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

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Tuesday 27 January 2026

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 4 February 2026**.

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 14th January 2026.

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: Mid Yorkshire Teaching NHS Trust strategy to NHS 10 year plan 7 - 42

To receive a report on Mid Yorkshire Teaching NHS Trust's strategy to the NHS 10 year plan.

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

8: Changes relating to NHS England, Integrated Care Board and Healthwatch 43 - 76

To receive a report on the changes relating to NHS England, Integrated Care Board and Healthwatch from Kirklees Health Partners.

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

9: Work Programme 2025/26 77 - 84

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 14th January 2026

Present: Councillor Bill Armer
Councillor Eric Firth
Councillor Alison Munro
Councillor Habiban Zaman

Co-optees Helen Clay

In attendance: Michelle Cross, Executive Director, Adults & Health
Cath Simms, Service Director, Adults Social Care Operation,
Saf Bhuta, Service Director, Strategic Commissioning, Partnership and Provider Services
Jill Greenfield, Service Director, Communities and Access Services Communities
Alexia Gray, Head of Quality Standards & Safeguarding,
Councillor Nosheen Dad, Portfolio Holder for Adult Social Care,

Apologies: Councillor Jo Lawson (Chair)
Councillor Darren O'Donovan
Kim Taylor (Co-Optee)

1 Membership of the Panel

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

Councillor Bill Armer was appointed Chair for the meeting.

2 Declaration of Interests

No interests were declared.

3 Admission of the public

All agenda items were considered in public session.

4 Deputations/Petitions

No deputations or petitions were received.

5 Public Question Time

No public questions were received.

6 CQC's Inspection Report and Rating for Adult Social Care

The panel received a presentation on the CQC's Inspection report and rating for Adult Social Care.

Michelle Cross, Executive Director of Adults Social Care, Cath Simms, Service Director for Adults Social Care Operation, Saf Bhuta, Service Director, Strategic Commissioning, Partnership and Provider Services, Jill Greenfield, Service Director, Communities and Access Services and Alexia Gray, Head of Quality Standards & Safeguarding advised that the Care Quality Commission (CQC) had carried out an inspection of Adults Social Care Services in Kirklees with onsite visits over 3 days from 26th May 2025. The overall outcome of the inspection was that Kirklees Adult Social Care Services 'required improvement' with a score of 59, falling just short of a 'good' rating which would have required a minimum score of 63.

The presentation provided an update on the wide areas of strengths, along with areas for development, and how these would be addressed. Most of the areas were already being actioned through a multi-year change programme focused on redesigning pathways, integrating services, considering commissioning needs and investing in digital and community-based solutions.

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

- Adults Social Care had signed up to the National Social Care Workforce Race Equality Standards with the Executive Director overseeing the work,
- Plans were to include inclusive recruitment, training, leadership development and workforce data analysis,
- Officers confirmed website improvements were a priority as residents found the council's website difficult to navigate, especially regarding services and equipment. A lack of information left residents feeling confused and unsupported,
- Emphasis was placed on communicating earlier with residents, so that individuals and carers knew their entitlements before crisis point,
- Digital access was to be improved but not relied on exclusively,
- Library hubs, phone contact through Kirklees Direct and Social Worker presence in the community was available to residents,
- The Improvement Plan would be built through wide consultation with communities, partners and staff, with work underway to simplify pathways and make processes clearer,
- Peer review feedback on preparing for Independence showed the need to start planning from the age of 14, with work being undertaken on a 12-month programme to strengthen early planning and tracking of young people,
- Better long-term commissioning would reduce out-of-area placements and the "Cliffe Edge" families faced at transition,

Health and Adult Social Care Scrutiny Panel - 14 January 2026

- Work was ongoing with providers for accommodation for young adults to ensure the right kind of accommodation was flexible and progression-focused,
- There was less of an issue regarding buildings for young adults, it was more about alignment between housing, social care and providers,
- It was noted that the needs of younger adults were now more complex with some having a combination of learning difficulties, mental health and forensic needs,
- Kirklees had improved its reablement and intermediate care model regarding hospital discharges. Challenges remained around consistency and capacity pressures,
- End of life support largely sat with health partners, though social care provided equipment and support where appropriate,
- Fast-track pathways ensured that people known to services received support quickly, the Kirkwood and community nursing teams remained central to end of life provision,
- National changes to ICB funding and staffing remained a concern although there was a strong partnership with Adults Social Care, the Integrated Care Board and National Health Service,
- Work was underway regarding care market sustainability with a move from percentage uplifts to a “fair price for care” based on level of need,
- Quarterly data reviews regarding risk, data transparency and Inequalities to improve how staff used dated and insight would be carried out.

RESOLVED-

- 1) That the CQC’s Inspection Report and Rating for Adults Social Care be noted.
- 2) That Officers across all teams involved in the inspection be thanked for the outstanding work undertaken.

7 Work Programme 2025/26

The Panel reviewed the work programme for 2025/26 and suggested that End of Life Care be added to the work programme for 2026/27.

RESOLVED- That the work programme be noted.

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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: Mid Yorkshire Teaching NHS Trust strategy to NHS 10 year plan

Meeting	Health and Adult Social Care Scrutiny Panel
Date	02 February 2026
Cabinet Member (if applicable)	Cllr Beverly Addy/ Cllr Nosheen Dad
Key Decision Eligible for Call In	Not applicable
<p>Purpose of Report To provide members of the Health and Adults Social Care Scrutiny Panel with an overview of the strategy that Mid Yorkshire Teaching Trust is putting in place to the NHS 10 year plan</p>	
<p>Recommendations</p> <ul style="list-style-type: none"> To consider the information provided and determine if any further information or action is required. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> To provide an update on Mid Yorkshire Teaching NHS Trust Strategy to NHS 10 year plan 	
Resource Implication: N/A	
Date signed off by <u>Executive Director</u> & name	N/A
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?	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 have agreed for representatives from Mid Yorkshire Teaching NHS Trust to provide an update on their strategy relating to NHS 10 year plan by delivering MY Future 2023-28.

The Strategy provides an overview on:

- The strategy development approach
- Strategic Goal Metrics
- Aims for all neighbourhoods over the next 5-10 years
- Integrated Neighbourhood Teams (INT)
- Kirklees steps for INT implementation
- Kirklees Partnership Framework
- MYTT's role as an Anchor Organisation
- Mid Yorkshire Teaching Trust's Community Promise
- Focus on Dewsbury District Hospital Services
- Access to Services Closer to Home
- Maternity
- Clinical Safety Reviews and Improvements

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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Overview and Scrutiny Committee

Brent Kilmurray

Chief Executive

04 February 2026



NHS 10 Year Plan



NHS 10 Year Plan for England

Transformational change:

- Retain NHS founding principles (universal, free, tax-funded)
- Shift to **patient-controlled, predictive, and preventative care**
- Become **AI-enabled, genomics-driven**, globally leading health system
- Tackle health inequalities explicitly

Three radical shifts:

- Hospital → Community
- Analogue → Digital
- Sickness → Prevention

Key pillars of the plan

1 Hospital → Community

- Launch **Neighbourhood Health Service (NHS)**
- Build **Neighbourhood Health Centres (NHCs)** as 1-stop shops
- Expand community pharmacy role
- Deliver urgent care outside hospitals
- End corridor care; restore 18-week RTT
- Same-day GP appointments, online-first

2 Analogue → Digital

- Transform **NHS App into full digital front door**
- Implement **single patient record**
- Use **AI, digital monitoring, and HealthStore** for proactive care
- Free up staff from admin using AI scribes

3 Sickness → Prevention

- Tobacco & vaping restrictions, obesity prevention
- Healthy food reforms, increased school meal access
- Expanded screening (HPV, lung cancer)
- Genomics population health service
- Health rewards & workplace health integration

Operating model changes

Reforms will push power out to places, providers and patients, underpinned by an explicit goal to make the NHS the best possible partner and the world's most collaborative public healthcare provider



Merge NHS England + DHSC, reduce central bureaucracy



ICBs become strategic commissioners



Reinvent Foundation Trust (FT) model:



Retain surpluses, flexible capital borrowing



Opportunity to become **Integrated Health Organisations (IHOs)**



Earned autonomy, performance-tied pay for leaders



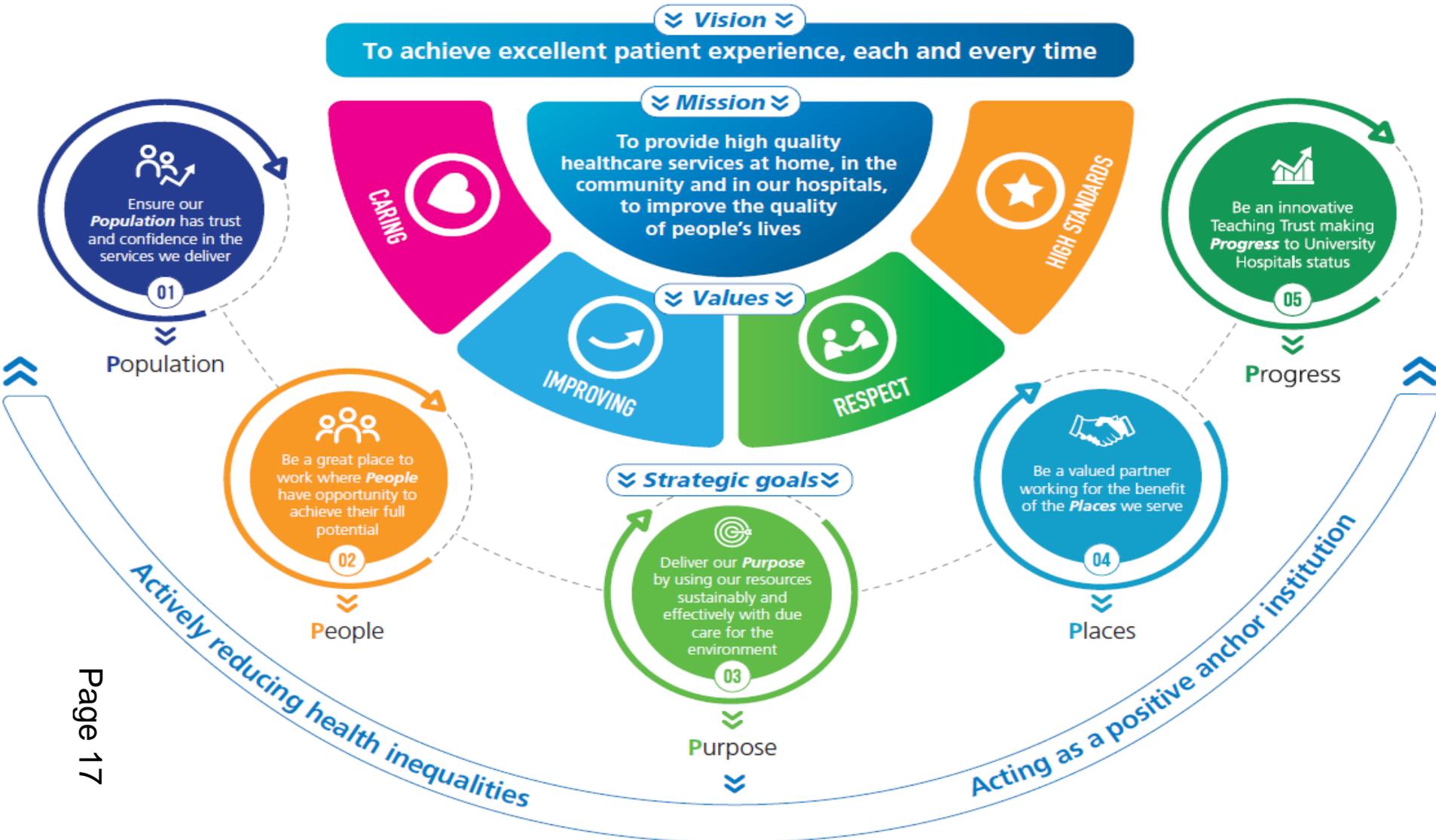
Continue using private sector capacity to expand NHS provision

