

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 25th September 2025

Present: Councillor Beverley Addy (Chair)
Councillor Carole Pattison
Michelle Cross
Professor Warren Gillibrand
Liz Mear
Catherine Riley
Rachel Spencer-Henshall

In attendance: Lucy Wearmouth, Head of Improving Population Health
Jo-Anne Sanders, Service Director, Learning and Early Support
Liz Towns-Andrews, Regional and Business Lead
Helen Duke, Director of Operational Services, Locala
Phil Longworth, Kirklees Healthy Working Life Programme Manager
Jessica Taylor, Young Adults Employability Officer
Steve Brennan, Kirklees Director Partnership Development
Allison Porter, G&R Project Manager, Employment Lead
Ian Bennett, Director of Nursing and Quality, Kirklees and Calderdale Place, West Yorkshire ICB
Adrian Wisniewski, Programme Manager, Strategy Innovation and Planning
Melvyn Ingleson, Chair, Healthwatch Kirklees and Calderdale

Observers: Cllr Jo Lawson, Chair of the Health and Adults Scrutiny Panel
Mariam Sajid, Trainee Public Health Practitioner
Jo Hilton Jones, Public Health Manager

Apologies: Councillor Nosheen Dad
Councillor Ashleigh Robinson
Tom Brailsford
Alasdair Brown
James Creegan
Karen Jackson
Brent Kilmurray
Sheran Loran
Dr Vanessa Taylor
Izzy Worswick

14 Membership of the Board/Apologies

Apologies were received from Tom Brailsford, Stacey Appleyard, James Creegan, Alasdair Brown, Brent Kilmurray, and Karen Jackson.

Helen Duke, attended as sub for Karen Jackson.

15 Minutes of previous meeting

That the minutes of the meeting held on the 7th August 2025 be approved as a correct record.

16 Declaration of Interests

No interests were declared.

17 Admission of the Public

All agenda items were considered in public session.

18 Deputations/Petitions

No deputations or petitions were received.

19 Public Question Time

No public questions were asked.

20 Partner updates on actions taken following health and well-being board discussions

Melvyn Ingleson, Chair of Healthwatch Kirklees and Calderdale, reminded the Board that Healthwatch has a statutory function under the Health and Social Care Act 2012. He explained that its role extends beyond the Act, reaching deep into communities and amplifying the voices of those who are seldom heard.

He informed the Board that the NHS 10-year plan, sets out a new vision for giving power to the patient and enabling the public to shape services. Alongside the 10-year plan, a report was also published by Dr Penny Dash, who is now the Chair of NHS England.

The report was a comprehensive review of five patient safety bodies in England which included Healthwatch in terms of its role. This has led to a decision by the government to disband Healthwatch England, and to move its role as a national champion of the patient, into a department of patient experience within the Department of Health and Social Care. It has also led to a decision to remove the funding that is received from Local Government, to provide core funding to each local Healthwatch and to pass responsibility for communicating patient experience to the Integrated Care Board (ICB) for health, and the responsibility for patient experience in social care to the local authority.

The Board was informed that the 10-year plan and the recommendations from the DASH review, will require enabling legislation. The challenge for Healthwatch will be

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maintaining the motivation of committed staff and volunteers until April 2027. The issue for the Board is how it wishes to consider the role of the independent voice that is critical for service users moving forward, and in particular, it is critical for service users who are not confident with accessing or navigating the system.

The Board was informed that, as the landscape becomes clearer, the intention is to work collaboratively with partners to explore the future role of an independent patient voice. A paper may be brought in due course to reflect the continued importance of this function, which may or may not be delivered under the Healthwatch name. In addition, plans are being considered to convene a major forum in the New Year, aimed at understanding how the health and care system and the strong partnerships across West Yorkshire, particularly in Kirklees and Calderdale can work together to ensure that the independent voice of service users is preserved and strengthened.

Vicky Dutchburn, Interim Accountable Officer, Kirklees ICB, provided an update to the Board advising that the West Yorkshire Integrated Care Board (ICB) held a meeting earlier in the week, during which the importance of maintaining an independent voice for service users was discussed. She confirmed a continued commitment to joint working both at the West Yorkshire level and across local places with Healthwatch, ensuring that Healthwatch remains a key partner in shaping the future approach to patient and public involvement.

