Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 4th February 2026

Present:	Councillor Jo Lawson (Chair) Councillor Bill Armer Councillor Eric Firth Councillor Alison Munro Councillor Darren O'Donovan Councillor Habiban Zaman
Co-optees	Helen Clay Kim Taylor
In attendance:	Talib Yaseen – Chief Nursing Officer, Mid Yorkshire Teaching NHS Trust Brent Kilmurray – Chief Executive, Mid Yorkshire Teaching NHS Trust Victoria Poskitt – Associate Director of Communications, Mid Yorkshire Teaching NHS Trust Stacey Appleyard – Chief Executive, Healthwatch, Huddersfield and Calderdale Vicky Dutchburn – Interim Accountable Officer, Integrated Care Board Councillor Elizabeth Smaje – Chair of West Yorkshire Joint Health Overview and Scrutiny Committee

35 Membership of the Panel
No apologies were received.

36 Minutes of previous meeting
RESOLVED – That the Minutes of the meeting held on 14 January 2026 be approved as a correct record.

37 Declaration of Interests
No interests were declared.

38 Admission of the public
All agenda items were considered in public session.

39 Deputations/Petitions
No deputations or petitions were received.

40 Public Question Time

No public questions were received.

41 Mid Yorkshire Teaching NHS Trust strategy to NHS 10 year plan

The Committee received a presentation from the Chief Executive of Mid Yorkshire Teaching NHS Trust outlining the national context of the NHS 10-Year Plan and its implications for the Trust. The presentation highlighted the significant shift towards preventative, community-based, digitally enabled and patient-centred care. The panel noted the three strategic shifts underpinning the plan: hospital to community, analogue to digital, and sickness to prevention, with a strong emphasis on tackling health inequalities.

The Committee was informed about the Trust's strategic direction under Delivering MY Future 2023–28, including its strategy deployment approach and alignment with the Improving Together programme. It was noted that the approach aimed to empower teams through clearly defined breakthrough objectives, supported by strategic initiatives, divisional drivers and Trust-wide projects. Progress was being monitored through structured governance arrangements, with a focus on continuous improvement, quality, safety and access.

The presentation outlined the development of Neighbourhood Health and Integrated Neighbourhood Teams (INTs) within Kirklees, aligned to national neighbourhood health guidance. The panel noted the focus on key population cohorts including frailty, mental health, and children and young people, and the phased rollout of INTs across borough neighbourhoods. The aim was to improve care coordination, reduce hospital admissions, and support care closer to home through integrated, multidisciplinary working.

The Committee also considered Mid Yorkshire Teaching NHS Trust's role as an anchor organisation within Kirklees and the wider Calderdale, Kirklees and Wakefield system. The Trust described its responsibility to contribute to social value, economic wellbeing and community resilience, including through partnership working, employment, volunteering, and the MY Community Promise. The panel noted the Trust's involvement in the Place Provider Partnership model and its contribution to system-wide transformation and population health management.

The presentation also provided updates on quality and safety, including the Trust's position on temporary escalation spaces, learning from reported incidents, and ongoing clinical safety reviews. The panel noted service activity and performance at Dewsbury and District Hospital, including access, reconfiguration impacts, maternity services and volunteering. The Committee was advised of several major reviews and improvement programmes underway, including the implementation of a new electronic patient record, service reconfiguration reviews, and support for provider collaborative arrangements.

Members were advised that the Trust was reflecting on whether its current five-year strategy required reframing in light of national operating model changes and Integrated Care Board reforms. While the strategic framework remained valid, the Trust indicated that it was considering how best to adapt its focus to ensure

alignment with emerging place-based partnership arrangements and Integrated Health Organisation principles, and confirmed that engagement with partners and stakeholders would form part of this work.

