

# Public Document Pack



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Tuesday 18 February 2025

## 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 26 February 2025**.

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 Eric Firth

Councillor Alison Munro

Councillor Jane Rylah

Councillor Habiban Zaman

Helen Clay (Co-Optee)

Kim Taylor (Co-Optee)

# Agenda

## Reports or Explanatory Notes Attached

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**Pages**

**1: Membership of the Panel**

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

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**2: Minutes of previous meeting**

1 - 10

To approve the Minutes of the meeting of the Panel held on the 27<sup>th</sup> November 2024 and 10<sup>th</sup> January 2025.

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**3: Declaration of Interests**

11 - 12

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

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**4: Admission of the public**

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

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**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.

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## **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.

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## **7: Healthy Child Programme (HCP) 0-19 Service**

13 - 18

The Panel will receive an overview of the Healthy Child Programme (HCP) and the background to the HCP contract.

Members of the Children's Scrutiny Panel will be in attendance to consider this item.

Contact: Lucy Wearmouth, Head of Improving Population Health.

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## **8: Kirklees Safeguarding Adults Board Annual Report 2023/24**

19 - 22

The Panel will receive the Kirklees Safeguarding Adults Board Annual Report 2023/24.

Contact; Jacqui Stansfield, Service Manager, Kirklees Safeguarding Adult Board. Tel: 01484 221000.

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## **9: Joint Health Overview and Scrutiny Committee update**

23 - 40

The Panel will receive an update from the following Joint Health Overview and Scrutiny Committees:

- Calderdale and Kirklees Joint Health Scrutiny Committee,
- West Yorkshire Joint Health Scrutiny Committee,
- Joint Adults Health Scrutiny Committee.

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

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**10: Work Programme 2024/25**

41 - 50

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

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

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27Contact Officer: Nicola Sylvester

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Wednesday 27th November 2024**

Present: Councillor Jo Lawson (Chair)  
Councillor Timothy Bamford  
Councillor Alison Munro  
Councillor Eric Firth  
Councillor Jane Rylah

Co-optees Kim Taylor

In attendance: Cath Simms, Service Director, Adults Social Care Operation  
Richard Cumbers, Head of Service, Adults Social Care Operations  
Vicky Dutchburn, Director of operational delivery and performance, Kirklees ICB  
Gary Boothby, Director of Finance, Calderdale and Huddersfield NHS Foundation Trust  
Councillor Beverly Addy, Cabinet Member for Health and Adults Social Care

Observers: Councillor Elizabeth Smaje  
Stacey Appleyard, Kirklees Healthwatch

Apologies: Helen Clay (Co-Optee)

**1 Membership of the Panel**

Apologies were received from Helen Clay, Co-optee.

**2 Minutes of previous meeting**

**RESOLVED-**

That the minutes of the meeting dated 9<sup>th</sup> October 2024 be approved as a correct record with the following amendment - That Councillor Jane Rylah be recorded as an observer and not a member of the panel at this meeting.

**3 Declaration of Interests**

Councillor Jo Lawson declared an interest as a bank worker for Calderdale and Huddersfield NHS Foundation Trust.

**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 public questions were received.

**7 NHS 10 Year Plan**

The Panel received a presentation on the NHS's 10-year plan.

Cath Simms, Service Director of Adults Social Care Operations explained that the 10-year health plan was part of the governments mission to build a health service fit for the future following Lord Darzi's independent review of the NHS in England, published on 12<sup>th</sup> September 2024. The government was now working to develop a plan to tackle the challenges, co-developing with the public, staff and patients through a detailed engagement exercise.

Ms Simms advised that there were 3 'shifts' that related to big changes to the way health and care services worked, with parties agreeing that necessary improvements to health and care services in England were:

- Moving more care from hospital to communities,
- Making better use of technology in health and care,
- Focusing on preventing sickness, not just treating it.

A consultation to hear organisations views was currently ongoing, with questions aimed at both the public and health and care sector workers, to ensure views and experiences could be shared with organisational responses, which was to be submitted by 5pm on Monday 2<sup>nd</sup> December 2024.

During discussion of this item, the Panel noted that in regards of technology in health and care, that within Kirklees footprint there would be a community diagnostic hub on the university campus from 2025, where MRI and CT scans would take place along with other diagnostics.

**RESOLVED-**

- 1) That the NHS 10-year plan be noted
- 2) That officers be thanked for their presentation.

**8 Health System Financial Overview**

The Panel received a presentation on Health System Financial Overview where financial performance management focused on Kirklees Integrated Care Board and Calderdale and Huddersfield NHS Foundation Trust. Health and Care Partnership included all partners along with Locala, Hospices and Local Authorities.

Gary Boothby, Director of Finance, Calderdale and Huddersfield NHS Foundation Trust explained that partners had planned an overspend of £6.75 million. To deliver the overspend it was assumed that partners were able to deliver savings of £125.6 million. At month 7, there was an adverse variance of £12.36 million, with drivers being pressures on health care budgets, pay award pressures, slippage of efficiency programmes and non-elective activity pressures. Kirklees Integrated Care Board and Calderdale and Huddersfield NHS Foundation Trust were forecasting that they



## Health and Adult Social Care Scrutiny Panel - 27 November 2024

would meet their plans, with Mid Yorkshire NHS Teaching Trust flagging that their plans would not be deliverable up to a total of £15 million for this year. Risks to delivering the agreed plans for the Integrated Care Board and Calderdale and Huddersfield NHS Foundation Trust were significant volatility on drugs and prescribing, Independent Sector activity, pay banding for staff and winter challenges. The Panel noted that at Calderdale and Huddersfield NHS Foundation Trust all available beds were currently in use, which was not planned. Year to date figures showed that there was an extra 7% of attendances at the Accident & Emergency department and a 14% increase on non-elective activity.

Mr Boothby advised that Calderdale and Huddersfield NHS Foundation Trust planned to spend £58.3 million on capital and were not planning on borrowing any further cash.

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

- Calderdale and Huddersfield NHS Foundation Trust were not in a position to resolve the adverse variant, however, they were working with national teams regarding the challenges and were doing everything within their control.
- The number of patients attending Accident & Emergency was due to increased acuities than previously,
- All organisations had tight vacancy controls, with each organisation implementing quality impact assessment to ensure there was no adverse clinical impact,
- Bed occupancy was a challenge nationwide,
- Hospitals were not responsible for community pharmacists,
- Community pharmacists could prescribe for 5 diagnostics, which was first level antibiotics only,
- Pharmacies within GP practices tended to do better than community pharmacies. Small independent pharmacies struggled with wider prescribing, due to the cost of some drugs,
- The lack of availability of some drugs was due to the lack of manufacturing availability and importing due to Brexit,
- There was capital investment for a pharmacy manufacturing site at Acre Mills, Huddersfield to help with the availability of some drugs,
- For governance of monitoring performance, Mid Yorkshire hospitals NHS Trust's performance was monitoring through Wakefield's Integrated Care board. It was noted that for Calderdale and Huddersfield NHS Foundation Trust the Integrated Care Board lead was Kirklees, South West Yorkshire NSH Foundation Trust's Integrated Care Board lead was Calderdale and Mid Yorkshire hospitals NHS Trust's Integrated Care Board lead was Wakefield. All leads then reported to the West Yorkshire Integrated Care Board. All partners were part of the Health and Care Board.
- The pay award for band 2 to band 3 pay progression was in specific areas. This was a national challenge, with a lack of clarity around how far back the pay award should go. Calderdale and Huddersfield NHS Foundation Trust was currently in discussion with trade unions regarding this.

**RESOLVED-**

- 1) That the Health System Financial Overview report be noted
- 2) That officers be thanked for their presentation.

**9 Supporting Hospital Discharge**

The Panel received a presentation to provide information and assurance on how Adult Social Care were supporting hospital discharges.

