

Public Document Pack



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Commissioning**

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Wednesday 14 January 2026

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Council Chamber - Town Hall, Huddersfield** at **1.00 pm** on **Thursday 22 January 2026**.

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "S Lawton".

Samantha Lawton

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Wellbeing Board members are:-

Member

Councillor Beverley Addy (Chair)

Councillor Nosheen Dad Cabinet Member - Adult Social Care and Corporate

Councillor Carole Pattison

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

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 the Previous Meeting

1 - 12

To approve the Minutes of the meeting of the Board held on the 25th September 2025

3: Declaration of Interests

13 - 14

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: Local Area SEND Inspection response and the Big SEND plan - Part 3 15 - 26

The Board will consider the Local Area SEND Inspection response and the Big SEND plan – Part 3.

Contact: Jo- Anne Sanders, Service Director, Learning and Early Support and Adrian Wisniewski, Programme Manager

9: Changes to the Integrated Care Board landscape

The Board will receive a 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: Update on of the Kirklees Health and Wellbeing Strategy

The Board will consider a verbal update on of the Kirklees Health and Wellbeing Strategy.

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

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 25th September 2025

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

Co-optees

In attendance:

Observers:

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

14 Membership of the Board/Apologies

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

Helen Duke, attended as sub for Karen Jackson.

15 Minutes of previous meeting

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

16 Declaration of Interests

No interests were declared.

17 Admission of the Public

All agenda items were considered in public session.

18 Deputations/Petitions

No deputations or petitions were received.

19 Public Question Time

No public questions were asked.

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

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

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

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

The Board was informed that the 10-year plan and the recommendations from the DASH review, will require enabling legislation. The challenge for Healthwatch will be maintaining the motivation of committed staff and volunteers until April 2027. The issue for the Board is how it wishes to consider the role of the independent voice that is critical for service users moving forward, and in particular, it is critical for service users who are not confident with accessing or navigating the system.

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

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

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

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

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

Cllr Addy informed the Board that, upon taking on her role, she advocated for at least one in-person meeting each year. As a result, a networking event was held yesterday, with approximately 45 participants. This event provided a valuable opportunity for connection and collaboration among members from across the region. The event included representation from a wide range of organisations, including Luke's Lads in Batley, Tommy's in town, the Rural Veterans Hub, based near Denby Dale, and the newly established "The Served" in Slaithwaite. These groups engage with veterans and service users in an informal and socially supportive ways, contributing to a strong and inclusive network across the district. Representatives from the DWP, who have special service champions who work specifically with veterans were also in attendance.

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

RESOLVED

That Board members be thanked for providing updates.

21 Kirklees Healthy Working Life Programme

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

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

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

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

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

This work was established in response to national recognition of the link between health and employment. West Yorkshire was selected due to having some of the highest rates of unemployment related to ill health. While a reasonable level of funding has been confirmed for this year and for the Trailblazer programme next year, the details of future funding remain uncertain.

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

Due to the nature of the conditions, the greatest numbers of people are in the 50 plus age group, however, the group that is growing fastest in terms of people who are not in work due to ill health is young people aged 16 to 24. One of the distinguishing features of the approach in Kirklees, compared to other areas in West Yorkshire and the two other areas receiving accelerator funding, is a strong focus on

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supporting young people. It is also important to highlight that out of the people who are not currently working, who are classed as economically inactive, approximately one in four, it is because of long term, ill health issues.

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

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

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

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

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

RESOLVED:

That:

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

22

Changes to the Integrated Care Board landscape

Vicky Dutchburn, Interim Accountable Officer, Kirklees Integrated Care Board (ICB), informed the Board that the ICB landscape has been rapidly changing over the last week and the position has evolved since the last update. The Board was reminded

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that during the previous update, a detailed overview was provided regarding the organisational changes across West Yorkshire and the specific impact that would have for Kirklees.

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

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

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

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

Board members may recall that during the last update, attention was drawn to the scale of proposed changes, including a potential staffing reduction of up to 50%, with implementation expected to begin from October 2025. Concerns were also raised regarding the uncertainty around funding arrangements for any resulting redundancies. The current position with regard to redundancies is that there still remains a lack of funding for any redundancies this year and this is national. It is clear that it was never planned for national level to fund any redundancies, and it is unlikely that any funding will be coming down, from central to ICBs. It is expected that this will be funded from within existing resources.

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

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future planning assumptions for 2026/27 and beyond will need to incorporate this consideration, subject to the confirmed allocation."

