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**Service Director – Legal, Governance and
Commissioning**

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Tuesday 2 July 2024

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 10 July 2024**.

This meeting will be webcast live and will be available to view via the Council's website.

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 Adult Social Care Scrutiny Panel members are:-

Member

Councillor Jo Lawson (Chair)

Councillor Gwen Lowe

Councillor Beverley Addy

Councillor Timothy Bamford

Councillor Alison Munro

Helen Clay (Co-Optee)

Kim Taylor (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Panel

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

2: Minutes of previous meeting

1 - 4

To approve the Minutes of the meeting of the Panel held on 8th May 2024.

3: Declaration of Interests

5 - 6

Members will be asked to say if there are any items on the Agenda in which they have any disclosable pecuniary interests or any other interests, which may prevent them from participating in any discussion of the items or participating in any vote upon the items.

4: Admission of the public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Panel.

5: Deputations/Petitions

The Panel will receive any petitions and/or deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the

Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

6: Care Quality Commission

7 - 22

Representatives from Care Quality Commission will be in attendance to update the Panel on the state of care across the district and changes to the single assessment framework.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer Tel:01484 221000.

7: Work Programme 2024/2

23 - 28

The Panel will review its work programme for 2024/25 and consider its forward agenda plan.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer, Tel:01484 221000.

Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 8th May 2024

Present:

Councillor Beverley Addy
Councillor Alison Munro
Councillor Jo Lawson

Co-optees

Helen Clay

In attendance:

Councillor Elizabeth Smaje
Angie Craig, Cancer Alliance
Jason Pawluk, Cancer Alliance
Julie Hoole, Calderdale and Huddersfield Foundation
Trust

Apologies:

Councillor Bill Armer (Chair)
Councillor Itrat Ali
Councillor Habiban Zaman
Kim Taylor (Co-Optee)

- 1 Membership of the Panel**
Apologies were received on behalf of Councillor Bill Armer, Councillor Itrat Ali, Councillor Habiban Zaman and Kim Taylor Co-optee.

Councillor Alison Munro was appointed as Chair of the meeting.
- 2 Minutes of previous meeting**
RESOLVED: That the minutes of the meeting dated 22nd November 2023 and 28th February 2024 be approved as a correct record.
- 3 Declaration of Interests**
No Interests were declared.
- 4 Admission of the public**
All items were considered in public session.
- 5 Deputations/Petitions**
No deputations or petitions were received.
- 6 Public Question Time**
No questions were asked.

7 Non-Surgical Oncology

The Panel received a presentation on Non-Surgical Oncology which advised that demand for services was continuing to increase across West Yorkshire, in line with the national position, due to the increase in cancer diagnoses, increases in treatment options becoming available and cancer patients living for longer and so accessing more care.

Angie Craig, Cancel Alliance advised the Panel that in 2021 the Cancel Alliance was commissioned by the West Yorkshire Association of Acute Trusts to undertake a piece of work to review Non-Surgical Oncology chemotherapy and acute oncology services in West Yorkshire and Harrogate. This followed an extensive period of mutual aid from across West Yorkshire and beyond to maintain the Non-Surgical Oncology services at Mid Yorkshire Teaching Trust due to a significant reduction in its medical oncologist workforce and a protracted inability to recruit staff.

A review took place which provided six high-level recommendations for future service delivery which were:

1. That Non-Surgical Oncology outpatient and chemotherapy delivery for the four main cancers (Breast, Lung, Colorectal and Prostate) continued to be delivered at local units to support care closer to home.
2. That options to repatriate simple chemotherapy for intermediate and some rarer cancers from Leeds to local cancer units were taken.
3. That access to research trials be enhanced in local cancer units rather than patients having to travel to Leeds to access.
4. That each hospital in West Yorkshire and Harrogate had in place robust 24-hour helpline access for patients that were acutely unwell with complications of their current treatment, supported by an appropriately developed non-medical acute oncology workforce.
5. That all appropriate options for skill mix were taken to utilise the wider workforce in patient care, such as Advanced and Consultant practitioners in Nursing, Pharmacy and wider AHP roles.
6. That most patients who required acute care would continue to be seen by their local acute oncology teams and be admitted locally for care when required. For a very small number of patients who required more complex care (estimated at 2-10 per week per sector), they would be admitted to Leeds Teaching Hospital St James site in North Sector (covering Harrogate, Airedale/Craven, Bradford and Leeds) and Calderdale Hospital Foundation, Huddersfield Royal Infirmary site in the South Sector (covering Mid Yorkshire, Calderdale and Huddersfield). During the last 4 years the Mid Yorkshire in-patients had been admitted to Leeds as there was no on-site medical oncologist supported beds due to the staffing position.

