

Contact Officer: Jenny Bryce-Chan

**KIRKLEES COUNCIL**

**HEALTH AND WELLBEING BOARD**

**Thursday 29th June 2023**

Present: Councillor Viv Kendrick (Chair)  
Councillor Musarrat Khan  
Councillor Mark Thompson  
Rachel Spencer-Henshall  
Richard Parry  
Carol McKenna  
James Creegan  
Christine Fox  
Superintendent Jim Griffiths  
Liz Mear  
Alasdair Brown

In attendance: Lucy Wearmouth, Kirklees Council  
Rebecca Elliott, Kirklees Council  
Vanessa Taylor, University of Huddersfield  
Alex Chaplin, Kirklees Council  
Owen Richardson, Kirklees Council  
Julie McDowell, Kirklees Council  
Matt England, Mid Yorkshire NHS Trust  
Rachell Milson, West Yorkshire Health, and Care Partnership  
Mark Hindmarsh, West Yorkshire Health, and Care Partnership  
Matt Whitaker, West Yorkshire Health, and Care Partnership  
Mary Wishart, Locala  
Vicky Pickles, Calderdale, and Huddersfield Foundation Trust  
Izzy Worswick, South-West Yorkshire NHS Foundation Trust  
Rebecca Gunn, Kirklees Council  
Priti Gohil, Kirklees Council  
Shannon Kennedy, Public Health Specialty Registrar, Yorkshire, and the Humber

Apologies: Councillor Carole Pattison  
Stacey Appleyard  
Nicola Goodberry Kenneally  
Len Richards  
Dr Khalid Naeem

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### 1 **Membership of the Board/Apologies**

Apologies were received from Karen Jackson, Sean Rayner, Catherine Riley, Stacey Appleyard, Dr Nick Hardiker and Nicola Goodberry Kenneally.

Mary Wishart attended as sub for Karen Jackson, Izzy Worswick attended as sub for Sean Rayner, Vicky Pickles attended as sub for Catherine Riley and Vanessa Taylor attended as sub for Dr Nick Hardiker.

### 2 **Minutes of previous meeting**

That the minutes of the meeting held on the 30 March 2023, be amended to reflect that Sean Rayner was in attendance.

### 3 **Interests**

No interests were declared.

### 4 **Admission of the Public**

All agenda items were considered in public session.

### 5 **Deputations/Petitions**

No deputations or petitions were received.

### 6 **Public Question Time**

No public questions were asked.

### 7 **Director for Public Health Annual Report**

Rachel Spencer-Henshall, Strategic Director Corporate Strategy, Commissioning and Public Health, informed the Board that it is the responsibility of the Director for Public Health to produce an annual report, and the 2022/23 annual report, is entitled 'Poverty Matters'.

The Board was informed that although there has been some reduction in for example, the price of fuel, things are not necessarily getting better for people in terms of food inflation, and the situation with regard to mortgages and rents is getting worse.

Citizens Advice reported an unprecedented request for support, particularly from those who had reached crisis point. The findings suggests that even though people were going to Citizen Advice before this period, people are reaching crisis quicker and there are more people in crisis and the demand is becoming greater.

There have also been reports from Healthwatch, highlighting that people are avoiding NHS appointments due to the cost of travel, and in some cases even the cost of phone calls are proving challenging. In addition, there are reports of a few people unable to take up prescriptions and potentially not visiting the dentist.

This creates many things that could have been mitigated in Primary Care through use of prescriptions or access to dentistry, and that might ultimately impact on the system in terms of more people presenting at A&E.

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There has been twice as many referrals into food banks through the Welfare and Exchequer Team, and that is only the ones known about within the system, and not what is happening outside of the system. Demand is high for all of those things.

The Board was informed that lived experience has become a bit of a 'buzz' word in terms of how to describe getting the view of people. It is however, fundamentally having a conversation with people who are experiencing this and getting a sense of what it is like for them to be in poverty.