Further detail was provided on neighbourhood health delivery in Kirklees, including foundational work already underway despite Kirklees not being a national pilot site. The Committee noted that partnership working across primary care, community health services and wider system partners was progressing. It was reported that early pilot neighbourhood sites had gone live, with others operating in shadow form or under development, supported by the use of shared data and evidence-based targeting of interventions.

The Committee was also briefed on the Trust's wider role as an anchor organisation, including its economic, social and employment impact across North Kirklees and Wakefield. The Trust highlighted its use of local procurement, employment, training, volunteering and estate assets to support community wellbeing and reduce inequalities and noted a renewed focus on partnership working through its Community Promise and engagement with the voluntary and community sector.

Finally, the Committee was updated on quality and safety issues following Members' recent site visit. Assurances were provided regarding the Trust's approach to managing periods of acute operational pressure, including the controlled and risk-assessed use of temporary escalation spaces when unavoidable. It was confirmed that such arrangements were not regarded as acceptable practice, were subject to external scrutiny, and were accompanied by learning, transparency and patient communication. The Trust also outlined ongoing clinical service reviews aimed at ensuring services across sites remained safe, sustainable and fit for future population needs.

Questions and comments were invited from Members of the Health and Social Care Scrutiny Panel, and the following was raised:

- The panel asked for clarification on the role of Dewsbury District Hospital as a Type 1 Emergency Department and what cases would be treated there versus transferred elsewhere. It was explained that Dewsbury operated as a Type 1 Emergency Department, treating and stabilising patients locally where appropriate, with more complex emergency care (such as stroke, thrombolysis and emergency surgery) transferred to Pinderfields, following established clinical protocols and ambulance triage arrangements.
- The panel raised concerns about corridor care and whether additional capacity, beds or wards were planned to address this issue and it was confirmed that the focus was not solely on increasing bed numbers, but on improving patient flow, assessment, same-day emergency care and discharge processes, with a clinical services review underway to assess asset use and system-wide flow, including joint working with local authority social care.
- The panel queried how health inequalities and reduced life expectancy in parts of North Kirklees were being addressed through place-based and population health approaches. It was confirmed that reducing inequalities

was a core priority, with population health data being used to differentiate care, supported by public health input, preventive approaches, and early intervention models embedded within place provider partnerships.

- The panel asked how Integrated Neighbourhood Teams differed from Primary Care Networks and how community services fitted within these models. it was explained that PCNs primarily focused on primary care delivery and contractual mechanisms, while Integrated Neighbourhood Teams brought together a wider range of services, such as community nursing, palliative care, VCSE support and care coordination, around defined neighbourhoods and population needs.
- The panel sought assurance about the future of the Brontë Birth Centre, including utilisation thresholds and potential closure risks. It was stated that the review of the Birth Centre was not driven by financial thresholds or minimum activity levels, but by good practice, quality and access considerations, with a commitment to an open model, growing utilisation, and promotion of the service as a hub for maternity care.
- The panel asked what the main risks, challenges and threats were in delivering the NHS 10-Year Plan locally. It was acknowledged that the scale of change required effective public engagement, workforce adaptation, and investment in digital and estates, with some elements requiring significant transformation effort and others achievable through service redesign and repurposing of existing resources.
- The panel queried whether community pharmacy and other key partners had the capacity to take on expanded roles described in the national plan. It was acknowledged that capacity and variation existed and that commissioning, workforce and contractual arrangements would need to evolve to ensure pharmacy and wider multidisciplinary teams were supported to deliver these expectations sustainably.
- The panel raised concerns about higher rates of premature cardiovascular disease among South Asian men and asked about targeted prevention, screening and monitoring, with the Panel being advised that health inequalities were recognised as a priority. Primary care played a key role in early identification, and that further work was required to map existing services, data by ethnicity and outcomes, with a commitment to take this issue away and report back with more detailed local information.
- The panel asked about same-day GP access and how this aligned with residents' lived experience. It was clarified that GP access was not within the Trust's direct control, and that this issue sat with ICB commissioning and primary care delivery, although the challenges were acknowledged.
- The panel asked how genomics and personalised medicine would impact local services and patient access. The Panel heard that genomics formed part of a longer-term national ambition, with early examples already in place in areas such as cancer care, while broader application locally was expected to evolve over time as part of more personalised approaches to treatment.
- The panel sought clarity on what was meant in practical terms by clinical service reviews, redistribution and standardisation of services across Kirklees. It was explained that the clinical services review would revisit the 2017 reconfiguration, assess impacts on communities, and use engagement with residents, clinicians and partners to inform future models, with

