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## **KIRKLEES COUNCIL**

### **WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Friday 15th March 2024**

Present:

Councillor Colin Hutchinson - Calderdale Council (Chair)  
Councillor Beverley Addy - Kirklees Council  
Councillor - Rizwana Jamil - Bradford Council  
Councillor Allison Coates - Bradford Council  
Councillor Andrew Lee - North Yorkshire County Council  
Councillor Betty Rhodes - Wakefield Council  
Councillor Kevin Swift - Wakefield Council

Apologies:

Councillor Elizabeth Smaje (Chair)  
Councillor Andrew Scopes - Leeds Council  
Councillor Howard Blagbrough - Calderdale Council  
Councillor Andy Solloway - North Yorkshire County Council

#### **1 Membership of the Committee**

Apologies were received on behalf of Councillor Elizabeth Smaje (Chair), Councillor Andrew Solloway, Councillor Andrew Scopes and Councillor Howard Blagborough.

#### **2 Minutes of Previous Meeting**

The minutes of the meeting held on 16th January 2024 were agreed as a correct record.

#### **3 Declarations of Interest**

No interests were declared.

#### **4 Public Deputations/Petitions**

No deputations or petitions were received.

#### **5 Health Inequalities and Prevention**

Cathy Elliot, Chair of NHS West Yorkshire ICB and Deputy Chair of the Health and Care Partnership and Sarah Smith, Consultant in Public Health and Deputy Director for Population Health shared a presentation with the Committee regarding Health Inequalities and Prevention.

The committee was advised that health inequalities were the unfair differences between different population groups and one of the main areas of focus was the inequalities relating to where people lived and the level of deprivation.

Work was led by Local Authority Directors for Public Health and Public Health teams within local communities collaboratively to understand and address inequalities.

The work undertaken so far had been in relation to:

- Capacity - bringing additional resources into West Yorkshire.
- Capability - upskilling those who were not public health trained in their understanding of health inequalities.
- Intelligence – commissioning or participating in research to better understand specific population groups.

There were four areas of focus for 2024/25, which were:

- Determinants of Health.
- Risk Factors – tobacco control / smoking cessation.
- Long Term Conditions Pathways– healthy heart, kidneys and lungs.
- Equity Based System and Health Inequalities Leadership.

The Committee highlighted their concern regarding the uptake on vaping, particularly in children and the risks associated with nicotine. In response the Committee was informed that support was in place through the tobacco alliance work and public health teams to support people to not start smoking or vaping, and this also included the stop to swap initiative.

The Committee acknowledged the health inequalities for those who were most in need and likely to receive the lowest provision. The Committee was advised that public health and local data helped to identify and influence resource allocation to communities most in need. Targeted work had also been undertaken in communities with higher levels of deprivation, such as the vaccination programme and core 20+ 5, as well as collaborative work to ensure people were getting support required.

The Committee asked how the health inequalities work would support the improvement of cancer screening uptake rates. In response, the Committee was advised that the Cancer Alliance had identified a health inequalities programme that focused on reducing inequalities in screening and early diagnosis, and was undertaking work around deprivation, ethnicity, inclusivity etc. Cancer was also a key priority of the core 20+5.

In response to the Committees query regarding diabetes, the committee was advised that diabetes was linked to cardiovascular diseases and healthy heart, and that some targeted work had been commissioned around the Diabetes Digital Weight Management Programme to help address inequalities.

The Committee acknowledged that some of the key areas of focus had been long standing and expressed their interest in seeing the improvements and the outcomes. In response, the Committee was advised that by contributing and having an impact in all areas of inequality helped to improve the overall health inequalities, but more could be added to illustrate the reduction in inequalities.

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The Committee was directed to the NHS West Yorkshire January Board report which provided information relating to NHS performance and progress towards outputs and outcomes against the strategic aims. The report helped to identify that the time and effort was making a difference.

The Committee was also advised that the NHS West Yorkshire Board at their meetings from April 2024 would consider the themes of inequality, to help them understand the highest and most prevalent inequalities and assess how services were commissioned. The Board also welcomed public involvement to help influence and shape how services were commissioned.

The Committee raised their concern regarding the measles outbreak and were advised that outbreaks were mainly in the Southeast of England and West Midlands. Numbers were high and infection spread rapidly amongst those unvaccinated with the rate of reproduction being 15. The immunisation rate needed to be at 95% for outbreaks to be prevented but figures showed 89.8% for the first dose and 84.2% for the second dose.

The public were able to access the vaccine from their GP's and there were routine contacts to help increase vaccination rates, as well as ongoing work within communities where uptake was low.

The Committee queried the work being undertaken in relation to Menopause and were advised that it was linked to the Women's Health Hub which was targeted work around menopause and sex workers health needs.

The Committee highlighted the reduction in school nurses and the importance of them promoting good overall health within educational settings. The committee was advised that the Children, Young People and Families Programme had good links with schools and the school nursing services to help influence good health.

**RESOLVED:** The committee noted the information and agreed that:

- 1) The committee would be provided with further information regarding impact and outcomes in relation to the different key area of the programme.
- 2) Reports be adapted to clearly identify the contributions being made to support health inequalities across the population.

