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Report of Head of Governance and Scrutiny Support

Report to the West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 5 December 2018

Subject: Work Programme

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	⊠ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	⊠ No
Is the decision eligible for Call-In?	☐ Yes	⊠ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	⊠ No

Summary of main issues

1. This report provides an opportunity for members of the West Yorkshire Joint Health Overview and Scrutiny Committee to consider and agree the priorities for developing its future work programme.

Recommendation

2. Members are asked to consider the matters set out in this report and agree the priorities for developing the future work programme of the West Yorkshire Joint Health Overview and Scrutiny Committee.

1.0 Purpose

1.1 This report provides an opportunity for members of the West Yorkshire Joint Health Overview and Scrutiny Committee to consider and agree its priorities and future work programme.

2.0 Background information

- 2.1 In December 2015, the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) was established, drawing its membership from the five constituent West Yorkshire local authorities.
- 2.2 As set out in the terms of reference agreed at that time, the West Yorkshire JHOSC has the following roles and functions:
 - To scrutinise any proposed service configuration with West Yorkshire-wide implications and its impact on patients and the public when constituent Councils have delegated these powers to the West Yorkshire Health Scrutiny Committee.
 - To meet regularly with NHS England to:
 - Receive updates on national developments and other matters from NHS England
 - To inform NHS England of common issues arising at the five West Yorkshire health scrutiny committees.
 - To receive information on service proposals and other matters from West Yorkshire Commissioning Collaborative (known as 10CC)
 - To share information on health issues from each of the local authority areas that may have an impact on the other local authority areas within West Yorkshire.
 - To undertake shared development activities from time to time.
- 2.3 When considering the agreed Terms of Reference (set out above), the JHOSC previously noted that in the spirit of cooperation and transparency, where it was considered to be beneficial for a joint West Yorkshire approach to matters relating to Adult Social Care and/or Public Health, details would be considered by the JHOSC, on an issue by issue basis.
- 2.4 At its previous meeting in July 2018, the JHOSC requested that officers proceed to review the current West Yorkshire Joint Health Overview and Scrutiny Committee arrangements and to develop proposals for the future operation of the JHOSC.
- 2.5 The JHOSC requested that the review of the current JHOSC arrangements included, but was 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 arears of work of the JHOSC, 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 JHOSC.

2.6 Work continues to progress the current joint scrutiny arrangements and to develop proposals for the future operation of the JHOSC. Legal and Scrutiny officers from each of the six local authorities¹ within the West Yorkshire and Harrogate Health and Care Partnership footprint continue to contribute to this review.

3.0 Main issues

- 3.1 A copy of a proposed work programme for JHOSC is attached as Appendix 1 of this report for consideration (to follow).
- 3.2 Since the formal establishment of the JHOSC, a number of issues / work streams have been considered by the Committee, including:
 - The Urgent and Emergency Care Vanguard
 - Work of the West Yorkshire Association of Acute Trusts
 - Cancer waiting times
 - Autism assessments
 - Stroke Services
 - Access to dental service
 - Specialised services
- 3.3 Some of the above areas form part of the West Yorkshire and Harrogate Health and Care Partnership (the Partnership) agreed priority areas and programmes; and the JHOSC previously concluded its future work programme should be developed to reflect the nine clinically based programme / priority areas of the Partnership, set out below:

National Priority Areas:

- Cancer
- Maternity
- Mental Health
- Urgent and Emergency Care
- Primary and Community Care

West Yorkshire and Harrogate Specific Priority Areas

- Prevention at Scale
- Acute Care Collaboration
- Stroke
- Standardisation of Commissioning
- 3.4 Previously, the JHOSC also agreed the following matters should be incorporated into its future work programme for consideration:
 - Autism;
 - Health and Care Plan Governance arrangements;
 - The Urgent and Emergency Care Vanguard;
 - Access to dental service; and,
 - Specialised services.

¹ This refers to the six top-tier authorities across West Yorkshire and Harrogate with specific Health scrutiny functions/ powers.

3.5 However it should be recognised that some of these matters may be included as part of the Partnership's nine clinically based programme / priority areas outlined in paragraph 3.2 above.