place-based working offering opportunities for more joined-up, flexible and locally responsive service delivery.

- The panel requested that Scrutiny be involved at an early stage in future clinical service reconfiguration and place-based service redesign. It was acknowledged that early scrutiny involvement would be valuable, and the Trust expressed openness to further engagement, discussion and site visits as the review progressed.

RESOLVED –

1) That representatives from MYTT be thanked for their presentation and attendance at the meeting.
2) That Scrutiny be involved at an early stage in the Trust's forthcoming clinical services reconfiguration review, including engagement on proposals affecting service distribution and access across Kirklees.
3) That further written clarification be provided on targeted action being taken to address premature cardiovascular disease and related inequalities, particularly among South Asian men, including data, interventions and anticipated timescales.

42 Changes relating to NHS England, Integrated Care Board and Healthwatch

The panel received a presentation outlining proposed national and regional changes affecting NHS England, Integrated Care Boards (ICBs), and Healthwatch, and the implications for Kirklees. The presentation had been requested to provide assurance on governance, accountability, resource allocation, risk, finance and performance, and to clarify how relationships, local knowledge, and influence at place level would be maintained through the forthcoming reforms. The panel noted that the changes were intended to support strategic commissioning, population health improvement and the reduction of health inequalities.

The panel was advised of the future health and care landscape, including the evolving role of the ICB as a strategic commissioner, system convenor and integrator of services across West Yorkshire. Details were provided on the planned organisational redesign, including the move to three integrator teams and the consolidation of corporate and strategic commissioning functions. The panel noted that the future model would involve a significant reduction in establishment and that some functions would ultimately transfer to regional, national or provider-level organisations in line with national blueprints.

The presentation set out proposals for the development of the Kirklees Place Provider Partnership, including its vision, priorities and operating model. The panel noted that the partnership was intended to provide a stronger place-based approach, with greater collaboration between providers and increased autonomy over service delivery, while statutory accountability would remain with the West Yorkshire ICB. It was confirmed that the partnership would operate in shadow form from 1 April 2026, with no change to existing schemes of delegation or legal responsibilities during 2026/27, and that formal contracting arrangements were not expected to begin until April 2027.

The panel also considered the proposed governance arrangements for the Place Provider Partnership. It was reported that the approach aimed to reduce duplication, streamline decision-making and clarify accountability, while preserving arrangements that were working well. The panel noted that the Kirklees ICB Committee would continue in a streamlined form, alongside the shadow operation of the Place Provider Partnership, with collaborative discussion taking place in advance of formal assurance and decision-making.

Finally, the panel received a presentation on proposed national changes to Healthwatch, including government intentions to abolish Healthwatch England and local Healthwatch networks, with legislative change expected from March 2027. The panel noted the risks highlighted if the independent patient and public voice were lost, including reduced trust, weaker challenge and reduced visibility of inequalities. Assurance was provided that Healthwatch Kirklees intended to continue operating as an independent charity and was actively exploring alternative funding to ensure that local people's voices continued to inform health, social care and wellbeing services in Kirklees and Calderdale.

