

# Public Document Pack



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

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Tuesday 6 January 2026

## Notice of Meeting

Dear Member

### Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 14 January 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

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Pages

**1: Membership of the Panel**

To receive apologies for absence from those Members who are unable to attend the meeting.

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**2: Declaration of Interests**

1 - 2

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.

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**3: 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.

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**4: 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.

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## **5: 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.

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## **6: CQC's Inspection Report and Rating for Adult Social Care** 3 - 12

To receive an update on the outcome of the CQC Inspection report and rating for Adult Social Care.

Contact: Alexia Gray, Head of Quality, Standards and Safeguarding Partnerships (Adults and Health) Tel: 01484 221000.

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## **7: Work Programme 2025/26** 13 - 20

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

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

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<b>KIRKLEES COUNCIL</b>			
<b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b>			
<b>DECLARATION OF INTERESTS</b>			
Health & Adult Social Care Scrutiny Panel			
<b>Name of Councillor</b>			
<b>Item in which you have an interest</b>	<b>Type of interest (eg a disclosable pecuniary interest or an "Other Interest")</b>	<b>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]</b>	<b>Brief description of your interest</b>

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:** *CQC's Inspection Report and Rating for Adult Social Care*

<b>Meeting:</b>	<b>Health and Social Care Scrutiny Panel</b>
<b>Date:</b>	<b>14<sup>th</sup> January 2026</b>
<b>Cabinet Member</b> (if applicable)	<b>Cllr Nosheen Dad</b>
<b>Key Decision Eligible for Call In</b>	<b>No</b> <b>No</b>

**Purpose of Report**

The Care Quality Commission (CQC) carried out an inspection of Adult Social Care services in Kirklees with an onsite visit over 3 days from 26<sup>th</sup> May 2025. The inspection was under the new local authority assurance framework, which looks at how councils meet their Care Act duties across four key themes: leadership, working with people, providing support, and ensuring safety.

The overall outcome of the inspection was that Kirklees Adult Social Care Services 'requires improvement' with a score of 59, falling just short of a 'good' rating which would have required a minimum score of 63.

This report is to update Scrutiny on the wide areas of strengths, along with areas for development and how the latter will be addressed. It should be noted that most of these areas were already in view and being actioned through a multi-year Change Programme focused on redesigning pathways, integrating services, considering the market/commissioning needs and investing in digital and community-based solutions. To this end, this report is also intended to support Scrutiny's role in testing the Council's learning from the CQC findings and the robustness of the proposed improvement response.

**Recommendations**

- That Scrutiny note the content of the CQC published report: [Local authority assessment reports - Care Quality Commission](#)
- That Scrutiny note the content of this report, along with the presentation which will be shared at the session outlining the draft improvement plan.
- That Scrutiny are updated on the progression of the improvement plan to achieve the required improvements.

**Reasons for Recommendations**

- It is not yet clear how the CQC will undertake the next round of inspections or timeline around this. Adult Social Care will continue to deliver their ambitious Change Programme and progress the improvement plan to achieve the best possible standards of support for residents.
- The recommendations above will ensure that there is governance and accountability around the directorate's progress on delivering on the improvement plan.

**Resource Implications:** None. Most of the work associated with delivering the action plan will be picked up through existing directorate work, including the Change Programme where some additional resource from the Transformation Fund was agreed (£525k). The areas that

fall outside of this will be picked up within the relevant services and within the partnership. All these have been collated to form an overarching, combined improvement plan and slides to demonstrate this will presented at the meeting.

<p><b>Date signed off by <u>Executive Director</u> &amp; name</b></p>	<p><i>CQC's Inspection Report and Rating for Adult Social Care for Health and Social Care Scrutiny Panel on 14<sup>th</sup> January 2026.</i>  <b>Michelle Cross, Executive Director of Adults and Health – 05/01/2026</b></p>
<p><b>Is it also signed off by the Service Director for Finance?</b></p>	<p><i>CQC's Inspection Report and Rating for Adult Social Care for Health and Social Care Scrutiny Panel on 14<sup>th</sup> January 2026.</i>  <b>Kevin Mulvaney, Service Director, Finance (S151 Officer) – 05/01/26</b></p>
<p><b>Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)?</b></p>	<p><i>CQC's Inspection Report and Rating for Adult Social Care for Health and Social Care Scrutiny Panel on 14<sup>th</sup> January 2026.</i>  <b>Samantha Lawton, Service Director, Legal and Commissioning – 05/01/26</b></p>

**Electoral wards affected:** The action required in existing programmes of work and on the back of the CQC report are likely to bring improvements and change to care and support across Kirklees. There are no specific wards that will be affected at this stage.