Richard Cumbers, Head of Service, Adults Social Care Operations advised the Panel that supporting hospital discharges for resident of Kirklees was a key priority for Adults and Social Care at Kirklees Council. Across Kirklees the council had two hospital discharges teams, one base at Huddersfield Royal Infirmary and the other based at Dewsbury District Hospital. The team at Dewsbury District Hospital supported discharges from Wakefield Pinderfields Hospital and the Huddersfield Royal Infirmary team supported discharges from Calderdale Royal Hospital. To support discharges, a multiagency approach was undertaken via the daily integrated transfer of care huddles which included social workers, therapists and providers supporting a Home First model of care.

The Panel noted that a total of 18,689 hospital discharges had been achieved in Kirklees across Mid Yorkshire NHS Teaching Trust and Calderdale and Huddersfield NHS Foundation Trust since 1<sup>st</sup> January 2024 to 30 September 2024, across discharge pathways 0-3.

Mr Cumbers explained that:

- Pathway 1-Home First Reablement was a free of charge care package for up to 6 weeks in people's home. A social care assessment would then take place after 4 weeks if required.
- Pathway 2 – Intermediate care services provided support up to 6 weeks in a community Intermediate care bed setting or persons' own home. The time frame from referral to placement from hospital to Ings grove in Mirfield was 48,
- For Kirklees Integrated Community Equipment Services, the number of pieces of equipment ordered was delivered within the correct timeframe.

Cath Simms, Service Director, advised that acute trusts operate an Opel level with Calderdale and Huddersfield NHS Foundation Trust currently being in Opel 4. This was where the trust could describe when there were pressures, and Kirklees Council could respond appropriately. The response from the council was to work towards getting a speedy discharge where possible. When the Opel level dis get to a level where additional support was required, Kirklees Councils plans were put in place with additional support from other teams.

The Panel noted that the number of people who shouldn't be residing was at a similar level to last months figures and even similar figures in the summer months and asked if there were any plans to reduce the figures. Cath Simms responded to explain that the pathway redesign, and work undertaken across partners was the ambition to reduce this.

## **Health and Adult Social Care Scrutiny Panel - 27 November 2024**

The current Opel 4 situation arose due to an outbreak on some wards, which meant no one could be discharged from those wards, this wasn't a system error, it was about being prepared once the outbreak was finished.

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

- The trust assessors were based in hospitals, they did work on behalf of care homes, sharing information across multiple homes,
- Residents discharged onto pathway 1, if it was felt support was needed long term, the assessment would be carried out whilst the reablement was undertaken with support starting immediately on discharge,
- The reason for the 'No need to reside' figures in the summertime that was 17-18% was various reasons with an example of no reason to reside being at the point deemed medically fit for discharge. This could change prior to discharge for several reasons,
- The number of discharges across trusts was average compared with national statistics,
- GP's were notified of patients who had been discharged from hospital, providing reasons for admission and any follow up's required,
- Long term package targets for pathway 3 was to turnaround the package within 5 days,
- Feedback from Healthwatch Kirklees advised that for the past 3-6 months they had worked with discharge teams and made recommendations to the aging well board and discharge working groups. Healthwatch confirmed that they had noted improvements from their recommendations
- Support for carers on pathway 0 was a support service, where carers could go for advice.

### **RESOLVED:**

- 1) That the supporting hospital discharge presentation be noted,
- 2) That information be provided to the Panel on the percentage of patients who had been discharged on pathway 0-1 who were then re-admitted
- 3) That an update be provided to the Lead Member for Health and Adults Social Care when Opel 4 is in place for a consistent length of time
- 4) That officers be thanked for their presentation.

## **10 Work Programme 2024/25**

A discussion took place on the 2024/25 work programme and agenda plan.

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Contact Officer: Nicola Sylvester

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Friday 10th January 2025**

Present:

Councillor Timothy Bamford  
Councillor Eric Firth  
Councillor Alison Munro  
Councillor Jane Rylah  
Councillor Habiban Zaman

Co-optees

Helen Clay  
Kim Taylor

In attendance:

Councillor Beverly Addy, Portfolio Holder for Health and Social Care,  
Michelle Cross, Executive Director for Adults and Health,  
Saf Bhuta, Head of In-house provision, Adults Social Care,  
Kevin Mulvaney, Service Director, Finance,  
Jon Haigh, Finance Manager.

Apologies:

Councillor Jo Lawson

#### **1 Election of Chair**

##### **RESOLVED-**

That Councillor Alison Munro be appointed Chair for the meeting.

#### **2 Membership of the Panel**

Apologies were received from Councillor Jo Lawson.

#### **3 Declaration of Interests**

No Interests were declared.

#### **4 Admission of the public**

##### **RESOLVED-**

That the public be excluded from the meeting for part of the discussion as exempt information under Part 1 of the Local Government Act 1972 (as amended) would be disclosed in respect of information relating to the financial or business affairs of any particular information (including the authority holding that information).

**5 Call-in of the Future of Council Operated Dementia Care Home Provision (Castle Grange and Claremont House)**

The Scrutiny Panel considered the grounds of a call-in request, in respect of a Cabinet decision taken on 10<sup>th</sup> December 2024 in relation to the future of Council operated dementia care home provision (Castle Grange and Claremont House).

The two validated decision making areas which were the focus of the call-in review meeting were:

- Openness - A lack of transparency over the financial rationalisation for privatisation.
- Relevant Considerations - Financial Discrepancies and Opaqueness.

The Panel had submitted a number of questions in advance of the meeting relating to the notice of call in and responses were provided by the Cabinet Member and Officers during the meeting.

At the review meeting, the Scrutiny Panel considered verbal submissions from Councillors who were signatories to the call in, Councillors who were not signatories to the call in, and members of the public. The Panel also considered the responses of the Cabinet Member and Senior Officers of Adults Social Care to the areas of focus.

During discussion of the Call In, the Panel questioned the information that had been available to members of the public, along with information available to Cabinet Members in their decision making on 10<sup>th</sup> December 2024. A five-year financial analysis report was provided to Panel members prior to the call-in, which Officers confirmed had not been provided to Cabinet Members in their decision making on 10<sup>th</sup> December 2024.

The Panel considered everything that had been submitted in writing and verbally at the hearing. This included information that had informed Cabinets final decision.

The Panel considered the three decision options set out in the Council's Constitution, that were available to it:

- (1) To take no further action and free the decision for implementation.
- (2) To refer it back to Cabinet with recommendations for amendment.
- (3) To refer it back to the next Council, if the Panel considered that the decision was not made in accordance with the budget or policy framework.

**RESOLVED-**

That the decision taken in relation to the Future of Council Operated Dementia Care Home Provision (Castle Grange and Claremont House) be referred to the Cabinet with the following recommendation in relation to the areas of focus as follows:

## **Health and Adult Social Care Scrutiny Panel - 10 January 2025**

That the decision be put on hold and that Cabinet be provided with the full, multi-year financial analysis in a further report and reconsider the decision on the basis of that information.

The Panel also highlighted the following learning points:

1. In order to ensure openness and transparency, full and complete information should be provided to all Cabinet Members and published in Cabinet reports, such as the multi-year financial analysis, wherever possible, restricted if necessary due to being private information.
2. That pre-decision scrutiny by the relevant Panel should be undertaken to inform significant Cabinet decisions.

