

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

**MONDAY, 8TH OCTOBER, 2018**

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

Councillors S Baines, J Clark, B Flynn,  
V Greenwood, B Rhodes, N Riaz and  
L Smaje

**CO-OPTED MEMBERS** Councillor J Clark – North Yorkshire CC

**12 Welcome and introductions**

The Chair welcomed all present to the meeting and brief introductions were made. The Chair also thanked representatives of Kirklees Metropolitan District Council for hosting this meeting in Huddersfield Town Hall.

**13 Appeals Against Refusal of Inspection of Documents**

There were no appeals against refusal of inspection of documents.

**14 Exempt Information - Possible Exclusion of the Press and Public**

There were no exempt items.

**15 Late Items**

There were no late items of business.

**16 Declaration of Disclosable Pecuniary Interests**

No declarations of disclosable pecuniary interests were made, however Councillor Baines MBE wished it to be recorded that he had a non-pecuniary interest in Agenda Item 9 'Specialist Stroke Care Programme – update' as a member of the Board, Calderdale & Huddersfield NHS Trust (minute 22 refers).

**17 Apologies for Absence and Notification of Substitutes**

Apologies for absence were received from Councillors Crewe, Evans, Hughes and Solloway.

**18 Public Statements**

The Joint Committee received the following statements:

Jenny Shepherd, Calderdale & Kirklees 999 Call or the NHS – made a representation on the aims and operation of the West Yorkshire and Harrogate Health & Care Partnership draft Memorandum of Understanding (MoU); and requesting the Joint Committee undertake a critical analysis of the proposals. Additionally, she requested the Joint Committee include the scrutiny of contracts at 'place and primary' level to the work programme.

Gilda Peterson – made a representation on the influence of the draft MoU on the individual partner organisations when considering harmonisation of

treatment. Additionally, she commented on the required integration of CCG and social care provision.

Mr Colin Hutchinson – made a representation on the future of the health and social care workforce and noting the issue of ‘workforce’ was due to be considered by the Joint Committee in June 2019, requested consideration be given to including this area at an earlier point in the work programme .

Following the statements, the Chair thanked those making representations and the Joint Committee

**RESOLVED –**

- a) To thank the members of the public for their attendance and representations made to the Joint Committee.
- b) To note the contents of the representations and to have regard to them during consideration of the matters included within the formal agenda.

**19 Minutes - 30 July 2018**

**RESOLVED** – To agree the minutes of the previous meeting held 30<sup>th</sup> July 2018 as a correct record.

**20 Matters Arising**

Minute 10 Access to Dentistry – Referring to correspondence received since the July meeting and shared with Members of the Joint Committee, the Chair commented that more detail was required on the proposals, particularly on how the work will be undertaken and the timescales for delivery.

**21 West Yorkshire and Harrogate Health and Care Partnership: Memorandum of Understanding**

The Joint Committee received a report of Leeds City Council’s Head of Governance and Scrutiny Support presenting the draft West Yorkshire and Harrogate Health and Care Partnership Memorandum of Understanding (MoU).

The following were in attendance and contributed to the discussion:

- Anthony Kealy – Locality Director, NHS England)
- Jo Webster – Chief Officer NHS Wakefield CCG and SRO West Yorkshire and Harrogate Stroke Programme
- Tony Cooke – Chief Officer, Health Partnerships, Leeds City Council
- Rachael Loftus – Head of Regional Partnerships, Leeds City Council

Anthony Kealy presented the draft MoU highlighting the following key matters:

- The MoU set out the agreement between partner agencies on how they intend to work together; the ways of working, financial framework etc although it is not legally binding.
- The statutory powers and sovereignty of the partner organisations will not be altered by signing the MoU
- The Partnership Board will be chaired by an elected member and its membership will include two elected Members per local authority (including the Chairs of local Health and Wellbeing Boards) and Chairs of all CCGs and NHS Trusts.

- It is intended that the Partnership Board will meet on a quarterly basis
- Issues currently being considered included the relationships between places and how the social care sector will integrate into the MoU.

Tony Cooke additionally highlighted the engagement undertaken with Local Authorities; the importance of economic health to the health and wellbeing of the community; the role of scrutiny in developing a workforce strategy and consideration of place based support.

The Joint Committee considered the draft MoU and highlighted a range of matters during its discussions, including:

- The governance and membership of the Partnership Board, referencing the West Yorkshire Combined Authority which has a broader membership base.
- The relationship between the Partnership Board and other bodies identified on the overall partnership schematic diagram.
- The relationship between the Partnership Board and local Health and Wellbeing Boards.
- Concern that the proposals were presented from an NHS perspective and further consideration should be given to the role of Local Authority and social care providers.
- The opportunity to report; monitor; and scrutinise the work of the Partnership Board.
- The potential impact of poor financial performance of a particular partner within the Integrated Care System (ICS) and how this would be addressed.
- The need to clarify cross boundary service arrangements and potential relationships with other ICSs.
- Financial costs associated with establishing the ICS and the supporting structures and programmes of work.
- The need for a consultation and communications strategy across the ICS.
- The role of ICT to support partnership working between service providers.