Ms Dutchburn raised an issue regarding the unrest currently being experienced across some communities, particularly in relation to incidents of racism. She emphasised that work is underway both at the West Yorkshire level and across local places, to reinforce the region's commitment to anti-racism and its status as a place of sanctuary. She highlighted a series of videos and public commitments launched this week, aimed at demonstrating to patients, staff, and service users that these values are central to the work being carried out. The initiative seeks to ensure that communities feel supported and included, and that the health and care system reflects these principles in practice.

In addition, further work is taking place across staff networks and within communities to provide support and promote inclusion. A "We Stand Together" page has been created on the share board, offering a range of helpful resources for staff. A series of lunchtime webinars has been launched, providing a space for individuals to share their stories, and access signposting to relevant services. These initiatives aim to reinforce the region's commitment to being a place of sanctuary and to supporting all members of the community.

Councillor Addy provided an update on the Kirklees Armed Forces Covenant, informing the Board that the covenant group had recently met for its first meeting since before the covid pandemic. The group now meets online, which has proven beneficial in enabling participation from members based across various locations to have discussion on a regular basis.

Cllr Addy informed the Board that, upon taking on her role, she advocated for at least one in-person meeting each year. As a result, a networking event was held yesterday, with approximately 45 participants. This event provided a valuable

opportunity for connection and collaboration among members from across the region. The event included representation from a wide range of organisations, including Luke's Lads in Batley, Tommy's in town, the Rural Veterans Hub, based near Denby Dale, and the newly established "The Served" in Slaithwaite. These groups engage with veterans and service users in an informal and socially supportive ways, contributing to a strong and inclusive network across the district. Representatives from the DWP, who have special service champions who work specifically with veterans were also in attendance.

Cllr Addy highlighted that Kirklees had recently been awarded the Gold Standard under the Armed Forces Covenant Employer Recognition Scheme. This recognition places Kirklees at the forefront of best practice in supporting members of the armed forces community, reflecting a strong commitment to inclusion and support.

RESOLVED

That Board members be thanked for providing updates.

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Kirklees Healthy Working Life Programme

Phil Longworth, Kirklees Healthy Working Life Programme Manager, Allison Porter, Programme Manager Business and Skills, and Jessica Taylor, Young Adults Employability Officer, Fresh Futures, presented the Kirklees Healthy Working Life Programme.

In summary, the Board was informed that the government produced a white paper in November 2024, which identified a range of actions that needed to happen, to increase the number of people in work. These were people who had previously been out of work because of ill health and also to increase the support for people who are in work, who might be at risk of losing their job because of ill health.

West Yorkshire was selected for two key national programmes, namely:

1. Health and Growth Accelerator, led by the West Yorkshire Integrated Care Board (included in the new NHS Plan)
2. Economic Inactivity Trailblazer led by West Yorkshire Combined Authority (included in the spending review)

The Board was informed that the intention is to deal with those as a single entity. Although funding has only been confirmed for the current financial year, there was specific reference to the accelerator programme in the NHS Plan. This provides some optimism that the approach will continue and that future funding may be made available through the Integrated Care Board (ICB). Similarly, the trailblazer was referenced in the spending review, which again gives some hope that funding will continue beyond this year. Work on this has been ongoing since April 2025 and has now progressed to the implementation phase.

This work was established in response to national recognition of the link between health and employment. West Yorkshire was selected due to having some of the highest rates of unemployment related to ill health. While a reasonable level of

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funding has been confirmed for this year and for the Trailblazer programme next year, the details of future funding remain uncertain.

It is well established that mental health, musculoskeletal conditions, and cardiometabolic issues are key factors affecting people's ability to work. Historically, mental health and musculoskeletal issues contributed equally, but recent evidence shows a shift around 40% of those at risk of leaving work or struggling to return due to ill health are now affected by mental health conditions. This highlights mental health as a growing area of concern.

Due to the nature of the conditions, the greatest numbers of people are in the 50 plus age group, however, the group that is growing fastest in terms of people who are not in work due to ill health is young people aged 16 to 24. One of the distinguishing features of the approach in Kirklees, compared to other areas in West Yorkshire and the two other areas receiving accelerator funding, is a strong focus on supporting young people. It is also important to highlight that out of the people who are not currently working, who are classed as economically inactive, approximately one in four, it is because of long term, ill health issues.

