

Public Document Pack



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Tuesday 29 July 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 **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 6 August 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 Bill Armer

Councillor Eric Firth

Councillor Alison Munro

Councillor Darren O'Donovan

Councillor Habiban Zaman

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 9th April 2025.

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: Health System Financial Overview 2025/26

7 - 14

To receive a presentation on the Health System Financial Overview 2025/26 for Kirklees from Kirklees Health and Care Partnership.

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

8: Winter Pressures 2025/26

15 - 28

To receive a presentation on winter pressures 2025/26 across Kirklees from Kirklees Health and Care Partnership.

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

9: Adults Social Care Risk Management

29 - 34

To receive a presentation providing assurance on robust processes for Kirklees Adults Social Care.

Contact: Alexia Gray, Head of Quality Standards and Safeguarding Partnerships (Adults).

10: Work Programme 2025/26

35 - 40

The Panel to review its work programme and agenda plan for 2025/26.

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 9th April 2025

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

Co-optees Helen Clay

In attendance: Councillor Itrat Ali
Michelle Cross, Executive Director, Adults and Health,
Cath Simms, Service Director, Adults Social Care
Operation,
Alexia Gray, Head of Quality Standards and
Safeguarding,
Sheran Loran, Healthwatch,
Alyson Corns NHS Humber and North Yorkshire
Integrated Care Board,
Jane Moore, NHS Humber and North Yorkshire
Integrated Care Board,
Steve Gardner, Practice Owner and West Yorkshire Local
Dental Network

Apologies: Councillor Habiban Zaman
Kim Taylor (Co-Optee)

- 1 Membership of the Panel**
Apologies were received from Councillor Habiban Zaman and Kim Taylor Co-optee.
- 2 Minutes of previous meeting**
RESOLVED- That the minutes of the meeting dated 26th February 2025 be approved as a correct record.
- 3 Declaration of Interests**
No Interests were declared.
- 4 Admission of the public**
All items were considered in public session.
- 5 Deputations/Petitions**
No Deputations or Petitions were received.

6 Public Question Time

No Public Questions were received.

7 Dental Service Update

The Panel received a report on Dental Services which explained that the National Health Service (NHS) West Yorkshire Integrated Care Board (WY ICB) had been responsible for commissioning and contracting NHS dental services since April 2023.

Alyson Corns, Humber and North Yorkshire ICB advised the Panel that in April 2023, WY ICB took on delegated responsibility from NHS England for commissioning and contracting of all NHS dental services. WY ICB had agreed to deliver their dental commissioning responsibilities via a shared hub arrangement, hosted by Humber and North Yorkshire ICB and cover South Yorkshire. Whilst WY ICB had the remit for commissioning dental services, Local Authorities had statutory responsibilities for oral health improvement, including commissioning evidence based oral health improvement programmes to meet the needs of the local population.

Both nationally and locally, access to NHS dentistry was a challenge with issues identified relating to the national contract itself, workforce gaps, and procurement restrictions, making it difficult to secure new dental provision. The Panel noted that dental contracting took place within the national context and challenges were well-embedded, meaning that WY ICB had many issues to overcome in their aims to improve dental services. Improving access remained a priority for the ICB and work had been undertaken to improve dental services for those living in the area by building positive relationships with the profession and local dental practices to continue to improve services.

Questions and comments were invited from Members of the Health and Social Care, and Children's Scrutiny Panels, and the following was raised:

- Up to date data regarding 5-year-olds who experience tooth decay would be provided in June 2025,
- 60% of children within Kirklees had seen an NHS dentist,
- There were no funds available for additional practices in areas where there was a deficit of practices,
- It was the Local Authorities responsibility to commission services in schools,
- There was one practice within Kirklees specifically dedicated to children's access,
- There were two level 2 paediatric services across West Yorkshire where children could have inhalation sedation in a dental practice rather than hospital, the hope was to open another three practices,
- WY ICB had offered practices initiatives that were not reliant on Units of Dental Activity (UDA's) to be delivered for example homelessness, to get away from the model of UDA's, which allowed practices to deliver services in a unique way. Feedback was very positive,
- Income in practices was reliant on the UDA's achieved,
- Children waiting for extractions through surgery had improved, theatre space had increased,

