Public Document Pack

Service Director – Legal, Governance and Commissioning
Samantha Lawton

Governance and Commissioning
PO Box 1720
Huddersfield

HD1 9EL

Tel: 01484 221000
Please ask for: Nicola Sylvester
Email: nicola.sylvester@kirklees.gov.uk
Tuesday 25 November 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 3 December 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.

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 - 14

To approve the Minutes of the meeting of the Panel held on the 1st October 2025.

3: Declaration of Interests

15 - 16

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

17 - 30

To receive a presentation on 0-19 Commissioning – Access to Care, The Role of the Health Visitor in Kirklees.

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

8: Work Programme 2025/26

31 - 38

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.

Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 1st October 2025

Present:	Councillor Jo Lawson (Chair) Councillor Bill Armer Councillor Eric Firth Councillor Alison Munro Councillor Habiban Zaman
Co-optees	Helen Clay
In attendance:	Michelle Cross, Executive Director, Adults & Health Councillor Nosheen Dad, Portfolio Holder Catherine Wormstone, Director of Primary Care, Integrated Care Board Gemma Brady, Kirklees Health and Care Partnership Dr Khalid Naeem, Kirklees Health and Care Partnership Lindsay Greenhalgh, Kirklees Health and Care Partnership Vicky Duthchburn, Accountable Person, Integrated Care Board (Virtually)
Apologies:	Councillor Darren O'Donovan Kim Taylor (Co-Optee)

11 Membership of the Panel

Apologies were received on behalf of Councillor Darren O'Donovan and Kim Taylor (Co-optee).

12 Minutes of previous meeting

RESOLVED: That the minutes of the meeting dated 6th August 2025 be approved as a correct record.

13 Declaration of Interests

No interests were declared.

14 Admission of the public

All items were considered in public.

15 Deputations/Petitions

No deputations or petitions were received.

16 Public Question Time

No public questions were received.

17 Patient Transport from Home to Hospital

The Panel received a presentation on missed appointments attributed to Patient Transport Services (PTS) within Kirklees. The presentation responded to queries raised by the Panel regarding the causes of missed appointments, responsibility for transport bookings, and eligibility criteria for PTS. It was noted that the definition of a missed appointment had been refined to include only inward journeys with specific abort reasons: wrong mobility, wrong address, failed journey, and Yorkshire Ambulance Service (YAS) delays. Journeys were excluded where the same patient had another successful inward journey on the same date.

Analysis of data from 1 January 2024 to 17 August 2025 revealed an average of nine missed appointments per week. The primary cause was incorrect mobility categorisation (60.6%), followed by YAS delays (17.1%), wrong address (13.4%), and failed journeys (8.9%). Most missed appointments occurred between 9am and 4pm on weekdays, aligning with peak transport activity. Hospital data showed that Huddersfield Royal Infirmary and Calderdale Royal Hospital accounted for the majority of missed appointments, though only 0.8% of total inward activity resulted in an abort. Similarly, the top 25 clinics accounted for 41.6% of missed appointment aborts, with Acre Mills Outpatients, Huddersfield Royal Infirmary Orthopaedics & X-ray, and Dewsbury District Hospital X-Ray Department being the most affected.

Apologies were received from Yorkshire Ambulance Service – Patient Transport Service. The Panel acknowledged the need for improved accuracy in mobility assessments and transport coordination to reduce missed appointments and raised the following questions:

Q1. There has been an increase and decrease in missed appointments from January 2024 to August 2025 which has not returned to zero, what is the reason for it being so low in January 2024 and what is the reason for the increases/decreases between January 2024 and August 2025?

Q2. Is there a clear escalation route for patients who experience repeated transport related issues?

Q3. What measures are put in place to ensure timely communication between transport providers and healthcare services when bookings for patient transport are made or changed?

Q4 In terms of providing transport, are there certain illnesses that are not being cared for?

Q5. What is the criteria for a patient to receive patient transport?

Q6. Has there been any recent changes to patient transport in terms of contract of provider?

Q7. What is meant by ‘wrong mobility’, which equates to 60% of missed appointments?

Q8. How is it possible for patient transport to get the wrong address of patients?

Q9. Could the raw data of missed appointments be provided in percentages along with numbers which would make the statistics more meaningful?

Q10. Who is responsible for ensuring the patient transport ambulance staff are physically fit to perform their duties to ensure that particular journeys are not aborted?

Q11. Who is responsible for maintaining records of patients who have physical disabilities?

Q12. What are the underlying reasons for missed appointments in the different areas of Huddersfield Royal Infirmary? Is there an underlying problem?

Q13. What is meant by a failed Journey?

Q14. Who is responsible for booking the transport at an initial appointment?

Q15. Are there any known inequalities in access to patient transport? ie disabilities, rural areas, English not first language?

Q16. What steps have been taken to ensure that services are inclusive, accessible and person centred?

Q17. Are there any patients who live in deprived areas that are disproportionately affected by missed appointments or missed journeys?

Q18. Are there any cost to patients for patient transport services?

Q19. How many patient transport journeys does Huddersfield Royal Infirmary arrange each week?

The Chair of the panel advised that questions would be forwarded to Yorkshire Ambulance Service-Patient Transport Service for a response, which would be published with the minutes. On receiving a response if the panel raised further questions, Patient Transport Services would be invited to a future panel meeting in which attendance was expected.

RESOLVED:

1) That the presentation be noted
2) That questions raised by the panel would be forwarded to Yorkshire Ambulance service – Patient transport service for a response, and would be published with the minutes
3) That Yorkshire Ambulance Service-Patient Transport Services would be invited to a future panel meeting if required, on receipt of responses to questions.

18 Access to GP's

The Panel received a presentation on Access to General Practitioners (GP's).