It is important to thank the 12 people who contributed to this annual report, who were as open as they could possibly be about what they were experiencing, and the report could not have been written without them. They were brutally honest about how it was affecting them day-to-day of a life being in poverty. They came from a range of different backgrounds and were in many different situations across the whole Kirklees district.

Many of the individuals had received support via the Local Area Coordination Teams, which is a partnership agenda, run in the council alongside health colleagues and Social Prescribing Link Workers.

The main theme that came out of the report was that people were struggling around household bills and general finances, which resulted in skipping meals, buying food that was out of date and as reduced as possible. Occasionally, this was on the basis of hoping that the produce was going to be all right, knowing there was probably a level of risk, as in some cases it might have gone off.

There was a lot of hope, and sometimes there was a tendency to ignore the positives when thinking about the negatives, and there was a hope that things were going to get better.

Mental health issues were highlighted as a result of living in poverty, and people were describing that in different ways. Sometimes it was about anxiety, sometimes it was about depression, however, mental health was an important issue.

Travel costs were highlighted as a barrier to access to services. It was not necessarily that the services were not available or open and accessible for people in terms of the times that were available, it was actually the cost of getting to the services that was a challenge.

Issues with housing was raised particularly in respect of relationships with landlords. For example, in some cases, it was the ability to afford rent, and the fact that rent was often being increased and there were dampen mould issues. There has been a number of tragic cases around the health impacts of damp and mould, which has highlighted the quality of housing in the district.

Not all the individuals had the same family circumstances, however, there was a strong will to protect the children in those families from the impact of poverty. It is hard to experience something that is causing stress while having to be a different person in front of your children. The knock on effect for that was potentially a level of

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social isolation because for family members when they were with others and when they were with their children, they were showcasing that everything was alright. That puts a huge pressure on people, and it makes it difficult for them to connect to people and to ask for support.

There are strong communities in Kirklees, and for some people, which was the difference between surviving and not surviving, in terms of the crisis that they were in. It is important to remember the role of the voluntary and community sector as being pivotal in supporting people in these crisis situations.

Finally, work opportunities, and ensuring the right work was out there, because while there is some work opportunities, it may not necessarily be the right type, for example, the family friendly element of work and there are a few recommendations around that.

The Board was shown a video which articulated the summary of findings and the key themes. The Board was informed that there is a webpage where people can find the full report and it should be reasonably easy to navigate. The webpage gives an outline on why poverty matters and more on the statistics around what poverty does in terms of the data.

It has the national context, and given that the national context changes quite quickly, it will be as up to date as it can be. It also includes the local context which brings in some local data and local intelligence in terms of what is happening around poverty. It includes the case studies articulated, documented as a day in the life, to show an individual's day to day existence, and how poverty is manifesting itself in some of their choices and actions. There are also case studies from partner organisations. Board members were encouraged to have a look at the webpage and use it within their organisations going forward.

The Board was informed that as part of creating this, a number of community organisations were consulted, particularly the Community Anchors who were fundamental alongside TSL colleagues and others during the pandemic. Case studies were provided from all of those about what they have been experiencing as service providers. This gives a perspective from both the individuals themselves and the organisations that are out there on the front line providing support.

The recommendations were formed based on all the intelligence that came from both the individuals and those organisations, to hopefully get a set of actions to take forward as a Kirklees system.

The following information was given by residents as what would make life easier and how best people can be supported with the cost of living crisis:

- Support with the cost of living - targeted support to mitigate the increases in costs of food, rent, and utilities
- Value lived experience - professionals and decision makers need to gain a deeper understanding of the reality of living in poverty
- Access to services – give more thought to cost issues, (such as travel) in service design and delivery

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- Person and Community centred support – prefer face to face support from a consistent and trusted person
- Help into employment – applying for roles, more flexible working opportunities, affordable childcare, and support with costs such as DBS checks
- Free spaces to connect - community spaces to socialise without spending money
- Access to good quality affordable homes – poor quality and precarious housing impacts on people’s physical and mental health, secure tenure is important

There are a few examples of recommendations, and some are national policy suggestions, and it is how to take those forward. An important factor will be putting health equity and wellbeing at the heart of any kind of planning; and understanding the impact on health and wellbeing in terms of policy decisions.

