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**KIRKLEES COUNCIL**

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

**Tuesday 25th February 2025**

Present:
Councillor Elizabeth Smaje (Chair)
Councillor Colin Hutchinson - Calderdale Council
Councillor Andrew Scopes - Leeds Council
Councillor - Rizwana Jamil - Bradford Council
Councillor Howard Blagbrough - Calderdale Council
Councillor Andy Solloway - North Yorkshire County Council
Councillor Andy Nicholls - Wakefield Council

Apologies:
Councillor Allison Coates - Bradford Council
Councillor Betty Rhodes - Wakefield Council

**1 Membership of the Committee**

Apologies were received on behalf of Councillors Alison Coates and Betty Rhodes.

**2 Minutes of the Previous Meeting**

The Committee queried if acknowledgement had been received following a letter sent to the Chief Coroner in December 2024. The Committee was advised that no response had been received to date. The Committee agreed to send further communication to the Chief Coroner in respect of the letter sent on the 17 December 2024 requesting a reply.

The Committee highlighted the NHS England Operational information for 2025/26, and the reduction in national priorities, particularly in relation to health checks for people with mental health, learning disabilities and Autism. The Committee questioned the Integrated Care Boards (ICB's) response in ensuring that important work continued.

Ian Holmes, Director of the ICB, responded and advised the Committee that a number of national targets had reduced by 50% to allow greater flexibility within the ICB and local organisations to respond to local needs. Health checks for Mental Health and Learning Disability remained important and would continue. Further information was requested regarding the reduction in national targets.

**RESOLVED-** That the minutes of the meeting held on 6th December 2024 were approved as a correct record.

**3 Declarations of Interest**

Councillor Smaje and Councillor Hutchinson declared an 'other interest' in their role as Co-Chairs of the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee.

**4 Public Deputations/Petitions**

No deputations or petitions were received.

**5 Yorkshire Ambulance Service (YAS) NHS Trust**

Nick Smith, Chief Operating Officer for Yorkshire, attended the meeting to provide the Committee with an update on current work being undertaken by YAS.

Mr Smith gave an update on response times, and advised the Committee that 999 calls were answered by a non-clinical call taker (Emergency medical dispatcher) who asked a number of set questions (via an algorithm) which enabled them to identify a patient's needs and appropriate category. Categories ranged from one to five, one being life threatening and five being the least serious. Categories two, three, four and five were assessed by a clinician within the contact centre who could identify the most appropriate treatment and this led to around 15 to 18% of 999 calls not needing an ambulance to respond.

The Committee was advised that there was a team of dispatchers who were able to identify the nearest, most appropriate resource to send out to patients requiring an ambulance. Calls were dispatched in priority order and ambulances usually responded from hospitals. A clinical handover was required at the Emergency Department and then once ambulance crews were released, the vehicle had to be cleaned, prepared and ready for the next call.

Mr Smith also highlighted (i) the response expectation times for each category and the increased pressures (ii) the positive partnership working with Acute providers and the ICB to improve options for patients (iii) changes to ambulance stations due to increased demand (iv) the investment of pre-dispatch and the number of clinicians within contact centres (v) the integration of 111 and 999 systems so that patients could be directed to the most appropriate care and (vi) Patient Transport Services and the added value this brought to the most vulnerable patients accessing care.

The Committee queried the issues around patient handovers and turnaround times. Mr Smith advised that this was a national challenge and varied across the different ICB areas.

Rachel Gillott, Director of Partnership and Operations, West Yorkshire, further advised that the handover position in West Yorkshire was good. The average handover was 22 minutes compared to the national standard of 15 minutes, and that the aim for a complete turnaround was 30 minutes but averaged at around 48 minutes. A number of quality improvement initiatives were in place to understand the barriers / complications and the Committee was advised that some issues were related to Wi-Fi connectivity outside A&E departments.

The Committee acknowledged the hard work of the Ambulance services throughout the winter period but queried whether performance targets obscured the patient's

experience, and whether alternative data forms could be provided to give a more accurate picture. Mr Smith advised that, measurements were based on percentile which helped to identify additional risk to patients, the impact and alternatives.

Julia Nixon, Associate Chief Operating Officer, Remote Care, continued and advised that further work was being done around excessive delays and that a joint working group with clinical / operational colleagues, informatics' and stakeholders had been established to look at the data. This was broken down per area (CBU level) to fully understand what the numbers, patient feedback and adverse events documentation was highlighting, and presented a more holistic view. A quarterly report would be submitted to governance processes, the quality committee and board.

In response to the Committee's query regarding the pre-dispatch push model in Bradford and the call before conveying scheme in Mid-Yorks, Ms Gillott shared that the two pilots were linked to the national directive around single points of access and supporting patients to be navigated and referred into the right service.