Health and Adult Social Care Scrutiny Panel - 9 April 2025

- Additional resources within the Dentistry team at the ICB had improved communication, which had improved productivity in practices,
- Data on the number of new patients treated due to measures taken by the ICB would be available in June 2025,
- Non recurrent funding was from practices that had not delivered 96% of their contract, the money was refunded to the WY ICB as it was ringfenced to dentistry who then invested in their priorities,
- The average time of referral in Kirklees from a dentist to an orthodontist was approximately 2 years,
- There was a shortage of dentists across the country, Huddersfield University proved courses for therapists and hygienists, which would help with workforce issues,
- There were few NHS dental providers across Kirklees, however one provider could have several dentists working in the same building,
- The number of NHS dentists across Kirklees was unknown due to movement of dentists.

RESOLVED- That the Panel

- 1) Note the dental service update and thank officers for their attendance.
- 2) Requested further information be provided by the Integrated Care Board on:
 - (i) Data around improvements of 5-year-olds experiencing tooth decay due to the interventions that the ICB had put in place,
 - (ii) The number of children on waiting lists requiring surgical extractions,
 - (iii) The number of new patients taken on since the interventions had been put in place to improve service delivery,
 - (iv) The number of NHS dentists across Kirklees.

8 Verbal update on Kirklees Council's CQC Inspection

The Panel received an update on the CQC Inspection scheduled to take place in May 2025.

Michelle Cross, Executive Director for Adults and Health advised the Board that notification had been received from the CQC of a Local Authority inspection on 9th December, with a request to submit their self-assessment and Information Return (IR38) by 10th January 2025. Further notification from the CQC was received on 17th March confirming that the onsite visit would take place w/c 26th May 2025 with a requirement to submit a template of key individuals and team information by 31st March 2025. 50 case files had been submitted and on 1st April the CQC confirmed the 10 case files they would be focusing on, with a list of requirements needed for the case files.

Alexia Gray, Head of Operations and Safeguarding explained that work had taken place to ensure all parties involved in the visit had been briefed which included teams and staff, Executive Leadership Team, Portfolio Holder, Partners and Service users.

Questions and comments were invited from Members of the Health and Social Care, Panel, and the following was raised:

Health and Adult Social Care Scrutiny Panel - 9 April 2025

- There were concerns from the service that the cases CQC had chosen to review did not reflect the diversity of Kirklees,
- The CQC had a focus on equality, diversity and inclusion, officers had been well prepared to include this in their reporting,
- Through preparation for the inspection, the service found issues which were rectified, and practice improved, with a development plan in place,
- During sessions with partners in health, it was clear that the front-line workers were aware of what their expectations were for the inspection,
- Partnership working had come across very strong when completing the self-assessment, it was noted that some other local authorities did not have as strong relationship with their partners,
- Front line staff were confident in speaking to inspectors, teams were positive in wanting to speak about the good work that they undertook,
- During preparation, gaps in commissioning strategies were found, plans were now in place to make improvements,
- General feedback from other Local Authorities was that the CQC report did not reflect the information in their return and self-assessments.

RESOLVED- That the CQC update be noted, and officer be thanked for the excellent work that had been undertaken in preparing for the inspection.

9 **Work Programme 2024/25**

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

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.

Kirklees Health and Adults Social Care Scrutiny Panel

6th August 2025

Health System Financial Overview 25/26

Financial Position Overview 25/26

Partner	2025/26 Plan	Kirklees Share	2025/26 Kirklees Share	2025/26 Efficiency Requirement	2025/26 Efficiency Requirement Kirklees Share
surplus / (deficit)	£m	%	£m	£m	£m
Kirklees ICB	3.50	100	3.50	9.10	9.10
Calderdale and Huddersfield NHSFT	(2.90)	50	(1.45)	28.40	14.20
Mid Yorkshire Hospitals Teaching	(8.10)	30	(2.43)	39.50	11.85
South West Yorkshire Partnership FT	0.00	40	0.00	28.20	11.28
NHS Total	(7.50)		(0.38)	105.20	46.43

NHS Partners across Kirklees have plans for a £7.5m deficit for 2025/26, after delivering efficiencies of £105.2m.