For the health and care system specifically, it is having a commitment to tackling poverty, and even though many of the wider determinants of health are more challenging for the health and care system, it should not preclude taking and seeing action around them. In addition, looking at inclusive and sustainable economic change, which links with the economy and economic strategy for Kirklees going forward. Again, using these views to help to co-design and develop better communications and better services and championing that lived experience.

There are a few examples for organisations working in Kirklees, which is much based on the case studies:

- Identify the need for, and promote uptake of, the full range of targeted statutory financial assistance that already exists
- Adjust debt collection processes towards being sensitive to the financial and mental health needs of communities and customers
- Engage and involve communities and the voluntary sector in the assessment of current services/interventions, and the development of new ones
- Consider how to embed support with rising living costs into clinical pathways
- Explore opportunities for developing poverty aware practice in workforces

The Board was informed that for individuals who want help, there is some guidance for frontline staff, for example Third Sector Leaders (TSL). TSL can help around volunteering opportunities for individuals as well as support available for people filling in documentation or just to listen. Poverty matters, and just doing one thing won’t make it go away, it is looking as a system at the various influences each organisation has, to be able to improve things?

The Board was asked to use and disseminate the report and use it where it is likely to have the most impact.

### **RESOLVED:**

That the Board acknowledges its responsibility to disseminate and use the information.

That Rachel Spencer-Henshall and colleagues be thanked for providing an update on the Director for Public Health Annual Report 2022/23.

**8 Kirklees Health and Wellbeing Strategy Update**

Alex Chaplin gave a brief update on the Kirklees Health and Wellbeing Strategy (KHWS), advising that following feedback from the March Board meeting regarding the approach, the intention is to reaffirm the approach to the updates.

The Board was reminded that at the sign off for the KHWS in September 2022, the Board asked for an in-depth update on one priority, and summary updates on the other two priorities at each meeting rotating.

At today's meeting, the main priority update will be on Healthy Places, and a summary update with a RAG rating will cover Connected Care and Mental wellbeing.

The priority update will include:

- A general overview of work under the priority and optional area(s) to highlight in detail, successes, challenges, and requests for support

The two summary updates will be brief, limited to one slide each and may include:

- A general overview, an area to highlight, successes, challenges, and requests for support

The intention is to assess how the update is working, and if required, undertaken a review at the September 2023, board meeting.

Mental Health

Rebecca Elliot, Public Health Manager, gave a brief update on the Mental Health priority, advising that a further, more detailed update will be provided at the July board meeting.

The Board was reminded that the last mental health deep dive was in January 2023, where information was presented on the Primary Care mental health transformation piece of work, and the aim of today's summary update is to share some of the successes. There is now a new serious mental illness and physical health and wellness team across Kirklees, which is inviting people who are on the serious mental illness register to attend for a physical health check with their GP. In some Primary Care Networks, this is already having a significant impact, and this might be an area that the Board may want to hear more about in July.

In terms of suicide prevention, we are in the middle of a really insightful and successful suicide bereavement quilt roadshow, which is taking place across many different communities in Kirklees, this will conclude on the 6th of July. It has proved fruitful and insightful to hear from communities about having conversations around suicide in the district and tackling that stigma. That has been really positive.

One of the VCS organisations, Community Links, has a project called 'Men's Talk,' which is providing a mental health theatrical production around lived experience of mental health, which is now receiving national recognition. It is important to show

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that there are some new innovative ways of talking about mental health.

In terms of milestones coming up, a review of mental health community options contract is being undertaken, and just linking in with the DPH report on poverty, it is recognised that, poverty is both a cause and consequence of mental health.

With any commissioning that is about to be embarked upon, it will be important to think about poverty and looking through the poverty lens throughout any mental health work. The 'I' statements of the strategy will be taken to the Mental Health Alliance in August, to try and get some traction on how to tangibly take forward some of the issues within the strategy, and ask other partners to take some of these suggestions forward.