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<b>KIRKLEES COUNCIL</b>				
<b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b>				
<b>DECLARATION OF INTERESTS</b>				
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:** Healthy Child Programme (HCP) 0-19 service

<b>Meeting</b>	<b>Health, Children’s and Adults Social Care Scrutiny Panel</b>
<b>Date</b>	<b>Wednesday 26<sup>th</sup> February</b>
<b>Cabinet Member</b> (if applicable)	<b>Cllr Beverley Addy</b>
<b>Key Decision Eligible for Call In</b>	<b>N/A N/A</b>
<p><b>Purpose of Report</b></p> <ul style="list-style-type: none"> <li>• To provide an overview of the Healthy Child Programme (HCP) and the background to the HCP contract.</li> <li>• To present and seek feedback on the vision for the HCP contract, effective from 1st April 2026.</li> <li>• To update the Scrutiny on the key milestones for the competitive tender process for the HCP.</li> <li>• To outline the governance flight path.</li> </ul>	
<p><b>Recommendations</b></p> <ol style="list-style-type: none"> <li>1. To continue with the proposed flight path for the Healthy Child Programme tender process.</li> <li>2. To provide feedback as Scrutiny panel members on the content of this report, specifically the vision for the Healthy Child Programme</li> </ol>	
<p><b>Resource Implication</b></p> <p>The value of the new contact will be £8.1 million per annum. The Service will be funded from the Public Health Grant and budget has been allocated for this. The total duration of the new contract will be 5 years with an option to extend for a further 5 years. The total over the 10-year period will be, £81,000,000.</p>	
<p><b>Date signed off by <u>Executive Director</u> &amp; name</b></p> <p><b>Is it also signed off by the Service Director for Finance?</b></p> <p><b>Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)?</b></p>	<p><b>Rachel Spencer-Henshall</b> <b>Signed off: 14/02/2025</b></p> <p><b>Kevin Mulvaney</b> <b>Signed off: 14/02/2025</b></p> <p><b>Samantha Lawton</b> <b>Signed off: 14/02/2025</b></p>

**Electoral wards affected:** All

**Ward councillors consulted:** N/A

**Public or private:** Public

**Has GDPR been considered?** Not appropriate for this report.

## **1. Executive Summary**

The purpose of this item is to inform Scrutiny about the upcoming Healthy Child Programme (HCP) tender and to update the panel on the following:

- The Healthy Child Programme (HCP) and the background to the HCP contract.
- To present and seek feedback on the vision for the HCP contract, effective from 1st April 2026.
- The key milestones for the competitive tender process for the HCP.
- The governance flight path.

## **2. Information required to take a decision**

### **2.1 Overview of the Healthy Child Programme**

The Healthy Child Programme (HCP) is a national, evidence-based public health initiative aimed at improving the health and well-being of children and young people from the antenatal period to age 19, and up to 25 for those with Special Educational Needs and Disabilities (SEND). Also known as the 0-19 service, the HCP aims to improve the health and well-being of children through;

- Health and development reviews,
- Health promotion,
- Parenting support,
- Screening and immunisation programmes.

The programme integrates health, education, and other key partners to provide comprehensive support for children and their families and is a mandated service as part of the Public Health Grant conditions.

The HCP is a mandated service to provide. Guidance outlines essential standards and mandated elements that local authorities must adhere to, ensuring consistent and comprehensive support for children's health and development across all regions.

There are five mandated health visiting contacts for children from pregnancy to age 2.5 years. These are;

1. Antenatal Visit: Around 28 weeks of pregnancy.
2. New Baby Review: 10-14 days after birth.
3. 6-8 Week Review: When the baby is 6-8 weeks old.
4. 1 Year Review: Around the child's first birthday.
5. 2-2.5 Year Review: Between the ages of 2 and 2.5 years.

### **2.2 Healthy Child Programme in Kirklees**

The Healthy Child Programme (HCP) was initially commissioned by Public Health on behalf of Kirklees Council (Public Health and Children's Services) and the Kirklees Integrated Care Board (ICB), previously known as Kirklees CCG.

The service began on 1st April 2017 and was commissioned for a five-year term, with an option to extend for an additional five years. The contract followed a lead provider model, with Locala as the lead provider, subcontracting services to South West Yorkshire Foundation Trust, Northorpe Hall, Home Start, and Yorkshire Children's Centre (now Fresh Futures). In October 2023, it was decided to disperse the lead provider model. Starting from 1st April 2024, for a two-year period Public Health has directly commissioned Locala to deliver the 0-19 service, encompassing Health Visiting and School Nursing, under a revised service specification. Locala's contract remains valid until 31st March 2026.

Between the 7th and 11th February 2022, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the Kirklees local area to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The published inspection report highlighted the requirement for a Written Statement of Action (WSOA) because of two significant areas of weakness in the local area's delivery of services in relation to special educational needs and disabilities.

One of the identified areas of weakness was the poor delivery of the HCP which did not support the identification of SEND in children at the earliest opportunity consistently.

Since this time, Public Health has worked closely with Locala in order to improve the performance of the mandated contacts. This work has involved a range of interventions and systems changes including improved governance and oversight, increased resource and capacity dedicated to the programme and closer collaboration with Children's colleagues and partners across the ICB system. The current performance of the Healthy Child Programme is as follows:

<b>Mandated contact</b>	<b>Data at time of inspection Q4 21/22</b>	<b>Data for Q3 24/25</b>
Antenatal visit face to face at 28 weeks and above	36%	41%
New birth visits within 14 days	8%	77%
6 - 8-week reviews	66%	82%
12 month reviews by 12 months of age	69%	85%
2.5 yr reviews by 2.5 yrs of age	43%	82%

In February 2024 a Provider Selection Regime Decision Report was approved at the Public Health and Corporate Resources SLT to commence a competitive tender process for the re-procurement of the HCP 0-19 Service. Following this, in February 2024 a Key Decision Notice was published to approve the two-year extension for Locala and to commence the re-

procurement exercise for the new service which will commence on 01 April 2026. A subsequent delegated decision by lead cabinet member was done in March 2024.

The decision report and subsequent conversation agreed to increase the contract value for the two-year extension by £800,000 per annum from the previous contract value. It was also agreed that the value of the new contract envelope commencing 01 April 2026 will be £8.1m per annum (an increase of £423,000). Increases were agreed mid contract and to the new contract envelope to ensure that the successful provider will be able to deliver the service as effectively as possible and to bring the funding envelope in line with neighbouring Local Authorities in the Yorkshire and Humber region.

### 2.3 Vision for the future Healthy Child Programme in Kirklees

The vision for the Healthy Child Programme (HCP) has been influenced by several key factors:

- **National HCP Commissioning Guidance:** Recommendations and guidelines provided at the national level for commissioning HCP services.
- **Local Insight and Engagement Results:** Feedback and data gathered from local stakeholders and communities.
- **2022 Yorkshire and Humber (Y&H) HCP Mapping Exercise:** A comprehensive review conducted by all 15 local authorities in the Yorkshire and Humber region which evaluated the HCP delivery models. This exercise has helped us understand and design an HCP model based on regional delivery.

The vision for the future HCP model is to:

- Fully deliver the mandated contacts for the HCP.
- Employ qualified staff while utilising a skills mix approach for delivery.
- Provide an equitable, flexible, and graduated approach according to need.
- Improve health and wellbeing outcomes and reduce inequalities for children and families across Kirklees, especially the most vulnerable.
- Ensure full integration and partnership working across the Kirklees system (including Families Together service, early years, and the voluntary sector).
- Address the needs of the 0-19 local population (up to 25 years for those with SEND).
- Focus on public health prevention and early intervention.
- Collaborate with local communities and understand the importance of place-based working.
- Be led by intelligence, including feedback from local communities.

Achieving the vision will ensure we have a more responsive, inclusive, and effective Healthy Child Programme that supports the overall health and development of children and families in Kirklees.

### 3. Implications for the Council

The Healthy Child Programme (HCP) is a vital commissioned service for Kirklees Council for several reasons:

- **Strategic Alignment:** It directly supports the delivery of the Kirklees Health and Care Plan, Health and Wellbeing Strategy, and the SEND Transformation Plan.
- **Health Improvement and Reduction in Inequalities:** The HCP enhances the health and wellbeing of children and young people from the antenatal period to age 19, and up to 25 for those with Special Educational Needs and Disabilities (SEND). Its universal reach and additional support for vulnerable families help reduce health inequalities.
- **Statutory Compliance:** It ensures the local authority meets its statutory duties, as certain elements of the HCP are mandated for delivery.

Overall, the HCP is essential for fostering a healthy start in life for children in Kirklees, leading to long-term health and wellbeing benefits for the entire population.