**Ward councillors consulted:** N/A

**Public or private:** Public

**Has GDPR been considered?** The CQC published report does not contain any personal data.

## 1. Executive Summary

The Health and Care Act 2022 put the CQC assessment of Local Authorities on a statutory footing including:

- Implementing an adult social care data framework to improve the quality and availability of data nationally, regionally and locally.
  - A duty for the CQC to independently review and assess local authority performance in delivering their adult social care duties.
  - New legal powers for the Secretary of State to intervene in local authorities to secure improvement.
- Guidance was published 8<sup>th</sup> Aug 2023 to set out the Department of Health and Social Care's (DHSC) approach to enhanced monitoring and support, and statutory intervention in ASC – developed with input from the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and CQC.
  - CQC are under a duty to inform the Secretary of State for Health and Social Care (the Secretary of State) if it considers an authority is failing to discharge its functions and to recommend any special measures it considers the Secretary of State should take.
  - Where improved data and CQC's assessment of an authority's performance highlight failures, the DHSC aspired to take a more active role in supporting authorities to

improve. Their priority will remain supporting authorities to lead their own improvement wherever possible but, where there are serious and persistent failures, DHSC will offer 'enhanced support and monitoring', asking the authority to produce and implement an improvement plan. Where the authority demonstrates improvement, this support may be withdrawn or tapered off.

- If an authority has not been able to tackle sustained problems, the Secretary of State can use new intervention powers introduced through the [Health and Care Act 2022](#), which commenced in April 2023.
- These powers will enable the Secretary of State to intervene where they are satisfied that authorities have failed or are failing to discharge Care Act functions to an acceptable standard
- These powers can be used in the most serious cases – for example, where a serious and persistent risk to people's safety has been identified, and other forms of support are insufficient to drive improvement
- Unlike interventions in children's social services, there is no power to set up independent trusts.

The CQC's inspection process was comprehensive but also lengthy, spanning almost a year, with the key activity outlined as follows:

- **December 2024:** Kirklees received notification of the upcoming inspection.
- **January 2025:** Submission of the Information Return, including self-assessment, data, policies and procedures and other supporting evidence.
- **May 2025:** Onsite CQC inspection took place, involving telephone interviews with providers, focus groups with staff, interviews with key individuals within the council and partners and a case file audit.
- **November 2025:** The inspection report was published on 21<sup>st</sup> November 2025, providing formal feedback and recommendations:

[Local authority assessment reports - Care Quality Commission.](#)

**The key strengths identified in the report are as follows:**

- The report highlights the dedication of frontline staff, strong co-production and effective partnership working as key strengths. Inspectors found that people and unpaid carers consistently felt listened to, respected, and involved in shaping their support. Staff were described as trusted, supportive and committed to strength-based approaches that promote independence and wellbeing.
- They found that the directorate's approach to learning and improvement was outstanding. Innovation and continuous improvement were evident across services, with inspectors noting creative models of care, digital inclusion initiatives and a commitment to staff development through training and apprenticeships.
- The CQC said the directorate had a clear understanding of safeguarding risks and worked well with partners to prevent abuse and neglect. Safeguarding was person-centred, with prompt action on immediate risks and strong co-ordination through the Kirklees Safeguarding Adults Board.
- The council's "front door" services received high satisfaction ratings, with most people receiving timely advice and support. Uptake of direct payments was well above the national average, empowering people to make choices about their care. Inspectors also commended the use of assistive technology, which supports people to live more independently.
- The council was recognised for its strong relationships with NHS and independent sector partners, which have improved hospital discharge processes and integrated

care. The report also highlighted a robust safeguarding culture, inclusive communication practices and a stable, well-supported workforce.