In terms of lived experience, it important to work with people across the district with experience of mental health to inform not only what we do but how we do it. The service user arm of the Mental Health Alliance is well underway, and just wanted to share what is happening because it is a positive step forward that is vital to the work around mental health.

The Board was asked that if there was a particular area of focus for the deep dive into mental health at the July Board meeting, to contact Rebecca Elliott.

### Connected Care and Support

Rachel Millson, Senior Strategic Planning and Development Manager provided a summary update on the progress made on the Connected Care and Support priority. The Board was informed that one of the key achievements since the last update was the development of the Health and Care Plan which was signed off by the ICB board in May 2023.

There has been a system wide event focusing on discharge pathways, thinking about a move towards advocating a home first approach to discharge. There are ongoing discussions through the Health Inclusion Network, again focusing on health inequalities and the impact of poverty and thinking about how collectively partners can come together and agree some actions around reducing inequalities across the system.

There is ongoing work being undertaken around the community services contract and the review phase. This has now been completed and it is into the design phase, looking at how the future service specifications will be built and what the future services will look like.

In terms of upcoming milestones, there is ongoing work around some of the implementation of the Health and Care Plan, which is through the strategic themes which are the 'wells.' Further details on this will be provided at agenda item 9, Health and Care Plan update. There will be more follow up conversations around discharge and help inclusion and looking at the response to the primary care access recovery plan that was published last month.



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### Healthy Places

Lucy Wearmouth Head of Improving Population Health and Julie McDowell, Active Citizens and Places Officer, attended the meeting to provide an update on the Healthy Places priority.

The Board was informed that it is recognised that environmental factors impacts on a person's ability to be physically and mentally healthy, and housing, green space and how safe a person feels in their local area all has an impact on their ability to lead a healthy life.

There is significant evidence in Kirklees and nationally, around the fact that people who are living in more deprived areas are more likely to live in poor quality housing and are more likely to report that their housing is unsuitable for their needs. Even if they live in a deprived area and live near to green space, they are less likely to access that space. In terms of food, it will be harder to access healthy, nutritious, affordable food and there are more likely to be many hot food takeaways within the local area.

The ambition through the KHWS:

“The physical and social infrastructure and environment supports people of all ages who live, work or study in Kirklees to maximise their health opportunities and to make the healthy choice the easy choice”.

The Board was informed that there are a number of success indicators associated with the ambition, many of which come from the Currently Living in Kirklees (CLiK) survey. This is to understand the impact and the difference being made by the work across the partnership. The success indicators includes things like air quality, overall satisfaction with the local area, use of parks and green spaces, and levels of physical activity for children and adults.

The Board was directed to the presentation which outlined the 'I' statements and the evidence to demonstrate how the 'I' statements were being achieved across the system.

The 'I' statements include some of the following:

“ I would like safe accessible local places where I can meet friends and we can do activities together regardless of age and abilities”

“ I would like to access affordable activities that I can do with my children that help us to be physically and mentally fit”

The Board was shown a short clip on delivering the 'I' statements entitled “Magic in the Community”, and advised that the Everybody's Active Team in the Council is facilitating this through training community partners, younger people with long term health conditions are also taking part as well. There are new groups being set up all the time for example, the Windybank Estate, Dewsbury Hospital, and the Mission in Huddersfield.



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The Bread and Butter Thing, is a good example of working with local communities to understand their local needs and offer a variety of opportunities. The scheme is an affordable food scheme that offers cheap, nutritious, affordable food across hyperlocal places in Kirklees. Residents can access three good bags of food for £8.00 and anybody can be a member.

It is coming up to the 10<sup>th</sup> scheme in Kirklees and the following is an example of what has been delivered between March 2022 and December 2022:

- 1603 people have shopped with the Bread and Butter Thing and that has created 3555 volunteer hours

One of the important aspects of this scheme, is that it is run by the community and one unexpected consequences of this work, was it was not just about enabling residents to access affordable food, it is also helping to connect people within their local area.

