

Contact Officer: Yolande Myers

KIRKLEES COUNCIL

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 16th July 2025

Present:

Councillor Colin Hutchinson - Calderdale Council (Chair)
Councillor Jonathan Timbers - Calderdale Council
Councillor - Rizwana Jamil - Bradford Council
Councillor Andrew Scopes - Leeds Council
Councillor Sandy Lay - Leeds Council
Councillor Betty Rhodes - Wakefield Council
Councillor Andy Nicholls - Wakefield Council

In attendance:

Ian Holmes – West Yorkshire Integrated Care Board
Debra Taylor-Tate – West Yorkshire Integrated Care Board
Adrian North – West Yorkshire Integrated Care Board
Dave Campbell-Hemming – West Yorkshire Integrated Care Board

Apologies:

Councillor Elizabeth Smaje - Kirklees Council
Councillor Andy Solloway - North Yorkshire Council
Councillor Andrew Lee - North Yorkshire Council

- 1 Appointment of Chair and Deputy Chair**
Councillor Elizabeth Smaje was appointed as Chair of the Committee and Councillor Colin Hutchinson was appointed as Deputy Chair of the Committee.
- 2 Membership of the Committee**
Apologies for absence were received on behalf of Councillors Smaje, Solloway and Lee.
- 3 Minutes of Previous Meeting**
The Minutes of the Meeting held on 30 April 2025 were approved as a correct record.
- 4 Declarations of Interest**
Councillor Sandy Lay declared an 'Other Interest' as an employee of Harrogate District Foundation Trust.

Councillor Jonathan Timbers declared an 'Other Interest' as an employee of the Equality and Human Rights Commission.

Councillor Colin Hutchinson declared an 'Other Interest' as the Chair of Doctors for the NHS and a Member of Keep Our NHS Public.

5 Deputations/Petitions

No deputations or petitions were received.

6 Operational Planning

The Joint Health Overview and Scrutiny Committee (JHOSC) received a presentation on the 2025/26 operational planning framework for the West Yorkshire Integrated Care Board (ICB). The presentation outlined a whole-system approach to planning, integrating finance, workforce, activity, and performance considerations. The ICB's final plan, submitted in March 2025 and updated in April, aimed for a break-even position, supported by £49.2 million in deficit funding and £432.6 million in planned efficiencies which was equivalent to 6.7% of the ICB's total allocation. A system risk of £33.2 million was held centrally for planning purposes.

The presentation outlined that the approach to resource utilisation was underpinned by transformation initiatives, collaborative service reviews, and integrated neighbourhood health models. Key focus areas included elective recovery, productivity improvements, and the full implementation of recommendations from a Price Waterhouse Cooper external review. The ICB acknowledged there would be difficult decisions to ensure financial sustainability while maintaining service quality and access.

The Committee advised that workforce planning remained a priority, with the region seeing continued growth in the substantive healthcare workforce and a reduction in reliance on bank and agency staff. Notably, there had been a significant increase in Hospital and Community Health Service doctors and General Practitioners, largely due to the expansion of Resident Doctor posts. The Committee was advised that the ICB would continue to focus on managing vacancies, reducing temporary staffing further, and improving efficiency in the non-clinical workforce over the coming year.

It was noted that performance metrics were reviewed across several domains, including elective care, cancer, diagnostics, mental health, and learning disabilities. The ICB had set ambitious targets to reduce long waits and improve access, with planned improvements in Referral to Treatment times, cancer diagnosis standards, and diagnostic waiting times. Mental health metrics also showed progress, including reductions in out-of-area placements and improved access to talking therapies and perinatal services.

The Yorkshire Ambulance Service (YAS) operational plan was also presented, highlighting a projected 3.9% increase in demand. Despite this, deployed hours on the road were planned to be maintained, contingent on £11 million in growth funding. Improvements were expected in "hear and treat" and "see and treat" rates, with increased staffing in Emergency Operations Centres. YAS was broadly compliant with national commissioning guidance, although some areas required further system-wide support.

The presentation outlined key risks to delivery and the governance structures in place to mitigate them. These included financial pressures, national reforms, workforce challenges, and rising non-elective demand. Mitigation strategies involved cross-system collaboration, targeted programmes, and strengthened oversight

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through established committees such as the Finance, Investment and Performance Committee and the System Oversight and Assurance Group. Each place within West Yorkshire would contribute to the final operational plan sign-off, ensuring local accountability and alignment with regional priorities.

During discussions, the Committee commented on the following issues: -

- The six key diagnostics monitored were MRI, CT scan, non-obstetric ultrasound, echocardiogram, endoscopy, and electrophysiology tests.
- Concerns raised about long waits for treatments like cataracts and the disparity between NHS and private sector waiting times.
- Clarification sought on whether patients who re-refer themselves are counted twice in Referral to Treatment statistics.
- In relation to Performance and Transparency, Members stressed the importance of clear, accessible reporting for public understanding.
- Emphasis placed on including detailed breakdowns of performance challenges in reports.
- Community Diagnostic Centres were discussed, with concerns about staffing shortages (e.g. radiographers) affecting their effectiveness despite investment in equipment.
- Out-of-area placements for mental health patients remained a challenge with a target to reduce from 51 to 14 by March next year.
- Talking therapies were performing well, with recovery rates above national targets.
- Annual health checks for people with learning disabilities were consistently above the 75% target.
- Inpatient care for people with learning disabilities and/or autism was still above the target of 53 at 71.
- Concerns were raised about missing or unclear data in reports, particularly around inpatient care for adults and children with learning disabilities or autism.
- Clarification provided that national reporting combined some metrics, which may obscure local detail.
- Calls for better integration of GP-level data into ICB reporting to reflect community-level needs more accurately.
- Regarding Governance and Reporting, Members requested more granular and locally relevant data to support scrutiny and decision-making.
- A Request to receive data on the use of restraint in mental health units, including breakdowns by protected characteristics.
- Demand for ambulance services had risen by 3.6% over the past year.
- Staff numbers and deployed hours were being maintained, with increased use of clinicians in control centres, from 85 to 112.
- Category 2 response times were improved at 21–24 minutes.
- Ongoing work with NHS England and ICBs to reduce conveyance rates and improve “hear and treat” and “see and treat” outcomes.