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

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

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

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

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

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

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

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

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

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

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

RESOLVED:

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

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

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

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

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

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

The purpose of the initial review was to:

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

The general reflections were:

Strategic Ownership

- The vision remains relevant & widely supported, especially the focus on the wider determinants of health
- Some system-wide embedding of the strategy, but it could be further strengthened

Delivery and Accountability

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

Outcomes Focus

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

Key challenges and opportunities

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

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

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

RESOLVED:

That:

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

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KIRKLEES COUNCIL COUNCIL/CABINET/COMMITTEE MEETINGS ETC DECLARATION OF INTERESTS HEALTH AND WELL BEING BOARD			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	22 January 2026
TITLE OF PAPER:	SEND – Local Area SEND Inspection response
1. Purpose of paper	<p><i>Why is this paper coming to the Board and what do you want from the Board?</i></p> <p><i>This rationale needs to reflect the focus of the HWB agenda (note 1) and meet the planning criteria (note 2).</i></p> <p>SEND is of critical strategic importance to the partnership. The Health and Wellbeing Board has the Executive Governance for the SEND transformation programme.</p> <p>The Big Plan 3; Local Area SEND Inspection – what we’re doing next has been previously shared virtually with the board prior to publication. This is the earliest opportunity for a further strategic discussion with the board.</p>
2. Background	<p><i>What led up to this paper being discussed at the Board?</i></p> <p>A local area SEND inspection was undertaken last year.</p> <p>As a result of that, Kirklees needed to follow guidelines which meant quickly publishing an action plan outlining its intentions in response to the inspections findings.</p> <p>Positive feedback had been received from inspectors on our use of ‘The Big Plan’ approach. With this in mind, we followed that format in creating our response and an on line version can be found here - SEND – The Big Plan Part 3 SEND inspection – what we’re doing next How we plan for SEND Kirklees SEND Local Offer</p>
3. Proposal	<p><i>Describe what you think needs to happen and what you want the Board to do (note 3).</i></p> <p><i>Your paper needs to demonstrate how your proposal links to the achieving the aims and outcomes within the Kirklees JHWS, and reflect the ‘strategic thinking framework’ (note 4).</i></p> <p>The systemic change required means that the Health and Wellbeing Board has a pivotal role to play in championing and driving our joint ambitions for children, young people, parents and carers across Kirklees.</p> <p>The strategic discussion is intended to enable further joint understanding and inform operational delivery.</p>
4. Financial Implications	<p><i>If there are any financial or resource implications these must be outlined here.</i></p> <p>All Local Authorities in England face challenges with the financial implications for SEND. For many LAs these challenges are significant. Kirklees is no different.</p>

There are resource implications across the partnership as solutions require the system to work together and in different ways if success is to be achieved.

5. Sign off

Any report that is presented to the Board must be signed off by the appropriate senior officer (note 5). At least one Board member or invited observer should be involved.

Include details of who signed off the report.

Tom Brailsford, Director of Childrens Services, is also an HWBB member.

6. Next Steps

Say what will happen after the Board has discussed the paper.

Improved joint strategic understanding of progress, position and proposed next steps.
Board members further equipped to champion SEND across the partnership. Operational planning informed by Board views.

7. Recommendations

Set out your recommendations clearly and concisely. Remember focus of the HWB agenda (note 1), the agenda planning criteria (note 2) and what the Board can be asked to do (note 3).

Board members views are requested to support this critical programme within their organisations.

8. Contact Officer

Name, job title, email address and contact tel number

Jo-Anne Sanders

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Special Educational Needs and Disabilities (SEND)

SEND The Big Plan - part 3

Local area SEND inspection – what we're doing next





Why do you need to read this?

Because we want to let you know what we're doing following our local area SEND inspection – it's important to all of us and together we can make even more of a difference.

What's a local area SEND inspection

A local area inspection isn't just about the council, it's about each partner's role in working together.

A SEND local area inspection is a review of how well Education, Health, and Social Care services in a local area meet the needs of children and young people with Special Educational Needs and Disabilities (SEND). The inspectors are from Ofsted (Education and Social Care) and the Care Quality Commission (CQC) (Health).

They heard from parents, carers, children and young people as well as Education, NHS – Health / Locala, C + K Careers, Voluntary and Third sector such as PCAN (Parents of Children with Additional Needs), Children's Services including Social Care and other council services such as Adult Social Care. They also looked into areas in detail for themselves.

How is this different to the first 'SEND Big Plan' and 'SEND Big Plan part 2 - what's next'?

Each of these 'Big Plans' are written in a way that they can be read on their own but connect to the others. Our first Big Plan set out what we were doing over five years. The Big Plan Part 2 - what we're doing next, shared more detail about 2025. Our young people, parent carer forum (PCAN) and partners helped us create each of the Big Plans together.

