

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

WEDNESDAY, 5TH DECEMBER, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors S Baines, Y Crewe, B Flynn,
V Greenwood, C Hutchinson, B Rhodes,
N Riaz and L Smaje

CO-OPTED MEMBERS Councillors J Clark and A Solloway

26 Welcome and Introductions

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

27 Appeals Against Refusal of Inspection of Documents

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

28 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

29 Late Items

There were no late items of business, however the Committee was in receipt of a supplementary pack containing the work programme (Minute 36 refers) and a copy of the "A Healthy Place to Live, A Great Place to Work" document was tabled at the meeting in support of discussions on the West Yorkshire and Harrogate Health and Care Partnership: Workforce Strategy (Minute No. 35 refers).

30 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 8 'West Yorkshire and Harrogate Health and Care Partnership: Acute Care Collaboration and the West Yorkshire Association of Acute Trusts' as a member of the Board, Calderdale & Huddersfield NHS Trust. (minute 34 refers)

31 Apologies for Absence and Notification of Substitutes

No apologies for absence were received.

32 Public Statements

No public statements were made at the meeting.

33 Minutes of the previous meeting

In respect of minute 22, an amendment was requested to include the request that Kirklees Health and Adult Social Care Scrutiny Panel receive an update on patient flows.

RESOLVED – That, subject to the amendment outlined above, the minutes of the previous meeting held 8th October 2018 be agreed as a correct record.

34 West Yorkshire and Harrogate Health and Care Partnership: Acute Care Collaboration and the West Yorkshire Association of Acute Trusts

The Joint Committee received a report of Leeds City Council's Head of Governance and Scrutiny Support introducing an update report from West Yorkshire and Harrogate Health and Care Partnership on acute care collaboration and the West Yorkshire Association of Acute Trusts (WYAAT). The report detailed the WYAAT collaborative forum and a summary of each of the 12 current programme areas that contribute to the acute care collaboration priority.

The following were in attendance:

Matt Graham, WYAAT Programme Director

Ian Holmes - Director, West Yorkshire & Harrogate Health & Care Partnership.

Matt Graham, WYAAT Programme Director, presented the report and highlighted the following:

- The focus of WYAAT was collaboration and standardisation of provision to improve and sustain care services throughout the 6 member Trusts.
- WYAAT provided a forum for partners to discuss the 12 programmes of work which were fully aligned with West Yorkshire Health and Care Partnership.
- Decisions on service provision remain vested with the partner Trusts.

Joint Committee discussions focussed on the following:

- How the WYAAT programme outcomes were monitored, measured and reported. Members emphasised the importance of public accountability. Using pharmacy as an example, the response was noted that each programme had a clear set of metrics to evaluate benefits – such as financial benefits, stock control and freeing-up pharmacist's time to conduct clinical work. Additionally, WYAAT was developing a website where programmes and outcomes would be available in 2019.
- Whilst acknowledging the assurance that WYAAT itself was not a decision making body – all decisions remain with the partner Trust's Boards and clinicians, Members also noted the influence that discussions at WYAAT level could have on future service provision and the decisions that were made when considering a business plan for each programme of work.
- Noting that the detail of the 12 programmes was not yet available; it was agreed that the current position in terms of progress against anticipated outcomes for each of the programmes would be provided directly to Members of the Joint Committee.
- The need to identify a timeframe for the delivery of each of the 12 programmes.

- The need to provide the Joint Committee with case studies of how WYAAT's work benefits both patients and the NHS and to inform the Joint Committee when a programme delivery aim had been achieved.
- The links between WYAAT partners and primary care providers.

Specific matters were identified for further consideration –

- Clarity on the aim of “optimising estates” within the Elective Surgery work stream was requested.
- How the Workforce transformation has been consulted on and is being implemented and managed.
- How risks are identified and managed, particularly in respect of the Procurement programme; and WYAATs role/influence should the expected benefits of any programme area not be fully achieved.
- The role of mutual accountability between the representatives of the 6 Trusts.
- The costs associated with the establishment of WYAAT and any financial benefits brought through closer collaboration.
- Service provision within the more rural areas covered by the Partnership and how this was reflected within the work of WYAAT.

In conclusion, the Chair acknowledged the reassurance provided that the work of WYAAT linked through to the West Yorkshire and Harrogate Health and Care Partnership (the Partnership) and primary care providers. The Chair reiterated the importance of the role of the Joint Committee in monitoring the success of that partnership – and therefore the work of WYAAT. The Chair also reiterated the need for app partners within the Partnership to have regard to patient flow through health and care services and the needs of patients to access the right services across the individual Trusts and the wider Partnership areas.

On behalf of the Joint Committee the Chair thanked representatives for their attendance, presentation and contribution to the discussion.

RESOLVED -

- a) To note the West Yorkshire Association of Acute Trusts' aims and principles of collaboration;
- b) To note the West Yorkshire Association of Acute Trusts' role within the West Yorkshire and Harrogate Health and Care Partnership; and,
- c) To note the 12 programmes within the identified acute care collaboration priority (Hospitals Working Together portfolio).
- d) To note the contents of the discussions which identified any specific scrutiny actions and/or future activity associated with the details presented.
- e) To note the intention for the relevant officer to provide the current position in terms of progress against anticipated outcomes for each of the 12 WYAAT programme areas to Members of the Joint Committee.