The Kirklees share of this is a £380k planned deficit and efficiencies of £46.43m

Financial Position Overview 25/26

surplus / (deficit)					
Other Partners	£m	%	£m	£m	£m
Kirklees Local Authority	0.00	100	0.00	26.90	26.90
Locala	0.00	100	0.00	1.70	1.70
Kirkwood Hospice	0.00	100	0.00	0.10	0.10
Total	(7.50)		(0.38)	133.90	75.13

Other partners across Kirklees have plans to breakeven but require efficiencies of £28.7m

In total for Kirklees a £380k deficit is planned after delivery of £75.13m of efficiencies (c5-6% depending on partner)

Efficiencies

- Partner efficiencies – providers used national benchmarking to support identification
- Each partner has QIA and EQIA process in place
- Work is undertaken to understand the impact on each partner
- Principles agreed about no cost shunting etc
- Generally made up of:
 - Transactional – procurement, skill mix,
 - Tactical – capital purchase to release revenue
 - Transformational – internally such as internal length of stay, plus partnership opportunities

Risks To Delivery Of 2025/26 Financial Plans

- Highest challenge yet
- Focus on delivery of performance too – potential claw back of income for under delivery
- New risk based on system delivery – system loses funds if one partner fails

- Specific risks
 - Unidentified CIP, waste reduction, QiPP
 - Management capacity – ICB changes and focus
 - Providers – length of stay, winter, industrial action, pay awards, out of area transfers
 - ICB – prescribing, continuing healthcare

Recruitment and Retention

- Acute – clinical vacancies are lower than ever, focus on reducing sickness / absence
- ICB – significant change and not clear what is not to be done. Loss of experience and local knowledge

Additional System Stretch Target

- WY had a stretch target of £33.2m – Kirklees Place share is £7.7m

Kirklees Place	£m	%	Note
Stretch Target	7.700		
Kirklees ICB	4.799	62%	
CHFT	1.875	24%	
Mid Yorkshire	0.614	8%	
SWYPFT	0.274	4%	Held in the ICB
Locala	0.138	2%	Held in the ICB
Total	7.700	100%	

- £7.7m identified for 25/26 with recurrent and non recurrent elements.

Additional System Stretch Target

- Principles agreed
- Aim is to identify opportunities to stop / slow spend – not additional efficiency
- Long list of opportunities with agreed leads
- Continuing to identify opportunities with values to cover stretch amount recurrently for 26/27 and beyond

Kirklees Health and Adults Social Care Scrutiny Panel

6th August 2025

Winter Pressures 25/26

Questions raised and addressed in relation to Winter Pressures



NHS West Yorkshire
Integrated Care Board

Kirklees Adult Overview and Scrutiny Committee requested information to address and provide assurance on the following points:

1. • Joined up care between organisations
2. • Care packages available
3. • Services Locala provide
4. • Community care offered
5. • Is there a shortage of domiciliary providers?
6. • What has been learnt from previous years and how approaching 25/26 differently?

Winter Plans 2025/26

- **The Kirklees Health & Care System is currently developing plans to support Winter 2025–26,**
- **Earlier System-Wide Winter Planning approach:** allowing time to embed protocols and review any potential mutual aid governance processes.
- **DRAFT submission due 31st July and FINAL plans by end August 25.**
- **The system demonstrates integrated partnership plans across:**
 - Kirklees ICB, Primary Care/PCNs
 - Calderdale and Huddersfield Foundation Trust
 - Mid Yorkshire Hospitals Teaching Trust
 - South West Yorkshire Partnership NHS Trust
 - Locala Community Partnerships CIC
 - Kirklees Council
 - Kirkwood Hospice
 - Voluntary & community sector organisations

Winter Plans 2025/26

- **Plans give assurance of:**

- Shifting Care from Hospital to Community
- Vaccination readiness
- Discharge and Flow improvements
- Mental health A&E avoidance
- SDEC/UTC coverage

- **The UEC Plan focuses on 7 key priorities for the system:**

1. Patients who are prioritised as category 2 (such as those with heart attack, stroke, sepsis or major trauma) receive an ambulance within 40mins.
2. Lengthy handover delays should be eradicated, and delays should be a maximum of 45minutes.
3. A minimum of 78% of patients who attend ED to be admitted, transferred or discharged within 4 hours.
4. Reducing the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25 so that this occurs less than 10% of the time.
5. Reducing the number of patients who remain in an ED for longer than 24 hours while awaiting a mental health admission.
6. Tackling the delays in patients waiting once they are ready to be discharged, starting with reducing the 30,000 patients staying 21 days over their discharge ready date.
7. Seeing more children within 4 hours resulting in thousands of children receiving more timely care than in 2024/25.

