

# WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**MONDAY, 30TH JULY, 2018**

**PRESENT:** Councillor H Hayden in the Chair

Councillors S Baines, Y Crewe, A Evans,  
B Flynn, V Greenwood, J Hughes,  
B Rhodes, N Riaz and L Smaje

## **1 Welcome and introductions**

The Chair welcomed all present to the first meeting of the 2018/19 Municipal Year and brief introductions were made.

## **2 Late Items**

No formal late items of business were added to the agenda, however the Committee was in receipt of the following supplementary information:

- Agenda Item 6 Minutes – A copy of the previous meeting held 28<sup>th</sup> November 2017 (minute 5 refers)
- Agenda Item 11 Access to Dentistry – additional information (minute 10 refers)

## **3 Declaration of Disclosable Pecuniary Interests**

No declarations of disclosable pecuniary interest were made, however Councillor S Baines MBE wished it to be recorded that he had a non-pecuniary interest in Agenda Item 9 'Specialist Stroke Services' as a member of the Board, Calderdale & Huddersfield NHS Trust (minute 8 refers).

## **4 Public Statements**

The Joint Committee received the following statements:

Jenny Shepherd, Calderdale and Kirklees 999 Call for the NHS - made a representation seeking support for closer scrutiny of changes proposed through the development of Integrated Care Systems (ICS); the notification of two named co-optees for consideration by the JHOSC and a request for the Group to be formally invited as a witness at JHOSC meetings. JHOSC members were also invited to attend meetings of the Group. The representation also suggested extending the remit of JHOSC to include Public Health and Adult Social Care providers to match the ICS configuration with a renewed operating protocol and an increase in the number of JHOSC meetings per year.

Dr John Puntis, Leeds Keep Our NHS Public – made a representation regarding the perceived substantial service changes to be brought about through the development of the ICS; highlighting his concerns over the public consultation process; possible loss of accountability and outsourcing of NHS provision to private service providers.

Christine Hyde, North Kirklees Support the NHS - made a representation on the development of the ICS, requesting public consultation on the perceived substantial service changes; presentation of the proposed Memorandum of Understanding between the West Yorkshire and Harrogate Health and Care Partnership members and expressing concern regarding measures for public accountability.

Following each of the representations the Chair thanked those making the statements for their attendance, advising that if the matters raised were not considered as part of the Joint Committee's business at the meeting, a formal response would be sought from appropriate representatives.

**RESOLVED –**

- a) To thank the members of the public for their attendance and representations made to the Joint Committee.
- b) To note the content of the representations and to have regard to them during consideration of the matters included within the formal agenda.
- c) To seek a response from appropriate representatives should the matters raised not be considered as part of the Joint Committees business at the meeting.

**5 Minutes - November 2017**

**RESOLVED –** To agree the minutes of the previous meeting held 28<sup>th</sup> November 2017 as a correct record.

**6 West Yorkshire Joint Health Overview and Scrutiny Committee - Governance Matters**

The Joint Committee received a report of Leeds City Council's Head of Governance and Scrutiny presenting a number of governance issues for consideration, including:

- Terms of Reference
- Arrangements for Chairing the meetings
- Membership of the Committee
- Co-opted members
- Proposed meeting dates and venue arrangements

Members were also asked to consider proposals to review and refresh the JHOSC arrangements, particularly since the legislative framework affecting local authorities and the NHS had changed, alongside significant operational and administrative developments.

The Principal Scrutiny Adviser (Leeds City Council) presented the report and invited comments and questions from the Joint Committee.

The Joint Committee's discussions covered a range of matters, including:

- A review of the terms of reference, membership and operating procedure was welcomed, to reflect the West Yorkshire and Harrogate Health and Care Partnership footprint.
- The proposal to co-opt representatives from North Yorkshire County Council to the Joint Committee was supported, with members

supporting a proposal to formally appoint two representatives to JHOSC and, accordingly, seek appropriate nominations from North Yorkshire County Council.

