

# Public Document Pack



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

**Julie Muscroft**

Governance and Commissioning

PO Box 1720

Huddersfield

HD1 9EL

**Tel:** 01484 221000

Please ask for: Nicola Sylvester

Email: [nicola.sylvester@kirklees.gov.uk](mailto:nicola.sylvester@kirklees.gov.uk)

Tuesday 30 April 2024

## 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 8 May 2024**.

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 "Julie Muscroft".

**Julie Muscroft**

**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 Bill Armer (Chair)

Councillor Beverley Addy

Councillor Itrat Ali

Councillor Alison Munro

Councillor Habiban Zaman

Councillor Jo Lawson

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: Minutes of previous meeting**

1 - 12

To approve the Minutes of the meeting of the Panel held on the 22<sup>nd</sup> November 2023 and 28<sup>th</sup> February 2024.

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**3: Declaration of Interests**

13 - 14

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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**4: 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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**5: 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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## **6: 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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## **7: Non-Surgical Oncology**

15 - 48

Representatives from West Yorkshire & Harrogate Cancer Alliance will be in attendance to update the Panel on the new Non-Surgical Oncology Model proposed and the engagement that has taken place in Kirklees.

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

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## **8: Work Programme 2023/24**

49 - 58

The Panel will review its work programme for 2023/24.

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

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Contact Officer: Nicola Sylvester

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Wednesday 28th February 2024**

- Present: Councillor Bill Armer (Chair)  
Councillor Itrat Ali  
Councillor Alison Munro
- Co-optees Helen Clay
- In attendance: Richard Parry, Strategic Director for Adults and Health  
Michelle Cross, Service Director, Mental Health and Learning Disability,  
Cath Simms, Service Director, Adults Social Care  
Alexia Gray, Head of Quality, Standards and Safeguarding  
Jacquie Stansfield, Service Manager, Kirklees Safeguarding Adults Board  
Robert McCulloch-Graham, Kirklees Safeguarding Adults Board.
- Observers: Councillor Jackie Ramsay  
Councillor Elizabeth Smaje
- Apologies: Councillor Beverley Addy  
Councillor Habiban Zaman  
Kim Taylor (Co-Optee)

- 1 Membership of the Panel**  
Apologies for absence were received on behalf of Councillor Beverley Addy, Councillor Habiban Zaman and Kim Taylor (co-optee).
- 2 Minutes of previous meeting**  
That the minutes of the meeting held on 24<sup>th</sup> January 2024 were approved as a correct record.
- 3 Declaration of Interests**  
No interest were declared.
- 4 Admission of the public**  
All items were taken in public session.
- 5 Deputations/Petitions**  
No deputations or petitions were received.

**6 Public Question Time**

No questions were asked.

**7 Care Quality Commission**

**RESOLVED:** That the Care Quality Commission be deferred to the Panel meeting 17<sup>th</sup> April 2024.

**8 Future of council run dementia care homes**

The Panel received an update on the future of council run dementia homes.

Michelle Cross, Service Director, Mental Health, and Learning Disability explained that a 12-week consultation had taken place regarding the future of Claremont House and Castle Grange Care homes. The consultation was based on the preferred option of closure of both Claremont House and Castle Grange, with a view to supporting the safe reassessment and relocation of existing service users and an anticipated annual saving of £1.247m. The outcome of the consultation was that the service was seeking Cabinet approval to explore potential opportunities to transfer the homes to an independent sector provider, with the council continuing to operate the homes during this time, and thereafter if a transfer was not successful. The service had been approached by several independent providers who wished to explore this as a potential opportunity. The consultation was extensively promoted throughout the period of 11 October 2023 to 3 January 2024 leading to good levels of engagement.

The Chair of the Panel commented on the consultation process and expressed that the process had demonstrated that the Council had responded to public concerns, which included this scrutiny panel providing time to the relatives to put their case forward, which received a very positive outcome.

Questions and Comments were invited from Members of the Panel and the following was raised:

- In terms of the future, the intention was to re-instate the capital works that had been paused along with filling the empty beds. The homes were expected to be specialists in complex dementia and would support self-funders more than had previously done.
- In terms of future funding, there was sufficient funds to support the £1m saving for Adult Social Care that had come from central government for this year. To ensure budgets were met in future years, assets and income had to be maximised.
- There were four parties interest in purchasing the homes as a going concern, the service would contact all parties to advise that they would now be looking at a fully established provision and the risks associated. It was noted that a similar exercise had taken place in 2017 which was not successful due to the risks associated.
- With regards to private providers taking ownership, and costs to residents. Kirklees Council would stipulate to providers that they would be taking residents at current fees and that renovations in the homes would be part of the transfer agreement.

## Health and Adult Social Care Scrutiny Panel - 28 February 2024

- It was noted by families that Kirklees staff provided an excellent standard of care.

**RESOLVED:** The Panel noted the report and thanked Michelle Cross for her contributions.

### 9 Preparation for Care Quality Commission Inspections

The panel received a presentation on the Councils approach to preparing for the Care Quality Commissions (CQC) inspections that included the CQC inspection areas of responsibility to understand the assurance regime, emerging themes, outcomes from the CQC pilot sites, and details of a broader range of changes that the Council was developing to improve the social care offer.

Alexia Gray, Head of Quality, Standards and Safeguarding explained that the Health and Care Act 2022 placed a duty on the CQC to independently review adults within Local Authorities to assess how effective duties under the care act were being discharged. The focus of local authority assessments was across four themes and nine quality statements. The outcomes of the inspections remained the same as currently used, and were determined by:

- What was being done in practice,
- What front-line staff, carers, and people who used services were saying about what was done,
- The story that was told during the inspection.

The Panel was advised that during 2023, five pilot sites had been inspected, with another 20 sites to be inspected between October 2023 and March 2024. It was not clear how frequent CQC would be scheduling inspections. Progress in the service that had taken place was around:

- Governance, Support and Self-Assessment
- Building messaging and communications
- Linking everything together
- Identifying the opportunities, building momentum
- Keeping the activity live

Ms Gray explained that the challenges for the service were:

- Introduction of the new integrated case management system,
- The current financial position and staffing capacity,
- Scale of delivering the development plan alongside the new Adults and Health Change Programme,
- Winter pressures,
- Keeping the momentum of interest and understanding of CQC in partners, staff and leaders,
- External influences, such as an impending general election which could lead to a revised focus on social care reform.

Questions and Comments were invited from Members of the Panel and the following was raised:

## Health and Adult Social Care Scrutiny Panel - 28 February 2024

- Benefits of the work already carried out made the service reflect on the vision and the co production work, it also highlighted work done well,
- The service was confident that when the CQC called to notify of an inspection the service was ready,
- That the Communication plan be shared with Scrutiny Members.

Cath Simms, Service Director, Adults Social Care provided an update on the Adults Health Change Programme and explained that pre pandemic the service had worked towards implemented a strength-based approach to care and support planning, review, and assessment utilising local expertise around community-based solutions. Plans were underway to develop more assets in the local areas that were more accessible to those with a care of support need, with the front door and community plus offer focussing on prevention, wellbeing and more creative thinking around problems that people presented to the service. The Council had identified the need for a substantial expansion in extra care housing to reduce reliance on residential care. Once the pandemic hit, the pace of hospital discharges grew rapidly, as did the use of discharge beds in care homes. The service moved to a problem-solving mode rather than co-productive strength-based approach, which led to some overprovisions. Many councils needed to undertake significant changes to programmes as they had been affected by similar changes. In summer 2023, an external organisation was commissioned to complete an independent diagnostic.

The primary objective of the diagnostic was to understand how the service could improve outcomes for residents within Kirklees. Some findings were triangulated with feedback from the peer challenge and conversations with other councils. The directorate faced challenges which included the prospect of reform, demographic pressures, the cost-of-living impact, and national workforce challenges, with the diagnostic giving an independent view of changes the service would like to make or build on.

Ms Simms advised that a developed and refined designed plan had been created which would run across three years, with four key workstreams and 13 programme design principles to the plan.

Questions and Comments were invited from Members of the Panel and the following was raised:

- There was a focus on early support and admission avoidance into hospital by preventing admissions happening in the first instance,
- The difference the change programme would make was in supporting people to leave hospital into their own home quicker rather than into residential care and supporting them in the community. Efficiencies could be made by getting people home first.
- There was a rise in complexity in mental health, with a larger need to go into residential care that was not there pre pandemic. There was a workstream to understand if there was sufficient capacity in the district, or if there was a need for residential care out of area.

**RESOLVED:** The Panel noted the presentation and thanked Alexia Gray and Cath Simms for their contributions.



**10 Kirklees Safeguarding Adults Board 2022/2023**

The Panel received the Kirklees Safeguarding Adults Board Annual Report 2022-23.

Robert McCulloch-Graham, Safeguarding Adults Board Independent Chair explained that the role of the Board was to make sure that there were arrangements in Kirklees that worked well to help protect adults with care and support needs from abuse or neglect by ensuring that local safeguarding arrangements were in places as defined by the Care Act 2014 and statutory guidance. The Safeguarding Board included an independent Chair, a strategic delivery group and three subgroups.

The Panel noted that the Board had three statutory duties which they had to comply with which were:

- To have an annual strategic plan in place,
- To respond to any serious cases that may occur,
- To produce the Kirklees Safeguarding Adults Board Annual report.

Mr McCulloch-Graham advised the Panel that in 2022-23 the Board had undertaken the following:

- Worked jointly with regional consortium colleagues in procuring an online platform with the overarching aim of enabling the Joint Multiagency Safeguarding Adults Policy and Procedure to be easily accessed by all partner organisations in West Yorkshire, North Yorkshire, and the City of York.
- Held several network groups, inviting frontline staff and volunteers working in the safeguarding arena,
- Learned from experience, enabling safeguarding services to continue to be delivered effectively and professionally with Kirklees people at the centre of service delivery, drawing on experiences from a variety of partnership sources and share good practice and challenge practice to subgroups to re-evaluate and improve services across the partnership.

The Panel noted that the Board would continue to work together with partner organisations and people in the community, so that adults could live the best lives they could, with their wellbeing and rights being supported, safe from abuse and neglect.

Evidence was provided by partners that there were increased reports of self-neglect, for a multitude of different reasons where people did not want to engage in getting the help they required. The self-neglect policy and procedures were devised within Kirklees and had been commended by different partners.

**RESOLVED:** The Panel noted the presentation and thanked Robert McCulloch-Graham and Jacqui Stansfield for their contributions.

**11 Work Programme 2023/24**

A discussion took place on the 2023/24 work programme and forward agenda plan.



Contact Officer: Nicola Sylvester

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Wednesday 22nd November 2023**

Present: Councillor Bill Armer (Chair)  
Councillor Beverley Addy  
Councillor Itrat Ali  
Councillor Jo Lawson  
Councillor Alison Munro

Co-optees Kim Taylor

In attendance: Lindsay Rudge, CHFT  
Gemma Puckett, CHFT  
Anne-Marie Henshaw, MYTT  
Talib Yaseen, MYTT

Observers: Councillor Liz Smaje

Apologies: Councillor Habiban Zaman  
Helen Clay (Co-Optee)

**1 Membership of the Panel**

Apologies for absence were received on behalf of Councillor Habiban Zaman and Helen Clay.

**2 Minutes of previous meeting**

That the Minutes of the Meeting held on 27 September 2023 be approved as a correct record.

