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Tuesday 14 April 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 22 April 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 Cathy Scott

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 - 12

To approve the Minutes of the meeting of the Panel held on the 4th February 2026 and 4th March 2026.

3: Declaration of Interests

13 - 14

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: Prevention of Suicide 15 - 24

To receive a report on suicide prevention in Kirklees.

Contact: Rebecca Elliott, Public Health Manager

7: Quality of Adults Social Care 25 - 42

To receive a presentation on the quality of residential and domiciliary care in Kirklees.

Contact: Saf Bhuta – Service Director, Strategic Commissioning, Provider Services and Partnerships

8: Kirklees Safeguarding Adults Board Annual Report 43 - 46

To consider Kirklees Safeguarding Adults Board Annual Report.

Contact: Jacqui Stansfield, Service Manager, Kirklees Safeguarding Adults Board.

Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 4th February 2026

Present: Councillor Jo Lawson (Chair)
Councillor Bill Armer
Councillor Eric Firth
Councillor Alison Munro
Councillor Darren O'Donovan
Councillor Habiban Zaman

Co-optees Helen Clay
Kim Taylor

In attendance: Talib Yaseen – Chief Nursing Officer, Mid Yorkshire Teaching NHS Trust
Brent Kilmurray – Chief Executive, Mid Yorkshire Teaching NHS Trust
Victoria Poskitt – Associate Director of Communications, Mid Yorkshire Teaching NHS Trust
Stacey Appleyard – Chief Executive, Healthwatch, Huddersfield and Calderdale
Vicky Dutchburn – Interim Accountable Officer, Integrated Care Board
Councillor Elizabeth Smaje – Chair of West Yorkshire Joint Health Overview and Scrutiny Committee

35 Membership of the Panel

No apologies were received.

36 Minutes of previous meeting

RESOLVED – That the Minutes of the meeting held on 14 January 2026 be approved as a correct record.

37 Declaration of Interests

No interests were declared.

38 Admission of the public

All agenda items were considered in public session.

39 Deputations/Petitions

No deputations or petitions were received.

40 Public Question Time

No public questions were received.

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

The Committee received a presentation from the Chief Executive of Mid Yorkshire Teaching NHS Trust outlining the national context of the NHS 10-Year Plan and its implications for the Trust. The presentation highlighted the significant shift towards preventative, community-based, digitally enabled and patient-centred care. The panel noted the three strategic shifts underpinning the plan: hospital to community, analogue to digital, and sickness to prevention, with a strong emphasis on tackling health inequalities.

The Committee was informed about the Trust's strategic direction under Delivering MY Future 2023–28, including its strategy deployment approach and alignment with the Improving Together programme. It was noted that the approach aimed to empower teams through clearly defined breakthrough objectives, supported by strategic initiatives, divisional drivers and Trust-wide projects. Progress was being monitored through structured governance arrangements, with a focus on continuous improvement, quality, safety and access.

The presentation outlined the development of Neighbourhood Health and Integrated Neighbourhood Teams (INTs) within Kirklees, aligned to national neighbourhood health guidance. The panel noted the focus on key population cohorts including frailty, mental health, and children and young people, and the phased rollout of INTs across borough neighbourhoods. The aim was to improve care coordination, reduce hospital admissions, and support care closer to home through integrated, multidisciplinary working.

The Committee also considered Mid Yorkshire Teaching NHS Trust's role as an anchor organisation within Kirklees and the wider Calderdale, Kirklees and Wakefield system. The Trust described its responsibility to contribute to social value, economic wellbeing and community resilience, including through partnership working, employment, volunteering, and the MY Community Promise. The panel noted the Trust's involvement in the Place Provider Partnership model and its contribution to system-wide transformation and population health management.

The presentation also provided updates on quality and safety, including the Trust's position on temporary escalation spaces, learning from reported incidents, and ongoing clinical safety reviews. The panel noted service activity and performance at Dewsbury and District Hospital, including access, reconfiguration impacts, maternity services and volunteering. The Committee was advised of several major reviews and improvement programmes underway, including the implementation of a new electronic patient record, service reconfiguration reviews, and support for provider collaborative arrangements.

Members were advised that the Trust was reflecting on whether its current five-year strategy required reframing in light of national operating model changes and Integrated Care Board reforms. While the strategic framework remained valid, the Trust indicated that it was considering how best to adapt its focus to ensure

Health and Adult Social Care Scrutiny Panel - 4 February 2026

alignment with emerging place-based partnership arrangements and Integrated Health Organisation principles, and confirmed that engagement with partners and stakeholders would form part of this work.

Further detail was provided on neighbourhood health delivery in Kirklees, including foundational work already underway despite Kirklees not being a national pilot site. The Committee noted that partnership working across primary care, community health services and wider system partners was progressing. It was reported that early pilot neighbourhood sites had gone live, with others operating in shadow form or under development, supported by the use of shared data and evidence-based targeting of interventions.

The Committee was also briefed on the Trust's wider role as an anchor organisation, including its economic, social and employment impact across North Kirklees and Wakefield. The Trust highlighted its use of local procurement, employment, training, volunteering and estate assets to support community wellbeing and reduce inequalities and noted a renewed focus on partnership working through its Community Promise and engagement with the voluntary and community sector.

Finally, the Committee was updated on quality and safety issues following Members' recent site visit. Assurances were provided regarding the Trust's approach to managing periods of acute operational pressure, including the controlled and risk-assessed use of temporary escalation spaces when unavoidable. It was confirmed that such arrangements were not regarded as acceptable practice, were subject to external scrutiny, and were accompanied by learning, transparency and patient communication. The Trust also outlined ongoing clinical service reviews aimed at ensuring services across sites remained safe, sustainable and fit for future population needs.

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

- The panel asked for clarification on the role of Dewsbury District Hospital as a Type 1 Emergency Department and what cases would be treated there versus transferred elsewhere. It was explained that Dewsbury operated as a Type 1 Emergency Department, treating and stabilising patients locally where appropriate, with more complex emergency care (such as stroke, thrombolysis and emergency surgery) transferred to Pinderfields, following established clinical protocols and ambulance triage arrangements.
- The panel raised concerns about corridor care and whether additional capacity, beds or wards were planned to address this issue and it was confirmed that the focus was not solely on increasing bed numbers, but on improving patient flow, assessment, same-day emergency care and discharge processes, with a clinical services review underway to assess asset use and system-wide flow, including joint working with local authority social care.
- The panel queried how health inequalities and reduced life expectancy in parts of North Kirklees were being addressed through place-based and population health approaches. It was confirmed that reducing inequalities

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was a core priority, with population health data being used to differentiate care, supported by public health input, preventive approaches, and early intervention models embedded within place provider partnerships.