The Walk Wheel Ride hub, is another example which aims to give people advice and inspiration to travel on foot, bike, scooter, or wheelchair. It is a virtual hub that will be a one stop shop for people of all ages and abilities in Kirklees, and is hosted and being developed by EPIK which stands for environmental projects in Kirklees.

In addition to the 'I' Statements, there are also the six key factors which includes inequalities, shaped by people, poverty, digital, housing and climate emergency.

Shaped by people, which is one of the Council shared outcomes, and was written by local people and it's their aspirations for how they would like to describe and measure improvements in local places and what they want to see there. What has been developed in Kirklees is the place standard tool kit and action plan, which is a way of having conversations with local communities about places, asking them about how they feel about a place and their experience of living in that place. Ten thousand people have taken part in a conversation across Kirklees, across 25 activities.

In terms of the next steps, the Board is asked to help promote the statements and sign up to this. There are challenges with the budget and recruitment, and it is recognised that place based work can be seen as a challenge because it is across services and partners, however that is also a strength.

There are three asks of the Board today:

- 1) To comment on, and help shape the direction of delivery against the healthy places priority
- 2) Consider how board members can support the delivery against the healthy places wellbeing priority
- 3) Further develop regular feedback mechanisms to monitor progress and identify gaps for healthy places

**RESOLVED:**

That Alex Chaplin, Lucy Wearmouth, Julie McDowell, Rebecca Elliott, and Rachel Millson be thanked for providing an update on the Kirklees Health and Wellbeing Strategy and associated priorities.

**9 Health and Care Plan Update**

Rachel Millson, Senior Strategic Planning and Development Manager provided an update on the Health and Care Plan, advising that the aim of the update is to pull out some key points around how the design was approached, as it has been done differently; and key points in terms of some of the development areas.

In summary, the Board was advised that the Health and Care Plan outlines how the Kirklees Health and Care Partnership, will collectively make changes over the next five years to deliver on the Connected Care and Support priority within the KHWS. A different approach was taken in the development of the plan this year, as the aim was to make sure it was a systems plan that was representative of all of the partners within the health and Care Partnership.

- A system planning group leads on the development of the Health and Care Plan, with a nominated lead from the different partner organisations that sit on the Health and Care Partnership
- A principal was adopted early on to build on what was already in place rather than start with a blank sheet of paper
- Work was undertaken with the program and transformational leads from across the system to understand what they were doing and what their next steps would be, and use that as the starting point for the development of the plan
- An iterative approach was taken to the process, in terms of developing something and then checking back with people, and then developing it and refining it going along and continuing to work with those nominated leads and with the transformation leads, linking into the work that is been undertaken across West Yorkshire in terms of the development of their Integrated Care Strategy and the Joint Forward Plan
- The principle taken, is that it is a live plan and although it has been signed off, the work does not stop, it continues, it is updated and refreshed annually
- At the end of the process when it was signed off, there was a reflective session to understand if there were things that could have been improved and to make sure everybody was involved that needed to be

The Board was informed that a number of different groups and committees have had the opportunity to comment as it was being developed. It was finally signed off by the Integrated Care Board (ICB) Committee on the 10th of May, and these are the priorities that are within it.

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System wide strategic themes/programmes – starting well, living well, aging well  
Priority actions – improving access to health care, holistic approach to out of hospital care, crisis response and workforce.

The Board was informed that within the plan, the first two years are very detailed in terms of the changes to be made and the last three years are more outcomes based and aspirational. Another key point to note, is that the I statements have been integral to the development of the plan.

Mark Hindmarsh and Matt Whittaker, Kirklees health and Care Partnership, provided further detail on the priority programs. The Board was informed that the priorities link directly back to the Health and Wellbeing Strategy, working closely with colleagues in public health and using that as the basis for making some choices about where the focus and priorities should be.

The issues in the areas of focus have been deliberately chosen because they are whole system issues, these are issues that impact on all partners in different ways, and are recognised on a need to work on together in order to make a collective difference to them. There is a strong legacy of working together in Kirklees, and this is about strengthening and building on what is already in place across the Kirklees partnership.