### 3.1 Council Plan

There are also clear links to the delivery of the Council Plan:

- Supporting the delivery of the Best Start and Well Shared Outcomes.
- Working to ensure that council services (and the services we commission) can become more modern, efficient and effective.
- Working with partners. We are working with a range of system partners in order to deliver a new Healthy Child Programme.

### 3.2 Financial Implications

The total financial implication will be £81,000,000 over a period of ten years.

### 3.3 Legal Implications

The procurement will adhere to and be conducted in accordance with The Health Care Services (Provider Selection Regime) Regulations 2003

### 3.4 Climate Change and Air Quality

- We are not expecting the new Healthy Child Programme to negatively impact on climate change or air quality.

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

- **No specific implications**
- **Integrated Impact Assessment (IIA)**

As part of this process, council officers will complete a full Integrated Impact Assessment in order to ensure that the new service is as equitable as possible and that we do not inadvertently negatively impact on any protected characteristic groups.

## 4 Consultation and Engagement

Engagement and consultation process to date has included:

- **Portfolio Holders:** Engagement with portfolio holders for Health and Social Care, Children's, and Education.
- **Internal and External Engagement:** Worked with a range of internal colleagues and external system partners, including ICB colleagues, Children's Services, Families Together Service, Procurement, Schools, Primary Care, and Safeguarding. This

engagement aimed to gather feedback on the current delivery model and gather thoughts/ideas on what should be delivered in a future model.

- **Public Engagement:** Direct engagement with parents and carers via a targeted survey. Engagement with Children and Young People via the Our Voice team across schools in North and South Kirklees.

## **5 Options**

### **5.1 Options Considered**

As part of the Provider Selection regime and the options available under the regulations, all options were considered alongside colleagues in procurement, and it was decided to pursue with the competitive process. This will allow the Local Authority to run a clear, transparent and competitive process to appoint the best provider for the delivery of this contract.

### **5.2 Reasons for recommended Option**

Running a competitive process allows the authority to make substantial changes to the service specification and Contract Particulars, to reduce future risks associated with cost increases and under performance of KPI's. This process also allows the authority to undertake benchmarking and market engagement prior to the tender exercise to ensure the new service is in line with current legislation, the latest operational practices and is fit for the future.

## **6 Next steps and timelines**

To continue working on the service specification and associated procurement documents ready for Cabinet on 6<sup>th</sup> May.

## **7 Contact officer**

Lucy Wearmouth, Head of Improving Population Health. [lucy.wearmouth@kirklees.gov.uk](mailto:lucy.wearmouth@kirklees.gov.uk).

## **8 Background Papers and History of Decisions**

Not applicable

## **9 Appendices**

Not applicable

## **10 Service Director responsible**

Rachel Spencer Henshall - Deputy Chief Executive and Executive Director for Public Health and Corporate Resources





**Report title: Kirklees Safeguarding Adults Board Annual Report.**

<b>Meeting</b>	Health and Adult Social Care Scrutiny Panel
<b>Date</b>	26 <sup>th</sup> February 2025
<b>Cabinet Member</b> (if applicable)	Cllr Beverly Addy, Portfolio Holder for Health and Care
<b>Key Decision Eligible for Call In</b>	Not Applicable
<b>Purpose of Report</b>	
To present the 2023/2024 Kirklees Safeguarding Adults Board Annual Report.	
<b>Recommendations</b>	
<ul style="list-style-type: none"> <li>That the Panel accepts the information provided in the report</li> </ul>	
<b>Reasons for Recommendations</b>	
<ul style="list-style-type: none"> <li>To provide an update of the great work that the Kirklees Adult Safeguarding Board undertakes</li> </ul>	
<b>Resource Implication:</b> Outline the resource implications associated with implementing the recommendations set out in the report. <b>Not applicable</b>	
<b>Date signed off by <u>Executive Director</u> &amp; name</b>	<b>The report has been produced to support the discussion with the Independent chair of the Kirklees Safeguarding Adults Board</b>
<b>Michelle Cross 11<sup>th</sup> February 2025</b>	
<b>Is it also signed off by the Service Director for Finance? No</b>	
<b>Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)? No</b>	

## 1. Executive Summary

The Kirklees Safeguarding Adults Board (SAB) is a multi-agency statutory partnership which provides leadership and strategic oversight of adult safeguarding work across Kirklees.

The Care Act 2014 placed a Statutory duty on all Safeguarding Adults Boards in England to produce an annual report on its work for the previous year.

It is presented here for Scrutiny Panel for information – the Final Annual Report 2023-24 is available [Final Annual Report 2023-24](#)

The Annual report explains:

- what the Safeguarding Adults Board has done during the last year to achieve its objectives, and its Strategic Plan.
- what each agency represented on the Board has done during the last year to implement the Board's Strategic Plan.
- The conclusions and recommendations of each review commissioned under section 44 of the Safeguarding Act (safeguarding adults reviews) which concluded in that year.

**2. Information required to take a decision**

Not Applicable

**3. Implications for the Council**

Not Applicable

**3.1 Council Plan**

Not Applicable

**3.2 Financial Implications**

Not Applicable

**3.3 Legal Implications**

Not Applicable

**3.4 Climate Change and Air Quality**

Not Applicable

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

Not Applicable

**4 Consultation**

Not Applicable

**5 Engagement**

Not Applicable

**6 Options**

**6.1 Options Considered**

Not Applicable

**6.2 Reasons for recommended Option**

Not Applicable

**7 Next steps and timelines**

The Report is already available on the Kirklees Safeguarding Adults Board webpage

**8 Contact officer**

Jacqui Stansfield, Service Manager, Kirklees Safeguarding Adults Board  
[Jacqui.Stansfield@Kirklees.gov.uk](mailto:Jacqui.Stansfield@Kirklees.gov.uk)

**9 Background Papers and History of Decisions**

Not Applicable

**10 Appendices**

Not Applicable

**11 Service Director responsible**

Cath Simms, Service Director, Adult Social Care Operations,

[Cath.Simms@Kirklees.gov.uk](mailto:Cath.Simms@Kirklees.gov.uk)

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**REPORT TITLE: Joint Health Overview and Scrutiny Committee Update**

<b>Meeting:</b>	<b>Health and Adults Social Care Scrutiny Panel</b>
<b>Date:</b>	<b>26<sup>th</sup> February 2025</b>
<b>Cabinet Member</b> (if applicable)	<b>Not Applicable</b>
<b>Key Decision Eligible for Call In</b>	<b>Not Applicable</b>
<b>Purpose of Report:</b> To provide members of the Health and Adult Social Care Scrutiny Panel with an update of the three Joint Health Overview and Scrutiny Committees that Kirklees are part of.	
<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>That the Panel considers the information provided and determines if any further information or action is required.</li> </ul> <p><b>Reasons for Recommendations</b></p> <ul style="list-style-type: none"> <li>To provide an update of the great work that the Joint Health Overview and Scrutiny Committees undertake.</li> </ul>	
<b>Resource Implications:</b> Not applicable	
<p><b>Date signed off by <u>Strategic Director</u> &amp; name</b></p> <p><b>Is it also signed off by the Service Director for Finance?</b></p> <p><b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b></p>	<p><b>No- The report has been produced to support the discussion with the Joint Health Overview and Scrutiny Committee update.</b></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 Joint Health Overview and Scrutiny Committees are established to carry out specified health scrutiny functions which cross over the boundaries of one or more Local Authorities.

1.2 Kirklees Council has an active part in three joint health and overview scrutiny committees.

1.3 The Calderdale and Kirklees Joint Health Scrutiny Committee was established to examine proposals from the Calderdale and the Greater Huddersfield Clinical Commissioning Groups (the CCGs), which now form part of the West Yorkshire Integrated Care Board, for hospital reconfiguration.

1.4 The West Yorkshire Joint Health Scrutiny Committee (WYJHSC) was established a number of years ago to proactively seek information about the performance of local health services and institutions, in challenging the information provided to it by the West Yorkshire Integrated Care Board (WY ICB) and in testing this information by drawing on different sources of intelligence.

