

Public Document Pack



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

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Tuesday 13 August 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 at **2.00 pm** on **Wednesday 21 August 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 Timothy Bamford

Councillor Alison Munro

Vacancy - Community_Alliance

Councillor Eric Firth

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 the 10th July 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: Public Question Time

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting.

7: Joined up hospital working

7 - 18

Representative from Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Teaching NHS Trust will be in attendance to update the Panel on collaboration and partnership working.

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

8: Mental Health and Wellbeing Report

19 - 78

Representatives from West Yorkshire Integrated Care Board and South West Yorkshire Partnership NHS Foundation Trust will be in attendance to update the Panel on Mental Health and Wellbeing across Kirklees.

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

9: Work Programme 2024/25

79 - 84

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.

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Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 10th July 2024

Present: Councillor Jo Lawson (Chair)
Councillor Beverley Addy
Councillor Timothy Bamford
Councillor Alison Munro

Co-optees Helen Clay
Kim Taylor

In attendance: Richard Parry, Executive Director for Adults and Health
Michelle Cross, Service Director, Learning Disabilities and Mental Health
Jo Walkinshaw, Operations Manager, Care Quality Commission (Virtual)
Melanie Kilgour, Operations Manager, Care Quality Commission (Virtual)

1 Membership of the Panel

No apologies for absence were received.

2 Minutes of previous meeting

That the minutes of the meeting dated 8th May 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 Care Quality Commission

The Panel received a presentation on the single assessment framework from the Care Quality Commission (CQC), which provided details on the new assessment process along with a presentation on Kirklees ratings by sector.

Melanie Kilgour, Operations Manager, CQC advised that from 21st November 2023 a new assessment process had started for all registered providers, with a roll out approach to implement the new changes. For Health and Care providers, there were some differences in how the quality of services was assessed, which included:

Health and Adult Social Care Scrutiny Panel - 10 July 2024

Gathering evidence; Frequency of assessments and assessing quality. Evidence gathering to make an assessment took place both on site and off site, with assessments being responsive or planned.

Jo Walkinshaw, Operations Manager, CQC updated the Panel on provider ratings and how they currently looked. The ratings were broken down for sectors that the CQC regulated.

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

- Evidence gathering would be an ongoing process and not just at the point of inspection,
- Feedback from piloted areas in the North showed there were difficulties in providers using the provider portal, with a lot of fixes to try and improve their experience,
- Key differences with the new assessment system were being able to work more agile and flexibility in responding to improvements or concerns,
- After an unsatisfactory inspection, there was not a timeframe set to re-inspect. It was down to judgement of assessors, and to provide time for providers to submit an action plan and look at dates the provider had said they could comply. For enforcement action a re-inspection would take place within a shorter time frame,
- Primary medical services all had an inspection rating, for those with no rating it was likely to be due to having changed legal entity which required another assessment,
- For offsite inspections, capturing the voice of patients, service users, families and carers was a key area and pro-actively seeking feedback through GP Practices or through the providers asking for details of family/carers was vital,
- Information received through a notice of concern. Assessors had Key Performance Indicators regarding information received on safeguarding concerns and had to be responded to within 24 hours,
- Inspections that were completed via information rather than visits was due to not always needing to do a visit. Onsite inspections were important, however, information received remotely could be considered and assessed, this allowed a fluid movement where the provider did not have to wait for another inspection to change their rating,
- The CQC anticipated that for all Kirklees services to be inspected would take longer than a 12-month period,
- There was no timeframe set for when all initial assessments had to be completed,
- Planned assessments were assigned by a central hub, there was no timescale set for these to be completed,
- Oversight meetings took place weekly, any concern that came through to assessors would be discussed at those meetings. For an urgent safeguarding concerns visits would be arranged very quickly,
- There was no Key Performance Indicators in place for when an assessor should visit providers to inspect. If any information of concern was received, a decision to visit the service would be made the same day,

Health and Adult Social Care Scrutiny Panel - 10 July 2024

- There were no Key Performance Indicators in place for the length of time a service could go without receiving an inspection,
- Resources was not a driver for the new model.

RESOLVED –

- 1) That the Care Quality Commission report be noted,
- 2) That representatives be thanked for their attendance and be invited back to the Scrutiny Panel in January 2025 to provide further information and an update on the service.

7 Work Programme 2024/25

A discussion took place on the 2024/25 work programme and agenda plan. The Panel agreed to add Access to Dentistry onto the work programme.

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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: Joined up Hospital Services in Kirklees

Meeting	Health and Adults Social Care Scrutiny Panel
Date	21st August 2024
Cabinet Member (if applicable)	Councillor Beverly Addy
Key Decision Eligible for Call In	Not Applicable
Purpose of Report: To provide members of the Health and Adults Social Care Scrutiny Panel with a brief update on joined up hospital services in Kirklees.	
<p>Recommendations That the Panel considers the information provided and determines if any further information or action is required.</p> <p>Reasons for Recommendations To ensure that the Panel are content with the collaboration and partnership working between Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Teaching NHS Trust</p>	
Resource Implication: Not applicable	
<p>Date signed off by <u>Executive 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>The report has been produced to support the discussion with Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Teaching NHS Trust.</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

- The work of the Health and Adults Social Care Panel includes a focus on the two hospitals within Kirklees which are Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Teaching NHS Trust.
- The two trusts have a long track record of working together and in 2022 the trusts decided to form a joint partnership board to formalise the arrangement, and to have a more strategic outlook on what could be achieved together.
- In 2023, the two executive teams reflected on the successes and strengths of joint working and developed a high-level three year forward plan.
- Current joint work areas include non-surgical oncology, community diagnostic centres, a strategic maternity partnership, shared leadership on digital services and a joint pharmacy model as part of a wider West Yorkshire Association of Acute Trusts.
- Future improvements have been identified, spotting future opportunities for collaboration by developing a more detailed forward plan and sharing best practices with joint partners.

2. Information required to take a decision

Not Applicable

3. Implications for the Council

Not Applicable

3.1 Council Plan

No specific implications

3.2 Financial Implications

No specific implications

3.3 Legal Implications

No specific implications

3.3 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

No Specific implications

Integrated Impact Assessment (IIA)

Not Applicable

4 Consultation

Not 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 Health and Adults Social Care Scrutiny Panel 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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Calderdale and Huddersfield NHS Foundation Trust & Mid- Yorkshire Teaching NHS Trust

Update on Collaboration and Partnership Working

August 2024

History of a Developing Partnership

- The 2 Trusts have a long track record of working together, either directly, or through membership of the West Yorkshire Association of Acute Trusts (WYAAT)
- Historic areas of collaboration have included bariatric services, fertility services, bowel cancer screening and vascular services
- The Trusts decided to form a joint partnership board in 2022 to formalise the arrangements, and to have a more strategic outlook on what could be achieved together
- In 2023, the 2 executive teams came together to reflect on the successes and strength of joint working and developed a high-level three year forward plan
- In June 2024, senior clinical and operational teams met to consider further detail on the forward plan, and to ensure there is wider involvement and socialisation of our joint plans
- Current joint work areas include Non-surgical oncology (NSO), community diagnostic centres (CDCs), a strategic maternity partnership, shared leadership on digital services and a joint pharmacy model as part of a wider WYAAT programme

