the complexity of some young people and families have also increased and this is whilst operating in a challenging financial landscape. There is a deficit within the high needs block, and work is being undertaken with the government to resolve this and there are resource capacity challenges across the system, which is nationally recognised and not just bespoke to Kirklees.

The Board was provided with information which outlined the key milestones since the last SEND update:

- In February, as a local area following an inspection, a 'Written Statement of Action' was issued and there has been follow up monitoring visits by the Department for Education (DfE) and NHS England. There has been a positive meeting, with many of the actions taken, the progress whether qualitative or quantitative and lived experiences being improved, and this was acknowledged by the DfE. This was a reflection of all the hard work of the partnership.
- In March, with regard to the Safety Valve, there has been a great deal of engagement with the DfE, and they acknowledge the challenges in being able to deliver a balanced budget, and was therefore able to renegotiate the terms of the Safety Valve. This gave a little more time to achieve and remove the high needs deficit
- In April, with the cluster working, the task and finish group co-produced and shared recommendations and a pathfinder group of schools was established to start trialling the new approach with schools.
- In June, Cabinet received a report regarding the clusters and were supportive of moving forward and those arrangements being put in place.
- In September, previously there had been opportunities to support young people to inclusion, therefore work was undertaken to refresh and update the Inclusion Fund Policy to reflect the changes to the early education and that new entitlement. Schools were asked to submit expressions of interest to roll out the next phase of the additional resource provisions.

The Board was informed that the clusters have now gone live, and the early years transition fund, the new approach is also live. Online from September another additional resource provision with more in the pipeline, and very successfully led by the Designated Clinical Officer, parent/carers forum for inclusion of neurodiversity (PINS) has gone from bidding to the actual delivery for 14 primary schools. This belies the amount of work, energy and effort the partnership has undertaken.

Referring to the presentation slides the Board was presented with statistical information relating to the Healthy Child Programme:

- Mandated new birth visits within 14 days was 8% at the time of inspection in 2022, now 79%; 6- week reviews 65% now 77%; 12 months was 68% now 89%, 2.5 yr reviews was 43% now 80%. This is impressive in terms of the improvements made in performance.

Health and Wellbeing Board - 26 September 2024

- Education Health Care Plans compliance is improving. There is month on month improvement with July and August being the best with over 200 plans issued. That means two record months since April 2024.

The Board was informed that while there has been progress, is any of this making a difference? One of the things that is being undertaken regularly is capturing people's lived experience. An example of the some of the impact can be seen with the Healthy Child Programme where families are generally happy with the service. In the last quarterly reporting, 96% of families surveyed rated Locala as good or very good.

In terms of next steps and what is being planned. It has been fortunate that there has been an opportunity to start a conversation with RISE partnership, and RISE stands for Research and improvement for SEND excellence and that is the council for disabled children and National Development Team for Inclusion (NDTi). There is an opportunity to work with them and focus on the preparation for adulthood. Part of the transformation there was an opportunity to meet with them to scope out what that support could look like.

The clusters workforce development aims to look at the review for special school funding, to ensure that they can be equipped with all the tools they need to meet the needs of young people. The Quality assurance framework is being able to connect with colleagues from the third sector and Kirklees Care Associations and those conversations have already started.

The Board was asked whether there are any areas of the programme that the Board would want to know more about ?

In response to the information presented, the Board asked a number of questions and made comment including some of the following:

- The information presented reflects some of the discussions at the ICB Place Committee where the focus was on the Starting Well Programme, and there was a lengthy discussion around the neurodiversity in particular, the waiting time for assessments. One of the things that came out of the discussion, and it wasn't fully understood, was the extent to which having a diagnosis unlocks access to other services and support. When people are waiting for an assessment, how can we ensure that their children have access to the right level of support even though they haven't received a formal diagnosis. It is an area that seems to come up quite frequently.
- This is a really big challenge, and it isn't anything that one organisation can solve. What would be really valuable is more information in the way of data because it is important to understand where the demand is coming from. It is also important to look at the inequality's because it is known that people often go for private diagnosis and that risks creating inequalities in terms of the ability for people to get the diagnosis and therefore the support they need. Understanding the trends in relation to data and demand would be helpful.