1.5 The Joint Adults Health Scrutiny Committee was established to consider older people's mental health inpatient services and to shape the future of mental health services, to ensure the right decisions are made for the communities, patients, carers, families, loved ones and staff.

1.6 Councillor Elizabeth Smaje will be in attendance to provide the Panel with an overview of each joint health overview and scrutiny Committee.

1.7 Details of the work undertaken by each joint health overview and scrutiny committee is attached.

## **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.
- 8. **Contact officer**  
Nicola Sylvester – Principal Governance and Democratic Engagement Officer  
[Nicola.sylvester@kirklees.gov.uk](mailto: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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## Kirklees Council

### Scrutiny Report – Calderdale & Kirklees Joint Health Scrutiny Committee

Kirklees Members: Councillor Elizabeth Smaje  
Councillor Jo Lawon  
Councillor Ashleigh Robinson  
Councillor Jane Rylah

Period of Update: June 2024 to date

#### **Overview:**

The Calderdale and Kirklees Joint Health Scrutiny Committee (C&KJHSC) was established to examine proposals from the Calderdale and the Greater Huddersfield Clinical Commissioning Groups (the CCGs), which now form part of the West Yorkshire Integrated Care Board, for hospital reconfiguration. Details of the JHOSC's current role and functions can be found in its Terms of Reference [Calderdale and Kirklees Joint Health Scrutiny Committee Terms of Reference](#)

The JHOSC continues to monitor and scrutinise the work that is taking place to develop and progress the revised reconfiguration of hospital services at Calderdale and Huddersfield NHS Foundation Trust.

Membership of the JHOSC for the 2024/25 municipal year is Cllrs Elizabeth Smaje (Chair), Jane Rylah, Ashleigh Robinson and Jo Lawson from Kirklees Council and Cllrs Colin Hutchinson (Co-Chair) Howard Blagbrough, Mike Barnes and Ashley Evans from Calderdale Council.

#### **Committee Meeting 25 June 2024**

webcast can be viewed [Calderdale and Kirklees Joint Health Scrutiny Committee - 25th June 2024 - YouTube](#)

#### **Update on the Opening of the A & E at Huddersfield Royal Infirmary**

The JHSC was pleased to see, following a short delay, the new Accident and Emergency Department in full operation after opening at its new location in Huddersfield Royal Infirmary (HRI) in May 2024. At its meeting on 25 June 2024 the JHSC received an update on the opening, which advised that the department was working well, and regular reviews would be undertaken to ensure that any changes to the way of working maximised benefits.

The JHSC heard that important lessons had been learned from the development and the build of the A&E, which meant that for the remainder of the reconfiguration to take place at both HRI and Calderdale Royal Hospital (CRH), there would be tighter oversight of inspections with an increased level of supervision of sub-contractors.

The Committee received a deputation from a member of the public in relation to the use of Physician Associates in the Accident and Emergency Department at Huddersfield Royal Infirmary. In response, Calderdale and Huddersfield NHS Foundation Trust (CHFT) explained that Physician Associates no longer worked night shifts when there was no consultant on shift, and there had been changes made in the way the Physician Associates were supervised.

## Yorkshire Ambulance Service

The Committee invited Yorkshire Ambulance Service (YAS) to the meeting to discuss work being undertaken that related to the reconfiguration programme at CRH and HRI.

The Committee heard that the service now had specialist paramedics in place (who were able to prescribe antibiotics to patients), Critical Care Paramedics, Helicopter Emergency Service Paramedics and Mental Health Practitioners.

YAS explained that they ensured ambulances were strategically placed and that they were working to full capacity. In relation to hospital transfers, the times showed that this was going well, with the aim of providing a 15-minute response time.

The Committee asked how the new A&E at HRI had impacted handover times. YAS advised that there were some operational challenges with staff familiarisation of the new unit, but this had settled, and handover times now averaged 20 minutes.

## Reopening of the Bronte Unit at Dewsbury District Hospital

Following the decision taken at the Health and Adult Social Care Scrutiny Panel on 22 November, the C&K JHOSC began the in-depth scrutiny of the midwife birthing units affecting residents in the Kirklees area (and by extension parts of Calderdale and Wakefield).

The Birth Centre re-opened as planned on 1 April and by 31 May 2024 there had been 68 admissions. There were 6 FTE midwives as part of an established team and additional midwives had been recruited so that there was more than the minimum required, ensuring the Trust was in a strong position with minimal vacancies.

Mid Yorkshire Teaching Trust continued to work with CHFT and at the end of Q1, the opening of the Bronte Birth Centre would be more widely publicised which would provide an indication of any wider demand at HRI.

### **Outcomes:**

- The Committee agreed that a further update would be received following the A&E Unit being opened for six months.
- The Committee was satisfied with the update provided by YAS.

## **Calderdale and Kirklees JHOSC Meeting – 15 October 2024**

Webcast can be viewed [Agenda for Calderdale and Kirklees Joint Health Overview Scrutiny Committee on Tuesday, 15th October, 2024, 10.00 am | Calderdale Council](#)

## Maternity Services

The Committee heard that despite consistent recruitment activity, CHFT had not seen the growth in workforce required to safely provide care across all previous birth settings. This was in part due to the numbers of midwives reducing their contracted hours to improve work-life balance, although the position at MYTT was much improved. This workforce difficulty adversely affected CHFT plans to expand services contracted during the pandemic and afterwards, and it also impacted on the ability to re-open the HRI birthing centre.

MYTT was unable to attend the discussion but will be attending the next session in March 2025.

### Reconfiguration Update

The Committee received a progress update on the opening of the new A&E, including key variations since the last meeting of the JHOSC in early November. It also provided an update on negotiations with the Treasury re the reconfiguration along with an update on the financial situation regarding the new A&E.

The Outline Business Case remained with the Treasury for review and approval. Progress was still being made regarding the developments at Calderdale Royal Hospital, the Learning and Development Centre was expected to be completed by summer 2024 and the enabling works for the new multi-story car park had commenced.

### **Outcome & looking forward**

The Committee concluded that:

- In relation to maternity services, CHFT and MYTT return to the next meeting of the JHOSC to update further on :-
  - Recruitment and retention of staff
  - Sustainability of Bronte Birth Centre
  - Any concerns about the reopening of the Bronte Birth Centre
  - Future plans for reopening HRI Birth Centre
  - An update on the relocation of the Birth Centre at CRH
  
- In relation to the reconfiguration, CHFT return to discuss:-
  - Future use of the estate at HRI
  - Update on wider transformation
  - Communication plan for the reconfiguration
  - Update on the OBC and financial aspects
  - Design for new clinical build
  - Update on operation of the A&E and lessons learned

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## Kirklees Council

### Scrutiny Report – West Yorkshire Joint Health Scrutiny Committee

Kirklees Members: Councillor Elizabeth Smaje  
Councillor Jane Rylah

Period of Update: October 2024 to date

#### **Overview:**

The West Yorkshire Joint Health Scrutiny Committee (WYJHSC) was established a number of years ago to proactively seek information about the performance of local health services and institutions, in challenging the information provided to it by the West Yorkshire Integrated Care Board (WY ICB) and in testing this information by drawing on different sources of intelligence.

The JHOSC is a discretionary arrangement in the WY area and includes Kirklees Council, Calderdale Council, Leeds City Council, Wakefield Council and Bradford Council (which includes part of Craven District Council). North Yorkshire join the WY JHOSC as an interested party.

The primary aim of the JHOSC is to strengthen the voice of local people and communities, ensuring that their needs and experiences are considered an integral part of the commissioning and delivery of health services and that those services are effective and safe.