**The key findings for development and actions are as follows:**

Theme	What the CQC Identified	Summary of Actions and Mitigations
<b>1. Waiting Well</b>	The CQC identified that there are still waits for assessments and reviews, especially for people in residential/nursing care.	This is being addressed through the Waiting Well policy, implemented in January 2025. People are proactively contacted while awaiting assessment, and cases are rated for prioritisation. A new Accommodation Team has been established, to complete all reviews for people living in 24-hour placements. Real-time dashboards and weekly data huddles help monitor waiting lists and escalate urgent cases.
<b>2. Transitions</b>	The CQC highlighted delays and uncertainty in transitions, particularly when young people move from children's to adult services.	A focused transformation project is underway, aligning with Ofsted and SEND inspection recommendations. Workshops and audits are planned to strengthen pathways, including those not on the Preparing for Adulthood route. Joint planning between commissioning and housing with the aim of avoiding crisis placements. Resources for Transitions and combined training across teams support smoother handovers.
<b>3. Access &amp; Inclusion</b>	The CQC found that not everyone can easily find or access the right support, with barriers such as digital exclusion, inaccessible information, and unequal access for different groups.	The plan expands digital inclusion initiatives while maintaining face-to-face options. Outreach to groups the council has traditionally found it hard to engage is being strengthened, and co-production is embedded throughout service development. Regular workshops and audits focus on data quality and inclusivity, with a broad community footprint supporting targeted prevention and partnership working.
<b>4. Market Provision</b>	The CQC raised concerns about the sustainability and quality of the local care market, including provider stability, gaps in specialist placements, and the need for better data-sharing and innovation.	Workshops will co-design respite and specialist pathways, and provider forums are being redesigned for better communication. Specialist provision for younger adults is being developed, and procurement processes are being tested and adapted. Provider risk monitoring and contingency plans are in place for critical services.

Theme	What the CQC Identified	Summary of Actions and Mitigations
<b>5. Workforce and Leadership</b>	The CQC identified inconsistencies in supervision, leadership diversity, and performance management, as well as the need for improved staff upskilling and safeguarding focus.	The plan includes a recruitment strategy, annual health checklist, and actions to improve inclusion and career progression. Supervision audits, case file moderation, and safeguarding reviews drive continuous improvement. Workshops will explore staff expectations of senior leaders. Risks are managed through established boards and improvement plans.
<b>6. Reablement</b>	The CQC noted inequalities in access to reablement services, capacity challenges, and the need for better monitoring of outcomes and hospital discharge processes.	The plan reviews exploring enhanced rostering systems, optimising capacity, and strengthening outcome tracking in line with the Adult Social Care Outcomes Framework metrics. Working with Healthwatch ensures inclusivity and cultural responsiveness. Surge demand actions and rapid escalation protocols to support timely discharge and independence.
<b>7. Advocacy</b>	The CQC found that advocacy is not always timely or accessible at critical points and that contingency planning for unpaid carers needs strengthening.	The plan includes reviewing advocacy pathways, increasing provider flexibility, and deep dives into advocacy practice. Workshops will identify gaps. Contract performance is regularly reviewed and will be optimised to ensure effective contract management
<b>8. Underpinning Framework</b>	The CQC emphasised the need for a strong, shared framework to ensure consistency, and a focus on tackling inequalities across the system.	Workshops and training refresh to embed the Inclusive Communities Framework across services. Governance and monitoring are strengthened, and all contracts are being reviewed to reflect inclusive principles.

Overall, the report reflects a strong foundation of care and support in Kirklees, with inspectors encouraging continued focus on accessibility, timeliness and inclusion.

### **Governance**

CQC improvements will be overseen by the CQC Board, chaired by the DASS, will include Corporate Enablers and Partners and will include interdependencies with wider Boards (including Consistent and Confident Practice Board and Contracting and Commissioning Board).