RESOLVED –

- 1) That representatives of the ICB be thanked for their report and attendance at the meeting.

- 2) That the Committee be provided with the following additional information: -
 - (i) details of the NHSE commissioned piece of work to understand how each ICB handle financial support (concurrent / non-concurrent) to ensure all ICB's are applying same criteria / assumptions.
 - (ii) data regarding workforce, specifically the reliance on bank and agency staff.
 - (iii) information relating to the increase in resident doctors, specifically the split in those who are in training places vs those on locally employed contracts, and to provide the number or percentage of vacancies.
 - (iv) confirmation as to the 6 main diagnostic tests for cancer treatment, and whether patients are being 'double counted' if they have been discharged but then return for further treatment.
 - (v) further information be provided on the statistics in the WY area relating to reliance on mental health inpatient care for autistic adult
 - (vi) data on the number of restraints taking place in Mental Health Units for WY patients, compared to national data.

7 West Yorkshire Association of Acute Trusts

The Committee received an update from the West Yorkshire Association of Acute Trusts (WYAAT) regarding its ongoing collaborative work across the region. The briefing outlined WYAAT's role as a provider collaborative, not a statutory organisation, comprising six NHS trusts working together to address shared challenges in acute hospital services. The Committee noted that WYAAT aimed to reduce unwarranted variation and improve access, outcomes, and patient experience across West Yorkshire and Harrogate.

The Committee was informed that WYAAT operated under a Committee in Common governance model, where Chairs and Chief Executives of the six member trusts met to direct the collaborative programme. Decisions supported by this committee required formal approval by each trust board. WYAAT also reported progress to the ICB, with the ICB retaining responsibility for decisions affecting patient access to services.

Members noted the progress of several key programmes. The Pharmacy Aseptics initiative had begun production at an interim site, with the aim of reducing reliance on commercial suppliers and freeing up nursing time. The Pathology programme had advanced with the deployment of a single Laboratory Information Management System (LIMS) and new diagnostic equipment, including the Centre for Laboratory Medicine in Leeds, enhancing efficiency and clinical decision-making.

The Imaging programme had successfully implemented over 250 home reporting stations and a shared reporting solution, enabling cross-site radiology collaboration. Additionally, all trusts had adopted AI software for Chest X-rays, supporting clinicians in diagnosing conditions such as lung cancer and pneumonia. These developments were expected to improve diagnostic accuracy and reduce delays in treatment.

The Committee was updated on the Planned Care programme, which focused on reducing waiting times through productivity improvements, benchmarking, and implementation of national recommendations such as Getting It Right First Time

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(GIRFT). Collaborative efforts across trusts had also supported innovations like patient-initiated follow-up and virtual appointments, with clinical networks playing a key role in driving these improvements.

Procurement collaboration had yielded significant cost savings, with £2.3 million saved in the previous year through joint purchasing. WYAAT was exploring a more formalised procurement structure to enhance future savings. The Committee also heard about the work of the Integrated Stroke Delivery Network (ISDN), which had launched a new website for post-discharge support and implemented AI tools for stroke detection.

In response to the national 10 Year Health Plan, WYAAT had begun reviewing how to align its services with the plan's strategic shifts: moving care from hospital to community, focusing on prevention, and embracing digital transformation. The review included exploring integrated neighbourhood health models and cross-trust collaboration to optimise use of assets and ensure equitable access to care.

Finally, the Committee discussed the implications of recent structural changes to the NHS, including the absorption of NHS England into the Department of Health and Social Care and mandated reductions in ICB and provider running costs. WYAAT was actively engaging with the ICB and partners to manage this transition, recognising the importance of provider collaboration in delivering the future NHS operating model.

During discussions, the Committee commented on the following issues: -

- Members acknowledged WYAAT's growing role in shaping services due to changes in NHS commissioning structures.
- The Committee will consider how best to scrutinise WYAAT's work as its influence increases.
- Concerns were raised about the lack of reference to emergency care in the WYAAT briefing, despite its importance to public confidence in the NHS.
- It was clarified that emergency care was primarily addressed at the local "Place" level, involving primary care and community services, rather than through WYAAT collaboration.
- WYAAT did support best practice sharing in emergency care, including deployment of same-day emergency care models across trusts.
- Questions were raised about the effectiveness of centralising laboratory services, particularly microbiology, and whether it delivered the expected benefits.
- It was explained that the new laboratory at St James's Hospital offers extended hours and advanced automation, which improved turnaround times and mitigated risks associated with sample transport.
- The location of the new aseptics hub was confirmed to be on an industrial estate near the M621/M62, chosen for its accessibility to all partner trusts.

RESOLVED

- 1) That WYAAT be thanked for their comprehensive and informative report.
- 2) That further updates be brought to the Committee when appropriate.