Catherine Wormstone - Director of Primary Care, Kirklees Health and Care Partnership provided an overview of GP workforce data and access challenges across Kirklees. It was reported that there were approximately 250 full-time equivalent (FTE) GPs in post, including salaried GPs, partners, locums, and trainees. Recruitment remained a challenge, particularly in areas of high deprivation, with practices relying on flexible staffing models such as locums, Physician Associates (PAs), and Advanced Nurse Practitioners (ANPs). Several schemes were in place to attract and retain GPs, including the GP Retainer Scheme, sponsorship for international medical graduates, and the Flexible Staff Pool. Additionally, 29 practices were identified as GP training sites, contributing to workforce sustainability.

The presentation highlighted the evolving roles of PAs and ANPs in general practice. PAs were employed across both general practices and Primary Care Networks (PCNs), performing clinical duties under GP supervision. ANPs, employed in over 20 practices and via PCNs, were qualified to prescribe medication, manage undiagnosed conditions, and refer patients to secondary care. Access methods for patients included telephone, in-person, and online consultations, with practices required to maintain online access during core hours from 1st October 2025. The Pharmacy First initiative was also outlined, enabling pharmacists to treat seven common conditions without GP involvement, thereby improving patient access and reducing pressure on general practice.

Modern General Practice Access was introduced as a national model aimed at improving patient experience and operational efficiency. This included structured triage, care navigation, and better use of multi-professional teams. Transition funding had been provided to 55 of 64 practices in Kirklees, with additional support offered to the remaining practices. Patient survey data from 2025 indicated varied satisfaction levels across PCNs, with improvements noted in ease of contact and appointment wait times. NHS 111 call data showed consistent monthly volumes, peaking during late afternoon hours, although the reasons for calls and their relation to GP access remained unclear.

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

- A comment was made expressing concern about the increasing shift toward digital access, highlighting that some individuals, particularly older people, may struggle due to limited technological skills or access.
- A question was raised regarding the role of Physician Associates (PA) in general practice, specifically around their involvement in diagnosing illnesses. It was clarified that Physician Associates must work under the supervision of a General Practitioner and were not permitted to operate independently, in line with updated guidance from the Royal College of General Practitioners.
- Further clarification was requested on the difference between Physician Associates and Advanced Nurse Practitioners (ANP). It was explained that ANPs were qualified nurses with advanced clinical training, including prescribing rights, while PAs may come from non-clinical backgrounds and

currently could not prescribe, though future training may include this capability.

- A question was raised about how the number of GPs in Kirklees compared to other areas with similar populations. It was acknowledged that most areas faced challenges in recruiting sufficient GPs, particularly in high-demand locations. Kirklees was noted to be actively pursuing recruitment and retention strategies, including protected time events, support networks, and incentives aimed at newly qualified GPs.
- Comments highlighted the importance of increasing the number of training practices in Kirklees, which was seen as a successful approach to retaining GPs post-training. It was noted that many trainees chose to remain in the area once qualified. A further question explored the destinations of GPs who left practice, with responses indicating that some relocate abroad for lifestyle or financial reasons, while others pursue opportunities in countries with less regulatory scrutiny.
- Questions were raised about rising patient list sizes and the impact on practices serving ageing and deprived populations. It was explained that the Additional Roles Reimbursement Scheme had expanded the range of professionals available in general practice, with 17 roles now accessible to practices and PCNs. Social prescribing link workers were highlighted as particularly effective in supporting patients. Regarding the national GP Patient Survey, it was confirmed that the 25% response rate in Kirklees was consistent with other areas and considered statistically valid when used alongside other feedback sources such as complaints and compliments.
- The Panel asked why Dewsbury and Thornhill consistently ranked lowest in-patient satisfaction surveys. It was explained that although the area often appeared at the lower end within Kirklees, significant improvements had been made year-on-year, particularly when benchmarked across West Yorkshire. Factors such as population demographics and language barriers were acknowledged, and the PCN was recognised for its efforts in improving access and engagement.
- Concerns were raised about GP appointment availability and telephone access at 8am. It was noted that practices had introduced online request options and invested in cloud-based telephony systems, including dedicated call-handling teams, which had significantly reduced call wait times and improved patient experience.
- Concerns were raised about NHS 111 call volumes at 8am, with members noting the pressure on phone lines and the need for improved access solutions.
- The Panel queried the impact of digital access on patient privacy and independence, particularly for those relying on family support.
- Concerns were raised about the limited uptake of Physician Associates (PAs) in general practice, with some practices reluctant to employ them due to the additional workload placed on supervising clinicians and questions around the efficiency of the role.
- The Panel expressed unease about the lack of clinical background required for PAs, noting that the two-year training programme may be insufficient for the level of patient interaction involved. It was highlighted that patients may not be aware they are not seeing a qualified doctor, which could lead to confusion and concern. Concerns were also raised about ANPs managing

undiagnosed conditions, with members seeking reassurance that appropriate safeguards were in place. It was acknowledged that while ANPs had advanced training, they referred patients to GPs when cases fell outside their scope, ensuring patient safety was maintained.

- The Panel discussed the importance of skill mix in general practice, recognising the value of professionals such as pharmacists and ANPs in managing complex cases. It was emphasised that these roles were not intended to replace GPs but to support them, and that national frameworks govern the scope and development of roles like PAs.
- The Panel questioned whether data was available on the outcomes of patients seen by non-GP clinicians, including whether they later required GP follow-up or experienced delayed diagnoses. It was explained that such data may exist at practice level through appraisals and performance reviews but was not currently available in a centralised format.
- Questions were raised about the uptake and impact of the Pharmacy First scheme in Kirklees. While specific local data was not available, it was noted that approximately 98% of pharmacies in Kirklees offered the service, and uptake was believed to be high. Members welcomed the scheme and acknowledged its potential to reduce pressure on GP services.
- Clarification was requested on why nine GP practices had not accepted support to transition to the Modern General Practice Access model. It was explained that some practices felt their current systems worked well for their patients, while others were uncertain about the implications of total triage. There was no requirement to adopt the model, and no clear correlation with performance levels were identified.
- Concerns were raised about the impact of national pharmacy closures on the Pharmacy First scheme. It was confirmed that Kirklees had a robust process for assessing the impact of closures, with recent changes balanced by new pharmacy openings. Outcomes were monitored centrally through national data systems and patient satisfaction surveys.
- The Panel queried the rise in missed appointments (DNAs) and asked whether analysis had been done to understand the reasons. It was suggested that some DNAs may be due to patients forgetting follow-up appointments or recovering before the scheduled date, and that difficulties in cancelling appointments could also contribute. It was also confirmed that DNA rates had decreased compared to previous years, with practices using digital reminders and monthly reviews to monitor and reduce non-attendance.
- The Panel queried the training provided to staff handling appointment triage, particularly for online bookings. It was explained that practices used sophisticated software with built-in algorithms to flag urgent cases, and triage was carried out by a mix of trained administrators, GPs, paramedics, and Physician Associates depending on the practice.
- A question was asked about the current status of home visits. It was confirmed that home visits still occurred but were increasingly carried out by ANPs or paramedics who reported back to GPs, allowing for more efficient use of GP time within practices.