In this, the Big Plan Part 3, we share key information about our recent Local Area SEND inspection and what we're doing over the next year. The inspection told us what we were doing well and what else is needed and where we can improve as a partnership.

This adds to the other Big Plans and doesn't mean we're not doing the things that our other plans have detailed.

Who is this for?

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

Why you?

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

How are we approaching the work?

We'll be working with all the organisations in our partnership mentioned above. We've also heard what our young people, parents and carers have said, "Don't keep asking the same questions when we've already told you", so we'll use what we've been told to shape what we do and how we do it.

We'll also continue to listen to the voices of our young people and work closely with PCAN. We'll look for opportunities to engage parents, carers and voluntary organisations as we go forward by connecting at key times on specific subjects.

You can see some examples in the roadmaps below, including the new youth forum that will meet in autumn 2025 as well as spring and summer in 2026. We will make sure that we are open about progress and challenges and share updates on the local offer so people can see what's happening.

We're looking to make sure our children, young people and their families have a consistently positive experience. That means the right things happening at the right times and the actions and milestones in our plans will help with that.

What did the inspection tell us

The inspection told us that we are inconsistent in how we deliver our SEND provision. They identified a lot of good work happening across the SEND transformation programme and four areas that we need to focus on. The full report can be found here: bit.ly/AreaSENDInspection



What did the inspection team tell us we are doing well

They told us that:

- A. Our leaders are highly ambitious for children and young people with SEND.
- B. We work well to create things together including with our parent and carer forum, PCAN.
- C. We 'knew ourselves' – our areas of strength and where we needed to improve further.
- D. They saw passion and dedication in Kirklees with people who work together to strive and make a difference for and with children, young people and their families.

They were very positive about many things including our Big Plan and cluster working. They said we put children at the heart of what we're doing and decision making - we listen to children and young people's voices and that means that children and young people shape local developments that affect them for example, our student's getting involved in the design of the rebuilding of their schools.

We also know there's lots more to do and we're extremely ambitious for every child and family in Kirklees.

What did the inspection tell us we needed to focus on

The local area SEND inspectors raised four areas of focus:

- Preparing for Adulthood (PFA);
- Waiting times for some health services (therapeutic services, mental health services and access to wheelchair services);
- Education Health and Care Plans (EHCPs); and
- Communication.

When we say therapeutic services, we mean:

- Speech and language therapy – helping with everyday talking, communication and understanding;
- Occupational therapy – helping with everyday skills like dressing, writing or using tools;
- Physiotherapy – helping with movement, strength and co-ordination.

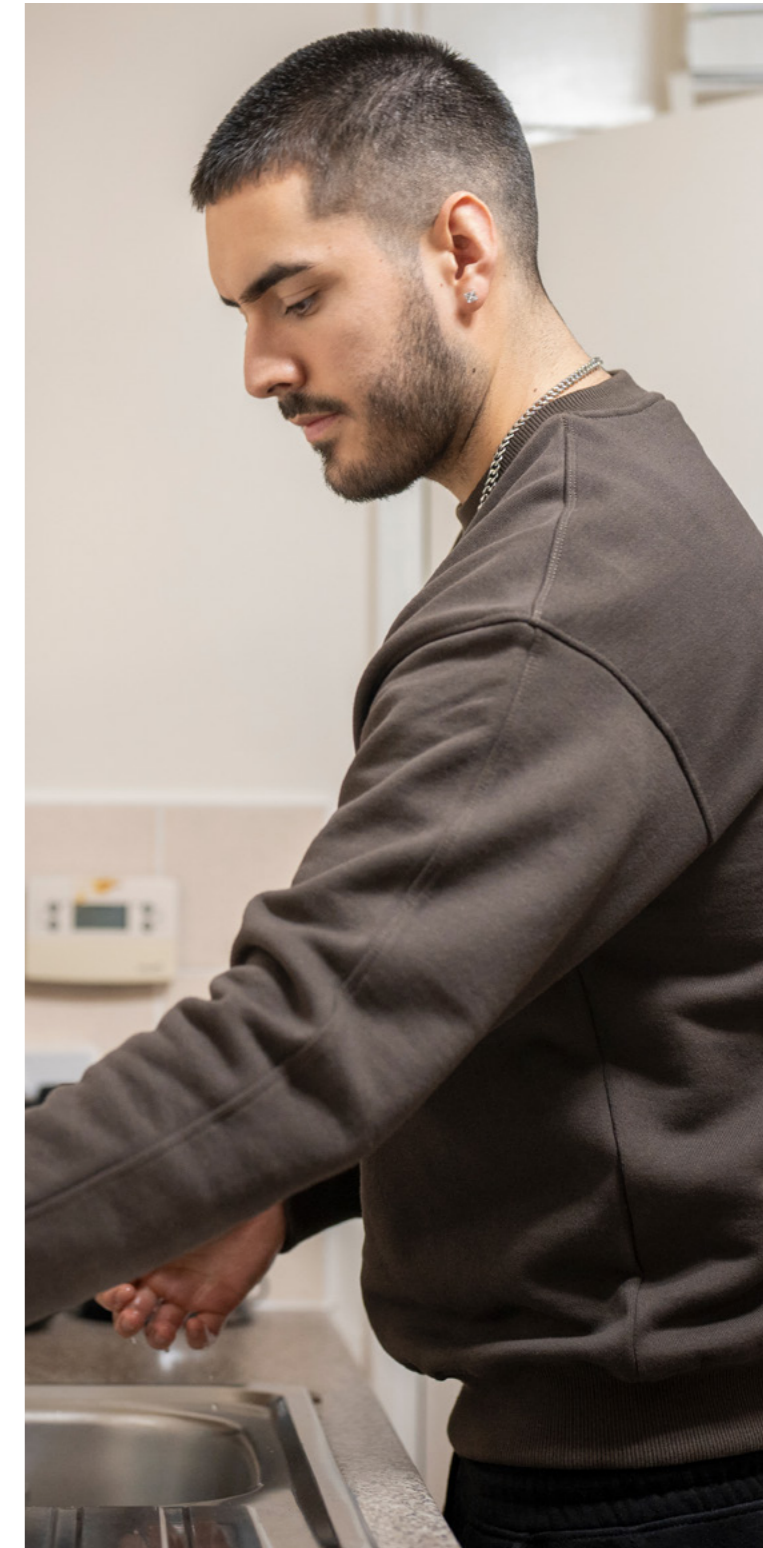
The wording in the report can be found here: bit.ly/AreaSENDInspection

