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KIRKLEES COUNCIL

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday 11th October 2024

Present:

Councillor Elizabeth Samji - Kirklees Council
Councillor Colin Hutchinson - Calderdale 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 Betty Rhodes - Wakefield Council

Apologies: Councillor Andy Nicholls - Wakefield Council
Councillor Jane Rylah – Kirklees 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 were received from Councillor Andy Nicholls and Councillor Jayne Rylah.

3 Minutes of Previous Meeting

The minutes of the meeting held on 15th March 2024 were agreed as a correct record.

An update was shared in relation to the Committee's recommendations:

- Health Inequalities and Prevention and further information regarding impact and outcomes relating to different key areas of the programme, this information had been received and circulated to the Committee on 11th October 2024.
- West Yorkshire Urgent Care and further discussion and a summary report being shared with the Committee, this was expected within the next few days.
- Workforce Priorities, actions were currently being worked on.

4 Declarations of Interest

Interests were declared from Councillor Howard Blagbrough as an Elected Governor at Calderdale and Huddersfield Foundation Trust (CHFT) and Councillor Alison Coates as an Appointed Governor at Bradford Care Trust.

5 Public Deputations/Petitions

No deputations or petitions were received.

6 Non-emergency Patient Transport Services

Simon Rowe, Assistant Director of Contracting, West Yorkshire Integrated Care Board and Chris Dexter, Managing Director for Non-emergency Transport, Yorkshire Ambulance Service, presented the Committee with information in relation to non-emergency patient transport services, and shared that:

The National criteria was produced to help minimise the variations across local parts of the country and to provide a consistent criterion of eligibility for non-emergency patient transport.

Patients eligible under the national criteria were those with a significant mobility need, those travelling to and from renal haemodialysis and those with a medical need making it unsafe to travel to and from an appointment.

Patients who were not eligible under the national criteria could be considered against a local criteria or for the National Health Care Travel Cost Scheme, which was means tested.

The Committee highlighted issues with overspending and financial difficulties and queried whether this would impact on people being refused transport services.

In response, the Committee was assured that the national criteria would ensure the most vulnerable and in need would be entitled to transport. Investment needed to be in the areas that needed it, and it was important to have a transport offer that worked for communities and was sustainable for five years plus.

The Committee raised concerns in relation to the different travel options available and how people would be supported to access them. The Committee was advised that there was still work to be done with regards to the Heath Care Travel Cost Scheme and its limitations, but there was a clear vision for this.

The Committee highlighted the major concerns relating to the availability of public transport, especially for those in more rural areas, as well as the cost and practicalities of getting to appointments. The Committee felt that attention should be given at an early stage in a patient's care of their ability to attend the required place at the required time, particularly if that meant an early appointment some distance away from where the patient lived. If this issued caused a patient difficulties in attending, it increased the chance of a wasted appointment and in turn ran the risk of serious wastage of clinical resources.

The Committee was advised that some consideration had to be given to public transport, but that it was not the totality in terms of mitigating risks.

The Committee queried the engagement that had taken place and how barriers to engagement would be overcome. The Committee was advised that engagement consisted of a questionnaire and focused groups, and that once the information had been analysed, this would inform whether further engagement was needed. If

further engagement was needed, help from members would be welcomed to ensure the right people were being reached.

The Committee noted that recommendations would be taken to a meeting of the Transformation Committee in November 2024 with implementation proposed for the 1st of April 2025. In response, the Committee was advised that the meeting in November was to provide the Committee with sight of the policy but that it did not rule out further work being completed.

The Committee highlighted the National Eligibility Criteria, noting that over half of people would automatically qualify and half would not, depending on the definitions. In response, the Committee was informed that data identified that patients with a significant mobility need and patients attending for renal haemodialysis was 50% of the demand, but that was not to say that the other 50% would not qualify, this would be subject to the health criteria and any local eligibility criteria that was developed.

The Committee asked if those considered with a medical need included patients with mental health needs and was informed that they were included.

RESOLVED:

- The Committee supported the work being undertaken to simplify the administration of the Healthcare Travel Costs Scheme.
- Further detail be provided to the committee in relation to the proposed recommendations (including those proposed to the West Yorkshire ICB Transformation Committee in November 2024), the local criteria and the impact this has on people.
- Analysis in relation to deprivation and the Business Case be circulated to the Committee.
- Current engagement, and any future engagement plans be shared with the committee to help identify any gaps.
- More advanced discussions be held with the West Yorkshire Combined Authority in relation to concerns regarding the availability and reliability of public transportation.
- Further clarity be provided to the Committee regarding the qualifying measures for people on low income and how they can access help.
- High priority be given in relation to transportation, to ensure equitable access to health care that is not dependent on the future development of a reliable public transport system.
- The appointment system needed to consider transport arrangements and the practical ability of patients to be able attend their appointments including pre-op assessments and ongoing care.