Referring to the presentation slides, the Board was shown a summary on a page, of the various schemes available and the actions being taken to help people. The Board was advised that a webpage is also available which provides an overview of each of the schemes, including their focus areas and target groups and links to further information. In addition, each scheme is developing its own communication materials to engage with its intended audience and outline what support is available.

Jessica Taylor provided the Board with a real-life example from Fresh Futures, based at Brian Jackson House, highlighting the Elevate programme which supports young people aged 18 to 26.

The Board was informed that a session was held which brought together approximately 40 participants from across the various schemes. Despite the busy nature of the work, there was a strong sense of enthusiasm and a clear desire among attendees to build new connections across the work and health agenda.

A national evaluation is currently underway, with each scheme required to collect detailed data on their activities and the individuals they support. Over the coming months, it will be possible to share more in-depth insight into who has been engaged, the impact of the support provided, and how many participants have successfully moved into employment. This data will contribute to the national evidence base, supporting a more detailed understanding of the relationship between health and employment.

The Board was informed that further focus is needed on marketing and communications, particularly now that all schemes are live and work is underway to strengthen this over the coming weeks. Efforts are also being made to build stronger links with businesses, and engagement has already begun with Primary Care Teams through Primary Care Networks, as well as with local services such as Talking Therapies.

RESOLVED:

That:

- a) Phil Longworth, Allison Porter and Jessica Taylor be thanked for providing an update on the Kirklees Healthy Working Life Programme
- b) The Board supports the implementation of the Kirklees Healthy Working Life programme and
- c) endorses the approach of adopting an integrated approach that provides coordinated, joined-up delivery of work, health, and skills support.

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Changes to the Integrated Care Board landscape

Vicky Dutchburn, Interim Accountable Officer, Kirklees Integrated Care Board (ICB), informed the Board that the ICB landscape has been rapidly changing over the last week and the position has evolved since the last update. The Board was reminded that during the previous update, a detailed overview was provided regarding the organisational changes across West Yorkshire and the specific impact that would have for Kirklees.

By way of context, the Board was informed that there are key missions that the government has set out. The first, is that they are looking at the cross governmental work for health, and there is going to be significant changes across the four key elements that deliver health services. These include the Department of Health and Social Care, NHS England, regional bodies, and local ICBs. Recently the 10-year plan for the NHS has been published, and in addition there are reforms for adult social care that have also been included.

The Board was informed that there are three key shifts in care identified within the 10-Year Plan. These include a move from treatment to prevention, which emphasises the importance of neighbourhood-level health initiatives and transitioning care from hospitals into the community; a stronger focus on neighbourhood health as a foundation for integrated care; and the shift from analogue to digital approaches, supporting more efficient and accessible service delivery.

At the previous meeting, the Board was informed of the rapid timeline for designing new structures to support the proposed functions of the ICB. A formal mandate was issued in April 2025, and within approximately eight weeks, the expectation was that draft structures were to be in place and submitted to NHS England on behalf of West Yorkshire. The required milestones were met.

During the process, it was identified that there were four key components requiring change across the wider NHS system. At the time, the only available blueprint for consideration related to expectations for the future ICB. As a result, designing the new structures were undertaken with limited clarity regarding the roles and requirements of emerging regional and national teams. Despite these constraints, draft structures were successfully developed and submitted for West Yorkshire.

Board members may recall that during the last update, attention was drawn to the scale of proposed changes, including a potential staffing reduction of up to 50%,

with implementation expected to begin from October 2025. Concerns were also raised regarding the uncertainty around funding arrangements for any resulting redundancies. The current position with regard to redundancies is that there still remains a lack of funding for any redundancies this year and this is national. It is clear that it was never planned for national level to fund any redundancies, and it is unlikely that any funding will be coming down, from central to ICBs. It is expected that this will be funded from within existing resources.