We've listened to what you've told us before and what the report means to us is:

1. Leaders across the partnership should improve how effectively children and young people are prepared for adulthood by ensuring that:
 - We make a clear, joint, big plan about preparing for adulthood in a way that everyone knows how well things are going.
 - People who work in Education, Health (NHS including GPs / Locala) and social care, work together better and at an earlier age to help prepare the child or young people and their families for adulthood
 - Annual reviews of EHCPs show how children and young people will achieve their goals and be supported to fully take part in adult life.
 - There are enough choices for learning, jobs, and training after age 16, so children and young people with SEND can follow their dreams and interests.
2. The partnership should work quickly to improve its plans to reduce waiting times and then make it happen. The waiting times to focus on are therapeutic services (please see above); Child and Adolescent Mental Health Services (CAMHS) and access to wheelchair services.
3. The partnership should continue to improve how EHCPs are written, reviewed and updated and the difference it makes to the lives of children and young people.
 - This means getting clear information from children, their families, professionals in education, health and social care at the time its needed so that families get joined up support that works.
4. The local area should improve communication across the partnership, including making sure that:
 - Information is shared with parents and carers about help that fits their needs – whether that's things available for everyone or where extra help is needed; how long wait times for services are; and where they can get support while waiting.
 - Information is shared with partners that need to know about timescales, and decisions about young people's assessments and support that's needed.

What are we going to do next

Each of our areas of improvement are shown below so you can see our actions and when we will do them.



Preparing for Adulthood (PfA)

This work is being led by: Service Director for Learning.

The way we will check if we are making progress

We will review how partners work together (including through our peer review) and ensure there are clear and measurable outcomes for Preparation for Adulthood.

Effective forecasting, planning and preparation is evidenced in our SEND sufficiency plan.

SENDCos (Special Education Needs and / or Disabilities Coordinator) surveyed to confirm their confidence levels which then means training / support can be arranged.

Audits show improvement - Year 9 and above EHCP reviews have evidence of support from education, health, and social care professionals.

20% of new Education Health and Care Plans and Annual Reviews will be audited to ensure consistency and quality.

The number of young people with additional needs including those with EHCPs accessing Education, Employment and Training are in line with national and regional averages.

Spring

- From the outcomes of Peer Review, use recommendations to strengthen our Preparation for Adulthood action plan.
- Start to put in place arrangements to hear young people's views – this will give a clear understanding of their hopes and dreams to inform what extra things are needed for Education, Employment and Training pathways.

