

Public Document Pack



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

Samantha Lawton

Governance and Commissioning

PO Box 1720

Huddersfield

HD1 9EL

Tel: 01484 221000

Please ask for: Jenny Bryce-Chan

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

Wednesday 17 September 2025

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Council Chamber - Town Hall, Huddersfield** at **1.45 pm** on **Thursday 25 September 2025**.

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)	Cabinet Member, Public Health
Councillor Nosheen Dad	Cabinet Member, Adult Social Care and Corporate
Councillor Carole Pattison	Leader of the Council
Councillor Ashleigh Robinson	
Councillor Mark Thompson	
Tom Brailsford	Director for Children's Services)
Alasdair Brown	Third Sector Leaders
James Creegan	Social Care providers (nominated by Kirklees Care Association)
Michelle Cross	Executive Director - Adults and Health (DASS)
Vicky Dutchburn	Interim Accountable Officer
Dale Gardiner	West Yorkshire Fire & Rescue
Professor Warren Gillibrand	University of Huddersfield
Chief Supt Jim Griffiths	West Yorkshire Police
Nicola Goodberry Kenneally	Chief Executive Officer, Community Pharmacy West Yorkshire
Karen Jackson	Chief Executive, Locala
Brent Kilmurray	Mid Yorkshire Hospitals Trust
Sheran Loran	Kirklees Healthwatch
Liz Mear	Independent Chair of the Kirklees Integrated Care Board Committee
Catherine Riley	Calderdale and Huddersfield NHS Foundation Trust
Rachel Spencer-Henshall	Deputy Chief Executive and Executive Director for Public Health and Corporate Resources
Dr Vanessa Taylor	University of Huddersfield
Izzy Worswick	South West Yorkshire Partnership Foundation Trust

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 - 14

To approve the Minutes of the meeting of the Board held on the 7th August 2025.

3: Declaration of Interests

15 - 16

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

Regular update - This is an opportunity for partners to update the board on progress made and actions taken by their organisations to improve the health and well-being of the people who work for them and the Kirklees population as a whole.

Contact: Cllr Beverley Addy, Portfolio Holder for Public Health

8: Kirklees Healthy Working Life Programme

17 - 30

To update the Board on progress with developing the Kirklees Healthy Working Life programme.

Contact: Steve Brennan, Kirklees Place Director of Partnership Development, Allison Porter, Employment Lead, Growth & Regeneration Manager, and Phil Longworth, Programme Manager, Kirklees Healthy Working Life Programme

9: Changes to the Integrated Care Board landscape

Verbal update on the ongoing changes to the Integrated Care Board (ICB) landscape.

Contact: Vicky Dutchburn, Accountable Officer, NHS, West Yorkshire ICB, Kirklees Place.

10: **Midpoint Evaluation of the Kirklees Health and Wellbeing Strategy 2022-2027 and Next Steps**

31 - 34

The purpose of this paper is to:

- Share with the Board the key reflections and recommendations from the midpoint evaluation of the Kirklees Health and Wellbeing Strategy (KHWS) 2022-2027
- To propose the next steps, including plans to refresh the Strategy in preparation of it ending.

Contact: Lucy Wearmouth, Head of Public Health Improvement, and Jo Hilton-Jones, Public Health Manager. Tel: 01484 221000

This page is intentionally left blank

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 7th August 2025

Present:

- Cllr Beverley Addy, Chair of the Health and Wellbeing Board
- Tom Brailsford, Executive Director for Children and Families
- Michelle Cross, Executive Director, Adults and Health
- Karen Jackson, Chief Executive Local
- Vicky Dutchburn, Interim Accountable Officer, Kirklees ICB
- Warren Gillibrand, Head of Nursing University of Huddersfield
- Dr Liz Mear, Independent Chair Kirklees Integrated Care Place Committee
- Catherine Riley, Associate Director of Strategy Calderdale and Huddersfield NHS
- Cllr Nosheen Dad, Cabinet Member for Adults and Health
- James Creegan, CEO of Kirklees Care Association

In attendance:

- Emily Parry-Harris, Consultant in Public Health
- Alex Chaplin, Strategy and Policy Officer
- Owen Richardson, Data and Insight Enablement Lead
- Jo-Anne Sanders, Service Director, Learning and Early Support
- Lucy Wearmouth, Head of Improving Population Health
- Melvyn Ingleson, Chair, Healthwatch Kirklees & Healthwatch Calderdale
- Steve Brennan, Kirklees Director Partner Development
- Stephen Bonnell, Head of Policy and Partnerships
- Tom Whitehead, Policy and Partnerships Officer
- Liz Townend- Andrews, Regional and Business Lead
- Martin Gonzales, Public Health Officer
- Emma Dickens, Associate Director of Charity and Partnerships
- Mark Freeman, Deputy Chief Executive Medical Officer, Mid Yorkshire

Apologies:

- Councillor Carole Pattison
- Councillor Ashleigh Robinson
- Alasdair Brown
- Brent Kilmurray
- Sheran Loran

Health and Wellbeing Board - 7 August 2025

Rachel Spencer-Henshall
Dr Vanessa Taylor

1 **Membership of the Board/Apologies**

Apologies were received from Rachel Spencer-Henshall, Alaisdair Brown, Brent Murray, Vanessa Taylor, Sheran Loran, and Cllr Ashleigh Robinson.

Melvyn Ingleson attended as sub for Sheran Loran.
Emma Dickens attended as sub for Brent Murray.

2 **Minutes of previous meeting**

That the minutes of the meeting held on the 27 March 2025 be approved as a correct record.

3 **Declaration of Interests**

No interests were declared.

4 **Admission of the Public**

All agenda items were considered in public.

5 **Deputations/Petitions**

No deputations or petitions were received.

6 **Public Question Time**

No public questions were asked.

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

Cllr Beverley Addy, Chair of the Health and Wellbeing Board, invited Board members to provide an update on how organisations are currently promoting healthy activities and supporting staff well-being. Partners were encouraged to share any progress, initiatives, or challenges in these areas.

Cllr Addy advised that she recently had a productive meeting with officers from the Leeds Health and Wellbeing Board. Leeds colleagues shared details of their mentoring programme, which aimed to connect individuals with mentors from within the community to foster personal development which will enhance the understanding of diversity. This initiative had previously been discussed by the Board, and members expressed an interest in exploring the potential to implement a similar programme locally. Cllr Addy explained that such a scheme would support community engagement and contribute positively to the Board's wider objectives around inclusion and wellbeing.

The Board was informed of the recent appointment of a dedicated officer who will serve as the Lead for the Place Partnership for a period of 18 months. This role will focus on advancing the physical activity and "Moving More" agendas, aligning closely with priorities outlined in the Director of Public Health (DPH), annual report.

RESOLVED:

That Board members continue to provide regular feedback on promoting healthy activities and supporting staff well-being within their organisations.

8 **Changes to the Integrated Care Board landscape**

Vicky Dutchburn, Interim Accountable Officer for the Kirklees Integrated Care Board (ICB), provided an update to the Health and Wellbeing Board on recent developments within the ICB landscape. The Board was advised that at the end of March 2025, notification was received from the Department of Health and Social Care NHS England, indicating that there would need to be a 50% reduction in the workforce. This reduction would apply to ICBs operating both at the local (place) level and across the West Yorkshire regional level.

A deadline was set to achieve this reduction by Quarter 3 of this current financial year, which necessitated a rapid and significant pace to reduce the workforce by 50%. The reduction would apply not only to staffing levels but also to overall running costs.

The Board was informed that since April, work is being undertaken to respond to the notification. It was acknowledged that this will be a challenging process, requiring significant effort to meet the targets set by Quarter 3.

Referring to the presentation, the Board was provided with an updated position on the work undertaken to date, and the work that is ongoing. The information presented outlined the proposed future structure of the health and care system. The structure would include:

- National teams (subject to workforce reductions)
- Regional teams
- Integrated Care Boards at place level
- Providers

Strength is being built into the blueprints for future provider alliances and collaborations.

It was highlighted that there are four key elements to this, and while these components are being undertaken in isolation and progressing on different timescales, they are all interdependent on each other to move forward. For example, the national and regional teams have been advised that their changes will not be in place until 2027.