RESOLVED:

1) That representatives be thanked for their attendance and presentation.
2) That the Access to GP’s report be noted.

19 Work Programme 2025/26

The Panel reviewed the work programme for 2025/26.

RESOLVED- That the work programme be noted.

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NHS
Yorkshire
Ambulance Service
NHS Trust

Springhill 2
Brindley Way
Wakefield 41 Business Park
Wakefield
WF2 0XQ

Tel: 0330 678 4100

15 October 2025

Dear Councillor Lawson,

RE: KIRKLEES HEALTH & ADULTS SOCIAL CARE SCRUTINY PANEL

Thank you for the opportunity to respond in more detail and please accept our apologies for not being able to attend in person at the meeting on 1 October 2025.

As a regional organisation, covering 15 individual councils and many joint scrutiny committees, we aim to attend as many meetings as possible and we have ensured that the Scrutiny team have the contact details for our Corporate Communications team for any future invites for us to appear at the panel (yas.corpcomms@nhs.net).

Background
Between April 2024 and March 2025 the Patient Transport Services at Yorkshire Ambulance Service operated 978,407 journeys. It is important to note that in North Kirklees CCG, Greater Huddersfield CCG and Calderdale CCG, missed appointments represent only 0.8% of the journeys operated.

Please find below our responses to the committee's questions regarding patient transport services.

> Q1. There has been an increase and decrease in missed appointments from January 2024 to August 2025 which has not returned to zero, what is the reason for it being so low in January 2024 and what is the reason for the increases/decreases between January 2024 and August 2025?
>
> The graph on slide 3 of the data set presented shows the data starting at one missed appointment during week commencing 1 January 2024, which is likely to be a week with reduced activity. We also consolidated our abort and cancellation codes in June 2024 and not all aborted journeys result in a missed appointment, hence the variation.
>
> Q2. Is there a clear escalation route for patients who experience repeated transport related issues?
>
> Yes, there is a clear escalation route for any patient who has a transport related issue that needs to be escalated, including our patient relations team and PTS Specialist Patient Engagement Officer.

Q3. What measures are put in place to ensure timely communication between transport providers and healthcare services when bookings for patient transport are made or changed?

Our transport journeys are planned based on the information we receive at the time of booking. Our scheduling team contact the patient and the hospital department to let them know if there are any problems that arise on the day. Likewise, if the hospital need to make any changes to someone's transport they contact our scheduling team and the patient.

Q4 In terms of providing transport, are there certain illnesses that are not being cared for?

The overarching principle of the national eligibility criteria set by NHS England states that "NHS-funded patient transportation is reserved for when it is considered essential for an individuals safety, safe mobilisation, condition management or recovery." This principle applies to everyone, regardless of certain illnesses.

Q5. What is the criteria for a patient to receive patient transport?

The national eligibility criteria for PTS is set out by NHS England to ensure patient transport services across the country are consistently responsive, fair and sustainable.

Q6. Has there been any recent changes to patient transport in terms of contract of provider?

There has been no recent change to our contract to provide patient transport in West Yorkshire. YAS have a framework of transport providers that support our service delivery and provide us with resilience, this includes community transport taxis, private ambulances and volunteer car drivers.

Q7. What is meant by 'wrong mobility', which equates to 60% of missed appointments?

60% of missed appointments equates to 462 journeys over a 19-month period (between 1 January 2024 and 17 August 2025), which equates to approximately 24 per month.

A patients' mobility is based on the information we are provided at the point of booking the journey, then the relevant resource is allocated. 'Wrong mobility' is recorded when the crew feels that the patient cannot be safely transported with the allocated resource (crew number and vehicle type). Wherever possible, transport is then rebooked and provided on the day.

Q8. How is it possible for patient transport to get the wrong address of patients?

This is when the address we are given on the day differs to the information and address we were provided with on the booking information. We would then attempt to contact the patient direct or through the hospital and rebook transport wherever possible.

Q9. Could the raw data of missed appointments be provided in percentages along with numbers which would make the statistics more meaningful?

Percentages are included in the data set presented, please see slide 6 for the percentage of total activity per hospital. You can also see here that the total number of missed appointments in your CCG areas equates to 0.8% of delivered journeys.

Q10. Who is responsible for ensuring the patient transport ambulance staff are physically fit to perform their duties to ensure that particular journeys are not aborted?

At Yorkshire Ambulance Service, it is the responsibility of every staff member and their line manager to ensure they are fit to perform their duties.

All PTS Ambulance Care Assistants go through a robust training and induction schedule, including refresher training on moving and handling techniques every three years. As part of this training staff are taught to carry out a dynamic risk assessment for every patient manoeuvre incorporating the task, individual capability, the load, the environment and other factors. This is to prevent injury to themselves or patients.

If a dynamic risk assessment highlights a risk of harm to patient or staff then that assessment could result in considering an aborted journey. Any such risk should have been picked up at the point of booking, ahead of transport arriving on the day.

Q11. Who is responsible for maintaining records of patients who have physical disabilities?