2. **Information required to take a decision**  
N/A
3. **Implications for the Council**

The publication of the CQC report marks a pivotal moment for Kirklees Council. The findings provide both validation of the council's strengths and a clear mandate for further improvement. The main implications are:

- **Strategic Direction:** The Council must continue to invest in workforce, digital systems, and partnership working to address shortfalls and build on strengths.
- **Reputation and Accountability:** The inspection outcome could affect the Council's reputation and relationships with partners and the community.
- **Risk Management:** Challenges such as waiting times, staff shortages, and gaps in provision require ongoing attention and transparent communication.
- **Culture Change:** Embedding a culture of openness, learning, and co-production is essential for sustained improvement.
- **Future Assurance:** The Council must be prepared for ongoing scrutiny and assurance, using the inspection as a springboard for continuous development.

Ultimately, the Council's response to the inspection will shape the future of Adult Social Care in Kirklees, with the potential to deliver lasting benefits for people who use services, their carers and families, staff, and partners.

### 3.1 Council Plan

The progression of the improvements identified and included in the action plan are closely aligned to the Council Plan, specifically around its vision of 'thriving communities' and 'low inequality where people enjoy better health throughout their lives'. The shared outcomes are at the heart of services where the ambition is to keep people well and independent for as long as possible and for residents to be safe in their communities. Adult Social Care could not operate in isolation, therefore working with partners is a core function and this was recognised in the report as a strength which demonstrates the directorate's ability to contribute to all partnership strategies and work together to achieve mutual outcomes.

### 3.2 Financial Implications

Whilst there are no new and immediate resource requirements, there are several existing key areas of investment and resource allocation:

- **Digital Transformation:** Significant investment has gone into digital systems, notably the MOSAIC case management platform, which supports more efficient and joined-up working.
- **Workforce and Infrastructure:** Targeted funding has been directed towards workforce development, including recruitment, retention, and professional development, as well as infrastructure improvements.
- **Partnerships and Sector Development:** The Council has invested in anchor organisations within the voluntary, community, and social enterprise (VCSE) sector, and in the Kirklees and Calderdale Care Association (KirCCA), which plays a pivotal role in supporting care providers.
- **Joint Funding Streams:** The Better Care Fund enables joint prioritisation and delivery of health and wellbeing initiatives, pooling resources across health and social care.
- **Commissioning and Service Redesign:** Ongoing work to reshape the commissioning offer, particularly in areas where gaps have been identified (e.g., respite, advocacy, specialist placements).

Overall, the approach to costs is strategic, focusing on prevention, early intervention, and building capacity across the system, rather than short-term fixes. Any additional investment will be brought forward through budget-setting routes.

### 3.3 **Legal Implications**

These are set out within Section 1.

### 3.4 **Climate Change and Air Quality**

N/A

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

The main risks associated with the report have already been identified and are reflected within the directorate and corporate risk register, and as outlined in the 'Implications for the Council's' section in this report. There are no implications regarding HR as a result of the published report.

## 4. **Consultation**

- Formal consultation was not required for the CQC inspection as it was mandated by the Department of Health and Social Care and there was a clear national framework that Local Authorities had to follow. However, the process did include high levels of engagement, and this is set out under point 5.
- Throughout the process, regular updates have been presented to the Executive Leadership Team, Executive Board (Cabinet Members and officers), Portfolio Holder Briefings and Adult's Senior Leadership Team.
- Full engagement on CQC consultation will continue alongside Yorkshire and Humber ADASS to support the national consultation on the future CQC regime.

## 5. **Engagement**

- Because the CQC Inspection Framework was new, there was a need to keep all stakeholders involved and engaged with both the process and what potentially could be required of them. A full communications plan was developed to ensure that at each stage, all stakeholders were kept informed of developments and timescales set by the CQC. Whilst not exhaustive, these included:
  - Kirklees Council: Adults and Health, Housing, Children's Services, Public Health, Finance.
  - Portfolio Holder, Chair of Scrutiny and Chair of the Health and Wellbeing Board
  - NHS Trusts: Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust, Southwest Yorkshire Mental Health Trust.
  - Primary Care Networks: 9 PCNs across Kirklees.
  - Community Health Provider: LOCALA.
  - Care Providers: 83 home support providers, 123 care home providers.
  - Kirklees and Calderdale Care Association (KirCCA)
  - Service User Networks and Groups, such as the Unpaid Carer's Network and the Co-Production Board
  - Voluntary and Community Sector
  - Integrated Care Board and Health and Care Partnership: Strategic leadership and system integration.
  - Kirklees Safeguarding Adults Board
  - Other Partners: Housing, Police, West Yorkshire Fire and Rescue, Education
  - Trade Unions
  - Strong engagement with all national and regional networks such as ADASS and the LGA