The Board was informed that the core ICB is transitioning towards a Strategic Commissioner model. As part of this shift, many service delivery functions will either be transferred to other organisations or be discontinued. The Strategic Commissioner will focus on work already being undertaken in partnership, with an emphasis on understanding the local context, developing long-term plans, commissioning services through appropriate partners to deliver the strategy, evaluating impact, and maintaining a continuous improvement cycle.

Health and Wellbeing Board - 7 August 2025

With regard to future roles emerging from the strategic blueprint released in June, partners across West Yorkshire have reviewed and interpreted the blueprint and made some assumptions. This has informed the identification of key functions and roles required to support delivery, ensuring alignment with regional priorities and the evolving commissioning landscape.

Future roles for the ICB:

- The ICB will be the strategic commissioner for West Yorkshire, convenor of the Integrated Care System, and integrator of providers and services:
- Strategic commissioner – the ICB will ensure that services are planned and delivered in a way that meets the needs of the population both now and in the future. It involves a systematic approach to defining and measuring outcomes, using data and intelligence to make informed decisions about resource allocation and service delivery.
- Convenor - the ICB will bring together all partners in the Integrated Care System to agree and deliver its five-year strategy and ensure delivery of local and national priorities by working together effectively and taking mutual responsibility for the results. It will co-ordinate the governance of the partnership and its wider arrangements for collaboration, within a framework of distributed leadership.
- Integrator – Place-based integrator teams will assess population health risk and facilitate place provider partnerships to co-design new integrated models of care. This function will deliver a small proportion of services, which will align to integrated neighbourhood teams and the primary care work.

The Board was informed that staffing levels currently stands at approximately 120 whole-time equivalent posts. However, when viewed in the context of the emerging place-based model, this represents a significant reduction in workforce capacity. Therefore, there is a need to carefully manage this transition to ensure that place-level responsibilities are adequately resourced and supported.

The Board was provided with an overview of the emerging Strategic Commissioning, Convenor, and Integrator functions at the West Yorkshire level. Strategic commissioning will operate at the West Yorkshire level, undertaking high-level needs assessments, setting regional priorities, and managing contracts with major providers. These outputs will be cascaded to place-level integrator functions, which will use local insight to shape neighbourhood-level service delivery, align partnerships, and support the shift from hospital-based care to community-based solutions. The integrator role will also support the development of digital infrastructure and contribute to the wider 10-year transformation plan.

The Board received a summary outlining the current status and future transition of several key functions, including APR management, the primary care workforce, continuing healthcare, and research. These functions are currently part of the ICB, however, are expected to transition to the provider arm over the next two years.

Health and Wellbeing Board - 7 August 2025

This creates uncertainty for affected staff, who face both immediate workforce reductions and the prospect of further organisational change.

The Board was informed that concerns have been raised regarding the lack of national guidance, especially in relation to continuing healthcare. Despite expectations that the guidance would be issued by the end of June, it has yet to be published, creating a risk that current plans may need to be significantly revised. The planning has had to proceed based on assumptions and "known unknowns," it will be important to monitor developments closely to ensure flexibility in response to any future national directives.

The Board was provided with contextual information regarding the scale and impact of workforce changes across the West Yorkshire region. Currently, there are approximately 1,600 staff within the ICB, projections indicate a reduction to approximately 600 staff as functions begin transitioning out over the next two years. The final ICB workforce could be approximately 300–340 staff, with only around 125 whole-time equivalents allocated to place-facing roles. This significant reduction highlights the need for careful workforce planning and support during the transition.

The Board was updated on the significant organisational changes underway across West Yorkshire, including the development of new governance structures in preparation for formal consultation. Initial plans, aim for consultation to begin in July to meet national deadlines for workforce reductions in Q3. However, due to delays outside of local control, particularly the absence of national and regional blueprints, the timeline has slipped, with consultation now tentatively planned for September. A final decision on whether to proceed with consultation in September will be made next week, depending on whether the required blueprints and assurances are received.

The Board was informed that, should consultation proceed in September, staff will be presented with proposed structures for all functions across West Yorkshire and at place, including evaluated job descriptions. This work has been completed and is ready for release, providing transparency and clarity for staff. The consultation will only proceed if there is sufficient assurance that national and regional blueprints are in place to support meaningful engagement. Any significant changes to those blueprints that affect the integrity of the proposed structures may result in a pause and redesign of elements, particularly where national frameworks such as for continuing healthcare are still outstanding.

West Yorkshire has entered phase two of its transition planning, which includes engagement with staff and partners around the three proposed delivery pillars. Scenario development is underway to explore how these pillars might operate in an integrated system. A West Yorkshire-level transitional Board has been established and meets monthly to oversee partnership arrangements and ensure strategic alignment. This governance structure is intended to support a smooth transition and maintain oversight during a period of significant organisational change.

Status of the plan:

- A proposed future structure was submitted to NHSE on 30 May
- A brief meeting was held with regional colleagues on 10 June, during which clarification was provided on specific aspects of the transition plan.

Health and Wellbeing Board - 7 August 2025

- A national moderation of ICB plans took place on 9 June. As of yet, no formal or specific feedback has been received regarding the submitted plan.
- National FAQs on Implementing the Model ICB were issued on 23 July. The plan is consistent with the guidance provided in the responses to the FAQs.
- Informal guidance provided to ICB Directors of Finance by national colleagues, indicates that the assumptions made regarding all functions being included within the £19 per head funding allocation are considered appropriate.
- Intention to consult on new structures commencing 3rd September.

The proposed staff consultation, is planned to begin on 3rd September and staff have been informed of this timeline but also made aware of the risk that it may be delayed due to factors beyond local control. This uncertainty has been challenging for staff, who have been preparing for significant workforce reductions throughout the year. The delays are linked to the absence of national and regional blueprints, which are essential for providing the necessary context and assurance for meaningful consultation. This is a national issue, not specific to West Yorkshire or Kirklees.

To support staff during this period, regular engagement has been prioritised. West Yorkshire-level staff briefings are held fortnightly, alongside Kirklees specific sessions that offer space for questions, challenges, and clarification. Monthly meetings also continue to focus on business-as-usual activity, helping maintain motivation and momentum across ongoing programmes such as integrated neighbourhood teams.

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

- Acknowledging the fluidity of the situation can further updates be provided as information becomes available.
- Board members are supportive of colleagues across the ICB, and recognise the pressure they are under and also the work being undertaken.
- There are a couple of statutory risks which are not to do with the local ICB but with the national arrangements. The statutory responsibility for SEND, and the statutory responsibility for children safeguarding are unclear, and that has happened at a time where there is significant reform in children's services through the Children Family and Schools Bill. It is important to assure the Board, that this is being monitored and it is being raised by the Directors of Children's Social Services at a national level.
- The Board acknowledged that partnership working is well established, supported by arrangements that enable constructive collaboration. It was noted that maintaining this way of working remains important, regardless of any future structural changes.

RESOLVED:

That:

- a) Vicky Dutchburn be thanked for providing an update on the changes to the Integrated Care Board landscape.
- b) The Board continues to be kept informed through regular and timely updates.

9 Kirklees SEND Sufficiency for Kirklees 2025-2028

Jo-Anne Sanders, Service Director, Learning and Early Support, presented the SEND Sufficiency Strategy to the Board for information. In summary, the Board was advised that the strategy reflects Kirklees' ongoing commitment to ensuring sufficient and appropriate learning places, and where possible, for children and young people to be educated locally. The approach prioritises placing children in educational settings that best meet their individual needs, from early years through to post-16 opportunities, including employment and training.

The Board was informed that it is recognised that further work is required to strengthen provision for children and young people with social, emotional, mental health needs and those with autism. This is a priority area within the broader SEND Sufficiency Strategy, with ongoing efforts to ensure appropriate and high-quality placements are available to meet these specific needs.

The Strategy takes a long-term, data-informed approach to forecasting demand for learning placements. This includes using live data from Education, Health and Care Plans to anticipate future needs, enabling planning from early years through to secondary education and post-16 pathways. For example, understanding the needs of children currently in reception allows for forward planning as they transition through the education system.