Joined up care between organisations



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Services/Schemes to prevent A&E Attendances and avoid Hospital Admission:

- Care Home Falls protocol
- YAS – Call before Convey
- Urgent Community Response (UCR)
- Same Day Emergency Care (SDEC)/ Urgent Treatment Centre (UTC)
- (ARI) Acute Respiratory Infection Hubs
- Additional GP capacity on Bank Holidays and Sunday's

Services/Schemes to improve discharge and flow :

- Home First Discharge Pathway
- Virtual Ward
- (EoL) End of Life ITOC pathway

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Kirklees Home First Discharge pathway	
<p>Home without any new support Pathway 0</p> 	<p>The person is ready to be discharged home without any new support.</p> <p>Community Transport and Age UK can take people home from hospital and settle them back in. Carer Support can call carers to see how we are doing.</p>
<p>Home with new support Pathway 1</p> 	<p>The person is ready to be discharged home but needs some support at home to help them to be as independent as they can be.</p> <p>The Home First Reablement Team will help the person to be as independent as they can be by supporting them with things like meal preparation and self-care.</p>
<p>Intermediate Care Pathway 2a</p> 	<p>The person is ready to be discharged from hospital, but not ready to go home yet.</p> <p>They need extra support to regain their independence and will be cared for in an Intermediate bed setting until they are safe to go home.</p> <p>The Intermediate Care Team will support the person's needs in the Intermediate Care bed setting. Support will be available from nurses, therapists and carers. Together, a plan will be agreed with the person based on their abilities, needs and wishes to help them regain their independence.</p>
<p>Recovery Bed Pathway 2b</p> 	<p>The person is ready to be discharged from hospital, but not ready to go home yet.</p> <p>The person needs extra support and recovery time and will be cared for in a Recovery bed setting until they are safe to go home.</p> <p>The Recovery Bed Team will support the person's needs in the Recovery Bed setting. Support will be available from therapists and carers. Together, a plan will be agreed with the person based on their abilities, needs and wishes to help them regain their independence.</p>
<p>Long Term Care Pathway 3</p> 	<p>The person is no longer able to be looked after safely at home. It is in their best interest to move into a care home.</p> <p>The Care Home staff will support the person's needs. Together, a plan will be agreed based on the person's abilities, needs and wishes to keep at their best.</p>

Kirklees Council Hospital Discharge



NHS West Yorkshire
Integrated Care Board

- **Carers Count** – Informal Carers support service
- **Seamless Home from Hospital/Age UK** - Hospital to Home service
- **Reablement** - The Home First Service helps people to regain the skills and confidence needed to live independently at home, particularly after an illness or a stay in hospital.
- **Recovery Bed Hub** - at Moorlands Grange now fully staffed (40 beds). Admissions within 48 hours
- **Intermediate Care Beds** - The Intermediate care service provides support to people for up to 6 weeks in a community (40 beds at Ings Grove, Mirfield) or in the person's own home.
- **Night Sitting** - service fully established
- **Trusted Assessors – KirCCA** working with care homes in Kirklees
- **Movement & Handling team** – looking to reduce “double up” calls and promote single handed care
- **SCOTS (Social Care Occupational Therapists)** - Primarily an assessment team, identifying needs, agreeing goals and determining interventions
- **KICES** – Kirklees Integrated Community Equipment Services

Locala Community Services



NHS West Yorkshire
Integrated Care Board

Kirklees Community Services (KCS) Contract

As part of the Kirklees Community Services (KCS) contract awarded April 2024, Locala Health and Wellbeing deliver a range of holistic and integrated community-based services within the new specifications developed as part of a system approach led by the ICB. **The Adult services include:**