Our patient records are not linked to medical records on the NHS spine. The information provided to us by a patient at the point of booking is only stored for the purposes of booking transport. This is the same for every patient regardless of whether someone has a physical disability or not.

Q12. What are the underlying reasons for missed appointments in the different areas of Huddersfield Royal Infirmary? Is there an underlying problem?

No, we do not believe there is an underlying problem at Huddersfield Royal Infirmary. The figures you can see on slide 6 in the data set presented show that only 1% of Huddersfield Royal Infirmary's journeys resulted in missed appointments, which is reflective of the overall activity delivered to that hospital.

Q13. What is meant by a failed journey?

The 'failed journey' abort code is used for a journey that has been started but cannot be fully completed. For example, this could be because the patient has been taken ill whilst onboard and A&E are called in to complete the journey. Or where a patient cannot be left at the destination because of a missing care package or safeguarding concerns.

Q14. Who is responsible for booking the transport at an initial appointment?

Transport bookings can be made by patients, their friend, family or carer or by healthcare professionals involved in the patients care.

Q15. Are there any known inequalities in access to patient transport? ie disabilities, rural areas, English not first language?

The overarching principle of the national eligibility criteria set by NHS England states that “NHS-funded patient transportation is reserved for when it is considered essential for an individuals safety, safe mobilisation, condition management or recovery.” This principle applies to everyone, regardless of someone’s disability, geographic location or postcode. West Yorkshire Integrated Care Board who commission our services completed an Equality Impact Assessment prior to our implementation of the eligibility criteria.

Q16. What steps have been taken to ensure that services are inclusive, accessible and person centred?

Yorkshire Ambulance Service is focused on creating an inclusive and accessible organisation for its patients. We have a YAS Health Inequalities Framework that highlights key objectives and priorities for the year. We also recognise that Equality Impact Assessments are an essential tool to ensure that service changes, policies and procedures are fair and do not create barriers to participation or disadvantage any protected groups. Since April 2024, these assessments have become an integral part of the Trusts decision making processes.

Steps we make to ensure that our patient transport is inclusive, accessible and person centred include using language line. This is a translation service which makes our service easier to access for patients whose first language is not English. Language line also includes a mobile app for our ambulance drivers which allows them to do a video call with a British Sign Language translator, to support our deaf patients.

Q17. Are there any patients who live in deprived areas that are disproportionately affected by missed appointments or missed journeys?

The overarching principle of the national eligibility criteria set by NHS England states that “NHS-funded patient transportation is reserved for when it is considered essential for an individuals safety, safe mobilisation, condition management or recovery.” This principle applies to everyone, regardless of someone’s geographic location or postcode.

We are working with the three ICBs that commission our patient transport service to consider the impact to patients who live in areas of deprivation and would be happy to update on this work at a future date along with ICB colleagues.

Q18. Are there any costs to patients for patient transport services?

No, our contracted patient transport service is NHS-funded transport for eligible patients.

Q19. How many patient transport journeys does Huddersfield Royal Infirmary arrange each week?

On average each week, there are 465 journeys to and from Huddersfield Royal Infirmary. On average 16.7% of these journeys are booked by the patients, 10.5% by their friends, family or carer and 72.8% by a healthcare representative working at the Hospital.

Thank you again for the opportunity to provide further information and if you require any further clarification, please do not hesitate to contact us.

Yours sincerely

Chris Dexter
Managing Director of PTS

Cc
Natalie Ackroyd, Kirklees Integrated Care Board

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

Signed: …… **Dated: ……**

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Report title: 0 – 19 Commissioning – The Role of the Health Visitor in Kirklees

Meeting	**Health and Adult Social Care Scrutiny Panel**
Date	**03 December 2025**
Cabinet Member (if applicable)	**Cllr Nosheen Dad/ Cllr Beverly Addy**
Key Decision **Eligible for Call In**	**Not applicable**
Purpose of Report To provide members of the Health and Adults Social Care Scrutiny Panel with an overview of The Role of the Health Visitor in Kirklees	
Recommendations • To consider the information provided and determine if any further information or action is required. **Reasons for Recommendations** • To provide assurance on the Role of Health Visitors in Kirklees	
Resource Implication: N/A	
Date signed off by <u>Executive Director</u> & name **Is it also signed off by the Service Director for Finance?** **Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?**	N/A N/A N/A

Electoral wards affected: None specific

Ward councillors consulted: Not applicable

Public or private: Public

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

1. Executive Summary

The Kirklees Health and Adults Social Care Scrutiny Panel as part of their 2025/26 Work Programme have asked representatives from key organisations to provide assurance on 0 -19 Commissioning, Access to Care in Kirklees which includes the Role of the Health Visitor.

The role of the Health Visitor follows the national Healthy Child Programme but is delivered through a fully integrated 0-19 service, with a strong focus on prevention, early intervention and support to families from pregnancy to school age, which includes:

- Leading the Healthy Child Programme (0-5 years)
- Promoting Health, Wellbeing and Child Development
- Supporting Parental and Infant Mental Health
- Identifying Need Early and Provide Targeted Support
- Safeguarding Children
- Working in Partnership across Kirklees
- Promoting Equality and Reduce Health inequalities
- Community Health Leadership

2. Information required to take a decision

Not applicable.

3. Implications for the Council

Not applicable.

3.1 Council Plan

No specific implications.

3.2 Financial Implications

No specific implications.

3.3 Legal Implications

No specific implications.

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

No specific implications.

Integrated Impact Assessment (IIA)

No specific implications.

4. Consultation

Not applicable.

5. Engagement

Not applicable.

6. Options

Not applicable.

6.1 Options Considered

Not applicable.

6.2 Reasons for recommended Option

Not applicable.

7. Next steps and timelines

That the Health and Adults Social Care Scrutiny Panel takes account of the information presented and considers the next steps it wishes to take.

8. Contact officer

Nicola Sylvester, Principal Governance and Democratic Engagement Officer
Nicola.sylvester@kirklees.gov.uk

9. Background Papers and History of Decisions

Not applicable

10. Appendices

Attached

11. Service Director responsible

Samantha Lawton – Service Director, Legal, Governance and Commissioning.