Reflections

- Relationships are strong; we are 'joined up' and providing coherent leadership of issues that matter, such as maternity and non-surgical oncology (NSO)
- We are working on innovative models in partnership and collaborating regularly across a full range of disciplines
- We are supporting each other and delivering improved service resilience as a result
- Future improvements have been identified as the spread of this way of working to deputies and clinical colleagues, the evaluation of our work, and being more proactive at spotting future opportunities for collaboration by developing a more detailed forward plan. We are also working on sharing of best practice, and collaborative working with our joint partners

Current Areas of Focus

- Non-Surgical Oncology is our key joint programme
- Our joint strategic maternity partnership is progressing well. The Director of Midwifery from MYTT is providing strategic leadership to the CHFT team, and we are collaborating across the services to improve the offer across the Calderdale, Kirklees and Wakefield (CKW) patch. The Bronte Birth Centre at Dewsbury District Hospital (DDH) has re-opened and is providing a midwifery led centre for Kirklees residents, whilst work continues on plans to reopen the HRI birth centre
- MYTT and CHFT have collaborated to understand and develop plans to meet the rising demand for diagnostic services across Calderdale, Kirklees and Wakefield that will improve access and reduce delays for people who need an investigative test. As a result of this collaborative work, MYTT and CHFT secured NHSE capital investment to enable establishment of Community Diagnostic Centres in Halifax, Huddersfield and Wakefield.

Current Areas of Focus cont.

- We have an emerging partnership on Digital services. The Chief Digital Information Officer (CDIO) from CHFT has a joint role across the 2 organisations from 1st April 2024. This will enable MYTT to have additional expertise to procure and implement a new electronic patient record (EPR), and to learn from CHFT's experiences. Aligned digital infrastructure will also support our joint clinical and operational work programmes
- The 2 organisations will form part of a new pathology network with Leeds Teaching Hospitals, which is developing as part of WYAAT work. A new, joint laboratory information system (LIMS) is being deployed across the trusts, and we have recently completed joint procurement exercises to appoint new equipment suppliers. In due course, MYTT will provide a centralised blood sciences service for GP blood samples from across Calderdale and Huddersfield, whilst Leeds will provide microbiology for all 3 organisations. All hospitals will retain an acute hospital laboratory for inpatient and urgent requests.

Benefits we are already delivering

- Learning and supporting each other (e.g. development of Kirklees approach to CDCs)
- Delivering improved service resilience (e.g. NSO) where historically there have been workforce challenges
- Providing services closer to home (joint NSO service will see patients needing to travel to Leeds less frequently, and dedicated local oncology beds)
- Developing a more strategic approach to Kirklees Place (e.g. Maternity)
- Improved joint communication and aligned leadership on issues that matter to Kirklees
- These benefits will grow as more of our work reaches the implementation phase

High Level Forward Plan

- Workshop involving senior divisional/clinical teams was held in June 2024 to scope further opportunities to inform a workplan on joint clinical priorities where there are services which are fragile, or where there may be a development opportunity. ENT and Dermatology were identified as services that may benefit from joint working / models
- Exploration of closer links on procurement to provide economies of scale
- Joint data science work to improve joint use of data regarding the Kirklees population.
- Scoping and potential enactment of a workforce plan to focus on key opportunities in developing joint approaches on recruitment, wellbeing, apprentices, graduate training schemes, grants, local business support, scholarships, joint posts and succession planning –this will likely be linked to WYAAT developments in this areas
- Joint collaboration with Academic Health Science Network (AHSN) and Huddersfield University to optimise opportunities to support and progress Innovation and R&D in Kirklees, linked to the new Health Innovation Campus at Huddersfield University

Discussion – Q&A



Report title: Mental Health and Wellbeing Report
(add key words to assist with searches on the website)

Meeting	Health and Adults Social Care Scrutiny Panel
Date	21st August 2024
Cabinet Member (if applicable)	Councillor Beverly Addy
Key Decision Eligible for Call In	No
Purpose of Report: To provide members of the Health and Adults Social Care Scrutiny Panel with the context and background to the discussions on Mental Health and Wellbeing in Kirklees.	
<p>Recommendations That the Panel considers the information provided and determines if any further information or action is required.</p> <p>Reasons for Recommendations Not Applicable</p>	
Resource Implication: Not Applicable	
<p>Date signed off by <u>Executive 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>The report has been produced for information only and to facilitate the discussions on the panel's work programme.</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.

1. Executive Summary

- Included in the Health and Adult Social Care Scrutiny Panel work programme 2024/25 is a focus on mental health and wellbeing. This area of work has been combined into an overarching theme that looks at services that provide support in mental health and wellbeing.
- The areas of focus outlined in the work programme cover a wide area of work that includes the ambition of partners; availability of mental health support; community offer; gaps within mental health services and partnership working.
- South West Yorkshire Partnership Foundation Trust and Kirklees Health and Care Partnerships work closely with the local authority and much work has been done in developing this partnership and focusing on the integration of services.

2. Information required to take a decision

Not Applicable

3. Implications for the Council

3.1 Council Plan

No specific implications

3.2 Financial Implications

4. No specific implications

3.3 Legal Implications

No specific implications

3.4 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

No specific implications

- **Integrated Impact Assessment (IIA)**

No specific implications

4 Consultation

Not 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 Health and Adults Social Care Scrutiny Panel 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**
No Applicable
- 10 Appendices**
Attached
- 11 Service Director responsible**
Samantha Lawton – Service Director, Legal Governance and Commissioning.

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Health and Adults Social Care Scrutiny Panel

Mental Health & Wellbeing

Data & Intelligence Pack

August 2024

In response to the questions raised by the Health and Adults Social Care Scrutiny Panel the following slides aim to give an overview and update on previously presented information to the committee and also address specific questions that have been posed.

This is a system response from :

- Kirklees Health & Care Partnership
 - Kirklees Council
- South West Yorkshire Partnership Foundation Trust

This data pack does not aim to cover:

- Children and Young People (with exception to the community PCN model)
 - DOLS in relation to anything other than Mental Health Illness

Section 1

Current position in Kirklees

The Kirklees Health & Wellbeing Strategy highlights the **AMBITION:**
Everyone in Kirklees achieves good mental wellbeing and has a good quality of life with purpose and fulfilment throughout their lives.