- The cluster is an innovative way of looking at it because it is saying that rather than a statement leads to a special package of care, it is about ensuring that schools work together to share resources across the cluster, thereby making best use of the resources available rather than schools competing for precious resource when it is recognised there isn't enough to go around.
- The cluster only just launched in September; however, it would be good to see how that has impacted over the first term, appreciating that these things will take some time.
- The information came to life on the examples of impact outlined towards the end of the presentation, on the individual children being supported and the example of my happy mind programme being rolled out to nearly 35,000 pupils and that sounds like a really great intervention for supporting pupils and young people with their mental health. Will there be a continual roll out across schools and how will the impact of this be monitored?
- Healthwatch regularly hear from parents/carers particularly around ADHD and Autism assessment waiting times, how can people be connected who are having difficulties? Healthwatch also hears from people who have had to remove their child from school because the school is unable to meet their needs and also the support takes an exceptionally long time to put in place, therefore having their children at home is easier. How are these families being supported? This is difficult for anyone to understand with the number of improvements, challenges, pathways and different things that are happening, how is this being explained to local families?

RESOLVED

That Jo-Anne Sanders and Adrian Wisniewski, be thanked for providing an update on SEND transformation, and that information relating to trends, data and demand to be brought back to a Board meeting at a later date.

21

Better Care Fund Update

Cath Simms, Service Director, Adults and Social Care Operations and Vicky Dutchburn, Director of Operational Delivery and Performance, provided the Board with an update on the Better Care Fund (BCF). The aim of the update would be to outline the plan spend through the BCF for the 2024/25 financial year, and also the plan for next year, and to get agreement from the Board.

The Board was provided with an overview of the BCF, which is a mechanism for joint spending between the ICB, health and the council. It is not new money it is direct from the council and the ICB. The only exception to that is there has been some additional three year national non-recurrent funding specifically for adult social care, supporting hospital around discharge. The final year for the funding is 2024/25 and it is not clear whether there will be a repeat of that funding, although there may be some additional monies coming through for that.

Health and Wellbeing Board - 26 September 2024

There are some very clear national conditions and requirements that have to be followed in order to spend this money. Essentially it is around enabling people to stay well, safe and independent at home for longer providing the right care, in the right place, at the right time. There is a clear planning framework that needs to be followed. The recent one was a two year planning framework, the BCF plan covered from last year 2023/24, through to this year 2024/25.

The Board was provided with a summary of how both partners, the ICB and the Council contribute to the pooled funding as follows:

Source	£ ICB	£ Kirklees Council
NHS Contribution	£37,652,094	NA
Discharge Funding	£3,617,048	£4,164,306
Improved BCF	NA	£17,821,765
Disabled Facilities Grant	NA	£3,952,873

The Board was informed that in terms of how the spending has been planned for this year, a working group was established with representation from the ICB and Kirklees Council to oversee the planning process. For the 2024/25 plan, each scheme has been subject to a review to determine:

Review criteria

- Delivery against national objectives
- Risk to future delivery
- Value for money
- Opportunities for efficiency through transformation

Update and approvals

- In terms of approvals, the Health and Wellbeing Board (H&WB) is required to complete a planning template and delegated authority for this has been given to Vicky Dutchburn and Cath Simms to submit on behalf of the H&WB. Updates have also been delivered to the Joint Kirklees Senior Leadership Team.
- The plans were submitted to the BCF team in August, and the Section 75 agreements is being updated. This is a legal agreement to outline how the money is to be spent

The Board was informed that there is often an element of back and forth with the national BCF team regarding whether the narrative about how the money is going to be spent is explained to them.

In terms of key points:

- It is imperative that the plans meet the minimum financial contributions
- Aligned with financial planning assumptions
- Compliant with national conditions
- Aim to maintain or improve on 2023/24 outturn for BCF metrics

One of the aims is to improve on performance for 2023/24, which is why there has been planning regarding what worked well and what didn't. The Board was

Health and Wellbeing Board - 26 September 2024

provided with a summary of the seven key scheme which forms part of the BCF spend, as outlined in the appended report.

