

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 22nd January 2026

Present: Councillor Beverley Addy (Chair)

In attendance: Lucy Wearmouth, Head of Improving Population Health,
Kirklees Council
Stewart Horn, Head of Children's Commissioning,
Kirklees Council
Adrian Wieniewski, Programme Manager, Strategy
Innovation and Planning
Ryan Hunter, Assistant Director of Strategy and Change
SWYFT
Victoria Vallance, Deputy Chief Executive Locala

Apologies: Councillor Carole Pattison
Councillor Ashleigh Robinson
Tom Brailsford
Sheran Loran
Rachel Spencer-Henshall
Steve Brennan
Liz Town Andrews
Izzy Worswick
Stacey Appleyard

24 Membership of the Board/Apologies

Apologies for absence were received on behalf of Cllr Carole Pattison, Steve Brennan, Rachel Spencer-Henshall, Liz Town Andrews, Cllr Ashleigh Robinson, Izzy Worswick Stacey Appleyard and Tom Brailsford.

**25 Minutes of the Previous Meeting
RESOLVED:**

That the minutes of the meeting held on the 25th September be approved as a correct record.

26 Declaration of Interests

No interests were declared.

27 Admission of the Public

All agenda items were considered in public session.

28 Deputations/Petitions

No deputations or petitions were received.

29 Public Question Time

No public questions were received.

30 Partner updates on actions taken following Health and Well-being board discussions

Brent Kilmurray, Chief Executive of Mid Yorkshire Teaching NHS Trust, informed the Board that the Trust is planning engagement work focused on the configuration of services across its three sites. The Trust will also be marking the 150th anniversary of Dewsbury Hospital at Staincliffe, with a series of events to highlight services provided at the hospital, celebrate the hospital's history, and involve the local community. Several key initiatives will form part of these celebrations, and Board members will be invited to participate. Mr Kilmurray further highlighted that the Trust is beginning to look ahead to the development of its clinical strategy for the next five to ten years, noting that there will be significant work undertaken over the coming year.

Cllr Addy informed the Board that an email has been circulated seeking members' views on how the Board should operate within the new structure, with particular consideration given to future membership. Board members were encouraged to share their thoughts and suggestions directly with Cllr Addy or with Lucy Wearmouth.

RESOLVED:

That Board member updates be noted.

31 Local Area SEND Inspection response and the Big SEND plan - Part 3

Stewart Horn, Head of Children's Commissioning, and Adrian Wisniewski, Programme Manager Strategy Innovation and Planning, attended the meeting to provide the Board with an update on the Local Area SEND inspection response and the Big SEND 15-26 Plan Part 3. In summary, the Board was informed that the information being presented is the third in the series of 'Big Plans' for children and young people with Special Educational Needs and Disabilities (SEND) for aged 0 to 25.

The Board received an update on the ongoing transformation plan, which set out how partners will work together to improve provision and outcomes for children and young people. The latest iteration of the plan had been developed in response to the SEND Area Inspection carried out by Ofsted and the CQC in June 2025. The inspection reviewed the full range of SEND provision across Kirklees, including

schools within the local authority, health providers, the ICB, and other partners. The findings highlighted inconsistencies in the support offered to children and young people and identified areas requiring improvement. These areas were formally set out in the inspection report and gave four areas to improve.

The Board was informed that the purpose of the update is to set out how the revised plan will be developed, what it will involve, and what will be required from partners and the wider system. The focus is on identifying how collective action across the system can deliver the changes needed to achieve the required improvements.

The Board was reminded that an initial draft of the plan had previously been presented due to the short timescale for responding to the inspectors. The revised version, containing additional detail, was brought back to further inform the Board. The Board had previously advised that the strengths already demonstrated should continue to be built upon, and therefore the same format has been used as with the earlier Big Plans. This approach has received positive feedback from both the inspectors and the DfE and has been recognised nationally as an example of innovation and good practice.

The Board was advised that today's item would provide a brief overview of the detail within the plan which has been fully endorsed by partners, despite the very tight timescale required to progress it. The Board was advised that this is not a new programme of work; partners have been collaborating on these priorities for a while and the current iteration builds on existing knowledge, established activity, and the feedback previously provided by the Board.