TRUST STRATEGY



Delivering MY Future 2023-28

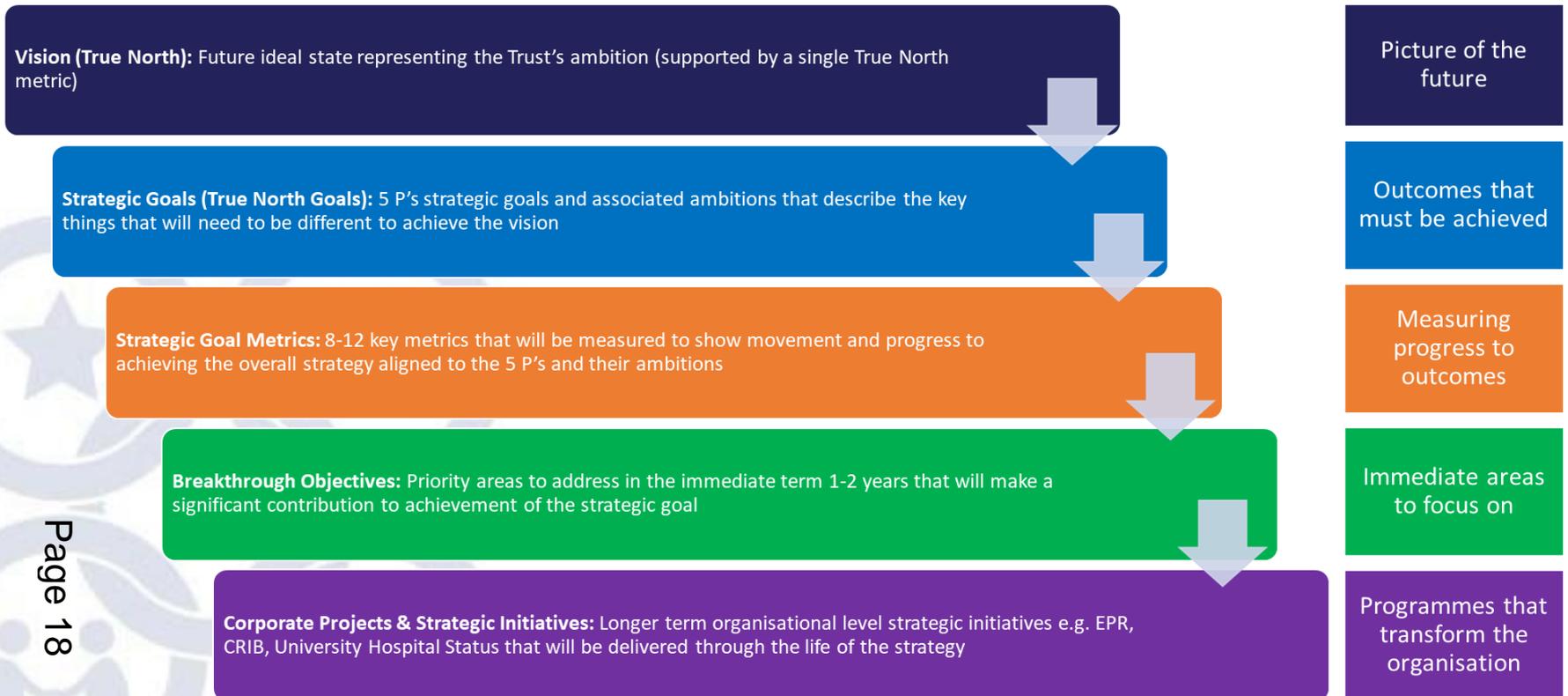
The Trust's Delivering MY Future 2023-28 Trust Strategy guides the strategic direction of the organisation, with alignment to the Trust's operating plan.



Strategy Deployment Approach

The new strategy deployment approach which 'signalled' throughout 2024/25 in shadow form, will enable the structure to be rolled out Trust-wide in preparation for full deployment in 2025/26, aligned to the Improving Together programme. The purpose of the new strategy deployment approach is to empower teams to lead on making improvements by collectively identifying a small number of high priority key 'breakthrough objectives', aligned to our strategic goals, that will have the greatest improvement benefits for our patients and our Trust. A review and assessment of the Trust's breakthrough objectives commenced in November 2024 and a key element of 'MY Operating Plan' will be to assess the outcomes and act on the results. Progress on delivery of plans will be managed through the monthly divisional progress groups, with key transformation programmes aligned to the objectives where appropriate.

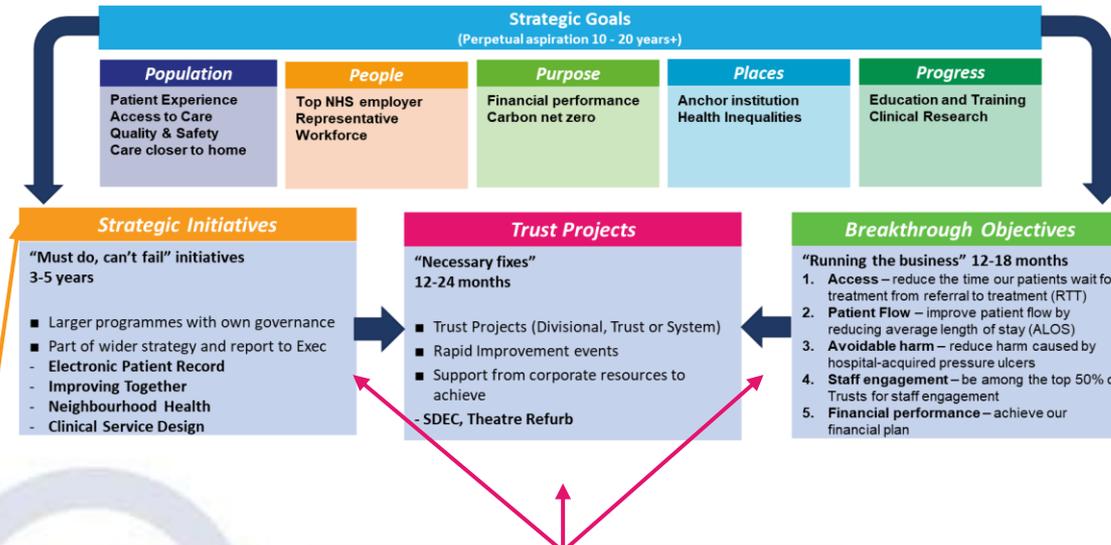
The new strategy deployment approach structure summarised in the infographic below.



Improving Together

Strategic Goal Metrics – How are these analysed and subsequently delivered?

SGM Analysis leads to identification of various countermeasures to enable delivery of the goals. These countermeasures will be aligned to the delivery mechanisms based on the following:



Strategic Initiatives

- ❖ Through A3 analysis of SGMs, there may be SIs that are required as countermeasures to address commonality of root causes across multiple SIs (i.e. EPR)
- ❖ There is a significant piece of work that is required to deliver on 1 SGM with positive impact across others (i.e. Neighbourhood Health alignment to Care Closer to Home with additive benefits to Access Metrics)

Trust Projects

- ❖ Through SGM analysis, there may be root causes which are best addressed by countermeasures delivered as a project, typically with Trust corporate/cross divisional resource
- ❖ They can also be derived from individual pieces of work required to deliver SIs (i.e. Neighbourhood MDTs) or countermeasures that cannot be delivered only through CI (i.e. CT RPIW)

Breakthrough Objectives / Divisional Drivers

- ❖ Operational metrics that are derived from the top contributing areas/KPIs that can be cascaded through the organisation, e.g. Pressure Ulcers being the top cause of Harm or RTT being the greatest challenge in Access.
- ❖ These are cascaded to enable continuous improvement at multiple levels, but largely frontline driven

Neighbourhood Health Guidance 2025 – components and year-one asks for all places

Population health management

Using system-wide linked data to understand pop. need and stratify risk by complexity & future health/care resource use

Standardising community health services

Describes the core components of NHS ICB funded community health services for adults and children and young people

Integrated Intermediate Care

Short-term rehab/reablement/recovery offer for people with new/increased needs in the community (step-up) or on discharge (step-down) - including frailty.

Neighbourhood MDTs

Multi-agency teams jointly responsible for people with multiple complex needs, requiring coordinated access to a range of services – building on broader vision for integrated neighbourhood teams.

Modern general practice

Together with the broader primary care choices that improve patient access including use of the NHS App and Pharmacy First.