- 1 Aids to Daily Living
- 2 Transforming Intermediate Care and Reablement
- 3 Carers Support
- 4 Supporting Social Care
- 5 Supporting the Voluntary and Community Sector
- 6 Care Home Support
- 7 Discharge

The Board was informed that one of the learning points from undertaking the planning cycle for 2024/25, was that some of the timings did not align very well for example, the budget planning cycle started before the NHS planning cycle for budget, which started at a different time to the BCF planning cycle. To address this, a new process has been set up, with the aim of starting the planning cycle earlier for next year with the intention of getting the indicative plans together by mid-October, to then feed into the Council and NHS Plans.

Each of the leads for the different schemes are asked to present, what has been achieved, how it has contributed to the core objectives, any challenges or pressures and if there are any opportunities to use the money differently.

The Board was informed that all the schemes are currently being reviewed, and the minimal level of investment will be maintained, regardless of what happens with the scheme.

Outcomes

- Integrated Dashboards - joint activity and performance dashboards (EG integrated health and social care dashboard) provide a uniform system voice on flow, using historical data to understand variations throughout the year
- Modelled Bed Capacity - evidence based data and insight support our modelled bed capacity in Kirklees and there is confidence in the planned bed capacity and bed mix, with arrangements in place to handle system pressure. Shortfalls in community capacity will be met through spot purchase arrangements
- Demand Shift - anticipated 'left shift' in demand from P2/P3 volumes to P1 ensures more people receive the right level of support to get them home. Admission avoidance services like UCR will continue to support the system
- Home First Strategy – the system wide Home Strategy and Plan aims to divert investment from bed-based solutions to home based offers, enhancing services like Reablement Therapy, consolidating bed-based offers, and supporting hospital transfers

Health and Wellbeing Board - 26 September 2024

- Dedicated Resources –1) IMC bed base with dedicated nursing and therapy resources to maximise independence 2) Recovery Bed Base with a dedicated therapy team for intense in-reach therapy

In response to the information presented, the Board asked a number of questions and made comment including some of the following:

- Do Community Champions and Community Anchors play a part in this. Social prescribing has been around for a while and has a strong role and there are innovative things happening through the VCSE in Kirklees and it would be good to see how that might be helping to contribute to this.
- When there is a better picture of what is coming in the years ahead, when there may not be defined funding, when would be a good time to come back to the Board and provide an update on how the landscape may have changed?

RESOLVED

That Cath Simms and Vicky Dutchburn be thanked for providing an update on the Better Care Fund.

22 **Pharmaceutical Needs Assessment Update**

Owen Richardson, Data and Insight Enablement Lead advised the Board that there are two parts to the appended briefing paper. The first part is to update the Board on pharmacy changes in Kirklees, in the past year, since the last update. There were a list of changes, including change of ownerships, six supplementary change of hours, five of which were a reduction in hours with one being an increase in pharmacy hours. There was also a change of trading name and two pharmacy closures in Kirklees.

A small subgroup regularly meets to discuss the changes and the impact they may have on local pharmacy provision. Looking at both those closures, it was decided that there would be no significant impact on the local population. There has been one new pharmacy opened which is a distance selling premises with no face to face interactions, and one pharmacy that has moved slightly.

The second part of the update is to inform the Board on where things are at with the next Pharmaceutical Needs Assessment (PNA). PNA's need to be refreshed or rewritten every three years, and this will be due to be published in September 2025 and that will be the 3 years up for the current PNA.

The approach taken last time was to convene a West Yorkshire wide steering group, to collectively undertake the PNA, but write individual reports as every Health and Wellbeing Board has to have its own PNA. This will be the approach taken to refresh or rewrite the PNA. The steering group has started meeting regularly and there are some key milestones that will be coming up, as follows:

- October/November 2024, a survey will go out to the public and pharmacies to get views on current pharmacy provision,

Health and Wellbeing Board - 26 September 2024

- February 2025, there will be a draft of the report circulated to the Board prior to public consultation. The report has to go out to 60 day public consultation before it is published
- March/April 2025, public consultation
- The report will be brought back to the Board for final sign off July/August/September time. It will then be published in time of the old PNA running out

RESOLVED:

That Owen Richardson be thanked for providing an update on the Pharmaceutical Needs Assessments and that the information be noted.