35 West Yorkshire and Harrogate Health and Care Partnership: Workforce Priority

The Joint Committee received a report of Leeds City Council's Head of Governance and Scrutiny Support presenting a report on workforce challenges from the West Yorkshire and Harrogate Health and Care Partnership Local Workforce Action Board (LWAB). The report provided a description of the LWAB and the plans in place to mitigate workforce challenges and risk.

A copy of the document "A Healthy Place to Live, a Great Place to Work" was tabled at the meeting.

The following were in attendance and contributed to the discussion:

- Chris Mannion, Associate Director - Workforce Transformation, West Yorkshire & Harrogate Local Workforce Action Board.
- Kate Holliday, Workforce Transformation Lead, Health Education England.
- Ian Holmes - Director, West Yorkshire & Harrogate Health & Care Partnership

A number of points were highlighted by way of introducing the item, including:

- The team worked closely with the Clinical Priority Programme and the 6 areas within the West Yorkshire and Harrogate Health and Care Partnership to identify workforce challenges.
- LWAB received £500k funding from Health Education England annually and Appendix 2 of the submitted report presented a breakdown of how that funding was spent along with examples of the work streams.
- The need to ensure the right staff with the right training were available at the right place and time was a key objective. To achieve this, LWAB had established several training packages to support staff through change and individual work streams such as the creation of the post of Operating Support Officer to provide support to patients through recovery and beyond.
- The importance of unpaid and/or working carers was recognised – a 'working carer's passport' had been developed, to encourage working carers to identify themselves and advise their managers of the challenges they face outside of the workplace. It was noted that 11% of NHS staff were recorded as being working carers

The Joint Committee discussed a range of workforce challenges, including the following areas:

Mental Health service areas where it was reported that 2000 staff had left the field. The Joint Committee noted the response that Health Directors had been asked to assess and report any service gaps in the system to LWAB. LWAB had developed better progression and clear pathways throughout mental health services to encourage staff retention.

Clinical Care settings where there were different staff requirements between teaching and non-teaching Trusts. It was reported that a 'Streamlining Programme' offering mandatory and statutory training packages on subjects and issues experienced at every hospital had been established so staff can

develop transferrable skills and work within both teaching and non-teaching Trust settings, thus removing some of the barriers to work progression. Employers did acknowledge the value of staff investment and progression which brought benefits to the service provided and continuity of care. It was also reported that work was being undertaken with Universities and social care providers to encourage and support nursing staff with a programme of training and work placements.

Social Care and Home Care Services; although the direction of travel was for people to take responsibility for their own health at home, there was a shortage of home support for people with complex medical needs in the form of District Nurses and Health Visitors and a comment was noted that the presented work streams did not address this.

Discussion on the new technology available to support home care provision identified that some patients did not have internet access or reliable Wi-Fi connection and could not make use of the offer.

Additionally, events had been devised to promote careers in the health and care sector. For GP recruitment; a programme of repatriation had been developed as many more GPs were registered than practiced. It was noted that a “Return to Practice” booklet had been produced and would be provided to Members of the Joint Committee.

The Joint Committee identified the following matters for further discussion:

- The ambitious nature of the work streams.
- The NHS Ten Year Plan and the likely impact/implications for the workforce
- The impact of Brexit on the number of EU nationals working within the health and care sector, and the analysis undertaken by Health Education England.
- The impact of the lack of staff on service provision including the reported numbers of staff absent through sickness.
- Measures used to discourage the use of agency staff.

On behalf the Joint Committee, the Chair thanked representatives for their attendance, presentation and contribution to the discussion.

RESOLVED –

- a) To note the contents of the submitted report and appendices.
- b) To note the discussions on the details presented in the report
- c) To progress the matters for further discussion identified at the meeting.

36 Work Programme

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

The Principal Scrutiny Adviser highlighted proposals to adopt a consistent approach for future reports submitted for consideration by the Joint Committee; that being to reference the role of enablers and collaborative forums and consider the Partnership aims and criteria in each matter presented.

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

- The volume of work within the Partnership's 9 programme areas and the capacity of the Joint Committee to address each area.
- Workforce issues and whether consideration of the detail of this issue would be best placed within a working group of the Joint Committee.
- The need for presenting officers to provide Members with feedback on the queries/concerns raised but unanswered at meetings.

RESOLVED –

- a) That the proposed work programme and comments made at the meeting be noted.
- b) That the proposals for a consistent approach to reporting, as detailed in paragraphs 3:6 to 3:9 of the submitted report, be agreed.
- c) That officers continue to develop the Joint Committee's work programme, based on comments made at the meeting.
- d) That a revised work programme be presented for discussion and agreement at a future meeting of the Joint Committee.

37 Date, Time and Venue of Future Meetings

RESOLVED - To note the following arrangements:

Monday 11th February 10.30 am until 12.30 pm - Halifax

Monday 8th April 2019 10.30 am until 12.30 pm – Wakefield

(Both with a pre-meeting for Committee Members at 10.00 am)