The Board was informed that a similar format to previous Big Plans has been used, because it was well-received and it provides a logical structure. The document begins by addressing an important question readers typically have regarding purpose and relevance, and this section has been kept concise. It was also recognised that although those involved in the work are familiar with it, not everyone will have a detailed understanding of what a local area SEND inspection entails, therefore this explanation has also been presented in a brief and accessible way. A further question asked was how this plan differs from the two existing Big Plans. The first Big Plan set out the overall five-year vision, reflecting feedback from young people who felt that the term "strategy" did not resonate with them. The Big Plan Part 3 focuses specifically on the collective actions required in response to the recent SEND inspection.

Kirklees benefits from a partnership comprising of many highly committed individuals who make a positive difference every day. While the system is not without its challenges and further work is required, there is dedication across services to improving outcomes for children and young people, and the inspection findings reinforced this position.

The inspectors reported that the partnership has a clear understanding of its current strengths and areas for development, and that existing improvement activity is already under way. However, the inspection also highlighted that additional work is needed to address the identified priorities in full.

The inspection highlighted that leaders across the partnership are highly ambitious for children and that services are developed collaboratively. Inspectors were particularly positive about the role of PCAN, the local parent carer forum, noting the strong and constructive challenge it provides. PCAN's contribution was recognised as both supportive and influential, with representatives involved not only in reviewing proposals but also in shaping the work from the outset.

The inspection also identified several key areas requiring further focus. These included, preparing for adulthood, communication, waiting times, and the quality and timeliness of Education, Health and Care Plans.

In developing the report, consideration was given to feedback previously provided by children, young people, families, and partners. Stakeholders had consistently expressed that, having already shared their views, they wished to see progress taken forward. This feedback has been incorporated into the development of the associated action plans.

Stakeholders also advised against producing an extensive action plan presented as a large spreadsheet, emphasising the need for a clear and straightforward outline of what actions will be taken and the timescales for delivery. As a result, the familiar roadmap format used in earlier plans has been retained to present the information in a concise and accessible way.

A tried-and-tested format has been used in developing the plan, with the visual roadmap approach proving effective in previous iterations. Each of the four priority actions is accompanied by a roadmap that follows the same structure and presentation style, ensuring consistency and ease of understanding.

The Board was informed that the plan represents a long-term programme of work. The inspection team were clear that the issues identified are not expected to be resolved within a 6–12-month period. As such, actions have been paced sensibly, with some elements scheduled to begin in later years and others identified as requiring immediate attention.

The first priority area considered is Preparation for Adulthood, including addressing existing inconsistencies in practice. Initial work began during the autumn, including information gathering, early engagement with partners, and scoping activity.

A peer review was carried out recently with colleagues from Wakefield and Doncaster, who came in and met with a range of partners in Kirklees to examine current practice and offer constructive challenge and suggestions for improvement. The feedback has provided valuable additional insight and will inform the next stage of development work.

The second priority area relates to waiting times, particularly for health services, an issue that was anticipated and is common across local areas. This presents a significant challenge and requires careful consideration of how services will operate within the evolving ICB and NHS landscape. Close collaboration with health provider partners is essential, with those partners leading on the design and delivery of the associated actions. This approach is intended to ensure that every

opportunity is taken to improve access for children and young people to the support they need.

Prioritisation work has been undertaken to identify the areas of greatest concern, particularly those with the longest waiting times. The most significant pressures were noted within Children and Adolescent Mental Health Services (CAMHS) and Speech and Language Therapy. These areas will form the initial focus for improvement activity.

The Board was informed that the work is being approached from the perspective of the child rather than from the viewpoint of individual services. The focus is on how outcomes are achieved, what is in the best interests of children and their families, and how support can be structured around those needs. The plan sets out realistic expectations regarding what can be achieved within the resources currently available. The approach focuses on making improvements in line with national trajectories, rather than committing to targets that would not be deliverable.

The next priority area concerns Education, Health and Care Plans (EHCPs). Significant progress has already been made when compared with the position one to two years ago, when waiting times were considerably longer and compliance with the 20-week statutory timescale was low. The current focus is a continuation of the existing improvement programme, with particular attention on enhancing the quality of information included within EHCPs alongside the continued effort to improve timeliness. Ensuring that plans contain accurate, relevant, and required information remains a key priority.

