

# Public Document Pack



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Wednesday 18 March 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 **2.15 pm** on **Thursday 26 March 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

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**Pages**

**1: Membership of the Board**

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

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**2: Minutes of previous meeting**

1 - 12

To approve the minutes of the meeting of the Board held on the 22 January 2026.

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**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.

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**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.

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**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.

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**6: 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. Cllr Addy to provide an update on actions from the informal membership discussion

**Contact:** Cllr Beverley Addy, Portfolio Holder for Public Health

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**7: Kirklees Adult Safeguarding Report**

15 - 16

To present the Kirklees Adult Safeguarding Report.

**Contact:** Robert McCulloch-Graham, Independent Chair, Kirklees Safeguarding Adults Board, Jacqui Stansfield, Service Manager Kirklees Safeguarding Adult Board.

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**8: Delivering integrated Neighbourhood Health through the Better Care Fund**

17 - 20

To update the Health and Wellbeing Board on the national requirements for the Better Care Fund (BCF) for 2026/27, set out how BCF planning in Kirklees is supporting the delivery of integrated neighbourhood health, provide an overview of the planning work currently underway, and to seek the Board's approval to delegate authority to enable timely submission of the BCF documentation.

**Contact:** Vicky Dutchburn, Interim Accountable Officer for the Kirklees Integrated Care Board, and Cath Simms, Service Director - Adult Social Care Operations, Kirklees Council.

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**9: Changes to the Integrated Care Board Landscape Update**

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

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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 25<sup>th</sup> 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

## Health and Wellbeing Board - 22 January 2026

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.

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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

## Health and Wellbeing Board - 22 January 2026

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.

**32 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

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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.

**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

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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.

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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 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.

## Health and Wellbeing Board - 22 January 2026

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.

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<b>KIRKLEES COUNCIL</b>  <b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b> <b>DECLARATION OF INTERESTS</b> <b>HEALTH AND WELL BEING BOARD</b>			
<b>Name of Councillor</b>			
<b>Item in which you have an interest</b>	<b>Type of interest (eg a disclosable pecuniary interest or an "Other Interest")</b>	<b>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]</b>	<b>Brief description of your interest</b>

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.

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>26<sup>th</sup> March 2026</b>
<b>TITLE OF PAPER:</b>	<b>Kirklees Safeguarding Adults Board Annual Report</b>
<b>1. Purpose of paper</b>	To present the <a href="#">Kirklees Annual Report 2024-25</a>
<b>2. Background</b>	<p>2.1 The Kirklees Safeguarding Adults Board (KSAB) is a statutory strategic partnership which brings together the main organisations working with adults at risk of abuse or neglect. Hosted by the Local Authority, its membership includes: the Council, West Yorkshire Police and Integrated Care Board, with further membership from NHS organisations, Housing, public health, West Yorkshire Fire and Rescue Service and a representative from independent providers. The Board has now welcomed a new member to represent Probation. Its core purpose is to help and protect adults at risk in its area.</p> <p>2.2 Each organisation actively plans and monitors its work around safeguarding, which contributes to evidence for the Board’s performance framework, each partner submits an Agency Highlight Report to the Quality and Performance Subgroup which details safeguarding and work stream activity from the last quarter. The subgroup also looks at multiagency audits, triangulating additional work required in to the other subgroups when required.</p> <p>2.3 The Board seeks assurance for each organisations approach to safeguarding adults through the Boards Annual Challenge Event and Substructures. The Strategic Delivery Group membership includes colleagues from other Strategic Partnerships such as The Kirklees Community Safety Partnership and Kirklees Children Safeguarding Partnership. Members from these partnerships also attend the Boards subgroups to ensure information is shared across the 3 boards.</p> <p>2.4 The KSAB annual report outlines the work undertaken by all of our partners to improve the lives of our citizens, to remove risk and encourage our communities to thrive. In so doing we continue to assure ourselves that our practices are relevant and safeguard those adults in need.</p> <p>2.5 The principal purpose of the Board’s annual report is to identify progress made over the past 12 months against the intentions laid out in the Board’s Strategic Plan (which is a rolling 3-year plan updated annually alongside the Board’s annual report), which lays out the Board’s work programme for the next 12 months</p> <p>2.6 At the beginning of 2024 the Board agreed the following shared objectives, concentrating on a number of areas of focus which had multi-agency priority importance, and which comply with our strategic priorities and cross-cutting themes. The Board continues to have full partner consultation working on our shared areas of need.</p> <p>The agreed shared objectives for 2024-25 were:</p> <ul style="list-style-type: none"><li>Supporting the workforce</li><li>Learning from Experience</li><li>Partnership Working</li></ul>

## Community and Public Engagement

It also looked forward to the new areas we committed to exploring in our 2025-26 Annual Report, including:

- Transitions
- Domestic Abuse
- Work with Families and Households
- Community Work and Community Networks
- Managing with Fewer Resources and Reduced Capacity

Our Vision is 'To work together to take action to keep the people of Kirklees safe from abuse and neglect - putting people at the heart of everything we do'.