- The term of office for co-optees (if appointed), noting the different co-option mechanisms operated across the member authorities. Members supported the request for officers to review best practice across other JHOSCs and to reflect on that in the anticipated report back on the terms of reference/operating procedure review.
- Potential additional co-optees; including seeking a nominee from Health Watch to support the JHOSCs work on specific issues/service areas as appropriate.
- Support for alternating future meetings at venues throughout the member authorities, with a request to revisit the proposed meeting dates for February and April 2019.
- The potential for rotating the position of Chair of the Joint Committee on an annual basis amongst member authorities. This to be further considered as part of the terms of reference/operating procedure review.
- A request that any draft refreshed terms of reference and draft operating procedure rules be shared with all Members of the Joint Committee for comment prior to being finalised and agreed.

## **RESOLVED**

- a) To note the Joint Committee's Terms of Reference as set out in Appendix 1 of the report;
- b) To note the current membership of the Joint Committee;
- c) To agree the arrangements for Leeds City Council to continue to chair the meetings of the Joint Committee for the remainder of the 2018/19 municipal year;
- d) To appoint Councillor Jim Clark (North Yorkshire County Council) as a non-voting co-opted member of the Joint Committee for the remainder of the current 2018/19 municipal year, or until such time that the current arrangements for the Joint Committee are superseded.
- e) To seek a further nomination from North Yorkshire County Council for a non-voting co-opted member of the Joint Committee to serve for the remainder of the current 2018/19 municipal year, or until such time that the current arrangements for the Joint Committee are superseded.
- f) To agree the following future meeting dates, noting the intention to rotate the venue between the member authorities, subject to the availability of suitable venues;
  - Monday 8th October 2018 at 1.30 pm;
  - Wednesday 5th December 2018 at 10.30 am
- g) To request officers to review the proposed meeting dates for February and April 2019 and present alternative dates for future consideration by the Joint Committee.
- h) To request officers proceed to review the current West Yorkshire Joint Health Overview and Scrutiny Committee arrangements and to develop proposals for the following;
  - i. The establishment of new (refreshed) arrangements and terms of reference of a discretionary health overview and scrutiny

- committee to reflect the geography and work of the West Yorkshire and Harrogate Health and Care Partnership and associated arrangements..
- ii. The establishment of a statutory joint health overview and scrutiny committee arrangements and terms of reference to reflect any future substantial NHS service changes or developments affecting all of the member local authorities.
  - iii. Arrangements to facilitate the establishment of statutory joint health overview and scrutiny committees (as sub-committees of the discretionary JHOSC) to reflect any future substantial NHS service changes or developments, where those proposals are likely to impact on two or more, but not all of the member local authorities (as required).
- i) That the review of the current West Yorkshire Joint Health Overview and Scrutiny Committee arrangements (referred to in (g) above) includes, but is not restricted to consideration of the following matters:
- i. Appropriate membership of all relevant local authorities.
  - ii. Specific operational / procedural rules, in order to ensure consistency of approach across all areas of work of the Joint Committee, irrespective of the hosting local authority.
  - iii. Alternating the position of Chair on an annual basis, and the associated impact on the local authority officer support for the Joint Committee;
- j) That the current membership of the West Yorkshire Joint Health Overview and Scrutiny Committee arrangements be invited to comment on any draft terms of reference and proposed procedural rules prior to them being finalised and agreed by each constituent authority.

## **7 Integrated Care Systems (ICS) Update**

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support that introduced an update on Integrated Care Systems (ICS).

The following were in attendance:

- Ian Holmes - Director, West Yorkshire & Harrogate Health & Care Partnership
- Rachael Loftus – Head of Regional Health Partnerships
- Jo Webster - Chief Officer NHS Wakefield CCG and Senior Responsible Officer (Commissioning) West Yorkshire & Harrogate Stroke Programme
- Andy Withers - Clinical Chair Bradford Districts CCG and West Yorkshire & Harrogate Stroke Programme Chair
- Karen Coleman - West Yorkshire & Harrogate Health & Care Partnership Communication and Engagement Lead

The Director introduced the item, highlighting the following matters in the development of the ICS:

- The ICS role as facilitator and the relationships with local plans; providing strategic direction for the local delivery of services.
- The announcement in May 2018 that the West Yorkshire and Harrogate Partnership had achieved shadow ICS status. This would provide an opportunity to draw down additional transformational funding to progress the development of the ICS, establish working relationships with the statutory regulators and access to support and expertise.
- The next steps to include the establishment of a Partnership Board with representatives of local authorities (including local Councillors), which would consider the strategic direction of service delivery across the WY&H footprint.
- Further discussions on accountability would be welcomed, particularly in terms of establishing relevant forums.

