

Kirklees Council

Scrutiny Report – West Yorkshire Joint Health Scrutiny Committee

Kirklees Members: Councillor Elizabeth Smaje
Councillor Jane Rylah

Period of Update: October 2024 to date

Overview:

The West Yorkshire Joint Health Scrutiny Committee (WYJHSC) was established a number of years ago to proactively seek information about the performance of local health services and institutions, in challenging the information provided to it by the West Yorkshire Integrated Care Board (WY ICB) and in testing this information by drawing on different sources of intelligence.

The JHOSC is a discretionary arrangement in the WY area and includes Kirklees Council, Calderdale Council, Leeds City Council, Wakefield Council and Bradford Council (which includes part of Craven District Council). North Yorkshire join the WY JHOSC as an interested party.

The primary aim of the JHOSC is to strengthen the voice of local people and communities, ensuring that their needs and experiences are considered an integral part of the commissioning and delivery of health services and that those services are effective and safe.

Membership of the JHOSC for the 2024/25 municipal year is Cllrs Elizabeth Smaje (Chair), Jane Rylah, from Kirklees Council, Cllrs Colin Hutchinson (Co-Chair) Howard Blagbrough from Calderdale Council, Cllrs Rizwana Jamil and Alison Coates from Bradford Council, Cllrs Andrew Scopes and Caroline Anderson from Leeds City Council, Cllrs Betty Rhodes and Andy Nicholls from Wakefield and Cllrs Andy Solloway and Andrew Lee from North Yorkshire Council.

Committee Meeting 11 October 2024

webcast can be viewed <https://www.youtube.com/watch?v=bqiiDYPW0Q>

Non-emergency Patient Transport Services

The WYICB briefed the JHOSC on new, nationally set eligibility criteria for Non-Emergency Patient Transport (NEPT) services, and the approach that the (WYICB) was taking to assess (and mitigate) any risk this could have on how individuals/communities across West Yorkshire get to/from their NHS care. The new nationally set eligibility criteria stemmed from a national review of NEPT services.

The Committee raised concerns in relation to the different travel options available and how people would be supported to access them, along with issues with overspending and financial difficulties. The Committee queried whether this would impact on people being refused transport services, and further to that, how any appeal process would work.

The Committee was informed by the WYICB 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 was particularly concerned about the availability of public transport for patients to attend appointments, particularly given some areas around West Yorkshire not being served by regular and frequent bus or train services.

Given the Committee had a number of issues that it felt had not been fully considered by the ICB, they requested that officers from the ICB return to a future meeting of the JHOSC to provide further assurances.

Full details regarding the Committees concerns can be found within the minutes and resolutions of the minutes of that meeting : -

<https://democracy.kirklees.gov.uk/documents/s61339/Draft%20Minute%20WY%20JHOSC%2011.10.2024%20002.pdf>

Financial Plan 2024-25

The Committee invited the WYICB to share with them the ICS Financial Plan for 2024-25 along with the latest financial position.

The Committee was advised that the financial plan for the year was challenging and as of August 2024, the year-to-date deficit was £71m, however the ICB were forecasting an eventual £50m deficit. The deficit plan was reflective of cost pressures, inflation and lower growth which was comparable to other Integrated Care areas.

The Committee highlighted the high financial risk that had been identified and was advised that an approach with PwC for an external finance review that mirrored the NHS England national specification for systems with high financial risk. The Committee noted that, the ICS had chosen to put themselves under the regime to ensure the financial position was taken seriously.

Maternity and Neonatal System Update

West Yorkshire and Harrogate Local Maternity and Neonatal System (LMNS) shared with the Committee information regarding the maternity and neonatal system update.

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

The Committee was advised that 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 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. The Committee was advised that 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.

Equality, Diversity, and Inclusion Strategy

The Committee was 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 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 becoming 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.

In response, the Committee was advised that a 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. A recommendation from the overarching review process 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.

