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## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Wednesday 26th February 2025**

Present: Councillor Jo Lawson (Chair)  
Councillor Timothy Bamford  
Councillor Eric Firth  
Councillor Alison Munro

Co-optees Helen Clay

In attendance: Councillor Ashleigh Robinson (Virtual)  
Councillor Hannah McKerchar (Virtual)  
Councillor Beverly Addy (Adults Social Care and Health Portfolio Holder)  
Michelle Cross, Executive Director, Adults and Health  
Cath Simms, Service Director, Adults Social Care Operation  
Lucy Wearmouth, Head of Improving Population Health  
Vicki Stadnicki, Public Health Manager  
Mohammed Sidat, Joint Commissioning Manager  
Jacqui Stansfield, Safeguarding Adults Partnership Manager (Virtual)  
Robert McGulloch Graham, Chair of Kirklees Adults Safeguarding Board (Virtual)  
Councillor Elizabeth Smaje

Apologies: Councillor Jane Rylah  
Councillor Habiban Zaman  
Kim Taylor (Co-Optee)

**1 Membership of the Panel**

Apologies were received from Councillor Jane Rylah, Councillor Habiban Zaman and Kim Taylor Co-optee.

**2 Minutes of previous meeting**

**RESOLVED-** That the minutes of the meetings dated 27<sup>th</sup> November 2024 and 10<sup>th</sup> January 2025 be approved as a correct record.

**3 Declaration of Interests**

No Interests were declared.

**4 Admission of the public**

No Interests were declared.

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### 5 Deputations/Petitions

No Deputations or Petitions were received.

### 6 Public Question Time

No Public Questions were asked.

### 7 Healthy Child Programme (HCP) 0-19 Service

Panel Members from the Children's Scrutiny Panel were in attendance to consider the Healthy Child Programme (HCP) 0-19 Service.

Lucy Wearmouth, Head of Improving public protection provided a presentation which explained that the aim of the HCP was to provide the Panel's with an overview of the Healthy Child Programme and the background to the HCP contract effective from 1<sup>st</sup> April 2026, along with the key milestones for the competitive tender process and to outline the governance flight path.

The Panel noted that the HCP was a vital commissioned service for Kirklees Council as it provided a strategic alignment, health improvement and reduction in inequalities and statutory compliance which aimed to improve health and wellbeing of children and young people (antenatal to age 19, up to 25 for Special Educational Health Needs and Disabilities):

Lucy Wearmouth advised the panel that the HCP had mandated elements which Kirklees were required to provide.

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

- Kirklees Public Health had commissioned Locala to deliver the 0-19 service until 31<sup>st</sup> March 2026,
- The revised contract value agreed was £7.6 million until 31<sup>st</sup> March 2026, with the new annual contract value being £8.1million from 1<sup>st</sup> April 2026,
- Nurses visited schools at entry point which was to undertake the national child measurement programme which was mandatory, the nurse also carried out vision and hearing screening at the same time. School nurses then assessed school children at year 6.
- Current nurse visits to schools were from referral from the school. More presence of nurses at school was a vision for the future,
- For mandatory contacts and support for up to 2.5 years, data was assessed to understand where missed visits had taken place for the provider to target, this integration would be part of the tender process,
- Feedback from the consultation and engagement, and options considered included the importance of face-to-face contact in the home or in the community; ensuring things were more integrated with services working closely; additional support contacts at 3-4 months; increased visibility of services and what the service delivered,
- New regulations had come into practice regarding options when considering a new provider, these included directly awarding the contract to an existing provider, directing awarding the contract if only one provider was available, or to go out to tender for a competitive process. As there was more than one provider available in Kirklees, a competitive process had to take place,

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- Concerns were raised regarding a newspaper article which high-lighted that 50,000 babies each year were caught up in Domestic violence across the country. The Panel noted that a large part of the service specification was to safeguard children,
- Children and young people's and family's voices were a key thread throughout national guidance, which featured through the service specification,
- For people/family's missing contacts, if it was the same 20% of people missing contact each time, data sharing helped identify those people,
- For families who felt they did not require the visits offered, the provider would report the exceptions with the reasons.
- Antenatal visits at 14 days and 28 weeks were in addition to Midwife visits,
- The target with the current provider was 75% contact for antenatal, with an expectation from the new provider to be more than 75% contact.
- New birth visits were in comparison with neighbouring local authorities, antenatal contact needed to improve,
- The difference from the previous provider to the new provider would be to provide additional resource to the contract, sustain improved governance procedures and integrate better with Children's services. Details within the specifications, KPI and quality outcomes were very specific of what was required from the new provider,
- The budget set was for the new contract was for the first 5 years of the contract and was a fixed price, a clause would be in the contract that if the contract was to be extended beyond 5 years, the budget would be reviewed,
- Skill mix in the budget raised concern as it was felt that instead of having qualified health visitors and school nurses with additional training, that healthcare assistants may undertake this role with not as much training. The Panel noted that within the national guidance was clear the importance of school nurses and health visitors in terms of clinical oversight and governance. The right number of qualified staff would be required,
- Improving identification of Special Educational Needs and Disability (SEND) children at the earliest opportunity would be by delivering the 5 mandated contacts the health visitor would carry out. At any point where it was identified that the child wasn't developing as expected, SEND would be identified. With the current provider a lot of work had been undertaken with Parents and Carers with additional needs. Within the new specification a Special Educational Needs and Disabilities champion would be in place.