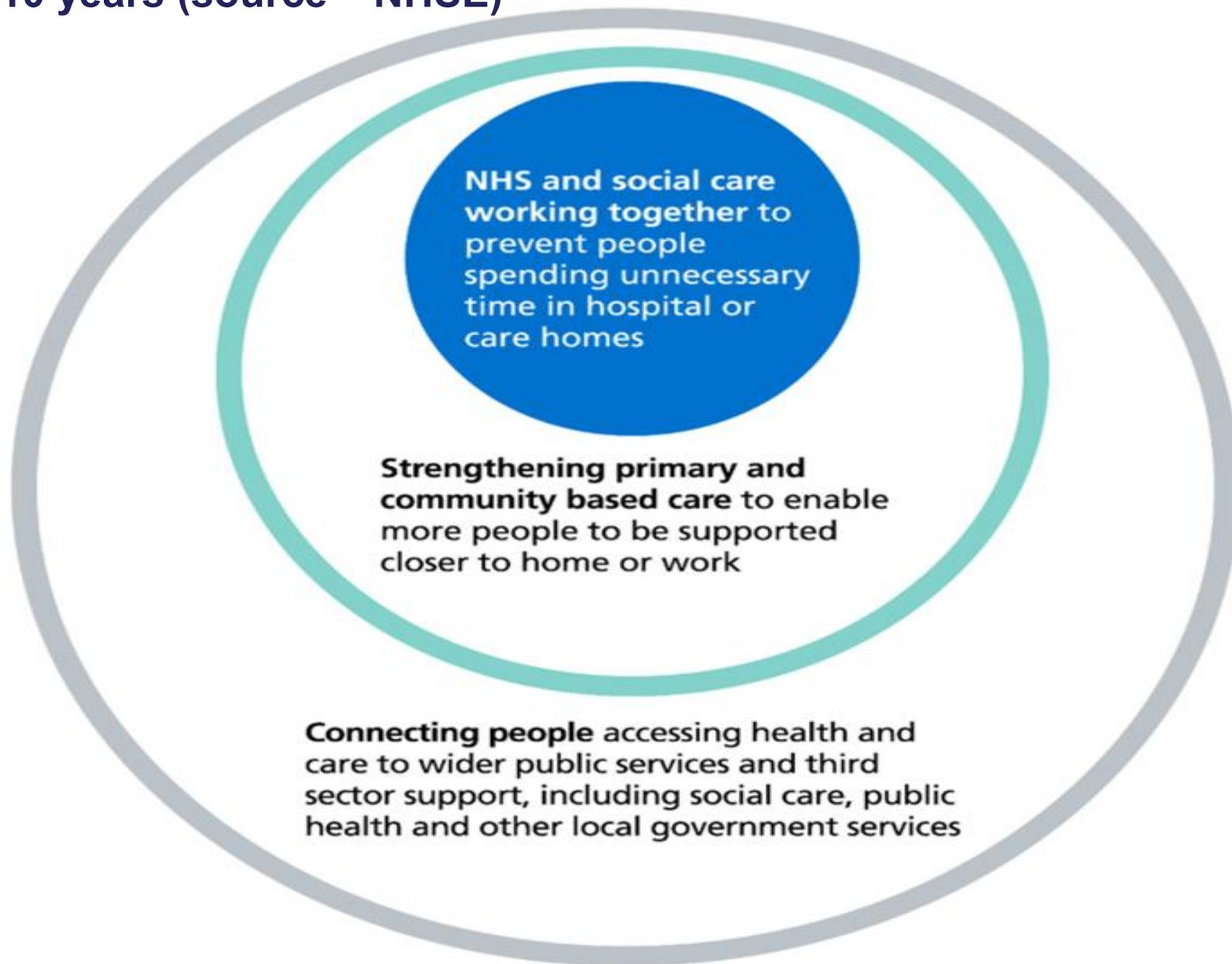
Urgent neighbourhood services

Virtual wards and Urgent Community Response services accessed via a multidisciplinary single point of access for clinicians and professionals

Ask for 2025/26:

- **standardising 6 core components of existing practice** to achieve greater consistency of approach
- **bringing together the different components into an integrated service offer** to improve coordination and quality of care, with a focus on people with the most complex needs
- **scaling up** to enable more widespread adoption
- **rigorously evaluating** the impact of these actions, ways of working and enablers, in terms of both outcomes for local people and effective use of public money

Diagram showing the aims for all neighbourhoods over the next 5 to 10 years (source – NHSE)



Integrated Neighbourhood Teams (INT) – Kirklees Cohorts

The focused cohorts for Kirklees are:

- Frailty - looking at the local data, frailty presentation account for around 20% of ED attendances, ~30% of non-elective admissions and around 45% of non-elective occupied bed days.
- Mental Health
- Children and Young People – as an opportunity and mechanism to explore implementing the recent guidance around CYP MDT
- Currently this cohort is being identified via SystemOne searches and is broken down within each neighbourhood via a specific criteria. Eventually the cohort will be identified via a PHM tool.
- INTs will be asked to focus on a specific area based on the data/needs of the population.
- INT Progress: 1 INT Live July 25 - The Mast, 1 INT in shadow form – live 19th November – Tolson, 2 INTs in Development – Spennings, Valleys, Discussions commenced with The Viaduct.

Neighbourhood Health Teams – Kirklees steps for INT implementation

Timescale	Total number of INTs mobilised	Progress
July 2025	1 INT	The Mast went live July 25
December 2025	3 INTs	INTs in development: <ul style="list-style-type: none"> ➤ Tolson – going live 19th November ➤ Spen – going live end of December
March 2026	5 INTs	<ul style="list-style-type: none"> ➤ Valleys scoping meeting – 18th November with plans to go live January 25 ➤ In discussions with The Viaduct
September 2026	9 INTs	

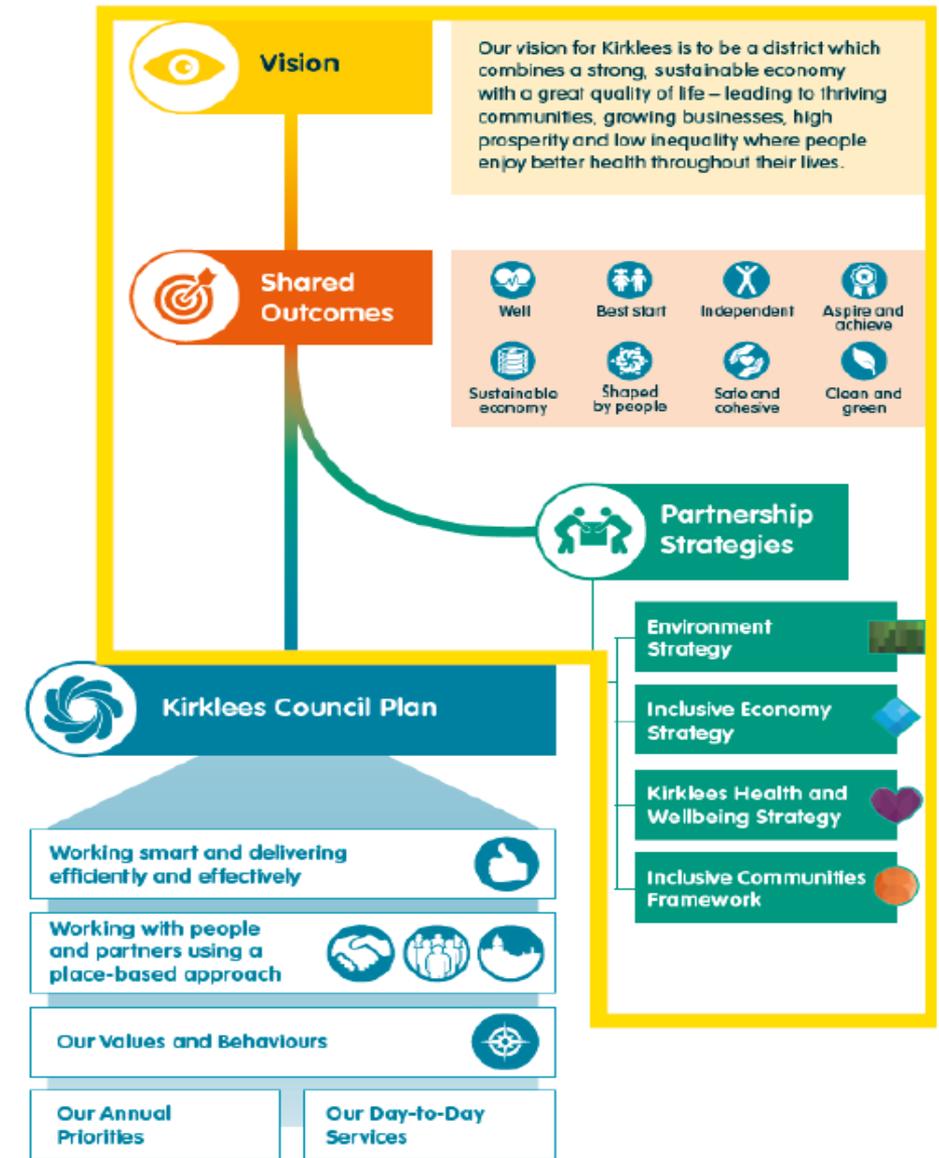
Kirklees Partnership Framework

MYTT is currently contributing to the Kirklees Partnership

Framework review through the Kirklees Partnership Exec and Picture of Kirklees.

Consists of Vision, Shared Outcomes and Partnership Strategies.

Sets out high-level framework for collaboration and communicating about how we work together.



Our role as an Anchor Organisation

Mid Yorkshire is a healthcare provider, but it is also:



Major
employer



Major owner of
land and buildings



Major
purchaser

We influence the health and wellbeing of our communities simply by existing.

Our role as an Anchor Organisation

We recognise our opportunity, and responsibility, to:
use our influence to make a positive impact drive social value empower our communities



Male healthy life expectancy

- nationally is 61.5 years, 55.7 in Wakefield and 58.7 in Kirklees

Female healthy life expectancy

- nationally is 61.9, 55.8 in Wakefield, and 58.9 in Kirklees

Population that is economically inactive

23% in Wakefield, 24% in Kirklees

Percentage of children in low income families

19% in Wakefield, 26% in Kirklees

MY Community Promise

- Trust's anchor institution approach.
- Recognises that the wellbeing of our communities is about far more than providing healthcare services.
- Looks beyond healthcare, at the wider role of our organisation.
- Focus on partnership working for the greatest impact.