### 6 West Yorkshire Urgent Care Service Review

Tessa Hawks and Ian Holmes for the West Yorkshire ICB shared a verbal update with the Committee with regards to West Yorkshire Urgent Care Services, and advised that:

West Yorkshire Urgent Care Services had been provided by Local Care Direct (LCD) since 2013. The service had initially started as a GP out of hours provider however the range of services had grown, and a review of services was required. The review was being led by the ICB as commissioner and included involvement from a range of stakeholders. A draft service development and improvement process document had been developed which included feedback from a task and finish group, clinical forum, insight from people's perspective and Scrutiny. Once

finalised, the implementation and delivery of services would occur over the next couple of years.

The Committee highlighted the importance of getting the review right and raised their concern in relation to workstream one, online consultations, and the digital exclusion of particular population groups such as people with English as an Additional Language, learning disability, the elderly etc.

The Committee was advised that online consultation worked for some and should be maximised where appropriate, however it was not a movement away from telephone advice or face to face consultation. The review focused on being able to provide an effective service to meet people's needs and reduce inequalities. Insight, working with Health Watch and patient engagement was key to making sure things were done right.

The Committee queried the survey figure of 2.93% and whether it was related directly to text message responses, and if so, what other communication methods were being used to capture data. In response, the Committee was informed that engagement with different population groups had been undertaken but that the 2.93% figure was based on core LCD feedback, which were survey responses alone. A summary report was available to show the different approaches taken to engage with the public and inform the development of services.

With regards to a query regarding timescale, the Committee was advised that further engagement work and insight would be prioritised. It was still unclear whether public consultation was needed, but it had been factored in as an eventually, as a result of further work and insight being undertaken.

The Committee highlighted the Safe Haven Service and asked when more insight would be provided to the Committee. The Committee was informed that scoping would take place in April, May and June 2024 and following this, information would be shared with the Committee.

**RESLOVED:** The Committee noted the information presented and agreed that:

- 1) Further discussions take place at a future meeting of the committee in relation to Urgent Care Services.
- 2) A summary report be shared with the committee that identifies the broader range of methods used to gather feedback, and the response totality to each.

## **7 Workforce Priorities**

Kate Sims, Director of people, West Yorkshire ICB and Jonathan Brown, Associate Director for Workforce and Planning shared a presentation with the Committee.

The Committee noted that the People's Agenda was vast, and the priorities were determined through the ICB and with relevant partners. Workforce challenges were significant and there were some immediate pressures in term of growth, as well as retention, which was a focus locally and nationally.

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The West Yorkshire Wide People Plan was a long-term, multi partner strategy that focused on each area of West Yorkshire, including the size and shape of the workforce and what needed to change to meet patient's needs.

Some local priorities were driven by national guidance and some as part of the NHS annual operating plans, annual financial plans, and annual workforce plans. There was also a locally integrated care strategy that focused on the response to what West Yorkshire needed, for example dental and oral health.

The Committee highlighted that the data provided did not give the level of detail required for the Committee to be able to understand the lack of skilled workers and deficiencies across the workforce, particularly in relation to Cancer Specialist Nurses, Midwives, Medical Specialists, Nurses etc.

In response to the Committees concerns, it was advised that the overall workforce had grown. The annual workforce plan was due to be signed off by the ICB Board and provided more detail on each discipline, speciality, and the growth within all the health providers.

The Committee was reassured that there were plans within the cancer network to tackle the challenges, the people directorate were supporting the work around non-surgical oncologists with an international recruitment programme and were working with the trusts to develop a pathway to bring additional oncologists in.

The Committee acknowledged that post graduate growth had increased rapidly and continued to do so, there had been a 27% increase in doctors since 2018. The Committee question whether any gap analysis had been undertaken across the workforce in its entirety and how the challenges with placement capacity were being addressed.

In response, the Committee was informed that Operations Planning was undertaken to identify current resources, any gaps, and what was required within the constraints of the financial cuts. With regards to placement capacity, the Committee were reassured that this was a priority.

With regards to the Committees query regarding a longer-term plan, the Committee was informed that the long-term workforce plan had been published and was a fifteen year plan that would continue to evolve at a local, regional and national level. A range of things had fed into the plan including the annual work plans and work with regional teams regarding medical education across professions.

The Committee queried whether the increase in workforce was new people or an increase in the workforce overall. In response, the Committee were informed that Nurses within general practises had increased by 14.6% to the overall workforce, some of whom were new and some who had returned.

**RESLOVED:** The committee noted the information provided and agreed that:

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- 1) More detailed information be shared with the committee in relation to workforce, providing a breakdown of vacancies across the different workforce profession areas.
- 2) The committee would agree on and request the specific details they require in relation to the areas of most concern.
- 3) The information be provided in a more user-friendly format to enable the public to better understand it.

### **8 Agenda Plan 2024/25**

The Committee agreed that the following items be scheduled on the 2024/25 workplan:

- Workforce Priorities
- Health Inequalities
- West Yorkshire Urgent Care