### RESOLVED:

- 1) That the report be noted,
- 2) That Officers be thanked for the comprehensive report and presentation,
- 3) That a report with the number of school nurses along with the schools they were attached to would be provided to the Panel,
- 4) That information on the percentage of children that received the mandatory child measurement programme and vision and hearing screening be provided to the Panel,

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- 5) That feedback from the consultation and engagement process be provided to the Panel,
- 6) That information on how children with Special Educational Needs and Disabilities post 18 will be supported to be provided to the Panel.

### 8 **Kirklees Safeguarding Adults Board Annual Report 2023/24**

The Panel received a presentation on the Kirklees Safeguarding Adults Board Annual report 2023/24 and the great work that the Kirklees Adult Safeguarding Board undertook.

Robert McGulloch Graham, Chair of Kirklees Adults Safeguarding Board advised that Kirklees Safeguarding Adults Board was a multi-agency statutory partnership which provided leadership and strategic oversight of adult safeguarding work across Kirklees. The Care Act 2014 placed a statutory duty on all Safeguarding Adult Boards in England to produce an annual report on its work for the previous year.

The Annual report explained:

- What the safeguarding adults board had done during the last year to achieve its objectives and its strategic plan,
- What each agency represented on the Board had 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 which concluded in that year.

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

- The use of case studies and scenarios in the report helped understand the work that was undertaken by the Board,
- That all employees in Adults Safeguarding were required to undertake basic mandatory safeguarding training,
- Vulnerable people were aware of who they should contact regarding safeguarding concerns through services, the Board's role was to ensure that the services were operational and had safeguarding systems in place,
- Kirklees Councillors who had safeguarding concerns should direct these through Kirklees Council Adult Social Care front door in the first instance,
- Councillor Addy offered to circulate contact details to all Kirklees Councillors regarding Adults Safeguarding concerns.

#### **RESOLVED:**

- 1) That Officers be thanked for the Kirklees Safeguarding Adults Board Annual Report,
- 2) That Officers consider basic adults safeguarding training be included within new councillor induction,
- 3) That a briefing note with contact details of Adults Safeguarding be distributed to all Kirklees Councillors.

### 9 **Joint Health Overview and Scrutiny Committee update**

The Panel received an update on the three Joint Health Overview and Scrutiny committees that Kirklees were part of.

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Councillor Elizabeth Smaje updated the Panel on the items that Calderdale and Kirklees Joint Health Scrutiny Committee considered regarding Calderdale and Huddersfield NHS Foundation Trust. The Committee had received an update on negotiations with the Treasury re the reconfiguration, along with an update on the financial situation regarding the new Accident and Emergency in Huddersfield. The outline business case remained with the Treasury for review and approval. Progress had been made regarding the developments at Calderdale Royal Hospital, the Learning and Development Centre was expected to be completed by Summer 2024, with works for the new multi-story car park at Calderdale Hospital had commenced.

The Panel noted that with regards to maternity services across Calderdale and Kirklees, Mid Yorkshire Teaching NHS Trust had now opened the Bronte Birth Centre and were working closely with Calderdale and Huddersfield NHS Foundation Trust to consider expanding the Bronte Birth Centre.

Councillor Smaje explained that West Yorkshire Joint Health Scrutiny Committee had met to consider Non-emergency Patient Transport Services. There was a national eligibility criterion for non-emergency transport service which the Committee considered the mitigations that were being put in place, these included community transport. It was noted that people with a physical mobility or medical needs that prevented them from safely travelling to hospital for appointments would still receive the service.

Councillor Smaje updated the Panel on Older People's Mental Health Inpatient Services Joint Health Scrutiny and advised that was in the final stages of deliberations. It was noted that the Mental Health Trust had made the decision to go ahead with 1A which the Committee was in support of and included an inpatient dementia service located in Dewsbury, with two separate female and male wards. Other older people's inpatient mental health needs were available in Wakefield and Calderdale. A Committee meeting had been arranged to consider workforce planning, business case and implementation planning.

During discussion, the Panel noted that there were not any older people's mental health inpatient places available within Huddersfield or South Kirklees.

**RESOLVED:** That Councillor Smaje be thanked for the Joint Health Overview and Scrutiny update.

### 10 **Work Programme 2024/25**

A discussion took place on the 2024/25 work programme and agenda plan.