Autumn

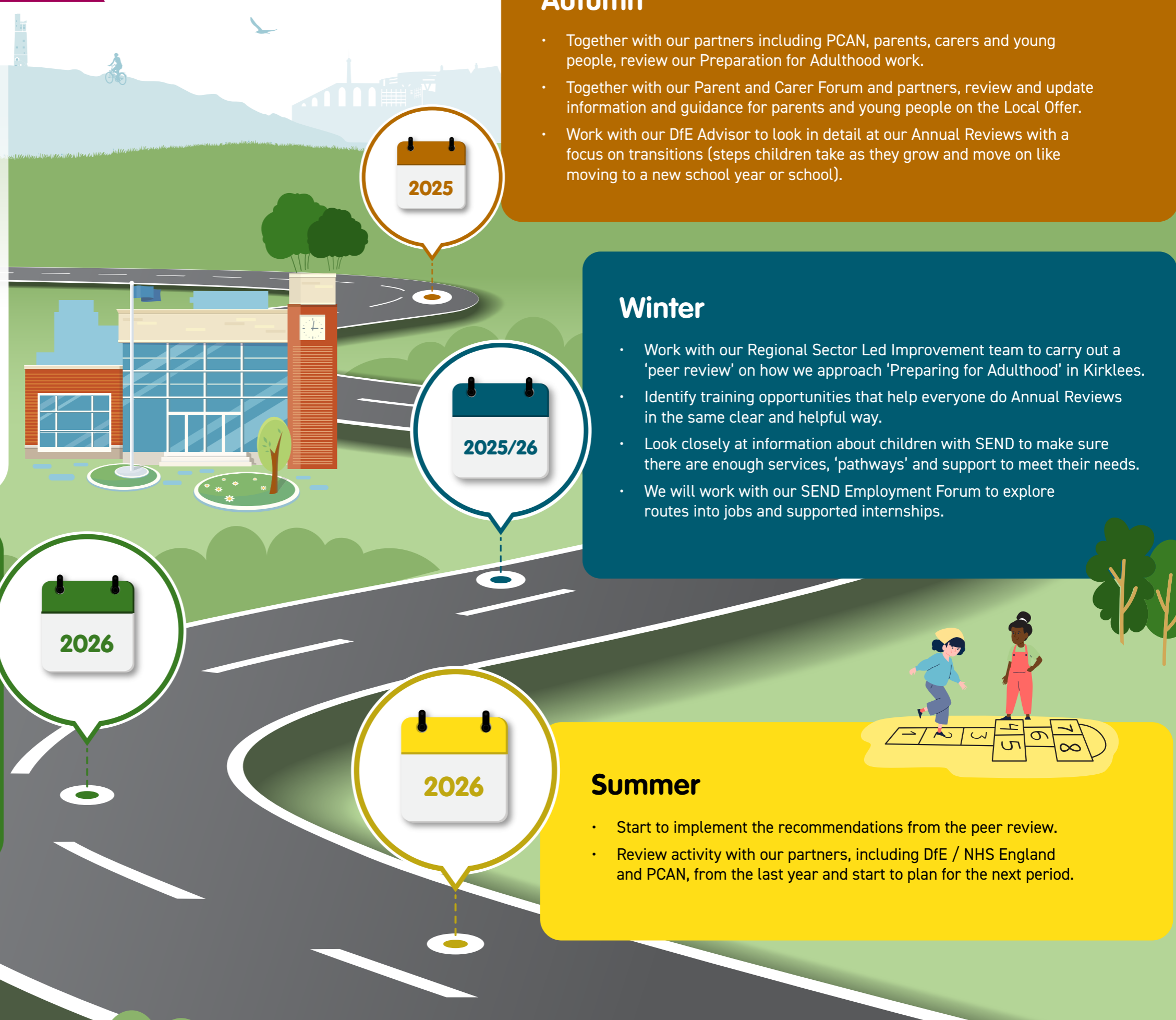
- Together with our partners including PCAN, parents, carers and young people, review our Preparation for Adulthood work.
- Together with our Parent and Carer Forum and partners, review and update information and guidance for parents and young people on the Local Offer.
- Work with our DfE Advisor to look in detail at our Annual Reviews with a focus on transitions (steps children take as they grow and move on like moving to a new school year or school).

Winter

- Work with our Regional Sector Led Improvement team to carry out a 'peer review' on how we approach 'Preparing for Adulthood' in Kirklees.
- Identify training opportunities that help everyone do Annual Reviews in the same clear and helpful way.
- Look closely at information about children with SEND to make sure there are enough services, 'pathways' and support to meet their needs.
- We will work with our SEND Employment Forum to explore routes into jobs and supported internships.

Summer

- Start to implement the recommendations from the peer review.
- Review activity with our partners, including DfE / NHS England and PCAN, from the last year and start to plan for the next period.