This was crucial at the self-assessment stage, but intensive engagement commenced once the date of the onsite inspection was announced.

As well as the continued engagement with the above, this was supplemented by a number of staff sessions for those who would be meeting the inspectors; bespoke briefings for leaders, members and key individuals both within the Council and across the partnership. There were also conversations with service users and carers to gain their consent for their experiences to be able to be shared as part of the case file audit (these were randomly selected by the CQC). Service User Groups and Networks also met with inspectors, and it was recognised early on that this could potentially be a daunting experience, so a high level of contact and engagement happened to make sure that people felt as prepared and comfortable as possible.

## **6. Options**

### **6.1 Options considered N/A**

### **6.2 Reasons for recommended options N/A**

## **7. Next steps and timelines**

- Initial feedback on the findings and overall process has been sent to the Kirklees Care and Health Improvement Advisor. This will be reviewed by the Partners in Care and Health Director of Adult Social Care Improvement and sent back to the Department of Health and Social Care. The specific monitoring requirements have yet to be determined; however, updates are anticipated to be requested every quarter.
- The draft improvement plan has been developed and will be overseen by Service Directors with formal governance and reporting to senior leadership meetings throughout 2026. This will include a refresh of the CQC Board to include wider partners.
- A set of key performance indicators and metrics will be developed against the improvement plan to ensure that progress can be effectively monitored.
- A series of workshops around theme areas will commence in January 2026 and continue throughout the year.
- The Change Programme has been set for 2026/27 so improvements associated with this will continue at pace.
- ELT and partners will continue to be updated on progress. Feedback and any recommendations from this pre Cabinet Scrutiny session will help inform the final version of the Cabinet report.
- The draft improvement plan is being developed. The first phase of the improvement plan will have an 18 month timeline, with longer term actions forming part of a phase 2 improvement plan. The improvement plan is intended to get the Council to CQC 'Good' / 'Outstanding'.

## **8. Contact officer**

Alexia Gray, Head of Quality, Standards and Safeguarding Partnerships (Adults and Health)

[Alexia.gray@kirklees.gov.uk](mailto:Alexia.gray@kirklees.gov.uk)

01484 221000

## **9. Background Papers and History of Decisions**

**28/2/24 – Scrutiny**

Report pack:

<https://democracy.kirklees.gov.uk/documents/g7437/Public%20reports%20pack%2028th-Feb-2024%2014.00%20Health%20and%20Adult%20Social%20Care%20Scrutiny%20Panel.pdf?T=10>;

Item 7:

<https://democracy.kirklees.gov.uk/documents/s55838/1.%20CQC%20Front%20Sheet.pdf>

Additional documents:

<https://democracy.kirklees.gov.uk/documents/s55839/2.%20CQC%20presentation.pdf>;

<https://democracy.kirklees.gov.uk/documents/s55840/3.%20CQC%20Kirklees%20update.pdf>

### **10/7/24 – Scrutiny:**

Report pack:

<https://democracy.kirklees.gov.uk/documents/g7647/Public%20reports%20pack%2010th-Jul-2024%2014.00%20Health%20and%20Adult%20Social%20Care%20Scrutiny%20Panel.pdf?T=10>;

Item 6:

<https://democracy.kirklees.gov.uk/documents/s58013/CQC%20Front%20Sheet.pdf>

Additional documents:

<https://democracy.kirklees.gov.uk/documents/s58014/20240502%20CQC%20presentation.pdf>

### **16/1/25 – Health & Wellbeing Board:**

Report pack:

