

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

**Meeting to be held in Council Chamber, Bradford City Hall, Bradford BD1 1HY on
Wednesday, 5th December, 2018 at 10.30 am**

(Pre-meeting for all Committee Members at 10.00 am)

MEMBERSHIP

Councillors

Councillor N Riaz	-	Bradford Council
Councillor V Greenwood	-	Bradford Council
Councillor A Evans	-	Calderdale Council
Councillor S Baines	-	Calderdale Council
Councillor J Hughes	-	Kirklees Council
Councillor E Smaje	-	Kirklees Council
Councillor B Flynn	-	Leeds Council
Councillor H Hayden (Chair)	-	Leeds Council
Councillor Y Crewe	-	Wakefield Council
Councillor B Rhodes	-	Wakefield Council

Co-opted Members

Councillor J Clark – North Yorkshire County Council
Councillor A Solloway – North Yorkshire County Council

Please note: Certain or all items on this agenda may be recorded

**Principal Scrutiny Adviser:
Steven Courtney
Tel: (0113) 37 88666**

Produced on Recycled Paper

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(*In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting.)</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified on this agenda.</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p>PUBLIC STATEMENTS</p> <p>At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations on matters within the terms of reference of the Joint Committee.</p> <p>No member of the public shall speak for more than three minutes, except by permission of the Chair.</p> <p>Due to the number and/or nature of comments it may not be possible to provide responses immediately at the meeting. If this is the case, the Joint Committee will indicate how the issue(s) raised will be progressed.</p> <p>If the Joint Committee runs out of time, comments may be submitted in writing at the meeting or by email (contact details on agenda front sheet).</p>	
7			<p>MINUTES OF THE PREVIOUS MEETING</p> <p>To confirm as a correct record, the minutes of the meeting held on 8th October 2018.</p>	1 - 8

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			<p>WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP: ACUTE CARE COLLABORATION AND THE WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS</p> <p>To consider a report from Leeds City Council's Head of Governance and Scrutiny Support introducing a report from the West Yorkshire and Harrogate Health and Care Partnership which provides an outline of the activity taking place within the Partnership relating to its identified acute care collaboration priority and West Yorkshire Association of Acute Trusts (WYAAT) collaborative forum. The report also includes a description of the WYAAT collaborative forum, alongside a summary of each of the current 12 programme areas that contribute to the acute care collaboration priority.</p>	9 - 34
9			<p>WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP: WORKFORCE PRIORITY</p> <p>To consider a report from Leeds City Council's Head of Governance and Scrutiny Support that introduces a report from West Yorkshire and Harrogate Health and Care Partnership (the Partnership) providing an outline of the activity taking place within the Partnership relating to its identified workforce priority. The report also includes a description of the role of the Local Workforce Action Board (LWAB) and provides some examples of the work taking place to mitigate workforce risks.</p>	35 - 58
10			<p>WORK PROGRAMME</p> <p>To consider a report from Leeds City Council's Head of Governance and Scrutiny Support on the development of the West Yorkshire Joint Health Overview and Scrutiny Committee's work programme.</p>	59 - 64

Item No	Ward/Equal Opportunities	Item Not Open		Page No
11			<p>DATE, TIME AND VENUE OF FUTURE MEETINGS</p> <p>To note that, following further consultation, the following dates and times are proposed for future meetings:</p> <p>Monday 11th February 10.30 am until 12.30 pm - Halifax Monday 8th April 2019 10.30 am until 12.30 pm – Wakefield</p> <p><i>(Both with a pre-meeting for Committee Members at 10.30 am)</i></p> <p>Additionally Members are asked to note the venues for each meeting which will be hosted by Calderdale and Wakefield Councils respectively.</p> <p>THIRD PARTY RECORDING</p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.</p> <p>Use of Recordings by Third Parties– code of practice</p> <ul style="list-style-type: none"> a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete. 	

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Public Document Pack Agenda Item 7

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MONDAY, 8TH OCTOBER, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors S Baines, 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 30th 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

Draft minutes to be approved at the meeting
to be 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; and,
- The Leeds Scrutiny Board also be given the opportunity to consider the specific implications and any associated mitigating actions for services in Leeds.

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; and,
 - The Leeds Scrutiny Board be given the opportunity to consider the specific implications and any associated mitigating actions for Leeds.

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.



Report author: Steven Courtney
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Report of Head of Governance and Scrutiny Support

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 5 December 2018

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

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

Purpose

1. The purpose of this report is to introduce a report from the West Yorkshire and Harrogate Health and Care Partnership (the Partnership) that provides an outline of the activity taking place within the Partnership relating to its identified acute care collaboration priority and West Yorkshire Association of Acute Trusts (WYAAT) collaborative forum.
2. The report includes a description of the WYAAT collaborative forum, alongside a summary of each of the current 12 programme areas that contribute to the acute care collaboration priority.

Background

3. The West Yorkshire Association of Acute Trusts (WYAAT) was established in 2016 and represents a partnership of the following 6 acute trusts in West Yorkshire and Harrogate:
 - Airedale NHS Foundation Trust (ANHSFT)
 - Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)
 - Calderdale and Huddersfield NHS Foundation Trust (CHFT)
 - Harrogate and District NHS Foundation Trust (HDFT)
 - Mid Yorkshire Hospitals NHS Trust (MYHT)
 - Leeds Teaching Hospitals NHS Trust (LTHT)

4. The attached report provides a description of the WYAAT collaborative forum, alongside a summary of each of the current 12 programme areas that contribute to the acute care collaboration priority.

Summary of main issues

5. A full report is appended and appropriate NHS representatives have been invited to the meeting to discuss the details presented and address questions from Members of the JHOSC.
6. In considering the details set out in the attached report and the 12 programme areas that contribute to the acute care collaboration priority, Members of the JHOSC may find it useful to consider 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).

Recommendations

7. That the West Yorkshire Joint Health Overview and Scrutiny Committee considers the details presented in the attached report and associated appendices, and is asked to note:
 - (a) The West Yorkshire Association of Acute Trusts' aims and principles of collaboration;
 - (b) The West Yorkshire Association of Acute Trusts' role within the West Yorkshire and Harrogate Health and Care Partnership; and,
 - (c) The 12 programmes within the identified acute care collaboration priority (Hospitals Working Together portfolio).
8. The West Yorkshire Joint Health Overview and Scrutiny Committee is also asked to identify and agree any specific scrutiny actions and/or future activity associated with the details presented.

Background documents¹

9. None.

¹ 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.

WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS UPDATE NOVEMBER 2018

1. INTRODUCTION

The West Yorkshire Association of Acute Trusts (WYAAT) was established in 2016 with the first formal meeting of the Committee in Common (CIC) on 12 December 2016. It is a partnership of the 6 acute trusts in West Yorkshire and Harrogate (WY&H):

- Airedale NHS Foundation Trust (ANHSFT)
- Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)
- Calderdale and Huddersfield NHS Foundation Trust (CHFT)
- Harrogate and District NHS Foundation Trust (HDFT)
- Leeds Teaching Hospitals NHS Trust (LTHT)
- Mid Yorkshire Hospitals NHS Trust (MYHT)

The 6 trusts are part of the WY&H Health and Care Partnership (HCP) and WYAAT is recognised as an important part of its governance. WYAAT provides a strong voice for the acute trusts into the HCP and acts as the vehicle for delivery of its acute hospitals' collaboration programme (known as "Hospitals Working Together").

The trusts agreed a Memorandum of Understanding (MOU) in April 2017 which sets out how the partnership works and the commitment of each trust to collaboration with the others. The philosophy is that WYAAT is the combination of the trusts, not a separate organisation; WYAAT does not deliver programmes for the trusts, the trusts deliver them together supported by the WYAAT programme management office (PMO).

Since the end of 2016, WYAAT has developed Hospitals Working Together into a portfolio of twelve programmes covering corporate support, clinical support and clinical services. Each programme is led by a Chief Executive, Executive Director and Medical Director, supported by a programme manager from the WYAAT PMO.

This report provides an update on WYAAT's progress and development. It sets out the aims and key principles for the collaboration between the trusts and outlines the association's governance and resources. It describes WYAAT's role within the WY&H HCP and provides a summary of the current position of the 12 "Hospitals Working Together" programmes.

2. RECOMMENDATION

The West Yorkshire Joint Health Overview and Scrutiny Committee is requested to note:

- WYAAT's aims and principles of collaboration
- Its role within the WY&H HCP
- The 12 programmes within the Hospitals Working Together portfolio.

3. AIMS AND PRINCIPLES OF COLLABORATION

The purpose of the association, as set out in the MOU, is for the trusts to work together on behalf of patients and the population to deliver the best possible experience and outcomes within the available resources for corporate and acute services across the WYAAT service area. The aim is to organise around the needs of the WY&H population rather than planning at individual organisational level so as to deliver more integrated, high quality, cost effective care for patients.