**3 Declaration of Interests**

Cllr Jo Lawson declared an 'other' interest in agenda item 8 as a holder of a bank contract with Calderdale and Huddersfield NHS Foundation Trust.

**4 Admission of the public**

All items were taken in public session.

**5 Deputations/Petitions**

In accordance with Council Procedure Rule 10, the Panel received a deputation from Lesley Warner regarding Leisure Centres.

(A response was provided by the Chair of Health and Adult Social Care Scrutiny Panel – Cllr Bill Armer).

**6 Public Question Time**

The Panel received the following question under Council Procedure Rule 11;

Question from Nicola Sill

“As a disabled person and wheelchair user, the proposed closure of Colne Valley Leisure Centre will increase crowded changing rooms in Huddersfield. The changing rooms have no lockers and the ones outside are not at a height that I can reach. If Colne Valley Leisure Centre closes, how are wheelchair users able to access the pool independently?”

(A response was provided on behalf of the Panel).

Question from Di Mayo, on behalf of Colne Valley Owls

“How will the planned closure of Colne Valley Leisure Centre fit with the national trend to encourage all people to engage in social and physical activity to combat mental and physical conditions which weigh heavily on the NHS. If the centre closes, what feasible alternatives are you proposing for these activities to continue?”

(A response was provided on behalf of the Panel).

**7 Castle Grange and Claremont House Care Homes Consultation**

In accordance with Council Procedure Rule 37, the Chair gave permission for Donna Mallinson to speak.

The Panel welcomed Richard Parry, Strategic Director for Adults and Health and Michelle Cross, Service Director for Mental Health and Learning Disability to the meeting to provide information regarding the consultation on the proposed closure of Castle Grange and Claremont House Care Homes Consultation.

The Panel was advised that both care homes were owned and run by the Council for people over the age of fifty-five with a Dementia diagnosis and each had 30 long and short stay beds.

It was noted that Castle Grange was temporarily accommodating a Dementia Day care service with 26 beds occupied by long stay service users and four beds for short stay / emergency placements. Claremont House was undertaking some decoration which reduced the provision to 20 for long stay service users and ten for short stay placements.

The Panel was reminded that the Cabinet proposals asked for approval, subject to stakeholder consultation, for the Council to withdraw from the long stay residential care market and to focus direct care delivery in parts of the care market where there were fewer providers and options for people.

The Panel was informed of a number of ways in which stakeholders could get involved with the consultation including (i) a web page (ii) online survey (iii) paper copies of the survey (iv) advocacy sessions (v) face to face meetings and (vi) via a dedicated e-mail address.

## Health and Adult Social Care Scrutiny Panel - 22 November 2023

It was explained that the consultation was launched on 11 October 2023 and would end on 3 January 2024 with the results presented to Cabinet in February 2024. At the time of the meeting, in excess of 100 responses had been received.

The Panel was advised that engagement with family members and other stakeholders would continue for the duration of the consultation, with ongoing focussed meetings driven by the consultation needs of the families.

Questions and comments were invited from Members of the Panel and the following issues were raised:

- In relation to the reassessment of a person's needs the Panel was assured that there was no difference in the criteria for care provided in the private sector compared to Council provision, but an assessment would be undertaken to ensure that the person's needs were fully understood.
- Regarding the effect of moving patients with dementia on their long term health and longevity, the Panel noted that an exercise in the sale of the care homes as ongoing concerns had been undertaken in 2018, but that was unsuccessful, but if a decision is made to close the care homes, this would be explored again.
- Further to a question about capacity in local care homes, the Panel was advised that provision was available across the Kirklees area that meets the needs of current residents of the two care homes. Individual plans would be produced to understand the specific needs of a person, including whether at some point in the future, nursing care might be more appropriate.
- The Panel heard that over the years a number of care homes had closed in the area, and a body of good practice existed regarding the movement of people, often with very complex nursing needs, to different care homes.
- In response to whether there would be an impact on hospitals waiting to discharge to a care home as capacity would be reduced, the Panel was advised that a number of services were available such as step-down care, rehabilitation and re-enablement services which would move away from the previous practice of short term to long term care following hospital discharge.
- For individuals with highly complex needs, Kirklees had a number of private care homes that cared for people with complex needs with available capacity.
- Regarding day facilities for individuals with dementia, it was confirmed that there would be no break in provision from any closure of Castle Grange and the opening of the new facility in Mirfield in Summer 2024.
- The Panel heard that Kirklees pay a premium to providers who specialise in the care of people with dementia, with 23 homes currently receiving that payment.
- Regarding the staff at the care homes, a number of vacancies are carried within the Council, and a process of deployment would be undertaken to see what alternative roles would be available for them.
- For individuals who need respite care, the Panel was advised that a facility existed to purchase respite care within the private sector, but that it was the intention that the new facility would provide extended support over seven

## Health and Adult Social Care Scrutiny Panel - 22 November 2023

days and into weekends, as often that was when families and carers needed the support.

### RESOLVED –

- 1) That officers of the Council be thanked for the presentation and their attendance at the meeting.
- 2) That further information be provided to the Panel around the financial implications of the closure of the care homes.
- 3) That the presentation be noted.

## 8 **Maternity Services**

In accordance with Council Procedure Rule 37, the Chair permitted Councillor Colin Hutchinson, Calderdale Council, to speak.

The Panel welcomed representatives from Mid-Yorkshire Teaching NHS Trust (MYTT) and Calderdale and Huddersfield NHS Foundation Trust (CHFT) who provided updates on the birthing units at Huddersfield Royal Infirmary and Dewsbury District Hospital.

The presentation provided to the Panel gave an update on (i) maternity services workforce (ii) work being done to reintroduce birthing centres in Kirklees (iii) the timeline for reopening services and proposed model for Kirklees and (iv) next steps in the approach to communicating and publicising.

The Panel was advised that the vacancy rate in CHFT had reduced but remained at 19% with a further round of recruitment planned for November 2023 for Graduates due to qualify in March 2024. MYTT's vacancy rate remained minimal with a number of internationally educated midwives and graduate midwives being recruited.

The Panel noted that for Calderdale Birth Centre a responsive model had launched in May 2023, which was a model that followed the women and did not 'staff the building'. For the Huddersfield Birth Centre, there had been no unattended births on the site since the suspension of the service in October 2020.

The Panel was informed that service user feedback indicated disappointment at the suspension of the service at HRI and Dewsbury District Hospital (DDH).

In relation to the reopening of the Huddersfield Birth Centre, the Panel heard that staffing deficits were forecast into the New Year with recruitment campaigns not securing enough experienced midwives for the free-standing birth centre. A re-evaluation would take place in Q1 2024/24 once new graduates were in post to assess if the staffing position had changed to enable a responsive model utilising community Midwifery.

Regarding DDH Bronte Birth Centre, a new full time experienced Birth Centre Manager had been recruited, and assuming newly qualified midwives completed supernumerary periods as expected, the plan was to reopen before 1 April 2024.

## Health and Adult Social Care Scrutiny Panel - 22 November 2023

Questions and comments were invited from Members of the Panel and the following issues were raised:

- In relation to the reopening of DDH, women from South Kirklees would be able to birth there, as all women were given a choice of where they would like to birth.
- Regarding a question about the availability of ante-natal or parentcraft classes at CRH, representatives from the hospitals would need to investigate the capacity and how availability could be increased in line with the workforce difficulties.
- The Panel was advised that the re-evaluation of the reopening of the birthing unit at HRI, consideration would also be given to the skill mix of midwives to ensure they had the appropriate experience to work in that setting.
- Should the recruitment of midwives for HRI be successful, the Panel heard the proposal would be to reopen the birthing unit in late summer or early autumn 2024.
- Nationally, regionally, and locally the Panel heard that there was a significant difficulty in the recruitment and retention of midwives, but flexible and reduced hours working arrangements were being introduced and robust processes had been created to manage midwife retention.
- In relation to the relocation of the birthing unit at CRH, the Panel was advised that CHFT was enhancing maternity services with an additional theatre for obstetric care and would be moved alongside the labour ward.
- The Panel noted that CHFT was working with Yorkshire Ambulance Service as any reopening of the birthing unit at HRI was contingent on the ability to do a safe transfer from to CRH.
- Regarding how robust the responsive model would be, a formal workforce assessment was being undertaken in early 2024 with Birthrate Plus which could potentially adjust the workforce model.
- The Panel suggested that further scrutiny take place on the proposed re-opening of the birthing units in light of the Ockenden Report, Saving Babies Lives and in consideration of at-risk women.

### RESOLVED –

- 1) That the representatives from CHFT and MYTT be thanked for their presentation and attendance at the meeting.
- 2) That the Panel believe the model proposed by CHFT and MYTT to the midwife led birthing units would be a substantial change to provision.
- 3) That further in-depth scrutiny take place to consider the protracted closure of the midwife led birthing units, the timeline for reopening and the proposed model in relation to any future sustainability.
- 4) That the issue around workforce recruitment and retention be scrutinised pursuant to resolution (3).
- 5) That officers of the Council be instructed to liaise with Calderdale Council and Wakefield Council on the impact that the continued closures and proposed models would have on provision at Pinderfields Hospital and CRH.

## 9 Work Programme 2023/24

A discussion took place on the 2023/24 work programme and forward agenda plan.





<b>KIRKLEES COUNCIL</b>			
<b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b>			
<b>DECLARATION OF INTERESTS</b>			
Health & Adult Social Care Scrutiny Panel			
Name of Councillor			
<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: Non-surgical Oncology**

<b>Meeting:</b>	<b>Health and Adults Social Care Scrutiny Panel</b>
<b>Date:</b>	<b>8<sup>th</sup> May 2024</b>
<b>Health Contact:</b>	<b>Angie Craig – Programme Director, NSO-WY&amp;H Cancer Alliance</b>
<b>Key Decision Eligible for Call In</b>	<b>No</b>
<b>Purpose of Report</b> To provide members of the Health and Adults Social Care Scrutiny Panel with the context and background to the item – Non-Surgical Oncology	
<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>That the Panel considers the information provided and determines if any further information or action is required.</li> </ul> <p><b>Reasons for Recommendations</b></p> <ul style="list-style-type: none"> <li>To ensure the non-surgical oncology is accessible with appropriate care for Kirklees residents.</li> </ul>	
<b>Resource Implications:</b> Not Applicable	
<b>Date signed off by <u>Strategic Director</u> &amp; name</b>	No The report has been produced to support the discussions with the ICB
<b>Is it also signed off by the Service Director for Finance?</b>	
<b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	

**Electoral wards affected: None Specific**

**Ward councillors consulted: Not Applicable**

**Public or private: Public**

**Has GDPR been considered? Yes. The report does not include the personal data that identifies an individual.**

## 1. Executive Summary

- 1.1 Following the meeting of the West Yorkshire Joint Health Overview and Scrutiny Committee on 16<sup>th</sup> January 2024, the Kirklees Health and Social Care Panel have asked representatives from the West Yorkshire Integrated Care Board (ICB) to provide details of a review being undertaken in relation to non-surgical oncology (NSO). The link to the report considered by the West Yorkshire Health Overview and Scrutiny Committee can be found here [Agenda for West Yorkshire Joint Health Overview and Scrutiny Committee on Tuesday 16th January 2024, 10.30 am | Kirklees Council](#)
- 1.2 The West Yorkshire NSO model relates to the six trusts in the West Yorkshire Association of acute trusts and their respective catchment populations. These areas include Airedale, Calderdale, Leeds, Kirklees, Bradford District and Craven, and Harrogate and District. The relevant catchment populations are approximately 2.5 million people.
- 1.3 The ICB has provided the attached presentation and representatives will be in attendance to provide the panel with:
- Information on the questions asked as part of the engagement,
  - The rationale for choosing the location to undertake the engagement in Kirklees,
  - Whether further engagement will be undertaken in Kirklees,
  - Further information on whether the oncology beds will be at HRI or CRH or a mixture of both,
  - Information on extra beds that are being put into CHFT for inpatient services and when plans to transfer the service for our residents from Leeds will be,
  - Whether patients who live in HD8 who choose to go to Barnsley District Hospital will be affected, and if so, in what way,
  - An update on whether the review has been considered by the ICB Transformation Board, and if so any conclusions around whether formal consultation should take place,
  - Travel and continuity of care and if patients will be under the care of the same team whether an inpatient or outpatient.
- 1.4 The presentation covering the above areas is attached.

