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KIRKLEES COUNCIL

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday 16th January 2024

Present: Councillor Elizabeth Smaje (Chair)
Councillor Colin Hutchinson - Calderdale Council
Councillor Beverley Addy - Kirklees Council
Councillor Caroline Anderson - Leeds Council
Councillor Andrew Scopes - Leeds Council
Councillor - Rizwana Jamil - Bradford Council
Councillor Allison Coates - Bradford Council
Councillor Howard Blagbrough - Calderdale Council
Councillor Andy Solloway - North Yorkshire County
Councillor Betty Rhodes - Wakefield Council
Councillor Kevin Swift - Wakefield Council

1 Membership of the Committee

Apologies for absence were received on behalf of Cllrs Lee and Solloway.

2 Minutes of Previous Meeting

The Minutes of the Meeting held on 23 November 2023 were approved as a correct record.

3 Declarations of Interest

No interests were declared.

4 Admission of the Public

It was noted that all items would be considered in public session.

5 Deputations/Petitions

No deputations or petitions were received.

6 Public Question Time

No questions were asked.

7 Harmonisation of Commissioning Policies

The Committee received a report regarding the harmonisation of clinical policies across West Yorkshire.

Catherine Thompson, Associate Director, Planned Care advised the Committee that the West Yorkshire Integrated Care Board had been working to harmonise commissioning policies across the five places of West Yorkshire to remove differences in policies where they existed from the previous

commissioning organisations, the Clinical Commissioning Groups to help reduce inequalities in outcomes, experience, and access to treatments for people across the area.

The Committee was advised that work had been ongoing in relation to eye health care across West Yorkshire for a number of years. This work had seen some success with the conversion rate for referral to surgery increasing, and in December, success with the implementation of a single point of access to electronic referral. This referral was available through number of different routes, and although the ICB could not mandate that specific information was used, all patients were asked to be signposted to it.

In relation to the timeframes from being referred to receiving treatment, the Committee was informed that this was dependent on the reason for referral but for cataracts, the majority of patients would be able to access a service in around three weeks. If the service was provided by a private service provider, this would still be funded by the NHS.

The Committee was informed that monitoring of these private service providers did take place in which they had to submit data about patient outcomes to a national ophthalmology database. The outcomes were comparable to the NHS but noting that the more complex patients would receive provision from the hospital, and due to the complexity would not expect the same outcomes in terms of sight restoration. The implementation of the single point of access eliminated some of the unnecessary delay of being referred to a private provider when the NHS provision would have been more appropriate.

In relation to the infertility policy and wig provision, the end date had not yet been determined, but each area would lead their own engagement which would include online and contacting people who were specifically and directly affected.

The Committee wanted to understand whether the proposal for bariatric surgery would increase referrals beyond what the service could deal with. Ms Thompson explained that the population requiring the surgery remained the same, but it removed the one-to-two-year programme of weight loss they had to complete to prioritise them based on their health need.

Regarding needle biopsies of the prostate, the proposals would ensure any test done in least invasive way possible to get best assessment on the type of cancer and the risk to the patient.

RESOLVED – That the representative from the West Yorkshire ICB be thanked for their attendance and report.

8 West Yorkshire Urgent Care - Service Review

This item was deferred until the next meeting of the Committee.

9 Non-Surgical Oncology - Programme Update

The Committee welcomed members of the West Yorkshire Cancer Alliance to the meeting to outline work on the delivery of a long-term plan on improving outcomes for non-surgical oncology.

The Committee noted that proposals remained under development, with some work being completed to understand barriers, workforce pressures, the increasing prevalence of cancer and the opportunity to innovate to deliver treatment differently.

The Committee heard that from the interim market research undertaken, there was a strong level of public support for the proposals, particularly in relation to travelling to a location where specialist care could be provided. There had been a series of focused groups both in person and online with a key concern being travel and access. The relationship with primary care had been explored, and Healthwatch had also been a key partner in understanding that the wider needs of patients.

In relation to consultation, the Committee was advised that the ICB had delegated the decision to the Transformation Committee who could request or require consultation even though this may not be legally required. However, although a view had not been reached as to whether consultation was required, it was understood that this decision would be made around Summer 2024. 522 people had been involved in the market research and focus group activities, and it was felt that this was a good indication of public sentiment.

One of the key drivers for change was the difficulty in recruiting non-surgical oncologists and the Committee questioned what numbers were in the pipeline for training new oncologists to ensure a sustainable service.

The Committee also wanted to understand whether the inpatient beds would be in Calderdale Royal Hospital (CRH) or Huddersfield Royal Infirmary (HRI), as it appeared the hospitals were used interchangeably in the report, particularly given the concern that bed occupancy in those hospitals at the time of the report was 100%.

The Committee was advised that a considerable amount of work was being undertaken to ensure a sustainable workforce and recruitment would involve international candidates alongside work with the NHSE to increase the number of training places. It was noted that the shortage of non-surgical oncologists was a national problem and therefore, a key principle in the proposal was to look at discipline and understand what could be completed by a consultant nurse or consultant pharmacist rather than a non-surgical oncology consultant.

It was also noted that the inpatient bed base would be in HRI with an expanded bed base opening in March 2024. Regarding training places for consultant oncologists, this had increased by 50% but these places had not been filled and was the reason for looking at international recruitment. Once mapping was completed, it was projected that with future retirement and even with full recruitment, there would still be a shortfall of 14 posts by 2027. It was therefore important to look at the blended workforce model, with experts only doing what was absolutely required of them.

The Committee queried how the service would engage with hard-to-reach people and people living in areas of high deprivation about the proposals. The Committee was advised that work had been undertaken to go out and reach a socio-economic range alongside specific groups, inner city areas and all age groups, trying to cover as many bases as possible.

It was anticipated that the Outline Business Case would be produced in October 2024 with the Committee being advised that spending was currently £3m in excess of what it should be, particularly due to the use of locums. The costs of delivering care would increase in the future as more people had cancer and as a product of people living longer, better diagnosis and more care being required for a longer period of time. The current system was too fragile with reliance on locums and agency staff, and a move away from that model was required to make the service more resilient.

The Committee expressed some concerns around the engagement that had taken place across the place areas in West Yorkshire with some Committee Members being unaware that any was taking place in their local authority area. However, officers from the Cancer Alliance felt reassured that they had significant support for their proposals, and although overall they were keen to hear from more members of the public about the proposals, they were not certain what further value a statutory consultation would add.

In relation to the budget for the change, the Committee questioned whether the budget was in place for any reconfiguration and that it would not present a risk to other services. The Committee was advised though, that the Director of Finance believed the cost envelope of what was currently being spent would be sufficient for the change, albeit better spent on a reconfiguration going forward and would prove to be more resilient.

The Committee heard from the Cancer Alliance that if a change was not made to the service, there would continue to be a loss of expertise.

The Committee understood the need for change, but wanted to understand the engagement with patients, including considering the questions that patients were asked, more information about hard-to-reach groups, and how the impact of any change would specifically impact individual local authority areas.

RESOLVED – That discussions take place at each local authority place, and a further report be considered at a future meeting of this Committee.

10 Agenda Plan 2023/24

A discussion took place on the 2023/24 agenda plan.