MY Community Promise

– five areas of focus



Estate and Environment
work together with partners, using sustainable and green approaches to develop inclusive spaces.



Economy
work with partners to create social and economic benefits in our supply chains.



Education and Employment
create inclusive job and volunteering opportunities for our communities.



Equity and Engagement
working in partnership with our diverse communities to improve health and social inequalities, with easier access to resources available.

Working in partnership

“Work with partners in our role as an anchor organisation, creating social value by innovating and sharing learning with our communities”



Our ambitions:

Partner with anchors to develop a place-based anchor network

Partner with our communities to drive and expand volunteering opportunities

Partner with our communities by working with local businesses

Partners with our voluntary and community sector across Wakefield and Kirklees



CKW place provider partnership model

- Part of the ask of the 10-year plan that all providers in a health and care system must work together to deliver transformation, integration and improvement
- Mid Yorkshire to lead the Wakefield part of the Calderdale, Kirklees, Wakefield provider partnership. SWYFT are planning to be the host for the Kirklees part of the partnership.
- Memorandum of understanding being drawn up
- Initial phases looking at community and out of hospital services, with a proposed phased approach to add more services over time as relationships build
- Continue to build our population health management approach, building on ICB work but also work done in Wakefield and Calderdale to enable provider collaboratives to move towards taking on population planning responsibilities

QUALITY & SAFETY



Temporary Escalated Patients

'As a Trust Senior Leadership Team and Trust Board, we do not accept care in temporary escalated spaces is inevitable and acceptable but on occasions it may be unavoidable due to surges in urgent demand. We have been proactive on taking a safety-first approach to this issue over the last 18 months.'

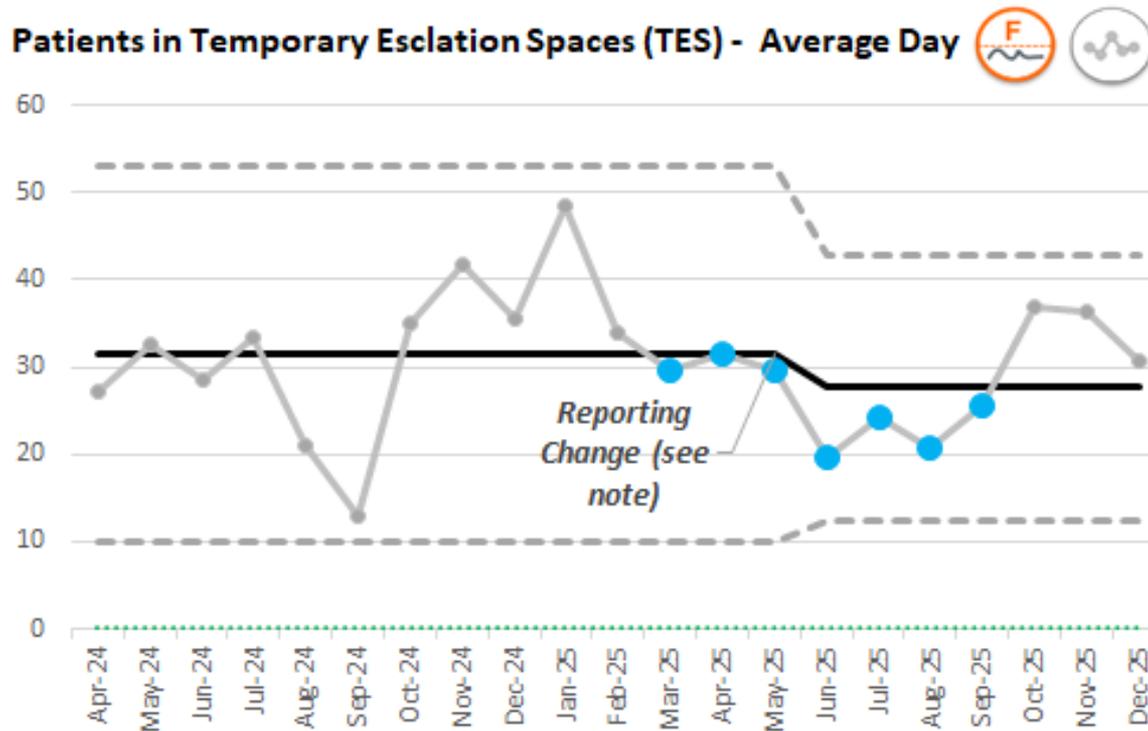
The risk of patients in TES, created by a lack of flow and a state of over capacity is well described and understood. However, we have interventions that are focussed on mitigation of harm once the patients find themselves in a TES. We do not want or encourage our staff to consider TES as an accepted practice.'

Talib Yaseen
Chief Nursing Officer

Richard Robinson
Chief Medical Officer

Temporary Escalation Spaces (Average Day)

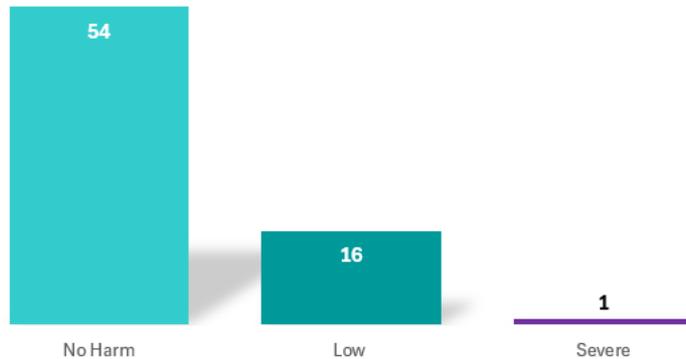
Whilst we do not accept care in temporary escalation spaces, surges in urgent care demand sometimes make this an unavoidable measure that we reluctantly take. The upturn in TES during October and November '25 reflects how an increase in ambulance arrivals and ED attendances can reduce flow and create over capacity across our hospital sites.



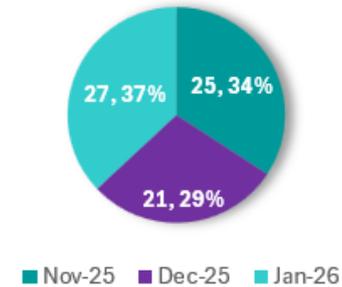
From 22nd May'25 there was a change in reporting from Unplanned Care Locations to Temporary Escalation Spaces (TES) based on the national DSIT 8am census. Therefore, data is not comparable between these two periods.

Reporting and learning from TES Trust wide

TES related Incidents by Severity



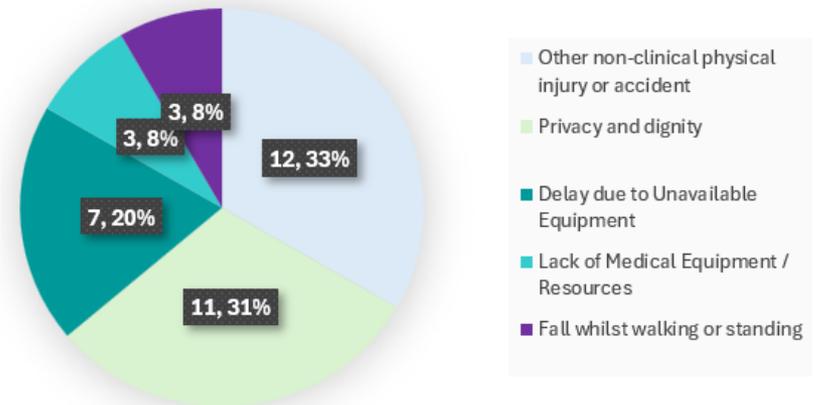
This incident relates to a patient in a Temporary Escalation Space (patients in unplanned areas)



The majority of incidents resulted in no harm, accounting for just over three-quarters (76.1%) of all reported events. Incidents graded as low-harm made up 22.5%, while severe harm incidents, with only one case (1.4%) recorded

The most common theme was other non-clinical physical injury or accident (12 incidents), followed closely by privacy and dignity (11). Delays due to unavailable equipment accounted for 7 incidents, while lack of medical equipment/resources and falls whilst walking or standing were reported 3 times each.

The incident graded as severe is being investigated as a Patient Safety Incident Investigation (PSII).



Focus on DDH Services

The Dewsbury site includes:

- Emergency Department (ED) (Type-1) with Integrated GP Walk-in Centre
- Bronte Midwifery Led Birthing Unit (MLU)
- Acute Care of the Elderly Unit (DACE)
- Children's Assessment Unit (CAU) (12hours)
- Inpatient Rehabilitation, **including:**
 - ❖ Complex Neurorehabilitation
 - ❖ General Rehabilitation
 - ❖ Stroke Rehabilitation
- Infusion Centre and Outpatient Chemotherapy
- Diagnostic and Elective Treatment Centre **including:**
 - ❖ Centre of Excellence Specialising in Head & Neck Services, Plastic Surgery (including Skin Cancer) and Robotic Surgery
- Planned Non-complex Inpatient Surgery
- Palliative Care Day Support

Focus on DDH Service Activity

Dewsbury & District Hospital	
Point of Delivery	24/25 Activity
A&E Attendances	78,347
Walk in Centre Attendances	11,717
Accident and Emergency & WIC	90,064
Daycase	20,312
Elective Inpatient	1,274
Elective DC and IP Total	21,586
Emergency Short Stay	710
Non-Elective	8,265
Non-Elective Non-Emergency	58
Same Day Acute Assessment	137
Non-Elective Inpatient	9,170
Maternity Antenatal	2,130
Maternity Post Natal	204
Maternity Non-Elective Non-Emergency	185
Maternity	2,519
Outpatient First Apt	25,691
Outpatient Follow Up Apts	40,742
Outpatient Procedures	26,818
Outpatients	93,251
Chemotherapy Inpatient	5,812
Chemotherapy Outpatients	2,465
Chemotherapy	8,277
Diagnostic Imaging - Outpatients	13,991
Direct Access Diagnostics	44,301
Discrete Diagnostics	12,995
Diagnostics	71,287
Non Elective Rehabilitation	1,482
Orthotics (Patient Appliances)	2,518
Outpatient - Therapies	22,662
Surgical Pre-Assessment	5,279
Other Points of Delivery	31,941
Total	328,095

Access to Services Closer to Home

Acute Hospital Reconfiguration (AHR) – Activity Metrics

Review of AHR baseline and targets by financial year (25/26 based on M5 forecast outturn)

Acute Hospital Reconfiguration (AHR)

Overall, there has been an 8.7% increase in activity delivered via Dewsbury compared to the 2016/17 baseline. Most of this increase is planned elective day case and outpatient, with day case seeing a 74.8% increase and outpatients a 12.4% increase against 2016/17 levels. A&E attendances have increased by 2.7% against 2016/17 levels and increased by 4,000 against last year.

