

# WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 10TH SEPTEMBER, 2019

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

Councillors S Baines, Godwin, Griffiths,  
Hutchinson, G Latty, B Rhodes and  
L Smaje

## 1 **Welcome**

The Chair welcomed all present to the first meeting of the West Yorkshire and Harrogate Joint Health Overview and Scrutiny Committee for the 2019/20 Municipal Year. Brief introductions were made.

## 2 **Appeals Against Refusal of Inspection of Documents**

There were no appeals against the refusal of inspection of documents.

## 3 **Exempt Information - Possible Exclusion of the Press and Public**

The agenda contained no exempt information.

## 4 **Late Items**

With the agreement of the Chair, the report and appendix pertaining to Item 11 Work Programme 2019/20 were provided to the Joint Committee prior to the start of the meeting (minute 13 refers).

## 5 **Declaration of Disclosable Pecuniary Interests**

No declarations of disclosable pecuniary interests were made.

## 6 **Apologies for Absence and Notification of Substitutes**

Apologies for absence were received from:

- Councillors Greenwood and Hargreaves (Bradford Council)
- Councillors Clark and Solloway (North Yorkshire County Council)
- Councillor Whitehouse (Wakefield Council)

Councillor P Godwin (Bradford Council) was welcomed as a substitute for Councillor Greenwood.

## 7 **Public Statements**

The Joint Committee received the following statements:

Rosemary Hedges, Calderdale & Kirklees 999 Call for the NHS – Made a representation on the Terms of Reference for the Integrated Care System Board (ICS Board), focussing on the perceived contradiction between any statutory regulatory and oversight powers to be delegated by NHS England and NHS Improvement to the ICS Board, and that Board's own Terms of Reference that state it has no formal delegated powers from the organisations that make up the Integrated Care System. Additionally, she highlighted the

role of American health support services company Optum in the development and recent trial of a population health management system in primary and community health services.

Jenny Shepherd, Calderdale & Kirklees 999 Call for the NHS – Made a representation setting out her concerns on the inclusion of the new 'Improving Population Health' priority in the draft 5 Year Strategy; the availability of technology to support the population health management priority; and incentivising and the introduction of commercialisation into health service provision – stating this could reduce patient access to professional health care and worsen population health.

Dr John Puntis, Leeds Keep Our NHS Public – Made a representation on the 5 Year Strategy and identified funding elements which he felt were not addressed; including the existing deficits experienced by two thirds of Trusts; and recognition that any new Government funds could be absorbed to balance books rather than provide additional services. He queried how the un-costed and ambitious service developments set out in the NHS Long Term Plan will be delivered when cuts to Public Health budgets will impact on the ability of the public health sector to support the prevention agenda –identified as the solution to reducing demand on the health service.

## **8 Minutes 8 April 2019**

**RESOLVED** – That the minutes of the meeting held 8<sup>th</sup> April 2019 be agreed as a correct record.

## **9 Matters Arising**

Minute 59 West Yorkshire and Harrogate Cancer Alliance – Cervical Cancer Screening – The Chair reported that Yorkshire will no longer have a cervical screening laboratory from December this year after NHS England made the decision to move the Leeds, Sheffield and York services to Gateshead as part of proposals to reduce the 46 labs currently operating in England to seven.

The Chair commented that at a time when there was growing concern amongst authorities over the decrease in cervical screening nationally, she was disappointed that the Joint Committee had not been consulted on this change to provision, particularly when a key priority for the Cancer Alliance was to make 'more cancers curable by supporting ways of achieving earlier diagnosis, promoting greater awareness of signs and symptoms and increasing the uptake of screening'.

Members joined the Chair in expressing their frustration that this matter had been brought to their attention through the media and not by the decision makers. The Joint Committee supported the Chair's suggestion that more information be requested (including any implications on screening activity) with a view to the decision maker being invited to attend a future meeting to discuss the matter in more detail.

## **10 West Yorkshire and Harrogate Health and Care Partnership - Draft 5-Year Strategy**

The Joint Committee received a report from West Yorkshire and Harrogate Health and Care Partnership presenting the first iteration of the Draft Five Year Strategy as considered by the West Yorkshire and Harrogate Health and Care Partnership Board meeting on 3<sup>rd</sup> September 2019.

The following were in attendance to present the report; outline the outcome of discussions at the Partnership Board; and contribute to discussions:

- Councillor Tim Swift – Chair, West Yorkshire and Harrogate Health and Care Partnership Board.
- Rob Webster – Chief Executive Officer Lead for West Yorkshire and Harrogate Health and Care Partnership.
- Ian Holmes – Director, West Yorkshire and Harrogate Health and Care Partnership.
- Hannah Davies – Chief Executive, Healthwatch Leeds (representing West Yorkshire Healthwatch).