## 2. Information required to take a decision

The Panel are asked to consider the information provided for this panel.

## 3. Implications for the Council

Not Applicable

### 3.1 Working with People

No specific implications

### 3.2 Working with Partners

No specific implications

### 3.3 Place Based Working

No specific implications

### 3.4 Climate Change and Air Quality

No specific implications

- 3.5 **Improving outcomes for children**  
No specific implications
- 3.6 **Financial Implications**  
No specific implications
- 3.7 **Legal Implications**  
No specific implications
- 3.8 **Other (eg Risk, Integrated Impact Assessment or Human Resources)**  
No specific implications
4. **Consultation**  
Should any consultation be required, this will be undertaken by the ICB.
5. **Engagement**  
The ICB have undertaken engagement sessions, and the panel may want to consider whether this engagement in Kirklees was sufficient.
6. **Options**  
Not Applicable
- 6.1 **Options considered**  
Not Applicable
- 6.2 **Reasons for recommended option**  
Not Applicable
7. **Next steps and timelines**  
That the Overview and Scrutiny Panel for Health and Adults Social Care takes account of the information presented and consider the next steps it wishes to take.
8. **Contact officer**  
Nicola Sylvester – Principal Governance and Democratic Engagement Officer  
[Nicola.sylvester@kirklees.gov.uk](mailto:Nicola.sylvester@kirklees.gov.uk)
9. **Background Papers and History of Decisions**  
[Agenda for West Yorkshire Joint Health Overview and Scrutiny Committee on Tuesday 16th January 2024, 10.30 am | Kirklees Council](#)
10. **Appendices**  
Attached
11. **Service Director responsible**  
Julie Muscroft – Service Director, Legal Governance and Commissioning.

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## 1. Introduction and background

Non-surgical oncology (NSO) is the treatment of cancer patients using systemic anti-cancer drugs (commonly known as chemotherapy) and radiotherapy. cross West Yorkshire where there are approximately 15,000 people newly diagnosed with cancer each year and 47,500 courses of chemotherapy were delivered in 2022/23.

cancer patients using systemic anti-cancer drugs (commonly known as chemotherapy) and radiotherapy. cross West Yorkshire where there are approximately 15,000 people newly diagnosed with cancer each year and 47,500 courses of chemotherapy were delivered in 2022/23.

West Yorkshire & Harrogate (WY&H) is unusual as we have a model employing Medical Oncologists in District General Hospital (DGH) Cancer Unit. This is unlike all other systems in England where the Cancer Centre (in our case Leeds) employs all Oncologists who then visit the DGH Cancer Units to provide care.

In 2021 The Cancer Alliance was commissioned by the West Yorkshire Association of Acute Trusts (WYAAT) to undertake a piece of work to review NSO chemotherapy and acute oncology services in WY&H. This followed an extensive period of mutual aid from across West Yorkshire and beyond to maintain the NSO services at Mid Yorkshire Teaching Trust (MYTT) due to a significant reduction in its medical oncologist workforce and a protracted inability to recruit staff.

Demand for services is also continuing to increase across West Yorkshire, in line with the national position, due to the increase in cancer diagnoses, increases in treatment options becoming available and cancer patients living for longer and so accessing more care.

WY&HCA worked with patients, the clinical workforce and Professor Sir Mike Richards (previously DoH/ NHSE National Cancer Director) to co-design a suite of fundamental principles and characteristics of a future state NSO service and then to outline a delivery model which is consistent with those principles.

The review provided six high-level recommendations for future service delivery:

1. That NSO outpatient and chemotherapy delivery for the four main cancers (Breast, Lung, Colorectal and Prostate) continued to be delivered at local units to support care closer to home.
2. That options to repatriate simple chemotherapy for intermediate and some rarer cancers from Leeds to local cancer units were taken (such as for renal or melanoma cancers)
3. That access to research trials be enhanced in local cancer units rather than patients having to travel to Leeds to access.

4. That each hospital in WY&H have in place robust 24-hour helpline access for patients that are acutely unwell with complications of their current treatment, supported by an appropriately developed non-medical acute oncology workforce.
5. That all appropriate options for skill mix were taken to utilise the wider workforce in patient care, such as Advanced and Consultant practitioners in Nursing, Pharmacy and wider AHP roles.
6. That most patients who required acute care would continue to be seen by their local acute oncology teams and be admitted locally for care when required. For a very small number of patients who required more complex care (estimated at 2-10 per week per sector), they would be admitted to Leeds Teaching Hospital (LTHT) St James site in the North Sector (covering Harrogate, Airedale/ Craven, Bradford and Leeds) and Calderdale Hospital Foundation (CHFT) Huddersfield Royal Infirmary (HRI) site in the South Sector (covering Mid Yorkshire, Calderdale and Huddersfield). During the last 4 years the Mid Yorkshire in-patients have been admitted to Leeds as there is no on-site medical oncologist supported beds due to the staffing position.

Having secured WYAAT approval to proceed to develop detailed target operating models for each sector based on the six recommendations above, a programme of public engagement was commissioned to further inform and shape this work.

## **2. Design of the Engagement Programme**

The programme undertook a broad programme of engagement with communities across WY&H to establish if the proposals had public support and help to further refine the model.

In phase 1, an initial round of public events outlined the proposals and asked the public the following questions:

- What is important to you?
- What have we not thought of?
- How can we improve our ideas?

Sessions had a very flexible structure and attendees were encouraged to discuss any aspect of NSO services, maximising the scope of feedback received. Healthwatch Wakefield, an independent healthcare charity, were commissioned to organise this phase and facilitate each event.

A second round of engagement followed. The purpose of the second phase was to ensure that the engagement programme had reached all demographics within WY&H and that there was quantitative data on public sentiment around the proposals. The design of this was informed from findings in phase 1.



## Phase one of public engagement

Phase one, ran from June to October 2023. Seven face-to-face meetings in community venues were held in Leeds, Wakefield, Bradford, Birstall, Harrogate, Brighouse and Skipton, with two additional sessions held for those who preferred to meet online.

73 attendees completed the demographic data form, with approximately 25 attendees declining. The majority of those declining to complete forms were at an event at the Hamara Centre in Leeds where some attendees reported poor levels of literacy in English.

By postcode, the breakdown of attendees at phase 1 events is shown below. This sample was clearly disproportionately biased towards Leeds and Wakefield postcodes. It was also noted that none of the BD postcodes represented areas within the City of Bradford.

**Table 1 – Postcode distribution of people responding to engagement programme, phase 1.**

Postcode Area	Number
BD	7
HD	6
HG	1
HX	1
LS	34
WF	19
Illegible or outside WYAAT borders	5
<b>Total</b>	<b>73</b>

An analysis of the demographic data identified gaps in the following areas/protected characteristics:

- Certain geographies
- Pregnant/Breast Feeding mothers.
- LGBTQ+ community
- Gypsies and Travellers

It was also note that the engagement programme had not reached certain groups who were at higher risk of health inequalities. These included;

- Military veterans
- People in residential care and/or assisted living accommodation
- Homeless / Risk of homelessness
- Persons with drug or alcohol dependency
- Persons with a learning disability

Inclusion of these groups was a key strand of phase 2 of the engagement programme.

## Phase two of public engagement

The purpose of phase 2 was to address the coverage gaps identified above, increase the total number of people we engaged with and to secure a broader coverage of postcodes across West Yorkshire.

To achieve this, we worked in partnership with existing voluntary sector groups supporting

underrepresented people and alongside this commissioned a piece of broad coverage market research. During this period the programme undertook further engagement across WY&HCA and local Trust patient panels.

Phase 2 commenced November 2023 The face-to-face events planned for this phase were:

1. MESMAC, Leeds. Trans people and gay men.
2. Karmand Centre, Bradford. Elderly men of South Asian heritage, majority of whom did not use English as their first language.
3. LeedsGATE. Gypsy and traveller community
4. Carlton Court, South Elmsall. Tenants of assisted living scheme
5. Great Horton Library, Bradford. Women from eastern Europe, majority of whom did not use English as their first language.
6. Yorkshire Cancer Community, Bradford. Majority were women of South Asian heritage, many of whom did not use English as their first language.
7. Maternity Voices Partnership. Pregnant and breast-feeding mothers. This was an online engagement.
8. 5 Towns Veterans, Featherstone. Military Veterans
9. Talking Media, learning disabled and deaf

Events 1-7 have taken place. Events with 5 Towns Veterans and Talking Media are expected to be completed by March 2024. Limited numbers of demographic data forms were collected at these events as many attendees self-reported poor literacy in English.

It was hoped to arrange an event with a partner representing those with substance dependencies or at risk of homelessness. However, discussions revealed that access to NSO services was not a high priority for these groups and an event would not attract interest or attendance. Priority areas for those they represented were mental health, drug/alcohol services, primary care and dentistry.

To expand coverage across West Yorkshire & Harrogate a market research provider was commissioned to undertake street surveys in high footfall areas of Skipton, Harrogate, Leeds, Wakefield, Huddersfield, Halifax and Bradford. The provider was required to interview a sample that was a fair representation of the make-up of the communities that the WYAAT hospitals serve including the full range of demographic and socio-economic factors.

This survey blended quantitative questions about sentiment to the proposals with more open free text questions designed to capture richer data.

The market research sample sizes at each interview location were proportionate to the population of that place in relation to the population of West Yorkshire and Harrogate. However, people interviewed did not necessarily reside at that place, recognising that people move across our region for work and..

