Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 22nd April 2026

Present:	Councillor Jo Lawson (Chair) Councillor Eric Firth Councillor Alison Munro
Co-optees	Helen Clay Kim Taylor
In attendance:	Michelle Cross, Executive Director for Health and Adults Social Care, Lucy Wearmouth, Acting Head of Improving Population Health, Rebecca Elliott, Public Health Manager, Saf Bhuta, Service Director, Strategic Commissioning, Partnership and Provider Services, Lesley Hill, Interim Head of Commissioning and Market Development, Emma Hanley, Senior Contracting and Procurement Manager, Adults Social Care Mark Wearmouth, Service Manager, Adults & Health, Communities and Access Team, Naomi Sutcliffe, South West Yorkshire Partnership NHS Trust, Jacqui Stansfield, Service Manager, Adults and Health, Integrated Commissioning, Robert Mcculloch-Graham, Chair of Adults Safeguarding Board, Councillor Beverly Addy, Portfolio Holder, Public Health
Observers:	Julie Hunneybell, Health Improvement Practitioner
Apologies:	Councillor Bill Armer Councillor Darren O'Donovan

52 Membership of the Panel

Apologies for absence were received on behalf of Councillor Bill Armer and Councillor Darren O'Donovan.

53 Minutes of previous meeting

RESOLVED –

That the Minutes of the meeting held on 4th February 2026 and 4th March 2026 be approved as a correct record.

54 Declaration of Interests

No interests were declared.

55 Admission of the public

All agenda items were considered in public session.

56 Deputations/Petitions

No deputations or petitions were received.

57 Prevention of Suicide

The Panel received a presentation on suicide prevention in Kirklees from Lucy Wearmouth, Acting Head of Improving Population Health and Rebecca Elliott, Public Health Manager who advised that suicide prevention was a sensitive subject, acknowledging the importance of wellbeing during the discussion. Reference was made to further support available via Kirklees mental health webpages.

The presentation highlighted that suicide prevention was a complex, system-wide issue, with deaths typically resulting from a range of interacting factors rather than a single cause. Effective prevention required collective action across health, local government, the NHS, community services and the voluntary sector, described as a "jigsaw" where all partners had a role.

Data was received from the most recent suicide audit (2019–2021), undertaken jointly with Calderdale and Bradford due to a shared coroner, and that three-year audit cycles were used to provide a sufficiently large dataset to identify themes.

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

- Around 57% of people who died by suicide had at least one physical health condition.
- Around 65% of people who died by suicide had a diagnosed mental health condition.
- The highest suicide rates in Kirklees were among those aged 36–55.
- Around three-quarters of deaths were male.
- Not everyone who died by suicide had a diagnosed mental health condition, which challenged common assumptions.
- Long-term physical and mental health conditions provided important opportunities for early intervention through routine contact with services and the principle of "making every contact count".
- Each suicide could affect over 100 people, including family, friends, colleagues, professionals and first responders.
- People bereaved by suicide were themselves at increased risk of suicidal thoughts, particularly children and young people.
- West Yorkshire Suicide Bereavement service provided free support with no time limits, including one-to-one, group and workplace support which included dedicated practitioners for children and young people in Kirklees and accepted self-referrals and professional referrals via its website.

- Suicide rates in Kirklees had remained broadly stable, although it was stressed that every death was one too many and the aspiration remained to reduce rates further.
- There was an unavoidable time lag in audit data due to coronial processes.
- Work was underway to begin the next audit covering 2022–2024.
- There was a known association nationally between suicide and deprivation.
- Suicide prevention activity needed to cover all communities, as no group was immune.
- Wider social determinants of health, including housing, employment, community connection and inequalities, played a significant role.
- The role of Community Plus included outreach-based approaches, community connectors and partnership working with community groups, faith organisations, libraries and the voluntary sector. Community Plus connectors had all completed ZSA training.
- Officers acknowledged ongoing challenges in reaching digitally excluded residents and emphasised continued work on locally-based and face-to-face engagement.
- Strong support was expressed for Mental Health First Aid training and Zero Suicide Alliance (ZSA) training, which was free, online and recommended for all staff and residents.
- There was a future aspiration to make mental health first aiders as visible as physical first aiders within council workplaces.
- Many people who died by suicide reached out to family or friends rather than clinical professionals.
- Professionals and other partners feeling confident to ask people how they were coping and knowing how to respond if concerns were disclosed along with the impact on those left behind was very important.
- Funding risks for suicide bereavement services beyond March 27 had been escalated to senior public health leadership.
- Work was underway across local authorities to identify sustainable alternative funding arrangements.
- Suicide bereavement support was a core element of the National Suicide Prevention Strategy, and its continuation was a priority.
- Further data on loneliness and isolation, including among older residents, could be available through the Living in Kirklees survey in due course.

RESOLVED –

1. That officers be thanked for their presentation and attendance.
2. That the Panel note the breadth of multi-agency suicide prevention activity across Kirklees.
3. That the Panel note concerns regarding the future sustainability of suicide bereavement services and ongoing work to identify alternative funding.
4. That consideration be given to a future, dedicated scrutiny session on suicide prevention and public mental health.