The work in Bradford was to enhance the national directive and enabled specialist paramedics in urgent care to respond to patients with lower acuity needs but who still had an urgent care need. This involved direct conversations with clinicians who were able to identify the suitability of patients. There was lots of learning to be taken away to refine processes and procedures, and to cut out any inefficiencies.

The Conveying Scheme in Mid Yorks focused on patients within care homes. Ambulance crews were able to attend and have a direct conversation with a senior clinician to identify if there was an alternative pathway to avoid an unnecessary trip to the Emergency Department. The Scheme had only been running a few weeks and numbers had been low.

Ms Nixon added that a lot of work had been done around directing patients into alternative services, however services had to be available for crews to refer into. There were over 100 alternative services across Yorkshire, but it was noted that there were still some gaps and variances.

In response to the Committee's query regarding the variances in clinical pathways and the long-term plan, Ms Gillott, responded and advised that paramedics worked from a system where clinical pathways were uploaded to a system to ensure they were able to see what services were available and where services were located, to identify the most appropriate one.

The West Yorkshire Community Services Provider Collaborative was addressing the variation across the different areas and levelling up, so that all areas had a similar level of provision. Acute hospital also had a similar provider collaborative.

Mr Smith, further advised that three Directors of Operations had been appointed across West Yorkshire to fill the gap on engagement with local providers.
The Committee queried the newly implemented clinical re-configuration and was advised that this was the ongoing reconfiguration work at Calderdale and Huddersfield Trust.

The Committee highlighted the integration of the 111 service and Primary Care, Ms Nixon, responded and shared that a review from NHS England regarding 111 was expected and would provide some national steer around how NHS 111 and Primary Care services aligned.

Mr Holmes, added that as part of the 10 year plan, there was a significant focus on integrated neighbourhood health care, which focused on moving away from being a reactive service to a more proactive service. Urgent Care services also fitted within this work and were being discussed at the West Yorkshire Urgent Care Board.

Ms Gillott, highlighted to the Committee the work in relation to the dedicated mental health response. The were four dedicated response vehicles within West Yorkshire, as well as a developing team of specialist paramedics. The work undertaken had enabled access into more mental health services and provided a much more positive patient experience.

In response to the Committees query regarding the work of the West Yorkshire Fire and Rescue Service and Bradford District Partnership in relation to end of life care, Chris Dexter, Managing Director for Patient Transport Services, advised that Patient Transport Services had carried out some work specifically in the Bradford area, and although there had not been huge numbers, feedback had been positive, and it was work that could be broadened out.

**RESOLVED –**

1) That YAS continued to make improvements to WIFI networks across West Yorkshire, particularly within Acute Trusts to ensure better connectivity for ambulance crews.
2) That the Committee be provided with further information in relation to the planning guidance on integrated care across 111 and primary care systems.

**6 Non-emergency Patient Transport Services - National Eligibility Criteria**

The Committee welcomed Simon Rowe, Assistant Director of Contracting to the meeting to give it a further update on Non-Emergency Patient Transport Services.

Mr Holmes reminded the Committee of the scope of the work and that the aim was to implement criteria to ensure that transport was provide for patients who needed it the most. It was noted that demand for this service had increased dramatically over recent years.

Mr Rowe advised the Committee that not all mitigations were within the gift of the ICB to change or implement, such as lack of public transport, socioeconomic factors, and tailored appointment times, but with the proposed travel cost scheme reasonable and proportionate mitigations would be in place.

The Committee queried the community transport schemes, as this was one of the mitigations, whether the schemes would cover the whole of the West Yorkshire area, and whether they had the capacity to take on the increased workload. Mr Rowe advised that work had been undertaken to try and understand what was

available throughout the area, as well as how they were funded. He explained that there was still a piece of work to be undertaken to understand how the voluntary and community available transport was funded and supported.

The Committee was informed that there remained a number of aborted transport journeys, where patients made their way home following their outpatient appointment. The question was therefore around whether these patients needed transport arranging, if they then subsequently could manage without it to get home. The Committee commented that the patients in question may well have been able to make their way home but would be unable to make their way to the appointment due to the timing of the appointment.

The Committee asked how risks were assessed for patients to ensure that they remained safe on the journey home from hospital. Mr Rowe explained that if a patient had a medical need that prevented them from travelling to or from hospital by any other means, then they would be entitled to transport. The national review of patient transport found that those without a clear medical need were obtaining transport, often at the expense of those who did have.

The Committee noted that there still did not appear to be an independent right of appeal to the refusal of patient transport. Despite assurances that officers of the ICB would undertake the review, the Committee felt that any appeal should be independent of both the commissioners and the providers.

The Committee understood that transport services needed to be aimed at those who needed it the most, but with frequent changes to services and pathways, instigated by the NHS, it meant patients having to travel further to attend their appointments. The Committee felt that there was a need for an overall plan in relation to planning of specialist commissioning. Mr Rowe advised that every time a change was made, then transport should be considered, but that the cost of private taxi transport was the primary concern. The Committee queried whether the cost of private taxis was smaller compared to the cost of patients not attending their appointments on time and getting the treatment they needed.