Further work is also being undertaken to strengthen the quality assurance processes for EHCPs, including improvements to the review process. The timeliness of reviews has been an area of weakness, with plans not always revisited as promptly as required. Demand for EHCPs remains high and continues to increase, adding further pressure to the system.

The Government is expected to publish a SEND White Paper in the near future, although the potential implications for EHCPs are not yet known. As a result, current planning is based on the existing framework. Even if national changes are introduced, implementation is likely to take time, and the immediate focus therefore remains on the current statutory processes and requirements.

The Board was informed that as work progresses into the spring, a key area of focus is the improvement of information systems and information-sharing between professionals. This has historically been a challenge, particularly in ensuring that the right information reaches the right practitioners at the right time. An enhancement to the current information system is being introduced in the form of a professional portal. This will allow individuals who would not ordinarily have access to the system, such as health professionals who cannot access local authority platforms, to use an interface designed to support more effective and timely information flow.

A parent portal is also planned for future development, which will help to address some of the communication challenges that have been highlighted. Parents frequently report frustration about not knowing their position within the system,

including where they are on a waiting list and what the next steps will be. The proposed portal will enable parents to log in, view progress, and access key information without the need to make enquiries by phone or experience unnecessary uncertainty.

The next area of focus is communication, which encompasses several dimensions. This includes communication between services and parents, as well as communication between professionals and partner organisations. It was noted that many individuals find it difficult to remain fully informed about developments across different parts of the system.

Work is underway to enhance communication by providing more regular updates and improving the 'Local Offer' to ensure that parents can access information in a single place. In addition, resources such as the 'What Works', in SEND guidance are being drawn upon to support the development of more effective communication and engagement approaches.

The Board was informed that in relation to monitoring progress and assessing the impact of the improvement activity, regular scheduled meetings take place with the Department for Education and NHS England. These meetings provide both robust challenge and supportive advice on the delivery of the plans. The partnership is committed to publishing public updates on progress at least four times each year and updates will be brought back to the Health and Wellbeing Board on a regular basis, as required. In addition, as SEND is a corporate priority for the local authority, progress is reported to the Executive Team every six weeks. In terms of the governance structure, the Health and Wellbeing Board sits at the top of the governance framework and serves as the ultimate oversight body for the programme.

RESOLVED:

That Stewart Horn and Adrian Wisniewski be thanked for providing an update on the Local Area SEND Inspection Response and the Big SEND 15 – 26 Plan Part 3.

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Changes to the Integrated Care Board landscape

Vicky Dutchburn, Interim Accountable Officer for the Kirklees Integrated Care Board (ICB), updated the Board on recent developments within the Integrated Care Board landscape. In summary, it was reported that there had been significant changes since the previous briefing and that work was now progressing at pace.

The Board was reminded that, at the last update, the process had been paused until the new financial year. However, in November 2025, the ICB was notified that the pause had been lifted and that the government expected the work to move forward.

The update will outline that the intention is not only to outline the changes taking place within the ICB but also to report on progress with ongoing work, alongside the continuation of business-as-usual activity. It was highlighted that although the organisation is undergoing significant change, work continues.

The Board was advised that the update would cover four key areas:

1) Organisational change

In relation to organisational change, this forms part of a much wider programme of change across the NHS, including NHS England and the Department of Health and Social Care. Although these wider changes will take place in due course, the ICB was required to go live and progress at pace.

As previously reported, across West Yorkshire, the organisation currently employs approximately 1,200 staff. The forthcoming changes will reduce this to around 600 posts, illustrating the scale of the organisational change required for the new structure.

Following the instruction in November that plans were to proceed, West Yorkshire took the decision to offer a voluntary redundancy scheme to all staff. This enabled the organisation to support colleagues while finalising the consultation documents for the proposed new structure. The voluntary redundancy scheme opened in November and closed at the beginning of December. In response, there has been a significant number of staff who have applied for voluntary redundancy and there are a significant number of staff who have been recommended for approval for voluntary redundancy. If those people take redundancy they will start exiting the organisation from next month.

Major organisational changes are expected to begin from next month. Some staff are still finalising their decisions regarding voluntary redundancy, and there are currently no firm figures available on the final impact. There remains however, a significant gap between the organisation's current staffing position and the level required for the new structure.