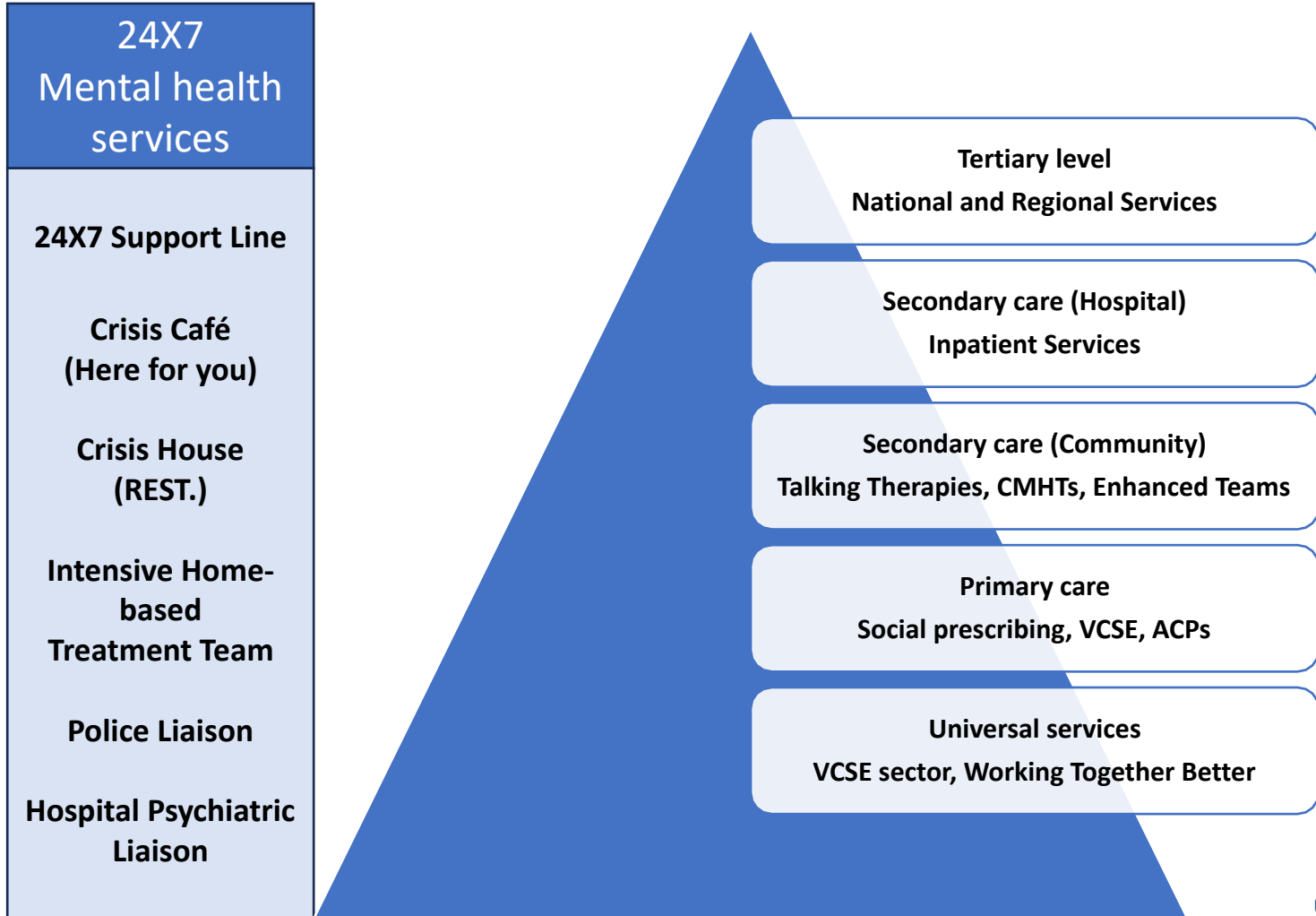
There is no health without mental health.

- People with good mental wellbeing are more likely to feel able to engage and contribute to their communities
- There is a reciprocal relationship between being lonely and the development of mental health problems.
- If more people in Kirklees are equipped to cope with the challenges of life; less people reach crisis point
- CLIK (Currently Living in Kirklees) survey (2021) showed that anxiety and depression are the two most common long term health conditions
 - 1 in 8 adults aged over 65 years reported experiencing anxiety or depression
 - 1 in 4 adults aged under 65 years reported experiencing anxiety or depression
- People with serious mental illness, die on average, 15 years earlier than those without serious mental illness
- Personal financial pressures increase stress and persistent stress can trigger or worsen mental wellbeing
- Financial instability and poverty can increase suicide risk

Section 2

Availability of mental health support

Pyramid of mental health support



Section 3

Community Offer

The ambition

The original ambition was to embed mental health services within Primary Care Networks by 23/24:

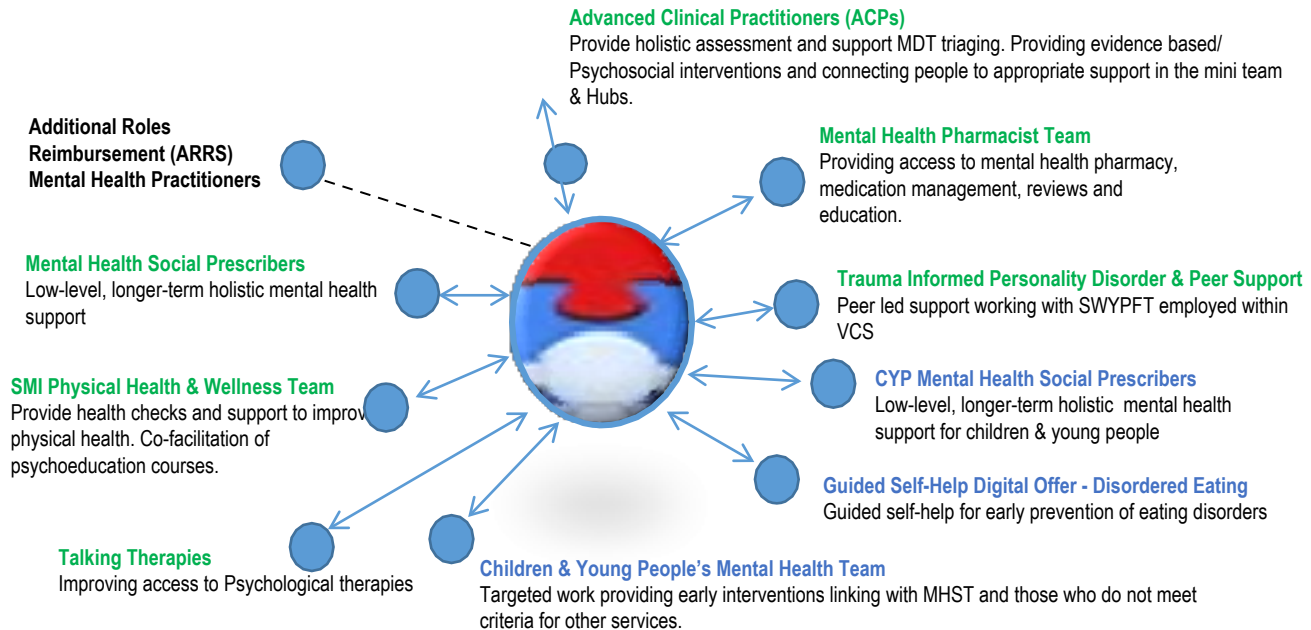
- We have successfully mobilised and implemented phase one of the model and are now developing phase two for 24/25
- The diagram on the next slide demonstrates those roles already successfully implemented in green. New roles can be seen in blue
- This is a complex programme of work and celebrates partnership working with a wide range of stakeholders and ultimately delivers mental health services at a primary care level
- We are in year two of a three-year formal evaluation process across West Yorkshire and in each place

Mental Health Transformation Primary Care Network (PCN) Hub 24/25



NHS West Yorkshire
Integrated Care Board

Phase 2 of the Mental Health PCN model



Phase 2 - Mental Health Hub PCN model(2024)