<https://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=159&MID=7740>

Item 7:

<https://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=159&MID=7740#AI26187>

### **9/4/25 – Scrutiny**

Report pack:

<https://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=570&MID=7777>

Item 8:

<https://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=570&MID=7777#AI26955>

## **10. Appendices**

### **11. Service Director responsible**

Cath Simms, Service Director for Adult Social Care Operations

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# Agenda Item 7

V2

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

MEETING DATE	ITEMS FOR DISCUSSION
06 August 2025	<ol style="list-style-type: none"><li>1. Adults Social Care Risk Register</li><li>2. Winter Pressures</li><li>3. Health System Financial Overview</li></ol>
01 October 2025	<ol style="list-style-type: none"><li>1. Patient Transport from Home to Hospital</li><li>2. Access to GP's</li></ol>
03 December 2025	<ol style="list-style-type: none"><li>1. 0-19 Commissioning – Access to Care</li></ol>
14 January 2026	<ol style="list-style-type: none"><li>1. CQC Kirklees Inspection</li></ol>
04 February 2026	<ol style="list-style-type: none"><li>1. Mid Yorkshire Teaching Trust Presentation</li><li>2. Changes relating to NHS England, Integrated Care Boards and Healthwatch</li></ol>
04 March 2026	<ol style="list-style-type: none"><li>1. CQC</li><li>2. Quality of Residential and Domiciliary Care</li></ol>
22 April 2026	<ol style="list-style-type: none"><li>1. Safeguarding Adults</li><li>2. Prevention of Suicide</li></ol>

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

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## HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**MEMBERS:** Cllr Jo Lawson, Cllr Alison Munro, Cllr Eric Firth, Cllr Darren O’Donovan, Cllr Habiban Zaman, Cllr Bill Armer, Helen Clay (Co-optee) Kim Taylor (Co-optee)

**SUPPORT:** Nicola Sylvester, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p><b>1. Access to GP’s</b></p>	<ul style="list-style-type: none"> <li>• Number of GPs in Kirklees Council</li> <li>• Number of patients in practices</li> <li>• Shortage of GPs in high deprivation areas</li> <li>• How many GP’s using advanced/nurse practitioners</li> <li>• Explanation of a Physician Associates and use in GP Surgeries</li> <li>• What is being done to attract GPs to Kirklees with shortages</li> <li>• Method of access (How to make an appt)</li> <li>• Pharmacy First route</li> <li>• 111 how affective, how many people ring, when do they ring, do they ring due to not getting access to GP</li> </ul>	<p><b>Panel meeting 1<sup>st</sup> October 2025</b>            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 &amp; 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><b>2. 0-19 Commissioning – Access to Care. The Role of the Health Visitor</b></p>	<ul style="list-style-type: none"> <li>• Role of a Health Visitor</li> <li>• Focus on partners through the antenatal/postnatal journey</li> <li>• What role does a Health Visitor play in Ante Natal Care</li> <li>• What is the purpose of the visit</li> <li>• How often are visits undertaken</li> <li>• Data on targets met</li> </ul>	
<p><b>3. Patient transport from Home to Hospital</b></p>	<ul style="list-style-type: none"> <li>• Missed appointments due to incorrect transport</li> <li>• Who has responsibility of booking transport</li> <li>• What criteria is used for use of patient transport</li> </ul>	<p><b>Panel meeting 1<sup>st</sup> October 2025</b></p> <p>The Panel received a presentation responding to queries raised regarding the causes of missed appointments, responsibility for transport bookings, and eligibility criteria for PTS. Unfortunately, Yorkshire Ambulance Service, Namely Patient Transport Services sent apologies to the meeting. Due to unanswered questions from the Panel, a letter was sent to PTS advising them of their statutory duty to attend scrutiny panels and to provide answers to the questions within 14 days. YAS provided a response to all questions within the requested timescale with no further action being taken by the panel.</p>