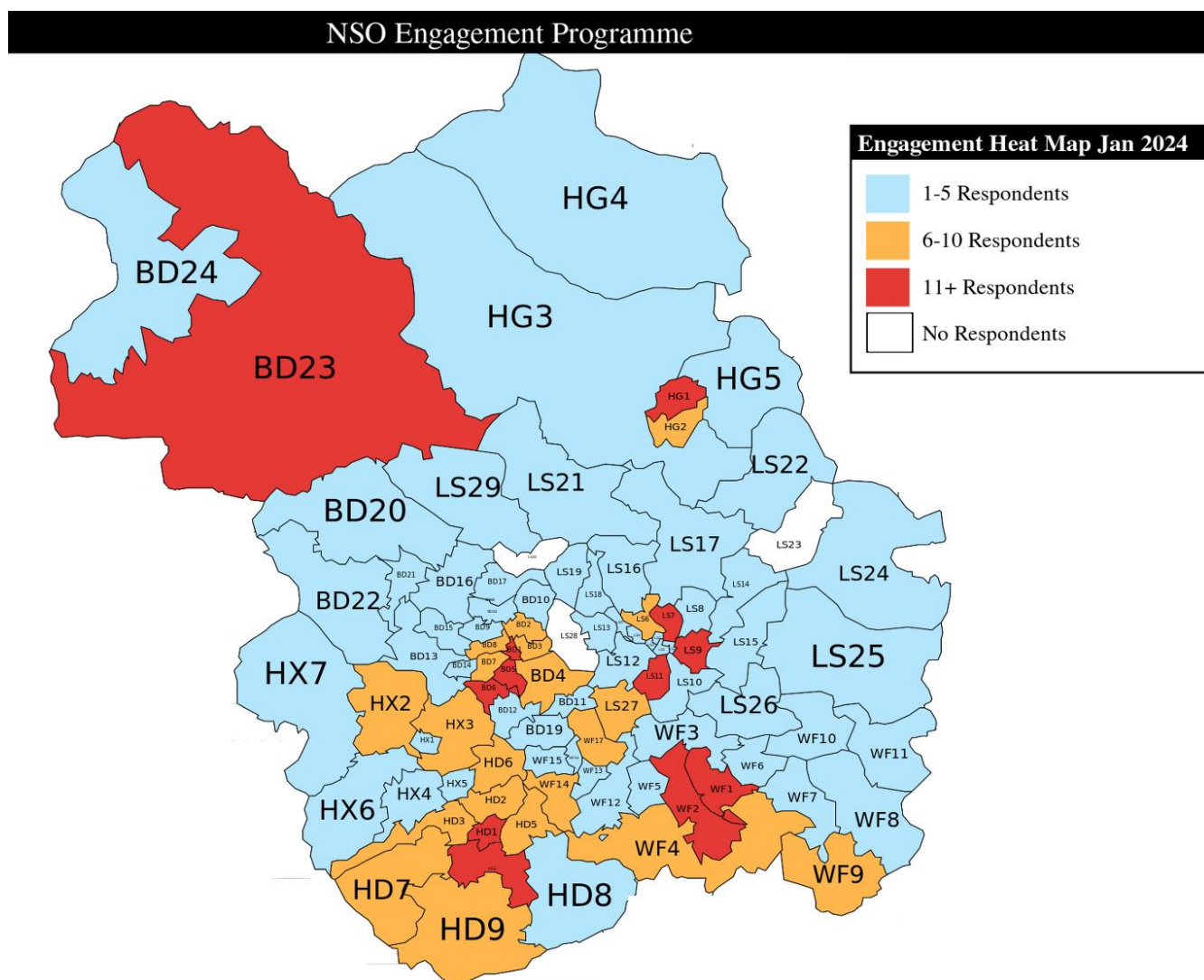
By postcode, the breakdown of people engaged with during phase 2 events is shown below and demonstrates a more even coverage than in Phase 1.

Table 2 – Postcode distribution of people responding to engagement programme, phase 2.

Postcode Area	Number
BD	142
HD	93
HG	24
HX	36
LS	112
WF	88
Illegible or outside WYAAT borders	35
<b>Total</b>	<b>530</b>

The image below is a heat map showing the numbers of people engaged with at postcode area level. The engagement has reached residents of all 90 postcode areas in WY&H barring LS20 (Guisoley), LS23 (Boston Spa) and LS28 (Pudsey).

Image 1 – Postcode Heatmap of people responding to engagement programme, end of phase 2.



A summary of the demographic engaged with is provided at Appendices [A](#) & [B](#)

### 3. What did we hear from the engagement process?

The first phase of engagement was a series of listening events which collected qualitative data only. All nine events identified broad support for the proposed model of care, in particular for the protection and enhancement of care close to home for common cancers. Attendees were aware that some aspects of NSO services were specialised and most indicated a willingness to travel when specialised care was required.

Key issues with existing services were highlighted by participants, in particular challenges around travel and access to primary care. The latter is outside the scope of the programme, but transport issues were noted as an area not previously a part of our programme

The second phase of engagement collected further qualitative data from harder to reach groups and both qualitative and quantitative data from a survey of 522 people conducted by a market research company. Survey Respondents were provided with statements about the proposed model and asked to advise how they felt on a positive to negative scale. Other question formats were used including open questions permitting free text responses.

We learnt that every aspect of the proposed model has support from residents in every place, with 73% of respondents felt positive or very positive about the overall package of proposals, and 6% of respondents holding a negative or very negative view. The table below summarises the quantitative questions and responses. All elements of the proposals attracted significantly higher positive than negative views/ responses.

**Table 3 – Responses collected against the proposed model. 522 responders<sup>1</sup>**

Statement	Negative	Neutral	Positive
It is important that everyone has the same fair and equal access to local healthcare services	0%	2%	98%
All hospitals in West Yorkshire and Harrogate currently offering anti-cancer drug treatments will continue to do so.	1%	6%	93%
Patients with rarer cancers who have to travel to Leeds Cancer Centre for outpatient appointments should be offered the opportunity to have their drug treatments (like chemotherapy) from their local hospital.	4%	6%	90%
Patients will be allowed to receive chemotherapy and other anti-cancer drugs outside of hospital settings, for example at GP surgeries or in mobile services, where it is safe to do so.	5%	8%	88%

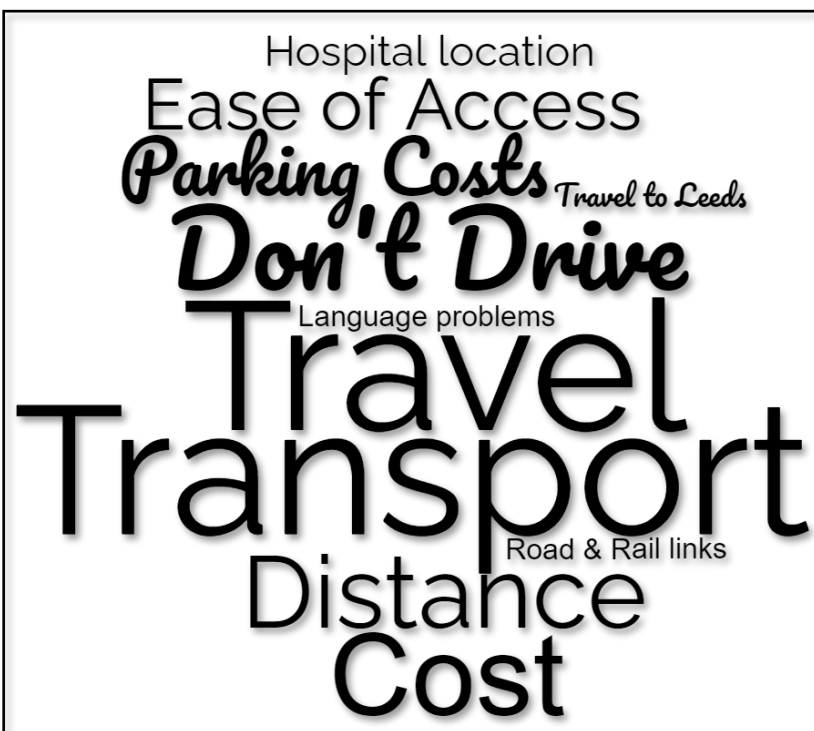
<sup>1</sup> Not all rows add up to exactly 100% due to rounding.

Statement	Negative	Neutral	Positive
All hospitals in West Yorkshire and Harrogate with an A&E department will continue to admit and treat patients who become unwell due to side effects of treatment or their cancer becoming more advanced	4%	9%	87%
Outpatient clinics for the most common cancers will continue to be provided from each of the six hospital trusts	2%	11%	87%
Specialist inpatient beds will continue to be provided at Leeds St James and Huddersfield Royal Infirmary	3%	12%	85%
More cancer patients may have the opportunity to take part in clinical trials to test new drugs and treatments. Currently patients are able to access trials which are available at their local hospital only. Going forward it is proposed that all patients in West Yorkshire and Harrogate have equal access to clinical trials across the region.	4%	12%	84%
Outpatient clinics will be delivered by a combination of doctors and other cancer specialists such as senior nurses and pharmacists.	5%	12%	83%
Bradford Hospital will continue to provide care for most complications of cancer but patients requiring specialist inpatient care will be transferred to Leeds Cancer Centre	14%	23%	64%
Outpatient clinics for rarer cancers will continue to be delivered from the Leeds Cancer Centre only.	18%	22%	60%
Wakefield Pinderfields and Dewsbury Hospitals will provide care for most complications of cancer but patients requiring specialist inpatient care will now be transferred to Huddersfield Royal Infirmary instead of to Leeds St James	14%	27%	59%



Our survey asked the public a series of questions, including "what is important to you about how cancer care is provided". The responses were mapped into a word cloud, see right.

Clearly, speed of service is the most important characteristic to the public. This is followed by services which are local and accessible.



To understand what other barriers to access our residents might face the survey asked people "Hypothetically, if you are a family member were to require cancer care or treatment, is there anything about the proposals that would make it difficult to access the care you would need?"

Responses made it clear that there were a range of transport challenges for our population. We know from other engagement work that these issues also present significant access barriers in the current NSO deliver model.

#### 4. Responding to what we heard

The NSO programme has been able to collate a West Yorkshire wide level of insight into what the public think of the proposals, what is important to them and what they believe are the challenges to them in accessing in services.

We heard clear messages from the public and our initial NSO proposals have been adapted to reflect their aspirations:

- **A fast, responsive service is important**
- **Services should be accessible and provided as close to patients homes as possible.**
- **People are (generally) willing to travel beyond their local hospital but only expect to do so to receive specialised care or for an enhanced patient experience.**
- **That cost, duration and availability of transport to hospital is an issue.**
- **Patient reported that their GP often had difficulty accessing information on NSO treatments provided by hospitals.**

The proposed model already contained a number of features which would address some of these aspirations, but has been further refined to enhance or include any areas not covered.

Proposals now include:

- Reconfiguration of NSO services from six providers to two sectors will deliver more resilient services which are able to maintain consistent and **more equitable service levels** across the system.
- Consolidation of the Medical Oncology workforce will increase patient access to outpatient NSO **services closer to home**, with all acute trusts providing treatment services for the more common cancers (Breast, Bowel, Lung, Prostate).
- Wherever clinically appropriate, patients will be offered technology for remote monitoring and consultations to **reduce travel** and **improve accessibility** of the service.
- Leeds Cancer Centre will continue to be the sole provider for treatment planning for rare cancers. However, where a patient is prescribed a routine drug therapy, patients will be able to choose to receive the treatment at the unit **closest to their home** improving accessibility and **reducing travel** requirements.
- Virtual ward technology will be deployed where clinically appropriate to support patients to either **remain at home** or in the **hospital closest to their home** whilst receiving specialist consultant level support.

- Patients will be offered **anti-cancer drug therapies closer to their home** in out of hospital settings, subject to clinical factors. Options will include mobile chemotherapy bus services, treatment in community locations such as GP surgeries and oral chemotherapy in the patient's home.
- A workforce transformation programme to diversify the skill mix and increase supportive workforce roles. Transformation will enable providers to build a more robust, resilient service with increased capacity whilst maximising the skills of our consultant and advanced practice workforce.
- Expand the use of the digital workforce already in use in many of our Trusts to automate routine data processing activities. The aim of this would be to speed up processing activities such as transfer of information, generation of appointments and MDT scheduling with the aim to **release workforce time** from administrative to clinical work.
- Work with WY&H digital programmes to increase the viewability of patient records by all providing their NSO care, regardless of where in WY&H a patient resides (e.g. Yorkshire Health Care Record, Pathology LIMS programme).
- Investments to bring care closer to home (or to the home) will significantly reduce travel requirements. However, some patient journeys will still be. We will work with WYAAT partners to establish options available which will mitigate against the cost and access impact of travel on patients. Areas to be explored include:
  - Provision of pre-paid travel cards for patients qualifying for financial support for travel as an alternative to having to pay and then reclaim outlay.
  - Free or subsidised intra-hospital shuttle transport.
  - Improved signposting to travel provided by the charitable and voluntary sector, matching capacity to demand.
  - An initiative in which a trust funds a charity to transport family members to visit patients who have been admitted into hospital is being piloted.