Noting the range of consultation and engagement already undertaken, Members requested sight of the published West Yorkshire and Harrogate Health and Care Partnership 2018/19 Communications Plan, highlighted at the meeting.

**RESOLVED –**

- a) To note the contents of the report and appendices containing the draft Memorandum of Understanding and “Our Next Steps to Better Health and Care for Everyone” January 2018 publication for the West Yorkshire and Harrogate Health and Care Partnership.
- b) To note the content of the discussions as outlined above.
- c) That a copy of the published West Yorkshire and Harrogate Health and Care Partnership 2018/19 Communications Plan be provided to the Joint Committee.

**22 Specialist Stroke Care Programme - Update**

Minutes approved at the meeting  
held on Wednesday, 5th December, 2018

Further to minute 8 of the meeting held 30th July 2018, the Joint Committee considered the report of Leeds City Council's Head of Governance and Scrutiny presenting the requested update on the Specialist Stroke Care Programme and the work undertaken across West Yorkshire and Harrogate to improve Specialist Stroke Services.

The following were in attendance and contributed to the discussion:

- Jo Webster – Chief Officer NHS Wakefield CCG and SRO West Yorkshire and Harrogate Stroke Programme
- Andy Withers – Clinical Chair Bradford Districts CCG and West Yorkshire and Harrogate Stroke Programme Chair
- Graham Venables – Clinical networks clinical director – Northern Region
- Stacey Hunter – Chief Operating Officer, Airedale NHS Foundation Trust – representing the West Yorkshire Association of Acute Trusts
- Jacqui Crossley, Head of Clinical Effectiveness and Governance, Yorkshire
- Karen Coleman – West Yorkshire and Harrogate Health and Care Partnership Communication and Engagement Lead

Jo Webster – Senior Responsible Officer (SRO) for the Stroke Programme – provided the Joint Committee with highlights from the report and overall aims of the programme, which included:

- Providing seamless and consistent care across the care pathway
- A focus on prevention with the aim to reduce the number of strokes by 46 annually.
- Further reduction of up 620 strokes per year, through best practice interventions with identified high risk patient groups.
- Enabling a swift recovery for people suffering a stroke and having an agreed set of standards around rehabilitation.
- Public engagement had provided 2,500 responses.
- The SRO went on to add that the November meeting of the Joint Clinical Commissioning Group (scheduled for 6 November 2018) was expected to recommend future Specialist Hyper-Acute Stroke Services to be provided from 4 of the existing sites, with the other existing unit at Harrogate to provide rehabilitation services only. Members received assurance there would not be any further reconfiguration of services.
- Further communication would be undertaken to ensure patients are aware of the new care pathway.

The Joint Committee considered the details presented at the meeting and highlighted a range of matters during its discussions, including:

- The findings of the public consultation.
- The optimum annual patient flow for Specialist Hyper-Acute Stroke Services, which could highlight the need for a review of service provision, as follows:
  - Less than 600 per annum
  - Between 1200-1500 being high for a single team within an individual unit

- The current annual patient flow / numbers at the current Specialist Hyper-Acute Stroke Units. The Joint Committee was provided with the following summary of current patient flows/ numbers:
  - Mid Yorkshire 900 p/a
  - Leeds Teaching Hospital Trust 1200 p/a
  - Bradford 800 p/a
  - Calderdale 750-800 p/a
  - Harrogate 300 p/a
- The possible impact on safe provision once the Harrogate Hyper-Acute Stroke Unit was decommissioned (as proposed).
- Members received assurance that LTHT would manage the additional patient numbers as it was anticipated that approximately 100 patients (i.e. a third of current Harrogate patients) would divert to York Teaching Hospital NHS Foundation Trust
- The capacity and role of the Ambulance Service to deliver the new emergency care pathway.
- Recognition that patient flow within the West Yorkshire and Harrogate area necessitated a standard pathway to ensure consistent service delivery.
- Whether service users/consultation respondents had been formally made aware of the final proposals. (*Officers from the Partnership agreed to ensure further engagement would be undertaken.*)
- The need to ensure former Harrogate patients have access to the standard rehabilitation pathway following emergency treatment.

In conclusion, the Chair noted there had been public engagement with the population of Harrogate around the proposed closure of the Harrogate unit (as a hyper acute stroke unit); and this had also been the subject of discussion with North Yorkshire County Council's Scrutiny of Health Committee/ Chair. However, the proposals and the associated impact on services in Leeds had not been presented when the Leeds Scrutiny Board previously considered the review of Specialist Stroke Services in July 2018. As such, noting that Leeds Teaching Hospitals NHS Trust – through the West Yorkshire Association of Acute Trusts (WYATT) had considered the proposals, the Chair requested that, as the local operational plan was prepared and ready to be in place by the end of 2018, that

- The Joint Committee be given the opportunity to review the overall plan;
- The Leeds Scrutiny Board also be given the opportunity to consider the specific implications and any associated mitigating actions for services in Leeds, and
- Kirklees Health and Adult Social Care Scrutiny Panel receive an update and assurance on patient flows, as appropriate.