The Board was advised that the SEND Sufficiency Strategy complements the ongoing work under the Safety Valve Programme, which is part of a government agreement. The strategy focuses not only on ensuring there are enough learning places for children and young people in Kirklees, but also on the quality of provision.

Progress has already been made, including the rebuilding of two new schools with modern facilities and increased capacity. Work will be starting imminently on the Joseph Norton rebuild and work is beginning and planning permission has been received for Woodley School and College.

In addition, work is being undertaken with mainstream provision, working with schools in clusters to ensure they feel better equipped to meet the needs of the children and young people in mainstream local schools. Focus has been on investing and growing additional resource provisions, which complement mainstream but give some additional capacity for particular types of specialisms. Included in the strategy is alternative provisions for children who might have medical needs which prevents them from attending school. While there is still work to be done, it is important to look forward and the strategy sets the ambitions for the next three to five years.

Referring to the document, the Board was advised that the next steps it describes a SEND Sufficiency Group, which meets monthly. This group builds on the data underpinning the strategy to support future planning and commissioning. Towards the end of the document, a summary is provided to assist the system in identifying areas of need, highlighting where demand is increasing, where reductions may be appropriate, and where further development is required. This may include areas such as Alternative Resource Provision and specialist placements.

RESOLVED:

That Jo-Anne Sanders be thanked for providing an update on the Kirklees SEND Sufficiency for Kirklees 2025-2028.

10

Director of Public Health Annual Report 2024/25: Physical Activity

Lucy Wearmouth, Head of Improving Population Health and Martin Gonzales, Public Health Manager, presented the Director of Public Health Annual Report, on behalf of Rachel Spencer-Henshall, Executive Director for Public Health.

In summary, the Board was informed that the Director for Public Health chooses the focus of the annual report, which is an independent professional statement about the health of the local community and is separate to the political decision-making process. The report aims to be a vehicle to start conversations and system change. It is a key resource to inform the stakeholders of priorities and also to recommend actions to improve and protect the health of communities.

The Board was informed that this year's report is titled *Physical Activity Matters*, with a particular focus on understanding inequalities related to physical activity. The aim is to develop a system-wide understanding of physical activity, including the factors that influence participation and the associated disparities across different population groups.

The Board was advised that the report is not intended to provide solutions. Instead, it outlines a set of proposed next steps and is expected to be published online shortly. Once available, the report will be shared with Board members. Ongoing work will continue to provide deeper insight into local communities, with the aim that the collective findings will inform and drive local system-wide actions.

The Board was reminded of the importance and of the wide-ranging benefits of physical activity. While the report does not include a formal definition, physical activity in this context refers to any form of movement that involves energy expenditure, essentially, moving the body.

Physical activity plays a vital role in the prevention and management of many health conditions, including cardiovascular and mental health, and in reducing the risk of chronic diseases. There is also the broader added value of physical activity in enhancing individual wellbeing and fostering social inclusion and bringing people communities together. The report aims to reflect these wider social benefits. A quote from Dame Sally Davies, former Chief Medical Officer sums it up. *"If physical activity was a drug, we would refer to it as a miracle cure due to the great many illnesses it can prevent and help treat"*.

Health and Wellbeing Board - 7 August 2025

The Board was informed that the report includes the Chief Medical Officer's guidance on how much physical activity different groups of people need to take each week. This is across the life course ranging from children and young people, adults, older people, people with disabilities, and pregnant women.

For example, people aged 5 -18 years should aim for 60 plus minutes per day across the week, and adults should aim for 150 minutes of moderate activity per week. This is both informal and formal physical activity.

For adults, aiming for 150 minutes of moderate activity per week can be quite overwhelming as a definition. It is therefore important to emphasise that some exercise is good, more is better for the people who are most physically inactive. Just doing some physical activity can have health benefits.

The Board was informed that in terms of inequalities; it is recognised that around a quarter of adults and children do less than 30 minutes of physical activity each week. The report gives this as the definition of physical inactivity.

According to the data from the 2021, CLiK survey, rates of inactivity are:

- three times higher for people out of work versus those in work
- two and a half times higher for 75+ (verses 19-74)
- two times higher for people with a disability (versus those without)
- three times higher for those in most deprived areas (versus the least deprived areas)
- significantly higher for people of Pakistani ethnicity compared with those of white British or Indian ethnicity

There will be a multitude of reasons why those inequalities exist, and they are often very complex due to social, environmental and economic factors. It is important in the report to take a systems approach to understanding those inequalities.

The Board received an overview of the approach taken to increase physical activity levels, informed by the World Health Organisation's Global Action Plan on physical activity, broken down into four recommendations. The recommendations includes creating:

1. Active Societies – Promoting awareness and cultural change through campaigns and community-led initiatives.
2. Active Environments – Designing safe, accessible spaces that encourages walking, cycling and play.
3. Active People – Supporting individuals through education, healthcare, and community programmes.
4. Active Systems – Strengthening governance, data, funding and cross sector collaboration.

Health and Wellbeing Board - 7 August 2025

The Board was informed that this is an important issue and is included in the Kirklees Health and Well-being Strategy as an ambition. Inequalities exist not because of those very simplistic sort of definitions or categories but because of a wide range of complex factors that influence an individual's ability to engage in physical activity. Personal lifestyle choices are often shaped by broader living and working conditions, which can significantly impact health and wellbeing. In addition, wider socio-economic, cultural, and environmental factors can also play a role.

The Board was informed that the overarching aim is to support people to move more, in ways that work for them, whether that involves informal movement, such as walking or stretching, or more structured participation in high-performance sport. It is important to recognise and value all forms of physical activity, as part of a broader strategy to improve health and wellbeing across communities.

The inequalities seen locally also exist nationally as the local pattern is very similar to the national pattern. While previous approaches to physical activity have been effective for some, they have not worked for everyone. An individual's level of physical activity can fluctuate throughout their life due to changing personal circumstances, health, and environmental factors. Taking that into account and to better understand and support individuals to be more active, the COM-B model has been looked at. This model identifies three essential components for behaviour change, capability, opportunity and motivation.

The Health and Wellbeing Strategy which includes 'I' statements, highlights that people want to move more, they want to be healthy, they want to be able to do things for themselves. Some of the statements are about having safe and accessible local places, and access to affordable activities. They want the local area to be disability friendly and is accessible to everyone.

There are a range of assets that exist in Kirklees, that give people a wide range of opportunities to be active, from outdoor spaces, parks, recreation and play areas. There are also sessions that support people to be active. These should be maintained and enhanced wherever possible. However, despite these resources, a significant number of people remain inactive. This highlights that current approaches, while effective for some, are not universally accessible or impactful.

There is a need for inclusive strategies that reflect diverse needs, acknowledging that what works for one person may not work for another and that needs may change over time and there may be a need to think differently.

The Board was informed that there are plans to share the report more widely through a series of engagement sessions or presentations, and feedback and suggestions on potential audiences or venues for this 'road trip' approach would be welcomed.

Board members expressed their appreciation for the work undertaken in developing the annual report and welcomed the opportunity to engage in further discussions, outside of the formal meeting, to explore the information in greater depth.

RESOLVED:

That Lucy Wearmouth and Martin Gonzales be thanked for presenting the Director for Public Health Annual Report 2024/25, Physical Activity.

11 **Pharmaceutical Needs Assessment 2025-28 final sign-off**

Owen Richardson, Data and Insight Enablement Lead, provided a brief update on the Pharmaceutical Needs Assessment (PNA), which was presented to the Board for sign-off. By way of background, the Board was reminded that Health and Wellbeing Boards in England have a statutory duty to publish and maintain an up-to-date statement of pharmaceutical service needs for their population. This assessment is reviewed and updated every three years.

In September 2024, the Board was presented with a timeline for that process. In February 2025, a draft copy of the PNA was shared with the Board prior to going out to 60-day consultation which took place during March and April 2025. In total there were four responses to that consultation. Nothing was raised in the consultation that required any significant changes to the draught version that was previously shared. The conclusions remain valid based on the consultation.

The Board was informed that the information being presented is the final version of the PNA which includes all the information regarding the consultation, and it incorporates the changes to the pharmacy provision that have occurred since the draft.