In presenting the report, the following matters were reported:

- Development of the 5 Year Strategy would satisfy the requirement of the NHS Long Term Plan Implementation Framework for Local Health and Care Partnerships to agree a plan for delivery through to 2023/24
- The draft Strategy incorporated updated priorities; building on the existing work of the Partnership and also incorporated a first draft of two new priorities - improving population health; and children, young people and families.
- The timeframe for consultation, including engagement with Health and Wellbeing Boards during autumn 2019; presentation to NHS England on 27th September 2019 and expected publication date in December 2019.
- The importance of local places and their individual local plans
- The role of Healthwatch in the development of the Strategy
- The need to address issues raised during the consultation, including the importance of prevention; population health management and addressing matters that lead to health inequalities

The Joint Committee considered and discussed a range of matters regarding the draft Strategy and its development, including:

- The need for the draft Strategy to better reflect the balance of service delivery between the Health Service, the Local Authority and Care givers; as such the role of local government and community care should be strengthened in the Strategy narrative.
- When addressing the first section of the NHS Long Term Plan on primary care networks, the Strategy should reflect community care and in doing so, recognise the shortage of community care teams to provide 24 hour care, including Community Health and District Nursing staff. Where proposed service changes or developments are likely (such as development of Urgent Treatment Centres or revising entry

points into unplanned care) the Strategy should seek to identify likely timescales, including when proposals will be available for engagement / consultation with relevant Scrutiny Boards and/or the Joint Committee. Concern that the report and presentation contained little information on the outcome of the discussions of the Partnership Board's consideration of the draft Strategy at its meeting on 3rd September 2019. The Joint Committee was advised that the Partnership Board sought more emphasis on prevention work and the role of social care in the delivery of the Strategy.

- The role and costs of external consultants involved in the development of the Strategy. The Joint Committee received assurance that, although Optum supported Leeds in its development of a population health management system, each of the 6 places within the Partnership would develop its own local system. It was confirmed that Optum had played no part in the development of the draft 5 Year Strategy.
- Concern that the Strategy placed significant emphasis on the Third Sector/community networks and social prescribing, while these were not universally or consistently developed across the Partnership. The need to ensure services were located in areas of need and were accessible by public transport. The Joint Committee received assurance that current transport routes and the financial impact of accessing services across the WYH HCP footprint were being considered with partners.
- The likely role of the "Hospitals Working Together" programme which provides opportunities for hospitals and Trusts to share staff to strengthen services and direct support to where specific pressures exist across the Partnership footprint, rather than hospitals and service providers competing to provide services.
- The need for communication and engagement to be accessible for all, with one Member reporting they had not been aware of any public consultation conducted in Wakefield. The Joint Committee sought confirmation of the consultation and engagement undertaken at local level, including any specific care providers, alongside evidence of engagement with patients/care recipients.

The Joint Committee also highlighted the following specific matters where members felt more detail or greater emphasis was needed within the draft Strategy:

- The management of pathways into care.
- In respect of the children and young people priority – health visitors and the school nursing service to be included.
- The ambition for all children and young people to be able to access mental health support by 2023/24 was not ambitious enough.
- How the Strategy could help address the inequality of service provision across the Partnership's footprint.
- Where specific targeted services and good practice has been identified and will be rolled out across the Partnership (for example, targeted autism services in Wakefield).

- Greater consistency in identifying and distinguishing between matters as “innovations” or as “business as usual”.
- End of life care

#### **RESOLVED -**

- a) To note the contents of the report and the discussions held at the meeting.
- b) To note the requests for the Joint Committee to receive further information on the matters identified during discussions in due course.
- c) To receive a report to the 19<sup>th</sup> November 2019 meeting of the Joint Committee, providing the latest iteration of the West Yorkshire and Harrogate Health and Care Partnership Board: Draft Five Year Strategy.

#### **11 Proposed changes to specialised commissioned vascular services across West Yorkshire - update**

The Joint Committee received a report from Leeds City Council’s Head of Democratic Services providing an update on NHS England’s proposed changes to specialist vascular services across West Yorkshire. The Chair of the Joint Committee had been engaged in a number of discussions with NHS England (Specialised Commissioning) regarding the proposed changes and the report included the following relevant documents:

- Appendix 1- a letter from the Chair to NHS England (15 04 19)
- Appendix 2 - The NHS England (Specialised Commissioning) response to the JHOSCs queries and concerns (27 08 19)
- Appendix 3 – A revised copy of the “Consultation and Business Case on proposals for the future of vascular services across West Yorkshire” document submitted to the Chair 27 08 19.
- Appendix 4 - A letter from NHS England dated 02 09 19, clarifying the requirement for North Yorkshire County Council to form part of the mandatory JHOSC arrangements in relation to vascular services.
- Appendix 5 – Proposed Terms of reference for a mandatory North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (Vascular Services).

The Principal Scrutiny Adviser advised on the work undertaken with partner authorities to establish a North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (Vascular Services), highlighting that different interpretations of the regulations dealing with the establishment of mandatory Joint Health Overview and Scrutiny Committees (JHOSC) had been identified.

