Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 3rd December 2025

Present:	Councillor Jo Lawson (Chair) Councillor Eric Firth Councillor Alison Munro Councillor Habiban Zaman
Co-optees	Helen Clay Kim Taylor
In attendance:	Councillor Bev Addy, Portfolio Holder for Public Health Michelle Cross, Executive Director, Adults & Health Lucy Wearmouth, Head of Improving Population Health Cliff Dunbavin, Locala
Apologies:	Councillor Bill Armer Councillor Darren O'Donovan

20 Membership of the Panel

Apologies for absence were received on behalf of Councillors Armer and O'Donnovan.

21 Minutes of previous meeting

RESOLVED – That the Minutes of the meeting held on 1 October 2025 be approved as a correct record.

22 Declaration of Interests

No interests were declared.

23 Admission of the public

All agenda items were considered in public session.

24 Deputations/Petitions

No petitions were received.

The Panel received a deputation from Dr Dylan Murphy in relation to support services for people in Calderdale and Kirklees living with Myalgic Encephalitis.

25 Public Question Time

No public questions were received.

26 0-19 Commissioning - Access to Care, the role of the Health Visitor in Kirklees

The Health and Adults Social Care Scrutiny Panel received an overview of the role of Health Visitors within the Kirklees 0 to 19 integrated service. The report and presentation explained that Health Visitors delivered the national Healthy Child Programme locally, with a strong emphasis on prevention, early intervention, and supporting families from pregnancy through to school age. Their responsibilities included leading the Healthy Child Programme for 0 to 5 years, promoting health and child development, supporting parental and infant mental health, and safeguarding children. Health Visitors also worked to identify needs early and provide targeted support where required.

The reports highlighted that Health Visitors played a key role in antenatal care, typically making contact with families between 28 and 32 weeks of pregnancy to build relationships, assess wellbeing, and identify vulnerabilities. Postnatal contacts followed a structured schedule, including a new baby review at 10 to 14 days, a 6 to 8 week visit, and developmental reviews at one year and between two and two-and-a-half years. Additional visits were offered based on assessed need, for example where there were concerns about feeding, maternal mental health, safeguarding, or housing issues. Digital support tools such as the 0 to 19 app, ChatHealth, and online parenting courses were also available.

The reports confirmed that Health Visitors were key safeguarding professionals, working closely with social care, GPs, maternity services, and early help teams. They contributed to child protection planning and provided evidence for assessments. Partnership working was described as central to the service, with collaboration across agencies including Change, Grow, Live, Home-Start, Fresh Futures, and mental health services. Peer supporters and community champions were also involved in delivering health messages and supporting infant feeding initiatives.

The reports noted that the service aimed to promote equity and reduce health inequalities by using data on deprivation, ethnicity, and ward-level needs to shape interventions. Performance data showed that Kirklees was broadly in line with regional and national trends for key contacts, although multiparous antenatal women were less likely to engage with antenatal visits. Locala monitored exceptions data to understand reasons for non-engagement and to improve service delivery. The Scrutiny Panel was asked to consider the information provided and determine any further actions required.

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

- The Panel raised concern that 25% of pregnant women still received no antenatal contact and members queried how the service plans to reach those women.
- Officers stated they were targeting hard to reach families, repeatedly attempting contact, and promoting new tools including the 0 to 19 app along with improved website information.

- Officers described increased integration with family hubs, early support teams, and the gateway single access point to improve early identification and rapid signposting.
- The Panel raised concerns that some women received no antenatal information at hospital and may fall through the net although officers acknowledged this and were committed to persistent follow-up.
- Questions were asked about digital resources and accessibility for non-English speaking families and officers explained they now employed community language speakers in key areas such as Urdu speakers in Batley and Dewsbury.
- Officers outlined details of new community based staff roles aligned with family hubs to ensure better outreach to communities with language or cultural barriers.
- The Committee asked what role health visitors play between 30 months and school age and officers confirmed involvement in ASQ assessments, early years collaboration, and strengthened links with early years settings.
- In relation to maternal mental health, officers described rapid referral routes through the gateway and close partnership with community and perinatal mental health services.
- It was noted that although Kirklees did not receive earlier family hub programme funding, Kirklees would still benefit from specialist perinatal mental health expertise via Calderdale.
- Members sought clarity on the number of guaranteed home visits which was confirmed as six mandated visits, including a new 3 to 4-month visit being added.
- Concerns were raised about safe sleep guidance, and it was stressed it was information giving but also included in-home assessment, environment checks, and signposting to relevant clinical support.
- Officers noted that performance had significantly improved in the last three years due to stronger Commissioner provider oversight, deep dive reviews, and better communication with families.
- Officers explained that confusion between midwives and health visitors had contributed to missed antenatal contacts with work being undertaken to improve family understanding of roles.
- The Committee was advised that there was a national shortage of qualified health visitors but said Kirklees was mitigating this by “growing our own”, recruiting Band 5 nurses and supporting progression to Band 6.
- Officers warned of workforce pressures due to early retirements but were confident in the success of local retention and development strategies.
- The Committee was informed of future challenges such as national issues such as poverty but noted major improvements in partnership working and shared system ownership.
- Questions were raised about families who declined home visits but were assured that in cases with safeguarding concerns, home visits became mandatory.

RESOLVED –

1) That Officers be thanked for their attendance and presentation.

2) That the presentation regarding Health Visitors within the Kirklees 0 to 19 integrated service be noted.

27 Work Programme 2025/26

RESOLVED: That the work programme be noted.