7 Financial Plan 2024-25

Lesley Stokey, Operational Director of Finance at Calderdale shared with the Committee information regarding the ICS Financial Plan for 2024-25 and the latest financial position, and advised that:

NHS funding growth had varied and in 2024-25, growth had been static, and even though there had been a cash increase, inflation had exceeded that considerably.

There were challenges with the allocated budget of 5.7 billion which was split across a number of main areas, with the largest area being acute health care at 2.8 billion, mental health care at 677 million, community over half a billion, continuing health care just short of 300 million and primary care and prescribing at 1.3 billion.
The financial plan for the year was challenging and as of August 2024, the year-to-date deficit was 71 million, however the ICB were still forecasting a 50 million deficit plan to NHSE. The deficit plan was reflective of cost pressures, inflation and lower growth which was comparable to other ICS systems.

A medium-term financial plan was being developed and there were a number of transformation and productivity programmes to ensure best value for money and best outcomes. West Yorkshire Acute Trusts were working with Price Waterhouse Cooper (PWC) to identify specific area to benchmark and deliver more efficiencies cross the Acute footprint.

The Committee queried the 71 million deficit and was advised that four NHS Acute Trusts had submitted deficit plans totalling 71 million. The ICB split the budget across the 5 West Yorkshire places of which two submitted deficit plans that were netted off by the surplus in other areas.

In response to the Committee's question in relation to capital allocation, the Committee was informed that this could not be raided for revenue. There was no capital to revenue transfer within West Yorkshire as the capital allocation was already ring fenced and stretched.

In response to the Committee's question regarding spending on Prevention Services, the Committee was informed that there had been investment in Community Services and Prevention to help reduce hospital admissions. Work was also being done with Public Health colleagues, and the ICS had ring fenced specific investment over the last two years to focus on health inequalities.

In response to the Committee's query regarding the financial planning for services with the longest waiting lists, the Committee was informed that financial planning would incorporate waiting times, capacity and resources and was agreed at place level.

The Committee highlighted the 482 million prescribing costs and was advised that this was the net charge and that there were pressures in relation to high-cost drugs and drug shortages which varied each month.

The Committee acknowledged the shortfall of 14.3 million due to the slippage on delivery of waste reduction and efficiencies. The Committee was advised that part of the financial planning across the eleven organisations was to target where savings could be made in relation to the reduction of waste and delivering services more efficiently.

The Committee highlighted the agency ceiling figure and was advised that this was set by NHSE per organisation. The cap was not specific to posts or specialities but

would ensure appropriate spending on agency. West Yorkshire were spending below the funding cap which indicated good recruitment.

The Committee queried the financial review and were informed that more information should be available in the next few weeks.

The Committee highlighted the high financial risk and were advised that NHSE made the decision based on national specification. West Yorkshire had not been placed under that category but due to adverse variances and deficit plans, the ICS had chosen to put themselves under the regime to ensure the financial position was taken seriously.

In response to a question regarding analysing costs between nonclinical and clinical staff, the Committee was advised that analysis was reported to NHSE monthly, and that other national benchmarking data would help identify if staffing levels were correct and were efficiencies could be made.

RESOLVED:

- Place Committees consider analysing the financial report in more detail in relation to local services.
- Further information be shared with the committee in relation to prevention at a future meeting.
- Further detail be provided to the committee in relation to the financial review, what it encompasses and its recommendations.

8 Maternity and Neonatal System Update

Debi Gibson, Director of Midwifery for West Yorkshire and Harrogate Local Maternity and Neonatal System (LMNS) shared with the Committee information regarding the maternity and neonatal system update, and advised that:

A three-year delivery plan had been developed and oversight and assurance had been gained through outcome data, survey data, quality surveillance groups, patient feedback etc.

LMNS supported Trusts by working collectively with them to help improve outcomes and experiences and were able to respond to any early warning signs. Embrace data, as well as local data was also utilised, and in response, further work had been undertaken in relation to neonatal deaths which would be presented at the LMNS Board in November.

A request was being considered to modify the Embrace data, to enable a system wide picture. Data for Leeds was higher when compared to other Trusts locally, but data from similar, unique Trusts, had been obtained, and a group of super centres had been developed that linked together to share learning and peer reviews.

A key intervention to help reduce neonatal mortality and morbidity was the Saving Babies Lives Care Bundle (version 3) which had been implemented across providers and compliance was good. Sometimes compliance fluctuated due to thresholds, but ongoing reviews were in place.

Deprivation within West Yorkshire and Harrogate was one of the highest in the country and further work needed to be done in relation to health inequalities. A Health Inequalities Programme Manager had been appointed to lead on this.

The Committee highlighted the data for Leeds and the varying services offered by different Trusts and suggested the need to see comparable data in relation to mortality rates from similar hospitals, such as Newcastle, Manchester and Liverpool.

In response to the Committee's question regarding maternal mortality and neonatal brain injury rates and the data to monitor progress, the Committee was advised that brain injury data had not been collected for number of years. Different options had been explored to capture this data, but it could not be done at a system level and needed to be undertaken by NHSE.