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: 28th November 2024
TITLE OF PAPER: Kirklees Safe zones
1. Purpose of paper The paper is to bring awareness of the Safe zones project to board members and identify any improvements that could be supported by the wider partnerships.
2. Background Safe zones have been increasing across Kirklees over recent years and board members have asked for an update and overview to understand the project better.
3. Proposal It is an awareness paper.
4. Financial Implications Nil
5. Sign off I am a board member and have agreed to present the paper.
6. Next Steps The board will better understand the safe zones project
7. Recommendations There are no recommendations
8. Contact Officer James Griffiths – Kirklees District Policing Commander

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KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 28th November
TITLE OF PAPER: An update to Health and Wellbeing Board on the update of the Kirklees Local Plan
1. Purpose of paper <ul style="list-style-type: none">• To update the Health and Wellbeing Board on the Local Plan update in Kirklees, its purpose and importance• To ensure members are able to ask further questions about the Local Plan update• To ensure members are able to feedback on Local Plan update
2. Background <p>The Kirklees Health and Wellbeing Strategy (KHWS) is a key partnership strategy which is governed by Health and Wellbeing Board. A key theme of the KHWS is Healthy Places, the importance of which is described below:</p> <p><i>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.</i></p> <p><i>Built and natural environments impact on our health and wellbeing across our lives, influencing our physical and mental health. Physical and social environments that nurture good health can help to reduce health inequalities.</i></p> <p>Kirklees council has made a commitment to update the current Local Plan, and the Government has set out planning reforms which require the Kirklees Local Plan to be submitted for Examination in December 2026.</p> <p>The planning system can contribute towards improving the health and wellbeing of the Kirklees population in several ways:</p> <ul style="list-style-type: none">• Health Impact Assessments as part of the determination of planning applications.• The Local Plan through a spatial strategy which supports sustainable development and through planning policies which seek to support healthy placemaking, by promoting healthy and safe communities.• Supplementary Planning Guidance – this is guidance produced to support Local Plan policies and of specific reference to health includes: Hot Food Takeaway SPD and Open Space SPD. <p>Planning policies within the Local Plan should aim to achieve healthy, inclusive and safe places, which:</p> <ul style="list-style-type: none">• Promote social interaction• Are safe and accessible• Enable and support healthy lifestyles - through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling

(National Planning Policy Framework)

The current Local Plan was adopted in February 2019 and is now at the early stages of being updated. The Policy team has been commissioning evidence to inform the update and working closely with internal and external partners to raise awareness, scope issues and align partnership working. As examples, the team is feeding into the update of the Kirklees Joint Strategic Assessment (KJSA) and recently presented to the Everybody Active Group.

Our first stage early engagement will take place November 2024 to February 2025 and will seek views on the opportunities and challenges for planning for Kirklees for the next 20-30 years. This work, together with the outcomes of the evidence, will be used to shape a vision and a framework for the future development of Kirklees, addressing needs and opportunities in relation to housing, the economy, community facilities and infrastructure, as well as a basis for conserving and enhancing the natural and historic environment, mitigating and adapting to climate change, and achieving well designed places. Further engagement will take place Spring/Summer 2025 with 2 further stages of statutory consultation.

While producing the Local Plan will be led by the Kirklees Local Authority, it is also expected that the plan is developed in collaboration with local communities, developers, landowners and other interested parties. The Local Plan will be examined by an independent inspector whose role is to assess whether the plan has been prepared in line with the relevant legislative requirements (including the Duty to Cooperate).

3. Proposal

For the Health and Wellbeing Board to note the production of the updated Kirklees Local Plan and provide any appropriate feedback based on this report and presentation during this session.

4. Financial Implications

Costs to prepare the updated Local Plan, is estimated to be up to £2million over the life span of the project, paid for by the Leeds City Region business rate rebate pool.