Having secured West Yorkshire Association of Acute Trusts approval to proceed to develop detailed target operating models for each sector based on the six recommendations, a programme of public engagement was commissioned to further inform and shape the work.

The programme undertook a broad programme of engagement with communities across West Yorkshire and Harrogate to establish if the proposals had public support and help to further refine the model. Healthwatch Wakefield, an

Health and Adult Social Care Scrutiny Panel - 8 May 2024

independent healthcare charity was commissioned to organise this phase and facilitate each event.

Jason Pawluk, Cancel Alliance advised that he welcomed feedback from the Panel on the proposals, and welcomed guidance around the groups and committees that could be worked with further to enhance the level of engagement and to gain views of working with other similar reconfigurations around what type and scope of public engagement was expected.

Questions and comments were invited from Members of the Panel and the following was raised:

- Open questions to be in the engagement to allow members of the public to provide their own experiences.
- Further engagement with addiction and high risk of homelessness was to take place.
- eProms platform was patient's choice and conversation options were still available to all patients.
- For outpatient appointments, patients with complex treatment or complex symptom would continue to be seen by their consultant. All patients would have discussions with professionals around their follow up treatment and would agree who they felt confident in providing this.
- The helpline that would be available would be 24 hours 7 days a week.
- For inpatients requiring oncology support, that would be provided at Calderdale & Huddersfield Foundation Trust. For medical issues, the patient could be admitted to Dewsbury, however, if a patient at Dewsbury required oncology support there would be remote access to the team, although it may be necessary for the patient be moved to the consultant.
- Engagement had not yet taken place in South Kirklees, Panel Members agreed to provide suitable places for this to take place.
- Record sharing across hospitals was currently difficult, a process was in place to improve sharing of records for cancer patients.
- The only part of the proposal that would negatively affect cancer patients being treated for a common cancer (Breast, lung, colorectal & Prostate) was where a patient presently attended a Mid Yorkshire Teaching Hospital for specialist care and require a medical oncologists oversight the patient would be transferred to Huddersfield.
- A risk of the programme was not being able to expand the need to be able to grow at the pace needed to keep up with development nationally.
- The Teams in Mid Yorkshire Teaching Trust and Calderdale & Huddersfield Foundation Trust were being brought together to provide cross cover and help with recruitment of oncologists.
- There was a specific cancer waiting time standard which was the date from when a decision treatment was made to the date of first treatment which was 96% to occur within 31 days.

RESOLVED: That the Non-Surgical Oncology report be noted, and representatives be thanked for their attendance.

8 Work Programme 2023/24

A review took place on the 2023/24 work programme.

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

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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



REPORT TITLE: Care Quality Commission

Meeting:	Health and Adults Social Care Scrutiny Panel
Date:	10th July 2024
Cabinet Member (if applicable)	Not Applicable
Key Decision Eligible for Call In	Not Applicable
Purpose of Report: To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussion with representatives from the Care Quality Commission (CQC).	
<p>Recommendations</p> <ul style="list-style-type: none"> That the Panel considers the information provided and determines if any further information or action is required. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> To ensure that the Panel are content with the CQC single assessment framework and the state of care across district. 	
Resource Implications: Not applicable	
<p>Date signed off by <u>Strategic Director</u> & name</p> <p>Is it also signed off by the Service Director for Finance?</p> <p>Is it also signed off by the Service Director for Legal Governance and Commissioning?</p>	<p>No- The report has been produced to support the discussion with CQC.</p>

Electoral wards affected: None Specific

Ward councillors consulted: Not Applicable

Public or private: Public

Has GDPR been considered? Yes. The report does not include any personal data that identifies an individual.