- The panel asked how Integrated Neighbourhood Teams differed from Primary Care Networks and how community services fitted within these models. It was explained that PCNs primarily focused on primary care delivery and contractual mechanisms, while Integrated Neighbourhood Teams brought together a wider range of services, such as community nursing, palliative care, VCSE support and care coordination, around defined neighbourhoods and population needs.
- The panel sought assurance about the future of the Brontë Birth Centre, including utilisation thresholds and potential closure risks. It was stated that the review of the Birth Centre was not driven by financial thresholds or minimum activity levels, but by good practice, quality and access considerations, with a commitment to an open model, growing utilisation, and promotion of the service as a hub for maternity care.
- The panel asked what the main risks, challenges and threats were in delivering the NHS 10-Year Plan locally. It was acknowledged that the scale of change required effective public engagement, workforce adaptation, and investment in digital and estates, with some elements requiring significant transformation effort and others achievable through service redesign and repurposing of existing resources.
- The panel queried whether community pharmacy and other key partners had the capacity to take on expanded roles described in the national plan. It was acknowledged that capacity and variation existed and that commissioning, workforce and contractual arrangements would need to evolve to ensure pharmacy and wider multidisciplinary teams were supported to deliver these expectations sustainably.
- The panel raised concerns about higher rates of premature cardiovascular disease among South Asian men and asked about targeted prevention, screening and monitoring, with the Panel being advised that health inequalities were recognised as a priority. Primary care played a key role in early identification, and that further work was required to map existing services, data by ethnicity and outcomes, with a commitment to take this issue away and report back with more detailed local information.
- The panel asked about same-day GP access and how this aligned with residents' lived experience. It was clarified that GP access was not within the Trust's direct control, and that this issue sat with ICB commissioning and primary care delivery, although the challenges were acknowledged.
- The panel asked how genomics and personalised medicine would impact local services and patient access. The Panel heard that genomics formed part of a longer-term national ambition, with early examples already in place in areas such as cancer care, while broader application locally was expected to evolve over time as part of more personalised approaches to treatment.
- The panel sought clarity on what was meant in practical terms by clinical service reviews, redistribution and standardisation of services across Kirklees. It was explained that the clinical services review would revisit the 2017 reconfiguration, assess impacts on communities, and use engagement with residents, clinicians and partners to inform future models, with

Health and Adult Social Care Scrutiny Panel - 4 February 2026

place-based working offering opportunities for more joined-up, flexible and locally responsive service delivery.

- The panel requested that Scrutiny be involved at an early stage in future clinical service reconfiguration and place-based service redesign. It was acknowledged that early scrutiny involvement would be valuable, and the Trust expressed openness to further engagement, discussion and site visits as the review progressed.

RESOLVED –

- 1) That representatives from MYTT be thanked for their presentation and attendance at the meeting.
- 2) That Scrutiny be involved at an early stage in the Trust's forthcoming clinical services reconfiguration review, including engagement on proposals affecting service distribution and access across Kirklees.
- 3) That further written clarification be provided on targeted action being taken to address premature cardiovascular disease and related inequalities, particularly among South Asian men, including data, interventions and anticipated timescales.

42 **Changes relating to NHS England, Integrated Care Board and Healthwatch**

The panel received a presentation outlining proposed national and regional changes affecting NHS England, Integrated Care Boards (ICBs), and Healthwatch, and the implications for Kirklees. The presentation had been requested to provide assurance on governance, accountability, resource allocation, risk, finance and performance, and to clarify how relationships, local knowledge, and influence at place level would be maintained through the forthcoming reforms. The panel noted that the changes were intended to support strategic commissioning, population health improvement and the reduction of health inequalities.

The panel was advised of the future health and care landscape, including the evolving role of the ICB as a strategic commissioner, system convenor and integrator of services across West Yorkshire. Details were provided on the planned organisational redesign, including the move to three integrator teams and the consolidation of corporate and strategic commissioning functions. The panel noted that the future model would involve a significant reduction in establishment and that some functions would ultimately transfer to regional, national or provider-level organisations in line with national blueprints.

The presentation set out proposals for the development of the Kirklees Place Provider Partnership, including its vision, priorities and operating model. The panel noted that the partnership was intended to provide a stronger place-based approach, with greater collaboration between providers and increased autonomy over service delivery, while statutory accountability would remain with the West Yorkshire ICB. It was confirmed that the partnership would operate in shadow form from 1 April 2026, with no change to existing schemes of delegation or legal responsibilities during 2026/27, and that formal contracting arrangements were not expected to begin until April 2027.

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The panel also considered the proposed governance arrangements for the Place Provider Partnership. It was reported that the approach aimed to reduce duplication, streamline decision-making and clarify accountability, while preserving arrangements that were working well. The panel noted that the Kirklees ICB Committee would continue in a streamlined form, alongside the shadow operation of the Place Provider Partnership, with collaborative discussion taking place in advance of formal assurance and decision-making.

Finally, the panel received a presentation on proposed national changes to Healthwatch, including government intentions to abolish Healthwatch England and local Healthwatch networks, with legislative change expected from March 2027. The panel noted the risks highlighted if the independent patient and public voice were lost, including reduced trust, weaker challenge and reduced visibility of inequalities. Assurance was provided that Healthwatch Kirklees intended to continue operating as an independent charity and was actively exploring alternative funding to ensure that local people's voices continued to inform health, social care and wellbeing services in Kirklees and Calderdale.

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

- The panel asked when the governance documentation for the Kirklees Place Provider Partnership (including terms of reference and memoranda of understanding) would be available for scrutiny review. In response, it was confirmed that the documents had been developed at West Yorkshire level, were in draft form, and were expected to be circulated to all partners imminently, supported by accompanying communications.
- The panel questioned whether all partners had signed up to the Place Provider Partnership and how decisions would be taken during the shadow phase. It was explained that all statutory partners were engaged in development sessions, with chief executives represented at place level, and that the partnership would operate in shadow form with decision-making powers delegated through contracts from the West Yorkshire ICB.
- The panel raised concerns about why Kirkwood Hospice was not proposed as a full member of the partnership and how smaller providers' voices would be protected. The response clarified that membership status related to statutory and financial accountability rather than exclusion, and that hospices and other specialist providers would be fully involved in relevant sub-groups where their expertise was most appropriate.
- The panel sought clarity on whether the Place Provider Partnership itself would be a formal decision-making body. It was confirmed that commissioning intentions and budgets would remain with the West Yorkshire ICB initially, with defined decision-making authority delegated to place within agreed financial envelopes.
- The panel asked who sat on the Design Group leading the development of the partnership and what role Kirklees Council had played. It was confirmed that the Design Group included representatives from local authorities, NHS providers and the voluntary sector, and that Kirklees Council officers had been actively involved throughout the development process.

