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KIRKLEES COUNCIL

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 10th December 2025

Present:	Councillor Elizabeth Smaje – Kirklees Council (Chair) Councillor Colin Hutchinson - Calderdale Council Councillor Jonathan Timbers - Calderdale Council Councillor Rizwana Jamil - Bradford Council Councillor Alun Griffiths - Bradford Council Councillor Jo Lawson- Kirklees Council Councillor Andrew Scopes - Leeds Council Councillor Andy Solloway - North Yorkshire Council Councillor Betty Rhodes - Wakefield Council Councillor Andy Nicholls - Wakefield Council
In attendance:	Ian Holmes - Director for Strategy and Partnerships, WYICB Debra Taylor-Tate – Head of Planning and Performance, WYICB Adrian North – Deputy Director of Finance, WYICB Dave Campbell-Hemming, WYICB Hayden Ridsdale – Senior Strategy and Transformation Manager, WYICB Dr James Thomas – Medical Director, WYICB Rob Goodyear – Associate Director, Clinical & Professional Directorate, WYICB Keir Shillaker – Programme Director for Mental Health, Learning Disability & Autism, WYICB
Apologies:	Councillor Sandy Lay - Leeds Council Councillor Andrew Lee - North Yorkshire Council

8 Membership of the Committee

Apologies were received on behalf of Councillors Lay and Lee.

9 Minutes of Previous Meeting

The Minutes of the meeting held on 16 July 2025 were approved as a correct record.

10 Declarations of Interest

Councillor Hutchinson declared his memberships of the BMA, Royal College of Ophthalmologists, Doctors for the NHS, and Keep Our NHS Public.

11 Deputations/Petitions

No deputations or petitions were received.

12 West Yorkshire Integrated Neighbourhood Health Update

The Committee received an update on the development of the Neighbourhood Health model across West Yorkshire, which formed part of the national shift toward neighbourhood-based, community-centred health services. Members were advised that national policy positioned neighbourhood health as a priority within NHS transformation, aiming to reduce the historic "hospital by default" approach and establish Neighbourhood Health Centres in every community by 2035. The Committee noted that the model sought to bring care closer to communities and support more proactive, preventative, and integrated provision across health and care services.

The report highlighted that national guidance set out six core components required for the neighbourhood health approach (i) population health management (ii) modern general practice (iii) standardised community health services (iv) neighbourhood multi-disciplinary teams (v) integrated intermediate care and (vi) home first approach to admissions avoidance and discharge support. Members heard that these components were intended to improve access, continuity of care, and coordination across different patient cohorts. The Committee acknowledged that these requirements formed the baseline for the Integrated Care Board's planning, commissioning intentions, and outcome-focused strategies.

The Committee was reminded of the national accelerator programme involving 43 sites across England, designed to speed up implementation of the neighbourhood health model. The programme operated through a "Test–Learn–Grow" approach, with an initial focus on adults with multiple long-term conditions and those at rising risk. It was highlighted that the West Yorkshire system was developing the necessary foundations, data infrastructure, and integrated working arrangements to support this accelerated neighbourhood-based transformation.

Members noted that the Integrated Care Board held accountability for developing a needs-assessment-informed, five-year strategic commissioning plan to support delivery of neighbourhood health priorities. The Committee recognised that further national guidance was awaited to provide more detail on delivery expectations, and that local work would continue to align commissioning, workforce models, community pathways, and prevention-focused interventions with the neighbourhood health framework.

During discussions, the Committee commented on the following issues: -

- Clarification on implementation timescales was sought as the national neighbourhood health guidance was still awaited. The Committee was advised that the Integrated Care Board's Five-Year Strategic Commissioning Plan would be submitted to NHS England by February 2026 and would be reviewed annually.
- Concerns were raised relating to the number of emerging plans and frameworks, including neighbourhood health guidance, the ten-year plan, and the Medium-Term Planning Framework, and the need for alignment into a single coherent strategic approach.

- The Committee highlighted the importance of prevention, particularly in relation to rising levels of mental ~~ill-~~health and suicide and were advised that prevention formed a core focus of the neighbourhood model.
- Workforce challenges were discussed, with the Committee highlighting reductions in district nursing numbers nationally and the need for a confident, skilled community workforce.
- Members queried the size and configuration of neighbourhood footprints, noting that PCNs varied and some were not geographically aligned.
- Concerns were raised regarding digital access, particularly that the shift towards digital solutions should not exclude individuals without digital literacy or access to technology.