1. Executive Summary

1.1 The work of the Health and Adult Social Care Scrutiny Panel includes a focus on the quality of care in local health and adult social care services. A key objective of regulators of health and adult social care is to provide people with safe, effective, compassionate and high-quality care and to encourage care services to improve.

1.2 The CQC is the independent regulator of health and adult social care, and its role is to monitor, inspect and regulate services to make sure that they meet fundamental standards of quality and safety.

1.3 Before a care provider can carry out any of the activities that are regulated by CQC, they must register with CQC and demonstrate that they will be able to meet a number of legal requirements.

1.4 Activities regulated by CQC include the treatment, care and support provided by hospitals, GP practices, dental practices, ambulance services, care homes and home-care agencies.

1.5 CQC have recently introduced a new assessment process. The new model will have differences for health and care providers in gathering evidence; the frequency of assessments and assessing quality of services.

1.6 CQC started the new assessment process with an early adopter programme involving a small group of providers and used what they had learnt to help improve how changes were implemented.

1.7 Details of the new assessment process is attached.

1.8 The work of CQC has been included on the Health and Adult Social Care Scrutiny Panel Work Programme for a number of years and has helped the Panel to gain a good understanding of the state of care that is being provided across Kirklees.

1.9 Representatives from CQC will be in attendance to provide the Panel with an overview of the state of care across the district that will include an overview of ratings for Adult Social Care (ASC), Primary Medical Services (PMS) and Mental Health (MH) Services.

2. Information required to take a decision

Not Applicable

3. Implications for the Council

Not Applicable

3.1 Working with People

No specific implications

3.2 Working with Partners

No Specific implications

3.3 Place Based Working

No specific implications

- 3.4 **Climate Change and Air Quality**
No specific implications
- 3.5 **Improving outcomes for children**
No specific implications
- 3.6 **Financial Implications**
No specific implications
- 3.7 **Legal Implications**
No specific implications
- 3.8 **Other (eg Risk, Integrated Impact Assessment or Human Resources)**
No specific implications
- 4. **Consultation**
No applicable
- 5. **Engagement**
Not applicable
- 6. **Options**
Not applicable
- 6.1 **Options considered**
Not applicable
- 6.2 **Reasons for recommended option**
Not applicable
- 7. **Next steps and timelines**
That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.
- 8. **Contact officer**
Nicola Sylvester – Principal Governance and Democratic Engagement Officer
Nicola.sylvester@kirklees.gov.uk
- 9. **Background Papers and History of Decisions**
Not applicable
- 10. **Appendices**
Attached
- 11. **Service Director responsible**
Samantha Lawton – Service Director, Legal Governance and Commissioning.

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CQC Single assessment framework

Melanie Kilgour Operations Manager
Jo Walkinshaw, Operations Manager

26 June 2024

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Starting our new assessment process

21 November to 5 December:

Our early adopter programme involving a small group of providers started with planned assessments as we began to roll out the new approach. We used what we learnt to help improve how we implement the new changes.

From 5 December:

Providers in local authority areas including Bedford Borough, Central Bedfordshire, Luton, Milton Keynes
All registered providers in our South region

From 9 January:

Assessments start for all registered providers in our London and East of England region.

From 16 January:

Assessments start for a small number of providers in our North region and Midlands region.

Starting our new assessment process (2)

From 6 February:

Assessments start for all registered providers in our North region and Midlands region

Trust well-led assessments start in all regions

We assess applications to register a new activity or service using the new approach

As we start using the new assessment approach, we were listening to feedback from providers and adjusting our approach so that we use the best way possible. We have kept stakeholders updated as we have made these changes.

Assessing quality and performance

Differences from our current model. For health and care providers, there will be some differences in how we assess quality of services.