Focus Area	Indicator	Baseline and Targets							16/17 v 25/26	
		2012/13 (FBC)	Annual Target	2016/17 Out-Turn	2022/23	2023/24	2024/25	2025/26		
DDH Site Utilisation	Outpatient Attendances	96,000	> 111,000	112,724	116,839	115,895	116,275	126,667	13,943	12.4%
	Elective Daycases	8,000	> 13,000	15,620	23,787	23,098	24,608	27,304	11,684	74.8%
	Elective Inpatients	1,500	> 2,500	2,051	1,206	1,102	1,274	1,182	-869	-42.4%
	A&E			91,607	92,087	93,834	90,054	94,041	2,434	2.7%
	Non Elective Admissions	21,847	<= 8,100	15,568	9,034	9,289	9,169	9,010	-6,558	-42.1%
									20,634	8.7%

The proportion of Kirklees patients using Dewsbury District Hospital

Of the services delivered at Dewsbury, 68% are Kirklees patients accessing their local services.

78% of Kirklees patients are using Dewsbury A&E, with 91.5% of patients attending Dewsbury for ante-natal appointments and 88% of patients accessing Dewsbury for discrete diagnostics.

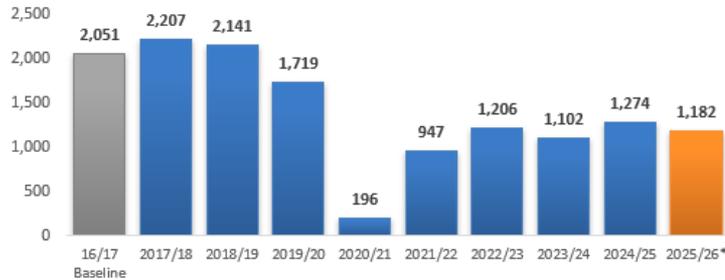
Of the activity delivered at Dewsbury, what proportion is for Kirklees residents

		2 Year average - % activity proportion
Urgent Care	Accident and Emergency	78.1%
	Non-elective Admission (emergency and non-emergency)	81.8%
Planned Care	Direct Access	79.5%
	Discrete Diagnostics	88.4%
	Discrete Therapy	64.1%
	Elective Inpatient	33.9%
	Day Case	43.0%
	Outpatient First Attendance, Procedure or Ward Attender	63.2%
	Outpatient Follow Up Attendance, Procedure or Ward Attender	58.7%
Maternity	Maternity Pathway - Ante-natal	91.5%
	Maternity Pathway - Post-natal	83.5%
	Maternity Pathway - Deliveries	81.8%

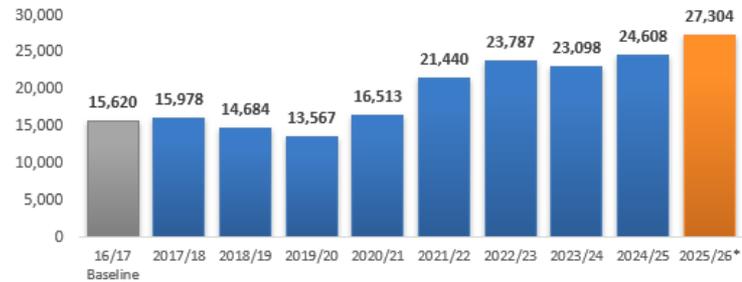
Access to Services Closer to Home

Activity delivered at Dewsbury District Hospital - historical trends

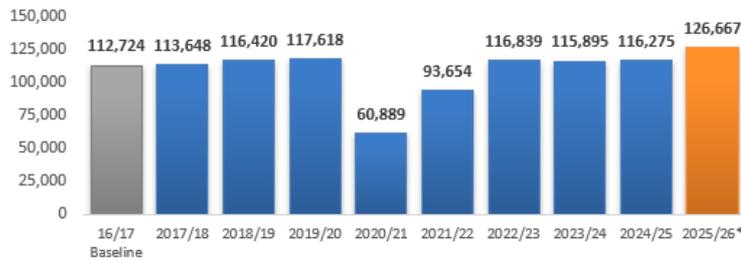
Elective Inpatient Activity



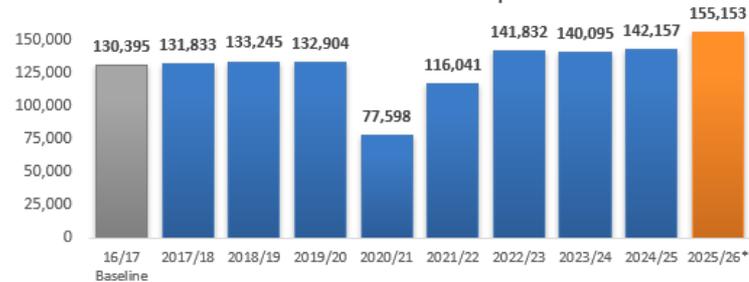
Day Case Activity



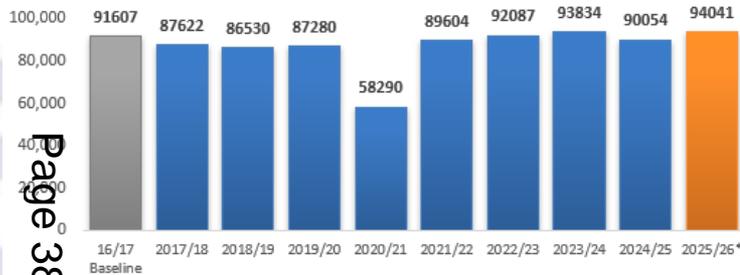
Outpatient Attendances



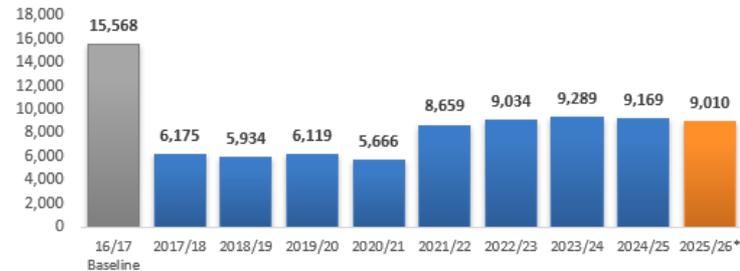
Total Elective & Outpatient



A&E Attendances



NEL Admissions



Volunteering Overview - DDH

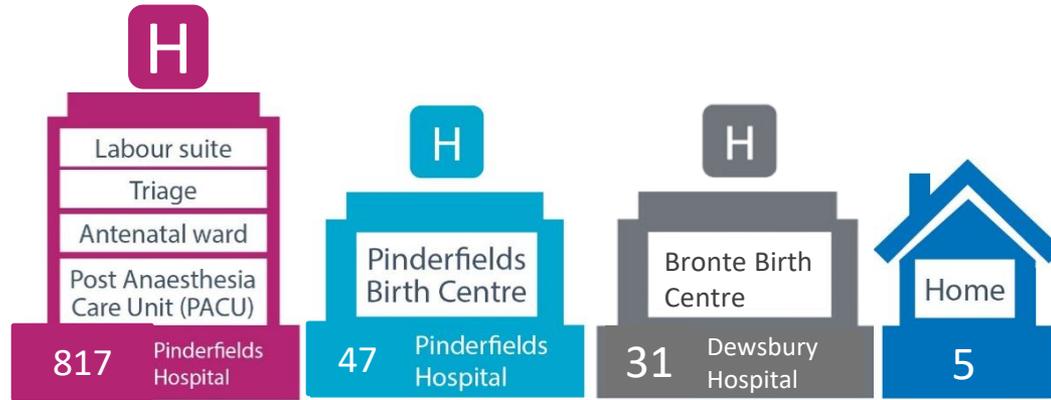


- 157 active volunteers
- 18,053 volunteering hours in 2025
- Indicative financial value of £220K in National Living Wage terms
- Dedicated programme for 16 – 18 year olds
- Volunteers in 26 different roles
- Across many different locations and departments
- Initiatives include Volunteer to Career
- MY Café Dewsbury offers supported opportunities for volunteers with learning disabilities.

Unpaid by choice, not necessity — volunteers deliver unique patient experiences, colleague benefits, and community engagement

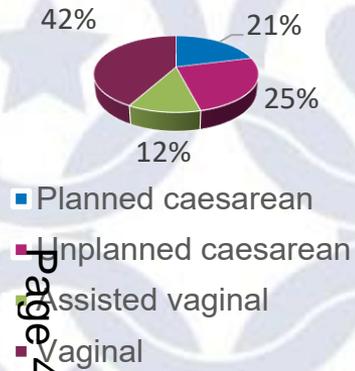
Total bookings:
896

Total births:
905

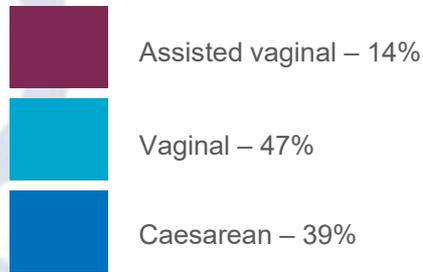


Born before arrival (BBA):
5

Type of delivery



Induced births - 295



This data includes all registerable births (over 23 weeks). This information is a snapshot taken from the Trust's maternity reporting data on 12.12.25. Born before arrival (BBA) – a baby born before arrival to Labour Ward or Birth Centre or, in the case of a planned homebirth, before the arrival of a midwife.