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Locala
Health & Wellbeing

The Role of The Health Visitor in Kirklees

SARAH RUTTLE
OPERATIONAL SERVICE MANAGER

Role of a Health Visitor in Kirklees

The role of the Health Visitor follows the national Healthy Child Programme but is delivered through a fully integrated 0–19 service, with a strong focus on prevention, early intervention and supporting families from pregnancy to school age

1. Lead the Healthy Child Programme (0–5 years)

- Health Visiting teams deliver universal schedule of contacts,
- Provide additional targeted support for families with greater needs.

2. Promote Health, Wellbeing and Child Development

- Support parents and carers with:
  - Infant feeding (breastfeeding and bottle feeding)
  - Safe sleep advice (e.g., ICON, safer sleep guidance)
  - Child growth, nutrition, and healthy weight
  - Speech, language and communication development
  - Behaviour, sleep routines and parenting strategies

3. Support Parental and Infant Mental Health

- Assess parental wellbeing antenatally and postnatally
- Support bonding and early attachment
- Identify perinatal mental health concerns and refer to appropriate services

4. Identify Need Early and Provide Targeted Support

They assess family circumstances and identify risks such as:

- Domestic abuse
- Substance misuse
- Housing issues
- Social or financial difficulties
- Developmental concerns
- Safeguarding risks
- They offer extra visits, care planning, referrals to specialist services

Role of a Health Visitor in Kirklees Continued…

5. Safeguard Children

- Health Visitors are key safeguarding professionals:
  - Participate in multi-agency safeguarding work
  - Lead assessments for children under 5
  - Provide evidence for child protection planning
  - Work closely with social care, GPs and early help services

6. Work in Partnership Across Kirklees

- The service is highly partnership-focused ensuring joined up care for families throughout antenatal and postnatal journer. Health Visitors collaborate with:
  - Maternity services
  - GPs
  - Change, Grow, Live (CGL)
  - Home-Start
  - Fresh Futures
  - LS2Y and early help teams
  - Mental health services
  - Peer supporters and community champions

7. Promote Equity and Reduce Health Inequalities

- Health Visitors use equity data (deprivation, ethnicity, ward-level needs) to:
  - Identify gaps in access or uptake
  - Shape targeted interventions
  - Ensure services reach families who need them most
  - Deliver proportionate universalism across Kirklees

8. Community Health Leadership

- They provide:
- Public health advice
- Community intelligence
- Support for local initiatives (infant feeding groups, peer support)
- Training for partners on topics such as safer sleep, feeding, ICON

Focus on partners through the antenatal/postnatal journey

The Kirklees 0–19 Service is a **fully integrated service** that works closely with partners such as maternity services, Change, Grow, Live, Home-Start, Fresh Futures, LS2Y, Auntie Pams, GPs and mental health services to support families throughout the antenatal and postnatal journey.

Through effective data and information sharing between 0-19 **and key partners** such as maternity and primary care, we ensure the service aligns with proportionate universalism, targeting families most in need while remaining equitable across the Kirklees population.

We also **share learning** and provide training to partners on key topics such as safer sleep, infant feeding, and ICON, enabling consistent, evidence-based support for both mothers and partners from pregnancy through early childhood.

Peer supporters and community champions play a vital role in delivering key health, wellbeing and safety messages, as well as providing infant feeding support and access to baby-weighing facilities. Our **expert practitioners** support the training and development of these peer supporters and volunteers, who are embedded within the local community. Their contribution is essential in sharing advice, promoting local services, and influencing added-value activity through their insight and understanding of **local community needs**.

Locala Health & Wellbeing

What role does a Health Visitor play in Antenatal Care

- Health Visitors play a key role in antenatal care as part of the **Healthy Child Programme (HCP)**.
- They promote **early intervention** and support family wellbeing from pregnancy to age 5.
  - Around **28–32 weeks**, they conduct an antenatal contact to:
  - Build an early relationship with parents.
- Complete a **holistic assessment** of health, wellbeing, environment, and support needs.
- Provide guidance on:
  - Preparing for parenthood.
  - Infant development, safe sleep, and feeding.
  - Parents' mental health.
- Identify vulnerabilities and arrange **extra support** if needed.
- Coordinate care with **midwives, GPs, and other services** for timely help.
- Their role supports HCP goals: **prevention, early identification of need, and positive health outcomes** for families.

All primip (first time parents) or targeted families receive this contact as a home visit. For universal multiparous parents, a virtual contact is offered.

Purpose of the Contact

- Identify family health, wellbeing, and social needs early.
- Detect vulnerabilities or risks and put support in place before birth.
- Build a trusting relationship with parents ahead of postnatal visits.
- Provide information on newborn care, feeding, safe sleep, bonding, and infant development.
- Support parental emotional and mental health.
- Promote healthy pregnancy and help reduce health inequalities.
- Signpost to local services and community support.
- Coordinate care with midwives, GPs, and other teams for joined-up support.

How often are visits undertaken

Health Visitor contacts follow the Healthy Child Programme (HCP) schedule. These are not weekly visits but a series of key developmental checks and support contacts from pregnancy to age 5.

1. Antenatal Contact

Around 28–32 weeks of pregnancy.

2. New Baby Review

10–14 days after birth, usually at home.

3. 6–8 Week Visit

Focuses on parental wellbeing and early infant development.

4. 1-Year Review

Around 9–12 months.

5. 2–2½ Year Review

Between 24–30 months.