5. Sign off

Rachel Spencer Henshall, Deputy Chief Executive and Executive Director for Public Health and Corporate Resources

David Shepherd - Executive Director for Place, Growth & Regeneration

6. Next Steps

Local Plan update next steps:

Timetable and milestones	Dates	Purpose of the stages and role of communities/partners/stakeholders
Early engagement phase 1: Issues, vision, what policies you want to see in the Plan	November 2024	<ul style="list-style-type: none"> Respond to the early engagement and raise awareness. Outline any evidence to support local issues and policies (reports or your own consultations). Review existing policies and scope any new areas. Outline any good practice.
Early engagement: phase 2: development levels, draft options	April – May 2025	<ul style="list-style-type: none"> Further opportunities to scope whether the development strategy to support the Kirklees vision.
Draft Plan Consultation	Sept-Nov 2025	<ul style="list-style-type: none"> Get involved in and contribute to public consultation and help raise awareness.
Publication Draft Consultation	Sept-Nov 2026	<ul style="list-style-type: none"> Get involved in and contribute to public consultation and help raise awareness. Provide supporting evidence when required in a form that the can be used in the Examination in Public process.
Submission to Secretary of State	March 2027	<ul style="list-style-type: none"> Where appropriate attend examination and assist the council with supporting the Local Plan proposals.

7. Recommendations

1. For the Health and Wellbeing Board to note the production of the updated Kirklees Local Plan.
2. For the Health and Wellbeing Board to provide any appropriate feedback on the update of the Local Plan via this session or by contacting the Planning Policy team.
3. To return to the Health and Wellbeing Board in summer 2025 in order to update the Board around progress and Early Engagement feedback.

8. Contact Officer

Lucy Wearmouth, Head of Improving Population Health

Hannah Morrison, Team Leader – Planning Policy and Strategy

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KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 28 th November 2024
TITLE OF PAPER: Inclusive Community Framework
1. Purpose of paper To inform the Health and Wellbeing Board (HWBB) around progress in implementing the Inclusive Communities Framework (ICF) which is one of the key enablers for the achieving the Kirklees Health and Wellbeing Strategy (KHWS) priorities of Mental Wellbeing, Connected Care and Support, and Healthy Places. This will consider: <ul style="list-style-type: none">• Champion: What are Board members already doing to promote and champion the ICF approach in supporting the delivery of our three priorities.• Influence: To what extent are Board members influencing partners to utilise ICF when beginning new initiatives in local places.• Implement: How the board exercises its functions and accountability to ensure that the ICF is embedded.
2. Background The Inclusive Communities Framework (ICF) is one of our four top-tier partnership strategies and is listed on the Health & Wellbeing Board work plan. The ICF is a commitment to work better with communities, that means we have to change how we do things. The ICF is a partnership commitment to inclusion across the district and as such, has been a collaborative process, co-created with public, voluntary and community partners. The framework can be used with a wide range of plans and strategies across lots of different organisations and sets out how we want to work with people. The ICF brings all of our learning together and creates a wrap-a-round framework providing three guiding principles, five inclusive approaches, a toolkit and methods for assessing our impact, which we can all use, to weave inclusion into our work. It helps organisations to get alongside communities and citizens and supports all services in Kirklees to work inclusively with communities and enables local place-based planning and action. The (ICF) self-evaluation tool has been designed to support organisations to review their activity, outcome reporting and impact measures against the five inclusive approaches: Connecting, Communicating, Equalising, Trusting and Celebrating. The self-evaluation tool is helping each organisation and strategic partnership to understand the impact the ICF is having on Kirklees communities by considering each approach and reflecting on how well we are incorporating them into our work. It is not a precise impact measurement tool, but it does give us an indicator of how well we are doing, as well as an organisational view of the actions we need to take to do even better. The ICF website went live in May 2023 and ICF briefings have taken place with many organisations and strategic partnerships since it launched. The ICF is as much about having conversations as it is about working through self-assessments. Many self-assessments are still in progress, and some have been completed and submitted through a central online platform including Locala and the Integrated Care Board. Completion of the Organisational ICF Self

Evaluation is an annual exercise. The first year's self-evaluation provides the baseline for monitoring progress in subsequent years.