Subject to approval by the Board, the PNA will be published by 22 September 2025 to ensure continuity with the expiry of the current version.

RESOLVED:

That the Pharmaceutical Needs Assessment for 2025-2028 be approved by the Board.

12 **Kirklees Joint Strategic Assessment (KJSA) update**

Owen Richardson, Data and Insight Enablement Lead presented information on the Kirklees Joint Strategic Assessment (KJSA). The Board was informed that the Health and Social Care Act (2012) requires Health and Wellbeing Boards, working through local authorities and the previously Clinical Commissioning Groups to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local communities.

Public Health England as it was at the time, defined the purpose of a JSNA as a “systematic method for reviewing the health and wellbeing needs of a population leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities.

The Board was informed that guidance at that time suggested that a JSNA should:

- provide assessment of health and social care needs
- include place-based population health analysis
- adopt a system wide approach to health inequalities

Health and Wellbeing Board - 7 August 2025

- create an evidence base for local strategies and commissioning

The Board was informed that, although the national guidance underpinning the Joint Strategic Needs Assessment (JSNA) remains unchanged and has not been updated, it continues to be in effect. In Kirklees, the Health and Wellbeing Board has delegated responsibility for the production of the JSNA to a steering group.

In 2015, the Board agreed to rebranding it to the Kirklees Joint Strategic Assessment (KJSA) to place greater emphasis on assets and the KJSA moved to become a web-based product. An updated overview section is presented to the Board annually, with all other sections updated on a 2-to-3-year schedule.

All the work on the KJSA was paused in 2020, due to the pandemic, and there were limited updates in 2021. In 2022, the majority of the content shifted to 'archive section' to be temporarily replaced by the OHID 'A picture of health' profile. In 2023, work began redesigning, updating and relaunching the KJSA, reducing the number of sections and content volume and to bring it into closer alignment with the Health and Wellbeing Strategy.

There is a new site structure which has six different sections, with the Health and Wellbeing Strategy in mind and thinking about the Health and Care Partnership Wells. The sections are overview, people, place, wider factors, life stages and other priorities.

The Board was provided with a summary of progress against each of the sections and advised that in terms of next steps, the new website structure will go live within the next few weeks. It will include the completed sections and will have holding pages for the sections still under development. All sections will be completed by the end of 2025, and the steering group will agree the future updating schedule.

The Board was asked to continue to support the KJSA including its promotion and use in forming Commission and prioritisation decisions.

RESOLVED:

That the Board will continue to support the Kirklees Joint Strategic Assessment, including its promotion and use it in informing commissioning and prioritisation decisions.

13 Kirklees Partnership Framework Review

Stephen Bonnell, Head of Policy and Partnerships, and Tom Whitehead, Policy and Partnerships Officer, presented the Partnership Framework review to the Board. Using the presentation slides, they outlined the purpose and structure of the Framework. The initial question posed was:

What is the Partnership Framework?

The information showed how existing partnership strategies contribute to the shared outcomes agreed across the system. It emphasised that these strategies are

Health and Wellbeing Board - 7 August 2025

aligned with the overarching vision for Kirklees and are partnership-driven. The Board was informed that many of the outcomes can only be achieved through collaborative working and every organisation has a role in contributing to those outcomes.

The Partnership Framework consists of:

- Vision
 - Shared Outcomes
 - Partnership Strategies
-
- Setting out a high-level framework for collaboration and communicating about how we work together.
 - Primarily about collaboration between organisations (bilaterally and through partnership groups or programmes).
 - Every organisation has a role and impact on the vision, outcomes, and strategies.

How is the framework used?

The Board was informed that elements of the current Partnership Framework are used in areas of collective work, for example, the shared outcomes are embedded in the Health & Wellbeing Strategy. The Framework helps to structure some strategic partnership conversations and demonstrates to external stakeholders (including funders) that there is a shared direction.

The forthcoming multi-year funding agreement presents a timely opportunity for a strategic refresh. Key strategies such as the Health and Wellbeing Strategy require reassessment as much of the existing content is now outdated. This comes at a time of significant transition for the Council and its partners, including the NHS Integrated Care Board (ICB) and the West Yorkshire Combined Authority (WYCA), both of which are navigating national policy changes.

In this context, effective partnership working is more important than ever. A key theme emerging from the recent Local Government Association (LGA) Corporate Peer Challenge was a strong desire from partners to work more closely and strategically with the Council, and for the Council to adopt a longer-term, forward-looking approach.

In terms of the engagement plan:

- Phase One – June to August 2025, gathering views internally and from partners. Seeking reflections on the current framework from partners; with opportunity to provide further feedback by email or one to one conversations by request
- Phase Two – August 2025 to March 2026, finalising and agreeing a revised framework. Using material gathered over the summer, designing and seeking further feedback to finalise a revised Framework, with final engagement through the Picture of Kirklees.
- Adoption of the framework by March 2026.

Health and Wellbeing Board - 7 August 2025

The Board was informed that the starting assumption is the Partnership Framework, and its elements are not fundamentally problematic, however it is important to reflect on whether it should be iterated to address the current context and challenges.

The core ambitions remain relevant and widely supported. There is, however, a need to review whether the language remains current, whether any elements are missing, and whether the framework could be rationalised and made more focused. It is also important to ensure that the Partnership Framework continues to reflect the evolving context and priorities of the Council and its partners.

In respect of the current four top tier partnership strategies which include, the Health and Wellbeing Strategy, Environment Strategy, Inclusive Communities Framework and the Inclusive Economic Strategy, the Board was asked to consider the following:

- Are there gaps in strategic coordination?
- Are there things we should be focusing on collectively that we're not?
- Where are we already good at strategic coordination and where do we need to strengthen it?
- What could the alternative look like to the four Partnership Strategies?

The Board was asked to provide feedback on the partnership framework review.

RESOLVED:

That:

Stephen Bonnell and Tim Whitehead be thanked for presenting the review of the Kirklees Partnership Framework

Board members provide feedback as part of the Kirklees Partnership Framework review by the 5th September 2025.

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:	25th September 2025
TITLE OF PAPER:	Kirklees Healthy Working Life Programme
1. Purpose of paper	To update the Board on progress with developing the Kirklees Healthy Working Life programme.
2. Background	<p>Poor health is as a key driver of economic inactivity across the UK. This is also recognised in the Kirklees Inclusive Economy Strategy 2025, which was discussed by the Board in January 2025. The Strategy recognises that</p> <p><i>Levels of economic inactivity have increased rapidly in recent years, linked to poor health and wellbeing. Tackling this challenge is vital not only to individual wellbeing but also to addressing skills shortages and increasing productivity¹</i></p> <p>Appendix 1 provides a brief summary of economic inactivity and health issues.</p> <p>The Get Britain Working White Paper, published by the Government in 2024, acknowledged that existing national support mechanisms have largely failed to tackle this issue or provide effective support for people in work with health conditions to avoid falling out of the labour market. West Yorkshire was selected for two key national programmes to pilot new approaches to tackling these issues:</p> <ul style="list-style-type: none"> • the Health and Growth Accelerator, ('Accelerator') programme which is being managed by the West Yorkshire Integrated Care Board (ICB), which focuses on offering personalised tailored support for people with health conditions and disabilities to access or keep good quality work. • the Economic Inactivity Trailblazer is focused on supporting economically inactive residents and employers and is being managed by the West Yorkshire Combined Authority. <p>The delivery of these programmes is managed through the West Yorkshire "Healthy Working Life" programme (link). Across WY the programme has been managed via the WY Healthy Working Life Programme Board and a recently established Healthy Working Life Strategic Board. This joint programme commenced in April 2025 and is initially funded until the April 2026. The work directly supports the vision of the West Yorkshire 'Work, health, and skills plan' (link), which aims for West Yorkshire to have the healthiest residents and workforce in England by 2040.</p> <p>The overall objective of the Healthy Working Life programme is to tackle health-related economic inactivity, improve population health outcomes, and increase economic growth. The target for the Accelerator and Trailblazer funded programmes is to support 1,300 more people to be economically active through health-oriented interventions compared to a scenario without these programmes.</p> <p>Appendix 3 details the schemes being delivered within Kirklees, funded by the Accelerator and Trailblazer allocations, of £1.3m and £600k respectively. The approach taken has been to view</p>

¹ <https://democracy.kirklees.gov.uk/documents/s64957/Kirklees+Inclusive+Economy+Strategy.pdf>

these allocations as a single 'pot' in Kirklees to promote truly integrated approach that a coordinated, joined-up delivery of work, health, and skills support.

