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KIRKLEES COUNCIL

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 30th April 2025

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

Apologies: Councillor Caroline Anderson - Leeds Council
Councillor Alison Coates – Bradford Council

1 Membership of the Committee
Apologies were received on behalf of Councillors Anderson and Coates.

2 Minutes of the Previous Meeting
RESOLVED – That the Minutes of the Meeting held on 25 February 2025 be approved as a correct record.

3 Declarations of Interest
No interests were declared.

4 Public Deputations/Petitions
There were no deputations or petitions.

5 Cancer Early Diagnosis
The Committee welcomed Jason Pawluk, Associate Director for Cancer West Yorkshire Integrated Care Board (ICB) and Programme Director for the West Yorkshire and Harrogate Cancer Alliance (CA) to the meeting.

Mr Pawluk advised the Committee that the ICB had set cancer early diagnosis as one of their top 10 priority big ambitions now that more curative treatments were available than in the past to improve cancer survival and experience. The aim was to have 1000 more patients diagnosed at an early stage, and in appreciating there was still more work to do, the current figures showed 1382 more people were diagnosed at early stage, usually at stage one or two, making curative treatment possible.

The Committee was advised that the CA were now seeing important initiatives such as screening availability (particularly lung cancers), liver cancer surveillance, breast, cervical and bowel screening with an increase in take up of screening.

The Committee noted the work being undertaking to break down artificial barriers which prevented patients coming forward for screening by making people more aware of signs and symptoms. There was also an emphasis by the ICB and CA about the whole cancer pathway, living beyond cancer, and treatment and diagnosis pathways.

In relation to performance, particularly how quickly a patient received treatment, it was noted that the trusts in WY were some of the best in the country with a couple of trusts meeting NHS standards. Whilst this wasn't seen as a 'job done' it was, nonetheless, a positive picture.

In response to a question about health inequalities, and whether there were any groups which were being consistently missed, Mr Pawluk explained he had more detailed analysis, sub parameters, which look at Primary Care Networks (PCN), and the index of multiple deprivation groups. In some patients, routes to presentation were more likely to present through emergency departments, rather than PCN particularly when considering lower socio-economic groups. However, the Committee noted that lung cancer screening was not included in this, with a patient in WY more likely to have early diagnosis if they came from lower social economic backgrounds, due to targeted and deliberately profiled patients being offered screening.

The Committee was advised that focused work was also being undertaken with minority population screening awareness, such as with the South Asian community, cervical screening in trans gender and younger population groups.

The Committee felt that more could be done with minority screening especially amongst South Asian women, where uptake was low. It was important to get into the communities to educate them and talk to them about the benefits of having screening, going into faith centres and talking to men to ask them to speak to their wives and daughters encouraging them to take up the screening.

In reply, Mr Pawluk explained that there was more work to do to understand what the CA could do to make services more inclusive. However, work was ongoing and was often volunteer led, such as the cancer smart campaign, and CA was using social media and Instagram influencers in those communities to try and get the message out.

The Committee was informed that the CA was involved in an academic collaboration with Bradford University to understand barriers and its impact on participation rates with Sout Asian women.

The Committee queried how cancers, such as for abdominal cancer would be referred, particularly if a GP did not suspect it, but noting that abdominal cancers could present with varied symptoms. Mr Pawluk responded to say that the CA considers figures for PCN's with unexpected variations in referral rates and do

targeted education work, advising the PCN that their population was not behaving, in either increased or decreased referrals, as the CA would expect them to.

The Committee heard that CA was looking at the significance of waiting times and the differences in referral rates to then use that research to advise PCN's on the differing referral rates and outcomes across PCN areas.

The Committee, in noting it had been briefed on the review of the reconfiguration of non-surgical oncology, asked what the main challenges were in improving the speed of cancer diagnosis at the specialist Leeds Cancer Centre. The Committee also asked how vacancy rates for non-surgical oncologists and radiologists impacted this, and how well the training programme was in supplying the anticipated level of staff required.

Mr Pawluk explained that Leeds saw the most complex cases, but in comparison to other cancer centres, it does as well or better than other similar centres. Leeds Cancer Centre had seen improved performance for radiotherapy, workforce redesign, training up posts and supporting progression for staff. The specialist nurse recruitment was going well but would continue as a focus.

The Committee was informed that more patients were being diagnosed with cancer, who often needed more complex treatment taking longer to deliver and this had an impact on workforce. However, the Committee noted that all the highest priority patients were receiving treatment within 31 days.

The Committee asked broadly speaking, how the NHS compared in its cancer and diagnostic rates internationally. The Committee heard that the NHS did not compare favourably, particularly with Scandinavian systems, and most of western Europe. This was partly due to the rate at which the NHS brought innovation, diagnostic capacity and engaged its population. However, there were broader social policy factors, in that the more people lived healthy lifestyles, the more preventable cancers were, and often Scandinavian countries were better placed in this regard.

The Committee voiced their concerns about how difficult it could be for patients to get appointments at the GP, and particularly how well a patient would be able to get across to a receptionist the need for a more urgent appointment.