Clinical Safety Reviews and Improvements

As well as the 10 year plan the Trust is reviewing or taking forward the following major activities –

- Review of the Clinical Service Reconfiguration Model implemented in 2017
- Implementation of a new electronic patient record (EPR) – Nerve Centre
- Supporting the Place Based Partnerships and Provider Collaborative Models
- Maximising the new surgical hub on the DDH Site
- Reviewing the success of the Bronte Birth Centre at Dewsbury and District Hospital

Questions





Report title: Changes relating to NHS England, Integrated Care Board and Healthwatch

Meeting	Health and Adult Social Care Scrutiny Panel
Date	02 February 2026
Cabinet Member (if applicable)	Cllr Beverly Addy/ Cllr Nosheen Dad
Key Decision Eligible for Call In	Not applicable
<p>Purpose of Report To provide members of the Health and Adults Social Care Scrutiny Panel with an overview of the changes that relate to NHS England, Integrated Care Board (ICB) and Healthwatch</p>	
<p>Recommendations</p> <ul style="list-style-type: none"> To consider the information provided and determine if any further information or action is required. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> To provide assurance around the changes to NHS England, ICB and Healthwatch. 	
Resource Implication: N/A	
Date signed off by <u>Executive Director</u> & name	N/A
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?	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 and update on the current changes relating to NHS England, ICB and Healthwatch to provide assurances on the following:

- How relationships will 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

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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Kirklees Health and Adults Social Care Scrutiny Panel

Changes relating to changes with NHS England, Integrated Care Boards and Healthwatch

February 2026



Questions raised and addressed in relation to

Changes relating to changes with NHS England, Integrated Care Boards and Healthwatch

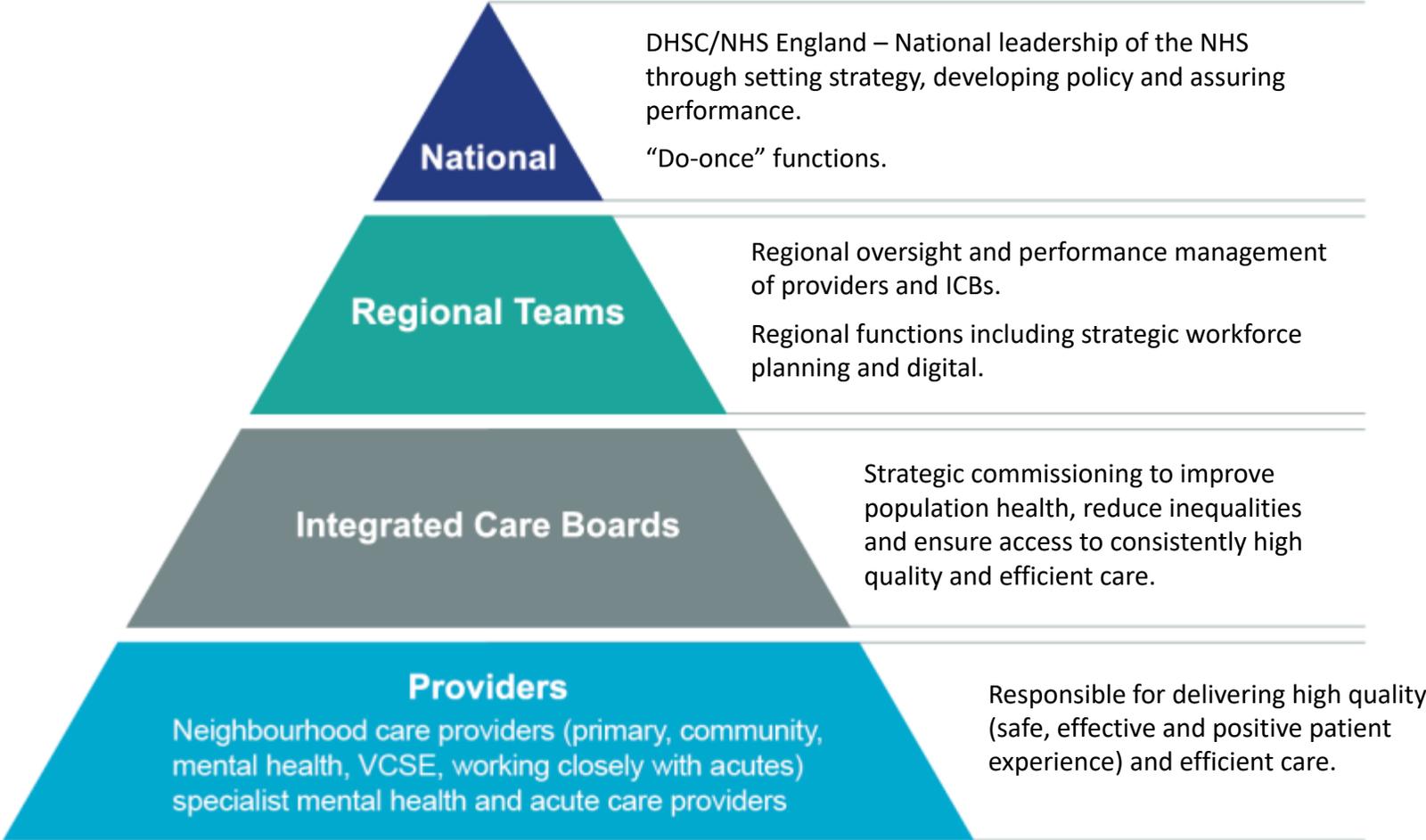


NHS West Yorkshire
Integrated Care Board

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

- 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

Future Health and Care Landscape



What is Strategic Commissioning

Model ICB - System leadership for improved population health

4. Evaluating impact

Day-to-day oversight of healthcare usage, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes

3. Delivering the strategy through payer functions and resource allocation

Oversight and assurance of what is purchased and whether it delivers outcomes required



1. Understanding local context

Assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision

2. Developing long-term population health strategy

Long-term population health planning and strategy and care pathway redesign to maximise value based on evidence

What is Strategic Commissioning

Reflections on what is required to use commissioning as a lever for transformational change and system sustainability

	Know your population	<p>Use linked patient-level data to identify precisely which cohorts drive costs, have poor outcomes, and/or face barriers to access. Without this insight, you're flying blind.</p>
	Prioritise with discipline	<p>Resources are finite. Take responsibility for deciding where to focus for maximum impact. Resist the temptation to do everything.</p>
	Translate strategy into enforceable contracts	<p>Use contracts that specify activity volumes, fair prices, quality standards, productivity requirements and meaningful incentives. Ambiguity enables drift.</p>
	Actively manage the provider market	<p>Understand provider economics, develop those with potential and challenge underperformance. Shape the market. Set realistic standards and hold providers accountable.</p>
	Drive performance with transparency	<p>Establish systematic processes to track delivery of quality, experience, activity requirements. Evaluate whether intended outcomes are achieved and if not, act decisively</p>
	Build commissioning capability	<p>Invest in developing expertise in data, analytics, health economics, contract design, provider productivity and market management. Without these, commissioners are administrators</p>
	Navigate the politics to enable delivery	<p>Manage stakeholder relationships, secure capital, align workforce plans and build political support for difficult decisions. Partner with regions and local authorities on what you cannot control alone. Leadership means building the coalitions that make change possible.</p>

Future role of the ICB

The ICB will have three core functions. It will be the strategic commissioner for West Yorkshire, convenor of the Integrated Care System, and integrator of providers and services:

- Strategic commissioner - the ICB will ensure that services are planned and delivered in a way that meets the needs of the population both now and in the future – understanding inequalities and how they impact on service needs and utilisation. It involves a systematic approach to defining and measuring outcomes, using data and intelligence to make informed decisions about resource allocation and service delivery.
- Convenor - the ICB will bring together all partners in the Integrated Care System to agree and deliver its five-year strategy and ensure delivery of local and national priorities by working together effectively and taking mutual responsibility for the results. It will co-ordinate the governance of the partnership and its wider arrangements for collaboration, within a framework of distributed leadership.
- Integrator - Place-based integrator teams will assess population health risk and facilitate place provider partnerships to co-design new integrated models of care.

Organisational re-design

- The proposed model comprises three Integrator Teams (one for Bradford District and Craven, one for Leeds, and one covering Calderdale, Kirklees and Wakefield).
- The three integrator teams will be backed by a single set of consolidated WY strategic commissioning functions.
- There will also be a single set WY corporate functions, including finance, governance, contracting and procurement, HR and communications and involvement.
- Clinical and Professional arrangements – Medicines Optimisation, Nursing and Quality, Safeguarding and All Age Continuing Care will support the strategic commissioning and integrator functions.
- The future model represents a reduction from an establishment of 1,205 WTE to 661 WTE.
- Some of the functions in this design will ultimately transfer elsewhere, in line with the Model ICB and Model Region Blueprint.

Organisational re-design

The following slides set out two versions of the ICB core functions and capabilities schematic:

- The transitional model
- The end state, following transfer or cessation of function

Font Colour	Future Destination
Black	Core ICB Function
Red	Transfer to Region
Green	Transfer to Providers
Blue	Transfer to National
Purple	Test and develop options for transfer

ICB Transitional Core Functions and Capabilities

System Convenor

- Convene the system and manage regional relationships, **Provider oversight**

Strategic Commissioner

Needs Assessment and Outcome Setting

- In depth population analysis
- Analysis of resource utilisation (finance)
- Clinical led evidence on opportunity
- Health economics (Public Health)

Strategy and Planning

- Assessment of national policy and local analysis (Planning)
- Setting system strategic ambition and place expectations (strategic goals and outcomes) (Planning)
- Setting clinical commissioning policy for the system (Clinical)
- Setting financial policy & rules (Finance)
- Strategic Resource Allocation (Finance)
- Operational Planning and Delivery
- WYCA partnership priorities
- **Green plan and sustainability**
- **General Practice IT**

Contracting and Monitoring

- Manage Market Rules and Core NHS Contracts (Procurement & Contract)
- Assure Place Delivery (Perform/Governance)

Integrator Teams

Local Insight-led Planning

- Develop priorities and plans to address agreed strategic goals and outcomes utilising value based analytical capability, JSNA and community insight (BI/Planning/Insight)

Solution Design and Change (Neighbourhood)

- Engage partners, clinicians and communities in designing solutions to deliver priorities. (Change, Clinical/Community engage)
- Drive benefits realisation (Planning)
- **Work with partners to create neighbourhood health model**
- **Primary care operations and transformation**
- **Pathway and service development programmes**