On 14 January 2026, the organisation opened the formal consultation on the proposed new structure for staff. A dedicated webpage has been created to support this process, providing access to the full consultation documentation, including the proposed organisational structures and draft job descriptions.

A wide range of support and information has been provided to staff through the dedicated consultation webpage. The organisation is now partway through a 45-day consultation period. In parallel with this, any staff who were not successful in the first round of voluntary redundancy have the opportunity to appeal.

The ICB will have three core functions. It 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 understanding inequalities and how they impact on service needs and utilisation. It involves a systematic approach to defining and measuring outcomes, using data and intelligence to make informed decisions about resource allocation and service delivery.

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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.

The Board was informed that the intention is to begin interviews from April this year. The formal consultation period will conclude at the end of February, followed by a two-week period of deliberation in early March. The final organisational structures will then be published, after which the executive team job descriptions will be advertised.

Recruitment to executive posts is expected to commence from the beginning of April, with subsequent recruitment for other staff groups taking place in stages through to the end of June. Each recruitment phase will have an approximate two-week application window; however, the executive director posts will have a shorter window of around one week, while bands 6 and 7 will have longer application periods due to the larger number of staff in those grades. The intention is for all interviews to be completed by the end of June. This timeline means that final staff exits whether through voluntary or compulsory redundancy will take place from July onwards.

From October, the new organisation will be fully implemented and will begin operating under the revised arrangements.

2) Place Provider Partnerships

The intention is that through 2026/27 the Place Provider Partnerships will operate in a shadow form. This will allow the system to establish the necessary governance arrangements, manage the transition of staff, and ensure that memoranda of understanding, contracts, and other required agreements are properly transferred and robust. This will support appropriate governance and due diligence with the providers who may ultimately lead these functions, recognising that final guidance from NHS England on the operating framework is still awaited.

From April 2027, the intention is for the new entities to be fully established, with contracts formally awarded to the relevant providers to enable the new arrangements to go live.

This work will also include close collaboration with local authorities and wider partners, with the intention of building on the strong partnership working already in place.

Alongside these developments, significant changes to governance arrangements will be required. Work is therefore underway to revise the current governance

structures at both the West Yorkshire ICB level and at place, to ensure they remain fit for purpose within the new organisational framework.

At the West Yorkshire level, the Board will move to a smaller membership with a more streamlined committee structure. The intention is for these revised arrangements to come into effect from April 2026. Further changes will then be required between late 2026 and early 2027 to formalise the final constitutional elements, meaning the governance transition will follow a two-phase process.

In parallel, work continues on developing the place-based provider partnerships. As previously referenced, there is an intention to establish a Place Provider Partnership for Kirklees. Current providers within Kirklees are already working closely together to support the development of this model and to ensure readiness for the new arrangements.

3) Operational Planning 2026/27

The Board was informed that as in previous years, the organisational planning process from NHS England commenced over the Christmas period. Although it began a few weeks earlier than usual which offered some initial benefit, the process is still ongoing. Despite the earlier start, it is not expected to conclude any sooner, largely due to further changes introduced by NHS England to the planning requirements and approach for this year.

Providers are required to submit their organisational plans directly to NHS England this year, while ICBs must also produce their own separate plans. A key challenge identified is that ICBs are no longer receiving provider plans in advance, which prevents the usual triangulation of finance, activity, and capacity to ensure alignment across the system.

To mitigate this, the system has put its own mechanisms in place to maintain oversight and ensure plans are coherent. It was emphasised that, although submissions will go separately to NHS England, the system must still ensure internal alignment; otherwise, there is a risk of significant discrepancies emerging when plans are reviewed collectively by NHS England or in partnership discussions.

Work is ongoing to meet the required deadlines, and partners across the system continue to collaborate closely as this year's approach carries a real risk of fragmenting long-established ways of working, particularly in how services are planned, delivered and coordinated. Without strong joint working, there is a potential to revert to siloed behaviours, however, partners have demonstrated continued commitment to working collectively, recognising the importance of maintaining cooperation and alignment during this period of significant organisational change.