Questions and comments were invited from Members of the Health and Social Care Scrutiny Panel, and the following was raised:

- The panel asked when the governance documentation for the Kirklees Place Provider Partnership (including terms of reference and memoranda of understanding) would be available for scrutiny review.
  In response, it was confirmed that the documents had been developed at West Yorkshire level, were in draft form, and were expected to be circulated to all partners imminently, supported by accompanying communications.
- The panel questioned whether all partners had signed up to the Place Provider Partnership and how decisions would be taken during the shadow phase. It was explained that all statutory partners were engaged in development sessions, with chief executives represented at place level, and that the partnership would operate in shadow form with decision-making powers delegated through contracts from the West Yorkshire ICB.
- The panel raised concerns about why Kirkwood Hospice was not proposed as a full member of the partnership and how smaller providers' voices would be protected. The response clarified that membership status related to statutory and financial accountability rather than exclusion, and that hospices and other specialist providers would be fully involved in relevant sub-groups where their expertise was most appropriate.
- The panel sought clarity on whether the Place Provider Partnership itself would be a formal decision-making body. It was confirmed that commissioning intentions and budgets would remain with the West Yorkshire ICB initially, with defined decision-making authority delegated to place within agreed financial envelopes.
- The panel asked who sat on the Design Group leading the development of the partnership and what role Kirklees Council had played. It was confirmed that the Design Group included representatives from local authorities, NHS providers and the voluntary sector, and that Kirklees Council officers had been actively involved throughout the development process.

- The panel queried when the memorandum of understanding would be shared with Kirklees Council and whether scrutiny would have an opportunity to influence it. It was stated that the intention was to share the document that week, with it going through partner organisations' internal governance processes, including the Council's executive arrangements.
- The panel expressed concern about conflicts of interest, particularly in relation to commissioning decisions such as end-of-life care. It was confirmed that existing conflict-of-interest processes would be retained and embedded within the new governance arrangements.
- The panel highlighted concerns about the pace of change and limited engagement with overview and scrutiny bodies. In response, officers acknowledged the speed of the reforms and undertook to raise the need for wider scrutiny engagement, including at West Yorkshire level.
- The panel requested that the ICB return to scrutiny for a fuller discussion on governance and accountability before the new system went live.
- The panel asked how scrutiny and Healthwatch would be informed of, and influence, major commissioning decisions under the new arrangements. It was explained that discussions were ongoing locally and at West Yorkshire level to ensure public and patient voice continued to shape decision-making, including mapping current engagement mechanisms and identifying gaps.
- The panel raised concerns about the loss of an independent statutory voice if Healthwatch were abolished. It was confirmed that the proposed changes were national policy decisions, not locally driven, but that maintaining independence of engagement was recognised as essential.
- The panel questioned how independence, transparency and trust would be preserved if engagement functions moved into statutory bodies. It was stated that options were being explored to commission independent engagement functions in future, even if Healthwatch ceased to exist as a statutory body.
- The panel asked whether Healthwatch, if operating only as a charity, would retain sufficient influence on behalf of patients and residents.
- It was acknowledged that statutory powers would be lost, but that there was an expectation that the value and credibility of independent patient voice would continue to carry influence within decision-making forums.
- The panel sought clarity on whether Healthwatch organisations could still be commissioned after legislative change. It was confirmed that while Healthwatch as a statutory body would cease, charities currently delivering Healthwatch functions could continue under different arrangements and potentially be commissioned if local systems chose to do so.
- The panel expressed concern about the impact on seldom-heard communities and people reluctant to raise concerns directly with service providers. It was recognised that this was a key risk of the reforms and one of the strongest arguments for retaining an independent engagement function.

RESOLVED –

1) That officers from the ICB be thanked for their presentation and attendance at the meeting.

2) That representatives from the ICB be invited to attend a future meeting of the Panel to provide a comprehensive explanation of the governance model, including decision-making arrangements, accountability, risk management and how the model would be subject to overview and scrutiny.

43 Work Programme 2025/26

The Panel reviewed the work programme for 2025/26 and suggested that the changes relating to changes with NHS England, Integrated Care Boards and Healthwatch be considered at an early future meeting of the Panel.

RESOLVED - That the work programme be noted.