The target for the initiatives funded through the combined Kirklees pot is to help 273 people who are, or are at risk of becoming, economically inactive due to ill health, to remain or become economically active.

Kirklees has also been allocated £224k from the Accelerator specifically for social care and health workforce support, and in addition there are a range of West Yorkshire wide initiatives being developed.

Oversight for this work in Kirklees is provided by a local programme board involving the local authority, VCSE organisations, the University, and ICB colleagues.

3. Proposal

The Board is asked to

- support the implementation of the Kirklees Healthy Working Life programme and
- endorses the approach of adopting an integrated approach that provides coordinated, joined-up delivery of work, health, and skills support.

4. Financial Implications

The schemes outlined in this paper and the presentation to the Board are fully funded from the allocations for the Accelerator and Trailblazer.

Further announcement on the future of these funding streams are expected from Central Government in the Autumn.

5. Sign off

Rachel Spencer-Henshall, Director of Public Health

Steve Brennan, Kirklees Director of Partnership Development. West Yorkshire ICB

6. Next Steps

The Healthy Working Life programme will continue to roll out and become fully operational during September 2025.

The schemes will contribute to the national, regional and local evaluation to inform the future provision of support to individuals and organisations to reduce levels of health-related economic inactivity, improve population health outcomes, and increase economic growth.

7. Recommendations

The Board supports the implementation of the Kirklees Healthy Working Life programme and endorses the approach of adopting an integrated approach that provides coordinated, joined-up delivery of work, health, and skills support.

8. Contact Officer

Steve Brennan, Kirklees Place Director of Partnership Development, Kirklees Health and Care Partnership

Steve.brennan@nhs.net

Allison Porter, Employment Lead – Growth & Regeneration Manager, Kirklees Council

allison.porter@kirklees.gov.uk

Phil Longworth, Programme Manager, Kirklees Healthy Working Life Programme

Appendix 1 Economic inactivity and health

According to internationally agreed definitions, people in the labour market fall into one of 3 groups: employed, unemployed and economically inactive. *Economically inactive* people are those without a job who are not actively looking for work – including students, people with caring responsibilities and those who have retired before the state pension age.

Poor health, including mental health, is now recognised as the key driver of economic inactivity. Research by The Health Foundation² as part of the Healthier Working Lives Commission showed that

- 8.2 million working-age (16-64) UK residents reported with work-limiting health conditions in 2023, of which
- 4.0 million were economically inactive, up 24% from 3.2 million in 2013
- 3.9 million were in employment, up 64% from 2.4 million in 2013
- 340,000 were unemployed (i.e. actively seeking and available for work but unable to find a job).

Workers with work-limiting health conditions face an increased risk of leaving the labour market; in the UK between 2014-2023 around 300,000 workers each year became economically inactive with a work-limiting health condition. Over this period 1 in 9 workers with a work-limiting health condition left the workforce each year, compared to 1 in 30 without a health condition.

People with multiple conditions are at greater risk of leaving the labour market (with the risk increasing when combined with some additional protected characteristics) and poor mental health makes people nearly twice as likely to leave work compared to those with good mental health.

The UK is the only major economy that has seen its employment rate fall over the last 5 years, reversing the previous long-run trend of declining rates of economic inactivity. This has been driven predominantly by a rise in the number of people out of work due to long-term ill health. 27.9% of this cohort are inactive as a result of long-term sickness, increasing from 22.7% in 2018.

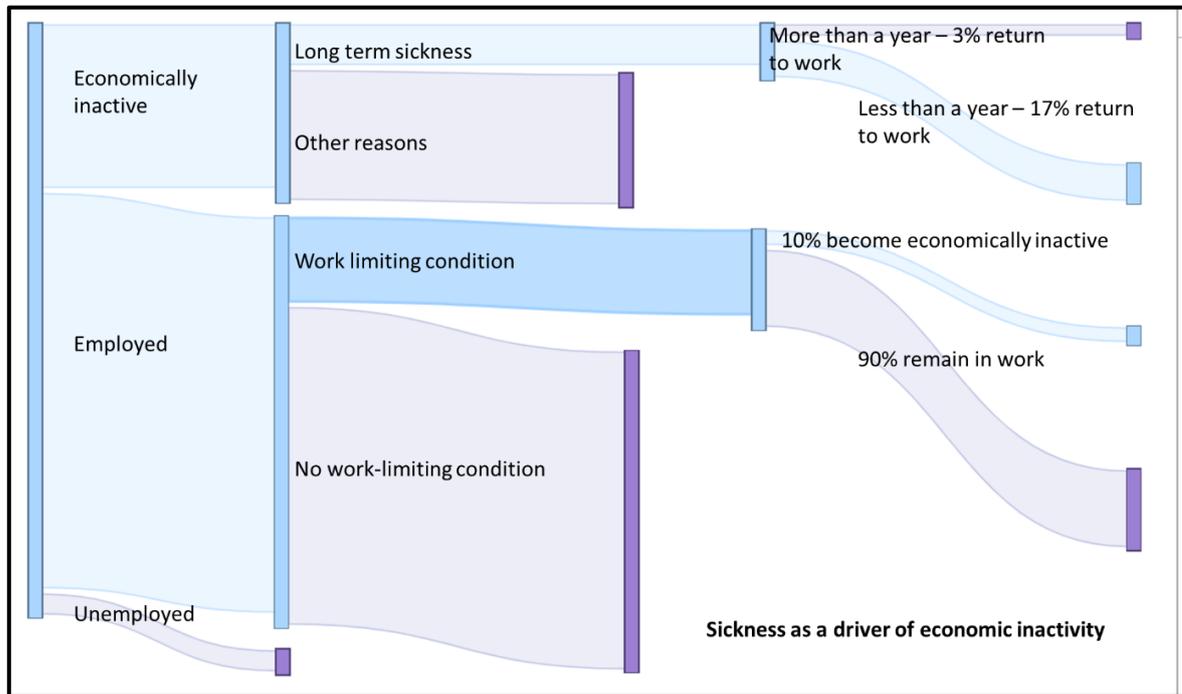
In Yorkshire and Humber, of those economically inactive due to long term sickness, 51% are aged 50 to 64 years old, 42% are aged 25 to 49 and 7% are aged 16-24. The latter cohort, whilst relatively small in absolute terms, is growing most rapidly

Mental health, musculoskeletal conditions and cardio-metabolic conditions are the biggest drivers of sickness-related economic inactivity at UK level. The number of workers aged 16–34 years stating that their mental health limits the type or amount of work they can do has more than quadrupled over the past ten years. Neurodiversity and the need for more neuroinclusive workplaces is also a key factor - just 3 in 10 of autistic working age people are in employment.

38% of economically inactive residents reported having five or more health conditions, suggesting that those who are inactive because of long-term sickness have increasingly complex and inter-related health issues.

For those 300,000 UK residents falling out of the labour market due to work-limiting health conditions, the timing of any support intervention is critical. Whilst 17% of this cohort typically return to work within a year, the return rate falls to just 3% for those who have been inactive for more than one year, as illustrated in the diagram below:

² Labour market flows and health, Annex 1 of 'Towards Healthier Working Lives' – interim report of the Commission for Healthier Working Lives, The Health Foundation October 2024



Source: Labour market flows and health, The Health Foundation, October 2024

Research suggests there is a bidirectional or reciprocal relationship between work and health. Employment can bring with it better incomes, financial stability, security and greater sense of purpose, which in turn can lead to healthier diets and exercise, higher living standards, and better mental health. Poor health, on the other hand, can make it harder to participate in the labour market:

- people living in areas with high employment rates are more likely to live longer in good health;
- people living in an area with higher economic inactivity are more likely to have a lower healthy life expectancy.