- **Gathering evidence:** We'll make much more use of information, including people's experiences of services. We'll gather evidence to support our judgements in a variety of ways and at different times – not just through inspections. This means inspections will support this activity, rather than being our primary way to collect evidence.
- **Frequency of assessments:** We will no longer use the rating of a service as the main driver when deciding when we next need to assess. Evidence we collect or information we receive at any time can trigger an assessment.
- **Assessing quality:** We'll make judgements about quality more regularly, instead of only after an inspection as we do currently. We'll use evidence from a variety of sources and look at any number of quality statements to do this. Our assessments will be more structured and transparent, using evidence categories and giving a score for what we find. The way we make our decisions about ratings will be clearer and easier to understand.

How the assessment process will work

- Our guidance to support providers in our new approach to assessment is all online. You can download and print the guidance, but we will refine and update it, so organisations must keep up-to-date. Our new framework retains our 5 key questions and the 4-point ratings scale. We will assess services against quality statements. These replace our key lines of enquiry (KLOEs), prompts and ratings characteristics.
- We will gather evidence both on site and off site to make an assessment. The types of evidence we will consider are grouped into 6 evidence categories. We list the evidence categories we will look at for different sector groups.
- Our assessments may be responsive (in response to information of concern) or planned. In both cases, we will be flexible and may expand the scope of an assessment if we need to.

Engaging with providers during the assessment process

Starting an assessment

- We will continue to apply existing rules when giving notice of assessments. This includes where we carry out unannounced on-site activity.
- We will contact providers to tell them when an assessment is starting. We may ask them for documentation at this point.

During an assessment

- In some cases, we may not need to carry out a site visit at all if the scope of our assessment does not require this. If we do need to make a site visit to gather evidence, Experts by Experience or a specialist may support us.
- We will give feedback to the provider when we have completed either an on-site or off-site assessment. If possible, we will give feedback about on-site activity immediately after completing it.

Our scores, ratings and reports

Scores

- We will give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.
- Scores for evidence categories relate to the quality of care :
 - 4 = Evidence shows an exceptional standard
 - 3 = Evidence shows a good standard
 - 2 = Evidence shows some shortfalls
 - 1 = Evidence shows significant shortfalls
- The quality statement scores are combined to give a total score for the relevant key question. We will initially only publish the ratings for providers, but we intend to publish the scores in future.
- Video link – How we will score <https://www.youtube.com/watch?v=Y8rfXcoFVpA>

Our scores, ratings and reports (2)