## 5. Equality

To ensure the involvement process meets the requirements for equality, we worked to ensure that due regard is paid to our equality duties. Our involvement activity was designed to ensure it was appropriate to the target audience, with materials and presentation styles adjusted to ensure accessibility where necessary. Care was taken in phase 2 in particular to ensure that seldom-heard interests were engaged and supported to participate using multiple charitable and voluntary sector colleagues to facilitate events on our behalf.

An equality impact assessment will be finalised after the completion of both the engagement process and the agreement of the clinical model. Involvement activity has been equality monitored to assess the representativeness of the people involved during



the process. Throughout the engagement we have taken additional activity wherever any underrepresentation has been identified and have actively sought to engage with groups at higher risk of experiencing health inequalities and we will continue to do so throughout the programme.

## 6. Next Steps

Phase 2 of the NSO Public Engagement programme is substantially complete. The NSO programme equalities assessment will be updated as required and the impact assessment completed on the agreement of the final model for NSO during 2024.

The public will be informed of findings through public domain channels such as the WY&HCA website and by direct feedback to attendees or organisations, where practicable to do so. We anticipate completing this step by end of April 2024.

This report will be shared with governance bodies and workstreams of the NSO programme, and briefings provided to JHOSC/OSCs, the WY&HCA board, WYATT Committee in Common, WYICB Strategy and Transformation Boards and place-based fora. The NSO workforce will be updated through NSO Programme communication channels.

Programme governance bodies will use the outputs as a mechanism to scrutinise implementation plans from providers and ensure that programme work streams are aligned to the issues raised with an expectation that engagement activities will continue at key decision/ programme implementation points.

## Appendix A

### Detailed demographic breakdown of engagement programme contributors



Demographics.xlsx

## Appendix B

### Location Breakdown of engagement programme contributors who completed a demographic form

Event	Place	Venues	Attendees
Healthwatch Face to Face event	Airedale / Craven	Craven District Councils Offices, Belle Vue Square. Skipton BD23 1FJ	4
Market Research Survey	Airedale / Craven	High street, Skipton	32
Healthwatch Face to Face event	Bradford	The Thornbury Centre, 79 Leeds Old Rd, Bradford, BD3 8JX	2
Market Research Survey	Bradford	Kirkgate, Bradford	102
Healthwatch Face to Face event	Calderdale	Halifax Rd, Brighouse HD6 2AF	6
Market Research Survey	Calderdale	Halifax Town Centre	44
Healthwatch Face to Face event	Harrogate	Oatlands Community Centre, HG2 8DQ	2
Market Research Survey	Harrogate	Cambridge Street / Prospect Crescent / James Street, Harrogate	30
Healthwatch Face to Face event	Kirklees	Birstall Community Centre, WF17 9EN	7
Market Research Survey	Kirklees	St Johns Road and Great North Road, Huddersfield	89
Healthwatch Face to Face event	Leeds	Hamara Centre, Beeston, Leeds LS11 6RD	22
Market Research Survey	Leeds	Commercial Street and surrounding off roads, Leeds	154
Phase 2 MESMAC	Leeds	22/23 Blayds Yard, Leeds, LS1 4AD	4
Healthwatch Face to Face event	Wakefield	St Swithuns Community Centre, Eastmoor, WF1 4RR	9
Market Research Survey	Wakefield	Teall Street, Wakefield	71
Phase 2 Assisted Living	Wakefield	Carlton Court, South Elmsall, WF9 2QA	4
Healthwatch Remote Events	Zoom, one daytime, one evening	-	21
			<b>603</b>



# NSO Briefing for Kirklees Health & Adults Social Care Scrutiny Panel

May 2024

# What is non-surgical oncology and how might changes proposed by the NSO Programme impact residents of Kirklees.

Non-surgical oncology (NSO) is an umbrella term for treatment and care for cancer patients using systemic anti-cancer drugs (SACT, commonly chemotherapy) and radiotherapy. NSO also includes acute oncology, the care of patients who become unwell due to complications of treatment or from the progress of their cancer.

NSO services are under pressure: there is a national and local medical workforce shortage. At the same time there is with an ageing population and more effective treatment options there are more people living with cancer and receiving care for longer.

Clinicians and senior leaders in all 6 Trusts in West Yorkshire & Harrogate recognised that unless services were strengthened there was a risk that patients might be impacted, for example they might experience delays in care or no longer be able to receive routine treatments at the cancer unit closest to their home

# What is non-surgical oncology and how might changes proposed by the NSO Programme impact residents of Kirklees.

To address the risks to local services, the West Yorkshire Association of Acute Trusts (WYAAT) asked the West Yorkshire & Harrogate Cancer Alliance (WY&HCA) to undertake a review of how we might organise NSO differently, to create more resilient and equitable local service provision.

That review identified proposals for the configuration of services in each place, improved collaboration between providers and transformation of the human and digital workforce. Collectively these strengthen services to create more stability, resilience and reduction of reliance on temporary workforce as well as supporting more care to be delivered closer to patient's homes.

This pack advises how these developing proposals will change the NSO services that residents of Kirklees will receive

# Outpatient Services

Clinics for the outpatient management of oncology patients are a core element of NSO. Patients undergoing treatments will have regular clinic appointments and diagnostic tests to review how they are responding to that treatment.

Due to shortages in the oncology medical workforce at Mid Yorkshire Teaching Hospitals Trust (MYTT), they have been in receipt of mutual aid support from neighbouring trusts for a number of years.

MYTT and Calderdale and Huddersfield Foundation Trust (CHFT) are transitioning that mutual aid arrangement into a sustainable partnership delivering care across Calderdale, Kirklees and Wakefield. Trusts in the north of the region are also forming a collaboration across that area.



Addressing the medical workforce shortage, both MYTT and CHFT are developing a larger workforce of advanced oncology pharmacists, nurses and Advanced Care Practitioners (ACPs) to support consultants to deliver outpatient clinics.



# Systemic Anti-Cancer Therapies (SACT)

SACT are drug therapies for cancer. These are provided as a number of 'cycles' of treatment over multiple weeks. Patients receiving SACT require multiple diagnostic tests and outpatient reviews during this time to check that the treatment is effective and non-toxic.



Kirklees residents may receive SACT from either MYTT or CHFT if they have a common cancer, usually at the site closest to their home. Patients with a rarer cancer will be managed by Leeds Cancer Centre. Last year MYTT and CHFT provided over 5,800 SACT treatments to Kirklees patients.

The next slide shows the proposed changes to SACT pathways. **These proposals are designed to maximise the amount of care that is provided close to patient's homes, reducing patient travel.**



# Current and optimum future pathway for patients from Kirklees receiving anti-cancer drug therapies



**CURRENT PATHWAY**  
Attend appointment at either Huddersfield or Dewsbury hospital (common cancers) or Leeds St James (rarer cancers)

Test for fitness to receive your first treatment

First treatment in unit at the hospital managing your care

Bloods and other tests

Treatment review at Huddersfield, Dewsbury or Leeds

Blood test at hospital or GP  
Assessment of fitness to receive your next cycle of SACT

Subsequent treatment at a hospital day unit at Huddersfield, Dewsbury or Leeds

Treatment review appointment at Huddersfield, Dewsbury or Leeds

End of treatment review at Huddersfield, Dewsbury or Leeds to discuss future treatment planning

Repeat until all prescribed cycles of treatment are completed

## CHANGES PROPOSED

If your treatment is managed by Leeds you will be offered the opportunity to attend the **hospital closest to your home** for treatment

Option of a **telephone or video appointment**, where clinically appropriate Patient will be offered **EPROMS** for future pre-assessments

Patient able to have **blood tests locally**.  
**Pre-assessment in patients home** using blood results and patient reported scores in EPROMS app

Subsequent treatments will be offered at **hospital closest to the patient, a community location or home**.  
Choice dependent on clinical factors

Option of **telephone or video follow up appointments**.  
More of the less complex appointments will be delivered by a pharmacist, nurse or ACP



A patient on a typical 8 cycle course of chemotherapy might make 30+ visits to hospital on current care pathways

A patient on the same course of chemotherapy will have significantly fewer visits to a hospital on future care pathways





# ePROMS

Trusts will invest in Electronically Reported Patient Outcomes Measures technology, known as ePROMS.

ePROMS are online tools that a patient can access via computer or smartphone. They allow patients to report and record how well they are feeling, data is shared with the team managing their care.

Trusts will use the data provided by patients, alongside blood test results, to streamline the pre-SACT clinic, only bringing into hospital those patients whom actually need a face to face assessment.

An ePROM portal gives patients a voice in their care and will help improve access by reducing the number, and cost, of journeys they need to make to a hospital

# Acute Oncology (AO)

AO is the care of patients who become unwell due to complications of treatment or from their cancer progressing.



The significant majority of patients present with symptoms that are simple for clinicians to manage, for example nausea, fatigue and infections. Some patients have symptoms that are best managed by another medical or surgical specialty, for example a bowel obstruction. A very small proportion of patients will present with complex oncology issues that require admission under an oncologist.