Implementation	
Role	Stage
CYP Mental Health Social Prescribers	Procurement
CYP Mental Health Team	Launch 1 st September
TIPD Peer Support in Recovery College	In place
Disordered Eating guided digital self-help offer	Procurement live

Disordered Eating Guided Self-Help digital offer



NHS West Yorkshire
Integrated Care Board

- Access to psychologically informed guided self help
- Peer support and carer support
- A digital, face to face and phone offer
- Training and education offer to Primary Care colleagues
- Evaluation of gaps and need with a focus to address health inequalities and barriers

Disordered Eating Guided Self-Help digital offer

- Consistent offer across Kirklees and Calderdale
- Available for 18+
- Review after year one to identify additional need/gaps
- Link to new roles within the transformed mental health PCN model

Children, Young People's Mental Health PCN offer

- Provide specialised mental health assessment to CYP's in primary care
- Provide low level techniques to manage first episode mental health concerns
- Support GPs in management of CYP's mental health.
- Reduce service gap
- Support new models of care putting patient first and at the centre

TIPD peer support within the Recovery College



NHS West Yorkshire
Integrated Care Board

- Provide peer to peer 'lived experience' support
- Enable recovery which involves a process of growth and transformation as the person moves beyond a period of acute distress (often associated with complex emotional needs)
- Develops a focus on new-found strengths enabling self-management and building resilience

Community Pathways 1



**South West
Yorkshire Partnership**
NHS Foundation Trust

Community services provide assessment, care management and interventions utilising a range of innovative means of communication and ensuring face to face contacts are made wherever these are clinically indicated.

Work continues in front line services to adopt collaborative approaches to care planning, build community resilience, and to offer care at home. This includes providing robust gatekeeping, trauma informed care and effective intensive home treatment. Teams are working closely with the acute pathway to tackle barriers to discharge, reduce the demand for out of area placements and to ensure purposeful admissions and timely returns to the community.

We continue to work in collaboration with our places to implement the community mental health transformation. We are looking at the core and enhanced pathways in terms of local place and the trust offer, to ensure we optimise our opportunities for innovation, effectiveness and partnership working and that we achieve the best model possible for our service users and carers.

Community Transformation in Kirklees



South West
Yorkshire Partnership
NHS Foundation Trust

SWYPFT have been working closely with the Kirklees partnership to help design, recruit and support roles that form part of the new community transformation model.

By 2023/24 the programme will ensure that each Primary Care Network will benefit from a co-located, mini-mental health team, working together to provide a seamless service with interventions of varying intensity, appropriate to the individual level of need – with integrated pathways to the core specialist hub



Community pathways (2)



South West
Yorkshire Partnership
NHS Foundation Trust

Community teams are experiencing significant workforce challenges, we currently have higher than usual levels of vacancies in community teams for qualified practitioners and proactive attempts to fill these have had limited success. We have action plans in place for teams where there are particular challenges and continue to be proactive and innovative in our approaches to recruitment for example the introduction of Trainee Nurse Associate roles in Kirklees following new investment by commissioners.

We are experiencing challenges after a period of sustained increased demand. This has led to pressures in Single Point of Access (SPA) necessitating the use of additional staff and sessions for assessment slots. Workforce challenges are continuing to compound these problems. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment is at some risk of being delayed. The situation is being kept under close review by General Managers and teams and all possible mitigations are in place.

Section 4

How can people access services

Access of mental health support

Access for all via:

- Doctor's Surgery
- Voluntary Sector
- Digital programmes
- Recovery College
- 111
- A&E onward referral
- Self help

**These can be accessed via the web, telephone or in person.*

Specialist access:

- Secondary care
- Tertiary services such as chronic fatigue

**These can be accessed by referral from GP or another route such as IFR.*

Partnership working

What mental health support in the community via the partnership?

- WomenCentre
- Richmond Fellowship project
- Support 2 Recovery (S2R), including The Great outdoors (TGO)
- Hoot
- Cloverleaf Kirklees Advocacy
- Carers Count
- CLEAR
- Active for Life (via Wellness service)
- Brain in Hand app

What type of mental health/wellbeing support is available in communities via the partnership?

- Indoor and outdoor activity
- Employment support
- Specialist and creative women's services
- Peer support
- Volunteer support/access to volunteering
- Creative writing, singing, visual art, music and digital music across Kirklees
- Growing projects and nature based wellbeing
- Statutory mental health advocacy (IMHA) for people detained under the Mental Health Act
- Non-Statutory community mental health advocacy for people who have mental health and struggling with access to services

How do the community access the support they need?

- By attending groups at centres or out in the community
- Online via: interactive groups, YouTube how to, Facebook, Twitter etc, What's App /Zoom support groups.
- Signposting
- Via self or professional referral
- Drop ins and welcome sessions

Are there any gaps which the partnership encounters, in the support you're able to give?

- People wanting more out of hours support
- Increased demand for befriending
- Waiting lists for carer's breaks
- Demand for counselling

Our Approach to Commissioning with VCSE Partners

The VCSE sector in Kirklees is an integral part of the Kirklees H&C Partnership.

This is reflected in:

The Health & Care Plan:

The role of the VCSE is integral to the delivery.

The plan also explicitly includes the identified risks to the sustainability of the VCSE sector.

Our ways of working,

VCSE having strong representation on ICB Committee, H&C Partnership Forum, Delivery Collaborative, Workforce Steering Group, Mental Health Collaborative, and Communications and Involvement Network.

Our Kirklees VCSE Investment Strategy

has been signed up to by the H&C Partnership, in line with the 7 agreed actions.

Delivery of the Strategy is supported by the Kirklees Third sector leaders Infrastructure Alliance

Our Inclusive Communities Framework,

developed in conjunction with the VCSE, sets out our ambitions for working with the VCSE and communities.

Our work with the sector

to work better with communities through our Community Voices and Community Champion programmes [which includes infrastructure & scheme financial support]

Recognising and supporting the VCSE as partners:

to commission and deliver services. For example via our Mental Health Collaborative and increasingly through the ongoing development of our Well Programmes

Our Approach to Commissioning with VCSE Partners



NHS West Yorkshire
Integrated Care Board

we recognise the financial challenges facing our VCSE sector, and that the challenging financial position of both the ICB and LA will impact on this both in terms of commissioned services and infrastructure support. With this in mind, we used our Kirklees ICB Committee Development Session in Oct 2023 to focus on how we work with our VCSE including future challenges and opportunities. In addition we have established relationships at a senior level with Third Sector Leaders Kirklees and an ongoing dialogue around this.