It is recognised that the current financial position makes it unfeasible to implement the required changes within this financial year. This is not unique to Kirklees but reflects the broader position across West Yorkshire. The primary directive from the national team is to meet control totals. As this requirement was issued after the submission of plans for 2025/26, redundancies were not factored into the budget and therefore cannot be actioned this year. However, it is now acknowledged that future planning assumptions for 2026/27 and beyond will need to incorporate this consideration, subject to the confirmed allocation."

The Board was advised that West Yorkshire has taken the decision to pause any formal consultation on staffing reductions or new service configurations until the next financial year. This position has been communicated to the West Yorkshire Board. However, a letter from Sir Jim Mackey issued earlier this week highlighted that discussions with the Treasury are still ongoing and expected to conclude within the next two weeks. As such, there remains a small possibility that the current position may be subject to change.

The Board was informed that, based on the current position that no funding will be made available for redundancies and following a risk-based assessment, staff have now been advised that formal consultation will not begin before April 2026. This is a challenging decision and a difficult message to communicate to staff both within Kirklees and across West Yorkshire. The revised timeline provides an opportunity to better align proposed changes with the evolving functions and structures of the ICB. It also allows for broader and more meaningful engagement at multiple levels, including with the proposed regional teams and their blueprints once these are fully published.

In addition, it also allows the opportunity to put existing resource as in staffing behind some of those priorities that have been identified, for example managing winter. One of the factors in the original blueprint, was that the regional team were going to be more proactive in delivering winter plans and local ICBs will have the resource to be able to do that. It also means that the expectation to develop three- and five-years strategic plans will also have the full complement of the planning teams to be able to support the delivery of that piece of work.

Communication plans are being revised to reflect the updated timelines. Staff engagement has remained a priority throughout the process, and while regular updates have been provided, it was recognised that weekly or fortnightly briefings were not always appropriate when there was no new information to share. Going forward, the approach will be adjusted to ensure at least monthly meetings are held, maintaining continuity of business-as-usual activity and supporting staff motivation during this period of change.

Written updates will be maintained to all staff, ensuring that staff and partners receive those updates moving forward. There will be regular meetings that have already been put in place with partner organisations and NHS England to ensure that communication flow is maintained, and people feel involved in the work being undertaken.

The Board was informed that two further aspects to note is that future planning requirements include the development of a one-year operational plan, alongside three- and five-year strategic plans. Further guidance is awaited regarding the expected content of these plans. Currently, initial discussions have commenced and working groups are being established with partners to begin gathering the necessary information.

A key focus of this work will be the response to the national 10-Year Plan and the development of the Integrated Neighbourhood Health Plan. Kirklees already demonstrates strong alignment with this strategic direction, with longstanding efforts to embed integrated neighbourhood health approaches. Examples include the establishment of integrated teams between the local authority and Locala, initiatives to move services from hospital settings into community-based care, and the development of primary care services operating effectively within integrated neighbourhood teams aligned to the Primary Care Network footprint.

This approach is not new but builds upon existing work and further develops it to ensure care is delivered in a preventative, person-centred way. This model has already been embedded within communities, supporting the delivery of high-quality, integrated, and efficient services.

The Board was informed that three areas across West Yorkshire have been successful in joining the National Neighbourhood Health Implementation Programme. A dedicated Board has been established within West Yorkshire to support the dissemination and adoption of learning across the region. There is clear national guidance outlining the required components of the programme. However, within West Yorkshire, there is a shared understanding that while the overarching concept and some metrics may be consistent across the region, implementation will vary between places. This reflects the distinct characteristics and needs of each local population, which must be appropriately addressed.

Within Kirklees, clear plans are in place for the development of Neighbourhood Health, incorporating the six core service components. These plans have been developed in partnership, with extensive opportunities for engagement with system partners to support further development. While there is a good degree of consistency across the Primary Care Network (PCN) footprints on which these plans are based, the pace of progress varies slightly between areas. However, it is anticipated that by September next year, Operational Integrated Neighbourhood Health Teams will be in place across all nine localities.

The Board was informed about recent organisational changes at Leeds Teaching Hospitals NHS Trust. These changes were introduced in response to ongoing pressures within the Trust and are expected to have a local impact.

RESOLVED:

That Vicky Dutchburn be thanked for providing an update on changes to the Integrated Care Board landscape and will continue to receive timely updates.