Additional Visits

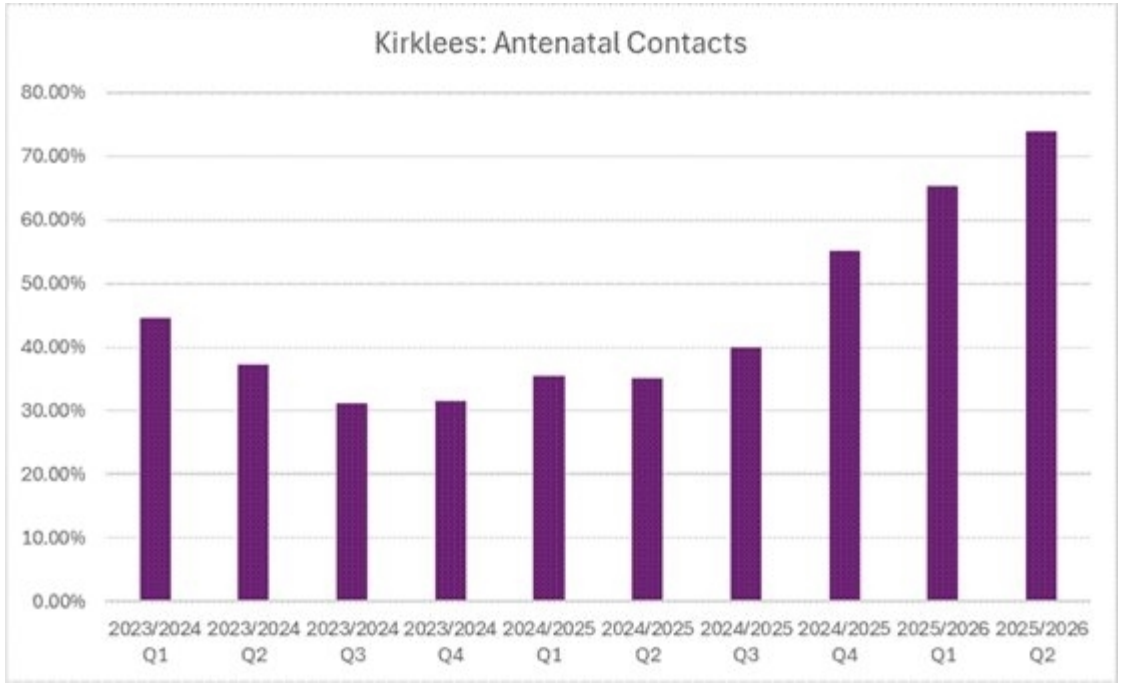
Health Visitors may offer extra visits if a family needs more support, for example with:

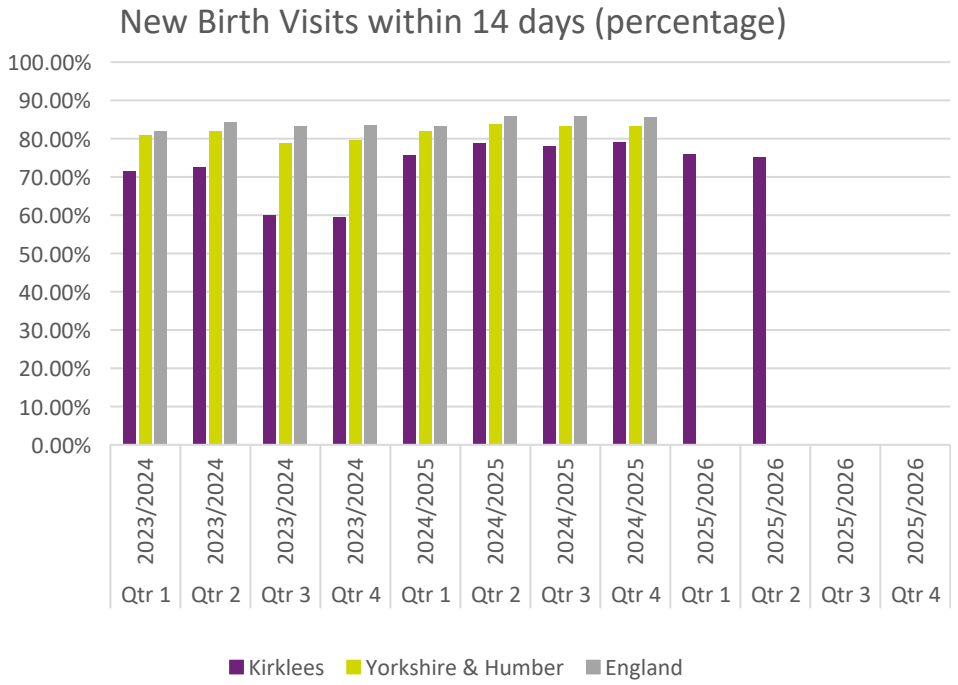
Feeding
Maternal mental health
Safeguarding
Housing or social challenges
Infant development concerns

These extra visits are based on assessed need rather than a fixed schedule.

Families can utilise digital and virtual support tools through the 0–19 app, Locala website, social media channels, ChatHealth text service, Solihull parenting courses online, and the Health and Social Care Hub available as required.