- Community Nursing including Self Care
- Ageing Well Team
- Long Term Conditions Review Service
- Care Home Support Team
- Cardiac Rehabilitation
- Heart Failure
- Community Rehabilitation Service
 - Community Stroke Service
 - Neuro & Complex Disabilities
 - Frailty & Orthopaedics
 - Speech & Language Therapy
 - Dietetics
- Treatment room service
- Dermatology (South Kirklees)
- Tissue Viability Nurses
- Tuberculosis Service
- Respiratory including Virtual Ward (South Kirklees)
- Continence, Colorectal & Stoma Service
- Specialist Diabetes Service
- Podiatry General
- Podiatric Surgery (South Kirklees)
- Integrated Transfer of Care Team
- Intermediate Care Service
- Outpatient Parenteral Antimicrobial Therapy (OPAT)

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Locala Community Services

Kirklees Services – Wider Contracts

In addition to the overarching KCS contract, Locala are commissioned to deliver other adult community services including;

- The Whitehouse GP Practice
- Special Allocation Service (SAS)
- Reablement
- Kirklees Sexual Health Services
- Hand Surgery
- Treatment Room Service

Service delivered as part of an alliance and/or integrated service

- Virtual Ward (Frailty) – Delivered in partnership with Mid-Yorkshire Teaching Hospital and Calderdale & Huddersfield Foundation Trust)
- Urgent Community Response – Delivered as an alliance with Kirklees Council, Local Care Direct and Curo GP Federation
- Community Dental Service (Adults / Children's) – Delivered as part of a West Yorkshire Partnership

Locala Community Services



NHS West Yorkshire
Integrated Care Board

Kirklees Children's Services

Locala are also commissioned to provide a range of children's services across Kirklees as part of the KCS overarching contract and other commissioned contract. These are:

Kirklees Community Services Contract

- Children's Community Nursing (including specialist services)
- Children's Therapies Service
- Youth Justice Service
- Children Looked After Service

Other Contracts

- Kirklees 0-19 service (inc; MDT support into Families Together Gateway)
- Child Health Service (North Kirklees)
- WYVIC – School Age Immunisation Service

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Kirklees Domiciliary Providers



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Integrated Care Board

The current domiciliary care market includes too many providers competing for a limited volume of commissioned hours, this feedback has been shared by the market with Commissioners.

This has made it difficult to sustain a stable market, especially as the majority of home support is commissioned rather than privately purchased.

Providers are covering large areas across Kirklees, resulting in high travel times, and the fragmented nature of the market has made it challenging to build strong, consistent partnerships.

We're currently developing a new contract model focused on locality-based provision. The aim is to allocate work in a more managed and strategic way, supporting a more sustainable and collaborative market. The new contract is scheduled to go live in June 2026.

Learning and informing 25/26



NHS West Yorkshire
Integrated Care Board

- Developing a Kirklees Discharge Process across both trusts – introduction of the Discharge Dashboard
- Proportionate Care Act Assessment
- In the process of planning mitigations should MG or IMC close to infections. Closer links now between ASC and the Stroke Pathway.
- MAST MDT pilot as part of the Integrated Neighbourhood Health.
- Streamlining Transfer of Care (TOC) meetings with the introduction of OPTICA
- Left Shift Hospital Avoidance – Integrated Front Door / Single Point of Access
- Hospice involvement will be built into winter planning to support palliative discharge flow
- Colocation in acute trusts ITOC Hubs
- Work is underway to define clear governance for Tactical+, Silver, and Strategic escalation, ensuring a smoother system response in peak periods.
- Commitment to explore direct referral into virtual wards for the bariatric cohort, as an alternative to hospital conveyance and to ease discharge delays. Also to explore bariatric issues.
- Exploration of a rapid discharge team within SWYPFT to review and expediate flow out of mental health wards.
- Mental Health Service within Better Care Funding Arrangements

- Provision of Primary Care Enhanced Access sessions on weekday evenings / Saturday and additional sessions provided on a Sunday and Bank Holiday's.
- Provision of ARI Hubs (Two ARI Hubs, one in Greater Huddersfield and other in North Kirklees), running Mon-Fri excluding bank holidays in 25/26 from 1st Oct 25 – 31st Mar 26 with provision for referrals from primary care, A&E and 111. Point of Care Testing also to be introduced.
- Flu and COVID-19 vaccination activity, all Practices encouraged to delivery flu and covid vaccinations and targeted activity carried out with the aim of increasing population uptake of the vaccinations.
- Patients referred to pharmacy first - the consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply.
- Weekly Opel scoring and reporting by practices, practices will flag pressures and reasons for these pressures to the system and ICB via RAIDR.
- Practices encouraged and supported to utilise initiatives that aim to improve patient access and demand, including utilisation of online consultation tools.
- Work through PCN's, including work carried out by social prescribers and links to care homes to provide regular contact and care.