The Committee noted in previous years that a mobile Xray unit would visit a community and asked if there was any way of reintroducing that. Mr Pawluk advised that this was being considered as a proposal, and the Manchester CA had seen success in their area with awareness raising vans, especially in relation to encouraging people to come forward. When patients visited the vans, they were given signposting and advice, and a 'golden ticket' which advised that there were some concerns which need to be checked, and the ticket assisted them through the access barrier.

In relation to lung cancer, the CA was reviewing PCN records for any patients with a smoking history, past or present who would be eligible for screening. This also

extended to patients who became eligible more recently due to their age, or who had moved into the West Yorkshire area.

RESOLVED –

1) That the representatives be thanked for their presentation to the Committee.
2) That further information be provided to the Committee in relation to

   (i) Data relating to targeted screening.
   (ii) the research being undertaken with Bradford University.
   (iii) lung cancer screening programme developing into a national scheme.

6 Work and Health Plan and Programmes

The Committee welcomed Jen Connolly – Associate Director for Improving Population Health, who advised that she worked jointly with the WY ICB and West Yorkshire Combined Authority (WYCA).

Ms Connolly advised that the work being undertaken aligned with one of the ICB's 10 big ambitions relating to social and economic development, and work on the health agenda was being undertaken with the combined authorities alongside LA's and the Department for Work and Pensions (DWP).

The Committee heard that alongside national announcements, such as the 'Get Britain Working' white paper, was the accelerator of which the ICB was responsible for £11m for WY, and the trailblazer, for which WYCA was responsible for £10m over a period of one year.

The plan had five key objectives to allow for oversight and better-informed decision making. A key objective was understanding and addressing barriers, to empower SME's in taking action to better support their workforce and providing incentives to support people into work. It was noted that more work was needed to develop networks to support people working in this way.

As part of the accelerator, Ms Connolly advised that she had worked with place leads within the ICB to develop intervention plans to target key populations. The work had been informed by data they already had. A model was then taken to set a framework to allow each place to design an intervention needed which was relevant to their population.

The Committee noted that funding to places was based on need rather than a headcount approach and on proportion of inactivity related to ill-health.

For the wider population the schemes offered variety, led by places to target people to stay in work, increasing rehabilitation offers such as vocational rehabilitation and support for unpaid carers. The schemes would expand offers to stop conditions declining or further conditions developing, along with support in managing pain. Increased mental health support and access to talking therapies would be provided along with support for those diagnosed with ADHD.

The Committee was advised that the target was to support 1300 people across WY to remain in work that would otherwise have fallen out of work. The aim was also to stop the growth in that number.

The Committee asked what support was available for employers, such as for intermittent work attendees, to allow employers to be confident in the risk of continued employment for those people. In response, the Committee heard that direct work was undertaken with employers to look at reasonable adjustments from pro-active conversations with their employees.

In understanding that often the reason people were out of work with ill health was inequality and poverty, the Committee questioned whether there were any examples of best practice from employers in addressing the wider issues around barriers to work.

Following a question from the Committee relating to when the accelerator funding ends and how the support would continue, Ms Connelly explained that whilst the funding was for a single year, requests were being made to extend it as part of the spending review. However, the programme was making sure that there was a clear exit route for when the funding ended, and it would ensure that the opportunity to learn was maximised through the current funded year and change services to build on that learning.

Ms Connolly advised the Committee that 90% of budgets were delegated to place, and commissioned activity based on plans developed, and each LA's place committees could request that information.

The Committee commented on many ideas across the WY footprint in back to work schemes and in invigorating innovation, but asked how the system could change to ensure that smaller innovators were included within that. The Committee noted that a joint programme board was in place which concentrated on delivery, with encouragement to replicate these locally. Each LA area would have a different programme which could be shared if requested.

The Committee noted the ICB and WYCA's recognition of the Voluntary, Community and Social Enterprise Sector (VCSE) and their initiatives to support health and wellbeing. Ms Connolly explained that had been picked up through accelerator funding, but the trailblazer was committed to finding routes to the VCSE and was one of the key principles in the framework. The roles of VCSE varied across place and a number had commissioned work directly with VCSE.

In relation to the Fair Work Charter, this would be strengthened with employers and would look to increase the number of fair work employers. It was important for employers to know what networks they would get access to, the support of other employers, but that part of WYCA's wider role, alongside LA's was how to grow that engagement and understanding of good and fair work across the region. A coaching model was part of this offer and was about people taking control of their own life and in supporting their conversations with employers.

The Committee was advised that there were clear monitoring arrangements with NHSE about how the programme was progressing. Different monitoring matrix were being considered and would be available later in the year.

RESOLVED –

1) That the representatives be thanked for their presentation to the Committee.
2) That further information be provided to the Committee in relation to

    (i) Contact details for the programme for each LA place
    (ii) The budget figures split down for each LA place.

7 Amendment to Memorandum of Understanding

Considering recent changes to NHSE and the subsequent change to the ICB's way of working, the Committee received a request from the ICB to make a minor amendment to the Memorandum of Understanding which was approved at the meeting on 25 February 2025.

The amendment would allow for a review of the document before the 12-month period.

RESOLVED – That an amendment be made to the Memorandum of Understanding at Para 46, which would now allow for a review of the document by exception to reflect the outcome of the consultation on ICB functions and structure as part of the WY ICB organisational change programme 2025.