Members input and direction was sought to ensure there would be a shared, mutually agreed and consistent interpretation of the regulations around establishing any future mandatory JHOSCs that may be required.

The Joint Committee noted that approval for the establishment of a mandatory JHOSC (Vascular Services) was currently being considered by the constituent authorities.

The Joint Committee noted the correspondence between the Chair and NHS England and the revised consultation and business case documents included within the report and identified the following key issues for consideration by the mandatory JHOSC at an appropriate time:

- Workforce proposals / projections and the availability of specialist staff.
- The possible impact of the reconfiguration of vascular services on other service areas, including Accident & Emergency and Maternity services.
- How the proposals would deliver future services at the point of need.

The Joint Committee also considered the timeframe for responding to the consultation, noting that a potential extension to the consultation deadline was being discussed with NHS England – due to the timescales for the formal establishment of the mandatory JHOSC (Vascular Services) arising from the decision-making processes and timescales of the constituent authorities.

**RESOLVED –**

- (a) To note the content and details presented in the submitted report and the associated appendices.
- (b) To highlight the key issues identified for consideration by the mandatory JHOSC, once established.
- (c) To request that appropriate officers of the constituent authorities consider mechanisms to help ensure there is a shared, mutually agreed and consistent interpretation of the regulations around establishing any future mandatory JHOSCs that may be required.

**12 West and North Yorkshire Joint Health Overview and Scrutiny Committee - Governance Update**

The Joint Committee considered the report of Leeds City Council's Head of Democratic Services providing an update on the review of the West Yorkshire Joint Health Overview and Scrutiny Committee (the JHOSC) governance arrangements, focussing on refreshing the Terms of Reference for the discretionary JHOSC; and interpretation of the regulations that deal with establishing mandatory joint committees.

The Principal Scrutiny Adviser gave a brief overview of the progress made in reviewing the current Terms of Reference and associated working arrangements. The Principal Scrutiny Adviser reiterated that different interpretations of the regulations dealing with the establishment of a mandatory JHOSC had been identified during the process of establishing the North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (Vascular Services), and highlighted the need for a shared, mutually agreed and consistent interpretation of the regulations around establishing any future mandatory JHOSCs.

Members of the Joint Committee considered and discussed the details presented in the report and outlined at the meeting.

**RESOLVED –**

- a) To note the content of the submitted report and discussions on the review of the Joint Committee's governance arrangements.

- b) To request that appropriate officers of the constituent authorities consider any mechanisms necessary to help ensure there is a shared, mutually agreed and consistent interpretation of the regulations around establishing any future mandatory JHOSCs that may be required.

### **13 Work Programme (2019/20)**

The Joint Committee received a report from Leeds City Council's Head of Democratic Services on the continuing development of the Joint Committee's future work programme.

The Principal Scrutiny Adviser highlighted matters previously identified by the Joint Committee for consideration at future meetings and précised additional issues raised at this meeting.

The Joint Committee identified the need to retain focus on the emerging 5 Year Strategy. In noting the overall timetable presented earlier in the meeting, the Joint Committee requested that a further iteration of the Strategy be presented to the November Joint Committee meeting prior to it being considered by the December 2019 Partnership Board.

Members indicated their wish to specifically review the draft System Delivery Plan that supported the narrative of the draft Strategy. Members also noted the option for the Joint Committee to report its views on the proposed 5 Year Strategy and System Delivery Plan to the Partnership Board.

The Joint Committee also identified the following areas for early consideration:

- An update on the work of West Yorkshire Association of Acute Trusts (WYATT), including how the work of WYAAT will fit with the Partnership's emerging 5 Year Strategy (The Joint Committee also considered the merits of establishing a working group to review the 5 Year Strategy); and,
- An update on matters associated with potential changes to dermatology services, following receipt of some concerns highlighted by dermatology patients.
- Matters associated with proposed changes to the number and location of cervical screening laboratories across West Yorkshire and Harrogate, highlighted earlier in the meeting.

Members of the Joint Committee were also requested to consider the future workplan and report their individual priorities and interests to the Principal Scrutiny Adviser and the Chair to help inform a more detailed discussion at the next meeting in November.

#### **RESOLVED –**

- a) To note the report and appendix presented to the meeting.
- b) That the specific matters highlighted at the meeting be prioritised for early consideration by the Joint Committee.
- c) Members of the Joint Committee be requested to provide their individual work programme priorities and interests to the Principal Scrutiny Adviser and the Chair for inclusion within a further iteration of

the work programme; and to help inform a more detailed discussion at the next meeting in November.

**14 Date and Time of Next Meeting**

**RESOLVED** - To note the schedule of future meetings:

Tuesday, 19<sup>th</sup> November 2019

Tuesday, 18<sup>th</sup> February 2020

Tuesday, 14<sup>th</sup> April 2020

All meetings to start at 10:30 am (with pre-meeting for all members of the Joint Committee at 10:00 am) and are currently scheduled to be held at Leeds Civic Hall.