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Tuesday 24 February 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 March 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 a previous meeting

1 - 4

To approve the Minutes of the meeting of the Panel held on 3 December 2025.

3: Declaration of Interests

5 - 6

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

4: Admission of the public

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

5: Deputations/Petitions

The Panel will receive any petitions and/or deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the

Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

6: Public Question Time

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting.

7: Place Provider Partnership

To consider the proposed Place Provider Partnership arrangements for Kirklees.

Report to follow.

8: Work Programme 2025/26

7 - 14

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

Contact: Yolande Myers, Principal Governance and Democratic Engagement Officer. Tel: 01484 221000.

Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 3rd December 2025

Present: Councillor Jo Lawson (Chair)
Councillor Eric Firth
Councillor Alison Munro
Councillor Habiban Zaman

Co-optees Helen Clay
Kim Taylor

In attendance: Councillor Bev Addy, Portfolio Holder for Public Health
Michelle Cross, Executive Director, Adults & Health
Lucy Wearmouth, Head of Improving Population Health
Cliff Dunbavin, Locala

Apologies: Councillor Bill Armer
Councillor Darren O'Donovan

20 Membership of the Panel

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

21 Minutes of previous meeting

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

22 Declaration of Interests

No interests were declared.

23 Admission of the public

All agenda items were considered in public session.

24 Deputations/Petitions

No petitions were received.

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

25 Public Question Time

No public questions were received.

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

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

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

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

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

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

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

Health and Adult Social Care Scrutiny Panel - 3 December 2025

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

RESOLVED –

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

Health and Adult Social Care Scrutiny Panel - 3 December 2025

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

27 Work Programme 2025/26

RESOLVED: That the work programme be noted.

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.

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>Panel meeting 3 December 2025</p> <p>The Panel considered an overview of the role of Health Visitors within the Kirklees 0–19 integrated service, examining how Locala delivered the Healthy Child Programme through antenatal and postnatal visits, early identification of need, safeguarding, and partnership working. Members explored performance data, inequalities, and challenges including non-engagement in antenatal contacts, digital accessibility, workforce pressures, and confusion between midwifery and health visiting roles. The panel was updated on targeted outreach, community-based support, maternal mental health pathways, mandated visits, and Locala’s ongoing efforts to improve outcomes through stronger integration and consistent family communication.</p>
<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</p>

		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	<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 	<p>Panel Meeting 6th August 2025</p> <p>Representatives from CHFT and ICB provided an overview of the financial performance management which advised</p>

	<ul style="list-style-type: none"> • And identify risks • Recruitment and retention 	<p>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 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.</p>
<p>7. Changes relating to NHS England, ICB and Healthwatch</p>	<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 	<p>Panel meeting 4 February 2026</p> <p>The Panel considered an overview of the ongoing national changes affecting NHS England, the Integrated Care Board (ICB), and Healthwatch, focusing on how these reforms may impact governance, accountability, prevention work at place level, and the distribution of resources to tackle inequalities. The information provided included details around maintaining strong relationships, the new governance model for Kirklees, implications of the NHS 10-year plan, and</p>

	<ul style="list-style-type: none"> • What services will be passed to Kirklees (will there be funding) • Risk, Finance and Performance 	<p>accountability within the new system and for what.</p> <p>The Panel felt the proposals lacked the clarity needed, particularly around accountability, resources, and the impact of the changes for the Council and the public and asked the ICB to return with a more detailed update.</p>
8. CQC	<ul style="list-style-type: none"> • How well is the new model working • Challenges • Good news stories • Number of inspections in Kirklees Council • Outcomes of inspections 	
9. Quality of residential and domiciliary care	<ul style="list-style-type: none"> • Timely inspections from CQC • Operation of the contracts team to ensure quality is maintained • Complaints followed up and what action taken • Are there themes of complaints • How is quality measured • View of social workers 	
10. Winter pressures	<ul style="list-style-type: none"> • Joined up care between organisations • Care packages available • Services Locala provide • Community care offered • Is there a shortage of domiciliary providers • What has been learnt from previous years and how approaching 25/26 differently 	<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</p>

		<p>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>
<p>11. CQC Kirklees Inspection outcome</p>	<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 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</p>

		<p>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>
<p>13. Mid Yorkshire Teaching NHS Trust strategy to NHS 10 year plan</p>	<ul style="list-style-type: none"> • 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 	<p>Panel meeting 4 February 2026</p> <p>The Panel considered an overview of the Mid-Yorks NHS strategy to 10-Year Plan. The Panel was advised of the shift towards more community-based care, greater digital integration and a single patient record, and a strengthened focus on prevention. They also examined proposed national structural changes such as merging NHS England with the Department of Health and Social Care and redefining ICBs as strategic commissioners and how these align with the Trust's Delivering MY Future 2023–28 strategy. In addition, the Panel reviewed the new strategy deployment approach intended to empower teams to deliver key breakthrough objectives and improve</p>

		<p>outcomes through monitoring and transformation planning.</p> <p>The Panel will continue to monitor.</p>
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Golden Threads:

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