

**WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE,
Thursday, 10th August, 2023**

PRESENT:

Councillors: Rizwana Jamil, Bradford Metropolitan District Council
Allison Coates, Bradford Metropolitan District Council
Colin Hutchinson, Calderdale Council
Liz Smaje, Kirklees Council
Beverley Addy, Kirklees Council
Caroline Anderson, Leeds City Council
Andrew Lee, North Yorkshire County Council
Andy Solloway, North Yorkshire County Council
Betty Rhodes, Wakefield Metropolitan District Council
Kevin Swift, Wakefield Metropolitan District Council

SUBSTITUTES PRESENT

Councillors:

1 ELECTION OF CHAIR AND DEPUTY CHAIR FOR 2023/24 MUNICIPAL YEAR

Mike Lodge, Senior Scrutiny Officer, Calderdale Council, started the meeting and asked for the election a new Chair and Deputy Chair. Cllr Smaje was nominated as Chair by Cllr Hutchinson and seconded by Cllr Rhodes, all members agreed. Cllr Hutchinson was nominated as Deputy Chair by Cllr Smaje as the Deputy Chair and seconded by Cllr Solloway, all members agreed.

2 SUBSTITUTES NOMINATED FOR THIS MEETING AND APOLOGIES FOR ABSENCE

No substitutes had been nominated for this meeting, apologies received from Cllr Scopes and Cllr Blagbrough.

3 MEMBERS' INTERESTS

Cllr Smaje expressed an interest in Item 8 as she is a member of Coeliac UK. No other interests were recorded during the meeting.

4 PUBLIC DEPUTATIONS

There were no deputations received from members of the public.

5 MINUTES OF THE WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 28TH FEBRUARY 2023

Members raised concerns around the Dental Needs Assessment that had been requested at the meeting on November 29th. Although the report has now been received by members of the committee, the level of detail received on oral cancers was considered to be insufficient and a follow up item was requested.

RESOLVED that the Minutes of the meeting of the West Yorkshire Joint Health Overview and Scrutiny Committee held on 28th February 2023, be approved as a correct record, and signed by the Chair.

6 WEST YORKSHIRE INTEGRATED CARE BOARD JOINT FORWARD PLAN

The Associate Director of Strategy at West Yorkshire Integrated Care Board submitted a written report detailing the Integrated Care Board's Joint Forward Plan to deliver the West Yorkshire Integrated Care Strategy. In line with statutory guidelines, the integrated care strategy outlined is owned by the Integrated Care Partnership, a wider group of partners across West Yorkshire, whilst the Joint Forward Plan is owned by the ICB. The joint forward plan is designed to be the NHS elements of the strategy for West Yorkshire.

There have been challenges around the timelines for the Joint Forward Plan, however this is the first year of the JFP and moving forward it will be built into the ongoing engagement mechanisms already undertaken by the ICB. There was also a lot of engagement work with partners in place and the JFP was built around local plans.

The JFP consists of five place plans which respond to four different elements:

- The long-term plan
- The delegated functions from the ICB
- The ten ambitions within the ICS
- The local Health and Wellbeing Board priorities

The place plans have gone through their own engagement and governance processes before receiving sign off from the IBC committees at place level. The JFP consists of the five place-based plans along with a document setting out upcoming work at West Yorkshire level.

During the consultation for the JFP, six themes were identified, these themes have been prioritised in the JFP:

- Access to services, particularly GPs and dental services
- Tackling inequalities
- Co-ordination of services
- Having workforce to deliver the appropriate services
- The impact of the cost of living on health services
- Getting the basics right in delivery of services

A large part of this work has also focused on aligning work happening at West Yorkshire level and at place level.

The JFP includes a set of metrics through which the ten big ambitions will be monitored, this was incorporated following feedback from the Partnership Board and ICB. It was acknowledged there is still a lot of ongoing work on this, trajectories for the metrics are currently being built.

The JFP is a live document to allow amendments and regular refreshes. The JFP is part of the ICB's business planning cycle, there has been an attempt to align the plan with the operational planning so that different pieces of work are linked in a meaningful way of making sure the strategy is being delivered.

Making better connections and working with people across the systems has been a key priority in the plan, to assist with this an improvement framework around the delivery of the JFP and ICS is also in development. Improvement forums are being held on a quarterly basis.