Ratings

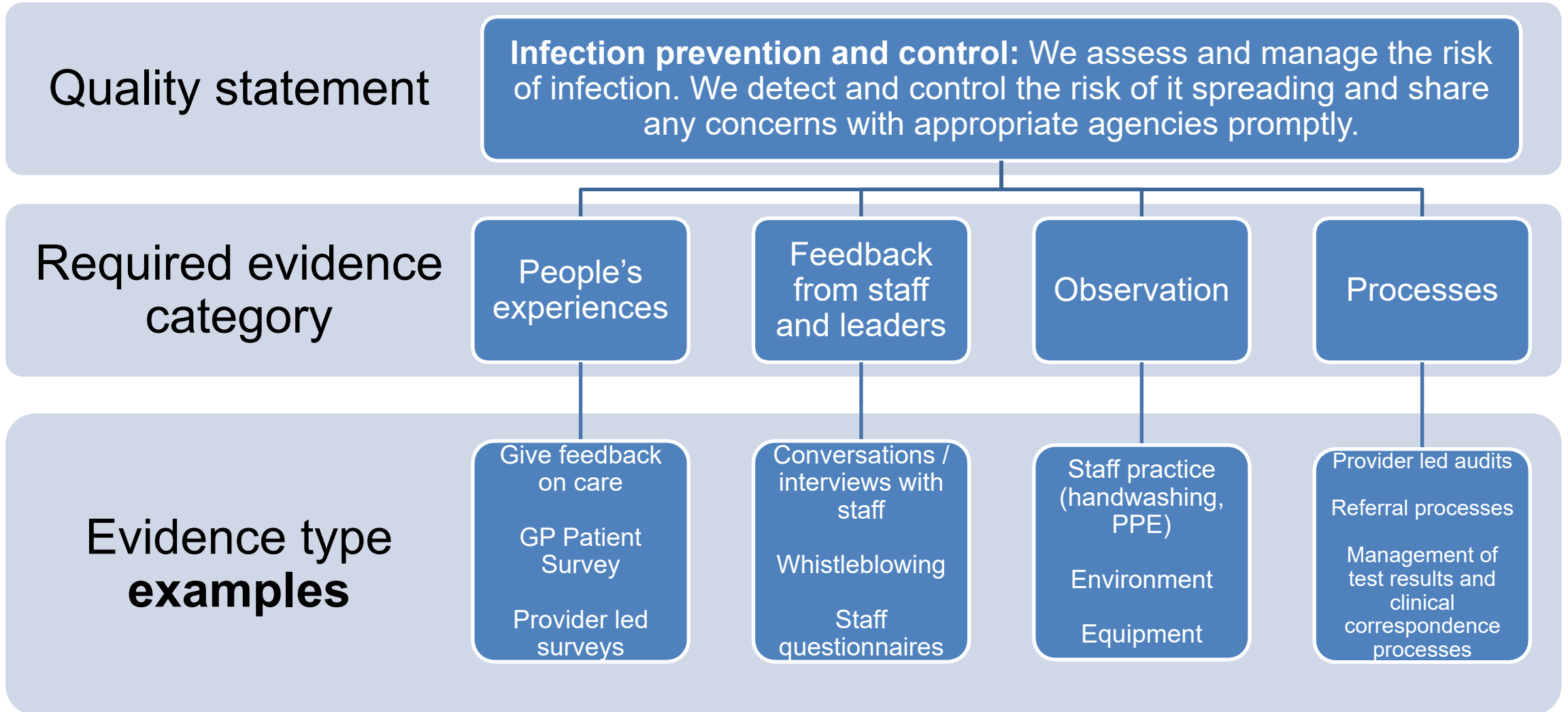
- We will use the scoring system to then produce a rating for a service. Providers will have a chance to check the factual accuracy of our draft assessment report.
- If a service currently has a rating, we will transfer that across to our new platform by applying scores to quality statements.

Publishing reports and ratings

- We will publish reports as web content rather than in a PDF document. It will contain sections for each area of the framework we have looked at during the assessment.
- If ratings change as a result of our assessment, we will also publish these.
- Providers can still ask us to review how we produced their ratings to check we followed our process correctly.



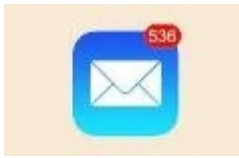
How we reach a rating - example



How we're implementing these changes

- We won't release everything at once
- We want to learn as we go, starting small and rolling out the changes in stages
- Feedback will be key, and we will adjust plans if necessary
- We'll be clear at every step about what it means for you

<https://www.cqc.org.uk/news/our-revised-plan-and-approach-transformation>



Provider Bulletin

<https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc> or Search: CQC bulletin



Social

@CQCProf @CQCProf
youtube.com/user/cqcdigitalcomms
facebook.com/CareQualityCommission



Digital platform

<https://cqc.citizenlab.co/en-GB/>
or Search: Citizenlab CQC



Podcasts

Wherever you listen to podcasts
Search: CQC Connect

Blogs

Medium

<https://medium.com/@CareQualityComm>
or Search: Medium CQC

Publications

<https://www.cqc.org.uk/publications>



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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

MEMBERS: Councillor Jo Lawson (Lead Member), Councillor Beverly Addy, Councillor Gwen Lowe, Councillor Alison Munro, Councillor Tim Bamforth, Helen Clay (Co-optee), Kim Taylor (Co-optee).