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- The panel queried when the memorandum of understanding would be shared with Kirklees Council and whether scrutiny would have an opportunity to influence it. It was stated that the intention was to share the document that week, with it going through partner organisations' internal governance processes, including the Council's executive arrangements.
- The panel expressed concern about conflicts of interest, particularly in relation to commissioning decisions such as end-of-life care. It was confirmed that existing conflict-of-interest processes would be retained and embedded within the new governance arrangements.
- The panel highlighted concerns about the pace of change and limited engagement with overview and scrutiny bodies. In response, officers acknowledged the speed of the reforms and undertook to raise the need for wider scrutiny engagement, including at West Yorkshire level.
- The panel requested that the ICB return to scrutiny for a fuller discussion on governance and accountability before the new system went live.
- The panel asked how scrutiny and Healthwatch would be informed of, and influence, major commissioning decisions under the new arrangements. It was explained that discussions were ongoing locally and at West Yorkshire level to ensure public and patient voice continued to shape decision-making, including mapping current engagement mechanisms and identifying gaps.
- The panel raised concerns about the loss of an independent statutory voice if Healthwatch were abolished. It was confirmed that the proposed changes were national policy decisions, not locally driven, but that maintaining independence of engagement was recognised as essential.
- The panel questioned how independence, transparency and trust would be preserved if engagement functions moved into statutory bodies. It was stated that options were being explored to commission independent engagement functions in future, even if Healthwatch ceased to exist as a statutory body.
- The panel asked whether Healthwatch, if operating only as a charity, would retain sufficient influence on behalf of patients and residents.
- It was acknowledged that statutory powers would be lost, but that there was an expectation that the value and credibility of independent patient voice would continue to carry influence within decision-making forums.
- The panel sought clarity on whether Healthwatch organisations could still be commissioned after legislative change. It was confirmed that while Healthwatch as a statutory body would cease, charities currently delivering Healthwatch functions could continue under different arrangements and potentially be commissioned if local systems chose to do so.
- The panel expressed concern about the impact on seldom-heard communities and people reluctant to raise concerns directly with service providers. It was recognised that this was a key risk of the reforms and one of the strongest arguments for retaining an independent engagement function.

RESOLVED –

- 1) That officers from the ICB be thanked for their presentation and attendance at the meeting.

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- 2) That representatives from the ICB be invited to attend a future meeting of the Panel to provide a comprehensive explanation of the governance model, including decision-making arrangements, accountability, risk management and how the model would be subject to overview and scrutiny.

43 **Work Programme 2025/26**

The Panel reviewed the work programme for 2025/26 and suggested that the changes relating to changes with NHS England, Integrated Care Boards and Healthwatch be considered at an early future meeting of the Panel.

RESOLVED - That the work programme be noted.

Contact Officer: Yolande Myers

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 4th March 2026

Present: Councillor Jo Lawson (Chair)
Councillor Bill Armer
Councillor Eric Firth
Councillor Alison Munro

Co-optees Helen Clay
Kim Taylor

In attendance: Michelle Cross, Executive Director Adults Social Care
Melanie Brown, Wakefield Place Integrated Care Board
Vicky Dutchburn, Interim Accountable Officer for Kirklees
Place Integrated Care Board,
Ian Holmes, Director of Strategy and Partnership and
Deputy Chief Executive for West Yorkshire Integrated
Care Board,
Mark Brooks, Chief Executive of South West Yorkshire
Partnership Teaching NHS Foundation Trust.

Apologies: Councillor Darren O'Donovan
Councillor Habiban Zaman

44 Membership of the Panel

Apologies for absence were received on behalf of Councillor Darren O'Donovan and Councillor Habiban Zaman.

45 Minutes of a previous meeting

RESOLVED – That the Minutes of the meeting held on 3rd December 2025 be approved as a correct record.

46 Declaration of Interests

No interests were declared.

47 Admission of the public

All agenda items were considered in public session.

48 Deputations/Petitions

No deputations or petitions were received.

49 Public Question Time

No public questions were received.

50 Place Provider Partnership

The Health and Adults Social Care Scrutiny Panel received an update from representatives from the West Yorkshire Integrated Care Board (ICB), Kirklees ICB and partner NHS Trust on governance changes, establishment of Place Provider Partnerships (PPPs), and the implications for Kirklees.

It was highlighted that national NHS reforms required significant changes to the governance and operating model of ICBs. A shadow Place Provider Partnership would be established from April 2026 with full contractual delegation from West Yorkshire ICB to Place Provider Partnerships intended for April 2027. Kirklees was unique in having three acute providers across the footprint.

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

Governance and Decision making

- The Sponsor Group was not a decision-making body; it would oversee development work only.
- The Design Group would operate at place level and would include representatives from all major partners.
- The Panel raised concerns regarding the clarity of Kirklees representation at officer level, transparency around legal advice, and whether council processes and local authority voice were adequately understood.
- It was confirmed that the Memorandum of Understanding and governance structures remained draft, with further iteration required and that public health was being added as a formal member. Voting arrangements and quorum would be reviewed following panel and joint scrutiny feedback.

Shadow year arrangements

During the shadow year:

- Decisions would remain with West Yorkshire ICB, not the PPP.
- PPPs would influence, shape, and recommend, but would not hold financial accountability.
- The PPP would evolve from the existing Health & Care Partnership arrangements.

Involvement of Partners

- Voluntary, Community and Social Enterprise representation would continue via Third Sector Leaders and Compact arrangements.
- Partners such as Yorkshire Ambulance Service, Fire Service and Police Service would continue to engage primarily through the relevant programme boards (e.g., ageing well, urgent care), not via formal PPP membership.
- Pharmacy involvement would be strengthened over time, but no immediate membership changes were planned.

Memorandum of Understanding (MOU)

- There was no requirement to sign the draft MOU before April 2026.
- Existing Healthcare Professionals MOUs remained valid during the shadow period.
- Revised documents would return to scrutiny following a legal review, place-based feedback and joint scrutiny recommendations.

Children's Services and Special Educational Needs and Disabilities (SEND)

- SEND remained a key area for improvement following inspection outcomes.
- The ICB was strengthening children's health capacity, including recruitment to new designated roles, improved service specification, alignment with continuing healthcare functions, and outcome expectations that were to be consistent across West Yorkshire, though delivery models may vary by place.

Resources and Staffing

National requirement for ICBs to reduce running costs had led to:

- A reduction from 1000 to 650 staff at West Yorkshire level.
- A consolidation of place teams, including a combined Calderdale, Kirklees and Wakefield (CKW) integrated function.
- 120 staff would continue to be place-based across West Yorkshire.
- Concerns about capacity were acknowledged, transformation capacity at place level has been protected wherever possible.

Dental Commissioning

- Dental commissioning would continue at Yorkshire & Humber level.
- No major changes were expected to Kirklees local work to improve access.
- Progress in children's dental access and urgent care services were noted.

Fairness and Equality across Place Partnerships

- The West Yorkshire ICB would contract with PPPs based on improved healthy life expectancy, reduced inequalities and service improvement outcomes.
- Consistency would be maintained across all five places, while allowing for local flexibility.

Transparency and Public Access

- PPP meetings to be held in public were still under consideration.
- Patient/public voices would be embedded in agenda planning.
- Scrutiny requested regular updates, early engagement, and avoidance of further "surprise announcements".