The MOU also sets out five key principles for WYAAT's approach to collaboration:

- Developing a "Centres of Excellence" approach to higher acuity specialties, eliminating avoidable cost of duplication and driving standardisation.
- Developing WY&H standardised operating procedures and pathways across services, building on current best practice and using Getting It Right First Time (GIRFT) to drive out variations in quality as well as operational efficiency and facilitating safer free movement of bank staff across providers.
- Collaborating to develop clinical networks and creating alliances as a vehicle which will protect local access for patients whilst consolidating skills (and therefore resilience) and reducing operational cost of duplicated facilities.
- Developing workforce planning at scale to secure the pipeline of fit for purpose staff and improved productivity, managing workforce risk at system level and supporting free movement of bank and agency staff under single shared Bank arrangements with the aim of reducing spend on agency and reduce the administrative costs of the flexible workforce.
- Delivering economies of scale in back office and support functions eg procurement, pathology, estates and facilities management and other infrastructure.

4. ROLE WITHIN THE WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP

With the advent of Sustainability and Transformation Partnerships in 2016, the 6 acute trusts and WYAAT became a core part of the WY&H HCP. Through WYAAT the acute trusts are able to provide a strong and consistent voice into the HCP. Over the last year this has been particularly beneficial in making the case for WY&H becoming an Integrated Care System (ICS). This has included supporting the lead Chief Executive for the HCP, Rob Webster, to make the case for WY&H in meetings with national and regional leaders of NHS Improvement and NHS England; developing the Strategic Narrative to demonstrate the coherence of our work; and contributing to the development of the WY&H MOU and ensuring it was supported by the trusts. Having a single acute trust view on the issues and decisions facing WY&H helps simplify decision making.

WYAAT's second role within the HCP is delivery of the "Hospitals Working Together" portfolio. Currently this consists of 12 programmes covering the full range of activities in our hospitals from support services such as procurement and information technology, to clinical support services such as pharmacy, and clinical services such as elective orthopaedics.

5. GOVERNANCE

The MOU establishes a “Committee in Common” (CIC) which meets quarterly to oversee the trusts’ collaboration through WYAAT. The CIC consists of the Chairs and Chief Executives of the six trusts and is chaired by one of the Chairs on a 6 month rotating basis. Its purpose is to facilitate coordinated decision making by the trust boards; no powers have been delegated to the CIC.

The Programme Executive, consisting of the 6 Chief Executives, meets monthly to oversee delivery of the WYAAT collaborative programme and its workstreams, including Hospitals Working Together. It also reviews papers and proposals from WY&H HCP programmes, commissioners, other providers, System Oversight and Assurance Group, System Leadership Executive and other groups to ensure that WYAAT representatives can present a shared WYAAT view on the issues and on any decisions required.

The Programme Executive is supported by the WYAAT PMO, the programme boards for each of the WYAAT programmes and by functional collaborative groups, such as the Medical Directors’, Strategy & Operations and Directors’ of Finance groups (Figure 1).

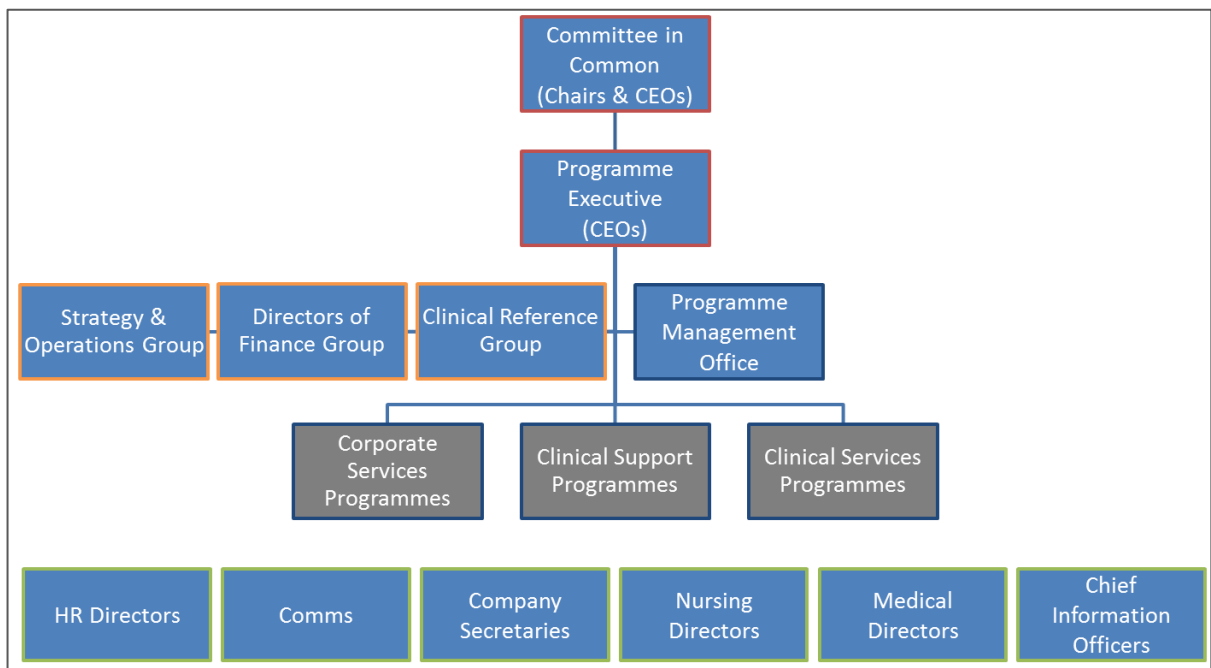


Figure 1 - WYAAT Governance

WYAAT has a robust governance framework which defines how the programmes are managed. It sets standards for the programmes on:

- Leadership, including a Chief Executive senior responsible officer (SRO), executive lead and medical director lead for every programme
- Management, including documentation, planning, risk and benefits management
- Lifecycle and Decision Making

6. RESOURCES

The WYAAT trusts have committed substantial resources to their collaborative work, both in terms of funding for the WYAAT PMO and, as importantly, through the commitment of their executives and staff to the delivery of the programmes. It is important to note that the PMO does not deliver programmes for the trusts; it supports and facilitates the delivery of the programmes by the trusts themselves. This is critical to ensure that the programmes are owned by the trusts but means that collaborative working is a substantial commitment for them, particularly at executive and senior clinical/management levels.

For 2018/19, WYAAT has a budget of around £1.5m to deliver its programmes (not including the cost of trust staff time) with the vast majority provided by the trusts. This budget funds the WYAAT PMO and the other costs of delivering the programmes, predominantly external expertise in specific areas such as pharmacy supply chain. The WYAAT PMO consists of 18 full and part-time staff including the programme director, clinical leads and programme managers.

7. PROGRAMMES

As part of the WY&H HCP, WYAAT delivers the “Hospitals Working Together” or acute care collaboration portfolio of programmes. The CIC is specifically charged in the MOU with “overseeing a comprehensive system wide collaborative programme to deliver the objective of an acute provider transformation to a more collaborative model of care for the WYAAT service area, the intention being to deliver a system model, operating as a network, that is coherent, integrated, consistent (reducing unwanted variation) and focused on quality and value for the population and patients”. The portfolio was confirmed through the HCP “Check and Confirm” process in February 2018. The current portfolio consists of 12 programmes covering corporate support services (including an additional programme, Scan4Safety, added since February), clinical support services and clinical services which are listed below, with further details provided in Appendix A.

- Corporate Support Services
 - Procurement
 - Estates & Facilities
 - Information Management & Technology
 - Workforce
- Clinical Support Services
 - Scan4Safety
 - Pharmacy
 - Pathology
 - Radiology (Yorkshire Imaging Collaborative) - Transformation
 - Radiology (Yorkshire Imaging Collaborative) - Technology
- Clinical Services
 - Service Sustainability
 - Elective Surgery
 - WY Vascular Services

7.1 **BENEFITS**

Some examples of the benefits that the programmes have delivered or are expected to deliver are described below.

7.1.1 **Quality**

- **Elective Surgery.** By improving the information provided to patients ahead of surgery, the programme is expected to improve patient experience because patients will better understand what to expect after surgery. By helping patients to prepare better for surgery and to mobilise more quickly after surgery it is expected to improve outcomes too.
- **Pharmacy.** A regional supply chain will reduce the requirement for pharmacists to manage a medicines warehouse releasing them for clinical pharmacy duties. It will also support standardisation of medicines across WY&H which will reduce the risk of medication errors.
- **Radiology.** Procurement of a shared Picture Archiving and Communications System will enable imagery to be shared between all trusts in WY&H which will ensure clinicians have access to all imagery for a patient. This will help clinicians make better and more rapid decisions, as well as avoiding duplication of imagery. A shared radiology reporting system will increase access to specialist radiology opinion for all patients in WY&H.
- **Scan4Safety.** By enabling trusts to electronically record the products used to treat patients, Scan4Safety massively reduces the time to identify affected patients if problems are found with a batch of products. Previously this required a manual search of paper records which could take days, but Scan4Safety reduces this to minutes.

7.1.2 **Workforce**

- By bringing together clinical and other staff from all the hospitals in WY&H, the WYAAT programmes are building relationships between teams which enable closer working, sharing of best practice, smoother transfers of care when patients move between organisations and many other, less tangible benefits.
- Making it easier for clinical staff to work across multiple organisations by agreeing to recognise each other's recruitment checks and mandatory training.
- Enabling medical staff to provide additional shifts in any hospital across WY&H which will increase the resilience of our services, reduce agency costs and offer more opportunities to our staff.