What are we going to do next – Waiting Times

This work is being led by: Head of Children's Integrated Commissioning.

The way we will check if we are making progress

Performance and waiting times of SEND Health services will improve in line with national trajectories.

Over time, a reduction in waiting times; reduction in referrals to specialist services; children, young people and parents feel they got the right help at the right time.



Winter

- Review the funding and contractual arrangements to deliver an effective and safe wheelchair service to meet the needs of the children.
- Begin to use the West Yorkshire Neurodiversity framework for autism and ADHD assessments.
- Develop a new dashboard which clearly describes performance and outcomes across the range of SEND Health services.

Autumn

- Progress our wheelchair improvement plan, host a service user engagement event and use 'one-off' money to help shorten the waiting list.



Spring

- From a child perspective, start to review what CAMHS and Speech and Language Services are offering now, how much is needed and how it can be improved.
- Share clear and easy to understand information about how long people have to wait for support so parents and professionals know what to expect.

Summer

- Work with children, young people, their families and key partners to improve 'clinical care' to support their mental health – this means things like support from therapists to help someone feel better.
- Create new ways to understand how well CAMHS are helping children and young people.
- Work together with families and partners to design a better wheelchair service.
- Review activity with our partners, inc DfE / NHS England and PCAN, from the last year and start to plan for the next period.



Autumn

- Review the effectiveness of additional short-term funding for wheelchair services.
- Building on previous work, develop a new way to provide therapy that uses expert staff in the best way. Help school staff, parents, and others learn how to support children with simple activities that make a difference.



What are we going to do next – Education Health and Care Plans

This work is being led by Service Director for Learning.

The way we will check if we are making progress

20% of new Education Health and Care Plans and Annual Reviews will be audited to ensure consistency and quality.

Improvement in the number of plans where related sections of Education Health and Care Plans are rated 'good' or better.

Surveys of confidence levels of partners.

Spring

- Improve Education Health and Care Plan ways of working to help everyone do things the same way.
- Children and Family Portal created to support documentation for Education Health and Care Plan sharing and improve communication and engagement with families and partners.
- We will, as a partnership develop practice standards focussing on contributions to EHCP reviews. This will include timeliness, quality of written advice, quality of decision making and any subsequent amendments.

Autumn

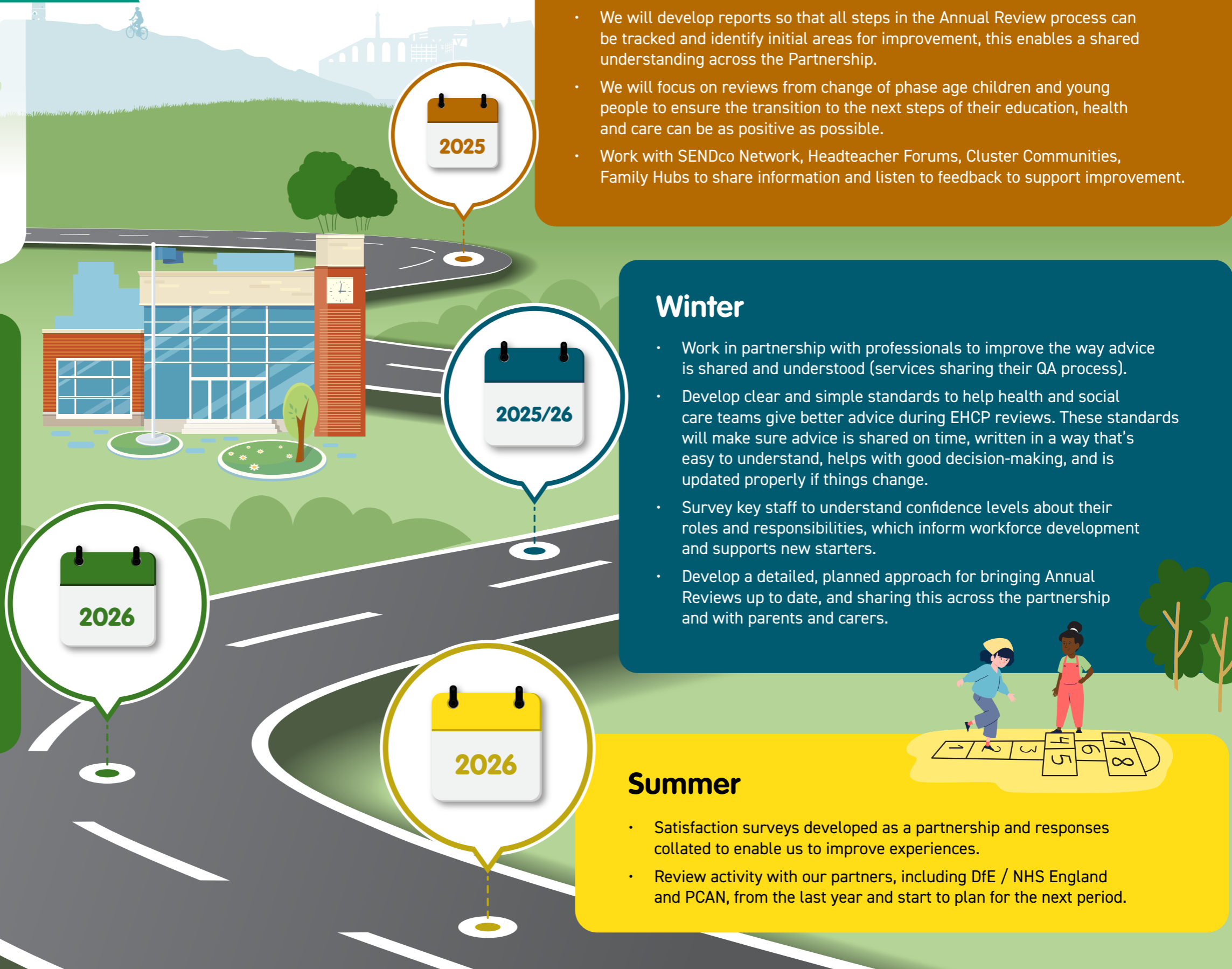
- Using our Quality Assurance Framework, we will continue to review the quality of new and existing EHCPs.
- We will develop reports so that all steps in the Annual Review process can be tracked and identify initial areas for improvement, this enables a shared understanding across the Partnership.
- We will focus on reviews from change of phase age children and young people to ensure the transition to the next steps of their education, health and care can be as positive as possible.
- Work with SENDco Network, Headteacher Forums, Cluster Communities, Family Hubs to share information and listen to feedback to support improvement.