The Health and Wellbeing Strategy and underpinning Health and Care Plan talks to this life course approach to the delivery of health and care. A piece of work was started at the beginning of the year to map out current delivery structures to see if we are geared up to deliver on this live course approach. There is an aging well program that has been established for the last couple of years, however, there has not been a fully integrated partnership way of delivering a fit within the starting well and living well remit.

The underpinning ethos of every 'well' program, is that of end to end care and that of systems thinking with regards to how to have conversations around opportunities and or issues, ensuring nothing will be handled in isolation of the rest of the system. The intention with these different well programs is a platform that has got the breadth of providers and partners around the table considering the entirety of pathways.

Within that, there is also a need to focus on the prevention side and early intervention side of things, whilst recognising, there is space for the more complicated cases and ensuring that a seamless transfer of care is embedded within the different well programs.

The single most important factor to all this, is working together as a partnership and aligning priorities, recognising the challenges, and opportunities and taking action on them.

**RESOLVED:**

That:

the Board notes the update and the outstanding areas which are still in development

Rachel Millson, Mark Hindmarsh, and Matt Whittaker be thanked for providing an update on the Health and Care Plan

**10 West Yorkshire ICB Forward Plan update**

Rachel Millson, provided an update on the West Yorkshire ICB Forward Plan. In summary, the Board was advised that the West Yorkshire Integrated Care Board, developed an integrated care strategy which was completed in January 2023. It is a nationally mandated requirement for all Integrated Care Boards to develop a Joint Forward Plan by June 2023, that details how they will deliver upon that strategy.

The Health and Care Plan, supports delivery of the strategy alongside the Joint Forward Plan. The timescale for the development of the Kirklees Health and Care Plan have been run alongside those for the Joint Forward Plan to ensure triangulation.

A Strategy Design Team was established at the start of last year, and had representation from across all the five places within West Yorkshire, and also from all the programs of work that are led at West Yorkshire level. There has been a public engagement and consultation process supported by Healthwatch, and that campaign was undertaken in early 2023, and that helped shape the narrative. Kirklees has been an active member of those discussions, attending workshops and online events and contributing to the development of the narrative.

The Board was directed to the appended report which included the ICB covenant outlining the national requirements around the need to develop the plan, and what needs to be included in it, and also the process that they have undertaken. There is also a draft of the plan included, correct as of May 2023. For the West Yorkshire team, it is an ongoing refining process, and the aim is to sign off the final version of the plan on the 18<sup>th</sup> May at their board, and then launch that alongside the Integrated Care Strategy on the 20<sup>th</sup> of July.

In terms of the ongoing process and keeping that document live, they are advocating that it will be alive document and will reflect changes as they happen. There will be quarterly improvement events, from which anyone from place and programme can attend, with the first being in August 2023.

**RESOLVED:**

That Rachel Millson, be thanked for providing an update on the Joint Forward Plan.

**11 Climate Change Strategy**

Shannon Kennedy, Public Health Specialty Registrar, provided the Board with an update on the Climate Change Strategy. In summary, the Board was informed that the draft strategy went to the Partnership Board in March 2023, as a working draft where it was agreed that the next phase was to take this working draft to colleagues and Health and Wellbeing Boards for engagement and comment.

The strategy:

- Sets out system ambition on climate change and sustainability
- Highlights need for a risk management approach because climate change is everyone's problem
- Provides some high-level interventions across the ICP

It is looking at how the whole system can have an ambition on climate and sustainability. Climate change is already having an effect and is already a problem for people across West Yorkshire and across the world today, and this is going to accelerate.

The purpose of this strategy was also to provide some interventions and actions at a high level across the health and care partnership, not just within the NHS bodies that make up the partnership, but for everyone, because climate change issue is not just for the NHS to tackle.