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Adult Social Care Risk Management

6th August 2025

Context:

Adult Social Care have been invited to the Health and Adults Social Care Scrutiny Panel to present their approach to risk management and provide assurance that we have robust processes in place to:

- Identify risk
- Manage risk
- Control risk
- Mitigate risk
- Escalate risk if needed

This presentation will cover:

- Our risk governance structure and oversight
- Risk identification and matrix
- Risk currently on the Corporate Risk Register and ones that have recently been deescalated

Risk Governance Structure and Oversight

	Head of Service Meeting	Social Care Leadership Team Meetings (SCLT)	Risk Register Submissions	Risk Management Group meeting (Thursday)	Corporate Risk Register to SLT	Corporate Risk Register to ELT (Tuesday)
Tasks	<p>Current directorate risk register and mitigations review</p> <p>New risk identification</p> <p>Emerging risk identification</p> <p>Review of Fraud Risk</p>	<p>Directorate risk overview and wider discussion</p> <p>Current risk and mitigation sign off and risk escalation to corporate register if necessary</p> <p>Discussion of new and emerging risk identification</p>	<p>Submit corporate risk and service risk</p>	<p>17th July</p>	<p>Highlight of directorate risk</p> <p>Summary of risk status</p> <ul style="list-style-type: none"> • Escalations • Improvements • Static risk 	<p>5th August</p>
Frequency	Monthly – 1 week before SCLT	Monthly	Quarterly	Quarterly	Quarterly	Quarterly
Attendees	All Heads of Service Corporate risk Quality Improvement	Service Directors All Heads of Service Corporate risk Quality Improvement	Quality Improvement	Corporate Risk Head of Service – Quality Standards and Safeguarding Quality Improvement	Directorate Executive Director Service Directors Quality Improvement	Executive Leadership Corporate Risk

Risk Identification

Risks are events that could happen that would prevent us from achieving our objectives. The term “Risk Management” describes the process through which we identify and record these events and put plans in place to reduce these risks.

Within Adult Social Care our risk management processes are structured to include the process of:

- Identifying possible risks
- Applying a score to each risk in consultation with the Risk Matrix, based on:
 - ❖ How likely it is to happen (the probability)
 - ❖ How severe it would be if it did happen (the impact)
- Implementing appropriate mitigations or controls (to reduce either the probability or the impact or both)
- Reviewing the risk regularly in consultation with corporate colleagues to assess whether these controls are working effectively to reduce the risk and determining if any further actions are required.