People who are inactive due to long-term sickness are disproportionately likely to have an employment history in lower skilled, elementary roles including in logistics/distribution, retail and hospitality sectors and also in public administration.

In Kirklees, there were 52,700 economically inactive residents in December 2024 or 19.2% of the working age population. 13,700 were inactive as a result of long-term sickness (26% of residents of working age) – below the UK average of 27.9% but slightly above the West Yorkshire average of 25.9%. It should be noted that local authority level data is drawn from the Annual Population Survey which has experienced lower than expected response rates with an impact on the statistical robustness of local level datasets. The comparable data from the 2021 Census – the only other available data source – indicates that 54,000 Kirklees residents were economically inactive at the time, and 14,600 of those were long-term sick – at 27% of the total, slightly below the West Yorkshire average of 28% in 2021.

The relationship between poverty, work and health has been highlighted in the Annual Reports by the Council’s Director of Public Health. The 2022/23 report showed that

- cost of living pressures were having a direct impact on resident’s mental and physical health, with debt and unpaid bills leading to increased stress, residents using heating less increasing levels of damp and mould and also eating less fruit and vegetables
- more people were avoiding NHS appointments because they could not afford to travel, and fewer people were taking up their NHS prescriptions, buying-over-the-counter medication or going to the dentists.

Appendix 2 Policy framework

In November 2024, the Government published the *Get Britain Working White Paper*³. The White Paper argues that too many people are

- excluded from the labour market – especially those with health conditions, caring responsibilities or lower skill levels;
 - stuck in insecure, poor quality and often low-paying work, which contributes to a weaker economy and also affects their health and wellbeing
- and that there is too great a disparity in labour market outcomes between different places and for different groups of people.

The White Paper further argues that the current health and employment and skills systems are not able to address the significant increases in economic inactivity, an ageing population or an increasing prevalence of poor health. It suggests that there is insufficient focus on preventing the common health conditions, risk factors and health inequalities that limit people from engaging with work, and there is limited support to help disabled people or people with health conditions to stay in work (or get back into work quickly

At national level, the White Paper argues that the employment support system is primarily focused on managing benefits, engaging mainly with people who are unemployed and on getting them back into work as quickly as possible, rather than helping people into the right job. It also suggests that the employment support system has insufficient focus on wider issues like health, skills, childcare and transport, which play a fundamental role in supporting people to enter, stay in or get on at work.

The White Paper sets out a number of proposals to address the challenge of economic inactivity and poor health, including:

- scaling up the contribution of the NHS and wider health system to improve employment outcomes, including an ambition to create 40,000 additional elective appointments per week, recruit an additional 8,500 mental health staff within the NHS and better integrating employment support within key NHS pathways
- strengthening the role of local areas, including Mayoral Combined Authorities, in shaping an effective work, health and skills offer for local residents including the development of ‘Get Britain Working Plans’ to inform place-based approaches
- allocating £125m for eight place-based work, health and skills ‘*Trailblazers*’ to develop innovative approaches to reducing economic inactivity, including West Yorkshire; and a further £45m to fund collaboration with the NHS with prevention-focused programme to support people to stay in work that will be piloted in three areas including West Yorkshire (the ‘Health and Growth Accelerator’ programme)
- creating a new jobs and careers service to help people get into work and get on at work, combining Jobcentre Plus and the National Careers Service, with Wakefield selected as one of the pilot Jobcentre Plus areas to pilot this approach
- launching an independent review into the role of UK employers in promoting healthy and inclusive workplaces.

The West Yorkshire Combined Authority adopted the West Yorkshire Work and Health Plan⁴ in May 2025, building on the White Paper. The Plan sets out a vision for West Yorkshire to have the healthiest residents and workforce in England by 2040; and aims to create a health and employment support system that can deliver transformational change to improve population

³ [Get Britain Working White Paper - GOV.UK](#)

⁴ [work-and-health-plan-full-report.pdf](#)

health and wellbeing and economic outcomes. The Work and Health Plan sets out five priorities:

- strengthening health and employment systems leadership with oversight to inform better decision making across the Integrated Care Board (ICB), West Yorkshire Combined Authority, Government Departments, local authorities and the voluntary and community sector
- understanding and addressing micro, small and medium-sized business (SME) barriers to recruiting and retaining staff with health conditions and in creating healthy workplaces and a diverse workforce
- exploring the role of incentives to support more people into good quality work to help address the perceived risks for employers in employing economically inactive people, potentially including paid placement schemes and support for employment costs, as well as support and incentives for inactive residents
- continued support for the voluntary and community sector as key delivery partners and providers of holistic support and in engaging people with lived experience of economic inactivity
- network development to support peer learning, resilience and training between NHS, employment support and other stakeholders.

Health and Growth Accelerator/Economic Inactivity Trailblazer

West Yorkshire was selected to deliver two national pilot programmes linked to the Get Britain Working White Paper.

1. The *Health and Growth Accelerator*, ('Accelerator') programme which is being managed by the West Yorkshire Integrated Care Board (ICB), will focus on preventative and early intervention measures to keep people in work and reduce economic inactivity.
2. The *Economic Inactivity Trailblazer* is focused on supporting inactive residents and employers and is being managed by the West Yorkshire Combined Authority.

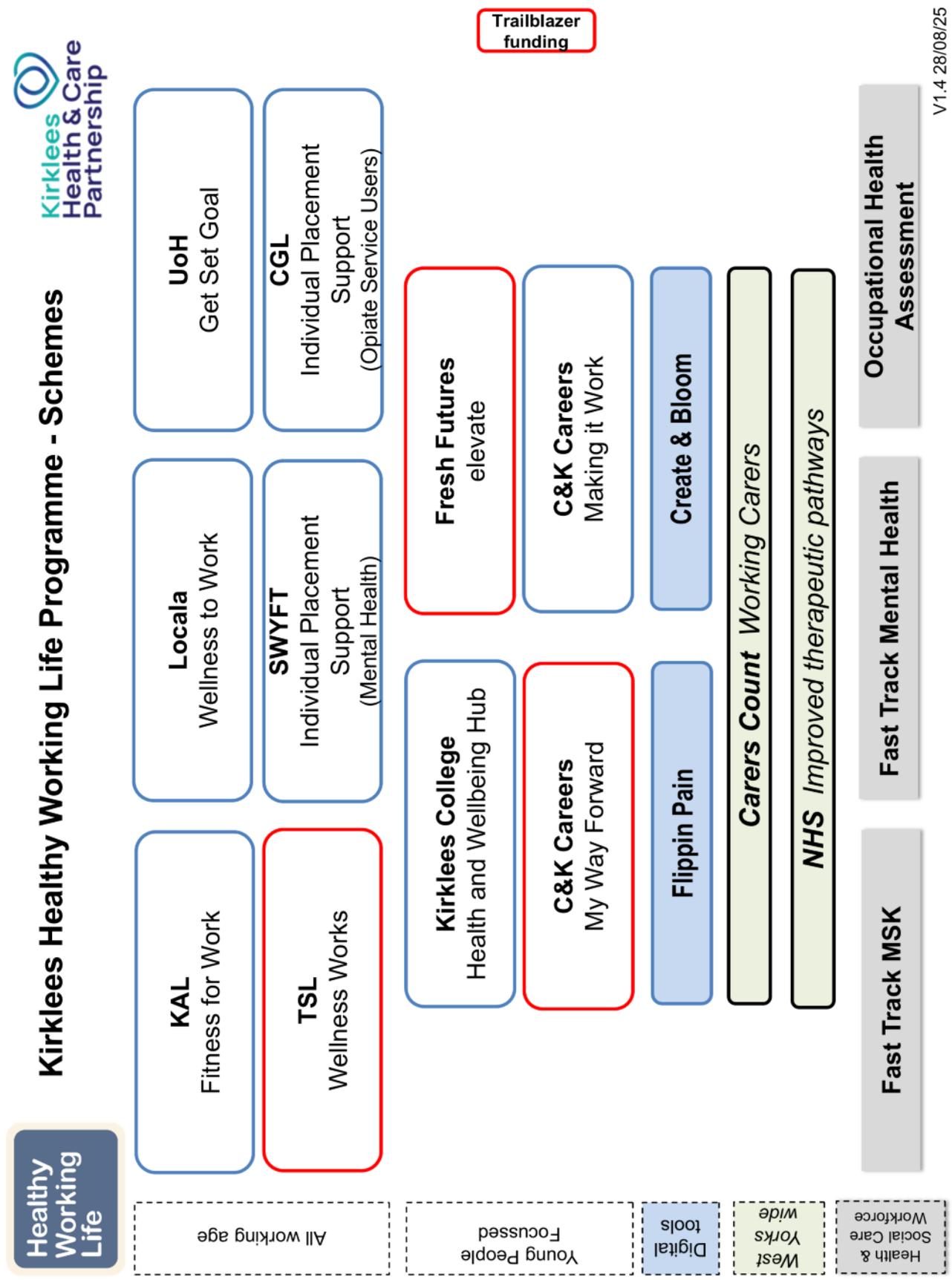
In total just over £20m has been allocated to the two West Yorkshire pilot programmes for 2025/26 only. The overall objective of both programmes is to tackle health-related economic inactivity, improve population health outcomes, and increase economic growth. The cumulative target at West Yorkshire level is to support 1,300 more people to be economically active through health-oriented interventions compared to a 'business as usual' scenario. The programmes are being promoted under 'Healthy Working Life' branding.