Aligning Partnership Incentives and Resource

- Create and actively manage incentives across non-statutory community provision (Contract)
- Support development of provider partnerships (Development)

Corporate Capabilities

Value

- Financial management
- Financial governance
- Financial planning (annual and medium-term)

People

- Corporate HR
- Organisation development
- EDI
- **Strategic workforce planning, development, education & training**
- **Local workforce development and training**

Corporate Services

- Communications and Involvement
- Corporate Governance and Risk
- Corporate Estates
- Information Governance
- **Estates and infrastructure strategy**
- **Digital and technology leadership and transformation**
- **Data collection, management and processing**

Clinical & Professional

Clinical Leadership - Nursing, Quality & Safety - Health Protection - Cancer Alliance - **EPRR and System Co-ordination Centre (Planning)** - **Research / Innovation** - **Medicines Optimisation** - **All Age Continuing Care** - **Infection Prevention and Control** - **Safeguarding** - **SEND**

End State Functions

System Convenor

Convene the system and manage regional relationships

Strategic Commissioner

Needs Assessment and Outcome Setting

- In depth population analysis
- Analysis of resource utilisation
- Clinical led evidence on opportunity
- Health economics

Strategy and Planning

- Assessment of national policy and local analysis
- Setting system strategic ambition and place expectations (strategic goals and outcomes)
- Setting clinical commissioning policy for the system
- Setting financial policy & rules
- Strategic Resource Allocation
- Operational Planning and Delivery
- WYCA partnership priorities

Contracting and Monitoring

- Manage Market Rules and Core NHS Contracts
- Assure Place Delivery

Corporate Business Capabilities

Value

- Finance
- Allocative efficiency
- Medium-term financial plan

People

- HR
- Organisation development
- EDI

Corporate Services

- Communications & Involvement
- Corporate Governance and Risk
- Corporate Estates
- Information Governance

Clinical & Professional

Clinical Leadership - Nursing, Quality & Safety - Health Protection - Cancer Alliance

Development of the Kirklees Place Provider Partnership



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Integrated Care Board

Function of the Kirklees Place Provider Partnership

In the future system architecture Provider Alliances will gain **greater autonomy** and **receive the resources** to allow them to **jointly exercise statutory functions and influence commissioning decisions**.

Throughout 2026/27 ICBs will adopt a **strategic commissioning approach**, with **provider collaboratives** acting as **delivery partners**. This includes:

- Integrated leadership and governance
- Collaborative service planning, driving integration across place and system levels
- Co-producing service models and delivering transformation
- Aligning workforce and digital strategies
- Preparatory Role for CKW Provider Integration, shaping governance, reporting, and oversight models that could be rolled out at scale across the CKW region.

West Yorkshire ICB has also reinforced the need for strong, place-based provider collaboration, which will:

- Deliver population health improvement and reduced inequalities
- Align with regional integration strategies (e.g., WYAAT, MHLDA)
- Integrate with neighbourhood models of care
- Strengthen interfaces with mental health, children and young people's services, and the VCSE sector

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Health and Care Partnership



Kirklees Place Provider Partnership : Vision and Strategic Aims



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“Working collaboratively as a, neighbourhood-enabled provider alliance, we will deliver integrated, person-centred care that, empowers the people of Kirklees to live their best lives, addressing health inequalities. Through stewardship of our collective resources, we will build stronger communities and a sustainable future.”



Improve Outcomes

Deliver better health, care, and wellbeing through integrated, person-centred services that focus on prevention and proactive care.



Tackle Inequalities & Promote Inclusion

Design services inclusively and in partnership ensuring the voices of people with lived experience helps shape priorities and delivery.



Drive Efficiency & Stewardship

Make best use of shared workforce, digital, and financial resources, acting as a trusted steward of the Kirklees Pound.



Strengthen Communities & Neighbourhoods

Enable primary care and community-led neighbourhood models to lead local delivery, supporting resilient communities and stronger partnerships.



Contribute to the Wider System

Work at scale with Kirklees partners, aligning with Calderdale, Kirklees & Wakefield (CKW) integration, West Yorkshire priorities, and contributing to regional collaboratives such as WYAAT and the MHLDA.

Kirklees Place Provider Partnership : Priorities



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Integrated Care Board

1. Build on the joint working and collaboration already in place through continuation of good partnership arrangements.
2. Delivery of integrated neighbourhood health
3. Transformation of pathways outside of hospital advocating a shift from hospital to home

The priorities will evolve and develop as the Partnership matures

Kirklees Place Provider Partnership : Timescales and Key Actions for Mobilisation

The **Kirklees Place Provider Partnership** will **operate in shadow format from 1st April 2026**.

The development and mobilisation of the Place Provider Partnership is led by a Design Group, which is representative of provider organisations delivering health and care services across Kirklees.

PMO support has been identified from within the ICB to support the Partnership in delivering the required changes within agreed timescales.

Where appropriate discussions regarding the development of a consistent approach and opportunities for joint working are being discussed across a Calderdale, Kirklees and Wakefield footprint.

A recent peer review exercise, led by West Yorkshire ICB provided assurance that good progress was being made within Kirklees.

Approach

- Reduce duplication in meetings and reporting. Reducing bureaucracy
- Clarify / streamline who decides what and what assurances will be required to enable this to happen
- Protect arrangements that work well including informal networks
- A single Place Provider Partnership with clear links to statutory committees

Working in Shadow Format – What Will / Will Not Change in 2026/27

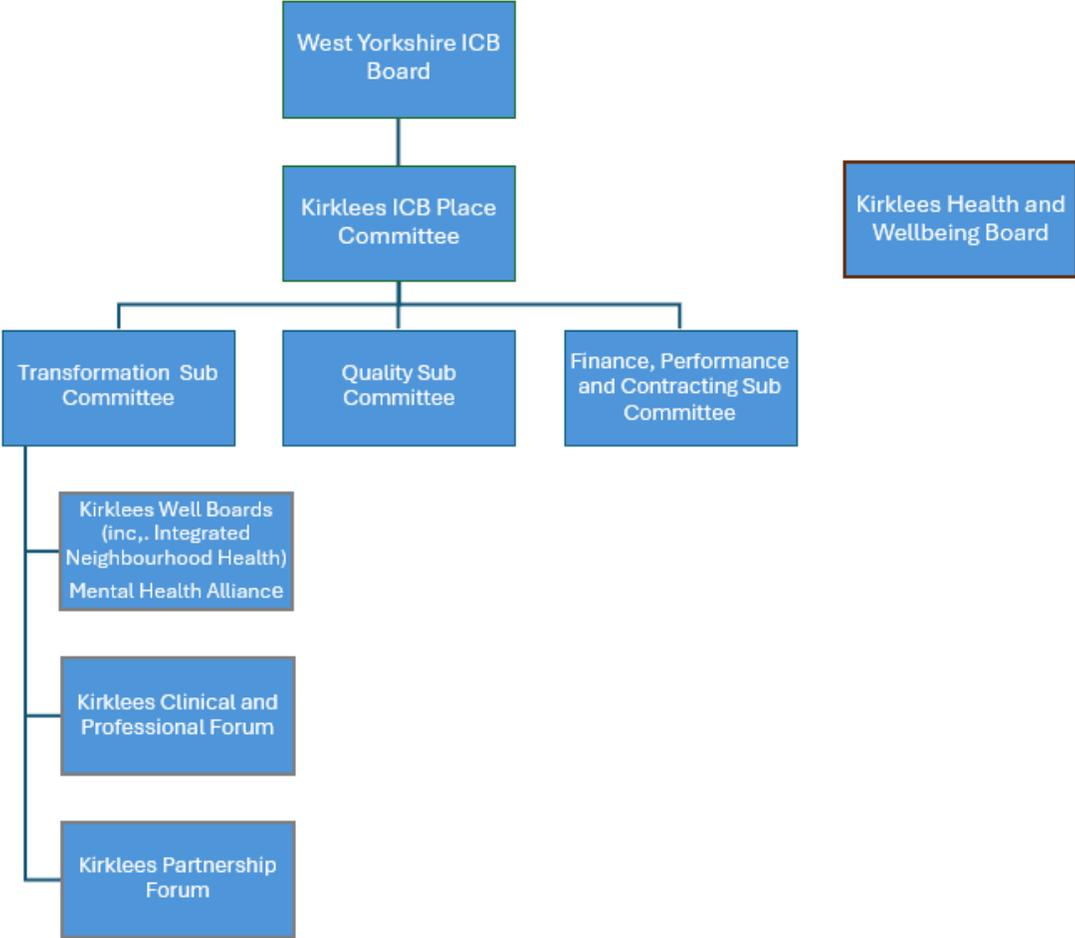
- No change to the West Yorkshire ICB Scheme of Delegation during Shadow Phase
- All legal accountability and liability remain with West Yorkshire ICB throughout 2026/27
- Place Provider Partnership operates in shadow with no transfer of legal risk to partners
- ICB governance continues in full during 2026/27
- Kirklees ICB Committee role continues for formal decision making, assurance and accountability
- Formal contracting will begin from 1 April 2027, subject to agreed governance

Working in Shadow Format – How this will Operate in Practice

- Kirklees ICB Committee will continue throughout 2026/27, but in a streamlined form
 - Reduced and focused membership (TBC)
 - Existing assurance sub-committees will cease
- Place Provider Partnership governance will step up in parallel from 1 April 2026, operating in shadow form alongside the Kirklees ICB Committee.
- Place Provider Partnership meeting first – primary forum for collaborative discussion and development of proposals
- Short Kirklees ICB Committee meeting afterwards – focused solely on formal approvals and assurance
- Kirklees Well Programmes including development of Integrated Neighbourhood Health will continue. Transition to delivery groups to support the Partnership in delivering transformation within Kirklees.

