

Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 6th August 2025

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

Co-optees Kim Taylor

In attendance: Michelle Cross, Executive Director, Adults & Health
Cath Simms, Service Director, Adults Social Care
Operation,
Alexia Gray, Head of Quality Standards & Safeguarding,
Councillor Nosheen Dad, Portfolio Holder for Adult Social
Care,
Helen Juke, Locala
Gary Boothby, Calderdale and Huddersfield NHS
Foundation Trust,
Vicky Dutchburn, Integrated Care Board,
Sheran Loran, Healthwatch

Apologies: Councillor Bill Armer
Councillor Habiban Zaman

- 1 Membership of the Panel**
Apologies were received on behalf of Councillor Bill Armer and Councillor Habiban Zaman.
- 2 Minutes of previous meeting**
RESOLVED – That the minutes of the meeting dated 9th April 2025 be approved as a correct record.
- 3 Declaration of Interests**
Councillor Jo Lawson declared 'an other' interest as a bank nurse for Calderdale and Huddersfield NHS Foundation Trust.
- 4 Admission of the public**
All items were considered in public.
- 5 Deputations/Petitions**
No Deputations or Petitions were received.

6 Public Question Time

No Public Questions were received.

7 Health System Financial Overview 2025/26

The panel received a presentation on the financial position across the Kirklees health system for the 2025/26 financial year.

Gary Boothby, Executive Director of Finance, Calderdale and Huddersfield NHS Foundation Trust advised the Panel 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, contingent on achieving £28.7 million in savings. Overall, the system was targeting £75.13 million in efficiencies, representing approximately 5–6% of partner budgets. These figures exclude the £7.7 million stretch target allocated to Kirklees as part of the wider West Yorkshire system stretch target.

Efficiencies were being pursued through a combination of transactional, tactical, and transformational approaches. All partners had implemented Quality Impact Assessment and Equality Impact Assessment processes to evaluate the implications of proposed savings. A shared principle had been agreed to avoid cost shunting between organisations.

The panel was advised of significant risks to financial plan delivery, including performance-related income clawbacks, system-wide accountability, where failure by one partner affects all, and operational pressures such as winter demand, industrial action, and staffing challenges. Recruitment and retention issues persisted, particularly within the Integrated Care Board, where organisational changes had led to a loss of local expertise and local knowledge. The system was actively identifying recurrent opportunities to meet the stretch target for 2026/27 and beyond, focusing on slowing or stopping spend rather than additional efficiencies.

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

- Clarification was requested on the principle of “no cost shunting,” which was explained as a system-wide approach to avoid shifting costs between organisations at the expense of patient care and overall value for public money.
- Concerns were raised about the clarity and accessibility of the presentation slides, which contained jargon and unexplained abbreviations.
- Members asked for further explanation of the financial risks to delivery, including the impact on organisations such as Kirkwood Hospice.
- The panel discussed the significant changes within the ICB, including the mandated 50% reduction in running costs, and the uncertainty around future service delivery responsibilities.
- Questions were raised about the “stretch” target of £33 million across West Yorkshire, with Kirklees' share being £7.7 million, and how services were being reviewed to identify duplication and improve system-wide efficiency.

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- Members sought reassurance that service users were being engaged in decision-making and that patient impact was being monitored through Quality Impact Assessments and Equality Impact Assessments.
- The panel queried the rationale behind the projected £7.5 million deficit despite £105.2 million in efficiency savings, and asked how this would be addressed at year-end and noted that the £7.5 million was part of the West Yorkshire System which balanced with various funding changes taking place across the system.
- Historical context was discussed, with members noting that efficiency savings had been a recurring challenge over many years, and questioning whether savings had ever not been required.
- It was confirmed that savings must be made recurrently to avoid compounding future financial challenges, and that national benchmarking was being used to identify opportunities.
- Members asked whether any partners were at risk of under-delivering on activity targets, which could result in financial penalties or loss of income to the system and noted that there was potential income loss to the West Yorkshire system if partners did not deliver the volume of activity planned, and performance improvements they had signed up to.
- Staffing concerns were raised, including whether efficiencies would result in redundancies. It was confirmed that CHFT had no plans for redundancies and that efficiencies would be met through natural turnover.
- The potential role of AI in delivering efficiencies was discussed, with recognition that while AI could contribute to cost savings, initial investment, training, and governance would be required before benefits could be realised.
- The panel acknowledged the ongoing uncertainty surrounding ICB changes and their impact on the Kirklees health landscape, and noted the current delivery of £105 million in efficiencies against a provisional system-wide deficit of £7.5 million

RESOLVED –

- 1) That Officers be thanked for their attendance and presentation.
- 2) That the Health System Financial Overview 2025/26 be noted.

8 Winter Pressures 2025/26

The panel received a presentation on the Kirklees Health and Care System's preparations for Winter 2025/26.

Cath Simms, Service Director, Adults Social Care Operations, Vicky Dutchburn, Interim Accountable Officer for Kirklees, Integrated Care Board (ICB) and Helen Juke, Locala, explained that plans had been developed early to allow time for embedding protocols and reviewing mutual aid governance. The system-wide draft submission had been due by 31st July 2025, with final plans expected by the end of August. Integrated partnership working had been demonstrated across key organisations including Kirklees ICB, local NHS trusts, Locala, Kirklees Council, Kirkwood Hospice, and voluntary sector partners. The plans had focused on shifting care from hospitals to the community, improving discharge and patient flow, and enhancing mental health support to avoid A&E attendance.