7.1.3 **Financial**

- **Procurement.** Almost £1m of savings have been delivered through collaborative procurement, with a further £500k in progress and additional opportunities being continually identified.
- **Radiology.** Procurement of a shared Picture Archiving and Communications System has reduced the total annual charge paid by the trusts. The programme has also been allocated £6m of national capital funding to implement a system to allow shared reporting of imagery across WY&H.

- Scan4Safety. Scan4Safety has been allocated £15m of NHS capital funding and by enabling us to manage our supplies more effectively, it is expected to deliver very substantial annual financial savings.
- Elective Surgery. The orthopaedic clinical leads are working together with our procurement experts to reduce the costs of the surgical implants we use with potential savings of around £1m

7.2 MILESTONES

While some of the programmes, such as Procurement and Workforce, are pursuing a wide range of on-going workstreams, a number of programmes are approaching major milestones:

- Scan4Safety.
 - Trust board approval of the business case to secure £15m capital funding from NHS Improvement by 30 November
 - Submission of the approved business case to NHS Improvement in December 2018
 - NHS Improvement confirmation of capital funding expected by March 2019
- Pharmacy
 - Completion of the procurement phase in December 2018
 - CIC and trust board approval of the full business case in January-March 2019
 - Initiation of the implementation phase in Q1 2019/20
- Pathology
 - CIC and trust board approval of the Strategic Outline Case in January-March 2019
- Radiology (Yorkshire Imaging Collaborative) - Transformation
 - Trust board approval of the business case to secure £6m capital funding from NHS Improvement by 30 November
 - Submission of the approved business case to NHS Improvement in December 2018
 - NHS Improvement confirmation of capital funding expected by March 2019
- Radiology (Yorkshire Imaging Collaborative) - Technology
 - ANHSFT planned to go live on the shared PACS system in February 2019
 - Roll out of the system complete across all trusts by November 2019

8. CONCLUSION

Over the last year, WYAAT has built on the firm foundations established through the MOU, initial programmes and PMO to mature into a strong partnership between the trusts. It is recognised as one of the most effective parts of the WY&H Partnership both in terms of programme delivery and its ability to offer a consistent acute provider view to the system.

It now has a broad portfolio of programmes which are making good progress, with a number having already delivered real benefits to the trusts.

As set out in section 2, the West Yorkshire Joint Health Overview and Scrutiny Committee is requested to note:

- WYAAT's aims and principles of collaboration
- Its role within the WY&H HCP
- The 12 programmes within the Hospitals Working Together portfolio.

APPENDICES

- A. WYAAT Programme Summaries
- B. Glossary Of Acronyms

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APPENDIX A - WYAAT PROGRAMME SUMMARIES

1. Procurement

SRO	Executive Lead	Programme Manager
Brendan Brown (ANHSFT)	Chris Slater (LTHT)	Jon Edwards
Aims & Objectives		
To deliver procurement savings and standardise regional product usage.		
Progress		
<p>To date the procurement workstream has supported the identification of over £1.4m of procurement savings across the WYAAT trusts. £950k of savings have already been delivered by aggregating regional demand, standardisation and using that leverage to obtain better prices from suppliers. This has included standardisation of products such as anti-embolism stockings, film dressings and wound drainage.</p> <p>In January 2018 the WYAAT Medical Directors supported a proposal to standardise surgeons' gloves for a saving of over £200k which is currently being implemented with significant clinical engagement. This ambitious decision demonstrates the commitment of the trusts to collaboration. On another product the trusts agreed a gainshare mechanism to enable all trusts to agree to standardise the product for a reduced cost overall, despite a cost increase (before the gainshare) for one trust.</p> <p>With the move to the Future Operating Model for NHS procurement of products, the workstream is increasingly focussing on reviewing services for opportunities for regional collaboration to avoid duplication and improve service quality. A tender for a regional tender management solution which will enable each trust to issue regional contracts has been completed and a tender for a regional contract for interpreter services has been developed.</p>		
Plans		
<ul style="list-style-type: none"> • Complete implementation of surgical gloves standardisation. • Implement regional services for tender management and interpreter services. • Continue to identify and deliver savings through standardisation of products and, increasingly, services. 		

2. Estates & Facilities

SRO	Executive Lead	Programme Manager
Owen Williams (CHFT)	Lesley Hill (CHFT)	None
Aims & Objectives		
The aim of the Estates and Facilities programme is to increase the quality of estates and facilities services for the trusts while also realising substantial financial benefits. The core principles agreed for the programme are: to maintain and build on current service provision; to further develop a reputation for innovation and excellence; and to be the estates and facilities partner of choice for West Yorkshire and beyond.		
Progress		
Following CIC approval of the Case for Change in March 2017, ANHSFT and HDFT decided to establish their own Wholly Owned Subsidiaries (WOS) independently, but with the intention of future collaboration with the other trusts. BTHFT, CHFT, LTHT and MYHT agreed to establish their WOSs through a joint WYAAT programme and the CIC approved the joint business case on 19 December 2017. The four trusts, with advice from ANHSFT and HDFT, have worked together to develop common commercial and legal documentation, and a shared HR framework. Current positions are: <ul style="list-style-type: none"> • ANHSFT: AGH Solutions established and trading since March 2018. • BTHFT: Project to establish a WOS paused while NHS Improvement consults on its approach to assurance of transactions to establish subsidiaries. • CHFT: Calderdale and Huddersfield Solutions Ltd established and operating since September 2018. • HDFT: Harrogate Healthcare Facilities Management Ltd established and trading since March 2018. • LTHT: NHS Improvement has indicated that it will not approve a WOS in 2018/19 and has begun a consultation on its approach to assurance of transactions to establish subsidiaries. As a result, LTHT has halted work on the project. • MYHT: NHS Improvement has indicated that it will not approve a WOS in 2018/19 and has begun a consultation on its approach to assurance of transactions to establish subsidiaries. As a result, MYHT has halted work on the project. 		
Plans		
<ul style="list-style-type: none"> • Review position in January 2019 to determine the potential for collaboration between the trusts on estates and facilities services. 		

3. Information Management & Technology

SRO	Executive Lead	Programme Manager
Owen Williams (CHFT)	Richard Corbridge (LTHT)	Dawn Greaves
Aims & Objectives		
<p>The IM&T Case for Change, approved by the CIC in April 2017, set the following vision: ‘to create an exciting membership organisation, working to enable transformation, deliver operational sustainability and drive efficiencies through economies of scale and synergies. The WYAAT Informatics Service will have the ability to deliver services across the WYAAT Trusts’. The vision is expected to deliver operational productivity and performance benefits, support new models of care, provide financial benefits and respond to workforce challenges.</p>		
Progress		
<p>The case for change identified eight areas with opportunities for collaboration and proposed developing a business case for an alternative service delivery model (ASDM) for IT support services. Development of the business case highlighted challenges associated with the complexity and variation of service models and difficulties obtaining comparable data. A review of the programme was presented to the CIC in February 2018 and proposed a revised approach focussed on some specific areas for collaboration:</p>		
<ul style="list-style-type: none"> • Common Email Solution. All trusts needed to review their email systems to ensure they are GDPR compliant. A common email solution would help collaboration between staff from different trusts (eg shared address books, calendars) and offer efficiencies and improved resilience in the support team. LTHT already uses NHSmail and ANHSFT, HDFT and MYHT are developing business cases to move to NHSmail, a tool already provided by NHS Digital, for use by any health and social care organisation. As part of an overall office software package, CHFT has decided to move to Microsoft Office 365 which includes an email solution while BTHFT is updating its own system to be GDPR compliant. CHFT and BTHFT will federate to NHSmail so that all WYAAT trusts are effectively on a common email system. • Cyber Security. The Chief Information Officers (CIO) reviewed the opportunity to move to a common cyber security platform but the costs and risks of migration significantly outweighed the benefits. Instead, the intention is to share best practice and skills to ensure staff are all trained to the same standard and can provide cross cover. • Clinical Coding. The programme manager is working with the clinical coding leads, with HR support, to look at opportunities to standardise job roles, training and processes to reduce variation in coding and secure staffing levels. 		
<p>In April a joint CIO and Chief Clinical Information Officers workshop was held to share the digital initiatives that are already delivering benefits to the trusts and to discuss the digital roadmaps for each trust. The WYAAT pathology, radiology and pharmacy programmes also presented their digital visions. The workshop was well received and identified a number of common themes for progression in future.</p>		
<p>In addition to the WYAAT programme, the trusts are collaborating across the WY&H, Humber Coast and Vale, and South Yorkshire and Bassetlaw systems as a Local Health</p>		

Care Record Exemplar (LHCRE). This will provide the technology to share health and social care data across all these organisations, which will enable more efficient delivery of patient care. It will provide a patient held record, with visibility of key data, to enable patients to keep themselves well. Finally it will deliver the technology to deal with population health data analysis to understand the population and future need for services.