A significant proportion of the available funding has been allocated by the ICB/WYCA to support regionally commissioned initiatives including enhanced support for the health and care workforce; working with employers to develop healthier workforces and support employees to remain in work; and to fund regional employment support initiatives including Employment West Yorkshire.

Funding has also been devolved to all five local authorities to develop locality-based Accelerator/Trailblazer programmes to tackle local needs. Combined funding of £2,134,000 has been allocated to Kirklees, comprising £1,534,000 of Accelerator funds to be managed by the ICB and £600,000 for the Trailblazer programme to be managed by the Council. The Kirklees Trailblazer programme has a target to support 200 residents who are, or are at risk of becoming, economically inactive due to ill health, to remain in work or become economically active.

It was agreed to co-develop both programmes with the ICB at an early stage in order to develop a coordinated approach, support strengthened links between local health and employment support networks and avoid potential duplication of activity. The intention is to create a single funding 'pot' albeit with separate management and accountability arrangements for each programme.

As the Accelerator/Trailblazer programmes are expected to operate for 2025/26 only it has been necessary to expedite commissioning arrangements to maximise the time available for delivery and to de-risk achievement of the outputs associated with the funding. On this basis, the ICB sought expressions of interest from existing/pre-qualified delivery partners for the Accelerator programme, balancing the extension of existing/successful prevention or early intervention initiatives with piloting new activities.



V1.4 28/08/25

1. Elevate

- **Who runs it:** Fresh Futures
- **What we do:** Elevate is a service for young people aged 18 to 26. We have two main parts:
 - **Community Engagement:** This part focuses on building confidence, self-esteem, and life skills. We offer weekly activities co-designed with young people, such as yoga, gardening, and volunteering. There's also a weekly drop-in space.
 - **Employability:** This part helps young people who are furthest from getting a job, especially those with complex issues. We run one-week programmes, covering important job skills like writing CVs, practicing for interviews, and searching for jobs. We also provide life skills workshops and guest speakers, plus breakfast, lunch, and travel help. Participants get 10-day work placements and support from a dedicated worker.
- **Who we are for:** Young adults aged 18-26 years old. This includes those who are not in education, employment, or training (NEET), are unsure about what career to choose, lack confidence, or face many challenges to working, including disabilities and health conditions.

freshfutures.org.uk/events/elevate/

2. Get Set Goal

- **Who runs it:** University of Huddersfield
- **What we do:** We offer wellbeing coaching to people who might have to stop working because of their health. Healthcare students from the University provide one-on-one coaching sessions (usually up to 6). We use a coaching style to help people set and reach their wellbeing goals and make healthy changes. We can also offer workplace-based wellbeing workshops.
- **Who we are for:** Employees in various types of organisations, including small and medium-sized businesses (SMEs), independent care services, charities (VCSE), healthcare, and self-employed people who are experiencing health problems.

hud.ac.uk/gsg/

3. Individual Placement and Support for Severe Mental Illness (IPS SMI)

- **Who runs it:** South West Yorkshire Partnership NHS Foundation Trust
- **What we do:** This early implementor project brings our employment support services into selected GP surgeries across Kirklees. We help people find and keep work that suits them, based on the belief that with the right support and job match, anyone can work.
 - Our approach focuses on:
 - Matching jobs to individual preferences
 - Acting quickly to find opportunities
 - Building links with employers based on what people want to do
 - Offering tailored support for both individuals and employers
 - Providing benefits counselling
- **Who we are for:** People with severe and complex mental health needs registered at participating GP surgeries. This is part of a wider effort to extend IPS employment support in primary care across Kirklees

4. Individual Placement & Support for Opiate Service Users

- **Who runs it:** Change Grow Live Kirklees
- **What we do:** Help people who are opiate users get or keep a suitable job. Change Grow Live (CGL) Kirklees already has a successful service and doesn't turn anyone away. The employment specialist will work closely with the opiates team and their clients to:
 - Help people create vocational profiles (which show their skills and job interests).
 - Find job opportunities by meeting with employers.
 - Provide support for writing CVs and preparing for interviews.
 - Work with employers to make reasonable adjustments to the workplace.
 - Offer support for the first four months once someone is in work.
- **Who we are for:** People who are opiate users and are already part of the Change Grow Live Kirklees service.

changegrowlive.org/huddersfield#employment

5. Kirklees College Health and Wellbeing Hub

- **Who runs it:** Kirklees College
- **What we do:** Kirklees College is setting up a central health and wellbeing hub at Kirklees College sites. The aim is to help students live healthier lives and make lasting changes to manage health conditions that might stop them from getting or keeping jobs. The hub brings together health education, direct healthcare services, and partnerships with the NHS and other health services. The hub will offer:
 - Targeted help for students whose health is a barrier to employment.
 - On-campus health services like health checks, counselling, and screenings.
 - Supported inclusive work opportunities.

We will also encourage health programmes to be included as part of college courses, introduce digital resources and training for staff, and build partnerships between the college, NHS, local council, businesses, and other support services.

- **Who we are for:** Students enrolled at Kirklees College with health conditions that make it hard to find or keep a job.

kirkleescollege.ac.uk/supporting-you

Student Services: studentservices@kirkleescollege.ac.uk

6. Making It Work

- **Who runs it:** C+K Careers
- **What we do:** We work with young people aged 16-25 who already have a job or are about to start one and are experiencing health or mental health issues. We support them in settling into their new work environment and staying successfully employed. We offer in-depth, all-round support through one-on-one and group sessions to help with:
 - Building confidence and resilience.
 - Managing work-based pressures and creating a healthy work/life balance.
 - Understanding workplace expectations, employee rights, and responsibilities.
 - Building good relationships with colleagues.
 - Searching for and finding other jobs if needed.
 - Access to wellbeing and mindfulness resources.

- Speaking up for participants when needed.
- Setting up peer mentoring (where people help each other).
- **Who we are for:** Young people aged 16-25 who are employed (or have a start date) but are at risk of stopping work, especially because of health or mental health issues.

ckcareers.co.uk

7. My Way Forward

- **Who runs it:** C+K Careers
- **What we do:** We work with young people aged 16-25 who not in education, employment or training (NEET) and are experiencing health or mental health issues. We help them address and stabilise health issues, build aspirations to work, and get ready for other job support programmes. We offer tailored, all-round support, including:
 - One-to-one sessions with a key worker and regular group sessions.
 - Activities to build confidence, motivation, and resilience.
 - Help with voluntary work.
 - Support to access health services and claim work-related benefits.
 - Help to get basic skills or job-specific training.
 - Access to wellbeing and mindfulness resources and peer mentoring.
 - For some participants, direct job support, including exploring job and training options, job searching, CV writing, and interview practice.
- **Who we are for:** Young people aged 16-25 who are not working and are a long way from getting a job, especially because of health or mental health issues.

ckcareers.co.uk

8. Fitness for Work

- **Who runs it:** Kirklees Active Leisure (KAL)
- **What we do:** This is a bespoke, easy-to-access structured exercise programme. We offer a 12-week guided exercise programme that also helps you change habits and build confidence. After the programme, you can join KAL's "Active Movers" membership and get continued support. You can be referred by someone or refer yourself through a dedicated website.
- **Who we are for:** People who are
 - Currently out of work due to ill health
 - Had sickness from work due to ill health for more than 7 days in the last 6 months.
 - At risk of falling out of work due to ill health

kal.org.uk/health-wellbeing/fitness-for-work

9. Wellness Works

- **Who runs it:** Third Sector Leaders Kirklees (TSL)
- **What we do:** We work with local charities and community groups that help people who might lose their job, have recently lost it, or are struggling to get a job because of their health issues. The local community-based organisations:
 - Train "Community Champions" to reach out to people.
 - Act as "Community Anchors" in different areas to create health hubs, find local services, support local groups, and connect with health projects.
 - Provide support to individuals for 6 months through 'key workers', which includes checking needs, making plans, referring to personalised help (for wellbeing, benefits, jobs, etc.), reviewing progress, and helping people make changes.