RESOLVED –

1. That the Committee thanked officers from the West Yorkshire Integrated Care Board for their attendance and the update provided.
2. That regular updates be provided on the delivery of the Neighbourhood Health Model, including assurance on how implementation was progressing and how effective the model was in ensuring that services met the needs of local communities.

13 Autism and ADHD assessments

The Committee received an update on the West Yorkshire Mental Health, Learning Disability and Autism Programme, which outlined significant pressures across neurodevelopmental services, including autism and Attention Deficit Hyperactivity Disorder (ADHD) assessment pathways. The Committee was advised that referrals for ADHD assessments alone had more than doubled over the previous five years, mirroring trends were seen nationally and contributed to long waiting times that extended into months or years. The Committee noted that rising demand stemmed from greater public awareness, population growth, and evolving clinical understanding, with services now unable to keep pace.

The Committee was advised that services were facing systemic challenges beyond demand alone, including the absence of a standardised national diagnostic framework and significant variation between providers. Diagnoses, while clinically important, also had substantial implications for individuals' access to social support, education, and wider community resources. The Committee recognised the challenges created by the Right to Choose (RTC) policy, which enabled individuals to obtain diagnoses from independent providers but often resulted in follow-up medication requests being redirected back into local NHS systems, thereby adding pressure and causing additional delays.

The Committee noted that the RTC pathway had also led to escalating financial and quality-assurance risks, with system costs having tripled over a three-year period and limited ability to assure the diagnostic quality of all external providers. The Committee was further advised that the autistic population continued to experience

poorer outcomes than the general population, including significantly longer inpatient stays. These factors collectively highlighted the urgent need for a more coherent, equitable and sustainable approach to neurodevelopmental assessments and support.

The Committee was informed that extensive engagement had taken place between 2022 and 2024 with autistic individuals, people with ADHD, families, carers and a range of professionals. This included two large regional Neurodiversity Summits, which surfaced strong and sometimes conflicting views about priorities and approaches. Through this engagement process, a set of shared priorities had been agreed, including early support based on need rather than diagnosis, consistent triage and screening, clearer pathways, improved post-diagnostic support, and better use of digital tools.

The Committee noted the programme's overarching strategy, which sought to establish a unified, equitable, needs-led neurodevelopmental pathway across West Yorkshire. This strategy included developing a unified commissioning policy, establishing community neurodiversity hubs as single points of access, and would embed consistent pathway principles and diagnostic thresholds across the region. It was explained that these hubs would provide needs-based support prior to diagnosis and reduce inequities in access.
The Committee also heard that several areas of operational work had already been undertaken. This included the development of West Yorkshire clinical quality standards intended for adoption across both NHS and independent providers, with early interest shown by neighbouring ICBs. Indicative activity plans had been produced to ensure a minimum baseline of assessment activity, particularly to address the longest waiters. Providers had also been supported to review waiting lists more effectively and escalate urgent cases as needed.

The Committee was advised that further work was underway to standardise diagnostic thresholds across the region so that individuals would not be more or less likely to receive a diagnosis depending on which provider assessed them. This work was essential to achieving equity in waiting lists and ensuring that assessments were consistent and clinically robust. The Committee also noted concerns regarding the limited availability and quality of autism and ADHD data nationally.

The Committee was informed that longer-term work would focus on developing the business case for the full neurodiversity hub model and understanding how it would integrate with neighbourhood health teams, community mental health services, primary care, education, and voluntary and community sector partners. It was noted that much of the support required by autistic people and people with ADHD was non-clinical and needed a coordinated system-wide approach.

During discussions, Members commented on the following issues: -

- That updates be provided at an earlier stage in future, particularly regarding any proposed changes to pathways, thresholds or commissioning activity, to support timely and effective scrutiny.