Plans

- Complete the migration, or federation, to NHSmail.
- Develop standardised job roles, training and processes for clinical coding.
- Support the Pathology, Yorkshire Imaging Collaborative, Scan4Safety and other WYAAT programmes with procurement of common IM&T systems and infrastructure.
- Align the WYAAT IM&T programme with the LHCRE, building on the LHCRE governance and infrastructure to ensure that WYAAT's digital requirements are incorporated into the overall digital architecture.

4. Workforce

SRO	Executive Lead	Programme Manager
Martin Barkley (MYHT)	Nick Parker (ANHSFT) Pat Campbell (BTHFT) Phillip Marshall (MYHT)	Madi Hoskin
Aims & Objectives		
<p>The overall aim of the WYAAT workforce programme is to remove competition for staff between the trusts based on pay. Three projects have currently been prioritised:</p> <ul style="list-style-type: none"> • Clinical Support Role Alignment aims to maximise the productivity of the workforce by redesigning and standardising roles to ensure the right role is doing the right task. • A project to establish the infrastructure, processes and policies to enable staff to work in and on behalf of all WYAAT trusts. • Collaborative medical bank will enable bank staff to work across WYAAT and reduce bank and agency costs. 		
Progress		
<p>The WYAAT workforce programme has been developed with the WYAAT HR Directors and the Local Workforce Action Board (LWAB). In March 2018, the Executive Workshop supported the three projects above as the priorities.</p> <ul style="list-style-type: none"> • Clinical Support Role Alignment. Over 80 different job descriptions for clinical support roles have been collated demonstrating the wide variety of titles, tasks and bandings. This has demonstrated that different trusts use the same title for different roles, and different titles for the same role. Work is now beginning to standardise the job descriptions of the roles. • A draft agreement has been produced which will allow staff employed by any WYAAT trust to work on the site of any other WYAAT trust. The agreement confirms that each trust will recognise the recruitment checks and mandatory training of the others. This will reduce the bureaucracy associated with staff working in more than one trust, for instance to cover temporary shifts or as part of networked services. • Collaborative Medical Bank. The collaborative medical bank project held a number of workshops with trust medical bank managers and has identified wide variation in how the banks are run. We have been working to standardise the approaches and put in place data collection and escalation processes to enable us to trial a WYAAT wide collaborative bank. 		
Plans		
<ul style="list-style-type: none"> • Standardise job descriptions for key clinical support roles. • Approve the staff portability agreement. • Trial the collaborative medical bank 		

5. **Scan4Safety**

SRO	Executive Lead	Programme Manager
Julian Hartley (LTHT)	David Berridge (LTHT)	Stuart MacMillan
Aims & Objectives		
<p>To implement Scan4Safety across all WYAAT trusts building on the success of the LTHT demonstrator site. Scan4Safety implements standard barcode and scanning technology to improve patient safety and experience by ensuring “right patient, right product, right treatment”. It also provides automated data capture which improves data quality in patient records and administrative systems, for instance stock control. Based on Department of Health and Social Care estimates the programme is expected to deliver substantial annual financial savings across WYAAT.</p>		
Progress		
<p>LTHT has piloted Scan4Safety in a number of wards and other clinical areas as part of a Department of Health and Social Care demonstrator programme. This demonstrated the value of the system for both improving quality and reducing costs. In 2017/18 each trust completed a baseline assessment against the Scan4Safety standards which was used to inform a bid for capital funding. In April 2018, WYAAT was allocated £15m capital to implement Scan4Safety and in May 2018 the Programme Executive agreed to establish Scan4Safety as a new WYAAT programme. The programme is now well established with a WYAAT Programme Board and project teams in each trust. LTHT ran a live demonstration of the benefits of Scan4Safety in September 2018 which all trusts attended. A business case to release the capital funding and begin the procurement process has been completed and was approved by the CIC on 20 November.</p>		
Plans		
<ul style="list-style-type: none"> • Complete trust board approvals of the business then submit it to NHS Improvement in December to release the capital funding. • Progress the procurement process for a common inventory management system. • Begin the preparatory work in each trust eg barcoding locations, equipment. 		

6. **Pharmacy**

SRO	Executive Lead	Programme Manager
Martin Barkley (MYHT)	Liz Kay (LTHT)	Ric Bowers
Aims & Objectives		
<p>The overall aim of this collaborative project is to improve the medicines supply chain serving six WYAAT Trusts plus three Regional Partner Trusts. Specific objectives include reducing operational costs, improving service levels, managing supply chain risk, driving further innovation and ensuring the medicines supply chain is fit for the future.</p>		
Progress		
<p>A detailed Service Specification and Outline Business Case (OBC) for a regional medicines supply chain solution were produced by the 9 acute trusts. The CIC approved the OBC in August 2017 which recommended seeking a commercial supply chain partner through a procurement process.</p> <p>The procurement process commenced in December 2017 using the 'Competitive Dialogue' procurement route in order to give the project the maximum opportunity to consider innovative solutions and evolve the requirements through the process. Six commercial organisations responded and a multidisciplinary procurement team, reporting directly to the Project Board, engaged in formal dialogue meetings with each potential supplier in order to aid them in constructing and articulating their proposed solutions. Through a number of stages, the number of potential suppliers has been reduced. The final meetings are now underway with the aim of confirming a preferred supplier with a viable solution by the end of December 2018.</p>		
Plans		
<ul style="list-style-type: none"> • Completion of the procurement process by the end of December 2018, including identification of the preferred supplier, completion of the full business case (FBC), and finalisation of the contract and commercial relationships. • FBC endorsement by the CIC (including the regional partner trusts) in January 2019. • Contract signature with the preferred supplier in Q1 2019/20, followed by initiation of the implementation phase. 		

7. Pathology

SRO	Executive Lead	Programme Manager
Martin Barkley (MYHT)	Simon Neville (LTHT)	Emma Godfrey
Aims & Objectives		
The aims of the WY&H Pathology Network are to establish the highest quality, most efficient pathology service WYAAT can provide building on the WYAAT principles of standardisation, collaboration and economies of scale.		
Progress		
<p>From a starting position of little collaboration between most pathology services in WY&H, the WY&H Pathology Network made considerable progress in 2017/18 and this has continued in 2018/19. With the support of an external consultant, the network held two workshops to identify the benefits, risks and constraints on collaboration and visited Gateshead NHS FT to see an example of a consolidated service. This led to the creation of a monthly Pathology Collaboration Group and identification of the following workstreams:</p>		
<ul style="list-style-type: none"> • Immunology. Immunology is a small, specialist pathology service which assesses the functioning of the immune system. The MYHT service was combined with the LTHT service on 1 April 2018; most other trust services were already provided by LTHT. • Common Laboratory Information Management System (LIMS). A common LIMS system will enable joint working and sharing of testing, and a number of trusts need to replace their LIMS imminently. To progress this work a WYAAT Pathology IT Managers groups has been established and LIMS supplier demonstration days have been held. A capital bid has been developed and submitted. • Digital Cellular Pathology. Digital cellular pathology creates digitised images of cellular pathology microscope slides which enables them to be stored, shared and reported digitally. In time it may also allow them to be analysed digitally. LTHT is a national leader in digital pathology and led a feasibility study for the implementation of digital pathology across WYAAT. Cancer Alliance funding was obtained to provide digital scanners in all WYAAT trusts. • Microbiology Clinical Service Partnership. In response to shortages of consultant microbiologists in some WYAAT trusts a microbiology group has been formed to undertake an options appraisal for the future microbiology service. In addition the group has agreed to align antibiotic policies and a project has been established. 		
<p>In September 2017, NHS Improvement wrote to all trusts proposing pathology networks. For WYAAT the proposal was a hub and spoke network with LTHT as the hub. WYAAT responded together that, while we supported the geography of the proposed network, we wanted to do further work through our network on the model. WYAAT commissioned LTS Health, a specialist pathology consultancy, to support us to develop a Strategic Outline Case (SOC) recommending our preferred model. A number of workshops have been held to develop and consider different configuration options. On 20 September the Pathology Collaboration Group narrowed down the potential options to a small number for modelling.</p>		
Plans		
<ul style="list-style-type: none"> • Complete LIMS business case and initiate procurement process • Complete the SOC for CIC approval in January 2019. 		