Contingency Planning

- Existing contractual frameworks (Section 75, 256, NHS contracts) provided safeguards if a provider become insolvent or withdrew from provisions.
- West Yorkshire ICB would retain responsibility for ensuring continuity of provision.

RESOLVED-

- 1) That the officers of the West Yorkshire Integrated Care Board (WYICB) be thanked for attending the meeting,
- 2) That the WYICB provide the workplan for the Design Group and plan for organisational change,
- 3) That the Health and Adults Social Care Scrutiny Panel receive assurance from the Council's Executive team and Portfolio Holders of continued collaborative working on the proposals to introduce the Place Provider Partnerships (PPP) and associated Integrator Teams,
- 4) That the Health and Adults Social Care Scrutiny Panel receive regular updates from the WYICB, the Council's Executive Team and Portfolio Holders. These updates to take the form of-
 - (i) Briefing notes
 - (ii) Informal meetings
 - (iii) Formal meetings
- 5) That the Health and Adults Social Care Scrutiny Panel reserves the right to formally consider whether the proposed introduction of PPP and Integrator Teams constitutes a substantial variation in service,
- 6) That the WYICB and Council's Executive Team incorporate learning into future engagement with scrutiny, ensuring key structural or operational change supporting documents are provided at the earliest opportunity,
- 7) That the Health and Adults Social Care Scrutiny Panel concurs with the views of the West Yorkshire Joint Health Scrutiny Committee meeting held on 25th February 2026.

51

Work Programme 2025/26

RESOLVED- That the work programme be noted and that future agendas include:

- (i) Domiciliary Care Quality in April 2026
- (ii) Care Quality Commission to return early in the next municipal year.

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: Prevention of Suicide

Meeting	Health and Adults Social Care Scrutiny Panel
Date	22nd April 2026
Cabinet Member (if applicable)	Cllr Beverly Addy
Key Decision Eligible for Call In	N/A

Purpose of Report: To provide an overview and update on suicide prevention in Kirklees. (Mental health has previously been brought to the panel meeting in August 2024, August 2023 and July 2022. Suicide prevention specifically was last brought to scrutiny panel in February 2022).

Please note that this report discusses suicide. Therefore, the information in the report may be difficult for some people to read. If you have recently been bereaved by suicide you may want to access this information later.

Recommendations

That Scrutiny provide feedback on the report and suggest further ways in which officers, councillors and broader Kirklees organisations can:

- Access and understand the findings of the 2019-2021 suicide audit and consider what is in their gift to take forward and act upon.
- Encourage and enable organisations and services to undertake the free Zero Suicide Alliance (ZSA) training, to support more people to have a conversation and ask direct questions about suicide
- Ensure they have representation at the suicide Prevention Action Group (SPAG).
- Access and understand the Suicide Bereavement Service offer and proactively refer anyone they work with who has been bereaved by suicide.

Reasons for Recommendations

- The 2019-2021 Suicide Audit (link to summary in appendix A) pulls together in one place the findings and themes from all the people we sadly lose to suicide in Kirklees. It is crucial that we are all aware of what these risk factors are, to raise our own awareness, but more importantly to consider what is in our gift to act on and improve.
- People who feel suicidal don't always reach out for help from a clinician or professional. Therefore, it's important that we all develop our confidence in asking the right questions when we notice signs and symptoms in people around us. The free ZSA training helps us all to do this.
- The SPAG is a multi-disciplinary forum to connect organisations and services across Kirklees to the suicide prevention agenda, enabling a collaborative approach to suicide prevention at place and ensuring messages are cascaded
- By referring people to the suicide bereavement service or making them aware of the service, you're helping to prevent future suicides.

Resource Implication: NA	
Date signed off by <u>Executive Director</u> & name	Give name and date for Cabinet / Scrutiny reports Rachel Spencer-Henshall 9/4/26

Electoral wards affected: NA

Ward councillors consulted: NA

Public or private: Public

Has GDPR been considered? Yes

1. Executive Summary

- Suicide rates remain stable in Kirklees. We must work across our system in making suicide prevention everyone’s business to turn the curve and drive down suicide rates.
- The Suicide prevention action group continues to provide the space for multi-agency collaboration, connecting and sharing of important work.
- Key findings from the Suicide Audit (2019-2021) include:
 - nearly 4 out of 5 deaths were male
 - Kirklees highest rates by age band are 36-45 for females and 46-55 for males
 - 44% of people were single
 - just over half of people who died were economically inactive
 - 65% had a diagnosed mental health condition
 - 57% had at least one physical health condition
 - bereavement was the highest common risk factor recorded (42%)
 - People who were referred rather than signposted to services were more likely to make contact

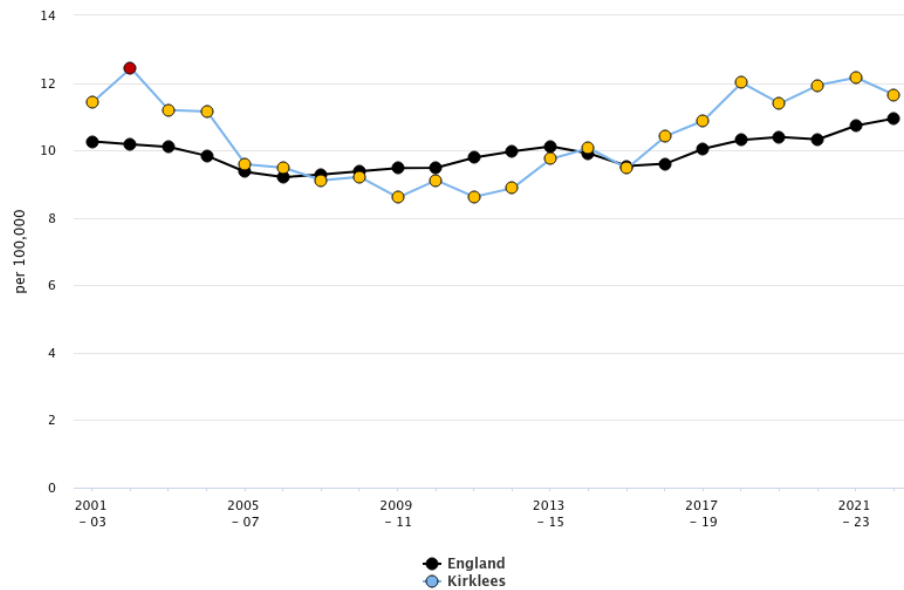
2. Information required to take a decision

The bullet points below outline the areas we have been asked to bring forward for this Scrutiny discussion.

- **Statistics for Kirklees**

The chart below provides a visual representation of the suicide rate (via 3-year rolling averages) from 2001-03 to 2022-24 (Office for National Statistics, ONS, 2026). It is important we observe suicide rates over time, as the numbers of people dying by suicide is relatively small from a population perspective, which makes drawing conclusions difficult. By observing the trends over a longer period, we can see that the suicide rate in Kirklees has remained stable, with the current rate being 11.6 deaths per 100,000 population for 2022-24.