Membership of the JHOSC for the 2024/25 municipal year is Cllrs Elizabeth Smaje (Chair), Jane Rylah, from Kirklees Council, Cllrs Colin Hutchinson (Co-Chair) Howard Blagbrough from Calderdale Council, Cllrs Rizwana Jamil and Alison Coates from Bradford Council, Cllrs Andrew Scopes and Caroline Anderson from Leeds City Council, Cllrs Betty Rhodes and Andy Nicholls from Wakefield and Cllrs Andy Solloway and Andrew Lee from North Yorkshire Council.

#### **Committee Meeting 11 October 2024**

webcast can be viewed <https://www.youtube.com/watch?v=bqiiDYTpW0Q>

#### **Non-emergency Patient Transport Services**

The WYICB briefed the JHOSC on new, nationally set eligibility criteria for Non-Emergency Patient Transport (NEPT) services, and the approach that the (WYICB) was taking to assess (and mitigate) any risk this could have on how individuals/communities across West Yorkshire get to/from their NHS care. The new nationally set eligibility criteria stemmed from a national review of NEPT services.

The Committee raised concerns in relation to the different travel options available and how people would be supported to access them, along with issues with overspending and financial difficulties. The Committee queried whether this would impact on people being refused transport services, and further to that, how any appeal process would work.

The Committee was informed by the WYICB that the national criteria would ensure the most vulnerable and in need would be entitled to transport. Investment needed to be in the areas that needed it, and it was important to have a transport offer that worked for communities and was sustainable for five years plus.

The Committee was particularly concerned about the availability of public transport for patients to attend appointments, particularly given some areas around West Yorkshire not being served by regular and frequent bus or train services.

Given the Committee had a number of issues that it felt had not been fully considered by the ICB, they requested that officers from the ICB return to a future meeting of the JHOSC to provide further assurances.

Full details regarding the Committees concerns can be found within the minutes and resolutions of the minutes of that meeting : -

<https://democracy.kirklees.gov.uk/documents/s61339/Draft%20Minute%20WY%20JHOSC%2011.10.2024%20002.pdf>

### Financial Plan 2024-25

The Committee invited the WYICB to share with them the ICS Financial Plan for 2024-25 along with the latest financial position.

The Committee was advised that the financial plan for the year was challenging and as of August 2024, the year-to-date deficit was £71m, however the ICB were forecasting an eventual £50m deficit. The deficit plan was reflective of cost pressures, inflation and lower growth which was comparable to other Integrated Care areas.

The Committee highlighted the high financial risk that had been identified and was advised that an approach with PwC for an external finance review that mirrored the NHS England national specification for systems with high financial risk. The Committee noted that, the ICS had chosen to put themselves under the regime to ensure the financial position was taken seriously.

### Maternity and Neonatal System Update

West Yorkshire and Harrogate Local Maternity and Neonatal System (LMNS) shared with the Committee information regarding the maternity and neonatal system update.

A key intervention to help reduce neonatal mortality and morbidity was the Saving Babies Lives Care Bundle which had been implemented across providers and compliance was good. Sometimes compliance fluctuated due to thresholds, but the Committee was informed that ongoing reviews were in place.

The Committee was advised that deprivation within West Yorkshire and Harrogate was one of the highest in the country and further work needed to be done in relation to health inequalities. A Health Inequalities Programme Manager had been appointed to lead on this.

The Committee acknowledged the risk of Black and Asian women being more likely to have adverse outcomes and asked what was being done to reduce the increase in deaths caused by genital abnormalities. The Committee was advised that work was ongoing in areas where there was higher risk of genetic abnormalities, and midwife roles had been created to link with those families, to ensure adequate screening and to support them to make informed choices.

## Equality, Diversity, and Inclusion Strategy

The Committee was advised that an Equality, Diversity, and Inclusion Strategy was being developed for the Health and Care Partnership which would link into the ten aspirations, address some of the inequalities and navigate some of the challenging circumstances that both health and care organisations were in.

The Committee highlighted the disciplinary process within the NHS and the focus being on protecting institutional reputation rather than patient safety. The Committee also acknowledged the likelihood of people from ethnic minorities becoming the target of disciplinary process, and even though The Department of Health had set out guidance regarding disciplinary processes, many Trusts did not apply it.

In response, the Committee was advised that a review was taking place imminently to see if the progress that was aspired to be achieved had not delivered, but also to explore what more could be done. A recommendation from the overarching review process review was to look at why that was happening and what more could be done to support colleagues going through that process, as well as supporting managers facilitating that process, to make it more inclusive. This would be revisited as part of the Independent Race Review.

### **Outcomes:**

- Although the Committee supported in principle the NEPTS, further information and clarity needed to be provided to fully understand the impact on the local population.
- In relation to the financial plan, the issue will be revisited at a future meeting, including details of the financial review.
- Information be provided regarding the Regional Maternity Plans into maternal deaths, along with comparable data on mortality from areas such as Newcastle, Manchester, and Liverpool.
- The Committee will receive the Equality, Diversity and Inclusion Strategy once completed and would receive an update on the Independent Race Review.

## **Committee Meeting 6 December 2024**

Webcast can be viewed [West Yorkshire Joint Health Scrutiny Committee - 6th December 2024](#)

### **Non-Emergency Patient Transport Services**

Officers from the WYICB returned to provide the Committee with further information.

The Committee was advised that YAS would need to provide additional call handlers to deal with any new process implement and the Committee queried whether when considering the cost of additional call handlers and administration, the potential impact on workflow if there was an increase in non-attendance, the cost effectiveness and whether the savings would outweigh the additional costs had been considered. The ICB advised that the proposal was not a cost saving exercise, but rather a national review to introduce standardised eligibility criteria across the country.

The Committee heard that the proposals would impact around 3,600 individuals which equated to around 12,000 outpatient journeys and the ICB had been able to map what this would look like in relation to 'did not attend' (DNA) episodes. Proposals included the use of pre-paid bus tickets, mileage payments and the use of

volunteer drivers.

The Committee continued to be concerned around the difficulty in patients attending appointments which would lead to more DNA's. The Committee was advised that the reasons for DNA's were multiple and multi-faceted, with rarely one single reason for a patient not attending. Work was also taking place to ensure that patients were only recalled to hospital where necessary, and for the use of telephone appointment to be used when appropriate.

The WYICB would be taking a final decision at its Transformation Committee on 28 February, and the WYJHOSC will be formally writing to that Committee with its recommendations following its next meeting.

### Suicide Prevention

The Committee received an update on suicide prevention in West Yorkshire in line with the ambition to reduce suicide rates by a minimum of 10% over the next five years. The report reflected on the findings of the recent review of the Suicide Prevention Programme and highlighted current trends, prevention funding, key risk groups, risk indicators of suicide, and progress achieved.

The Committee reiterated their concern around the correlation between unemployment and suicide rates, particularly in some areas for young adult males, and wanted to understand what targeted work in these areas was being undertaken. In understanding the most 'at risk' groups and to enable a targeted approach, the Committee raised concerns regarding the scarcity of ethnicity data and the merging of ethnic groups within records.

In understanding the importance of employment and health, the Committee was advised that WY was to be an accelerator area for increasing economic activity receiving £20m from the Government to reduce the growth in economic activity and the impact on the prosperity of the region on employment, health, and wellbeing.

### Life Expectancy

The Committee noted that Premature mortality for those with poorer mental health, learning disabilities or autism contributed towards significant numbers of unnecessary deaths every year. Across West Yorkshire, the ICB had committed to narrowing the life expectancy gap between the Mental Health, Learning Disability and Autism (MHLDA) populations and the general population.

The Committee also noted the wider issues around the impact of MHLDA such as employment, housing, and the children currently with, and waiting for, Special Educational Needs and Disability (SEND) provision.

The Committee questioned whether suitable housing was important and asked whether within the Government targets whether there were targets for people with additional needs.

### **Outcome & looking forward**

- The NEPTS discussion will continue at the next meeting on 25 February 2025.
- In relation to Suicide prevention, the Committee wrote to the Chief Coroner regarding the recording of ethnic data. A response is awaited.
- More information be provided about the £20m for increasing economic activity.
- That further information be provided in relation to targets for housing



for those with MHDLA.