We are working to better understand how ICF fits with strategic Partnerships and Kirklees Safeguarding Adults Board have made ICF their priority this year which is something to be celebrated. Homes England have adopted elements of the ICF to look at their own definition of community engagement and social value.

How ICF wraps around and support HWBS priorities

Mental Wellbeing

The five ways to wellbeing are evidence-based actions that promote overall physical and mental health. These actions provide a holistic framework for understanding wellbeing. The original report detailing this evidence can be found [here](#) (accessed 20th November 2024). The five ways are: connecting with others, being active, taking notice, continuous learning, and giving to others. The ICF primarily supports the areas of connecting with others and giving to others.

As highlighted in the report, feelings of happiness and life satisfaction are closely tied to active participation in social and community life. For older individuals, volunteering is linked to a greater sense of meaning in life, and offering support to others is associated with reduced mortality rates. A core component of the ICF is to foster social and community life, pride in community, and social connections, particularly through volunteering. It also supports our ambition for West Yorkshire to be trauma informed and responsive by emphasising safety, trust, cultural sensitivity, and collaboration, ensuring community members feel valued and heard, and working to avoid re-traumatization.

Connected Care and Support

Effective and holistic care and support extend beyond formal services to include the community and social infrastructure around individuals. This includes informal support from neighbours, family, and friends who assist with tasks such as shopping and gardening while providing essential human connection, a fundamental component of wellbeing as set out in the 'five ways to wellbeing'. Pride in one's place and increased social connection unite people to help others. The ICF aims to support individual volunteering, grassroots groups, and larger community organisations. Alongside formal services from health partners, the council, and others, community and a strong social fabric is foundational to people having support in the local places where they live.

Healthy Places

Health and wellbeing are greatly influenced by the creation of healthy places. As emphasized by Fred London in his study 'Healthy Placemaking' (2020), this concept encompasses both physical and social infrastructure. Local community activities provide opportunities for people to stay active and socially connected, addressing issues of physical inactivity and social isolation that can lead to long-term health challenges. The Inclusive Communities Framework establishes foundational elements to support these community activities, fostering a sense of belonging and pride in local places.

<p>3. Proposal</p> <p>N/A</p>
<p>4. Financial Implications</p> <p>N/A</p>
<p>5. Sign off</p> <p>Jill Greenfield, Director Communities & Access Services, 20 November 2024</p>
<p>6. Next Steps</p> <p>3 months</p> <ul style="list-style-type: none"> • Work alongside partners to Champion, Influence and Implement ICF • Analysis of baseline data from self-assessments to enable partnership to agree priorities at strategic, organisational and team level impacts • Connect with more Health, VCSE and Faith organisations who want to engage with ICF. <p>6 months</p> <ul style="list-style-type: none"> • Develop ICF E-learning to sit alongside ICF website and tools <p><u>The ICF Process</u></p> <p>Step 1: Partners develop their own organisational implementation plan which includes raising awareness of the ICF, what is required to implement it and how it will be measured and reporting requirements.</p> <p>Step 2: Partners complete the ICF self-evaluation tool and develop an organisational support and action plan.</p> <p>Step 3: Annual submission of an organisational support and action plan to inform a high-level, Kirklees-wide implementation plan, led by the Communities Partnership Board.</p> <p>Step 4: An annual report on progress and a set of summary recommendations is provided to the Communities Partnership Board.</p> <p>Step 5: A high-level progress update is provided to the Partnership Executive.</p>
<p>7. Recommendations</p> <p>Champion: Board members promote and champion the ICF approach in supporting the delivery of our three priorities.</p> <ul style="list-style-type: none"> • Mental Wellbeing • Connected Care and Support

- Healthy Places.

Influence: Board members influence partners to utilise ICF when beginning new initiatives in local places.

Implement: The board exercises its functions and accountability to ensure that the ICF is embedded.

8. Contact Officer

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