Kirklees Data





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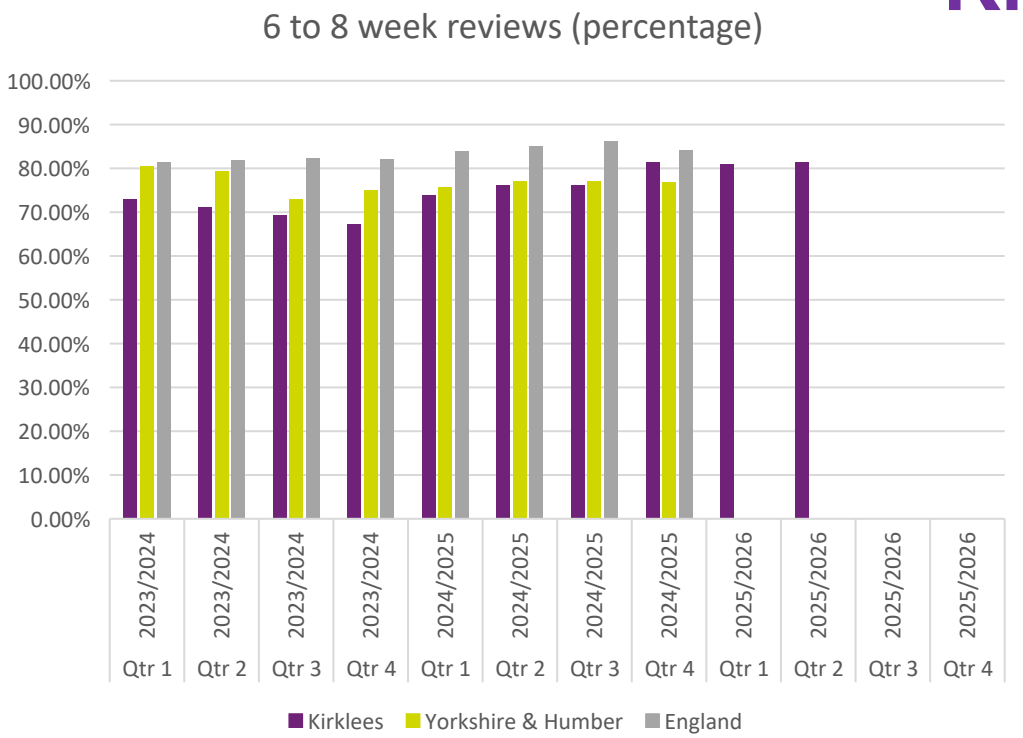

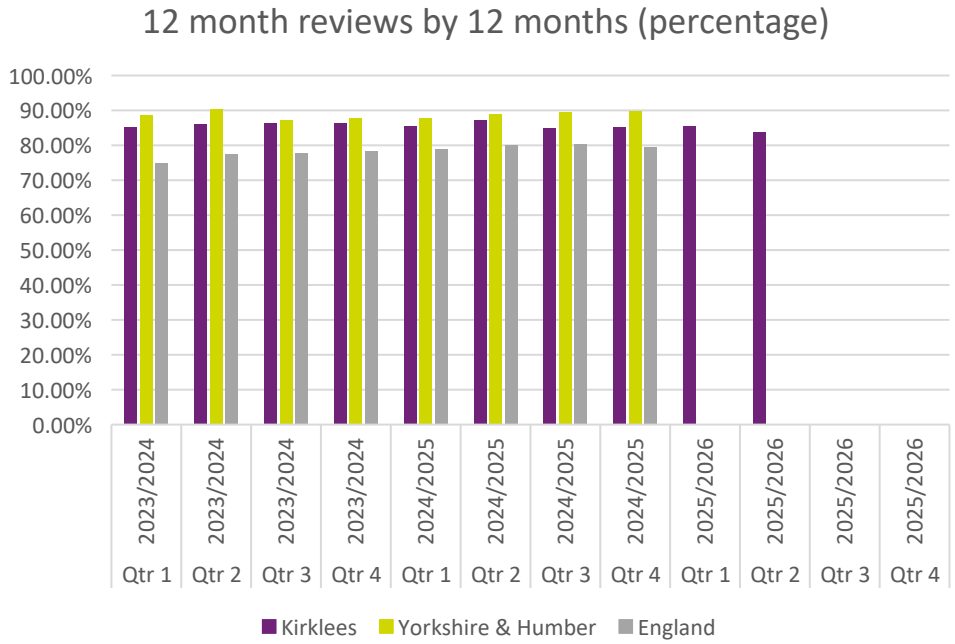

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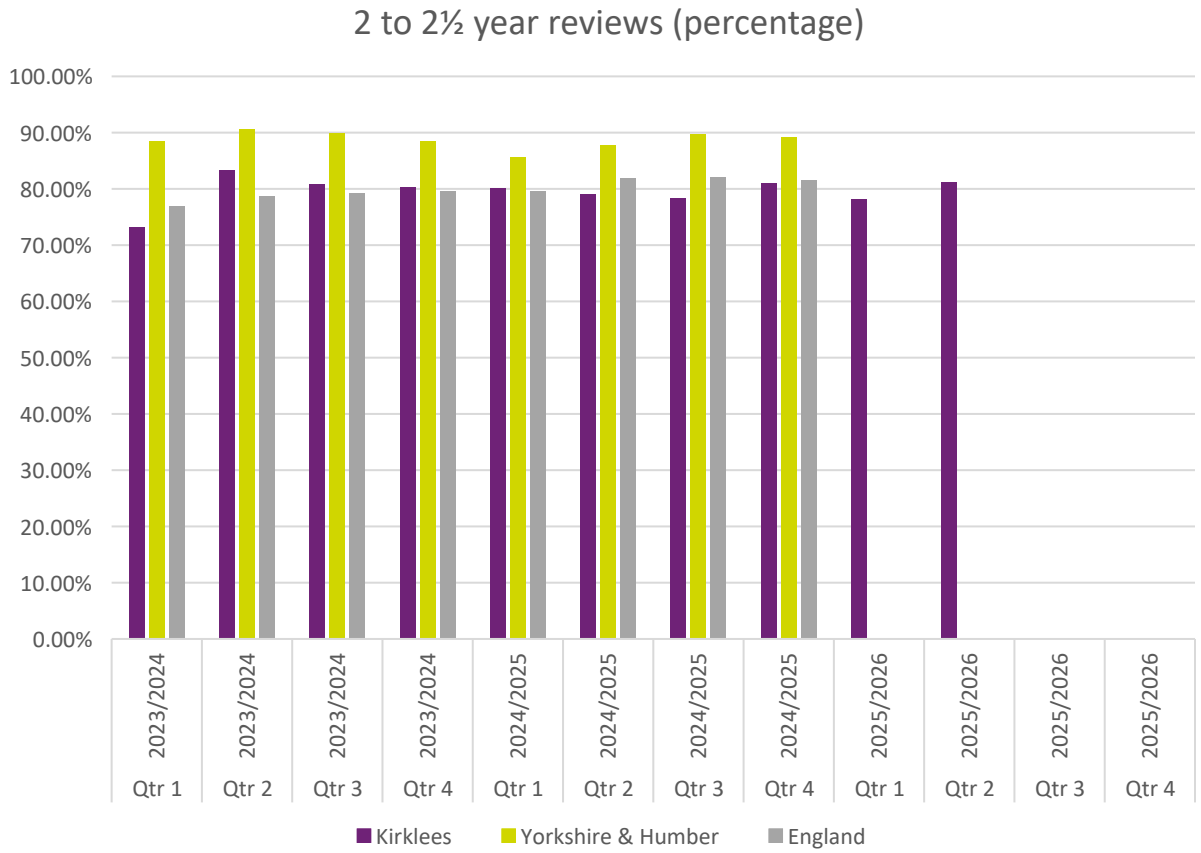