Enablers and collaborative forums

3.6 The Partnership priority areas and programmes also includes a number of areas described as 'enablers', alongside a number of collaborative forums. These are detailed in the agreed Memorandum of Understanding and are set out below:

Enablers	Collaborative forums
 Carers Workforce Digital and Interoperability Capital and Estates Innovation and Improvement Power of Communities Business Intelligence 	 The Joint Committee of Clinical Commissioning Groups (CCGs) West Yorkshire Association of Acute Trusts West Yorkshire Mental Health Services Collaborative West Yorkshire Local Authority Consultative Forum Local Workforce Action Board

- 3.7 In a previous iteration, the JHOSC's work programme identified 'enablers' and 'collaborative forums' in their own right as specific matters for consideration. However, given the nature of these areas, it would perhaps be more beneficial to consider such matters as an integral part of any reports on the Partnership's nine clinically based programme / priority areas outlined in paragraph 3.2 above, as appropriate, rather than as standalone matters unless specifically identified, agreed and requested as such by the JHOSC.
- 3.8 It is therefore proposed that future reports on the Partnership's nine clinically based programme / priority areas, specifically include sections on:
 - How relevant 'enablers' are contributing / supporting the specific clinically based programme/ priority under consideration; and,
 - The role, arrangements and contribution of any relevant collaborative forum.

Partnership aims and criteria

- 3.9 It is further proposed that in presenting future reports on the Partnership's nine clinically based programme / priority areas, the JHOSC will be presented with details of how the work meets and/or supports the following agreed aims and criteria for working jointly across the Partnership:
 - To achieve a critical mass beyond local population level to achieve the best outcomes:
 - To share best practice and reduce variation; and
 - To achieve better outcomes for people overall by tackling 'wicked issues' (i.e., complex, intractable problems).

Developing the work programme

3.10 In developing its work programme, it is necessary for the JHOSC to consider the scope of the agreed areas / topics its wishes to consider alongside the level of resource available to support the work of the JHOSC.

3.11 The following 'good practice' and 'other considerations' for developing the JHOSCs work programme have been previously highlighted:

Good Practice

- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
- Ensure any Scrutiny activity has clarity and focus of purpose; adding value within an agreed time frame.
- Avoid pure "information items" except where that information is being received as part of an identified policy/scrutiny review.
- Seek advice about available resources and relevant timings, taking into consideration the overall workload of the JHOSC and the Health Overview and Scrutiny Committees across the constituent authorities.
- Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year.

Other considerations

- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide for local NHS bodies to consult with the appropriate health scrutiny committee where they have under consideration any proposed substantial developments or variations in the provisions of the health service in the area(s) of a local authority.
- Under the legislation, officials from relevant NHS bodies are required to attend committee meetings; provide information about the planning, provision and operation of health services; and must consult on any proposed substantial developments or variations in the provision of the health service.
- With the lack of any nationally recognised definition of what constitutes a
 'substantial' development or variation in the provision of the health service, it is
 recognised as good practice for NHS commissioners and providers to engage
 with the appropriate health scrutiny committees as early as possible to discuss
 any proposed service developments or variations in order to help define the
 necessary level of formal consultation.
- 3.12 It is recommended that the JHOSC agree these details as guiding principles for the ongoing development of its work programme.
- 3.13 In considering additional items/ areas for inclusion on the work programme, it is also recommended that the JHOSC considers how such matters meet and/or support the following agreed aims and criteria for working jointly across the Partnership:
 - To achieve a critical mass beyond local population level to achieve the best outcomes;
 - To share best practice and reduce variation; and
 - To achieve better outcomes for people overall by tackling 'wicked issues' (i.e., complex, intractable problems).

4.0 Recommendations

4.1 The West Yorkshire Joint Health Overview and Scrutiny Committee is asked to consider the matters set out in this report and appendix, and:

- (a) Amend and/or agree the future work programme presented at Appendix 1.
- (b) Agree the proposed approach for incorporating the Partnership 'enabler' priorities and contribution of collaborative forums to the nine agreed clinically based programme / priority areas of the Partnership.
- (c) Agree the 'good practice' and 'other considerations' for developing the JHOSCs work programme (set out at paragraph 3.11) are used as guiding principles for the ongoing development of the JHOSCs work programme.
- (d) Agree the proposal to consider how the work across the agreed clinically based programme / priority areas meet and/or support the following agreed aims and criteria for working jointly across the Partnership.

5.0 Background documents²

5.1 None

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² The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.