Winter

- Work in partnership with professionals to improve the way advice is shared and understood (services sharing their QA process).
- Develop clear and simple standards to help health and social care teams give better advice during EHCP reviews. These standards will make sure advice is shared on time, written in a way that's easy to understand, helps with good decision-making, and is updated properly if things change.
- Survey key staff to understand confidence levels about their roles and responsibilities, which inform workforce development and supports new starters.
- Develop a detailed, planned approach for bringing Annual Reviews up to date, and sharing this across the partnership and with parents and carers.

Summer

- Satisfaction surveys developed as a partnership and responses collated to enable us to improve experiences.
- Review activity with our partners, including DfE / NHS England and PCAN, from the last year and start to plan for the next period.



What are we going to do next – Communication

This work is being led by the Service Director for Learning.

The way we will check if we are making progress

% of families reporting they know where to get help while waiting; % of children accessing interim support services.

A clear process is in place and audited annually to ensure all relevant partners are informed.

Autumn

- We're investing in extra expert communication help to develop a strong plan for sharing clear and helpful information with families and partners.
- We'll keep families and partners updated about important steps and events and look for new ways to share more useful information – like when building work starts.
- ISOS Partnership's 'What Works In SEND' first learning workshop with other Local Authorities.
- We will build a way of connecting with young people on a regular basis – we'll call this a 'Youth forum' and hold the first one in Autumn.
- Enable the electronic (Liquid Logic) portals for professionals to be made available to support Education Health and Care Planning.

Spring

- Youth forum held.
- Improve our systems so that parents and carers can talk with our teams directly about their children's needs.
- ISOS WWIS completed, lessons learned confirmed and future action / plans informed.
- Enable the electronic (Liquid Logic) portals for parents to be made available to support Education Health and Care Planning.