Suicide rate (Persons) for Kirklees



The most recent data for suicide (2022/24) tells us that Kirklees has a slightly lower rate than the Yorkshire and Humber average (11.6 compared to 12.7 per 100,000 population) and a slightly higher rate than the England average which is 10.9 per 100,000 population.

When making comparisons before and after 2018 caution must be taken. This is because the standard of proof used to conclude whether a death was caused by suicide in England and Wales was lowered from the criminal standard (beyond all reasonable doubt) to the civil standard (on the balance of probabilities).

The Office for National Statistics concluded that “it is likely that the change in the standard of proof did increase deaths registered as suicide” and that the change “does affect the comparability of figures”. However, the ONS also found that “the change was not large enough to create a discontinuity in our time series from 1981”.

The most recent suicide rates (2022/24) per 100,000 population across West Yorkshire are:

Bradford: 11.4

Calderdale: 16.3

Kirklees 11.6

Leeds: 11.7

Wakefield: 15.7

Yorkshire and Humber – 12.7

England – 10.9

- **What is the work done at each stage of prevention**

Maintaining good mental wellbeing

Protective factors such as social support, income, good housing and access to green spaces, lay the foundations for good mental wellbeing, therefore it’s important that not all solutions sit within a service offer, especially from an early intervention and prevention point of view. Health promoting messages and campaigns remind everyone what we can all do to look after our mental wellbeing. Things such as the ‘Five Ways to Wellbeing’ (a review of evidence by the New Economics Foundation in 2008, which suggested the following five actions in our day to day lives are important for wellbeing), are still relevant and routinely referred to in national campaigns. Activities such as learning a new skill or hobby, being active in your local

community, volunteering and giving back, moving more, eating well, and taking notice of the environment and outside space around you are all evidence-based self-care tools for maintaining positive wellbeing.

The Community Plus Fund Panel supports early, preventative activity that helps improve wellbeing, giving grassroots organisations the opportunity to deliver local support aligned to the five ways to wellbeing in communities and places.

Low to medium mental health

When people might start to notice that they are having more bad days than good days, it's important we all take notice of that in ourselves, but in others too. In Kirklees we have a range of support services which can start to help people take early steps to managing their mental wellbeing. These include:

- Community plus: supports residents and communities in Kirklees to be safe, connected and well.
- Wellness service: wellness coaches work with residents in Kirklees to develop personally tailored health and wellbeing goals.
- The Working Together Better Partnership (WTB) (who supported 2,243 people across Kirklees in 2025/26): a partnership of adult mental health services in Kirklees who support people to find their way to better mental health.
- Talking Therapies: psychological support from the NHS for conditions such as low mood, depression, anxiety and PTSD.
- VCSE organisations such as Andy's man club, Luke's Lads, Mens Talk, Mens Walk and Talk group
- Kooth (for young people up to the age of 25): free, anonymous online support for young people aged 13 plus who needs help with their mental health.
- Invictus wellbeing: commissioned by South West Yorkshire Partnership NHS Foundation Trust for young people ages 11-25 with mild to moderate mental health concerns, offering counselling, one to one support and peer support.

Crisis support

When someone is in danger and there is an imminent threat to life, the police should be called. If someone is feeling suicidal, but has no immediate plan in place, we have a range of support options for people across the district.

- Single point of access (although not a crisis service), professionals can refer here and people can self-refer to be triaged for suitability for secondary care mental health services
- Here for you: same day urgent mental health support in a safe place, for anyone aged 16 and over who is struggling to cope or experiencing thoughts of suicide or self-harm.
- NHS 111, option 2
- New West Yorkshire All Age 24/7 Crisis text service 'BRIGHT'

- **Bereavement support after suicide**

Activities undertaken after someone has been bereaved by suicide is known as postvention. The impact of a suicide on society can be far reaching. Previous research suggests up to 135 individuals are affected by each suicide, impacting nearly one million people a year in the UK (Cerel, et al., 2018). People bereaved by the sudden death of a friend or family member are 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural causes (Pitman, Osborn, Rantell, & King, 2016). Postvention work is therefore prevention and is an essential component of any suicide prevention strategy in communities. We know from our most recent suicide audit (2019-2021) that 42.4% of those who died by suicide had suffered bereavement, with 8% of those bereaved by suicide (across Bradford, Calderdale and Kirklees).

In Kirklees we have support via Leeds Mind who provide Suicide Bereavement support across West Yorkshire. This contract is currently funded by West Yorkshire ICB, and the contract comes to an end in March 2027. In Kirklees we also have a postvention practitioner specifically in post to support children under 18 who have lost a family member or loved one to suicide. This is funded by Kirklees Council.

For the year 2025/26, 18 adults and 16 families in Kirklees (equating to 8 adults and 16 children under 18) accessed support from the suicide bereavement service.

- **Progress made on suicide and what work is being undertaken to prevent suicide**

Key achievements made on the suicide prevention agenda in Kirklees over the last 18 months are described below.

Suicide Prevention and Service Development

- Extensive roll out of guide for professionals working with young people who self-harm
- A pilot service called 'Stepping Stones' (provided by Leeds Mind), launched across Calderdale, Kirklees and Wakefield for people who have previously self-harmed or attempted suicide, based on findings from suicide audit which told us that 45.8% of the total population had a history of suicide attempts. For Kirklees 61.5% of females who died by suicide had a previous attempt recorded, and 44.2% of males had a previous suicide attempt recorded.
- Developed, and initiated a new suspected suicide multi-agency learning panel to establish any key learnings for future prevention. Key themes we've observed so far include mental health co-occurring conditions, substance misuse and addiction, history of self-harm and long term and/or incurable physical illness. Examples of actions we've undertaken because of the learning panels include: proactive partnership work with Network rail, linking together of organisations who didn't know their offer and potential for strengthening of partnership working where individuals were known to services.
- Undertook a suicide audit with the coroner for the period of 2019-2021 (Appendix A), and a new audit is currently being scoped using their new electronic system
- Findings of current audit were shared extensively across the district
- Using findings from the audit, a primary care task and finish group has been set up to look at how we support primary care to strengthen their work around suicide prevention

Training and Workforce development

- An on-line harms workshop was delivered as part of the (SPAG) in partnership with Samaritans, to raise awareness amongst front line practitioners about the importance of asking about online use of self-harm related information
- Two staff members have undertaken a Foundation level train the trainer in Trauma and adversity to be able to deliver to council staff
- The Kirklees Wellness service continues to deliver the free 'Mental health for you and others' course across the Kirklees district with 117 people attending a total of 13 courses in 2025/26

Tools, Resources and Innovation

- The Kirklees Mental health support card has been updated, with targeted distribution to pharmacies over the winter period and approximately 20,000 distributed in 2025
- Front line worker guidance documents have been updated and shared, to encourage conversations around suicide and increase confidence in knowing what to say

Regional and Strategic Collaboration

- Worked across West Yorkshire to establish a funding solution for the next 12 months for the West Yorkshire Police Real Time Surveillance role

- **Andy's man club & other organisations to provide an update**

Partners and VCSE organisations have been invited to join the panel meeting to highlight the range of support available for people across our district, ranging from early intervention and prevention, through to crisis support.