SUPPORT: Nicola Sylvester, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
1. Resources of the Kirklees Health and Adult Social Care Economy	<p>To consider the resources of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> • An overview of the financial position of the local health and social care system to include: the work that is being carried out to meet current year budgets; and to identify any risks. • Access to services of adult’s social care 	
2. Capacity and Demand – Kirklees Health and Adult Social Care System	<p>To monitor the work being done by Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics, and diagnostics to include:</p> <ul style="list-style-type: none"> • Receiving updated data on waiting list times by services under pressure and to assess progress against data received by the Panel previously to include: • An update on diagnostic waiting times. • An update on the management of waiting lists and plans to reduce and catch up with delays in planned surgery with a particular focus on the numbers of people waiting 52 weeks or longer. • Review of cancelled elective/ planned procedures. • Considering new developments and initiatives, such as the community diagnostic hubs, that are being introduced to address the backlog. 	
3. Communities Accessing Care	<p>To continue to review the work of health services in the community to include:</p>	

	<ul style="list-style-type: none"> • Assessing progress of the integration of services and workforce. • Considering the work that is being done locally to action the national delivery plan for recovering access to primary care. • An update on the work of community pharmacy and the proposals from Government and NHS on price concessions reform and relief measures to ease pressure on pharmacies. • The impact and uptake of pharmacy service to prescribe. • Access to GP services and hospital referrals. • The uptake of vaccination programmes. • An update to the work being done by the local authority and Locala on providing reablement support, including the actions and initiatives to support hospital avoidance and provide the appropriate level of care and support at or closer to home. 	
<p>4. Mental Health and Wellbeing</p>	<p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> • Work being undertaken by Kirklees Local Offer for Adults Mental Health 	
<p>5. JHOSC Update</p>	<p>To receive an update from JHOSC's on the following services:</p> <p>Maternity – Calderdale & Kirklees</p> <ul style="list-style-type: none"> • Feedback on the reopening of the Bronte centre • An update to the reopening of the Huddersfield centre • Birth data for women who live within a Huddersfield postcode and give birth in Calderdale along with women with a Dewsbury postcode who give birth in Calderdale 	

	<p>Mental Health – Calderdale, Kirklees and Wakefield</p> <ul style="list-style-type: none"> • An update on access to inpatient services including the proposals for transforming Older People’s Mental Health Inpatient services. <p>Non-surgical Oncology – West Yorkshire</p> <ul style="list-style-type: none"> • Feedback from the public engagement in Kirklees on Non-Surgical-Oncology 	
6. Care Quality Commission (CQC)	<ul style="list-style-type: none"> • Receive a presentation from the CQC on the State of Care of regulated services across Kirklees. • 	
7. Kirklees Safeguarding Adults Board (KSAB) and the	<ul style="list-style-type: none"> • To receive and consider the KSAB Annual Report 2023/24 in advance of discussions with the KSAB Independent Chair to enable the Panel to identify areas of concern and/or interest. 	
8. Adult Social Care / CQC Inspection	<p>To continue to focus on the services being delivered by Kirklees Adult Social Care to include:</p> <ul style="list-style-type: none"> • An understanding of the inspection process. • Assurances are in place to manage the inspection. • Learnings from the children’s inspection. • Outcome of the inspection that has taken place. 	
9. Joined up hospital services in Kirklees.	<p>To look at the work being developed by Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Teaching NHS Trust to provide joined up services in Kirklees to include:</p>	

	<ul style="list-style-type: none"> • The approach being taken to develop the partnership working between the two trusts including details of other services that have the potential to be jointly delivered and/or supported. • Data to demonstrate the benefits to patients for those services that are jointly supported and/or delivered. 	

Golden Threads: Workforce recruitment and retention.
Performance data to be included where appropriate to inform the individual strands of work.
Reducing Inequalities.

**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –
2024/25**

MEETING DATE	ITEMS FOR DISCUSSION
10 July 2024	1. CQC state of Care
21 August 2024	1. Joined up Hospital Services 2. Mental Health and Wellbeing
09 October 2024	1. Communities Accessing Care 2. Capacity and Demand – Kirklees Health and Adults Social Care System
27 November 2024	1. Resources of the Kirklees Health and Adult Social Care Economy 2. Kirklees CQC Inspection
22 January 2025	1. Update from JHOSC's
26 February 2025	1. Kirklees Safeguarding Adults Board Annual Report
09 April 2025	

All meetings have been scheduled to start at 2:00 pm with a pre-meeting at 1:30 pm

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