Equity data is analysed to ensure our service meets the needs of the population and addresses gaps in access or uptake. This allows us to tailor service delivery and contact methods effectively. Equity data is categorised by deprivation deciles, ethnicity, and ward areas.
Our latest reports indicate that we are delivering an equitable service across the Kirklees locality.

Locala collect exceptions data to monitor and understand uptake of our services. This data is categorised into areas such as: no access, patient declined, missed notification, late visit, premature delivery, and patient still in hospital. Analysing this information allows us to identify why certain women do not engage and who they are. For example, we have observed that multiparous antenatal women are less likely to participate in antenatal contacts.

Locala Health & Wellbeing

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
1. Access to GP's	• 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	**Panel meeting 1st October 2025** Representatives from Health and Care Partnership provided an overview of GP workforce data and access challenges across Kirklees. The presentation highlighted the evolving roles of Physician Associates and Advanced Nurse Practitioners in general practice. Physician Associates were employed across both general practices and Primary Care Networks (PCNs), performing clinical duties under GP supervision. Advanced Nurse Practitioners, employed in over 20 practices and via PCNs, were qualified to prescribe medication, manage undiagnosed conditions, and refer patients to secondary care. Access methods for patients included telephone, in-person, and online consultations, with practices required to maintain online access during core hours from 1st October 2025. The Pharmacy First initiative was also outlined, enabling pharmacists to treat seven common conditions without GP involvement, thereby improving patient

		access and reducing pressure on general practice. The Panel requested further information on patients who are seen by non GP roles (AP & NPA), statistics on people who use the pharmacy first route and further data on the 9 practices who have not accepted support to the new transition of GP practices working.
2. 0-19 Commissioning – Access to Care. The Role of the Health Visitor	• 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	
3. Patient transport from Home to Hospital	• Missed appointments due to incorrect transport • Who has responsibility of booking transport • What criteria is used for use of patient transport	**Panel meeting 1st October 2025** The Panel received a presentation responding to queries raised regarding the causes of missed appointments, responsibility for transport bookings, and eligibility criteria for PTS. Unfortunately, Yorkshire Ambulance Service, Namely Patient Transport Services sent apologies to the meeting. Due to unanswered questions from the Panel, a letter was sent to PTS advising them of their statutory duty to attend scrutiny panels and to provide answers to the questions within 14 days. YAS provided a response to all questions within the requested timescale with no further action being taken by the panel.

4. Safeguarding Adults	• Safeguarding within Kirklees as an organisation • Safeguarding Adults Board Annual report • Impacts/support for workforce	
5. Prevention of Suicide	• 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	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 years budgets • And identify risks • Recruitment and retention	**Panel Meeting 6th August 2025** Representatives from CHFT and ICB provided an overview of the financial performance management which advised that NHS partners were projecting a collective deficit of £7.5 million, with Kirklees contributing a planned deficit of £380,000 after delivering £46.43 million in efficiencies. Other partners aimed to break even. All partners had implemented Quality Impact Assessments and Equality Impact Assessment processes to evaluate the implications of proposed savings. There were significant risks to financial plan delivery, including performance-related income clawbacks, system-wide accountability, where failure by one

		partner affected all, and operational pressures such as winter demands, industrial action and staffing challenges. Recruitment and retention persisted, particularly with the ICB where organisational changes had led to a loss of local expertise and local knowledge.
7. Changes relating to NHS England, ICB and Healthwatch	• 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 • What will the impact be • What services will be passed to Kirklees (will there be funding) • Risk, Finance and Performance	
8. CQC	• 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	• 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	• 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	**Panel meeting 6th August 2025** Representatives from partners and officers from Adults Social Care explained the plans that had been developed for embedding protocols and reviewing mutual aid governance which focused on shifting care from hospitals to the community, improving discharge and patient flow, and enhancing mental health support to avoid A & E attendance. Joined-up care initiative had included protocols for care home falls, urgent community response, virtual wards and enhanced GP capacity. The Panel was also advised on the challenges in the domiciliary care market, which had been fragmented and unsustainable due to competition for limited commissioned hours. A new locally-based contract model was being developed for implementation in June 2026.
11. CQC Kirklees Inspection outcome	• Outcomes of the CQC inspection • Lessons learnt	
12. Adults Social Care Risk Register	• **Provide risks of adult's social care**	**Panel meeting 6th August 2025.** The Panel received a presentation from Adults Social Care outlining their approach to risk management and provided assurance that

		robust processes were in place to identify, manage, control, mitigate and escalate risks. The Panel was informed that a structure process was in place that used a risk matrix to assess both the likelihood and impact of potential risks which were scored and reviewed in consultation with corporate colleagues, with controls implemented to reduce either the probability or severity of the risk. One risk had been recorded on the Corporate Risk Register which was owned by the service director with a range of controls being implemented.

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

V2

Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan – 2025/26

MEETING DATE	ITEMS FOR DISCUSSION
06 August 2025	1. Adults Social Care Risk Register 2. Winter Pressures 3. Health System Financial Overview
01 October 2025	1. Patient Transport from Home to Hospital 2. Access to GP's
03 December 2025	1. 0-19 Commissioning – Access to Care
04 February 2026	1. Changes relating to NHS England, Integrated Care Boards and Healthwatch
04 March 2026	1. CQC 2. Quality of Residential and Domiciliary Care
22 April 2026	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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