Additional updates include:

Andy's Man club – there are now 6 clubs across Kirklees: Batley, Cleckheaton, Dewsbury, Holmfirth, Huddersfield and Mirfield. There was an average of 21 men attending each club every week in 2025, with 368 men attending for the first time in this year.

Third Sector Leaders (TSL), Community Champions: Over the past two years, TSL Community Champions have delivered two mental health campaigns, including a focus on suicide prevention, across Kirklees.

A network of 90 trained Champions, speaking over 20 languages and bringing valuable lived experience, has been central to this work. Champions are trained in mental health and wider wellbeing topics such as isolation, cost of living, smoking, blood pressure, and practical support. Through these campaigns, Champions:

- Held 2,000+ one-to-one conversations
- Delivered and attended 142 group sessions in community settings, including faith centres and schools
- Reached 32 ethnic groups and 18 ethnicities across Kirklees
- Worked with 20 community organisations to engage underserved communities

Champions have raised awareness, reduced stigma, created safe spaces for conversations, and connected people to local support—helping to reduce isolation and strengthen community networks.

Delivered in partnership with public health and Calderdale and Huddersfield NHS Foundation Trust, this work continues with further training, including Making Every Contact Counts (MECC), open to community groups across Kirklees.

- **Armed forces veterans, number in Kirklees and suicide rate of these**

According to the ONS census data (2021) the total number of Kirklees residents that have previously served in the armed forces is 11,791. We know from the most recent suicide audit (2019-2021) that 4% of the audit population were veterans or currently serving in the UK armed forces; this is across Bradford, Calderdale and Kirklees. Although small numbers were recorded, we know that veterans face multiple challenges which put them at greater risk of suicide including, mental health conditions, chronic pain and social isolation and should therefore remain a key high-risk group.

Through the Kirklees Armed Forces Covenant Board there have been dedicated meetings associated with this agenda. In February 2025, there was a Veteran Friendly GP Accreditation meeting, where 28 GP practices across Kirklees attended. There were 14 GP practices registered on the Royal College of General Practitioners (RCGP) database before the meeting

and there are now 26 GP practices registered within the scheme. There are 64 GP practices across Kirklees, so that is 40% which are Veteran friendly.

3. Implications for the Council

3.1 Council Plan

Suicide prevention aligns strongly with the Kirklees Council Plan by supporting its core aims of improving health and wellbeing, reducing inequalities, and promoting safe, resilient communities. It contributes to preventing crisis through early intervention, addressing the social factors that increase risk for suicide, and working in partnership across services. Although not a standalone priority, it is embedded across the plan as a key part of achieving better outcomes for residents.

3.2 Financial Implications

NA

3.3 **Legal Implications**

NA

3.4 **Climate Change and Air Quality**

NA

3.5 **Risk, Integrated Impact Assessment (IIA) or Human Resources**

Risk

- NA

Integrated Impact Assessment (IIA)

- NA

Human Resources

- NA

Armed Forces Covenant

- NA.

Positive or negative impacts

- There is currently no funding secured for the continuation of the Suicide bereavement service (for adults) beyond March 2027. This would have a negative impact on those impacted by the loss of someone to suicide and the ability to provide proactive support and outreach in this situation in the future.

4 **Consultation**

NA

5 **Engagement**

NA

6 **Options**

6.1 **Options Considered**

It is recommended that the panel consider the detail in the report and highlight any areas they would wish to see explored further or prioritised.

6.2 **Reasons for recommended Option**

NA

7 Next steps and timelines

- Continue to deliver a multi-faceted approach to suicide prevention and review SPAG membership to ensure representation from across the system
- Priorities for 2026/27 include:
 - Supporting our education colleagues to embed the new secondary school suicide prevention in the curriculum requirement as this is due to start in September 2026
 - continuing the work around strengthening suicide prevention in primary care. We know that 57% of people in the suicide audit had accessed their GP within 3 months of their death, but only 7% had disclosed self-harming or feeling suicidal at this appointment
 - agree and establish a sustainable suicide prevention training offer as we currently have a gap for people to access free, sustainable training
 - benchmark ourselves against the 'mentally healthier council framework' to consider what we're doing well but more importantly where some of our areas for development might be. It sets out a clear call to action for councils to strengthen mental health and wellbeing across their communities and workforce
 - have a focus on neurodiversity within one of our SPAG meetings as National evidence tell us that neurodivergent individuals often experience increased risks of mental health challenges and suicide due to social stigma, discrimination and feelings of isolation and we need to consider what local strategies are needed to support this.
 - consider what more we can do to reach those who live alone across Kirklees as we know from the suicide audit that 43% of the people who died by suicide lived alone
 - support Single Point of access with up-to-date information about what support is available across Kirklees for people who contact them
 - continue to monitor public places used for suicide in Kirklees
 - work with Bradford and Calderdale council to deliver a new suicide audit for period of 2022-2024

8 Contact officer

Rebecca Elliott, Public Health Manager, Rebecca.elliott@kirklees.gov.uk

9 Background Papers and History of Decisions

NA

10 Appendices

Appendix A: A summary of key findings from the suicide audit covering deaths between 2019 and 2021: [Bradford – Calderdale - Kirklees Suicide Audit 2019-2021](#)

11 References

Cerel, J., Brown, M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2018). How Many People Are Exposed to Suicide? Not Six. Suicide and Life-Threatening Behaviour.

New Economic Foundation (2008) Five Ways to Wellbeing. Accessible via: [Microsoft Word - Five ways to well-being the evidence.doc](#)

ONS (2026). Suicide prevention, fingertips, accessible via: [Suicide Prevention - Data | Fingertips | Department of Health and Social Care](#)


Pitman, A., Osborn, D., Rantell, K., & King, M. (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of

3432 young bereaved adults. Mental health research.