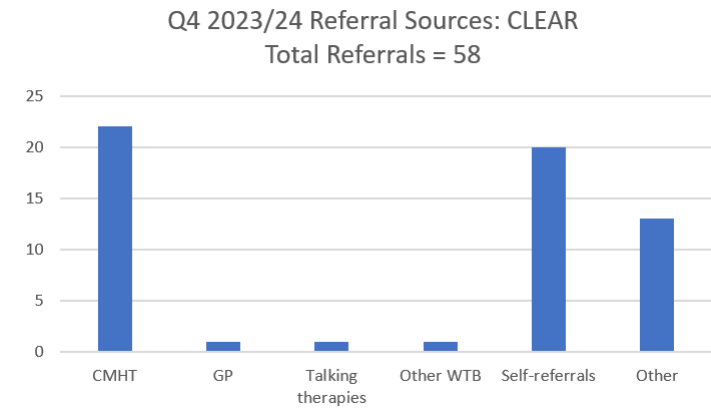
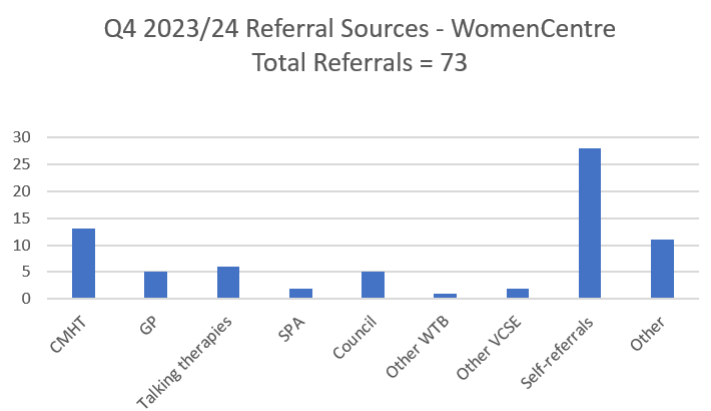
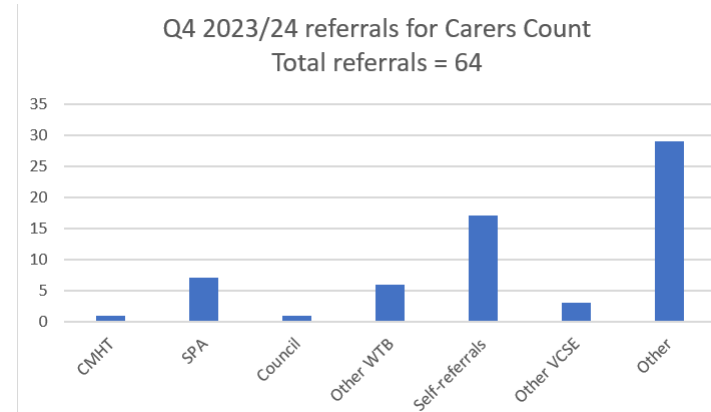
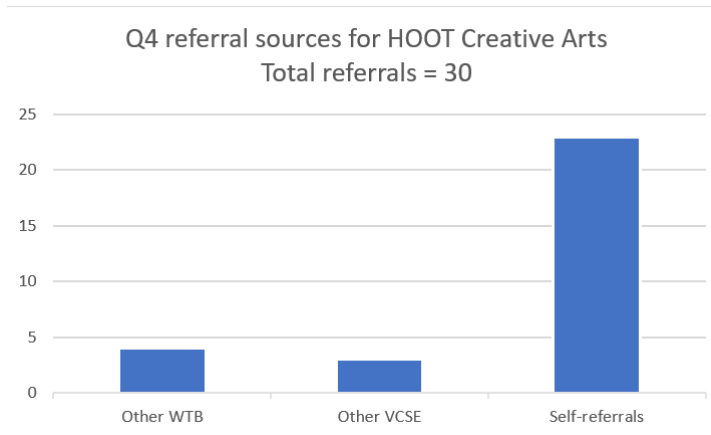
So recognising that this is not easy, steps we are taking include:

- through the disinvestment protocol we have explicit reference to consider the impact on VCSE – including proportionality principles.
- Being open, honest, and transparent with each other so that we are having meaningful, if sometimes difficult, conversations
- Mapping current spend with the VCSE. (high level info attached). - The existing mapping has already identified some areas where we can make improvements, for example around simplifying payment arrangements.
- Prioritising key areas of work to help to ensure financial stability. For example, our Community Champions moving from a non-recurrent funding.
- Working with system partners to maximise the total value of local funding and minimise duplication.
- In line with our H&C Plan, maximise the input of community and VCSE organisations where they can add most value to our priorities. For example with the work we are doing with Sport England, where they have a vital role in working with communities.

Developing other ways to support the sector ,that may not be explicitly about direct funding. This includes:

- by supporting our staff to develop closer links with the sector. A number of organisations in our H&C Partnership have staff volunteering schemes which allows their employees to support VCSE organisations.
- working with our Power of Communities Programme to help to develop a scheme for the ICB and are looking to pilot this in Kirklees [subject to this being approved]
- The objectives of Keep it Local are very similar to those already across the Kirklees Health and Care Partnership. So this is about where it can help us move forward with these, rather than separate areas of work.

Working Together Better – Q4 referral sources



Partnership working



South West
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NHS Foundation Trust

- Bringing together the skills and expertise of the workforce enhancing the quality and consistency of services across Gateway / SPA, Core, Enhanced and the Social Care Hub.
- Clearly defined roles and responsibilities across to promote a clear social care identity and true multi-disciplinary working.
- Strong focus on Care Act 2014 compliance within the comprehensive Mental Health Assessment, quality improvement and awareness of safeguarding and self-neglect pathways.
- Reduced duplication of work and 'hand offs' for service users, preventing unnecessary movement around a complex system, and avoidable hospital admissions and reducing patient waits.
- Delivery of strength-based approaches and practice.
- Improved managerial authorisation processes to ensure the most appropriate use of resources.
- Development and nurturing of a skilled work force with a training package suitable to their needs, ensuring accountability and recording on council systems.
- Provision of a system by which cases can be discharged from secondary mental health, but still reviewed regularly to ensure care and support needs were being met.
- Reduced use of inappropriate residential placements.

Section 5

Talking Therapies

- 100% of people who are referred into IAPT wait less than 6 weeks for their first assessment, which is over the national wait time target of 75%
- Within IAPT there are 2 main treatment options
 1. Low intensity cognitive behavioural therapy (CBT) - Guided self-help / Computerised CBT/ groups
 2. High intensity – CBT, counselling for depression, EMDR, couples therapy for depression and interpersonal therapy.
- There are no wait times for low intensity - with people accessing treatment immediately following assessment

Talking Therapies pathways (2)

- Wait times for high intensity are grouped together - the performance target is that less than 10% of people should wait for more than 90 days to start treatment.

Q1 performance

Measure	Target	Quarter 1
Access treatment within 90 days (2nd contact)	90%	70.74%

- People accessing high intensity treatment are waiting longer due to workforce pressures and difficulties in recruiting to qualified therapist positions – this is a national challenge and not specific to Kirklees
- Some people wait longer because they have specific choices for example – a male therapist or a particular location.
- Everybody waiting for therapy has had an assessment of their risk and are offered psychoeducational material.

Access and assessments

Routine access within 14 days is being managed well across the teams with performance currently averaging 81% (430 average) for referrals seen within that time, despite some challenges in SPA in terms of capacity and managing demand. The service continues with business continuity measures and a quality improvement plan.

Access into treatment in 6 weeks has been 89% (190 average) This is following an improving trajectory of performance, due to high demand in SPA, challenges within enhanced teams and pressures in arranging timely outpatient appointments.