23 Midpoint Evaluation of the Kirklees Health and Wellbeing Strategy 2022-2027 and Next Steps

Rachel Spencer-Henshall, Deputy Chief Executive and Executive Director for Public Health, advised the Board that the information being presented, represents a midpoint assessment of the Kirklees Health and Wellbeing Strategy (KHWS), which launched in 2022 and is due to expire in 2027. A few next steps are being proposed in terms of plans to refresh the strategy in preparation for its finish.

Referring to the presentation slides, the Board was reminded of the strategic diagram previously agreed and endorsed in 2022. The diagram sets out the shared vision and the intended outcomes of Best Start, Well and Independent. To achieve these outcomes, three priority areas were identified: Mental Wellbeing, Healthy Places, and Connected Care and Support. The Board was reminded that it has received regular updates on progress within each of these priority areas over the past two years.

It includes factors which serve as a lens to determine how the priorities are being delivered. This includes a consistent focus on inequalities and inclusion, which are reflected in the annual reports that are produced. Shaped by People has considered the impact of poverty on health and wellbeing, and the role of digital approaches in improving reach and effectiveness of services. There is also a focus on housing, because it is recognised that people's homes are important in terms of the effect on their health and well-being. In addition to contributing to the climate emergency.

The Board was informed that an informal midpoint evaluation was undertaken by council officers. Partners were not involved at this stage, as it was a first draft within the council office space. By presenting it to the Board, there is an opportunity for other people to have input and ascertain whether they agree with the initial summary.

The purpose of the initial review was to:

- Assess whether the strategy is on track to achieve its intended outcomes
- Identify early signs of change and emerging impacts across the three priority areas
- Understand what is enabling or hindering successful implementation
- Inform practical recommendations to enhance the strategy's effectiveness through to 2027 and beyond.

The general reflections were:

Strategic Ownership

- The vision remains relevant & widely supported, especially the focus on the wider determinants of health

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- Some system-wide embedding of the strategy, but it could be further strengthened

Delivery and Accountability

- Roles of project management, delivery and accountability would benefit from further clarity

Outcomes Focus

- Current outcomes framework would benefit from being less complex
- Questions around how outcomes are demonstrated
- The strategy would benefit from a simplified, outcome-driven approach with clearer measurements

Key challenges and opportunities

- The Board was informed that there is a need for clear leadership and governance of the strategy, and how can the Board and respective organisations be used to look at that.
- In terms of accountability, ensure clear roles, responsibilities and monitoring are in place.
- Develop a simplified version of the outcomes framework, refresh the language and structure of the strategy and adopt a 'Theory of Change' model to clarify how activities lead to measurable outcomes and responsibilities.
- In respect of delivery ensure consistent implementation across the three priorities.
- Community Voice - Develop mechanisms for community input to be consistently used.
- Fully Integrate Mental Health - embed mental wellbeing across all themes.
- Focus Healthy Places Delivery - co-design clear, measurable priorities with key partners and assign leadership.
- Organisational Context - national NHS reforms and priorities create uncertainty and highlight the need for strategic alignment.
- Align with National Policy and Health Plans: Refresh the strategy to reflect the 10-Year Health Plan and government priorities, enabling place-based planning and investment.

The Board was informed that, in terms of next steps, it is proposed to pause any immediate refresh of the strategy. This reflects the current uncertainty around the future role of the Health and Wellbeing Board in neighbourhood-level delivery, as well as the evolving structure of the local integrated care system.

The current strategy remains fit for purpose and will be retained in its existing form. The proposal is to bring it back to the Board in six months, once there is greater clarity on the direction of travel. At that point, a more comprehensive evaluation will be undertaken to assess what needs to be done differently. This will help ensure that the next iteration of the strategy, over its five-year lifespan, delivers meaningful and measurable improvements for the local population.

RESOLVED:

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That:

- a) Rachel Spencer-Henshall be thanked for presenting a midpoint assessment of the Kirklees Health and Wellbeing Strategy (KHWS) 2022-2027 and next steps
- b) the Board notes the findings and recommendations of the KHWS midpoint evaluation.
- c) the Board supports the proposal that the strategy is brought to the Board in six months, and;
- d) supports the proposal that when the strategy is refreshed that the Health and Wellbeing Board provides a strategic steer on how this progresses.