During discussion members commented on the following issues:

- In relation to the JFP, who was this written for? The tone and quality of the writing is variable throughout, some sections include a lot of jargon and would require specialist knowledge to understand. In response, the document was designed for the for the organisations who are working together on plan but there are other versions of the document that are more accessible and designed with the public in mind.
- Concerns were raised about what isn't mentioned within the JFP. For example, vaping, vaccinations programmes specifically measles, encouraging participation in national screening programmes, digital exclusion, misuse of drugs, diagnosis of neurodiversity, dual diagnosis programmes and family centres. There was a particular concern about rapid diagnosis, and the impact online or telephone consultations have on this, not being considered in the plan as a priority. In response, the JFP focuses on delivering the NHS elements and some of the concerns raised fall under Public Health's remit. There is a lot of work going on in some of the areas mentioned but may not have been emphasised in the document.
- Is there a delivery plan that goes with the JFP? In response, most of the areas contained within the JFP will have their own delivery plans as will the place plans.
- How does the plan relate to the issues identified during consultation, particularly access to GPs and dental services? In response, the GP access recovery plans are being developed throughout summer and early Autumn. The issues raised in relation to dental services were acknowledged, the ICB took over the commissioning of dental services in April and this is being prioritised. The unspent budget on dental in West Yorkshire is £6.5 million, of which £4 million has been allocated to urgent access schemes. There will also be funding for services for homeless people, oral health improvement and prevention and community dental services to reduce the wait times. The ICB are also looking to expand the flexible commissioning scheme. There are also conversations with the Department of Health and Social Care about fluoridation.
- How do the delivery plans discussed in the answer of the third question relate to the JFP and ICB ten priorities? If information isn't being fed in corporately, how will achievements and outcomes be identified to feed into the following years plan? In response, there has been a significant attempt that plans are being aligned with one another. A lot of the areas included within the JFP are required to have a delivery plan, any information included in the JFP is based around this delivery plan. An integrated dashboard is being put together for the ICB to bring together the metrics included in JFP, the ICB will be monitoring this quarterly which will greatly assist in the annual refresh.

- Regarding the JFP, at what point will achievements and/or concerns be monitored? In response, monitoring of the plan has already commenced, the ICB will be having an update in September.
- Concerns were raised around the increasing use of telephone appointments for GP consultations and what is being missed as a result, especially in relation to those at risk of digital exclusion. In response, there is a lot of work ongoing around digital exclusion, and this isn't reflected in the strategy as well as it could be. In terms of primary care services, there is a focus on face-to-face appointments. Work is ongoing with Community Pharmacy to help relieve some of the pressures on GPs.
- Concerns were raised about the funding of voluntary sector and community (VCS) projects carrying out community-based health projects. In response, as part of the engagement work conversations with the VCS did take place and some of which fed into the finance strategy to help drive investment to the VCS.
- Are the 'significant, non-recurrent measures that are essential to put the plan into place' discussed in the finance section of the JFP confirmed? In response, they haven't been confirmed. Figures from NHS England identified that there will be a medium-term financial problem for the ICB, a transformation and financial stability group have been set up to develop a more detailed plan.
- Are there plans in place to consider how best to reach more people during consultation? There are plans in place which are being rolled into the involvement framework. During consultation, there was significant involvement from the communications team but there are now conversations about how to do this better in future. Consultation is not the only source of information to support the prioritisation.
- Concerns were raised around the workforce chapter of the JFP, there is no information about 'growing your own' staff or outreach with schools and colleges, instead there is a focus on recruiting from overseas. In response, the JFP was written prior to the release of the national workforce plan which highlights a clearer way if working with local colleges and people. A lot of work is ongoing, but this may not be emphasised in the right way. In response to the issues raised around recruiting from abroad, there is an attempt to build an ethical and mutually beneficial partnership.
- Has the workforce observatory been kept going with an alternative funding stream? In response, continuation of the workforce observatory is part of wider conversation around running costs, there is a desire to continue the workforce observatory and support from partners.
- Who is monitoring the plans that underpin this strategy? In response, there are number of programme boards, ICB place committees which will monitor the local place and delivery plans. For West Yorkshire, some delivery plans feed into specialised committees e.g., cancer. Overall, for whole JFP, the ICB has responsibly for oversight.