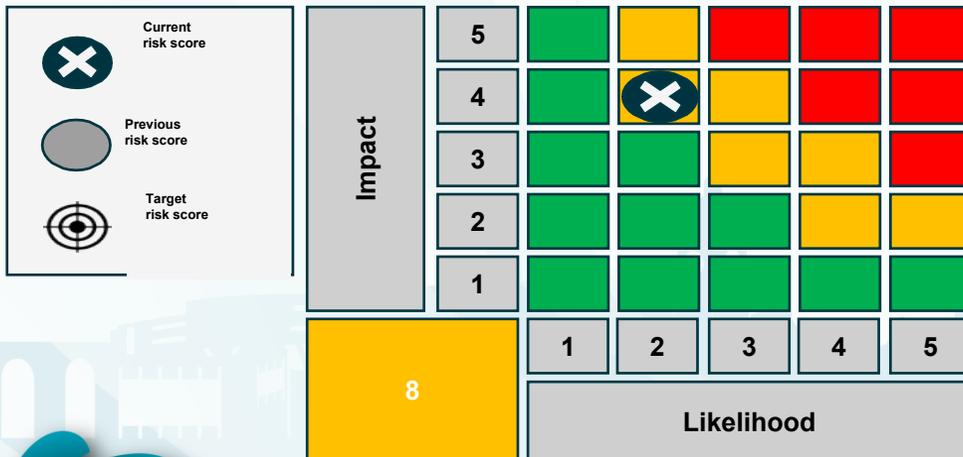
		Financil / cost	Legal / statutory compliance (inc H&S)	Reputation	Community / Service Provision	Risk Matrix					
Impact Scale	4	Losses / costs incurred / overspend of >£1.5m	Government intervention or criminal charges. Multiple breaches in statutory duty. Prosecution. Complete systems / service change required. Severely critical report. Responsible for death of employee and / or resident	Permanent, major environmental or public health damage.	Sustained negative national media attention. Possible resignation of senior officers and/or elected members. Major loss of public confidence. Perceived as failing authority requiring intervention.	Very Significant	5	10	15	20	25
	5	Losses / costs incurred / overspend of £0.8m-£1.5m	Several breaches in statutory duty. Enforcement action and improvement notices. Major civil litigation and/or national public enquiry. Critical report. Low performance rating. Fails to prevent death, causes extensive permanent injuries or long-term sickness	Long term major public health or environmental incident (1yr+).	Sustained negative local and/or significant regional and national media attention. Longer term reduction in public confidence	Major	4	8	12	16	20
	3	Losses / costs incurred / overspend of £0.5m-£0.8m	Single breach in statutory duty. Challenging external recommendations. Major civil litigation and/or local public inquiry. Fails to prevent extensive, permanent injuries or long-term sickness	Medium term major public health or environmental incident (up to 1 year).	Significant negative local /regional media attention. Short term reduction in public confidence	Moderate	3	6	9	12	15
	2	Losses / costs incurred / overspend of <0.5m	Minor breach of statutory legislation/regulation. Reduced performance rating if left unresolved. Medical treatment required, potential long-term injury or sickness.	Short term public health or environmental incident (weeks).	Short term negative local media attention	Minor	2	4	6	8	10
	1	Minimal or no financial impact	No or minimal impact or breach of guidance/statutory duty. Minor civil litigation risk	Environmental incident with no lasting detrimental effect	Unlikely to cause adverse publicity	Insignificant	1	2	3	4	5

	Rare	Unlikely	Possible	Probable	Almost Certain
Frequency	This will probably never happen / recur	Not expected to happen or recur over a 3 year horizon	Might happen or recur within 3 years	Will probably happen / recur but it is not a persisting issue (2-3 years)	Very likely to happen in next year
Likelihood	Less than 5% chance (0-5%)	Around 10% chance (5%-15%)	Around 25% chance (15%-40%)	Around 60% chance (40%-80%)	Around 90% chance (80%-100%)
	1	2	3	4	5
Probability Scale					

Corporate Risk Register

We currently have 1 risk on the corporate risk register

- ❖ AH01 Adults Safeguarding - Failure to adequately safeguard vulnerable adults from harm, abuse and neglect because of increased complexity, referral volumes and a lack of service capacity to respond to the assessed need.
- ❖ This risk is owner is Cath Simms, Service Director Adult Social Care Operations
- ❖ Using the Risk Matrix this risk is currently scored: 8



Controls in Operation:

- ❖ Corporate Safeguarding Policy reviewed regularly (Jan 2024)
- ❖ Mandatory training requirements and additional training where need identified
- ❖ Person in position of trust (PIPOT) process in place – being reviewed.
- ❖ Self-neglect policy and pathway in place. Self-neglect cases managed through the multi-agency risk escalation conferences
- ❖ Adult’s representation on all strategic and operational groups related to safeguarding (such as; Prevent, Domestic Abuse and Modern Slavery)
- ❖ Governance through Kirklees Safeguarding Adults Board and Health & ASC Scrutiny Panel
- ❖ Learnings and improvement plans from Safeguarding Adults Reviews (SAR) reports
- ❖ Prioritisation and escalation managed by Safeguarding Service Manager
- ❖ Large Scale Safeguarding Enquiry (LSE) policy is being reviewed
- ❖ Waiting Well policy rolled out in the hubs – S42 enquiries allocated within 48 hours