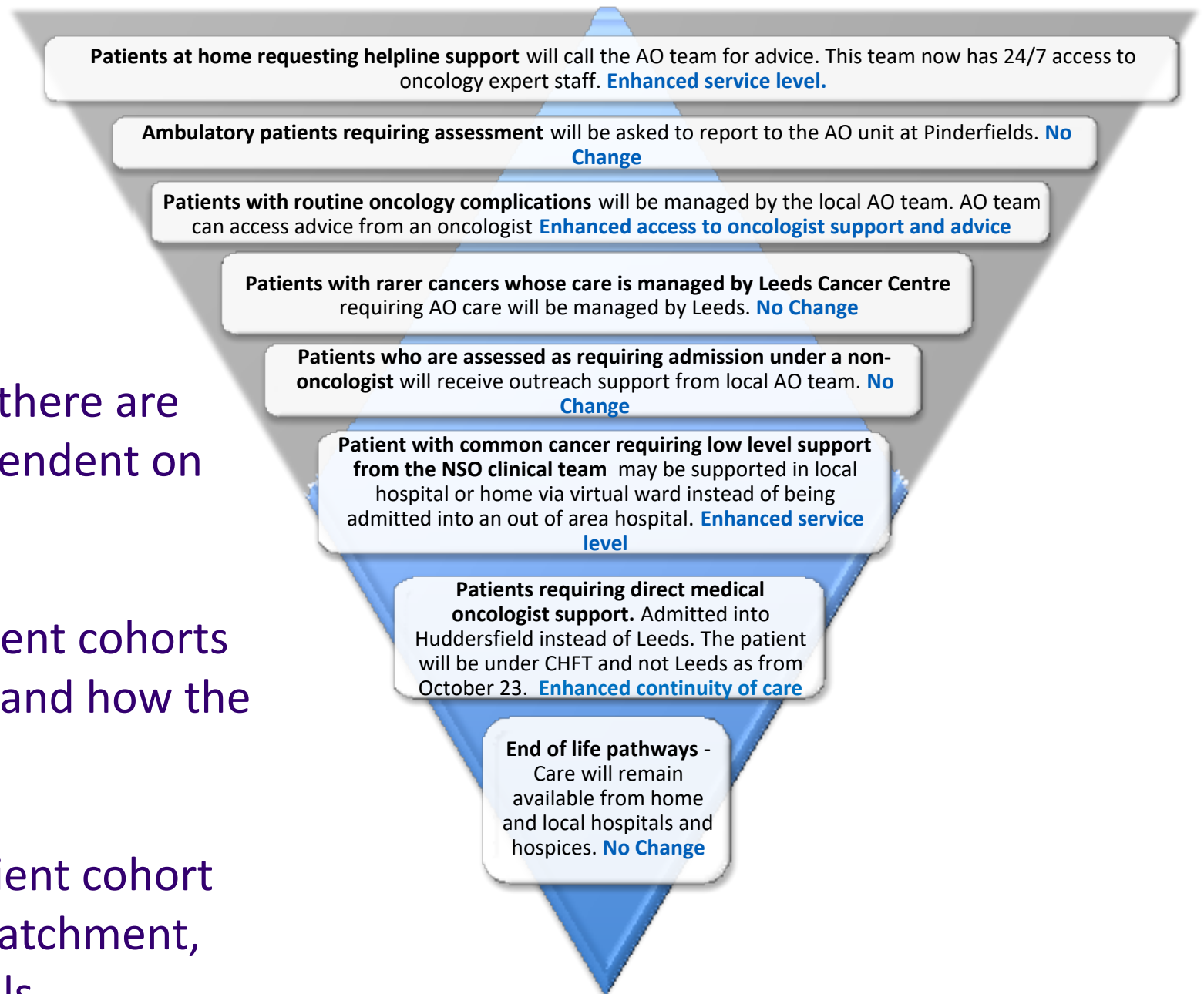
MYTT's hospitals do not host beds which are managed by oncologists. CHFT has specialist beds in a recently expanded ward at Huddersfield Royal Infirmary. Kirklees patients requiring specialised oncology inpatient care would in future be admitted either into Leeds (rare cancers and radiotherapy complications) or Huddersfield Royal Infirmary (Common cancers), under the care of the team treating them as an outpatient.

# How will the AO impact Kirklees patients?

AO is a highly stratified service, there are multiple AO care pathways, dependent on diagnosis.

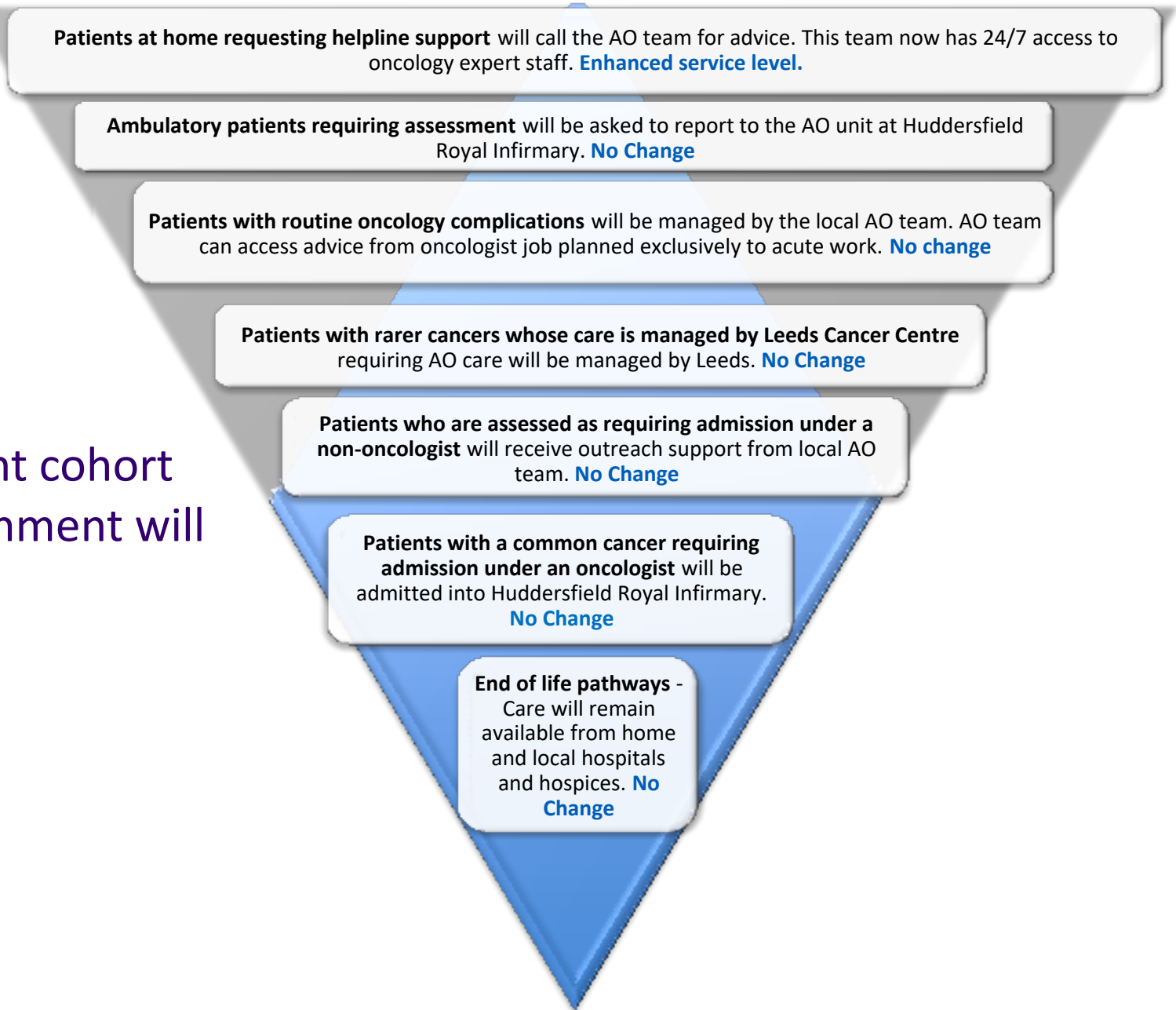
However, we can describe different cohorts of patients requiring acute care and how the proposals affect each of these.

This image shows how each patient cohort from North Kirklees, i.e. MYTT catchment, will be impacted by the proposals



# How will the AO impact Kirklees patients?

This image shows how each patient cohort from South Kirklees i.e. CHFT catchment will be impacted by the proposals



# Summary of Changes for Kirklees

	Current Service	Future Service
<b>Overview and Workforce</b>	Services delivered by a joint medical workforce employed primarily by CHFT but deployed across Calderdale, Kirklees and Wakefield	Long term planned partnership between CHFT and MYTT– <b>Enhanced resilience and sustainability</b>
	Blended workforce mix with clinics delivered by Oncologists, ACPs and Pharmacists	Blended workforce mix with clinics delivered by Oncologists, ACPs and Pharmacists – <b>No Change</b>
	Excellent track record in recruitment and retention of medical oncologists (CHFT).	Medical oncologist workforce recruited by CHFT and jointly deployed across MYTT and CHFT catchment – <b>Access to a larger medical and more resilient medical workforce</b>
	Significant oncology research programme (CHFT), No oncology research programme (MYTT)	Investment to develop skills to deliver local research programmes at MYTT - <b>Enhanced local access to clinical trials</b>
	Poor track record in recruitment and retention of medical oncologists and unsustainable levels of expenditure on locum consultants at MYTT	CHFT to supply medical oncology staff at actual cost – <b>Better Value</b>
<b>Outpatient clinics</b>	Clinics for Urology, Upper GI, Lower GI, Breast, Lung, Gynae and CUP available locally	Clinics for Prostate, Upper GI, Bowel, Breast, Lung, Gynae and CUP available locally – <b>No change</b>
	Visiting outpatient service from LTHT for radiotherapy patients with common cancers	Visiting outpatient service from LTHT for radiotherapy patients with common cancers – <b>No change</b>
	Patients whose tumour site is not listed above are managed at Leeds Cancer Centre	Patients whose tumour site is not listed above will be managed at Leeds Cancer Centre – <b>No change</b>
	Primarily delivered in face to face setting in hospitals	
	CHFT provide oncology consultants to support service delivery under temporary mutual aid arrangements	Patients to be offered remote appointments wherever clinically appropriate – <b>Enhanced Access</b>

# Summary of Changes for Kirklees

	Current Service	Future Service
<b>SACT treatments</b>	SACT treatments available for Urology, Upper GI, Lower GI, Breast, Lung, Gynae, HPB and CUP	SACT treatments available for Urology, Upper GI, Lower GI, Breast, Lung, Gynae and CUP – <b>No change</b>
	SACT day units located in Dewsbury and Huddersfield	SACT day units located in Dewsbury and Huddersfield – <b>No change</b>
	Limited out of hospital offer, limited to oral chemotherapy	Expansion in number of patients offered SACT outside of a hospital setting – <b>Enhanced access to care close to home</b>
	Patients managed by the Cancer Centre travel to Leeds for treatments	Patients managed by the Cancer Centre will be able to access treatment locally, subject to clinical factors – <b>Enhanced access to care close to home</b>
	Pilot roll out of EPROMS, reducing the number of avoidable hospital visits for pre-SACT assessments	Full roll out of EPROMS, preventing many avoidable hospital visits for pre-SACT assessments – <b>Travel avoidance, enhanced patient experience</b>
<b>Acute and inpatient Care</b>	Most patients needing acute care, including IP care, managed locally	Most patients needing acute care, including IP care, managed locally – <b>No change</b>
	Local helpline not always staffed with expert staff out of hours	Shared Single helpline with CHFT staffed robustly with expert staff 24/7 – <b>Enhanced out of hours cover</b>
	Specialist acute oncology assessment facility at Huddersfield	Specialist acute oncology assessment facility at Huddersfield – <b>No change</b>
	Acute beds available for cancer patients at Huddersfield and Dewsbury	Acute beds available for cancer patients at Huddersfield and Dewsbury – <b>No change</b>
	Most patients needing specialist IP care admitted at Huddersfield Royal Infirmary. Patients with a rare cancer or complication of radiotherapy go to Leeds Cancer Centre	Most patients needing specialist IP care admitted at Huddersfield Royal Infirmary. Patients with a rare cancer or complication of radiotherapy go to Leeds Cancer Centre – <b>No change</b>
	Huddersfield “Consultant of the Week” model supports acute oncology care, including on-call consultant advice	Huddersfield “Consultant of the Week” model supports acute oncology care, including on-call consultant advice- <b>AO team at Dewsbury have access to consultant level support and guidance</b>

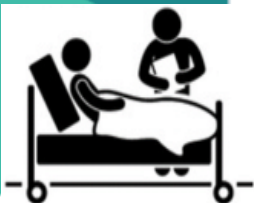




I will go to my local hospital for my Outpatient appointments (for common cancers) and / or be able to have virtual appointments  
**In Kirklees this is 7,743 appointments annually**



I will go to my local hospital for chemotherapy (for common cancers)  
**For Kirklees this is 5,865 treatments per year**



Reducing travel for routine care

Increasing care closer to home



For some patients, they will be able to switch to oral or home based chemotherapy.  
**In Kirklees we forecast that this will grow by 1,233 treatments per year by 2025**

# Kirklees

Continuity of care

Maintaining and improving choice



For some patients, they will be able to have their chemotherapy for rarer cancers at their local hospital  
**For Kirklees 662 treatments for skin & sarcoma currently at LHTT**

Equity of access to expert care wherever you are



I will be able to access more research trial treatments at my local hospital  
**If trial opportunities were equitably distributed, an additional 1,314 Kirklees patients per year would be able to access trials locally**

70% of cancer diagnoses are for the four most common types - Breast, Bowel, Lung or Prostate

If I become unwell I will be able to:

- access expert help via a phone line 24/7
- access care at my local hospital in most cases- either as an OP, for assessment or if needed an admission
- if I am very unwell and need to be admitted under the care of my oncologist, I may be admitted to Huddersfield (or Leeds for a small number of patients with rarer cancers or complex radiotherapy related issues)
- if I am that unwell it is likely that I will be transported to Huddersfield or Leeds by ambulance
- If I get my care at another hospital, eg Barnsley, that will continue, including if I become unwell unless I choose otherwise.