The Committee acknowledged the risk of Black and Asian women being more likely to have adverse outcomes and asked what was being done to reduce the increase in deaths caused by genital abnormalities.

In response, the Committee was informed that it was the choice of the family, some families chose to continue with their pregnancy and some Trusts had pathways in place to support this. Work was ongoing in areas where there was higher risk of genetic abnormalities, and midwife roles had been created to link with those families, to ensure adequate screening and to support them to make informed choices.

The Committee queried the additional resources that were provided to families who had lost babies prematurely, the Committee was informed that there was a seven-day bereavement service, as well as additional support from specialist trained midwives who followed families through future pregnancies and provided additional care and counselling. Extra funding had also been received to support enhanced continuity of care and Maternity Befriender roles and Support Worker roles had been designed to link with the most deprived families or those needing extra support throughout their pregnancy journey.

In response to the Committees question regarding the Health Review on maternal deaths, the Committee was informed that this was taking place, but no date had been given.

RESOLVED:

- The Committee be provided with an update on the Regional Maternity's plans to start the maternal death review.
- Comparable data be provided to the Committee in relation to mortality, from wider regional areas such as Newcastle, Manchester, Liverpool.

9 Equality, Diversity and Inclusion Strategy

Fatima Khan-Shah, West Yorkshire Inclusivity Champion across the Health and Care Partnership and Combined Authority shared with the Committee information relating to the Equality, Diversity and Inclusion Strategy, and advised that:

An Equality, Diversity and Inclusion Strategy was being developed for the Health and Care Partnership which would link into the ten aspirations, address some of the inequalities and navigate some of the challenging circumstances that both health and care organisations were in.

The Equality, Diversity and Inclusion strategy was a developing process which involved public contributions, data, statutory and legislative requirements, and the aim was for it to be accessible to everyone.

Phase one of the development included targeted events and analysis of data to identify specific groups who had not contributed. Following this, targeted conversations with those individuals would take place to discuss how the priorities could be tangible recommendations and aspirations. Work would also be undertaken with colleagues across the partnership organisations to identify how the priorities would be implemented.

Feedback so far had been that fairness and social justice was everyone's business, but that it was also important to listen to the lived experience of people.

The next steps were to continue the conversations. A live webinar was taking place to discuss key themes and to consider how the Strategy could be a framework that delivered the tangible change people wanted. The transformation would take time, so there needed to be a balance between the short-term goals to build momentum and hope as well as the long-term transformational change.

The Donna Canare review was taking place imminently to see if the progress that was aspired to be achieved had not delivered, but also to explore what more could be done.

The Committee highlighted the disciplinary process within the NHS and the focus being on protecting institutional reputation rather than patient safety. The Committee also acknowledged the likelihood of people from ethnic minorities become the target of disciplinary process, and even though The Department of Health had set out guidance regarding disciplinary processes, many Trusts did not apply it.

The Committee questioned how maintaining high professional standards was being implemented within employer Trusts and whether people had access to speak up guardians.

In response, the Committee was advised that as part of the Workforce Race Equality Standards every Trust had to report on the proportionality of staff who experienced discrimination or who were likely to be escalated to the disciplinary process. The data identified that there was a disproportionate number of individuals from ethnic diverse backgrounds compared to their white counterparts going through the process.

A recommendation for the Dame Donna Canare review was to look at why that was happening and what more could be done to support colleagues going through that process, as well as supporting managers facilitating that process, to make it more inclusive. This would be revisited as part of the Independent Race Review. Organisations had been asked to think creatively about the processes they had in place for the freedom to speak up guardians, such as a network of champions from different sectorial role etc.

The Committee queried the access to health services for migrants and were informed that The Inclusion Health Programme focused on sex workers, prison leavers, refugees and asylum seekers, and assurance was that the lived experience of those individuals was positive. However, it was also important to look proactively at migrants and people with street-based lives.

In response, to the Committee's question regarding how data from Larger Organisation was being used, the Committee was advised that not all large organisations measured the same data, and work was being done to triangulate this.

In response to the Committee's question regarding Community Cohesion, the Committee was informed that not all Local Authorities had a consistent approach or policy in relation to Community Cohesion. Many organisations due to their financial constraints did not have the same infrastructures and staff but the plan was to support the infrastructure behind the scenes to ensure everybody was supporting the same vision.

The Committee highlighted the difficulties around women going through menopause and support within the workplace. The Committee was assured that menopause was a key focus in relation to inclusive workplaces and the Fair Work Charter and would be a topic considered at the Women of the West Yorkshire Network.

RESOLVED:

- The Committee be provided with a draft Equality, Diversity and Inclusion Strategy.
- The Committee receive an update on the Independent Race Review in relation to progress made and any recommendations, and how the strategy and review correlate.

10 Next Steps

The Committee agreed the date of the next meeting would take place on Friday 6th December 2024.