

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
1. Access to GP's	• Number of GPs in Kirklees Council • Number of patients in practices • Shortage of GPs in high deprivation areas • How many GP's using advanced/nurse practitioners • Explanation of a Physician Associates and use in GP Surgeries • What is being done to attract GPs to Kirklees with shortages • Method of access (How to make an appt) • Pharmacy First route • 111 how affective, how many people ring, when do they ring, do they ring due to not getting access to GP	Panel meeting 1st October 2025 Representatives from Health and Care Partnership provided an overview of GP workforce data and access challenges across Kirklees. The presentation highlighted the evolving roles of Physician Associates and Advanced Nurse Practitioners in general practice. Physician Associates were employed across both general practices and Primary Care Networks (PCNs), performing clinical duties under GP supervision. Advanced Nurse Practitioners, employed in over 20 practices and via PCNs, were qualified to prescribe medication, manage undiagnosed conditions, and refer patients to secondary care. Access methods for patients included telephone, in-person, and online consultations, with practices required to maintain online access during core hours from 1st October 2025. The Pharmacy First initiative was also outlined, enabling pharmacists to treat seven common conditions without GP involvement, thereby improving patient

		access and reducing pressure on general practice. The Panel requested further information on patients who are seen by non GP roles (AP & NPA), statistics on people who use the pharmacy first route and further data on the 9 practices who have not accepted support to the new transition of GP practices working.
2. 0-19 Commissioning – Access to Care. The Role of the Health Visitor	• Role of a Health Visitor • Focus on partners through the antenatal/postnatal journey • What role does a Health Visitor play in Ante Natal Care • What is the purpose of the visit • How often are visits undertaken • Data on targets met	
3. Patient transport from Home to Hospital	• Missed appointments due to incorrect transport • Who has responsibility of booking transport • What criteria is used for use of patient transport	Panel meeting 1st October 2025 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.

4. Safeguarding Adults	• Safeguarding within Kirklees as an organisation • Safeguarding Adults Board Annual report • Impacts/support for workforce	
5. Prevention of Suicide	• What is the work done at each stage of prevention • Bereavement support after suicide • Progress made on suicide • What work is undertaken to prevent suicide (working with groups) • Andy's man club & other organisations to provide an update • Statistics for Kirklees Council • Armed forces veterans, number in Kirklees and suicide rate of these	
6. Health System Financial Overview	To consider the Health System Financial Overview with an overview of the financial position of the local health and social care system to include • The work that is being carried out to meet current years budgets • And identify risks • Recruitment and retention	Panel Meeting 6th August 2025 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. There were significant risks to financial plan delivery, including performance-related income clawbacks, system-wide accountability, where failure by one

		partner affected all, and operational pressures such as winter demands, industrial action and staffing challenges. Recruitment and retention persisted, particularly with the ICB where organisational changes had led to a loss of local expertise and local knowledge.
7. Changes relating to NHS England, ICB and Healthwatch	• How will relationships be maintained to influence primary prevention at place level and retain knowledge • 10-year plan • What is the governance model for Kirklees and their population • How can Kirklees place be assured of the governance structure • Assurance on resources going to reduce inequalities in Kirklees Council • Who will be held accountable and what will they be accountable for • What does the change mean • What will the impact be • What services will be passed to Kirklees (will there be funding) • Risk, Finance and Performance	
8. CQC	• How well is the new model working • Challenges • Good news stories • Number of inspections in Kirklees Council • Outcomes of inspections	
9. Quality of residential and domiciliary care	• Timely inspections from CQC • Operation of the contracts team to ensure quality is maintained • Complaints followed up and what action taken	

	• Are there themes of complaints • How is quality measured • View of social workers	
10. Winter pressures	• Joined up care between organisations • Care packages available • Services Locala provide • Community care offered • Is there a shortage of domiciliary providers • What has been learnt from previous years and how approaching 25/26 differently	Panel meeting 6th August 2025 Representatives from partners and officers from Adults Social Care explained the plans that had been developed for embedding protocols and reviewing mutual aid governance which focused on shifting care from hospitals to the community, improving discharge and patient flow, and enhancing mental health support to avoid A & E attendance. Joined-up care initiative had included protocols for care home falls, urgent community response, virtual wards and enhanced GP capacity. 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.
11. CQC Kirklees Inspection outcome	• Outcomes of the CQC inspection • Lessons learnt	
12. Adults Social Care Risk Register	• Provide risks of adult's social care	Panel meeting 6th August 2025. The Panel received a presentation from Adults 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 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.
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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.