Outcomes:

- Although the Committee supported in principle the NEPTS, further information and clarity needed to be provided to fully understand the impact on the local population.
- In relation to the financial plan, the issue will be revisited at a future meeting, including details of the financial review.
- Information be provided regarding the Regional Maternity Plans into maternal deaths, along with comparable data on mortality from areas such as Newcastle, Manchester, and Liverpool.
- The Committee will receive the Equality, Diversity and Inclusion Strategy once completed and would receive an update on the Independent Race Review.

Committee Meeting 6 December 2024

Webcast can be viewed [West Yorkshire Joint Health Scrutiny Committee - 6th December 2024](#)

Non-Emergency Patient Transport Services

Officers from the WYICB returned to provide the Committee with further information.

The Committee was advised that YAS would need to provide additional call handlers to deal with any new process implement and the Committee queried whether when considering the cost of additional call handlers and administration, the potential impact on workflow if there was an increase in non-attendance, the cost effectiveness and whether the savings would outweigh the additional costs had been considered. The ICB advised that the proposal was not a cost saving exercise, but rather a national review to introduce standardised eligibility criteria across the country.

The Committee heard that the proposals would impact around 3,600 individuals which equated to around 12,000 outpatient journeys and the ICB had been able to map what this would look like in relation to 'did not attend' (DNA) episodes. Proposals included the use of pre-paid bus tickets, mileage payments and the use of

volunteer drivers.

The Committee continued to be concerned around the difficulty in patients attending appointments which would lead to more DNA's. The Committee was advised that the reasons for DNA's were multiple and multi-faceted, with rarely one single reason for a patient not attending. Work was also taking place to ensure that patients were only recalled to hospital where necessary, and for the use of telephone appointment to be used when appropriate.

The WYICB would be taking a final decision at its Transformation Committee on 28 February, and the WYJHOSC will be formally writing to that Committee with its recommendations following its next meeting.

Suicide Prevention

The Committee received an update on suicide prevention in West Yorkshire in line with the ambition to reduce suicide rates by a minimum of 10% over the next five years. The report reflected on the findings of the recent review of the Suicide Prevention Programme and highlighted current trends, prevention funding, key risk groups, risk indicators of suicide, and progress achieved.

The Committee reiterated their concern around the correlation between unemployment and suicide rates, particularly in some areas for young adult males, and wanted to understand what targeted work in these areas was being undertaken. In understanding the most 'at risk' groups and to enable a targeted approach, the Committee raised concerns regarding the scarcity of ethnicity data and the merging of ethnic groups within records.

In understanding the importance of employment and health, the Committee was advised that WY was to be an accelerator area for increasing economic activity receiving £20m from the Government to reduce the growth in economic activity and the impact on the prosperity of the region on employment, health, and wellbeing.

Life Expectancy

The Committee noted that Premature mortality for those with poorer mental health, learning disabilities or autism contributed towards significant numbers of unnecessary deaths every year. Across West Yorkshire, the ICB had committed to narrowing the life expectancy gap between the Mental Health, Learning Disability and Autism (MHLDA) populations and the general population.

The Committee also noted the wider issues around the impact of MHLDA such as employment, housing, and the children currently with, and waiting for, Special Educational Needs and Disability (SEND) provision.

The Committee questioned whether suitable housing was important and asked whether within the Government targets whether there were targets for people with additional needs.

Outcome & looking forward

- The NEPTS discussion will continue at the next meeting on 25 February 2025.
- In relation to Suicide prevention, the Committee wrote to the Chief Coroner regarding the recording of ethnic data. A response is awaited.
- More information be provided about the £20m for increasing economic activity.
- That further information be provided in relation to targets for housing

for those with MHDLA.

At future meetings of the WYJHOSC the following items will be considered: -

- NEPTS
- Cancer Early Diagnosis
- West Yorkshire Acute Trusts
- WYICB Operational Plan 2025/26
- Workforce
- Winter Pressures
- Specialist Commissioning moving from NHSE to the Yorkshire & Humber region.