12 Service Director responsible

Rachel Spencer-Henshall Deputy Chief Executive and Executive Director for Public Health and Corporate Resources

REPORT TITLE: Quality of Adult Social Care – Assurance Report

Meeting:	Health and Adult Social Care Scrutiny Panel
Date:	22/04/2026
Cabinet Member (if applicable)	Cllr Nosheen Dad
Key Decision Eligible for Call In	No - Scrutiny report for assurance only
Purpose of Report	
To provide assurance on the quality of residential and domiciliary care, including oversight arrangements, complaints, quality measurement and risks.	
Recommendations	
<ul style="list-style-type: none"> That Panel Members note the report and assurance provided, and considers the next steps it wishes to take 	
Reasons for Recommendations	
<ul style="list-style-type: none"> To support transparency, assurance and continuous improvement across the Adult Social Care domiciliary care and residential care market 	
Resource Implications:	
No direct financial implications	
Date signed off by <u>Executive Director</u> & name	 Michelle Cross, Executive Director
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)?	N/A

Electoral wards affected: All Wards

Ward councillors consulted: N/A

Public or private: Public

Has GDPR been considered? Yes

1. Executive Summary

This report and accompanying presentation provides an overview of quality in adult social care across Kirklees, including regulatory oversight, contract management, complaints and frontline insights

The report provides assurance on the quality of residential and domiciliary care commissioned by the Council and sets out how quality is:

- Defined
- Monitored
- Improved where concerns arise

The report provides insights into what this means for residents, families, professionals and care providers in that quality is not left to chance or only picked up at the point of inspection. There is a whole-system approach in place to identify issues early and act before people experience harm or poor care.

2. Information required to take a decision

Not applicable – assurance report

3. Implications for the Council

Supports statutory duties and safeguarding responsibilities.

3.1 Council Plan

Aligns with priorities on health, independence and wellbeing

3.2 Financial Implications

No direct implications.

3.3 Legal Implications

Supports Care Act duties

3.4 Climate Change and Air Quality

No implications

3.5 Risk, Integrated Impact Assessment (IIA) or Human Resources

Risks relate to workforce and provider sustainability which have been set out in the presentation

4. Consultation

Not applicable

5. Engagement

Ongoing engagement with providers, partners, residents and the Care Quality Commission

6. Options

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

Lesley Hill, Head of Commissioning and Market Development (Interim)

9. Background Papers and History of Decisions

Not applicable

10. Appendices

Attached presentation titled "Quality of Care – H&SC Scrutiny Panel"

11. Service Director responsible

Saf Bhuta - Service Director, Strategic Commissioning, Provider Services and Partnerships

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Quality of Adult Social Care

Health and Adult Social Care Scrutiny Panel
– 22 April 2026



Introductions and Topics

Who is here:

- Saf Bhuta – Service Director Commissioning, Provider Services and Partnerships
- Lesley Hill – Interim Head of Commissioning and Market Development
- Emma Hanley – Group Manager (Contracts)

What we are going to discuss:

- What we mean by ‘Quality’
- Regulatory Oversight
- Commissioning, Contracts and Quality Assurance
- Complaints and Learning
- How Quality is Measured
- Frontline Practice Views
- Key Pressures, Risks and Mitigations
- Forward Look and Improvement Priorities

National Context and Strategic Considerations

Structural workforce fragility

- Adult social care vacancy and turnover rates remain materially higher than the wider labour market
- Workforce instability directly correlates with quality variation and continuity risks

Rising complexity and acuity

- People entering care present with more complex physical, cognitive and behavioural needs
- Increased pressure on provider capability, training and leadership capacity

Provider financial sustainability risk

- Inflationary pressures and cost escalation continue to impact margins
- Market fragility most pronounced in smaller domiciliary providers
- Nationally, provider exits remain a live risk factor

Regulatory transition and inspection backlog

- Care Quality Commission operating under a revised assessment framework
- Inspection cadence remains inconsistent in some areas
- Greater reliance on local intelligence between inspections

Local Market and Workforce

CQC Registered Adult Social Care Services in Kirklees (January 2026)

- 86 community based service providers (increased from 49 in 2019)
 - Community based services report supporting 3372 people
- 126 care homes, 3476 registered beds (reduction of 5 care homes since 2021)
 - Care home providers report a maximum capacity 3412 beds with 84% occupancy across the market

In January 2026 approximately:

- 1,540 people per week in Kirklees receiving commissioned community based service providers services through the home support DPS
- 369 people receive support from community based service providers through the Specialist Framework (EMP)
- 1200 people resided in a care home in Kirklees with the placement arranged via the Council.

In2Care – Providing bespoke recruitment support to increase workforce capacity across the Kirklees Social Care Sector through:

- Tailored 1-1 job matching
- Employability training
- Pre-employment, sector specific training
- Provider advertising
- Sector Based Work Academies
- Recruitment Events

Key findings, 2024/25 i

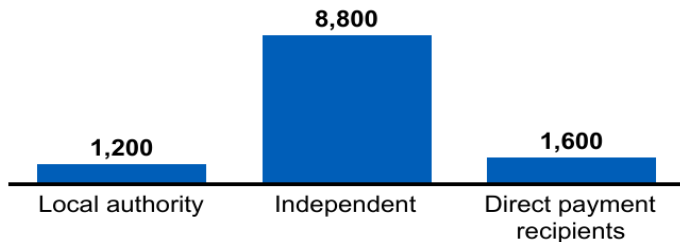
[Download PowerPoint](#)

You are looking at data for **Kirklees**

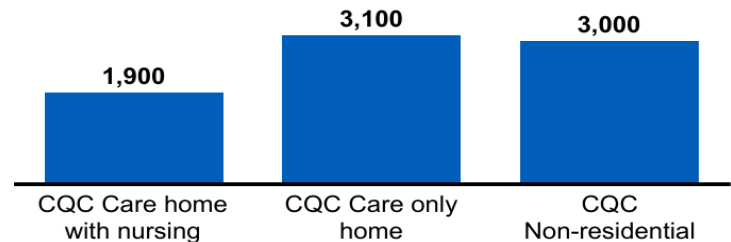
This summary of the adult social care workforce in **Kirklees** includes data from the whole adult social care sector: **local authorities (LA)**, the **independent (IND)** sector, and posts working for **direct payment recipients (DPR)**.



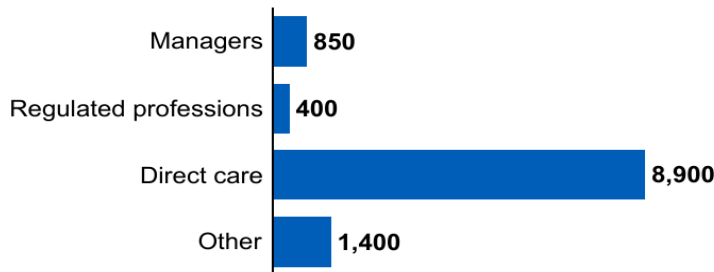
Filled posts by sector



Filled posts by service



Filled posts by job role group



CQC-regulated establishments



213
CQC-regulated establishments in Kirklees

What do we mean by Quality?

Quality is understood and assessed through a whole-system lens, rather than reliance on a single measure.