The Joint Committee's discussions covered a range of matters, including:

- The role of the proposed Partnership Board, its membership and the balance in proposed membership between elected local councillors and non-elected officials.
- The impact of the current financial position of some CCGs and their ability to participate fully in the partnership; and the need for financial accountability and transparent commissioning across all partner organisations within the ICS.
- A request to present a further report to the next JHOSC meeting that would provide a breakdown of financial challenges across the Partnership and plans intended to address these challenges, in order to provide information on:
  - Where savings and service changes were proposed
  - Where funding would be drawn from and whether this would be new funding or diverted from elsewhere.
  - How closer working will be delivered at a local level and how local Health and Wellbeing Boards will feed into the ICS
  - Any plans for hospitals to provide specialised hospital services only, supported by the provision of services elsewhere
- How social care is reflected in the Partnership and the role of local authorities within the Partnership, specifically in terms of:
  - The wider determinants of health; and those issues where local authorities have a role (housing/employment etc) which contribute to prevention/intervention; and,
  - Democratic accountability and decision-making
- How local residents will understand the proposed changes to healthcare

(Councillor Baines left the meeting at 3.45 pm during consideration of this item)

**RESOLVED –**

- a) To note the contents of the report and the information provided at the meeting

- b) That a further report be presented to the next meeting of the joint committee that addresses the matters identified at the meeting.

(Councillors Crewe and Rhodes left the meeting at 3.55 pm after consideration of this item)

## **8 Specialist Stroke Services**

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support introducing an update on Specialist Stroke Services, setting out the context of the review.

The following were in attendance:

- Jo Webster - Chief Officer NHS Wakefield CCG and Senior Responsible Officer (Commissioning) West Yorkshire & Harrogate Stroke Programme
- Andy Withers - Clinical Chair Bradford Districts CCG and West Yorkshire & Harrogate Stroke Programme Chair
- Stacey Hunter - Chief Operating Officer, Airedale Hospital, West Yorkshire Association of Acute Trusts (WY AAT)
- Karen Coleman - West Yorkshire & Harrogate Health & Care Partnership Communication and Engagement Lead

The Chief Officer presented the report setting out the key issues considered during the review, which sought to ensure that care pathways are universal across the area. The issues highlighted included:

- National standards
- Standards set out by Royal College of Surgeons
- Clinical outcome improvements
- To ensure care and outcomes are equitable across the Partnership
- To ensure that services remained sustainable in the longer-term.

The Clinical Chair outlined work undertaken with providers regarding the clinical pathway, lessons learned from previous reconfiguration in Bradford and Airedale, and the future focus of Stroke Services.

It was also highlighted that the long-term future of the hyper-acute stroke unit at Harrogate Hospital remained in doubt, largely due to current and predicted patient numbers, potential patient safety matters and associated workforce issues. Notwithstanding the issue regarding Harrogate Hospital, one of the main recommendations arising from the review was there should be no further reconfiguration proposals of hyper-acute stroke services across the geography of the West Yorkshire and Harrogate Partnership.

The Joint Committee's discussions covered a range of matters, including:

- Concern regarding the limited information presented in the written report submitted to the Joint Committee in advance of the meeting, with an over-reliance on a verbal report and update – which made it difficult for a range of stakeholders, including members of the Joint Committee and also interested members of the public not in attendance.

- The development of any outline business cases and how these had been developed across the network, including links to social care providers.
- Processes to engage and consult on the outline business case, due to be considered by the Joint Committee of Clinical Commissioning Groups in September 2018.
- Recognition of proposed configuration of services to provide equitable access to acute service response within 72 hours of an incident, with patients then moving to units nearer their home.
- Measures, including GP training, would seek to identify and take a preventative approach with patients at a higher risk of experiencing a stroke, which would potentially reduce the number of acute service requests.