<b>4. Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• Safeguarding within Kirklees as an organisation</li> <li>• Safeguarding Adults Board Annual report</li> <li>• Impacts/support for workforce</li> </ul>	
<b>5. Prevention of Suicide</b>	<ul style="list-style-type: none"> <li>• What is the work done at each stage of prevention</li> <li>• Bereavement support after suicide</li> <li>• Progress made on suicide</li> <li>• What work is undertaken to prevent suicide (working with groups)</li> <li>• Andy's man club &amp; other organisations to provide an update</li> <li>• Statistics for Kirklees Council</li> <li>• Armed forces veterans, number in Kirklees and suicide rate of these</li> </ul>	
<b>6. Health System Financial Overview</b>	<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"> <li>• The work that is being carried out to meet current years budgets</li> <li>• And identify risks</li> <li>• Recruitment and retention</li> </ul>	<p><b>Panel Meeting 6<sup>th</sup> August 2025</b></p> <p>Representatives from CHFT and ICB provided an overview of the financial performance management which advised that NHS partners were projecting a collective deficit of £7.5 million, with Kirklees contributing a planned deficit of £380,000 after delivering £46.43 million in efficiencies. Other partners aimed to break even. All partners had implemented Quality Impact Assessments and Equality Impact Assessment processes to evaluate the implications of proposed savings.</p> <p>There were significant risks to financial plan delivery, including performance-related income clawbacks, system-wide accountability, where failure by one</p>

		partner affected all, and operational pressures such as winter demands, industrial action and staffing challenges. Recruitment and retention persisted, particularly with the ICB where organisational changes had led to a loss of local expertise and local knowledge.
<b>7. Changes relating to NHS England, ICB and Healthwatch</b>	<ul style="list-style-type: none"> <li>• How will relationships be maintained to influence primary prevention at place level and retain knowledge</li> <li>• 10-year plan</li> <li>• What is the governance model for Kirklees and their population</li> <li>• How can Kirklees place be assured of the governance structure</li> <li>• Assurance on resources going to reduce inequalities in Kirklees Council</li> <li>• Who will be held accountable and what will they be accountable for</li> <li>• What does the change mean</li> <li>• What will the impact be</li> <li>• What services will be passed to Kirklees (will there be funding)</li> <li>• Risk, Finance and Performance</li> </ul>	
<b>8. CQC</b>	<ul style="list-style-type: none"> <li>• How well is the new model working</li> <li>• Challenges</li> <li>• Good news stories</li> <li>• Number of inspections in Kirklees Council</li> <li>• Outcomes of inspections</li> </ul>	
<b>9. Quality of residential and domiciliary care</b>	<ul style="list-style-type: none"> <li>• Timely inspections from CQC</li> <li>• Operation of the contracts team to ensure quality is maintained</li> <li>• Complaints followed up and what action taken</li> </ul>	

	<ul style="list-style-type: none"> <li>• Are there themes of complaints</li> <li>• How is quality measured</li> <li>• View of social workers</li> </ul>	
<b>10. Winter pressures</b>	<ul style="list-style-type: none"> <li>• Joined up care between organisations</li> <li>• Care packages available</li> <li>• Services Locala provide</li> <li>• Community care offered</li> <li>• Is there a shortage of domiciliary providers</li> <li>• What has been learnt from previous years and how approaching 25/26 differently</li> </ul>	<p><b>Panel meeting 6<sup>th</sup> August 2025</b></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 &amp; E attendance. Joined-up care initiative had included protocols for care home falls, urgent community response, virtual wards and enhanced GP capacity.</p> <p>The Panel was also advised on the challenges in the domiciliary care market, which had been fragmented and unsustainable due to competition for limited commissioned hours. A new locally-based contract model was being developed for implementation in June 2026.</p>
<b>11. CQC Kirklees Inspection outcome</b>	<ul style="list-style-type: none"> <li>• Outcomes of the CQC inspection</li> <li>• Lessons learnt</li> </ul>	
<b>12. Adults Social Care Risk Register</b>	<ul style="list-style-type: none"> <li>• <b>Provide risks of adult's social care</b></li> </ul>	<p><b>Panel meeting 6<sup>th</sup> August 2025.</b></p> <p>The Panel received a presentation from Adults Social Care outlining their approach to risk management and provided assurance that</p>

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