We are currently following a 6-step quality improvement approach guided by data and community insight that aims to improve waiting times and improve access:

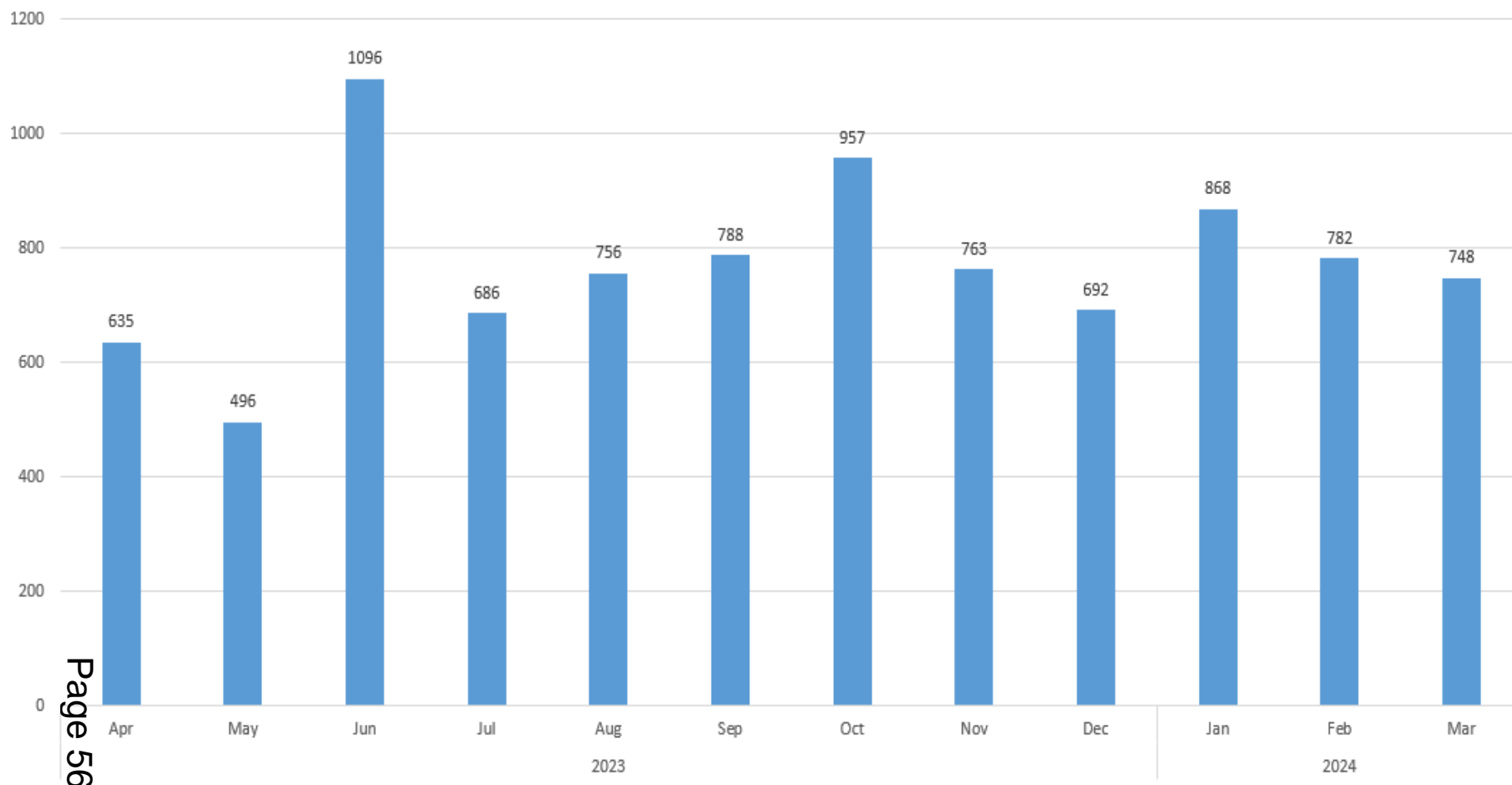
- Develop guiding principles for waiting well waiting fair
- Use learning from improvement projects - Reduce waits through service QI activity such as LEAN processes, managing DNAs
- Improve support whilst waiting (waiting well) and consolidate operational innovations
- Gain understanding of the wider determinants and what we can do to reduce inequalities (waiting fairly)

Number of referrals received into the Kirklees SPA (23/24)



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Referrals to SPA Split by Month - Kirklees Place

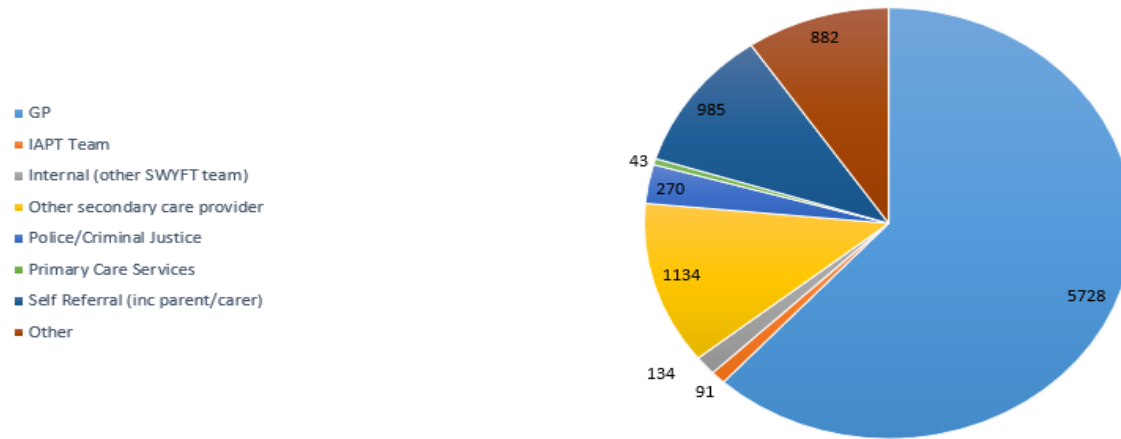


Breakdown of referrals by source 23/24



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Referral Source Breakdown over the last 12 months - Kirklees Place



Over the Last 12 Months

61.8%

of referrals were from GPs

and

10.6%

were self referrals

Section 6

Self-referrals and referrals from GP for mental health assessments

Section 7

NHS and other providers

Independent Sector

- Tertiary services such as chronic fatigue in Leeds, specialist eating disorders in Leeds
- Accommodation services
- Mental health secondary care services are subject to choice
- Boundaries for example those living in Scissett choose South Yorkshire services
- Reasons behind choice can include:
 - Longer waiting times
 - Peer support (ADHD/ASD)
 - Boundaries
- We receive very little through the Individual Funding Request (IFR) process

Section 8

DOLS

Section 9

Crisis referrals, access & workload

Crisis referrals



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IHBT and Mental Health Liaison are 24/7 services working with the most vulnerable service users and those most at risk: ensuring safe and effective care at home for those people who would otherwise need admission to hospital.

MHLT work in acute hospitals offering assessment and interventions with service users presenting with mental health challenges in Accident and Emergency departments and inpatient wards

IHBT undertake a gatekeeping function for all inpatient beds.

The teams consistently meet the key performance requirements.