The Joint Committee noted the intention to provide a more detailed update for consideration by the JHOSC at its October 2018 meeting, which was likely to consist of the details reported to the Joint Committee of Clinical Commissioning Groups in September 2018, with the associated outcomes. Members of the Joint Committee requested this should include specific details on the preventative aspects of the care pathway and how local authorities would support the care aspect of rehabilitation.

**RESOLVED –**

- a) To note the contents of the report and the information provided at the meeting.
- b) That future reports relating to specific programmes of work from the West Yorkshire and Harrogate Health and Care partnership, provide sufficient information, in advance of attending the meeting, to allow proper consideration of the matters under consideration..
- c) To note the intention to provide a more detailed update for consideration by the JHOSC at its October 2018, as noted at the meeting.

(Councillor Flynn withdrew from the meeting for a short while)

**9 West Yorkshire and Harrogate Health and Care Partnership - Our Next Steps to Better Health and Care for Everyone**

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support introducing the "Our next steps to better health and care for everyone" document, published by the West Yorkshire and Harrogate Health and Care Partnership in January 2018.

Noting that Members had discussed matters set out in the document during consideration of the previous agenda items; and noting the time constraints, the Chair suggested that the Joint Committee note the content of the information provided without further detailed discussion.

**RESOLVED –** To note receipt of the document and information provided, without further discussion.

(Councillors Evans and Riaz left the meeting at 4.00 pm)

## **10 Access to Dentistry**

The report of the Head of Governance and Scrutiny support introduced an update from NHS England regarding progress made on access to dentistry services across West Yorkshire.

The Joint Committee previously considered the matters associated with Access to Dentistry across West Yorkshire in March 2017 and had received a supplementary document prior to the meeting, providing a summary of the key issues facing dentistry, actions taken to date and the proposed next steps.

The following attended the meeting:

- Emma Wilson – Head of Co-Commissioning (Yorkshire and Humber), NHS England
- Debbie Pattinson – Commissioning Lead for Urgent Care, NHS England

The Head of Co-Commissioning gave a brief introduction to the supplementary document provided and an outline of the key issues.

The Joint Committee's discussions covered a range of matters, including:

- Funding of £1.9M (over 3-years) had been made available on 1<sup>st</sup> April 2018; with some services commencing the new approach on 1<sup>st</sup> July 2018; however some services required additional time to secure additional staff – and new ways of working would commence at the end of July/early August. Members of the Joint Committee requested details of the specific practices currently involved in the work outlined in the report and discussed at the meeting.
- The natural end of existing urgent dental care contracts had been an opportunity to procure different providers to support better access to urgent dental care services and to refocus the care pathway to help improve access to regular dental services; thus reducing the need / demand for urgent care services.
- The refocus brings investment in the NHS 111 service – dental nurses will assess callers and direct those to regular services where applicable; with more service provision to ensure any requiring urgent care are seen sooner. It was reported that the 111 service is often used by patients seeking access to a local dentist, but by the time they call they often require urgent care, particularly pain management.
- Reference was made to recent NHS England and NHS Yorkshire & Humber public and stakeholder engagement and communications on urgent dental care. A comment that significant service changes and/or reconfiguration would be a matter for scrutiny was noted; the Joint Committee was assured that the refocus of access to dentistry was not “a service reconfiguration” and that NHS England would not miss the opportunity to engage with scrutiny on such matters.



- The impact of the 0-2 age range focus of the 'Starting Well' programme, which aimed to address areas of greatest need. The pilot scheme in Hull and Wakefield had been successful and further discussions had been scheduled to help identify how to initiative could be rolled out into other areas.

(Councillor Hughes left the meeting at 4.50 pm)

The meeting became inquorate and the formal meeting closed at 4.50 pm

The remainder of the discussion continued for the information of those Councillors remaining at the meeting, with the remaining Councillors only able to make recommendation on the remaining business.

### **RECOMMENDATIONS**

- a) To note the content of the report and the details provided at the meeting
- b) That the request for details of the specific practices currently involved in the work to improve access to appropriate dental care, outlined in the report and discussed at the meeting, be progressed accordingly.

### **11 Date and Time of Next Meeting**

Monday 8<sup>th</sup> October 2018 at 1.30 pm (with a pre-meeting at 1.00 pm for Members). Venue to be confirmed.