**RESOLVED –**

- a) To note the 'optimal' service delivery model for hyper acute stroke care presented.
- b) To note the view of the West Yorkshire & Harrogate Health & Care Partnership that there is no requirement or plan to further engage or consult across the whole of West Yorkshire on the optimal service delivery model

- c) To request further formal engagement with service users on the proposed 'optimal' service delivery model for hyper acute stroke care.
- d) To support the recommendation to commission a standard hyper acute stroke service pathway and service specification across WY&H.
- e) To support the recommendation to re-establish a stroke clinical network across WY&H
- f) To note the work underway to further improve quality and outcomes across the whole of the stroke pathway for the people of WY&H; and
- g) To acknowledge that plans for Harrogate will be led locally and not via the WY&H Partnership, while noting that as the operational plan was prepared and ready to be in place by the end of 2018:
  - The Joint Committee be given the opportunity to review the overall plan;
  - The Leeds Scrutiny Board be given the opportunity to consider the specific implications and any associated mitigating actions for Leeds, and
  - That Kirklees Health and Adult Social Care Scrutiny Panel receive an update and assurance on patient flows, as appropriate.

NB Councillor Clark left the meeting at 3:40 pm during consideration of this item

## **23 Financial Challenges**

The Joint Committee received a report from the Head of Governance and Scrutiny Support presenting a report from the West Yorkshire and Harrogate Health and Care Partnership providing an outline of the financial challenges for the NHS organisations across the Partnership and an overview of the financial context within which the Partnership works.

The report included a schedule of the full year financial plans of the NHS organisations within the Partnership for the first financial quarter 2018/19.

The following were in attendance and contributed to the discussion:

- Bryan Machin, Director of Finance, West Yorkshire & Harrogate Partnership
- Jo Webster – Chief Officer NHS Wakefield and SRO West Yorkshire & Harrogate Stroke Programme
- Jonathon Webb, Chief Financial Officer, Wakefield CCG

Bryan Machin presented the report and highlighted the following:

- The Partnership was developing an understanding of the challenges faced by each organisation in order to support the development of sustainable solutions.
- The Partnership, as an Integrated Care System, is likely to be asked to consider implementation of a 'shared control total' approach to funding.
- The Partnership was not a regulator of services.
- Organisations within the Partnership had a history and tradition of working well together across West Yorkshire.

The Joint Committee considered the details presented at the meeting and highlighted a range of matters during its discussions, including:

- The likely risks of having a shared control total and the impact on organisations delivering the financial recovery plans agreed with regulators.
- How the shared control would be managed and risks distributed across the partner organisations.
- The opportunity to monitor the financial framework and processes to ensure equality across the Partnership. Members were advised that a revised financial framework was under development and it was anticipated that monitoring would continue to be undertaken by NHS England and NHS Improvement, with some processes shifting to the Partnership / ICS.
- Overall plans to achieve the £270m efficiencies highlighted in the report, noting that service efficiencies decided at a local level in one authority may impact on service provision in a neighbouring authority. Members noted the response that consideration of efficiencies occurred on a local, place-based basis and individual partner organisations and authorities were accountable to the regulators and not the WY&H Health and Care Partnership.

Members requested that future funding reports reflect all partner organisations within the Partnership; including Local Authorities once their funding is confirmed by Central Government.

**RESOLVED -**

- a) To note the details presented in the submitted report and associated appendices
- b) To note the contents of the discussions, which identified further scrutiny activity and future actions.

## **24 Work Programme**

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support on the development of the Joint Committee's future work programme.

The Principal Scrutiny Adviser addressed the meeting and advised that the Joint Committee's future work programme had been revised to reflect the Memorandum of Understanding schematic and priority areas; whilst also recognising the matters of specialised services and access to dentistry previously identified by the Joint Committee.

The Joint Committee considered the proposed future work programme and discussed the following matters:

Workforce – supporting a suggestion to bring forward consideration of 'workforce issues' (including examination of the employment of agency staff) to sit alongside consideration of urgent care at the December meeting.

Cancer – noting a request for the Cancer Programme area to be re-prioritised within the work programme

Governance Matters – noting some concerns from Members on proposals around the discretionary and mandatory elements of the Joint Committee. It was also noted that the proposals were currently being consulted on across each of the six local authorities.

Acknowledging the comments made by members, the Principal Scrutiny Adviser reminded the Joint Committee of the previously agreed meeting frequency and overall capacity of the Joint Committee. -.

**RESOLVED –**

- a) That the proposed work programme and comments made at the meeting be noted.
- b) That officers continue to develop the Joint Committee's work programme, based on comments made at the meeting.
- c) That a revised work programme be presented for discussion and agreement at a future meeting of the Joint Committee.

**25 Date and Time of Next Meeting**

**RESOLVED –**

- a) To note the date and time of the next meeting as Wednesday, 5 December 2018 at 10:30am (with a pre-meeting at 10:00am for all Members of the Joint Committee)
- b) To note the intention to continue to rotate the meeting venues, with Bradford as first choice for the December meeting subject to venue availability, with Calderdale to facilitate if this is not possible.