They continue to experience a high level of demand:

Kirklees IHBT referrals - average per month; 2022/23 = 125 2023/24 = 101 2024/25 = 94

Kirklees MHLT referrals: average per month; 2022/23 = 289 2023/24 = 293, 2024/25 = 307

Intensive home based treatment team update



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- The intensive home-based treatment team works with the most vulnerable service users and those most at risk, ensuring safe and effective care at home for those people who would otherwise need admission to hospital.
- They provide a 24/7 service.
- They undertake a gatekeeping function for all inpatient beds.
- The teams consistently meet the key performance requirements, which include time to contact – 4hr to assessment for crisis referrals and follow-up with 72hrs of people leaving a mental health ward.
- The team average 106 referrals a month and provide on average 615 contacts with service users per month. (three-year data)
- The team have recently increased its consultant psychiatrist establishment to two WTE which is supporting the needs of service users and the team.

Crisis pathways: partnership working in Kirklees



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Collaborative working - residents of Kirklees are able to access a 24/7 mental health support line when they need support. Provided as part of a West Yorkshire ICB initiative the support line offers support when needed or signposting to an appropriate local service. Additionally, there is a separate Bereavement line (previously known as the West Yorkshire Grief and Loss line) which operates between 8am and 8pm, and this was established as part of the health and care response to Covid.

Mental health teams from across the Kirklees Health and Care Partnership and the 3rd sector have worked together to establish a crisis house which acts as a short term (up to 7 days) residential placement when the individual is unable to remain at their home but, following an assessment by the Intensive Home-based Treatment Team, requires a level of support which can safely be provided at the crisis house rather than a hospital setting.

Residents of Kirklees have access to the Here For You service which is run by Touchstone. It's a phone and place-based service which currently operates 6pm to midnight 7 nights a week. It helps people in person or on the phone with their crisis. The team follow-up with their guests on the next working day to check in with people and help with signposting or ongoing support to maintain wellness.

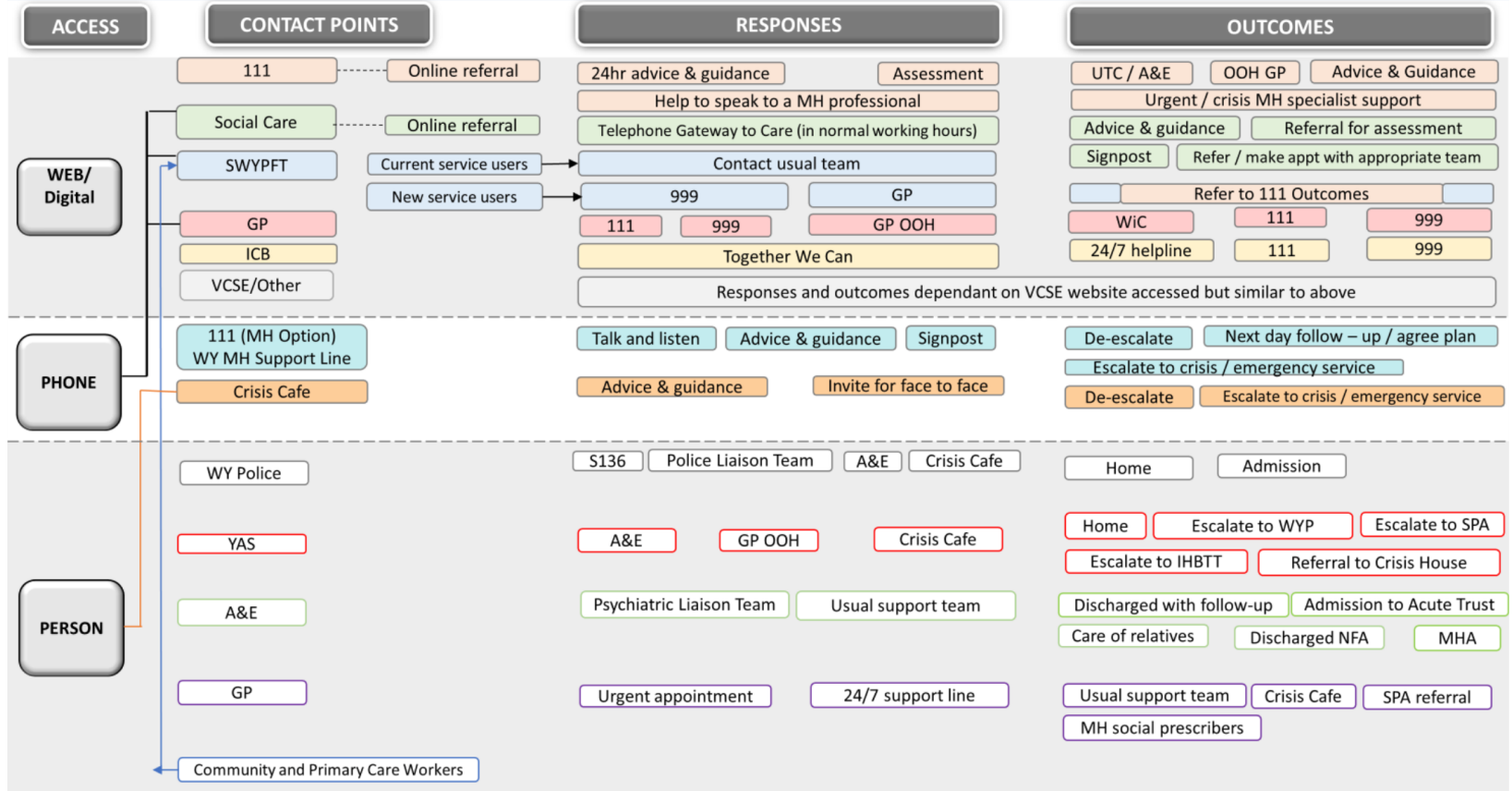
We have introduced of a call response pathway where YAS can refer people with a mental health need can be directly referred into to a SWYPFT crisis response where this may be clinically indicated.

Crisis pathways

Access, contacts, responses & outcomes



Adult Crisis Pathway - main



Alternatives to crisis – telephone support



- ❖ 24hours X 7 days a week mental health support line
- ❖ Commissioned by NHS West Yorkshire Integrated Care Board
- ❖ Provided by Nottingham Community Housing Association
- ❖ Table below shows
 - number of calls identified as being from Kirklees and total calls
 - number of calls from area 'unknown'
 - number of calls to 111 routed to local support

Area	April	May	June
Kirklees calls	403	493	435
Unknown	3179	2319	1795
Total	5608	6959	6532
Diverts from 111		2115	2616

Alternatives to crisis – Here For You service

- ❖ Here For You service (previously known as Well-bean Crisis Café)
- ❖ Commissioned by NHS West Yorkshire Integrated Care Board
- ❖ Provided by Touchstone 7 nights per week at Trinity Street, Batley Carr
 - ✓ 387 support interventions provided during Q1 of 2024/25
 - ✓ 35 individual supported during the quarter
 - ✓ 15 new individuals referred (5 self-referred, 3 from IHTT, YAS & others)
- ❖ People signposted to other alternative services, dependent on need.

Service user feedback

“I used to use A&E twice a week for self-harm. For last 3 months, since coming here, I have not been once.”

“I tried to take my own life and saw your poster and haven’t made another attempt since coming here.”