- The Committee sought clarification regarding the development of clinical thresholds across West Yorkshire, noting variation in assessment practices and requesting assurance that unified thresholds would not exclude individuals with genuine need.
- The Committee queried the timescales for establishing neurodiversity hubs, noting that none had yet been developed and that implementation was expected by the end of the 2026/27 financial year.
- A question was raised relating to the number of patients in the area who were on the waiting list for an assessment.
- Concerns were raised regarding the Right to Choose (RTC) pathway, noting that some independent providers offered diagnosis without treatment, resulting in further delays when individuals had to re-enter local pathways for medication.
- The Committee highlighted inequalities in access, noting that families with financial means were able to pay for private assessments while others faced long waits, and emphasised the need for hubs to support early identification and reduce reliance on diagnosis-led pathways.
- The Committee questioned how transitions between children's and adult services would be addressed, stressing that support services, not only diagnosis, required improvement to prevent gaps in care.
- The Committee sought assurance that referral processes would be consistent across West Yorkshire, noting that variations in referral quality could lead to inequitable prioritisation.
- The Committee noted concerns regarding activity planning, highlighting that provider capacity increases of 10% would not match the rising levels of demand and risked extending waiting times.
- The Committee queried whether gender based masking behaviours, particularly among girls with autism, were being accounted for within assessment frameworks.
- Further clarification was sought on how the National Review would affect ongoing regional work and received assurance that the direction of travel was aligned with national expectations.
- The Committee emphasised the need for strengthened partnership working with education, local authority and voluntary sector partners, noting that such collaboration should begin immediately rather than awaiting formal hub establishment.

RESOLVED –

1. That representatives of the ICB be thanked for their report and attendance at the meeting.
2. That the Committee be provided with the numbers on the waiting lists for neurodevelopmental assessments, together with the criteria used to determine complex needs.

3. That an update on the development of clinical thresholds be provided, noting that this work was expected to continue until March.

4. That ongoing reporting on waiting times be provided to ensure that the current activity plan did not lead to extended delays for patients in any part of West Yorkshire.

14 Winter Preparedness

The Committee received an update on the 2025/26 West Yorkshire winter plan, which had been developed across the Integrated Care System through engagement with primary care, ambulance services, acute trusts, mental health providers, local authorities and social care partners. It was noted that the plan aligned with national priorities, including the Urgent and Emergency Care Plan and the 10-Year Health Plan for England, while also drawing on learning from the 2024/25 winter period, which had seen significant pressures from increased demand, acuity, and workforce challenges.

The Committee was informed that the West Yorkshire Winter Board Assurance Statement had been submitted to NHS England, providing assurance around governance, quality, risk mitigations, system coordination and delivery readiness for the coming winter. Key national requirements were highlighted, including the need to improve ambulance Category 2 response times, reduce ambulance handover delays, ensure 78% of patients were admitted, transferred or discharged within four hours, and to reduce long stays in emergency departments for both physical and mental health presentations. Members also heard that a range of system measures were in place to support winter pressures, including Urgent Community Response services, Same Day Emergency Care, Urgent Treatment Centres, Acute Respiratory Infection hubs, and enhanced community and primary care capacity.

The Committee noted that discharge and flow continued to be central to winter resilience, with the rollout of Home First pathways, Virtual Wards and improved discharge coordination intended to reduce delays and support timely movement of patients through the system. Vaccination planning was also underway to maximise protection against flu and COVID-19 and minimise infection-driven surges through the winter period.

During discussions, the Committee commented on the following issues: -

- Clarification was sought on the winter viral illnesses graph, specifically querying what the percentage values represented. It was confirmed that the percentages indicated the proportion of the population expected to have influenza, rhinovirus, RSV or COVID.
- Information was requested on measures within the winter plan to maintain continuity of primary and community care services over the festive period to prevent post-holiday surges in acute demand.

- The Committee noted the pharmacy and general practice capacity, extended hours, 24-hour out-of-hours GP services, and proactive risk management for vulnerable patients.
- The Committee queried whether the predicted January figures implied that around 28% of the population could have flu at that point, and it was confirmed that this reflected Public Health projections.
- The Committee sought clarification on whether corridor care formed part of the winter trigger system, and it noted that whilst it was not a formal trigger, corridor care was reported daily to NHS England, though data collection varied across trusts.
- The Committee asked whether reporting of corridor care and temporary escalation areas would become standardised in future. It was acknowledged there was national inconsistency and that a standardised dataset would be required before this could be achieved.

RESOLVED –

1. That representatives of the ICB be thanked for their report and attendance at the meeting.

2. That future updates include information on projected and actual infection peaks, workforce resilience planning, and any emerging pressures affecting ambulance services, emergency departments, or discharge pathways.

3. That in noting the progress on the vaccination programme, ongoing updates regarding uptake be provided for rates across key cohorts and any anticipated impact on system pressures.