**For Kirklees this is 2097 calls, 665 assessments, 365 admissions**

# Public Engagement

From Summer 2023 the NSO Programme engaged with the public to establish how the proposals were regarded. Fifteen face-to-face and three online events were held across West Yorkshire and Harrogate.

Street surveys which provided quantitative data on how the proposals were regarded were undertaken in January 2024.

Engagement established that there is **broad support for the proposed model of care in all places within West Yorkshire and Harrogate**, with current travel issues being regularly cited as an issue. Engagement feedback has been shared with implementation teams and a transport working group has been established.

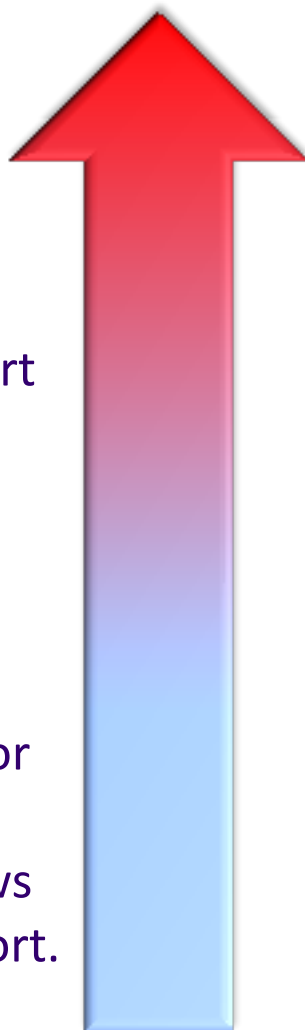
Engagement has provided assurance that the proposals will provide improved access to care close to patient's homes and are supported by



# Kirklees Street Survey Feedback

Engagement surveys identified strong support for all of the NSO proposals amongst Kirklees residents.

The depth of support for the various proposals varied. Table right shows the rank order of support.



SACT available at hospital closest to patient's home **93% +ve, 2% -ve**

LSJUH & HRI to provide specialist beds

All SACT day units to remain open

Universal availability of Acute Oncology services

SACT available outside of hospital settings

Protection of local care for common cancers

Better access to clinical trials

Broader skills mix in clinic workforce

Overall Proposal

Change to IP flows, MYTT catchment from LSJUH to HRI

**BRI to stop hosting specialist oncology beds**

Cancer Centre to remain only place managing rare cancers **53%+ve, 22% -ve**

# Financial Business Case

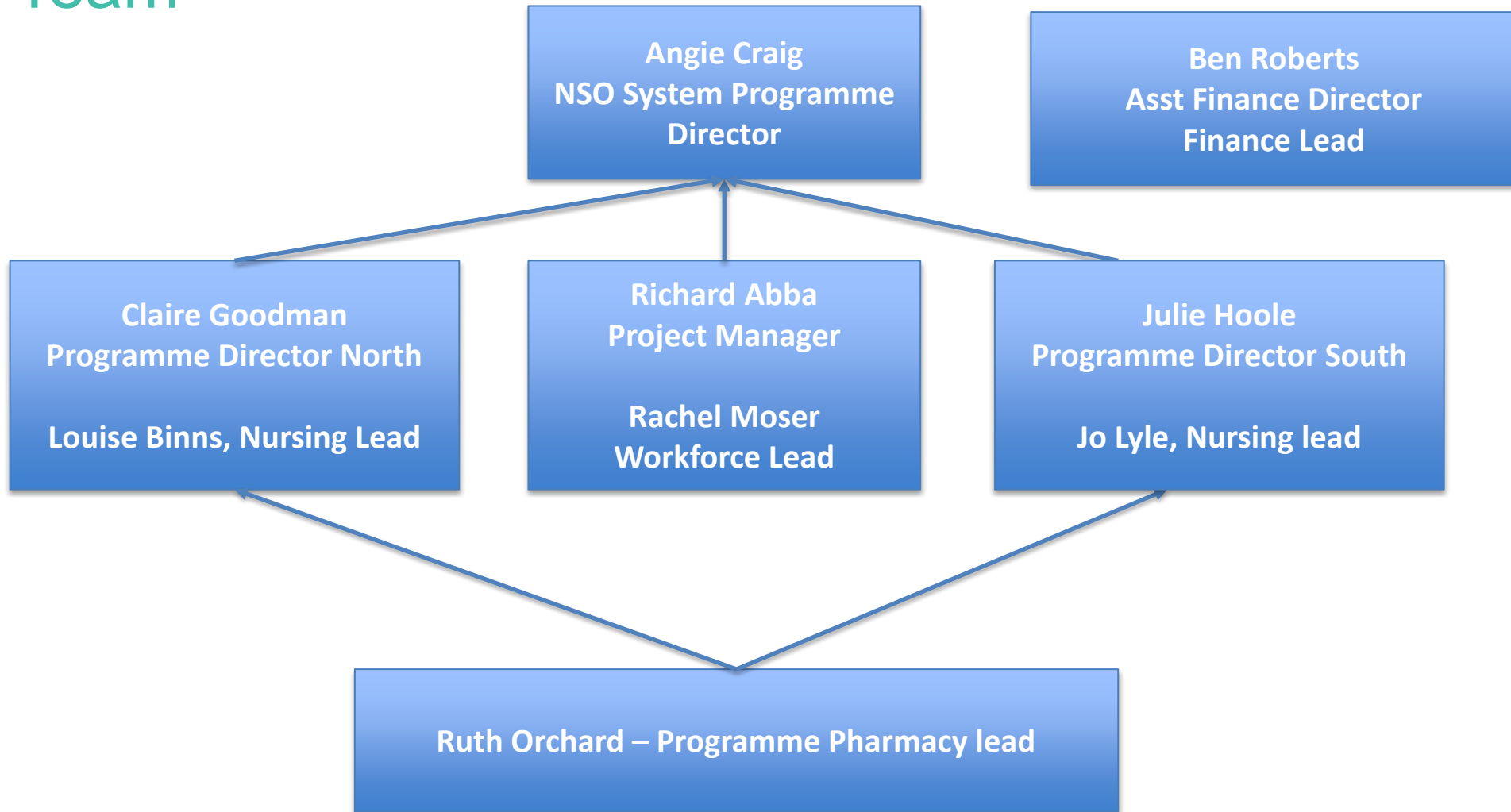
No.	Steps	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
1	Briefing for Information														
2	Business Case Draft Ready														
3	Internal Stakeholder Review														
4	<b>ICB place Exec Groups - Draft</b>														
5	Spec Comm Snr Group - Draft														
6	WYAAT Exec Groups - Draft														
7	Business Case Draft to Final														
8	<b>ICB place Exec Groups - Final</b>														
9	Spec Comm Snr Group - Final														
10	WYAAT Exec Groups - Final														
11	ICB Groups - Final														
12	Brief to Company Secs														
13	Contingency Month														
14	CiC Approval														
15	Individual Trust Boards														
16	ICB Board Approval														

A financial business case will be developed to underpin the workforce transformation, service reconfiguration and digital investments necessary to create the new NSO model of care.

Place will be kept fully informed on the business case.

Place SMT oversight will be a governance step in the approval process

# The NSO Programme Core Team





# Residents of HD8 Postcode

A minority of Kirklees patients, from HD8 postcode, attend Barnsley District Hospital for their cancer care and are under the care of Sheffield Teaching Hospitals NHS Foundation Trust.

Their care is not impacted by these proposals

## HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**MEMBERS:** Cllr Bill Armer (Lead Member), Cllr Beverley Addy, Cllr Itrat Ali, Cllr Jo Lawson, Cllr Alison Munro, Cllr Habiban Zaman, 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. Resources of the Kirklees Health and Adult Social Care Economy</b></p>	<p>To consider the resources of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> <li>• 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 year budgets; and to identify any risks.</li> </ul>	<p><u>Panel meeting 16 August 2023</u></p> <p>Representatives from key organisations provided an update in relation to each organisation’s financial position, which included the risks and mitigations in the longer term, and also provided an overview of the next steps for the current financial year and future years.</p> <p>The Panel noted the commitment from partners to continue to work together to ensure sufficiency, drive out health inequalities and to understand the needs of the population.</p>
<p><b>2. Capacity and Demand – Kirklees Health and Adult Social Care System</b></p>	<p>To monitor the work being done by Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics, and diagnostics to include:</p> <ul style="list-style-type: none"> <li>• Receiving updated data on waiting list times by service to assess progress against data received by the Panel last year (August 2022) to include: update on waiting times for children requiring dental</li> </ul>	<p><u>Panel meeting 16 August 2023</u></p> <p>Representatives from partner organisations presented details of the work being done in relation to capacity and demand.</p>

	<p>extractions under general anaesthetic and actions being taken to reduce delays (see item 7).</p> <ul style="list-style-type: none"> <li>• An update on diagnostic waiting times.</li> <li>• An update on the management of waiting lists and plans to reduce and catch up with delays in planned surgery with a particular focus on the numbers of people waiting 52 weeks or longer.</li> <li>• Review of cancelled elective/ planned procedures.</li> <li>• Considering new developments and initiatives, such as the community diagnostic hubs, that are being introduced to address the backlog.</li> </ul>	<p>The information was noted, and the Panel acknowledged that primary care demand was currently extremely high, and the position had only just been recovered to a pre-covid position, with workforce challenges more keenly felt in small GP practices.</p> <p>The Panel noted that the home first approach continued with the overarching principle to discharge people home with the right support leading to the increased hours in care provision.</p>
<p><b>3. Joined up Care in Kirklees Neighbourhoods</b></p>	<p>To continue to review the work of health services in the community to include:</p> <ul style="list-style-type: none"> <li>• Assessing progress of the integration of services and workforce.</li> <li>• Considering the work that is being done locally to action the national delivery plan for recovering access to primary care.</li> <li>• An update on the work of community pharmacy and the proposals from Government and NHS on price concessions reform and relief measures to ease pressure on pharmacies.</li> </ul>	<p><u>Panel meeting 27 September 2023</u></p> <p>Representatives from the Kirklees Health and Care Partners provided an update on Joined Up Care in Kirklees Neighbourhoods.</p> <p>The Panel acknowledged that the information submitted did provide good evidence of the progress that was being made in integrated working despite the pressures in the local health and adult social care system.</p>