Kirklees Place Provider Partnership : Governance

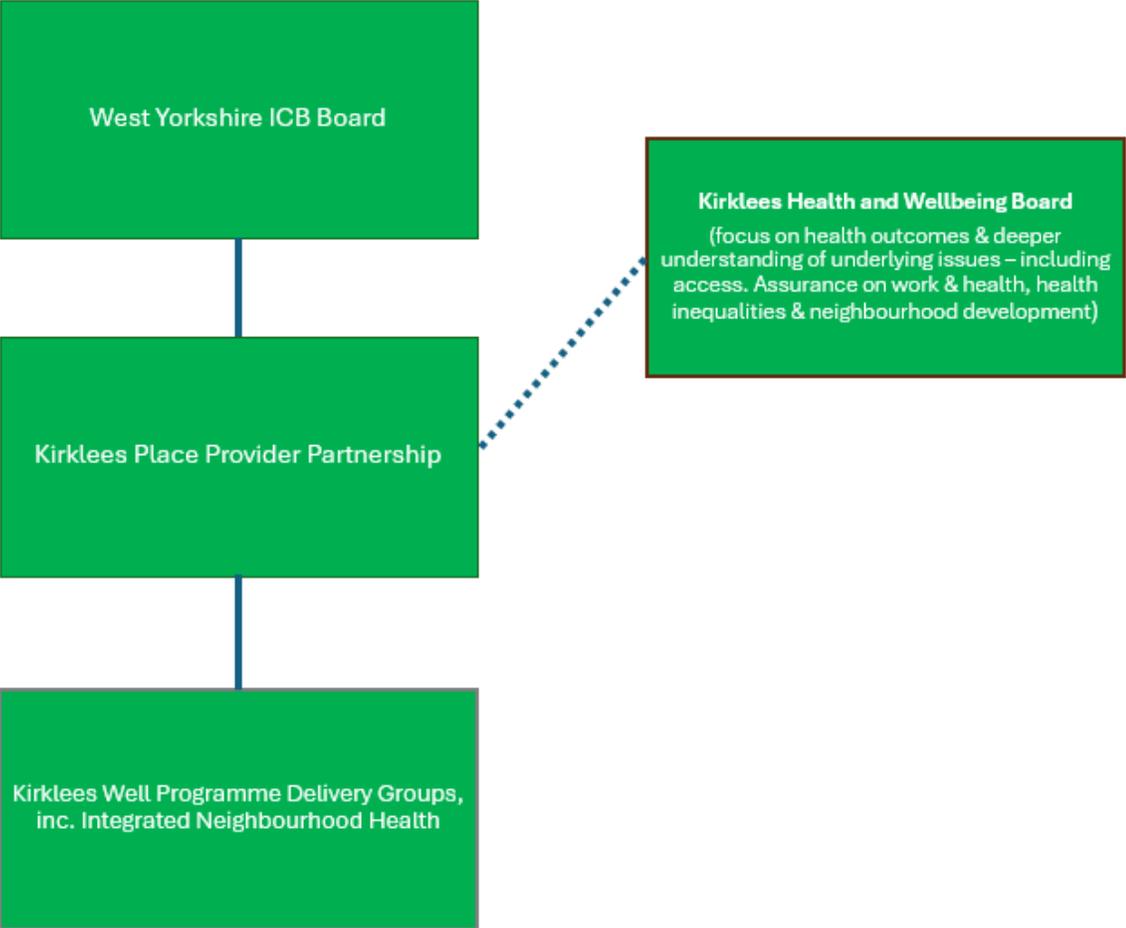
Current Arrangements



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Kirklees Place Provider Partnership : Governance

Future Arrangements



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Kirklees Place Provider Partnership : Membership

Proposed organisations who will be represented as members of the Alliance

- South West Yorkshire Partnership Teaching NHS FT
- Calderdale and Huddersfield Foundation Trust
- Mid Yorkshire Teaching Trust
- Kirklees Local Authority
- Locala
- General Practice (representative/s)
- Voluntary and Community Sector (representative/s)

Proposed organisations invited to contribute ‘in attendance’:

- Kirkwood Hospice
- Independent Care Sector (representative/s)
- Public Health

Wider discussions are taking place to confirm how the public voice will be represented

Discussion regarding wider primary care organisations for later phases (Community Pharmacy, Optoms, Dental)

Kirklees Place Provider Partnership : Timescales and Key Actions for Mobilisation



Deliverable	Progress	Identified Next Steps and Timescale
Identification services in scope for phase 1	<ul style="list-style-type: none"> ➤ Inclusion and exclusion criteria agreed to identify services within scope ➤ Initial budget analysis completed by ICB and shared with provider organisations for consideration. 	<ul style="list-style-type: none"> ➤ Final agreement to be reached by end of January 2026. ➤ Define services included within scope for later phases and associated timescales for implementation.
Agree governance and supporting structures to support decision making during transitional period.	<ul style="list-style-type: none"> ➤ Mapping of current ICB Committee and Sub-Committee roles and responsibilities. ➤ Future proposal developed and agreed by ICB Committee. ➤ MOU drafted for sign off by Provider Organisations. 	<ul style="list-style-type: none"> ➤ Proposal to be mobilised during Q4 of 2025/26. ➤ MOU sign off by Provider Organisations. ➤ Review and confirm priorities for the Well Programmes to deliver transformation across Kirklees Place in line with the vision of the Provider Partnership.
Identify membership for Place Provider Partnership Board.	<ul style="list-style-type: none"> ➤ Proposal developed by Design Group 	<ul style="list-style-type: none"> ➤ For final agreement by end of January 2026.
Communication and engagement plan	<ul style="list-style-type: none"> ➤ Communications plan developed in draft ➤ Briefing materials created and shared for Provider Organisations to utilise. 	<ul style="list-style-type: none"> ➤ Continue to identify communication and engagement opportunities ➤ Identify OD requirements. Working Group to be put in place to oversee this process. To be implemented in 26/27.

Kirklees Place Provider Partnership : Timescales and Key Actions for Mobilisation



NHS West Yorkshire
Integrated Care Board

Deliverable	Progress	Identified Next Steps and Timescale
Due diligence to ensure safe transition and manage risk.	<ul style="list-style-type: none"> ➤ Working Group in place, sharing learning across CKW. ➤ Readiness assessment template drafted 	<ul style="list-style-type: none"> ➤ Key actions and timescales to be confirmed by Working Group. ➤ Risks and mitigating actions to be identified.
Identification of key actions to undertake during transitional phase, including seeking legal advice to support future options appraisal and business case.	<ul style="list-style-type: none"> ➤ Key actions mapped ➤ Readiness assessment template drafted ➤ Initial legal advice obtained and shared across CKW. 	<ul style="list-style-type: none"> ➤ Process will be further informed through completion of readiness assessment once available.

Proposed Changes to Healthwatch

Stacey Appleyard

NHS 10-Year Health Plan:

What the plan says about patient engagement in the future

- **Government policy announcements in 2025 signaled an intention to abolish the national Healthwatch England body and the local Healthwatch networks.**
- **Functions related to capturing patient voice are likely to transfer into government departments or the NHS.**
- **This aligns with broader reform aims to integrate engagement functions into system planning rather than standalone statutory bodies.**

**Expected timetable for the changes required to legislation is
March 2027**

What does Healthwatch do?

Gather feedback through patient engagement

Listen to local people's experiences

Enter and View: Statutory power to visit health and social care services to see what it's like for people using the service

Champion the voice of patients and the public

Promote involvement and co-production,

Work in partnership

Help people find the right support and navigate pathways

Publish data and intelligence dashboards, reports and recommendations

Support the public through service change

Identify key themes and trends

Share evidence with decision-makers

Escalate concerns

Risks to the Health and Social Care System if independent voice is lost

- **Reduced public trust in engagement and feedback processes**
- **People less likely to share negative experiences or raise concerns**
- **Increased fear of repercussions (especially in small communities or closed settings)**
- **Less honest, less balanced feedback reaching decision makers**
- **Weaker challenge of service quality and changes**
- **Higher risk of issues being missed until they escalate into complaints or incidents**
- **Less visibility of inequalities and the experiences of seldom heard groups who are less likely to engage with typical services**

Risks to the system continued...

- **Reduced transparency about what the public said and what changed as a result**
- **Loss of an independent route for escalation when services are not responding**
- **Fragmented engagement across service providers, with no consistent system wide picture**
- **Greater risk that decisions are made without lived experience shaping them**
- **After legislation change in March 2027, it will be the first time in over 50 years that independent voice is not captured by a Healthwatch, a community health council or Local Involvement Networks (LINKs)**

Our Charity's commitment

Healthwatch Kirklees is a registered charity who hold two Healthwatch contracts.

The contracts for local Healthwatch may disappear but we will still continue to run as an independent charity

We intend to continue our work in Kirklees and Calderdale

- **We remain committed to capturing people's feedback about:**
 - **Health services**
 - **Social care services**
 - **Wider wellbeing services**
- **We are actively seeking alternative funding streams to ensure this work continues beyond March 2027**
- **Our aim is to ensure local people's voices remain central to shaping services**

Questions are welcomed

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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>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</p>

		<p>access and reducing pressure on general practice.</p> <p>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.</p>
<p>2. 0-19 Commissioning – Access to Care. The Role of the Health Visitor</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 	<p>Panel meeting 1st October 2025</p> <p>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.</p>

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 	<p>Panel Meeting 6th August 2025</p> <p>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.</p> <p>There were significant risks to financial plan delivery, including performance-related income clawbacks, system-wide accountability, where failure by one</p>

		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	<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 • 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 	

	<ul style="list-style-type: none"> • 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 	<p>Panel meeting 6th August 2025</p> <p>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.</p> <p>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.</p>
11. CQC Kirklees Inspection outcome	<ul style="list-style-type: none"> • Outcomes of the CQC inspection • Lessons learnt 	<p>Panel meeting 14th January 2026</p> <p>The Panel received a presentation from Adults Social Care outlining the outcomes of the CQC Inspection and lessons learnt. The outcome of the was 4 points from a “Good” outcome with all areas of improvements being positively received. The service has started some areas</p>

		<p>of improvements prior to the inspection, and all the feedback had been digested with actions in place. The Panel praised the service for all the hard work they had undertaken throughout the process and what they were continuing to develop/improve.</p>
<p>12. Adults Social Care Risk Register</p>	<ul style="list-style-type: none"> • Provide risks of adult’s social care 	<p>Panel meeting 6th August 2025.</p> <p>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.</p> <p>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.</p>

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

**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –
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
14 January 2026	<ol style="list-style-type: none"> 1. CQC Kirklees Inspection
04 February 2026	<ol style="list-style-type: none"> 1. Mid Yorkshire Teaching Trust Presentation 2. 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. Prevention of Suicide 2. Safeguarding Adults

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

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