58 Quality of Adults Social Care

The Panel received a presentation from Saf Bhuta, Service Director, Strategic Commissioning, Partnership and Provider Services, Lesley Hill, Interim Head of Service for Commissioning and Market Development, and Emma Hanley, Senior Contracting and Procurement Manager (Adult Social Care) which provided an update and assurance on provider services, quality oversight and partnership working across the adult social care market in Kirklees.

The presentation focused on system-wide quality assurance rather than individual providers and outlined how adult social care defined quality, identified when services were performing well, and responded swiftly where concerns arose.

The Panel were advised that intelligence was drawn from multiple sources including Care Quality Commission (CQC) activity, commissioning and contract monitoring, safeguarding, and frontline practitioner feedback and that quality was defined using a whole-system approach, structured around five key pillars aligned to national regulatory frameworks. Quality was not assessed by single metrics or inspection outcomes alone, but through a broad range of indicators and the important role of the CQC while making clear that the Council did not rely solely on inspection outcomes, particularly given inspection delays and historic ratings.

The Panel noted that the adult social care market continued to operate in a structurally fragile national context, characterised by persistent workforce shortages and high turnover, increasing complexity and acuity of need, ongoing financial sustainability pressures, and changes to the CQC regulatory framework.

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

- As of January 2026, 86 community-based care providers were operating in Kirklees, supporting approximately 3,400 people, an increase from 49 providers in 2019.
- There were 126 care homes with almost 3,500 registered beds, with capacity remaining relatively stable despite a small reduction in the number of homes since 2021.
- Average reported occupancy was around 84%, indicating continuing demand alongside some capacity within the system.
- Workforce pressures remained significant locally and nationally. There was the IntoCare programme, a nationally recognised initiative providing bespoke recruitment, employability training and job-matching support to providers.
- Quality oversight was delivered through strong multi-agency partnership arrangements,
- Quality intelligence was drawn from a wide range of sources including safeguarding concerns, complaints and compliments, workforce data, missed or late calls, frontline social worker observations and direct feedback from service users and families.
- Provider financial pressures were addressed through regular engagement with providers and the Kirklees and Calderdale Care Association to support sustainability.
- Health system pressures, including hospital discharges and changes within the Integrated Care Board were managed through close partnership working

and regional intelligence sharing via the West Yorkshire Quality Assurance Group.
- Kirklees Council did not commission services required to be CQC-registered if they were unregistered, and that robust assurance mechanisms were in place beyond inspection ratings.
- Some providers awaiting inspection were new locations of established organisations or had undergone structural changes, rather than being new or unknown providers.
- Priorities for the next 12 months, included strengthening intelligence-led quality assurance, improved thematic analysis of complaints and concerns to identify recurring issues.

RESOLVED –

1. That officers be thanked for their presentation and attendance
2. That the Panel note the robust, multi-agency framework in place for monitoring and assuring quality within adult's social care provider services.
3. That the Panel request further information on workforce vacancy trends over time.
4. That the Panel recommend further scrutiny on adult social care market sustainability and quality assurance at a future meeting.

59 Kirklees Safeguarding Adults Board Annual Report

The Panel received a report from Robin McCulloch-Graham, Independent Chair of the Kirklees Safeguarding Adults Board, and Jacqui Stansfield, Service Manager, Adults & Health, Integrated Commissioning which outlined the Board's statutory role, governance arrangements and key issues arising from the Annual Report.

The Panel were advised that the Kirklees Safeguarding Adults Board was a statutory multi-agency partnership, established under the Care Act 2014, responsible for ensuring effective safeguarding arrangements for adults at risk of abuse and neglect across the borough. The Board's three statutory functions included setting a multi-agency safeguarding strategy, publishing an annual report, and commissioning Safeguarding Adults Reviews (SARs) where serious harm or death had occurred. The Board was independent, with senior representatives attending in both a leadership and professional assurance capacity, supported by an independent chair to provide robust challenge and accountability across agencies.

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

- A joint Safeguarding Adults Review (SAR) had been completed during the reporting period, undertaken with Cumbria Safeguarding Adults Board.
- Several further SARs were in progress and would be reported in the next annual report.
- The Board was supported by a range of sub-groups, including Quality and Performance, SAR, Learning and Development, Community Engagement, and Strategic Development.
- Safeguarding training provision in Kirklees was extensive and well-engaged by partner agencies.

- A reduction in Deprivation of Liberty Safeguards (DoLS) applications could reflect improved early planning and procedural changes.
- DoLS figures were used by the Board as an indicator requiring further scrutiny if trends increased.
- Learning from Safeguarding Adults Reviews, including police involvement and prosecution decisions in complex abuse cases, and how multi-agency learning was identified and embedded.
- The impact of resource and capacity pressures, including workforce reductions and wider economic uncertainty, and how agencies were being held to account to meet their statutory safeguarding duties despite reduced capacity was noted.
- Resources across agencies were under significant pressure and statutory duties under the Care Act remained unchanged. The Board continued to seek assurance that appropriate mitigation and partnership responses were in place.

RESOLVED –

1. That the Independent Chair and Service Manager be thanked for their report and attendance.
2. That the Panel note the contents of the Kirklees Safeguarding Adults Board Annual Report.
3. That the Panel acknowledge the increasing system pressures affecting safeguarding arrangements and the importance of continued multi-agency oversight.