Five pillars of quality

- Safety and compliance
- Experience of people who use services and their families
- Effectiveness and outcomes of care
- Provider capability and sustainability
- Professional confidence and oversight

Regulatory Oversight and External Assurance

Role of Care Quality Commission

- Independent regulator of health and social care
- Provides ratings and enforcement action where standards are not met

Timeliness of inspections (including any national constraints)

- Inspection frequency is determined nationally by CQC and risk profile
- The Council recognises national capacity pressures affecting inspection cycles

Local intelligence sharing with CQC

- The Council does not rely solely on CQC inspections
- Local intelligence is shared proactively with CQC
- Early action is taken where concerns emerge, regardless of inspection timing

How we respond to:

- Inadequate / Requires Improvement ratings
- Enforcement actions
- Provider failure risk

How the Kirklees Health & Care Partnership Maintains Quality Oversight

Partnership approach with the partners across the Kirklees Health and Care Partnership, which includes:

- Routine/proactive Quality and Contract Management and Quality Monitoring
- Risk based and intelligence led concern management
- Quality Control & Quality Management processes
- Stages of Escalation & Intervention
- Quality Governance Oversight Processes
- Quality Improvement
- Ongoing Quality Monitoring

CQC Inspections

Home Support CQC Ratings for Kirklees 2018-2026

Kirklees Community Based Provider Services
CQC Ratings 2016 - 2026

	2018	2019	2020	2021	2022	2023	2024	2025	2026
Outstanding	0%	2%	5%	4%	4%	3%	4%	3%	3%
Good	61%	80%	58%	56%	50%	52%	53%	47%	57%
Requires Improvement	14%	18%	24%	17%	14%	17%	23%	23%	14%
Inadequate	0%	0%	0%	0%	0%	1%	0%	0%	0%
Awaiting Inspection	25%	0%	13%	23%	32%	26%	20%	26%	26%
Number of Registered Community Based Provider Services	56	49	62	71	84	87	83	87	86

CQC Inspections

Care Home CQC Ratings for Kirklees 2018-2026

Kirklees Care Homes
CQC Ratings 2016 - 2026



How Quality is Measured

No single metric defines quality - quality is assessed through the pattern of evidence across multiple sources

Quantitative indicators

CQC ratings profile

Safeguarding concerns and themes and trends

Missed or late care visits

Provider stability and workforce turnover

Complaints & Compliments - volumes and trends

Qualitative intelligence

Feedback from people using services and families

Feedback from other professionals and partner agencies

Social work observations and reviews

Provider engagement and self-assessment

View of Frontline Practice

Role of social workers

Social workers have direct and regular contact with providers. They observe quality through social work reviews/reassessments and ongoing casework

Raising concerns or highlighting good practice

- Ensure clear escalation routes for practice concerns
- Professional judgement feeds directly into quality intelligence gathering which feeds into Quality Management & Escalation processes for discussion with multi-agency partners.

Influence on commissioning actions and decisions

Social Work insight helps to inform:

- Risk based Contract/Quality Monitoring priorities
- Quality Improvement plans and actions
- Learning & Improvement

Key Pressures, Risks and Mitigations

Current pressures and risks

- Workforce shortages across the care sector
- Increasing complexity of need
- Financial pressures affecting provider sustainability
- National delays in regulatory inspection cycles
- Changes in the NHS

Mitigation actions

- Proactive market management
- Enhanced local quality monitoring
- Early intervention with at-risk providers
- Close partnership working with health and regulator

Forward Look and Priorities

Key priorities over the next 12 months

- Strengthening intelligence-led quality assurance
- Deepening thematic analysis of complaints and concerns
- Supporting provider improvement and workforce stability
- Maintaining oversight of market sustainability

Ongoing assurance

- Regular monitoring and escalation processes remain in place
- Members will continue to receive updates on quality and risk



Report title: Kirklees Safeguarding Adults Board Annual Report.

Meeting	Health and Adults Social Care Scrutiny Panel
Date	22 April 2026
Cabinet Member (if applicable)	Cllr Nosheen Dad, Portfolio Holder for Adult Social Care and Corporate
Key Decision Eligible for Call In	Not Applicable
<p>Purpose of Report</p> <p>To present the Kirklees Safeguarding Adults Board Annual Report and enable Scrutiny to consider the effectiveness, impact and priorities of adult safeguarding across the partnership.</p>	
<p>Recommendations</p> <ul style="list-style-type: none"> • That the Panel receives and considers the Kirklees Safeguarding Adults Board Annual Report. • That the Panel provides oversight and challenge on safeguarding effectiveness, learning and priorities for improvement. <p>Reasons for Recommendations</p> <p>To support Scrutiny’s role in providing assurance and oversight of safeguarding adults arrangements and the statutory responsibilities of safeguarding partners.</p>	
<p>Resource Implication: Outline the resource implications associated with implementing the recommendations set out in the report. Not applicable</p>	
<p>Date signed off by <u>Executive Director</u> & name</p> <p>Michelle Cross, Executive Director for Adults and Health – 10 April 2026</p> <p>Is it also signed off by the Service Director for Finance? No</p> <p>Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)? No</p>	<p>The report has been produced to support the discussion with the Independent Chair of the Kirklees Safeguarding Adults Board</p>

1. **Executive Summary**

The Kirklees Safeguarding Adults Board (SAB) is a multi-agency statutory partnership which provides leadership and strategic oversight of adult safeguarding work across Kirklees.

The Care Act 2014 placed a statutory duty on all Safeguarding Adults Boards in England to produce an Annual Report on its work for the previous year.

It is presented here at Scrutiny Panel for information and the link to the report can be found here: <https://trixcms.trixonline.co.uk/api/assets/wynyy-kirklees/f76a78d5-7619-49d8-8f88-9b82c1a4af85/ksab-annual-report-2024-25.pdf>

The Annual Report explains:

- what the Safeguarding Adults Board has done during the last year to achieve its objectives, and its Strategic Plan.
- what each agency represented on the Board has done during the last year to implement the Board's Strategic Plan.
- The conclusions and recommendations of each review commissioned under section 44 of the Safeguarding Act (Safeguarding Adults Reviews) which concluded in that year.

Scrutiny is asked to consider the Annual Report to provide independent oversight, assurance and constructive challenge on the effectiveness of adult safeguarding arrangements in Kirklees.

2. **Information required to take a decision**

Not Applicable

3. **Implications for the Council**

Not Applicable

3.1 **Council Plan**

Not Applicable

3.2 **Financial Implications**

Not Applicable

3.3 **Legal Implications**

Not Applicable

The Kirklees Safeguarding Adults Board is established under the Care Act 2014, which places a statutory duty on Safeguarding Adults Boards to publish an Annual Report.

3.4 **Climate Change and Air Quality**

Not Applicable

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

Not Applicable

4 **Consultation**

Not Applicable

5 **Engagement**

Not Applicable

6 Options

6.1 Options Considered

Not Applicable

6.2 Reasons for recommended Option

Not Applicable

7 Next steps and timelines

The Report is already available on the Kirklees Safeguarding Adults Board webpage

8 Contact officer

Jacqui Stansfield, Service Manager, Kirklees Safeguarding Adults Board

Jacqui.Stansfield@Kirklees.gov.uk

9 Background Papers and History of Decisions

Not Applicable

10 Appendices

Not Applicable

11 Service Director responsible

Jill Greenfield, Service Director, Communities and Access Services

Jill.greenfield@kirklees.gov.uk

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