At future meetings of the WYJHOSC the following items will be considered: -

- NEPTS
- Cancer Early Diagnosis
- West Yorkshire Acute Trusts
- WYICB Operational Plan 2025/26
- Workforce
- Winter Pressures
- Specialist Commissioning moving from NHSE to the Yorkshire & Humber region.

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## Kirklees Council

### Scrutiny Report - Older People's Mental Health Inpatient Services

#### Kirklees Members:

Councillor Elizabeth Smaje  
Councillor John Lawson  
Councillor Andrew Cooper  
Councillor Shabir Pandoor (2023 /24)  
Councillor Gwen Lowe (2024 /25)

Period of Update: From: August 2023 – November 2024

#### Overview:

There are 5 mental health inpatient wards, Beechdale Ward at Calderdale Royal Hospital (mixed needs and mixed gender), two wards (one male and one female) in the Priestley Unit, Ward 19, Dewsbury and District Hospital (mixed needs), The Crofton Ward, Fieldhead Hospital, Wakefield (mixed needs and mixed gender) and The poplars, Hemsworth, Wakefield (mixed gender dementia ward). Provision for people with functional mental health needs and people with Dementia is very different. South West Yorkshire Partnership Foundation Trust (SWYPFT) and NHS West Yorkshire Integrated Care Board (ICB) have consulted on the proposal to create specialist inpatient wards for people living with Demetia and dedicated inpatient wards for those with functional mental health needs. The purpose of the consultation will help shape the future of mental health services, and ensure the right decisions are made for the communities, patients, carers, families, loved ones and staff.

#### **Adult Health and Social Care Panel Meeting – 15 August 2023**

The Panel considered information relating to SWYPFT's proposals for inpatient mental health services for older people. On the 4 July 2023 Health scrutiny councillors from Calderdale, Kirklees and Wakefield attended an informal workshop with representatives from SWYPFT and the Calderdale, Kirklees and Wakefield Health and Care Partnerships about the proposals. The councillors from the three local authorities reached the conclusion that based on the information presented, and the subsequent discussions, that the older people's mental health transformation programme was highly likely to be a substantial development or variation in service provision.

The Panel was therefore asked to consider whether a formal Joint Health and Overview Scrutiny Committee should be established to consider the proposals.

#### **Outcomes:**

- The Panel agreed to the formation of a Joint Health Overview Scrutiny Committee with Calderdale and Wakefield Councils, and a report is before the OSMC at it's meeting to consider next steps.

#### **Calderdale, Kirklees and Wakefield JHOSC Meeting – 27th November 2023**

Information was shared with the Committee in relation to the future vision for mental

health impatient services and the challenges with the current model.

Discussions took place in relation to:

- The draft business case and the options development.
- The three proposed option choices and the confusion regarding these.
- Longer term demand and capacity.
- The workforce model for the future (staffing numbers and skills set).
- Travel and transport, with regards to the impact on service users and their families.
- The draft consultation plan.

**Outcome:**

The Committee concluded that:

- Additional information be provided, which included the clinical senate report and transport and travel analysis.
- The draft consultation document be shared with members to ensure that the format, and the 3 proposed option choices were presented clearly.
- Every effort was put into the consultation process in terms of engaging people across the district and sharing it as widely as possible.
- An informal meeting be held for members to discuss the additional documentation and draft consultation document.
- A monthly overview report be provided to members.
- A further meeting be arranged mid-consultation period.

A 12 week consultation process ran from 5<sup>th</sup> January until 29<sup>th</sup> March 2024.

**Mid-point Consultation Review Meeting – 12<sup>th</sup> February 2024**

A mid-point review was held with the JHOSC to consider that the consultation was on track, and to identify any key areas of concern.

This provided the Committee with information relating to the communication activity, consultation events and activities and the number of consultation responses received between 5<sup>th</sup> January and 6<sup>th</sup> February 2024, in which 403 people had completed the survey. It also gave an overview of the progress to date.

The committee were asked to consider if the Trust was on track, and to identify any areas of concern or key things the Trust needed to consider.

**Outcome:**

The Committee concluded that:

- A huge amount of work had already been done and was mostly on track
- Assurance on effective communications was required
- Further consideration of accessibility and a range of communications was needed
- Transport and location of services needed to be a focus
- Broaden the scope of the consultation – who else to target, look at areas of under representation
- Closer liaison with councillors to facilitate communication and roll out.

### **Calderdale, Kirklees and Wakefield JHOSC Meeting – 15<sup>th</sup> August 2024**

The Committee received a summary of the consultation report and Equality Impact Assessment (EIA), and were asked to provide comment, assurance of the process and feedback on the findings before transitioning into the decision-making process.

The meeting was part of a five-week deliberation period to reach a final recommendation and a decision-making report being completed.

The consultation had sought comments on the proposed options (option 1a, 1b and 2) from people living in Calderdale, Kirklees and Wakefield who would potentially be impacted, as well as staff and key stakeholders.

The Committee raised some concerns in relation to health care terminology and this being misleading, transport, travel and parking, staff training / skills, financial figures and inflation etc.

Members were advised that a travel and transport groups, which included carer representation was exploring potential mitigations for people who could be impacted, and that all viable options would require site development work. Updated and ongoing costs for each option would be provided in the final business case.

In discussion, members agreed that the EIA was very comprehensive and that the survey results indicated a clear preference for option 1a.

As part of the deliberation process a wider stakeholder event would take place on 23<sup>rd</sup> August 2024 and member were invited to attend.

#### **Outcome:**

The committee we assured that:

- Due regard to equality and diversity was evident through the delivery of consultation activity and in the independent report findings.
- Adequate time had been given to consider the responses contained in the independent report of findings.
- The product of consultation had conscientiously taken into account all of the key themes that needed to be considered.

Following the deliberation period members would consider and review the final decision in line with its Terms of Reference at its next meeting.

### **Calderdale, Kirklees and Wakefield JHOSC Meeting – 6<sup>th</sup> November 2024**

The Committee was asked to consider the decision-making business case and to provide assurance that the proposed recommendation option 1a had been made, fully considering the consultation findings, and that they was in support of the recommended option 1a being implemented.

The decision -making business case highlighted that the new model would have strong benefits and remove many of the existing challenges.

- Option 1a was evidenced to be the best of the three options consulted on, across a range of considerations.

- The impact assessments had supported the planning of effective implementation.
- Whilst there were still some travel implications for people visiting, it was hoped the numbers would be low.
- Commitment was given from the NHS West Yorkshire ICB on the financial investment into the model.

**Outcome:**

- The Committee were in support of the recommended option 1a being implemented.
- The Committee agreed that SWYPFT and NHS West Yorkshire ICB provide an update to the Committee in the new year with regards to:
  - Workforce planning
  - An update on the Business Case
  - Implementation plans.

**Next Steps:**

The Committee are awaiting a date when the next meeting will take place.