Alternatives to crisis – REST. Service

- ❖ REST. service (previously known as Crisis House)
- ❖ Commissioned by NHS West Yorkshire Integrated Care Board
- ❖ Provided by Community Links 24X7 at Trinity Street, Batley Carr
 - ✓ 25 people accepted into service for a short residential stay
 - ✓ Referrals accepted from Enhanced Team (17), IHTT (6) and KOT (2)
 - ✓ Average length of stay is 5.4 nights

Service user feedback

“I just want to thank every single person that is involved in the care and treatment making REST. such a welcoming and lovely place.”

REST. service user activity with other services



NHS West Yorkshire
Integrated Care Board

Patient A – Several previous admissions to an acute ward ranging in length from a few weeks to a few months in 2022 -2023. No noted benefit to the admissions from an objective view, appears to have created a dependence on admission when stressors increased and following each discharge requesting re-admission within days. REST utilised in 2023 and found it helpful specifically interventions from staff focusing on coping skills, safety planning and demonstrating compassion and validation. From IHBT view, REST encourage autonomy and increased independence. Following first admission, co-created a care plan where REST to be given consideration before looking at hospital which has largely been successful. Also encourage working with IHBT but has used REST on a further 2 occasions. 10/07/24 – Referred for Gatekeeping, admission to hospital agreed – notes do not state if REST explored

Patient B – Had been with IHBT for 2 weeks, minimal improvement. Long history of formal and informal admissions to acute wards, primarily for the purpose of risk management and not for therapeutic value. Admission to hospital also shown to increase risks to self. REST utilised which the patient found this helpful from a respite aspect and also reduced feelings of shame they associated with hospital admission. No further referral to REST, hospital or IHBT since.

Patient C – Was referred to REST whilst awaiting admission to hospital in A&E at the request of Senior Management. There were concerns by IHBT this was initially not appropriate use of REST (i.e. when someone has been assessed as needing hospital admission). However, they engaged well with REST and IHBT, and before hospital bed identified, admission stood down. Both patient and IHBT staff found the REST service to be of more therapeutic value for the person and the stay enabled further period of risk assessment (patient previously unknown to MH services). No referrals to REST, hospital or IHBT since.

Patient D – Under care of IHBT for approximately 6 days before referral made to REST. Main purpose of referral was to support patient engaging in a robust safety plan and allow for respite from home environment. Reported 1:1 time provided to practice coping skills very helpful. No referrals to REST, hospital or IHBT since.

Patient E – Referred by KIHBT, stayed full 7 days. Patient reported time staff spent with her practicing coping skills helpful. Allowed family respite and more comprehensive assessment of presentation for IHBT practitioners. Returned home and further period with IHBT before discharge back to Core team.

Mental Health Response Vehicles



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Integrated Care Board

Programme Objectives



Reduced ED conveyance rate



Increased confidence of frontline staff to support patients in MH crisis



Reduce the number of mental health incidents requiring 'at-scene' response



Improve patient satisfaction levels



Releasing ambulance resources for higher acuity calls

- Investment in YAS MHRVs
- Roll-out across the region
- Piloted in Hull, Rotherham and Wakefield
- Wakefield MHRV covers Kirklees too
- Calderdale & Kirklees now have an additional MHRV
- Specially trained workforce

Additional Resources

- ✓ 24X7 mental health crisis support line (Freephone or access via 111)
- ✓ 24X7 psychiatric liaison team covering general hospitals DDH, HRI, etc
- ✓ Additional screening and triage resource in Emergency Departments
- ✓ Additional support for people with MH conditions staying in hospital
- ✓ MH ED steering groups covering CHFT and MYTHT
- ✓ Additional resource for West Yorkshire Police – street triage & control
- ✓ Section 136 suites at The Dales (Halifax) and Fieldhead (Wakefield)
- ✓ Alternatives to Crisis – Crisis House REST. service (Community Links)
- ✓ Alternatives to Crisis – Crisis Café Here for you service (Touchstone)

Suicide Prevention



NHS West Yorkshire
Integrated Care Board

- Reducing suicide rates is one of the ten West Yorkshire ambitions.
- New suicide audit findings for years 2019-2021 inclusive, with executive summary report and recommendations available here: [Help for somebody with suicidal thoughts | Kirklees Council](#)
- Updated/revised mental health support card for Kirklees communities and service providers is available. Approximately 23,000 have been distributed already since April 2024.
- New service Stepping Stones commissioned across Calderdale, Kirklees and Wakefield, to help reduce pressure within crisis services, and respond to those at greater risk of suicide.
- Delivery of a self-harm workshop in July 2024 with stakeholders and system partners to raise awareness of self-harm and better understand how to respond. Self-harm is a key risk factor for suicide.
- Campaign work with Huddersfield Town foundation and Huddersfield Giants to reach young to middle aged men who connect with sporting clubs in Kirklees.
- Commissioned family postvention worker for families and young people bereaved of suicide in Kirklees
- Commissioned suicide prevention training across Kirklees, reaching those who are most likely to come into contact with those at risk of suicide.
- Working within the council, but also with system partners to work towards becoming a trauma informed organisation. Some of our more vulnerable communities are more likely to have experienced trauma, which in turn leads to some long term health conditions and mental health conditions.

Section 10

What are the gaps in mental health services

Gaps identified and work underway to address them

1. One of the identified gaps in mental health services was the provision for people with eating disorders whose needs did not meet the criteria for the West Yorkshire CONNECT service.

**A newly commissioned service will provide early access and psychological interventions for people with a range of disordered eating concerns.*

2. Transitions from child to adult services for people aged between 18-25 is an area which would benefit from system wide development, as would ADHD ASD waits and access.

**West Yorkshire steering group; place-based work; digital solutions; pathway redesign; transitions – Starting Well Programme and Kirklees Keep in Mind.*

Gaps identified and work underway to address them

3. Kirklees community mental health pathways have continued to see a high rate of referrals and demand for services following Covid, which has led to longer waits for people requiring specific psychological therapies. National shortages of suitably qualified clinical psychological therapists has added to the challenge.

**SWYPFT and Kirklees ICB have worked together to provide additional mental health resource within the PCN's providing earlier and simpler access to mental health professionals to help manage the demand for services in a local and accessible way.*

** System workforce group; International recruitment programme; reviewing recruitment processes*

Gaps identified and work underway to address them

4. Public and colleague awareness over the range of services, how to access them and managing public expectations

**Systems partners working together to ensure consistent and directional information is available on websites and in places the public would seek help from, such as the 'Z' card of mental health support. Regular briefings and updates for colleagues in partner organisations to update them on system and pathway changes.*

5. Data and data systems integration

**There is a need for systems partners to continue to work together to ensure data captured is useful and subject to robust analysis to address health inequalities, as well as the improved alignment of information systems beyond organisational boundaries to improve health and care outcomes.*

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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. 	
<p>Access to Dentistry (Kirklees issues)</p>	<p>To continue the focus on specific issues affecting dentistry across Kirklees to include:</p> <ul style="list-style-type: none"> • An update from the West Yorkshire Care Board on availability of appointments across Kirklees • The current situation on regular attendance at dentists • An update on surgical dental extractions for children • Waiting list positions • Imbalance in dental services across Kirklees Council • Health inequalities across Kirklees 	

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 2. Access to Dentistry 3. CQC state of Care
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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