**RESOLVED –**

1) That consideration be given in ensuring that any community transport scheme, be it commissioned by the ICB or commissioned via alternative means, be available across all local authority areas.
2) That details of the communication plan be considered and further assurances should be sought regarding the Town Hall engagement events in relation to the target group of patients whose views are required, given that these are the patients who may find it difficult to attend in person.
3) That the concerns of the Committee in relation to the risk of patients being left without a safe transport service be noted, particularly if this followed outpatient day procedures or in-patient care.
4) That, in recognising comparable processes exist within the ICB, the lack of independent representation in the proposed appeal process be

noted, and that consideration be given to ensuring an independent clinical perspective is sought as part of any appeals process.

5) That the ICB considers a future overall approach and plan in relation to transport for any change or reconfiguration to a service.
6) That the ICB considers a future overall approach and plan in relation to appropriate appointment times, the availability of public transport, particularly in rural areas, along with the socio-economic needs of the local population.
7) That assurances should be sought regarding the pre-paid bus ticket pilot scheme, given that information was not available to the Committee.

**7 Memorandum of Understanding**

The Chair of the Committee advised that the Memorandum of Understanding was a joint understanding between the West Yorkshire Joint Health Overview and Scrutiny Committee and the West Yorkshire Integrated Care Board. The Memorandum of Understanding had been considered at place scrutiny committees and at the West Yorkshire Legal Officers meeting.

The Committee highlighted a slight amendment to page 41, in relation to the delivery of specialist services.

Mr Holmes advised that the partnership agreement was a mature way of working that had been formalised through a Memorandum of Understanding and he would now seek executive support from within the ICB.

**RESOLVED –**

- That the Memorandum of Understanding be approved and implemented.
- That the West Yorkshire ICB seek executive support of the MOU and confirmation of their support be shared with the Committee.
- That the Memorandum of Understanding be reviewed in 12 months time.

**8 Delegation of Specialised Commissioning Services to NHS West Yorkshire Integrated Care Board**

Mr Holmes advised the Committee of a national direction to delegate commissioning responsibilities from NHS England to ICB's.

The majority of specialised services (84) would become the responsibility of the ICB and had a total value of approximately £460 million. The ICB were supportive of the delegation to ensure joined up and improved services but needed to ensure due diligence with regards to discharging the commissioning function efficiently.

Esther Ashman, Deputy Director of Strategy and Transformation, ICB, added that positive work had taken place with NHS England colleagues along with colleagues across the Yorkshire region. Staff who currently commissioned the services would move over to the ICB and continue to commission those services as a hub. A strong operating model was in place to show how collective working would be implemented.

Hayden Ridsdale, Senior Strategy and Transformation Manager, ICB, advised that there was a roadmap for integrated specialised services and that there were benefits to having pathway integration, planning of services, as well as some benefits retained from the current model. Independent legal advice had been sought throughout, and feedback was challenging but re-affirming, and ensured that processes and documents were robust.

A new Board had been set up to manage the safe delegation which consisted of commissioners and providers to ensure the right level of input, oversight and challenge. Work with the Chairs of the ICB's Audit Committees was also undertaken.

The Committee questioned the proposed governance system and agreement for a joint Yorkshire and Humber decision making forum. Ms Ashman, advised that, a paper to the ICB Board in March would provide a suite of documents that supported the delegation and the governance processes, as well as the Terms of Reference for a joint committee across Yorkshire and Humber.

In response to the Committee's query regarding retained services and mitigations locally, Ms Ashman offered to share a link with the committee which detailed the retained service and the delegated services. Staff would commission both retained and delegated services and would work with both NHS England and the ICB. A process had been agreed in relation to the transparency of retained services and would enable the ICB to have more oversight of those services.

The Committee acknowledged the transfer of commissioning responsibility for Mental Health, Learning Disability and Autism services into provider collaboratives, but queried the governance arrangements.

Mr Ridsdale responded and advised that the benefit of this was that the service was more integrated. Money and responsibility were delegated to the lead host then detailed and robust oversight assurance and reporting mechanisms were in place between the lead host and NHS England.

In response to the Committee's query regarding the Board being assured that clear approaches to service planning were in place, Ms Ashman advised that the commissioning team would move over to the ICB and continue to commission services across the Yorkshire and Humber footprint. Services would connect much better into the ICB than they had done previously. A work plan and focus for the coming year would be developed collectively, and a Programme Board would oversee this along with the delegation, to ensure it reflected the roadmap.

**RESOLVED -**

- That the proposed governance process be shared with the Committee following the ICB Board meeting in March.
- That further information be provided to the Committee with regards to clinical networks and the link to those networks.

- That the Operating Model and Work Plan be shared with the Committee to enable them to better understand those services identified as a priority for improvement and how changes to services will be implemented.