2.7 The Annual Report is being shared for information to the Health and Well-being Board.

### **3. Proposal**

3.1 The document is being presented to the Health and Wellbeing Board as it is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.

3.2 As part of this role the Health and Wellbeing Board receives the KSAB Annual Report which helps to further develop a shared understanding of the Board's responsibilities and priorities and promote a relationship where issues of common interest and concern are shared and challenged, in a constructive and mutually supportive way.

### **4. Financial Implications**

None

### **5. Sign off**

Michelle Cross, Executive Director for Adults and Health, Kirklees Council

### **6. Next Steps**

The Annual Report has already been signed off by the members of the Board and is Published on the Kirklees Safeguarding Adults Board Webpages.

### **7. Recommendations**

To receive the Kirklees Safeguarding Adults Board Annual Report 2024/25.

### **8. Contact Officer**

Robert McCulloch-Graham, Independent Chair, Kirklees Safeguarding Adults Board.

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE: Thursday 26th March 2026</b>
<b>TITLE OF PAPER: Delivering integrated Neighbourhood Health through the Better Care Fund</b>
<b>1. Purpose of paper</b>  To update the Health and Wellbeing Board on the national requirements for the Better Care Fund (BCF) for 2026/27, set out how BCF planning in Kirklees is supporting the delivery of integrated neighbourhood health, provide an overview of the planning work currently underway, and to seek the Board's approval to delegate authority to enable timely submission of the BCF documentation.
<b>2. Background</b>  The Better Care Fund (BCF) is a national policy framework and pooled budget arrangement that supports closer integration between health, social care and housing. It brings together NHS and local authority funding to enable joint planning, commissioning and delivery of services that help people to stay well, safe and independent at home for longer, and to ensure they receive the right care, in the right place, at the right time.  In Kirklees, the BCF has been a long standing mechanism for integrated working and is embedded within the partnership's wider approach to system wide planning and delivery. The Fund supports delivery of the Joint Health and Wellbeing Strategy and the Kirklees Health and Care Plan, with a particular focus on the Connected Care and Support priority and the Ageing Well programme.  The BCF is an accounting and governance mechanism that aligns existing NHS and Council resources to support shared outcomes. In Kirklees, this includes funding for core adult social care services, intermediate care and reablement, support for unpaid carers, assistive technology and community equipment, housing adaptations through the Disabled Facilities Grant, and services that support hospital discharge and admission avoidance.  The Kirklees BCF has evolved over successive planning periods, building on strong partnership working across the NHS, the Council, providers, the voluntary and community sector, housing and other partners. The approach has consistently prioritised prevention, early intervention and personalised, asset based models of care. In recent years, this has included a growing emphasis on home first approaches, integrated intermediate care, proactive support for people living with frailty, and strengthening community based alternatives to hospital and residential care.  As national policy continues to place increased emphasis on neighbourhood based models of care, the Better Care Fund remains a critical enabler for delivering integrated neighbourhood health services in Kirklees. It provides both the financial framework and the governance arrangements needed to align health and social care services around local populations, priority cohorts and shared outcomes.

### 3. Planning Requirements (2026/27)

For 2026/27, the Better Care Fund planning requirements place a strong emphasis on supporting the delivery of Neighbourhood Health and integrated, place-based models of care.

#### Key requirements are:

- A Narrative Plan is required, setting out:
  - The local approach to delivering the BCF national objectives
  - How health and social care partners will work jointly
  - Governance and accountability arrangements
  - Alignment with Neighbourhood Health Plans and wider place-based strategies
- A Numerical Template detailing:
  - Performance ambitions against national BCF metrics (below)
  - Key expenditure categories
  - Funding and pooled budget arrangements
- National BCF Metrics for 2026/27:
  - Mandated metrics:
    - Non-elective hospital admissions for people aged 65 and over
    - Average length of discharge delay for all acute adult patients
  - Encouraged metrics:
    - Long-term admissions to residential and nursing care for people aged 65 and over
    - Proportion of people aged 65+ discharged with reablement who remain at home 12 weeks post-discharge (new metric highlighted)

#### Better Care Fund 2026/27 – Submission Timelines

- **24 February 2026** – Publication of BCF planning requirements, guidance and release of draft templates
- **17 April 2026** – Submission of draft headline plans for feedback (optional)
- **19 May 2026** – Final submission of Health and Wellbeing Board (HWB) plans
- **30 September 2026** – Section 75 agreements to be in place across HWB areas

It is to align with these submission timelines the delegation within the recommendations of this paper is being requested.