8. Radiology (Yorkshire Imaging Collaborative) - Transformation

SRO	Executive Lead	Programme Manager
Clive Kay (BTHFT)	Cindy Fedell (BTHFT)	Gary Cooper
Aims & Objectives		
<p>The Yorkshire Imaging Collaborative (Y-IC) consists of the WYAAT trusts plus two regional partners. It has two programmes, both overseen by a single Programme Board and the same SRO and Executive Lead to ensure they are aligned:</p> <ul style="list-style-type: none"> • Transformation Programme (this section): to provide a standardised, highly productive, shared radiology service across all 24 hospitals in the 8 member trusts. It will be responsive to patient needs, improve quality (for instance supporting early cancer diagnosis) and mitigate the increasing cost and demand for radiology services. • Technology Programme: to implement a shared Picture Archiving and Communications System (PACS), Agfa Enterprise Imaging (see section 9) 		
Progress		
<p>The CIC approved the Transformation Programme Case for Change in August 2017. A clinical lead and programme manager were appointed in January 2018 which led to the initiation of the programme and engagement with clinicians across the collaborative.</p> <p>Workshops on common practices, processes, workforce and shared core services have been undertaken, which were extremely well supported by trusts. Clinicians and managers generated a wide range of innovative ideas for improved ways of working. The ideas have been grouped into workstreams to be pursued and a further workshop on 3 July confirmed the workstreams to be taken forward. A priority is standardisation of imaging protocols and a number of specialty based “Special Interest Groups” are being established. Radiology is also being used as a test case for enabling staff to work easily for multiple organisations (see Workforce Programme, section 4)</p> <p>In April 2018, WY&H was allocated £6.1m capital funding to build on the shared PACS (see section 9) and enable shared radiology reporting between the WYAAT trusts. Funding for a similar system has also been allocated to the Humber Coast and Vale trusts by their Cancer Alliance. The programme has developed a business case for release of the funding from NHS Improvement and approval to initiate a procurement process which is currently being approved through the WYAAT and trust governance processes.</p>		
Plans		
<ul style="list-style-type: none"> • Obtain CIC and trust approval for the business case in November 2018, for submission to NHS Improvement in December 2018. • Initiate the procurement process for a shared radiology reporting system. • Pilot the new protocols in early adopter specialties (paediatric radiology will be the first) • Continue the extensive communications and engagement activity to maintain clinical commitment to the programme 		

9. **Radiology (Yorkshire Imaging Collaborative) - Technology**

SRO	Executive Lead	Programme Manager
Clive Kay (BTHFT)	Cindy Fedell (BTHFT)	Diane Rooney
Aims & Objectives		
<p>The aim of the Yorkshire Imaging Collaborative Technology programme is to implement a common radiology picture archiving and communications system (PACS), Agfa Healthcare's Enterprise Imaging (EI) solution, across the eight member trusts. There are 40 projects which will migrate trusts from their existing systems to Agfa EI. The technology programme is a key enabler for the Y-IC Transformation Programme (see section 8) and will also deliver benefits such as reduced annual licence cost, improved analytical tools, electronic dose management, electronic peer review and instant visibility of a patient's imaging anywhere in the collaborative.</p>		
Progress		
<p>Following completion of the procurement phase in October 2016, governance and programme management arrangements were established in early 2017. All trust business cases were approved and contracts signed with Agfa by the end of 2017. A number of issues slowed progress in 2017/18 both within the trust and with suppliers and a revised deployment plan was approved by the Programme Board in April 2018. HDFT went live with EI at the end of June. The integration of the Xero image viewer between BTHFT and MYHT began in July which will allow images to be shared between trusts. ANHSFT is the next WYAAT trust planned to go live in February 2019. Further trusts are will go live in 2019 with the whole programme complete by November 2019.</p>		
Plans		
<ul style="list-style-type: none"> • ANHSFT is planned to go live on EI in February 2019 with the remaining trusts in 2019. • Complete integration of the Xero image viewer across all trusts following proof of concept between BTHFT and MYHT. • Programme complete by November 2019. 		

10. Service Sustainability

SRO	Executive Lead	Programme Manager
Matt Graham (WYAAT Programme Director)	Dr Robin Jeffrey (WYAAT Clinical Lead)	Gary Cooper
Aims & Objectives		
The service sustainability programme was established to identify service sustainability risks and determine the most appropriate approach to addressing them.		
Progress		
In the autumn of 2017 a data collection was undertaken for the major acute specialties across all the WYAAT trusts. This was used in early 2018, with the views of the WYAAT Medical Directors and Strategy and Operations groups, to identify potential services for further review. The shortlist was tested with the WYAAT Executive Workshop in March 2018 which led to three services, ophthalmology, dermatology and gastroenterology, being prioritised for service reviews. The reviews were undertaken in May and June and the results presented back to the Medical Directors and Strategy & Operations groups, and the specialties during July and September. The reviews identified common challenges in all three services: increasing demand; gaps in the consultant workforce and difficulties recruiting; estate and IT infrastructure. For all three services the solutions include establishing networked services (including with community services), increasing the use of non-medical roles and improving efficiency in order to increase capacity.		
Plans		
<ul style="list-style-type: none"> • WY&H Ophthalmology “Getting It Right First Time” (GIRFT) workshop on 29 November 2018. • Appoint project managers to establish clinically led service improvement programmes for Ophthalmology, Dermatology and Gastroenterology. The WY&H Elective Care programme has provided funding for a project manager for Ophthalmology to the end of 2018/19. 		

11. Elective Surgery

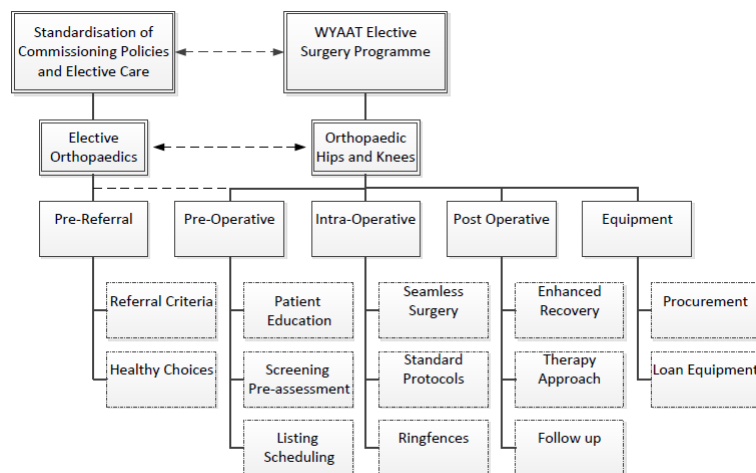
SRO	Executive Lead	Programme Manager
Ros Tolcher (HDFT)	Rob Harrison (HDFT)	Madi Hoskin

Aims & Objectives

The aim of the Elective Surgery programme is to establish WY&H Elective Orthopaedic Services as a national centre of excellence in order to drive up quality and optimise operational efficiency across WYAAT. It is a joint service improvement programme which will standardise clinical pathways, procurement and optimise estates for elective hip and knee replacement procedures to increase the capacity and efficiency of orthopaedic services in WY&H. This will ensure that patients anywhere in WY&H will receive the same, high standard of care.

Progress

The programme was launched on 9 October 2017 with a joint GIRFT event attended by over 100 surgeons from across WYAAT. Building on this event the programme has established a committed group of clinical and operational leads from the trusts. Workshops were held at all six organisations where two commissioning, nine clinical and two procurement opportunities were established as shown below:



The work is being led jointly with the WY&H Elective Care Programme ensuring a fully collaborative end to end pathway transformation with WYAAT leading eleven of the workstreams and the WY&H Elective Care programme leading two further workstreams on the pre-referral part of the pathway. Clinical and managerial engagement has been excellent, energised by the positive aims of the programme and the new programme approach.

Four projects have been prioritised initially: Patient Education, Seamless Surgery, Therapy Approach and Procurement. Patient Education has produced a draft patient education journey and has been testing new materials with patients. Seamless surgery is testing optimised theatre lists to increase operating capacity. A Clinical Leads group has also been established and is engaging with the GIRFT procurement report.

Plans

- Complete the development of the Patient Education journey, including digital materials and potentially an app.
- Complete the testing of the optimised theatre lists and plan implementation as business as usual.
- Explore the potential to pilot the GIRFT procurement approach.

12. WY Vascular Services

Vascular services in WY are provided by ANHSFT, BTHFT, CHFT, LTHT and MYHT (vascular services for Harrogate are provided with York Teaching Hospitals NHS FT so are not part of the WY service). WYAAT is supporting NHS England to consider the future model for vascular services in WY. NHS England will brief the WY JHOSC on this work in early 2019.