- Help local charities to develop schemes to improve health and work, get funding and work together.
- Offer an inclusive volunteering programme.
- **Who we are for:** Individuals specifically at risk of losing employment or who have recently become unemployed or inactive due to health reasons.

tslkirklees.org.uk

10. Small Grants Programme

- **Who runs it:** Third Sector Leaders Kirklees & One Community Foundation
- **What we do:** This programme gives small grants to local charities and community groups. The goal is to help them create new, community-focused projects. We especially want groups working on health and wellbeing to work together with groups helping people find jobs, so we can offer better, combined services. This grant programme is managed by TSL and One Community Foundation.
- **Who it's for:** All people in Kirklees aged 18-64 who are not working or are at risk of stopping work, and the community-based organisations working with them.

tslkirklees.org.uk

11. Wellness to Work

- **Who runs it:** Locala Health and Wellbeing
- **What we do:** We start with a personalised check-up to find out what's stopping you from working, and to better understand your needs and motivations. You'll then work with a dedicated Employment Navigator and health professional to create your personal action plan, based on clear, realistic, achievable steps. This plan will be your guide to getting into work and will include learning to manage your own health and wellbeing. Your Employment Navigator will work with you from beginning to end, offering post-employment support developing a 3 or 6-month supported pathway. We will also connect you to partners like Get Set Goal, Kirklees Active Leisure (KAL), Kirklees College, and Third Sector Leaders (TSL) if these will suit your needs.
- **Who we are for:** All people in Kirklees aged 18-64 who are not working.

locala.org.uk/services/wellness-to-work

12. Flippin Pain

- **Who runs it:** Cora Health
- **What we do:** Pain is a huge problem for the UK; and the spread of misinformation can be a huge barrier to effective care and positive progress. Learning more about pain can change the way people see and treat persistent pain: it can reduce the fear around it and change how pain feels.
Very little of the discoveries made around pain have filtered down to the people and professionals that need them most. Those struggling deserve better: and Flippin' Pain is here to help.
Flippin' Pain is a public health movement that shares the latest science of pain, through:
 - a digital activation programme for people living with persistent pain, 'Why We Hurt': a series of videos, downloadable materials and interactive tasks that explains the science of pain in a fun, engaging way.

- upskilling professionals, particularly in primary care, to support people with persistent pain
- **Who we are for:** Anyone living with persistent pain (often called ‘chronic’ or ‘long-term’ pain), and any professional who works with people struggling.

flippinpain.co.uk

13. Supporting working Carers

- **Who runs it:** Carers Count Kirklees and Cloverleaf Advocacy.
- **What we do:** Help employers identify, engage, support, and retain working carers within their workforce. We provide practical guidance, tools, and resources to help organisations create carer-friendly workplaces where employees balancing work and caring responsibilities can thrive.
- **Who we are for:** Employers who are just starting to explore this area or looking to strengthen existing support, we're here to help you build a more inclusive, supportive, and productive working environment.

carerscountkirklees.org.uk

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	25th September 2025
TITLE OF PAPER:	Midpoint Evaluation of the Kirklees Health and Wellbeing Strategy 2022-2027 and Next Steps
1. Purpose of Paper	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none">• Share with the Board the key reflections and recommendations from the midpoint evaluation of the Kirklees Health and Wellbeing Strategy (KHWS) 2022-2027• To propose the next steps, including plans to refresh the Strategy in preparation of it ending.
2. Background & Evaluation Objectives	<p>The Board approved the refreshed Kirklees Health and Wellbeing Strategy (KHWS) in September 2022. The Strategy is available online here. The Board subsequently endorsed an approach to implementing the KHWS based around 6 strands of activity:</p> <ol style="list-style-type: none">a) Embedding the Kirklees Health and Wellbeing Strategy in other Strategies and Plansb) Delivering the KHWS through:<ul style="list-style-type: none">• Action on the KHWS priorities.• Delivery of key strategies and plans e.g., Kirklees Health and Care Plan, Children & Young Peoples Plan etc.• Action by people who live, work or study in Kirklees.c) Raising awareness of the KHWS.d) Refining and monitoring the Indicator Framework.e) Embedding the ways of working.f) Providing assurance through 'Check and challenge' operating in 3 arenas<ul style="list-style-type: none">• In individual organisations and services.• In formal and informal partnerships.• In the statutory governance structures in Kirklees. <p>An informal midpoint evaluation of the Strategy's implementation has been undertaken by council officers to assess progress and guide its continued delivery. Specifically, the evaluation aimed to:</p> <ul style="list-style-type: none">• 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.

3. KHWS Midpoint Evaluation General Reflections & Recommendations

General reflections from the midpoint evaluation of the Strategy include:

Strategic Ownership

- The Vision remains relevant and widely supported, especially focus on wider determinants of health.
- There is some system-wide embedding of the Strategy, but this could be further strengthened.

Delivery and Accountability

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

Outcomes Focus

- Partners have feedback that the current outcomes framework is overly complex.
- There are questions around how outcomes are demonstrated.
- The strategy would benefit from a simplified, outcome-driven approach with clearer measurement.

Key challenges and opportunities identified in the midpoint evaluation to the effective delivery of the Strategy are:

- **Leadership & Governance:** Ensure clear leadership and governance for the strategy.
- **Accountability:** Ensure that clear roles, responsibilities and monitoring are in place.
- **Outcomes Framework:** A simplified outcomes framework could be developed.
- **Refresh Strategy Language and Structure:** Update language and adopt a Theory of Change model to clarify how activities lead to measurable outcomes and responsibilities
- **Delivery:** Ensure consistent implementation across 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.

4. Next Steps

With the HWBBs approval that:

Given the changes in national policy and uncertainty around the health system, It is suggested that the refresh of the KHWS is paused and that this is reviewed by HWBB in 6 months.

When the refresh is instigated, that a more thorough evaluation takes place in order to build on the findings and recommendations of the informal Midpoint Evaluation. This evaluation will include the Health and Wellbeing Board and other key boards, alliances, partnerships and system leaders responsible for delivering the Strategy.

Associated plans and programmes of work will be accordingly reviewed to further drive progress.

In anticipation of the current Strategy ending in 2027 and given the ongoing reforms to the NHS and the associated current uncertainties in the local system, it is proposed a paper be brought to the HWBB in 6 months with a plan for a refresh.

5. Sign off

Rachel Spencer-Henshall, Deputy Chief Executive, Strategic Director of Corporate Strategy, Commissioning and Public Health, Kirklees Council.

7. Recommendations

The Kirklees Health and Wellbeing Board is asked to:

- Note and comment on the findings and recommendations of the KHWS midpoint evaluation.
- Support the proposal that the Strategy is brought to the Board in 6 months.
- Support the proposal that when the strategy is refreshed that the Health and Wellbeing Board provides a strategic steer on how this progresses.

8. Contact Officer

Lucy Wearmouth, Head of Public Health Improvement, Kirklees Council

Lucy.wearmouth@kirklees.gov.uk

Jo Hilton-Jones, Public Health Manager, Kirklees Council

Jol.hilton-jones@kirklees.gov.uk

This page is intentionally left blank