<p><b>4. Mental Health and Wellbeing</b></p>	<p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> <li>• A focus on access to inpatient services including the proposals for transforming Older People’s Mental Health Inpatient services.</li> <li>• Look at the work being undertaken by the Kirklees Integrated Wellness Service and the Thriving Kirklees Single point of Access Service with a focus on CAMHS.</li> </ul>	<p><u>Panel meeting 16 August 2023</u></p> <p>The Panel agreed to set up a formal JHOSC with Calderdale and Wakefield Council to consider the Older People’s Mental Health Inpatient Services.</p> <p>The first meeting of this JHSOSC will be on 27 November 2023 in Wakefield.</p>
<p><b>5. Managing capacity and demand</b></p>	<p>To look at the work that is being done in the community to reduce unnecessary admissions to hospital to include:</p> <ul style="list-style-type: none"> <li>• Considering the actions and initiatives to support hospital avoidance and provide the appropriate level of care and support at or closer to home.</li> <li>• To look at the work being done by the local authority and Locala on providing reablement support to include work being done pre-discharge, during discharge and post discharge.</li> <li>• To review the data on the numbers of discharges and readmissions (after 28 days) from all health care settings over the last 12 months.</li> </ul>	<p><u>Panel meeting 27 September 2023</u></p> <p>The Panel heard from representatives from the Kirklees Health and Care Partners who provided an update on managing Capacity and Demand, and was assured that necessary admissions to hospital were being reduced.</p> <p>The Panel was pleased to note that there was currently no waiting list in Kirklees for home care provision.</p>
<p><b>6. Maternity Services</b></p>	<p>To follow up on the concerns of the Panel that women who live in Kirklees are currently unable to access a birth centre located in their local district to include:</p> <ul style="list-style-type: none"> <li>• An update on the work being done by CHFT and MYHT to reintroduce birthing centres in Kirklees.</li> <li>• Establishing a timeline for the reopening of services and submission of the proposed maternity services model for Kirklees.</li> <li>• An update on maternity services workforce.</li> </ul>	<p>(A visit to Pinderfields Birthing Centre took place on Monday 16<sup>th</sup> October 2023)</p> <p><u>Panel meeting 22 November 2023</u></p> <p>The Panel heard from representatives from Mid Yorkshire Teaching NHS Trust, and Calderdale and Huddersfield Foundation NHS Trust. The Panel was satisfied that MYTT had</p>

	<ul style="list-style-type: none"> <li>Formally agreeing next steps to include the approach to communicating and publicising the issue.</li> </ul>	<p>firm proposals and timeframes to re-open the birthing unit at Dewsbury District Hospital.</p> <p>The Panel remains concerned about the continued closure of the birthing unit at Huddersfield Royal Infirmary.</p> <p>A further update in relation to next steps will be brought to the Panel early in 2024.</p>
<p><b>7. Access to dentistry - (Kirklees Issues)</b></p>	<p>To follow up on the concerns of the Panel regarding the significant delays for children requiring dental extractions under general anaesthetic to include:</p> <ul style="list-style-type: none"> <li>An update from Locala, CHFT and MYHT on the actions being taken to enable the availability of appropriately staffed theatre time to support the management of the waiting list.</li> <li>Input from the West Yorks Integrated Care Board (WYICB) to include its response to the delays as the new commissioner of dental services in West Yorkshire.</li> <li>An update following the WY JHOSC meeting on 23<sup>rd</sup> November 2023 where the West Yorkshire Integrated care board will provide information on spending / budgets, flexible commissioning, local workforce plan and the influence on national policy.</li> <li>To identify and follow up on the specific issues affecting Kirklees i.e. access to acute theatres.</li> </ul>	<p><u>Panel meeting 27 September 2023</u></p> <p>The Panel was advised that CHFT, at the time of writing of the report, had 12 children awaiting surgical dental extraction. At the time of the report preparation, 119 paediatric patients in MYTT were currently awaiting surgical dental extraction.</p> <p>The issue of access to dentists and paediatric surgical dental extraction remains an area of concern for the Panel.</p> <p>Further information will be provided to the Panel following the West Yorkshire Joint Health Scrutiny Meeting on 23 November 2023.</p> <p><u>Panel meeting 24 January 2024</u></p> <p>Following the West Yorkshire Joint Health Scrutiny Meeting on 23 September, the Panel was advised that the ICB had become the</p>



		<p>responsible commissioners for dentistry in April 2023 and outlines their medium to long-term ambition. The issue of access to NHS dentists and paediatric dental extractions remained an area of concern for the Panel.</p> <p>Further information on inequalities between Huddersfield and Dewsbury was requested, along with data for people attending A &amp; E who were registered with an NHS dentist.</p>
<p><b>8. Kirklees Safeguarding Adults Board (KSAB) and the Care Quality Commission (CQC)</b></p>	<ul style="list-style-type: none"> <li>• To receive and consider the KSAB Annual Report 2022/23 in advance of discussions with the KSAB Independent Chair to enable the Panel to identify areas of concern and/or interest.</li> <li>• Receive a presentation from the CQC on the State of Care of regulated services across Kirklees.</li> <li>• To arrange a discussion with both KSAB and CQC to help provide the Panel with an overview of the quality and safety of adult social care provision.</li> </ul>	<p><u>Panel meeting 28<sup>th</sup> February 2024</u></p> <p>The Panel heard from the Independent KSAB Chair who advised that in 2022-23 the Board had worked jointly with regional consortium colleagues in procuring an online platform with the overarching aim of joint Multiagency safeguarding adults policy and procedures to be easily accessed by all partner organisations in West Yorkshire, North Yorkshire and York.</p> <p>Several networking groups had taken place inviting frontline staff and volunteers working in the safeguarding arena. The Board continued to work together with partner organisations and people in the community.</p> <p>The Panel was satisfied with the work that had taken place by KSAB in 2022-23</p>
<p><b>9. Adult Social Care / CQC Inspection</b></p>	<p>To continue to focus on the services being delivered by Kirklees Adult Social Care to include:</p>	<p><u>Panel meeting 26 October 2023 (informal)</u></p>

	<ul style="list-style-type: none"> <li>• Looking at the Council’s approach to preparing for the CQC inspections</li> <li>• Considering the new CQC inspection areas of responsibility to understand the assurance regime.</li> <li>• To look at emerging themes and outcomes from the CQC pilot inspection sites.</li> <li>• Receive details of the broader range of changes that the Council is developing to improve the social care offer.</li> <li>• Supported Living.</li> <li>• To consider the CQC self-assessment and development plan.</li> </ul>	<p>The Panel noted that ASC will be given five weeks notice of the inspection and the inspection could be as early as November, or up to 18 months time.</p> <p>The Panel was satisfied that the ASC team in Kirklees was well along with its preparations for the five key ‘I’ statements and the core themes emerging from pilot areas.</p> <p><u>Panel meeting 28<sup>th</sup> February 2024</u></p> <p>The Panel noted that during 2023, five pilot sites had been inspected, with another 20 due between October 2023-March 2024. The ASC team had noted the emerging themes and outcomes from the CQC pilot inspections in readiness for Kirklees inspection.</p> <p>The Panel was satisfied with the progress of the ASC team and how well prepared they were in readiness for the Kirklees inspection.</p>
<p><b>10. Consultation on the closure of Claremont House and Castle Grange</b></p>	<p>The Panel will consider the consultation in relation to the proposals to close 2 care home in Kirklees to focus on:</p> <ul style="list-style-type: none"> <li>• What has been done to date with the consultation.</li> <li>• Emerging themes coming out of the consultation process and how these will be addressed.</li> <li>• The plans for the remaining weeks before a decision will be formulated and decided upon by Cabinet.</li> <li>• The Integrated Impact Assessment</li> <li>• Longer term impact information</li> </ul>	<p><u>Panel meeting 22 November 2023</u></p> <p>The Panel heard from officers within Adult Social Care who outlined the proposals for approval in principle to withdraw from the long stay residential care market. The report also covered a summary of the aims, principles, methodology and emerging themes of the public consultation.</p>

		<p>The Panel also heard from families of residents of Claremont House and Castle Grange and the Panel heard that measures were in place to engage with and ask questions of officers of the Council. The Panel noted that individual conversations were offered to families and carers.</p> <p>The Panel requested clarity on the financial details contained within the Cabinet report. They noted the information received regarding the consultation and may to return to the issue at a later date.</p> <p><u>Panel meeting 28<sup>th</sup> February 2024.</u></p> <p>The Panel heard from officers within Adults Social Care who outlined the proposal to Cabinet for the future of council run dementia care homes. The report was seeking approval to explore potential opportunities to transfer two homes to an independent sector provider with the council continuing to operate the homes during this time, and thereafter if a transfer was not successful. The service had been approached by several independent providers who wished to explore this as a potential opportunity.</p> <p>The Panel welcomed the proposal to explore opportunities to transfer as a going concern</p>
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		with the view that the council would continue to operate the homes if not successful.
<b>11. Joined up hospital services in Kirklees.</b>	<p>To look at the work being developed by Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Teaching NHS Trust to provide joined up services in Kirklees to include:</p> <ul style="list-style-type: none"> <li>• The approach to delivering non-surgical oncology services for Kirklees residents.</li> <li>• The approach being taken to develop the partnership working between the two trusts including details of other services that have the potential to be jointly delivered and/or supported.</li> <li>• Data to demonstrate the benefits to patients for those services that are jointly supported and/or delivered.</li> </ul>	
<b>12. External Consultancy</b>	<p>Adult social care has recently instructed an external commission consultant to support the identification of pathway and demand efficiencies. The commission will take the form of an exploration/analysis stage and then a potential change programme of work to embed efficiency opportunities.</p>	<p><u>Panel meeting 26 October 2023 (informal)</u></p> <p>The Panel noted the reasons for instructing the external consultancy Newton Europe due significant challenges facing ASC over the coming years, including national and local current financial challenges.</p> <p>The Panel was satisfied that the officers, along with Newton would be in a position to deliver the transformation needed to safeguard the council and its population.</p>
<b>13. Carephones Restructure</b>	<p>The Panel will consider the decision in respect of the Key Decision Principles:</p>	<p><u>Panel meeting 17 November 2023</u></p>

	<ul style="list-style-type: none"> <li>• Relevant considerations – Lack of evidence that due regard has been given to the impact on service users, particularly disabled people.</li> <li>• Consult - lack of consultation with service users</li> <li>• Options considered – No detail of alternative options considered and reasons for disregarding any potential options.</li> </ul>	<p>The Panel heard from signatories to the call in regarding concerns in relation to impact and consultation. Having considered the issues, the Panel requested that the stage 2 impact assessment be published with the decision, and noted the change in provision was not substantial and would not result in the removal of an elements that were already provided. The Panel was satisfied that the alternative funding streams had been considered and was content that the means tested model offered the fairest way of funding provision.</p> <p>The decision taken in relation to care phones was therefore freed for implementation.</p>
<p><b>14. Non-Surgical Oncology</b></p>	<p>To follow up the concerns of the West Yorkshire Joint Health Overview and Scrutiny Committee regarding a change in service for non-surgical Oncology:</p> <ul style="list-style-type: none"> <li>• Engagement – The rationale for choosing the locations to undertake engagement,</li> <li>• Plans to transfer inpatient services,</li> <li>• Travel and continuity of care.</li> </ul>	

Golden Threads:

Workforce recruitment and retention.

Impact of Covid-19.

Performance data to be included where appropriate to inform the individual strands of work.

Inequalities in health to include checking the work being done to promote the range of services and support available to deprived communities and actions/initiatives to increase uptake of services and screening programmes.