## 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
<p><b>1. Services provided from Hospital to Home in Kirklees</b></p>	<p>To consider the resources of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> <li>• Access to services of adult’s social care to include:               <ul style="list-style-type: none"> <li>- Discharge care packages from hospital</li> <li>- Occupational Therapist assessments</li> <li>- Physio waiting times</li> <li>- Carers accessing support</li> <li>- Respite care</li> </ul> </li> </ul>	<p><b>Panel meeting 27<sup>th</sup> November 2024</b></p> <p>Officers from Adults Social Services provided information and assurance on how Adults Social Care were supporting hospital discharges across CHFT and MYTT through different pathways and working with multi agencies. The Panel was informed that acute trusts operated an Opel level, when the Opel level was at 4 this was where the trusts described where there were pressures, and Kirklees Council responded appropriately. Opel 4 at the time of the meeting was due to an outbreak on wards which meant no one could be discharged until the outbreak was finished.</p> <p>The Panel requested the percentage of patients on pathway 1 who had been re-admitted to hospital and that the Lead Member be updated when the Opel level was at level 4 for a consistent length of time.</p>

<p><b>2. Capacity and Demand – Kirklees Health and Adult Social Care System</b></p>	<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"> <li>• Receiving updated data on waiting list times by services under pressure and to assess progress against data received by the Panel previously to include:</li> <li>• An update on diagnostic waiting times.</li> <li>• 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.</li> <li>• Review of cancelled elective/ planned procedures.</li> <li>• Considering new developments and initiatives, such as the community diagnostic hubs, that are being introduced to address the backlog.</li> </ul>	<p><b>Panel meeting 09<sup>th</sup> October 2024</b></p> <p>Representatives from Kirklees Health and Care Partnership and Kirklees Council provided an update on demand and recovery of planned care across Kirklees which included the focus of the work being done across Kirklees core providers to manage capacity and demand and catch up with delayed planned surgery, therapeutics and diagnostics</p> <p>The Panel noted that a community diagnostic hub was to be opening at Huddersfield University Campus to help with backlogs along with noting the workforce gaps of consultants across MYTT and CHFT.</p>
<p><b>3. Communities Accessing Care</b></p>	<p>To continue to review the work of health services in the community to include:</p> <ul style="list-style-type: none"> <li>• Assessing progress of the integration of services and workforce.</li> <li>• Considering the work that is being done locally to action the national delivery plan for recovering access to primary care.</li> <li>• 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.</li> <li>• The impact and uptake of pharmacy service to prescribe.</li> <li>• Access to GP services and hospital referrals.</li> <li>• The uptake of vaccination programmes.</li> <li>• 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.</li> </ul>	<p><b>Panel meeting 09<sup>th</sup> October 2024</b></p> <p>Representatives from Kirklees Health and Care Partnership and Kirklees Council provided an update on the continued work of health services in the community.</p> <p>The panel noted the 9 PCN’s which were a group of general practices that aligned key services across the community, including the local authority, voluntary and pharmacy sectors along with actions and initiatives for reablement support for hospital avoidance and provide the appropriate level of care and support at, or closer to home.</p>



<p><b>4. Mental Health and Wellbeing</b></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"> <li>• Work being undertaken by Kirklees Local Offer for Adults Mental Health</li> </ul>	<p><b>Panel meeting 21<sup>st</sup> August 2024</b></p> <p>Representatives from Kirklees Health and Care Partnership, Kirklees Council and Southwest Yorkshire Partnership Foundation Trust provided an update on the Kirklees Health and Wellbeing strategy.</p> <p>The Panel noted that the Integrated Care Board would provide Z cards in Sept/Oct 24 that could be circulated to members, and proposed an action through the Mental Health Alliance on how the service received wider communication with the voluntary sector.</p>
<p><b>5. JHOSC Update</b></p>	<p>To receive an update from JHOSC's on the following services:</p> <p>Maternity – Calderdale &amp; Kirklees</p> <ul style="list-style-type: none"> <li>• Feedback on the reopening of the Bronte centre</li> <li>• An update to the reopening of the Huddersfield centre</li> <li>• 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</li> </ul> <p>Mental Health – Calderdale, Kirklees and Wakefield</p> <ul style="list-style-type: none"> <li>• An update on access to inpatient services including the proposals for transforming Older People's Mental Health Inpatient services.</li> </ul> <p>Non-surgical Oncology – West Yorkshire</p> <ul style="list-style-type: none"> <li>• Feedback from the public engagement in Kirklees on Non-Surgical-Oncology</li> </ul>	

<p><b>6. Care Quality Commission (CQC)</b></p>	<ul style="list-style-type: none"> <li>• Receive a presentation from the CQC on the State of Care of regulated services across Kirklees.</li> <li>•</li> </ul>	<p><b>Panel meeting 10<sup>th</sup> July 2024</b></p> <p>Representatives from the CQC presented details on the work undertaken in relation to the single assessment process that had started for all registered providers along with an approach to implement the new changes.</p> <p>The panel were concerned regarding timescales set by the central hub, or initial assessments, or how long a service could go without receiving an inspection. The Panel invited the CQC to attend the scrutiny Panel in January 2025 to provide a further update on the service.</p>
<p><b>7. Kirklees Safeguarding Adults Board (KSAB) and the</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	
<p><b>8. Adult Social Care / CQC Inspection</b></p>	<p>To continue to focus on the services being delivered by Kirklees Adult Social Care to include:</p> <ul style="list-style-type: none"> <li>• An understanding of the inspection process.</li> <li>• Assurances are in place to manage the inspection.</li> <li>• Learnings from the children’s inspection.</li> <li>• Outcome of the inspection that has taken place.</li> </ul>	

<p><b>9. Joined up hospital services in Kirklees.</b></p>	<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"> <li>• 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.</li> <li>• Data to demonstrate the benefits to patients for those services that are jointly supported and/or delivered.</li> </ul>	<p><b>Panel meeting 21<sup>st</sup> August 2024</b></p> <p>Representatives from the Calderdale and Huddersfield NHS Foundations Trust and Mid Yorkshire Teaching NHS Trust provided an update on collaboration and partnership working. Current working areas included non-surgical oncology, community diagnostic centres, a strategic maternity partnership and shared leadership on digital services.</p> <p>The Panel noted the commitments from partners in continuing to work jointly across both trusts.</p>
<p><b>Access to Dentistry (Kirklees issues)</b></p>	<p>To continue the focus on specific issues affecting dentistry across Kirklees to include:</p> <ul style="list-style-type: none"> <li>• An update from the West Yorkshire Care Board on availability of appointments across Kirklees</li> <li>• The current situation on regular attendance at dentists</li> <li>• An update on surgical dental extractions for children</li> <li>• Waiting list positions</li> <li>• Imbalance in dental services across Kirklees Council</li> <li>• Health inequalities across Kirklees</li> </ul>	
<p><b>Healthy Child Programme</b></p>		
<p><b>NHS 10 Year plan</b></p>	<p>To consider the NHS's 10 year health plan to build a health service fit for the future</p>	<p><b>Panel meeting 27<sup>th</sup> November 2024</b></p> <p>Officers from Adults Social Care provided an update to the 10 year NHS Health plan which the government was working to develop a plan to tackle the challenges co-developing with the public, staff and patients through a</p>

		<p>detailed engagement exercise. A consultation to hear organisations view was ongoing to ensure views and experiences could be shared.</p> <p>The panel noted that regarding technology in health and care, within Kirklees footprint there would be a community diagnostic hub on the university campus from 2025.</p>
<p><b>Health System Financial Overview</b></p>	<p>To consider the Health System Financial Overview with 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.</p>	<p><b>Panel meeting 27<sup>th</sup> November 2024</b></p> <p>Representatives from CHFT and ICB provided an overview of the financial performance management which advised that Kirklees ICB, CHFT and MYTT had planned overspend. To deliver the overspend it was assumed that partners were able to deliver savings. At month 7, Kirklees ICB and CHFT were forecasting they would meet their plans, but MYTT flagged that their plans would not be deliverable up to the total of £15m for the year.</p> <p>The panel noted that all organisations had tight vacancy controls, with each organisation implementing quality impact assessments to ensure there were no adverse clinical impact and that bed occupancy was a challenge nationwide. There was a national challenge for the pay award from band 2 to band 3 with a lack of clarity around how far back the pay award should go.</p>

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

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**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. Service provided from Hospital to Home in Kirklees 2. NHS 10-year plan 3. Financial position of the local health and social care system
22 January 2025	1. <del>Access to Dentistry (Children's Scrutiny to join)</del> moved to April meeting 2. <del>CQC State of Care</del> <b>CANCELLED</b>
26 February 2025	1. Healthy Child Programme (Children's Scrutiny to join) 2. Kirklees Safeguarding Adults Board Annual Report 3. Update from JHOSC's
09 April 2025	1. Access to Dentistry (Children's Scrutiny to join) 2. Kirklees CQC Inspection

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

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