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Seven urgent and emergency care priorities had been outlined, including ambulance response times for category 2 patients, reducing handover delays, improving emergency department throughput, and minimising long waits for mental health admissions and discharge-ready patients.

Joined-up care initiatives had included protocols for care home falls, urgent community response, virtual wards, and enhanced GP capacity. The Home First Discharge Pathway had been structured into five levels of support, ranging from discharge without new support to long-term care, with services tailored to individual needs and supported by multidisciplinary teams.

The presentation also addressed challenges in the domiciliary care market, which had been fragmented and unsustainable due to competition for limited commissioned hours. A new locality-based contract model was being developed for implementation in June 2026. Lessons from previous winters had informed improvements such as the introduction of discharge dashboards, streamlined transfer of care meetings, and enhanced coordination between acute trusts and hospice services. Additional winter support had included ARI hubs, extended primary care access, vaccination campaigns, and pharmacy-first referrals. Mental health discharge processes and governance escalation protocols had also been strengthened to ensure a more resilient system response.

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

- Members welcomed the move to locality-based domiciliary care, noting improvements in travel times, staff retention, and continuity of care.
- COVID-19 remained a factor in winter planning, with outbreaks still occurring and being managed as part of routine operations.
- Clarification was sought on whether the UEC (Urgent and Emergency Care) plan's seven priorities were aspirational or achievable; it was confirmed that the system had accepted the challenge and was already making progress, particularly in reducing four-hour waits and ambulance handover delays.
- The figure of 30,000 patients waiting over 21 days for discharge was confirmed as a national metric, not specific to Kirklees, and members requested more localised data to better understand discharge pressures.
- Mental health discharge delays were discussed, with assurance given that system partners were working collaboratively to address housing and care coordination issues early in the patient journey.
- Members asked about the impact of winter pressures on community services, and were reassured that Kirklees had improved recruitment and retention, with demand and capacity modelling in place to maintain service delivery.
- Ambulance response times for category 2 patients were queried, such as those experiencing heart attacks, and were informed that West Yorkshire consistently achieved faster response times than national averages.
- The role of virtual wards in preventing hospital admissions was discussed, with plans to expand wraparound support and enable direct transfers from community teams to consultants.

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- Contingency plans in the event of domiciliary care provider failure was questioned, it was confirmed that the local authority would ensure continuity of care, either through other providers or by stepping in directly if necessary.
- It was noted that no additional central government funding was expected for winter 2025/26, and that collaborative working and innovative practices were key to managing pressures and avoiding unnecessary admissions.

RESOLVED –

- 1) That Officers be thanked for their attendance and presentation
- 2) That the Winter Pressures update be noted.

9 Adults Social Care Risk Management

The panel received a presentation from Adult Social Care outlining their approach to risk management and provided assurance that robust processes were in place to identify, manage, control, mitigate, and escalate risks.

The presentation covered the governance structure for risk oversight, including monthly and quarterly meetings across service leadership, risk management groups, and corporate executive levels. Risk discussions and submissions had been coordinated through a structured cycle involving Heads of Service, the Social Care Leadership Team, and the Executive Leadership Team, ensuring that emerging and existing risks were regularly reviewed and escalated where necessary.

Alexia Gray, Head of quality standards and safeguarding informed the Panel that risk identification within Adult Social Care followed a structured process using a Risk Matrix to assess both the likelihood and impact of potential risks. Risks were scored and reviewed in consultation with corporate colleagues, with controls implemented to reduce either the probability or severity of the risk. The Risk Matrix included detailed criteria across financial, legal, reputational, and service provision domains, with scoring scales to guide prioritisation and response. This framework enabled consistent evaluation and monitoring of risks across the directorate.

One risk had been recorded on the Corporate Risk Register. This risk related to the potential failure to adequately safeguard vulnerable adults due to increased complexity, referral volumes, and limited-service capacity. The risk had been scored at 8 using the matrix and was owned by the Service Director for Adult Social Care Operations. A range of controls had been implemented, including safeguarding policies, mandatory training, multi-agency escalation pathways, strategic representation, and governance through the Kirklees Safeguarding Adults Board. The panel was assured that safeguarding remained a priority, with continuous review and improvement embedded in operational practice.

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

- Assurance was sought regarding risk management arrangements for commissioned and arms-length organisations. It was confirmed that robust monitoring processes were in place, including early escalation procedures and partnership working with Care Quality Commission and Integrated Care Board colleagues.

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- The panel queried the reference to fraud risk. It was clarified that fraud risks were reviewed across directorates and typically related to direct payments and provider claims, with strong checks and balances in place.
- Members asked how many risks were currently recorded at the directorate level. It was confirmed that Adult Social Care had six risks and Strategic Commissioning and Partnerships had seven, none of which were rated red.
- Examples of directorate-level risks included ensuring quality care planning and managing demand around Deprivation of Liberty Safeguards (DoLS), with mitigations such as revised audit cycles, practice and quality groups, and updated signatory systems.
- It was confirmed that risks were monitored monthly across both areas, with collective oversight to ensure controls remained effective.
- The panel acknowledged the importance of maintaining visibility of risks that may be unlikely but could have significant impact if realised.

RESOLVED –

- 1) That Alexia Gray be thanked for the presentation and great work that was being undertaken
- 2) That the Risk Management Report be noted.

10

Work Programme 2025/26

The Panel reviewed the work programme for 2025/26.

RESOLVED- That the work programme be noted.