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

MEMBERS: Cllr Jo Lawson, Cllr Alison Munro, Cllr Eric Firth, Cllr Darren O’Donovan, Cllr Habiban Zaman, Cllr Bill Armer, Helen Clay (Co-optee) Kim Taylor (Co-optee)

SUPPORT: Nicola Sylvester, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p>1. Access to GP’s</p>	<ul style="list-style-type: none"> • Number of GPs in Kirklees Council • Number of patients in practices • Shortage of GPs in high deprivation areas • How many GP’s using advanced/nurse practitioners • Explanation of a Physician Associates and use in GP Surgeries • What is being done to attract GPs to Kirklees with shortages • Method of access (How to make an appt) • Pharmacy First route • 111 how affective, how many people ring, when do they ring, do they ring due to not getting access to GP 	
<p>2. 0-19 Commissioning – Access to Care</p>	<ul style="list-style-type: none"> • Role of a Health Visitor • Focus on partners through the antenatal/postnatal journey • What role does a Health Visitor play in Ante Natal Care • What is the purpose of the visit • How often are visits undertaken • Data on targets met 	
<p>3. Patient transport from Home to Hospital</p>	<ul style="list-style-type: none"> • Missed appointments due to incorrect transport • Who has responsibility of booking transport • What criteria is used for use of patient transport 	

4. Safeguarding Adults	<ul style="list-style-type: none"> • Safeguarding within Kirklees as an organisation • Safeguarding Adults Board Annual report • Impacts/support for workforce 	
5. Prevention of Suicide	<ul style="list-style-type: none"> • What is the work done at each stage of prevention • Bereavement support after suicide • Progress made on suicide • What work is undertaken to prevent suicide (working with groups) • Andy's man club & other organisations to provide an update • Statistics for Kirklees Council • Armed forces veterans, number in Kirklees and suicide rate of these 	
6. Health System Financial Overview	<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</p> <ul style="list-style-type: none"> • The work that is being carried out to meet current years budgets • And identify risks • Recruitment and retention 	
7. Changes relating to NHS England, ICB and Healthwatch	<ul style="list-style-type: none"> • How will relationships be maintained to influence primary prevention at place level and retain knowledge • 10-year plan • What is the governance model for Kirklees and their population • How can Kirklees place be assured of the governance structure • Assurance on resources going to reduce inequalities in Kirklees Council • Who will be held accountable and what will they be accountable for • What does the change mean 	

	<ul style="list-style-type: none"> • What will the impact be • What services will be passed to Kirklees (will there be funding) • Risk, Finance and Performance 	
8. CQC	<ul style="list-style-type: none"> • How well is the new model working • Challenges • Good news stories • Number of inspections in Kirklees Council • Outcomes of inspections 	
9. Quality of residential and domiciliary care	<ul style="list-style-type: none"> • Timely inspections from CQC • Operation of the contracts team to ensure quality is maintained • Complaints followed up and what action taken • Are there themes of complaints • How is quality measured • View of social workers 	
10. Winter pressures	<ul style="list-style-type: none"> • Joined up care between organisations • Care packages available • Services Locala provide • Community care offered • Is there a shortage of domiciliary providers • What has been learnt from previous years and how approaching 25/26 differently 	
11. CQC Kirklees Inspection outcome	<ul style="list-style-type: none"> • Outcomes of the CQC inspection • Lessons learnt 	
12. Adults Social Care Risk Register	<ul style="list-style-type: none"> • Provide risks of adult's social care 	

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 –
2025/26**

MEETING DATE	ITEMS FOR DISCUSSION
06 August 2025	<ol style="list-style-type: none"> 1. Adults Social Care Risk Register 2. Winter Pressures 3. Health System Financial Overview
01 October 2025	<ol style="list-style-type: none"> 1. Patient Transport from Home to Hospital 2. Access to GP's
03 December 2025	<ol style="list-style-type: none"> 1. 0-19 Commissioning – Access to Care 2. CQC Kirklees Inspection Outcome
04 February 2026	<ol style="list-style-type: none"> 1. Changes relating to NHS England, Integrated Care Boards and Healthwatch
04 March 2026	<ol style="list-style-type: none"> 1. CQC 2. Quality of Residential and Domiciliary Care
22 April 2026	<ol style="list-style-type: none"> 1. Safeguarding Adults 2. Prevention of Suicide

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

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