Winter

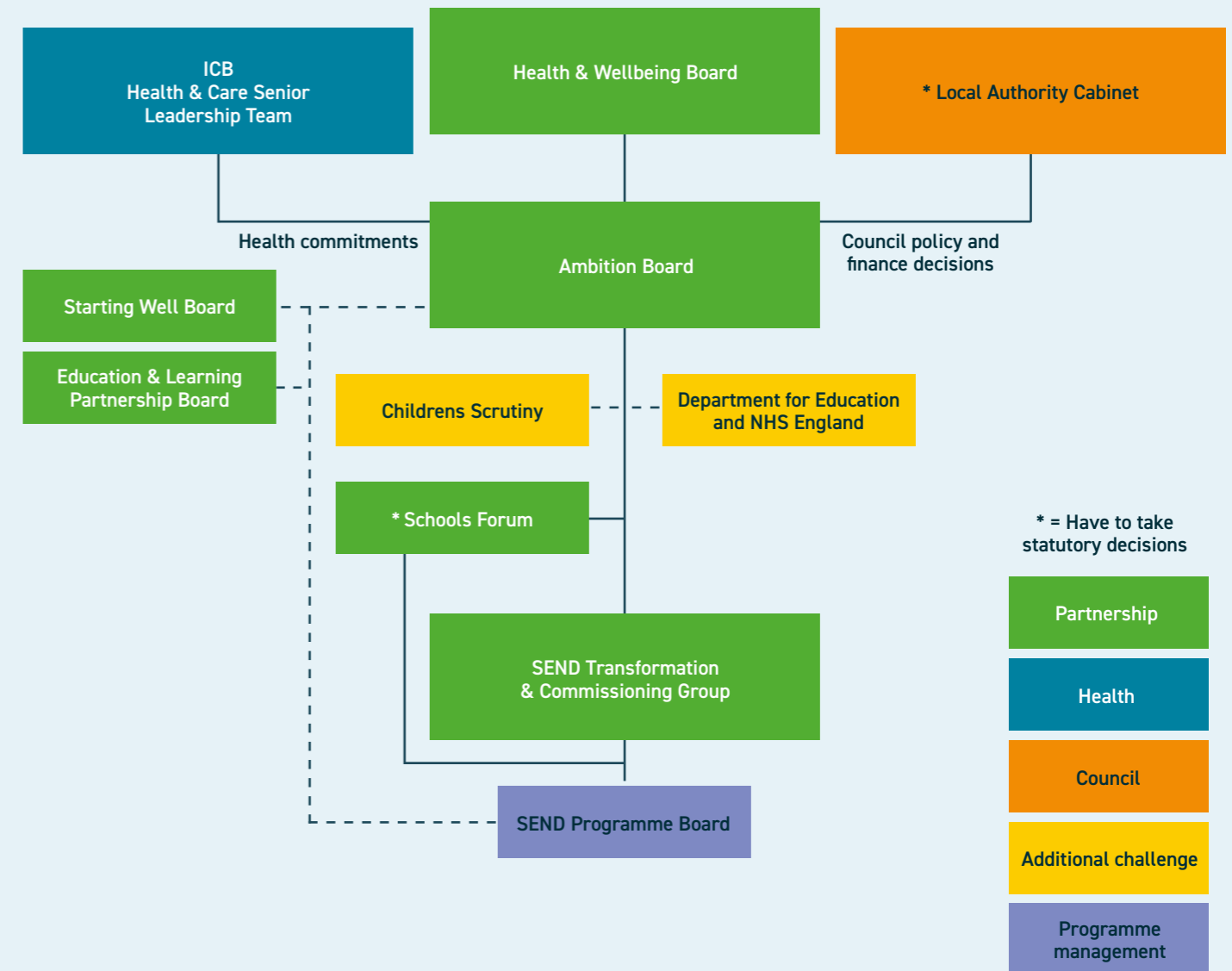
- Planned face to face regular engagement sessions in place.
- Hold a 'Local Offer Live event' where families can meet people who provide SEND support across the partnership, ask questions, find out what's available, join workshops and meet other families / share experiences.
- 'Day in the life of a carer' training delivered to workforce by Parents of Children with Additional Needs.

Summer

- Consider content of the Local offer and Families Together Gateway using a range of media (videos, bulletins etc) so that information and relevant support is easy to access.
- Review activity with our partners, including DfE / NHS England and PCAN, from the last year and start to plan for the next period.



How will we know we're keeping on track



How will we know we're keeping on track?

We will meet regularly with the Department for Education, NHS England and our Parent Carer forum representatives for challenge and support and we'll give public updates 4 times a year.

Consistency of experience across the partnership – making sure we do the right things at the right time for and with people in Kirklees is key. We'll use the 'measures' in the action plan above to help understand progress and challenges. We'll use the things our children, young people, parents and carers tell us to help change what we do and how we do it.

The work will be overseen by the Health and Wellbeing Board which has senior people from across our partnership. These include Councillors, the Voluntary sector, Police and Health as well as Council Services.

We will report into the Council's chief executive and directors every 6 weeks as well as reporting progress and challenges with our partners including the ICB, Education and our cross-partner Transformation and Commissioning Group.

The day-to-day work will be managed by the SEND transformation programme board.

We're extremely ambitious for our children, young people and families in Kirklees. The inspectors noticed our passion to make a difference and we're calling on all our partners to use all our joint energy to turn the Big Plan Part 3 into reality.



Kirklees SEND Local Offer
www.kirkleeslocaloffer.org.uk

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