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APPENDIX B - GLOSSARY OF ACRONYMS

AGH	Airedale General Hospital
ANHSFT	Airedale NHS Foundation Trust. The trust which runs AGH.
ASDM	Alternative Service Delivery Model
BTHFT	Bradford Teaching Hospitals NHS Foundation Trust
CHFT	Calderdale and Huddersfield NHS Foundation Trust
CIC	Committee in Common. The committee of chairs and chief executives of the WYAAT trusts which oversees the trusts' collaboration.
CIO	Chief Information Officer
EI	Enterprise Imaging. Agfa's PACS system.
FBC	Full Business Case
Future Operating Model for Procurement	National NHS procurement is being reorganised into a new model in order to deliver supplies and equipment at lower cost.
GDPR	General Data Protection Regulations
GIRFT	Getting It Right First Time. A clinically led, national quality improvement programme which uses clinical data to identify areas for improvement
HCP	Health and Care Partnership
HDFT	Harrogate and District NHS Foundation Trust
HR	Human Resources
ICS	Integrated Care System
IM&T	Information Management and Technology
IT	Information Technology
LHCRE	Local Health Care Record Exemplar
LIMS	Laboratory Information Management System. An IT system to manage pathology services.
LTHT	Leeds Teaching Hospitals NHS Trust
LWAB	Local Workforce Action Board
MOU	Memorandum of Understanding
MYHT	Mid Yorkshire Hospitals NHS Trust
OBC	Outline Business Case
PACS	Picture Archiving and Communication System. An IT system to manage and share radiology images.
PMO	Programme Management Office
Programme Executive	The meeting of the WYAAT chief executives which oversees the delivery of the trust's collaborative programme.
Scan4Safety	A national programme to implement standard barcode and scanning technology across the NHS
SLE	System Leadership Executive. The committee of chief executives and other senior leaders from all partner organisations in the WY&H HCP.
SOAG	System Oversight and Assurance Group. A small group of chief executives representing the places and sectors in the WY&H HCP which oversees the performance of the WY&H health and care system.
SOC	Strategic Outline Case
SRO	Senior Responsible Officer
WOS	Wholly Owned Subsidiary.
WYAAT	West Yorkshire Association of Acute Trusts
WY&H	West Yorkshire & Harrogate
Xero	An addition to the PACS system which enables imagery to be shared across multiple trusts.
Y-IC	Yorkshire Imaging Collaborative

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Report of Head of Governance and Scrutiny Support

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 5 December 2018

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

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

Purpose

1. The purpose of this report is to introduce a report from the West Yorkshire and Harrogate Health and Care Partnership (the Partnership) that provides an outline of the activity taking place within the Partnership relating to its identified workforce priority.
2. The report includes a description of the role of the Local Workforce Action Board (LWAB) and provides some examples of the work taking place to mitigate workforce risks.

Background

3. In April 2018 the LWAB published its workforce strategy 'a healthy place to live, a great place to work' on behalf of the Partnership, seeking to describe and acknowledge the work ongoing within organisations and places and to identify a number of strategic workforce priorities - where there are opportunities to address them at partnership level. The strategy was developed in close consultation with the membership of the LWAB and stakeholders from across the Partnership.
4. At its meeting in October 2018, the West Yorkshire Joint Health Overview and Scrutiny Committee identified 'workforce issues' as an area to re-prioritise as part of its overall work programme.
5. The attached report provides an outline of the Partnership activity relevant to the workforce priority; providing a description of the ten strategic recommendations

identified within the workforce strategy, alongside some specific examples of work undertaken in support of delivering the agreed strategy.

Summary of main issues

6. A report from the Partnership is appended to this report and appropriate NHS representatives have been invited to the meeting to discuss the details presented and address questions from Members of the JHOSC.
7. In considering the details set out in the attached report, Members of the JHOSC may find it useful to consider 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).

Recommendations

8. That the West Yorkshire Joint Health Overview and Scrutiny Committee considers the details presented in this report and associated appendices and agrees any specific scrutiny actions and/or future activity.

Background documents¹

9. None.

¹ 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.



5 December 2018

West Yorkshire Joint Health and Overview Scrutiny Committee

Workforce Challenges

A description of the role of the Local Workforce Action Board (LWAB) and the plans in place to mitigate our workforce challenges

Introduction

1. The purpose of this paper is to provide the WY JHOSC with a briefing on the activity taking place within the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) relating to workforce. This includes a description of the role of the Local Workforce Action Board (LWAB) and provides some examples of the work taking place to mitigate workforce risks.

Background

2. In 2016, in response to the formation of the 44 Sustainability and Transformation Partnerships (STPs), Health Education England (HEE) formed a Local Workforce Action Board (LWAB) in each STP.
3. LWAB's are practically and technically independent of HEE. However in West Yorkshire & Harrogate our LWAB is co-chaired by Mike Curtis, HEE's local director together with Dr Ros Tolcher, Chief Executive of Harrogate and District NHS Foundation Trust. HEE also provides some annual funding to the LWAB.
4. The LWAB membership includes a wide and representative range of key stakeholder from across the health and social care system. Levels of engagement with the LWAB are high and it benefits from regular representation from each of our six places, social care, professional leads, trade unions, provider/executive directors, NHS England and Health Education England amongst others. The LWAB is a forum that seeks to be responsive to the needs its members and the system by promoting, identifying and coordinating collaborative action rather than assuming a traditional hierarchical/directive approach.
5. In April 2018 the LWAB published its workforce strategy 'a healthy place to live, a great place to work' on behalf of the WY&H HCP. The strategy, executive summary and easy ready version can be found here: www.wyhpartnership.co.uk/our-workforce-strategy
6. The strategy seeks to describe and acknowledge the work ongoing within organisations and places and to identify a number of strategic workforce priorities - where there are opportunities to address them at partnership level. The strategy was developed in close

consultation with the membership of the LWAB and stakeholders from across the HCP (Health and Care Partnership).

7. See below for a brief description of the ten strategic recommendations that are described in our workforce strategy.

- Maximise the contribution of the current health and social care workforce.

This seeks to address workforce supply challenges by improving retention. It focusses on the importance of developing and maintaining the skills (including leadership development) and wellbeing of the existing workforce.

- Get more people training for a future career in health and social care

This seeks to address workforce supply challenges by identifying and promoting high supply risk careers, through better use of marketing, the growth of training places and the promotion of new roles to the existing workforce.

- Grow the general practice and community workforce to enable the left shift

Growing the size and changing the shape of the primary and community care workforce to help increase capacity and sustainability – allowing more care to be delivered here rather than in hospitals and other secondary care settings.

- Transform Teamwork

Using tools and techniques to safely design new roles and ways of working that meet the increasing and changing demand for health and social care services.

- Make it easier for people to work in different places and organisations

Working with employing health care organisations to streamline and align processes (such as approaches to mandatory training) that are potential barriers to workforce mobility. Including social care colleagues in project discussions to plan for mobility between sectors.

- Agree and track workforce productivity measures

Identifying and tracking the right measures that help us to understand the best ways to influence workforce productivity (quality, safety, wellbeing, activity and finance) – recognising the existing evidence linking staff engagement with better service outcomes. Specifically looking for evidence of the productivity impact of inserting new roles in health and care settings.

- Strengthen workforce plans

This places emphasis on ensuring the necessary resource and expertise is in place to support HCP programmes and places to develop and deliver their workforce plans.

- Establish a workforce investment plan and fund

This encompasses the development of both an HEE/LWAB funded investment plan to support the delivery of the workforce strategy and the broader requirement to develop a system wide workforce transformation fund that has

the scope to influence workforce transformation at scale – recognising that benefits from spending on workforce are mostly realised in the medium to long term.

- Establish an Integrated Care System (ICS) ‘workforce hub’ in partnership with Health Education England

This addresses the need to develop and strengthen capacity to support workforce transformation by formalising and bringing together both existing and potentially new resources (where necessary) under the banner of a ‘workforce hub’. Doing this will help ensure we have a sustainable and joined up way of delivering the aims of our workforce strategy and programmes in the medium term.

- Establish effective workforce infrastructure in each place

This emphasises the mutual benefits (in terms of the ease of communication and joint working between the LWAB and places) when places have established workforce programmes, strategies and resource/capacity to progress them. The LWAB therefore will seek out opportunities to support and encourage places to develop their own workforce infrastructure.

8. In August 2018 the H&C Partnership Systems Leadership Executive group ratified a proposed £1million investment plan (utilising HEE funding made available to the LWAB) to support the delivery of the workforce strategy (see Appendix 1). The plan includes support for workforce initiatives put forward by places within the partnership.
9. In addition to delivering the workforce strategy the LWAB deploys its available resources to support the development and delivery of the workforce ambitions arising from each of the HCP’s clinical priority programmes such as Cancer, Mental Health, Carers and Urgent and Emergency Care.
10. The LWAB recognises that there are many excellent examples of workforce initiatives and innovation that take place at organisational level. We will support and disseminate locally led good practice but our focus is on the identification and progression of initiatives that can be done most effectively, or can only be done by working together as a system.

Examples of the work we are doing

11. Supporting the establishment and funding of the WY&H Excellence Centre (WYHEC). A regional hub, hosted by a local employer that supports the development and transformation of the support staff workforce – ensuring they have the skills and experience to provide high quality care.

-WYHEC has 802 member organisations and course bookings have grown from 186 in April 2018 to 1100 in September 18

- Bringing together organisations to prioritise and collaborate on procurement of training enabling 500k worth of demand to be delivered for 300k.