4) Neighbourhood Health Plan

In relation to the development of the Neighbourhood Health Plans, The Board was informed that the intention remains for all nine planned Neighbourhood Health Teams to be operational by the end of the summer. Two additional teams went live in December, ahead of schedule, which was welcomed as a positive

development. The programme continues to benefit from strong collaborative working across the system, supporting the effective implementation of the neighbourhood model.

The Board was informed that the neighbourhood teams are actively sharing learning across the different areas, which is helping to strengthen and accelerate progress. As a result, the programme remains on track to meet the planned timeline and may even progress ahead of schedule, reflecting both the pace at which teams wish to move and the commitment across the system. Non-recurrent funding has been allocated to support this development.

Organisational development support is also being provided to the neighbourhood teams to enable them to take the work forward sustainably. This continues to be a highly collaborative programme, with funding contributions drawn from a range of partners, not solely the ICB. For example, some of the case worker roles referenced are being supported through partner-secured funding.

This work has been delivered in close partnership with local authorities and community services, ensuring it is genuinely collaborative in approach. Further updates will be shared with the Board over the coming year, and more detailed information will be included in the Health and Wellbeing Plan.

RESOLVED:

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

- 33 Update on of the Kirklees Health and Wellbeing Strategy**
- Lucy Wearmouth, Head of Population Health, provided the Board with an update on the Kirklees Health and Wellbeing Strategy. The Board was informed that the information being presented would provide background to the refresh process and, at a high level, set out the distinctions between the Health and Wellbeing Strategy, the Health and Care Plan, and the emerging Neighbourhood Health Plans, to ensure clarity about the role and purpose of each. The update would also set out the proposed timeline for developing the refreshed strategy and explain the approach to stakeholder engagement.

The Board was reminded that the current Health and Wellbeing Strategy runs until 2027, and Rachel Spencer-Henshall presented the midpoint review to the Board in September 2025. The Strategy remains a statutory requirement, with the Health and Wellbeing Board responsible for its oversight and implementation. It also continues to be one of the partnership's four key strategic documents.

The Board was informed that the update was being set within the context of the wider system changes outlined by Vicky Dutchburn. The refresh of the Health and Wellbeing Strategy will need to be carefully managed to ensure alignment with those developments.

Informal conversations have already taken place with several Board members to gather early feedback on the current strategy. This included reflections on

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opportunities for improvement, experiences of how the Strategy has functioned over the past three to four years, and views on how members would like to shape the next phase and how it could potentially change for the future.

The Health and Wellbeing Strategy sits at the highest level, providing the overarching strategic vision for Kirklees. It sets out the long-term direction for improving population health and defines the core priorities for the system setting out the long-term priorities for improving health and wellbeing in Kirklees. It is intended to be a short and focused document that provides overarching direction, sitting above the more detailed operational plans. Alongside this, the Health and Care Plan will continue to be developed and will ultimately evolve into the Neighbourhood Health Plan.

The Board was provided with the proposed timetable for developing the refreshed Strategy:

- Stakeholder engagement is scheduled to take place from September this year through to January 2027. This engagement will include Board members.
- The refreshed Strategy will then be brought back to the Health and Wellbeing Board for consideration and approval at the appropriate stages.
- Findings from the engagement activity undertaken in March and April 2027 will be used to inform the development of the revised Health and Wellbeing Strategy in June 2027.
- The final version of the strategy will then be presented to the Board in October 2027 for approval.

In terms of next steps, the first stage will focus on engagement with partners. This is expected to include gathering partners' feedback on the current Health and Wellbeing Strategy, including views on its strengths, areas for improvement, and opportunities for development. Input from the Board on these proposed areas of focus is welcomed.

Feedback will be sought on the existing strategy, including views on where changes could be made to strengthen and improve it, supported by the intelligence already available. It would be beneficial to establish a set of key principles to guide the development of the revised strategy, and these principles will be developed in collaboration with the Board.

Consideration will be given to the known challenges within Kirklees, as well as the strengths, assets, and existing gaps. Board members are also asked to reflect on their own organisational strategic priorities and those shared across the wider partnership. Stakeholder engagement will include Health and Wellbeing Board members, key partners, other relevant forums, and identified groups. Further feedback will be sought from the Board on any additional stakeholders who should be included in the engagement process."

RESOLVED:

That Lucy Wearmouth be thanked for providing an update on the Kirklees Health and Wellbeing Strategy.