Referring to the presentation, the Board was shown examples of how climate change is affecting the West Yorkshire region, including flooding and wildfires. The Board was informed of that unseasonable heat a few weeks ago, and during last summer's heat wave, there were approximately 3000 deaths in people aged 65 and over and such issues are accelerating. Effects are also being seen in the health service and in well-being in general for people.

As part of this strategy, a menu of actions have been provided that could start to be taken at a systems level. It is important to emphasise that these actions are not a mandate, but a starting point. If all of the actions were taken, the system would be in a substantially better place than it currently is, not just mitigating, but reducing climate harms. The living environment has many climate harming substances, such as climate harming fuels and gases, medication and overprescribing and all these are hard on the climate.

There is much work that needs to be done in order to reach local targets on things like net zero, and national requirements under the Climate Change Act.

The request to the Health and Wellbeing Board is:

- Engage, support and be aware that this work is being undertaken
- Consider the actions on the menu of options and think about how that might work in terms of taking ownership on climate and biodiversity at a place level
- There is also an option to make a pledge and promote the 'all hands in' campaign that begun last year, and outlines ways for people to make simple personal pledges about how they might act on climate and biodiversity

The following question was posed to the Board:

“What do you need from the Climate Change Team to help you deliver the strategy and associated actions”?

**RESOLVED:**

That Shannon Kennedy be thanked for providing an update on the Climate Change Strategy.

That the presentation be circulated to board members.

**12 Local Declaration on Tobacco Control**

Rebecca Gunn, Public Health Manager and Priti Gohil, Health Improvement Practitioner Advanced, provided an update on the Local Declaration on Tobacco Control. The Board was informed that the update would focus on the local declaration on tobacco control, which the council had recently signed up to, what that means and what is being done locally.

The Board was shown information on the local picture of tobacco in Kirklees as follows: (prevalence data)

- Higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation and is more common among people with a mental health condition, people with lower incomes, people experiencing homelessness, people in contact with the criminal justice system, people who live in social housing, people without qualifications, lone parents, and LGBT people
- Just over 12% of the adult population in Kirklees smoke (2020), however, that is higher in certain wards within the district which mirror areas of highest deprivation
- Smoking costs Kirklees £121 million a year including NHS provision (ASH, ready reckoner). The impact is seen within primary care and within social care with smokers requiring more support from those services earlier
- The average smoker in Kirklees spends £2000 per year on cigarettes
- Smoking is the leading cause of preventable cancer, and there is the intergenerational impact, in terms of where children live in households with smokers, they are more likely to take up smoking later in life
- Smoking is an addiction, and as much as it can be perceived as a lifestyle choice the majority of smokers do want to quit

The Board was informed that the Council has signed up to the Local Declaration on Tobacco Control. It is a statement of commitment that the council is committed to taking comprehensive action to address the harms of smoking.

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The declaration requires the Council to:

1. Act at a local level to reduce smoking prevalence and health inequalities to raise the profile of the harm caused by smoking to our communities, and in so doing support delivery of the national smokefree 2030 ambition
2. Develop plans with our partners and local communities to address the causes and impacts of tobacco use
3. Participate in local and regional networks for support

The Board was informed that over the last 12 to 18 months, work has been undertaken to commission a vaping device offer within the stop smoking services.

The evidence is supportive of use of vaping devices, as part of a quit attempt for adults who smoke, and that is within recognised Nice guidance. That is available within the Wellness Service and within Aunty Pams, and will be rolled out in other areas, for example Employee Healthcare.

Work is being carried out within schools, undertaking some insight work with young people, their parents, and teachers in North Kirklees regarding attitudes to smoking a vape. The aim is to reduce it to 5% in line with the national target and around empowering people to create those safe and positive changes that they need.

The framework for Tobacco Control Alliance are based around three strands, supporting people who smoke to stop, preventing people from starting smoking and smokefree Kirklees. The local declaration was recently signed off by the Chief Executive, Director for Public Health, and the Leader of the council.

### **RESOLVED:**

That Rebecca Gunn and Priti Gohil be thanked for providing an update on the Local Declaration on Tobacco Control.