Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 7th August 2025

Present:	Cllr Beverley Addy, Chair of the Health and Wellbeing Board Tom Brailsford, Executive Director for Children and Families Michelle Cross, Executive Director, Adults and Health Karen Jackson, Chief Executive Local Vicky Dutchburn, Interim Accountable Officer, Kirklees ICB Warren Gillibrand, Head of Nursing University of Huddersfield Dr Liz Mear, Independent Chair Kirklees Integrated Care Place Committee Catherine Riley, Associate Director of Strategy Calderdale and Huddersfield NHS Cllr Nosheen Dad, Cabinet Member for Adults and Health James Creegan, CEO of Kirklees Care Association
In attendance:	Emily Parry-Harris, Consultant in Public Health Alex Chaplin, Strategy and Policy Officer Owen Richardson, Data and Insight Enablement Lead Jo-Anne Sanders, Service Director, Learning and Early Support Lucy Wearmouth, Head of Improving Population Health Melvyn Ingleson, Chair, Healthwatch Kirklees & Healthwatch Calderdale Steve Brennan, Kirklees Director Partner Development Stephen Bonnell, Head of Policy and Partnerships Tom Whitehead, Policy and Partnerships Officer Liz Townend- Andrews, Regional and Business Lead Martin Gonzales, Public Health Officer Emma Dickens, Associate Director of Charity and Partnerships Mark Freeman, Deputy Chief Executive Medical Officer, Mid Yorkshire
Apologies:	Councillor Carole Pattison Councillor Ashleigh Robinson Alasdair Brown Brent Kilmurray Sheran Loran

Rachel Spencer-Henshall
Dr Vanessa Taylor

1 Membership of the Board/Apologies

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

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

2 Minutes of previous meeting

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

3 Declaration of Interests

No interests were declared.

4 Admission of the Public

All agenda items were considered in public.

5 Deputations/Petitions

No deputations or petitions were received.

6 Public Question Time

No public questions were asked.

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

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

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

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

RESOLVED:

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

8 Changes to the Integrated Care Board landscape

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

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

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

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

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

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

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

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

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

Future roles for the ICB:

- The ICB will be the strategic commissioner for West Yorkshire, convenor of the Integrated Care System, and integrator of providers and services:

- Strategic commissioner – the ICB will ensure that services are planned and delivered in a way that meets the needs of the population both now and in the future. It involves a systematic approach to defining and measuring outcomes, using data and intelligence to make informed decisions about resource allocation and service delivery.

- Convenor - the ICB will bring together all partners in the Integrated Care System to agree and deliver its five-year strategy and ensure delivery of local and national priorities by working together effectively and taking mutual responsibility for the results. It will co-ordinate the governance of the partnership and its wider arrangements for collaboration, within a framework of distributed leadership.

- Integrator – Place-based integrator teams will assess population health risk and facilitate place provider partnerships to co-design new integrated models of care. This function will deliver a small proportion of services, which will align to integrated neighbourhood teams and the primary care work.

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

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

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

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

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

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

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

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

Status of the plan:

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

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

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

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

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

- Acknowledging the fluidity of the situation can further updates be provided as information becomes available.

- Board members are supportive of colleagues across the ICB, and recognise the pressure they are under and also the work being undertaken.

- There are a couple of statutory risks which are not to do with the local ICB but with the national arrangements. The statutory responsibility for SEND, and the statutory responsibility for children safeguarding are unclear, and that has happened at a time where there is significant reform in children's services through the Children Family and Schools Bill. It is important to assure the Board, that this is being monitored and it is being raised by the Directors of Children's Social Services at a national level.

- The Board acknowledged that partnership working is well established, supported by arrangements that enable constructive collaboration. It was noted that maintaining this way of working remains important, regardless of any future structural changes.

RESOLVED:

That:

a) Vicky Dutchburn be thanked for providing an update on the changes to the Integrated Care Board landscape.

b) The Board continues to be kept informed through regular and timely updates.

9 Kirklees SEND Sufficiency for Kirklees 2025-2028

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

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

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

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

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

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

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

RESOLVED:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Active Societies – Promoting awareness and cultural change through campaigns and community-led initiatives.

2. Active Environments – Designing safe, accessible spaces that encourages walking, cycling and play.

3. Active People – Supporting individuals through education, healthcare, and community programmes.

4. Active Systems – Strengthening governance, data, funding and cross sector collaboration.

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

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

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

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

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

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

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

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

RESOLVED:

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

11 Pharmaceutical Needs Assessment 2025-28 final sign-off

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

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

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

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

RESOLVED:

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

12 Kirklees Joint Strategic Assessment (KJSA) update

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

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

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

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

- create an evidence base for local strategies and commissioning

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

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

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

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

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

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

RESOLVED:

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

13 Kirklees Partnership Framework Review

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

What is the Partnership Framework*?*

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

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

The Partnership Framework consists of:

- Vision
- Shared Outcomes
- Partnership Strategies

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

How is the framework used?

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

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

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

In terms of the engagement plan:

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

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

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

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

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

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

RESOLVED:

That:

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

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