### 4. Planning Process for the Better Care Fund 2026/27

Planning for the Better Care Fund (BCF) 2026/27 has been undertaken through a joint, place-based approach, reflecting the increasing alignment between the BCF and the development of Neighbourhood Health in Kirklees. The process has been designed to ensure continued delivery of critical integrated services while responding to new national expectations and preparing for further reform from 2027/28.

A joint Better Care Fund Working Group is in place, with representation from Kirklees Council and the Kirklees Integrated Care Board. This group provides operational oversight of the

planning process and has been responsible for coordinating activity across partners, ensuring compliance with national requirements and maintaining alignment with wider system priorities.

The planning process has focused on four key areas:

- **Alignment with Neighbourhood Health**

BCF planning for 2026/27 is being developed alongside the emerging Neighbourhood Health Plan, recognising 2026/27 as a transition year. This has involved reviewing existing BCF-funded activity to ensure schemes support neighbourhood-based models of care, particularly for priority cohorts such as people living with frailty and those approaching the end of life.

- **Review of existing expenditure and schemes**

A detailed review of current BCF expenditure has been completed to understand how existing resources contribute to the BCF objectives and national metrics. Schemes have been assessed for their continued relevance, value for money and contribution to integrated working, with a focus on sustaining core services that support independence, hospital discharge and admission avoidance.

- **Development of performance ambitions**

Draft trajectories are being developed for the national BCF metrics required for 2026/27. The approach supports a shift towards improved reablement outcomes, reduced reliance on long-term residential care and improved system flow.

- **Narrative development and governance**

A narrative plan is being prepared to set out the local approach to delivering the BCF objectives, joint working arrangements and governance. This narrative is being explicitly linked to the Neighbourhood Health agenda to ensure coherence across place-based plans.

Throughout the planning process, partners have worked collaboratively to balance national requirements with local priorities, taking a pragmatic approach to integration during this transition year. Final plans will be reported to the Health and Wellbeing Board once planning work is complete.

## **5. Financial Implications**

Financial implications for the Better Care Fund (BCF) in 2026/27 is still in progress and remains at the planning stage. Initial work has focused on understanding the baseline position from 2025/26, existing commitments and how current resources may be aligned to support national requirements and the emerging Neighbourhood Health agenda.

At this stage, the draft position indicates that BCF funding will continue to support core integrated services, including adult social care, intermediate care and reablement, home-first discharge services, support for unpaid carers, assistive technology and preventative community-based provision. The emphasis remains on maintaining services and aligning spend to support neighbourhood-based models of care.

Further work is required to:

- Confirm final funding assumptions and minimum NHS contributions
- Review and agree the treatment of cost and demand pressures
- Finalise schemes under consideration for inclusion or realignment

## FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

- Complete assurance and governance processes ahead of submission

Final financial implications will be reported to the Health and Wellbeing Board once planning work is complete and national and local assumptions are confirmed.

### 6. Sign off

Michelle Cross - Executive Director for Adults and Health - Kirklees Council – 13/3/2026



Vicky Dutchburn - Interim Accountable Officer - Kirklees Integrated Care Board – 16/03/2026



### 7. Next Steps

- Finalise the BCF 2026/27 narrative plan and numerical template.
- Use delegated authority, if approved, to submit the BCF return to NHS England within required timescales.
- Progress Section 75 agreements development work.
- Provide full details of the submission to the Health and Wellbeing Board once complete.

### 8. Recommendations

That the Kirklees Health and Wellbeing Board:

1. Note the progress being made in the development of Neighbourhood Health in Kirklees and the alignment with Better Care Fund planning for 2026/27.
2. Receive a full update on the submission at a meeting in late summer or autumn 2026.
3. Delegate authority to Vicky Dutchburn, Interim Accountable Officer for the Kirklees Integrated Care Board, and Cath Simms, Service Director, Adults and Social Care Operations at Kirklees Council, in consultation with the Chair of the Health and Wellbeing Board, to complete and submit the Better Care Fund 2026/27 narrative plan and numerical template to NHS England on behalf of the Kirklees Health and Wellbeing Board, ensuring submission within required national timescales.

### 8. Contact Officer

Vicky Dutchburn, Interim Accountable Officer for the Kirklees Integrated Care Board.

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