- Launched an online care certificate programme

- Developed a library of training films

- Delivered a support staff conference and awards programme
 - A short video describing the achievements of the West Yorkshire and Harrogate Excellence Centre (WYHEC) can be viewed here (requires downloading):
<https://tinyurl.com/yasqw7so>
12. We have worked with the Stroke programme to establish a stroke clinical network with a training and development focus. This is a retention strategy to support and develop our valuable stroke workforce. In 2019 there will be a programme of activities/master classes and a network conference.
 13. We have worked with mental health providers to establish a collaborative workforce group with agreement to develop a workforce plan focussing on new role development and upskilling the current workforce.
 14. We are investing in a pilot programme within the Local Maternity System (LMS) to ensure that improved employee engagement and wellbeing is achieved whilst delivering service change.
 15. We are working with the unpaid carers programme to improve support for working carers (through better identification of working carers and promotion of flexible working) and to deliver a series of events promoting careers in health and social care to young carers. Supporting them to fulfil their potential and securing additional future workforce supply.
 16. Funding the establishment of a number of clinical leadership fellows to support priority programmes e.g. a fellow is to be established within the cancer programme to investigate factors that influence recruitment and retention of the medical workforce in cancer services.
 17. Addressing supply gaps by developing materials and social media campaigns to promote high supply risk careers. A pilot was carried out for Operating Department Practitioners (ODP) where we have a significant workforce supply challenge and this has had positive outcomes. This approach is now being extended to Mental Health Nursing, Learning Disabilities Nursing and Social Care Nursing. Our ambition is to systematise careers promotion activity through continued investment and by improving links and partnerships with key stakeholders such as the Leeds City Region Enterprise Partnership (LEP). As an example of this joint working, some of the LWAB ODP material now features as part of the LEP's existing #futuregoals campaign. This can be viewed here:
<http://futuregoals.co.uk/portfolio/health/>
 18. We have strengthened collaboration and strategic partnerships through the establishment of a group (reporting into the LWAB) that brings together employer education and training leads with all universities. The group focusses on the collective delivery of non-medical education, training and development.
 19. Supporting the growth of new roles such as Advanced Clinical Practitioners (ACP's) that help to mitigate medical workforce supply risks. Advanced clinical practitioners come from a range of professional backgrounds such as nursing, pharmacy, paramedics and occupational therapy. They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients. 110 ACP's began training in WY&H in 2018. 33 in primary care, 2 in hospice settings and 75 in acute services such as urgent & emergency

care, cancer and mental health

20. Supporting the pilot of existing roles in new settings such as Psychologists and Occupational Therapists in general practice. The Psychology pilot was proposed by, and is being led by the HCP Mental Health programme and will take place in Bradford. The Occupational Therapy pilot is being led by the Leeds workforce programme.
21. We have engaged with the NHS Leadership Academy to negotiate funding and support that is now available (and already being accessed) to each of our six 'places' for them to undertake activity that helps to support and develop systems leadership.
22. Primary & Community care. Establishing (with NHS England) a primary and community care workforce network across WY&H which has including the joint development of collaborative work plans
23. The LWAB works closely with the West Yorkshire Association of Acute Trusts (WYAAT) and provides capacity to help take forward projects such as the planned collaborative medical bank. WYAAT in turn engages with the work of the LWAB and HCP programmes to support initiatives such as the plans to better support working carers described in paragraph 15 above.
24. We are working with the HCP voluntary and community sector programme and other stakeholders to develop a standardised approach to the training of volunteers to ensure they feel valued, supporting and developed whilst ensuring consistency across the partnership.

What next?

25. The LWAB will continue to work towards delivering the objectives of the workforce strategy and is currently exploring ways in which it can develop infrastructure that will enable it to go further, faster. Progressing ambitions and providing support to programmes and the wider system.
26. We will shortly publish a document as a companion to the workforce strategy that helps to describe the resources available (and how to access them) to support workforce transformation in West Yorkshire & Harrogate (see Appendix 2)
27. On the 7th of October 2019 the LWAB will be hosting a learning conference which will be a vehicle for sharing and disseminating the learning from LWAB supported activities.

Appendices

Appendix 1: LWAB Investment Plan – August 2018

Appendix 2: Supporting Workforce Transformation – Draft Document

Contact details

For further information on the above contact wyh.lwab@hee.nhs.uk

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WY&H System Leadership Executive Group

7 August 2018

Local Workforce Action Board - Workforce Investment

Summary

1. In May 2018 the WY&H System Leadership Executive Group was consulted on the process the Local Workforce Action Board should follow to invest available Health Education England (HEE) funding in support of the West Yorkshire and Harrogate workforce strategy. A process of engagement was agreed based around the WY&H Health and Care Partnership programmes and Place needs. This process has now been completed and specific investment proposals have been prioritised. SLE support is now requested.

The investment envelope

2. The envelope available for distribution through this process is £1m.
3. The LWAB is funded by HEE with underspends carried forward into the following year. At the end of last year £400k was available for this investment process to support ICS programmes. The envelope now available to support the ICS programmes and workforce strategy has risen to £1m, as a result of the 2018/19 HEE allocation of £500k and a reassessment of other commitments. This has made it possible to support a greater breadth of programmes than previously envisaged.

Investment Process

4. This investment plan has been developed following discussions at the LWAB in April and SLE in May 2018. Following a process which combined structured conversations and formal bids we have identified investment ideas and schemes developed within places, from partnership priority programmes and from LWAB work streams. Each proposal was evaluated by WY&H workforce leads against the criteria of;
 - a) Is there alignment with the West Yorkshire and Harrogate workforce strategic themes?
 - b) Is there transformation potential in the proposal?
 - c) Is there potential for the initiative to be delivered at scale or replicated?
 - d) Can the benefits be sustained?
 - e) Can the programme be delivered in the coming 12 months?
5. Where appropriate, schemes have been identified as candidates for implementation at scale to maximise impact. Following the initial evaluation, the draft investment plan was subject to a moderation meeting on 30 July 2018. In attendance were:
 - Dr Ros Tolcher, Chief Executive, HDFT and LWAB co-chair
 - Mike Curtis, Local Director, HEE and LWAB co-chair
 - Ian Holmes, Director, WY&H HCP
 - Daniel Hartley, Regional Director of People and OD, NHS England and shadow board rep.
 - Sandra Knight, HRD, BDCT and LWAB Workstream Lead

- Pat Campbell, HRD, BTHFT and LWAB Workstream Lead
- Chris Mannion & Kate Holliday – LWAB Transformation Leads
- Emily Downes, Programme Support Manager, HEE

Investment Proposals

6. The table below provides a high-level summary of the proposed investment priorities (the top scoring proposals) categorised by ICS or LWAB programme and the strategic workforce theme that they support. A more detailed description of each of the schemes is provided in Appendix 1. A summary of the ten strategic workforce recommendations is provided in Appendix 2.

	ICS or LWAB Programme	Description	Supporting strategic workforce themes	£'000
1	Mental Health			228
a.	<i>Mental Health</i>	Suicide prevention	Maximise contribution of existing staff through upskilling	22
b.	<i>Mental Health</i>	Peer support	Maximise contribution of existing staff & volunteers through upskilling & new ways of working	72
c.	<i>Mental Health</i>	Mental Health First aiders	Maximise contribution of existing staff through upskilling	134
2	Primary care	Psychologist and OT roles in general practice	Grow the General Practice workforce through new roles	200
3	ICS	WY&H careers programme	Getting more people training for a career in health & social care	200
4	Unpaid Carers			75
a	<i>Unpaid Carers</i>	Supporting NHS staff who are carers	Maximise contribution of existing staff through improved retention	40
b	<i>Unpaid Carers</i>	Supporting young carers to consider careers in health and social care	Getting more people training for a career in health & social care	35
5	Place based working	The Wakefield hub	Developing effective workforce infrastructure	50
6	Stroke	Establishing a learning and development network	Maximising contribution of existing staff through skills development and improved retention	20
7	Prevention	Making Every Contact Count (MECC)	Maximise contribution of existing staff through upskilling	100
8	LWAB Delivery Group	Improving CPD offer for post registration staff	Maximise contribution of existing staff through upskilling	90
9	WYAAT	Airedale initiative - proof of concept	Transforming Teamwork & Productivity	22
	Total			985

7. Total LWAB investment proposed is £985,000. These investments support specific workforce needs required to advance ICS programmes that have transformational potential. In relation to the primary care proposal other funding is being sought to extend this programme across all Places. This investment is one part of the overall investment in workforce and workplace change that is happening across the ICS, most of it led and funded by or via employers and CCGs. Work on a comprehensive long-term investment plan for workforce in West Yorkshire and Harrogate continues, beyond annual HEE funding to the LWAB, taking into account all possible sources of funding and all programmes.