IT WAS AGREED that the Associate Director of Strategy at West Yorkshire Integrated Care Board, would:

- a) Take forward the comments made about the style of the document and amend for next year's refresh.
- b) Discuss the gaps identified by Members, particularly vaping and digital exclusion, with lead officers and to consider whether to include in the refresh.
- c) Bring the JFP back to the West Yorkshire JHOSC at regular intervals.

- d) Share information on the National Information System Pilot with the board.

7 HARMONISATION OF COMMISSIONING POLICIES

Work on the harmonisation of commissioning policies has been going on for a number of years when necessary, since becoming an ICB in July 2022 there is now requirement for all policies to be harmonised meaning work needed to be accelerated.

This work is now in its final stages with only a few policies now requiring change. In the current stage, there was a total of eight policies where the commissioning threshold and detail needed to be harmonised. There are as follows:

- An age change in ear correction surgery
- A change in the BMI for corrective procedures after weight loss, covers six different procedures.
- A proposed change in the prescribing on gluten free products

In reference to the proposed change in the prescribing on gluten free products, there has been targeted engagement with those who currently receive prescribed GF products – approx. 900 people across West Yorkshire. Most of the feedback concerned the increased price, the availability and quality of GF products. The second stage of involvement has been completed and feedback will soon be collated, this was not targeted. Meetings with Coeliac UK have taken place as a part of the engagement process.

All feedback will be discussed at a full ICB meeting in September 2023, recommendations will then be made for the Transformation Committee for a decision in late September.

During discussion members commented on the following issues:

- If BMI changed to a harmonised 27 Body Mass Index, would this allow for individual exceptions? In response, it would allow for individual exceptions for a variety of reasons. As well as body image, there are also health reasons for these corrective surgeries and in this scenario, there would be a consideration.
- What clinical information about the risk of the body corrective surgeries and/or not having the corrective surgeries will go in front of the board? In response, it is possible to bring together statistics on post-operation health risks, there is no information that can provide a compelling threshold where the risks of having/not having the procedure go up. There are, however, benefits of achieving a BMI of 27 rather than maintaining a BMI of 30.
- In many cases, the lower denominator has been taken to harmonise all the policies. Why is this? In response, there are different reasons for each policy. For body corrective surgeries, a BMI of 27 was considered to be the best number on the balance of risk. For ear corrective surgeries, 18 is used as the cut off as anything above this would no longer be a childhood procedure.
- Is the choice of the lower denominator balanced on risk and medical opinion or is there a financial aspect to this decision? In response, a framework was

developed to understand the impact on the numbers of people who will require treatment if threshold were raised or lowered. Having a more stringent access threshold doesn't correlate with having lower levels of activity per head of population in each place. There is a belief there will be no change in activity levels because of the harmonisation.

- In terms of the proposed changes to the coeliac products, if the prescribed products are preferred, is there work that could be done with the producers to make these more accessible? In response, when considering the feedback which referred to a difference in the quality of products it was a surprise for both NHS officers and Coeliac UK that there was such a preference. Questions have been raised with Coeliac UK around this issue and there will be further work to explore this issue.
- There were concerns raised about the additional expense for people who will no longer receive prescribed Coeliac products, particularly for families as there it is a hereditary disease. In response, discussions are ongoing about the impact on lower income families, including with food banks to improve accessibility for specialist diets. Some places, e.g., Wakefield and Kirklees, have meal plans promoting cost-effective dishes, this information and resources is in the process of being shared across West Yorkshire.

IT WAS AGREED that the report be noted.

8 WEST YORKSHIRE JOINT HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Dates for a further three meetings in 2023/4 are currently being scheduled. A programme will be circulated shortly. Members suggested the following items for inclusion in the work programme, as well as a programme of reports on the ICB ten ambitions.

- Joint Forward Plan – Follow Up (February 2024)
- Dentistry and oral cancers (November 2023)
- Workforce
- Service Outcomes and delivery plans
- Winter Preparedness (unless considered at place based Scrutiny Committees)
- Women's Health

A meeting will be arranged between the Chair and Deputy Chair of the West Yorkshire JHOSC and Ian Holmes, Director of Strategy and Partnerships, West Yorkshire ICB to plan the work programme.

IT WAS AGREED that the report be noted.