Recommendations

8. The WY&H System Leadership Executive Group is asked to:
 - a) note the process followed and receipt of the proposed investment plan; and
 - b) support the investment plan

Ros Tolcher, WY&H LWAB Co-Chair
Mike Curtis, WY&H LWAB Co-Chair

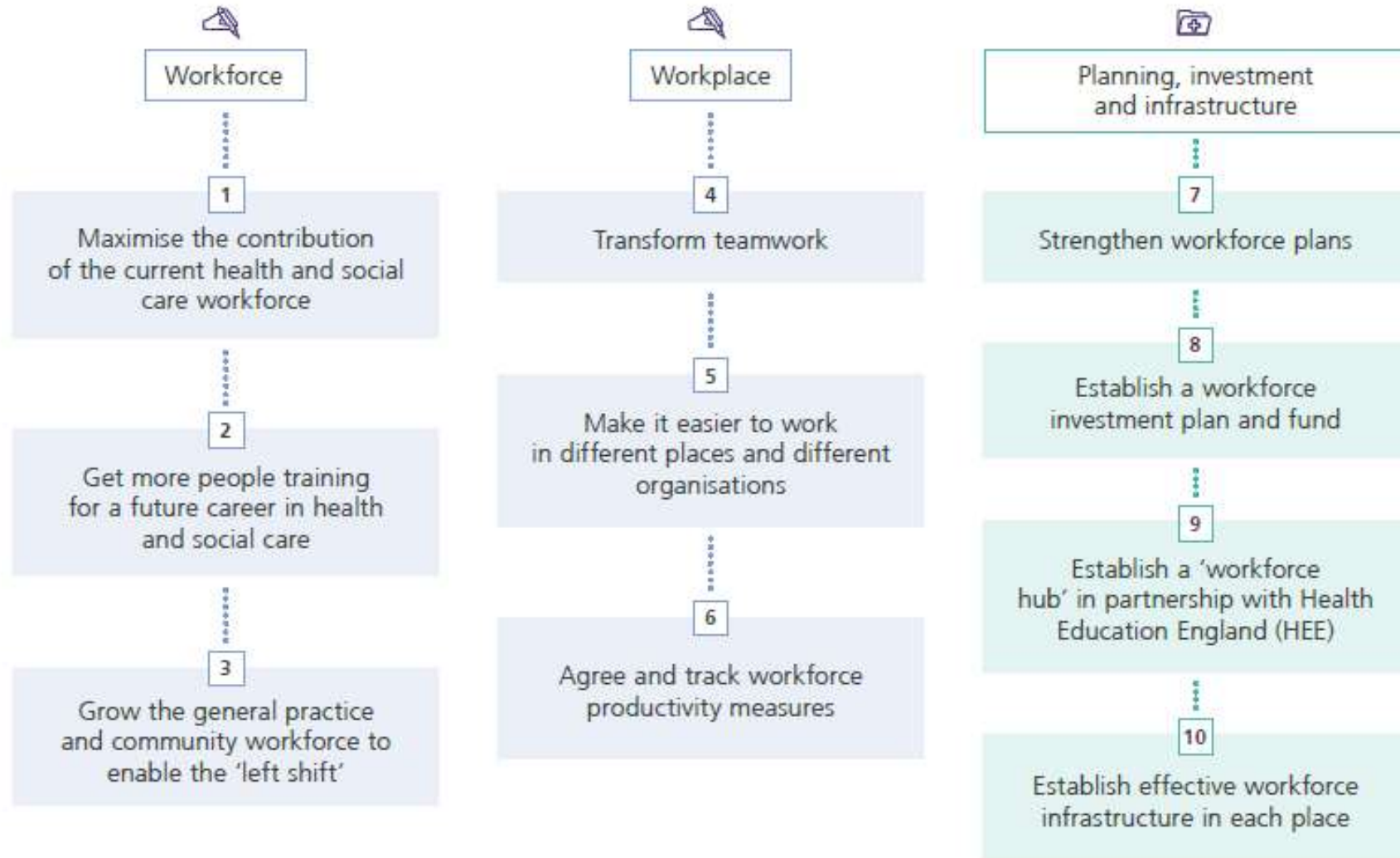
Investment Plan – further information

Ref	Brief description of the bid (purpose, rationale and timeline)	Outcomes	Notes
1a	Roll out suicide training across West Yorkshire Fire & Rescue Services (WYFRS) and develop a sustainable approach to training across WYFRS	Reduced number of deaths by suicide; increased availability of trained officers on each duty rota able to respond to suicide crisis; increase awareness and suicide intervention skills across WYFRS; increased referral to other agencies; contribution to the national 10% targeted reduction in deaths by suicide; enhancement to the Safe and Well strategy delivery	
1b	Incorporate peer support as a core part of the mental health workforce	Identify current activities and best practice across WY&H; better understand opportunities and potential barriers; identify and engage senior peer support; train peer support champions; develop a collective vision for peers support	Includes VCS
1c	Develop a system wide approach and level of self-sufficiency / sustainability to the provision of Mental Health First Aiders for the health and care workforce	A greater awareness of workforce mental health across the system; a reduction over time in sickness absence due to mental ill health	Proposal scaled up to provide resources that would enable all places to draw down funds to replicate this
2	Test a new approach to supporting individuals with psychological needs within a primary care setting bringing physical and mental health provision closer together by placing a Clinical Psychologist within a GP practice	Reduction in GP appointments, improved psychological and physical wellbeing, better engagement with any suggested treatment or interventions	The Leeds place and the Mental Health Programme would like to pilot and evaluate two different roles in primary care. The proposal is to scale up funding if possible to allow all places to select and undertake similar trials. This wider offer is subject to securing additional resources - potentially from primary care network funding
2	Proposal to develop new models of occupational therapy delivery. To deploy Occupational Therapists and Technical Instructors to work directly in GP practices	This model could transform how Occupational Therapists are utilised across the health and care system. Benefits articulated in bid paper. Potential for this to be replicated at scale.	

3	Combined careers promotion - a ring-fenced budget to enable Calderdale, Leeds and others (see bids 26 and 27) to explore collaborative approaches to delivering projects such as care21, internships and ambassadors etc.		Both Leeds and Calderdale requested LWAB support with launching career promotion activity. The response has been to ring-fence a budget that will be available to fund a cross place solution if one is developed.
4a	Resource to support the design and implementation of a working carers 'passport' in acute and mental health trusts across wy&h	To support the 11% of the workforce with caring responsibilities as part of a strategy to improve retention (many working carers leave employment or reduce hours as a result of caring responsibilities). Number of carers to grow by 40% by 2040.	
4b	Resource to design, pilot and then roll out events promoting careers in health and social care to young carers across the partnership	Achieving dual aims of supporting unpaid carers and that might harness their skills as future employees in health and care settings	
5	To establish a virtual Wakefield place-based learning and development Hub to ensure that Wakefield has a confident, motivated workforce who have the right skills, values & behaviours and are engaged and supported to deliver the Connecting Care Vision	Minimum 3 x Introductory programmes developed and delivered across Wakefield - Frailty, MECC and EoLC; minimum 2 x specialist modules, shared resource bank established, increased access to learning and development opportunities for Independent and voluntary sector, relationships developed with Excellence Centre, more cost-effective use of learning and development resources	Would link in with Excellence Centre and Leeds Health & Social Care Academy and could be the start of a Hub and Spoke model across the ICS
6	Re-establish stroke clinical networks (medical and other staff groups) with a focus on training and development to promote cross place working and help improve engagement and morale. At least 12 'master class' style events over 12 months plus a network conference	Improved morale, wellbeing and connectivity providing a platform for further collaborative working. Potential recruitment and retention benefits.	

7	Embed consistent approaches to MECC across the health and care workforce; further development of the Health promoting Hospitals / Trusts approach across WY&H, supporting the workforce elements within the other three Prevention at Scale priorities and promoting the prevention scale agenda within other workforce priority settings / agendas	Adoption of MECC could potentially raise patient's awareness of the risks, exploring what opportunities are available to them and signposting to appropriate services. HPH would create a vehicle to emphasise health care's commitment to providing local people with the living wage and employment opportunities	Proposed investment less than initially requested and so will require a renewed delivery plan focussing on what is deliverable in one year within the allocated budget. Priority being the focus on MECC across the system rather than Health Promoting Hospitals
8	Improve access to (and affordability of) Continuing Professional Development for registered staff by working together across WY&H to procure courses	Key specialist academic modules currently unable to run due to cuts in funding due to lower numbers and course viability will be running in WY&H. The funding will deliver specialist skills and post registration development to 75 individuals across WY&H.	
9	Review existing job roles and structures within Airedale Hospital Trust with the aim of creating new roles that would help ease the burden on registered nurses and doctors	Workforce redesign will ease the burden on over-stretched trained staff at Airedale Hospital; other staff groups such as support workers will be empowered within the hospital at the same time expanding the scope of jobs so they can take on new responsibilities and skills; redesigning roles of registered nurses will result in better quality of care for patients	In time it may be appropriate to scale this work/approach up to – however at this time the priority is to avoid delays and to enable the project to commence

Strategic Themes



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Supporting Workforce Transformation across West Yorkshire and Harrogate

October 2018

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West Yorkshire and Harrogate
Health and Care Partnership



Introduction



This publication has been produced by the West Yorkshire and Harrogate Local Workforce Action Board (LWAB) in partnership with Health Education England to signpost colleagues to resources that can support workforce transformation.

The LWAB is supported by, but independent of Health Education England (HEE). The board meets every two months to support the delivery of workforce transformation within the Health and Care Partnership priority programmes. Membership of the LWAB is broad and includes representation from each of the six 'places'(Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield) within our Partnership.

In April the LWAB published its workforce strategy 'a healthy place to live, a great place to work' which sets out ten areas for focus. You can view this, the executive summary and EasyRead version at www.wyhpартnership.co.uk This publication has been produced to support the implementation of the strategy.

Sustaining access to a capable and motivated workforce across all parts of our health and care partnership is a fundamental requirement to achieving our shared vision for health and care in the West Yorkshire and Harrogate Integrated Care System.

The WYH Workforce Strategy sets out the steps we will take to realise this ambition. This brief document has been prepared to summarise and signpost sources of workforce transformation support available and how this can be accessed.

For further information please contact wyh.lwab@hee.nhs.uk

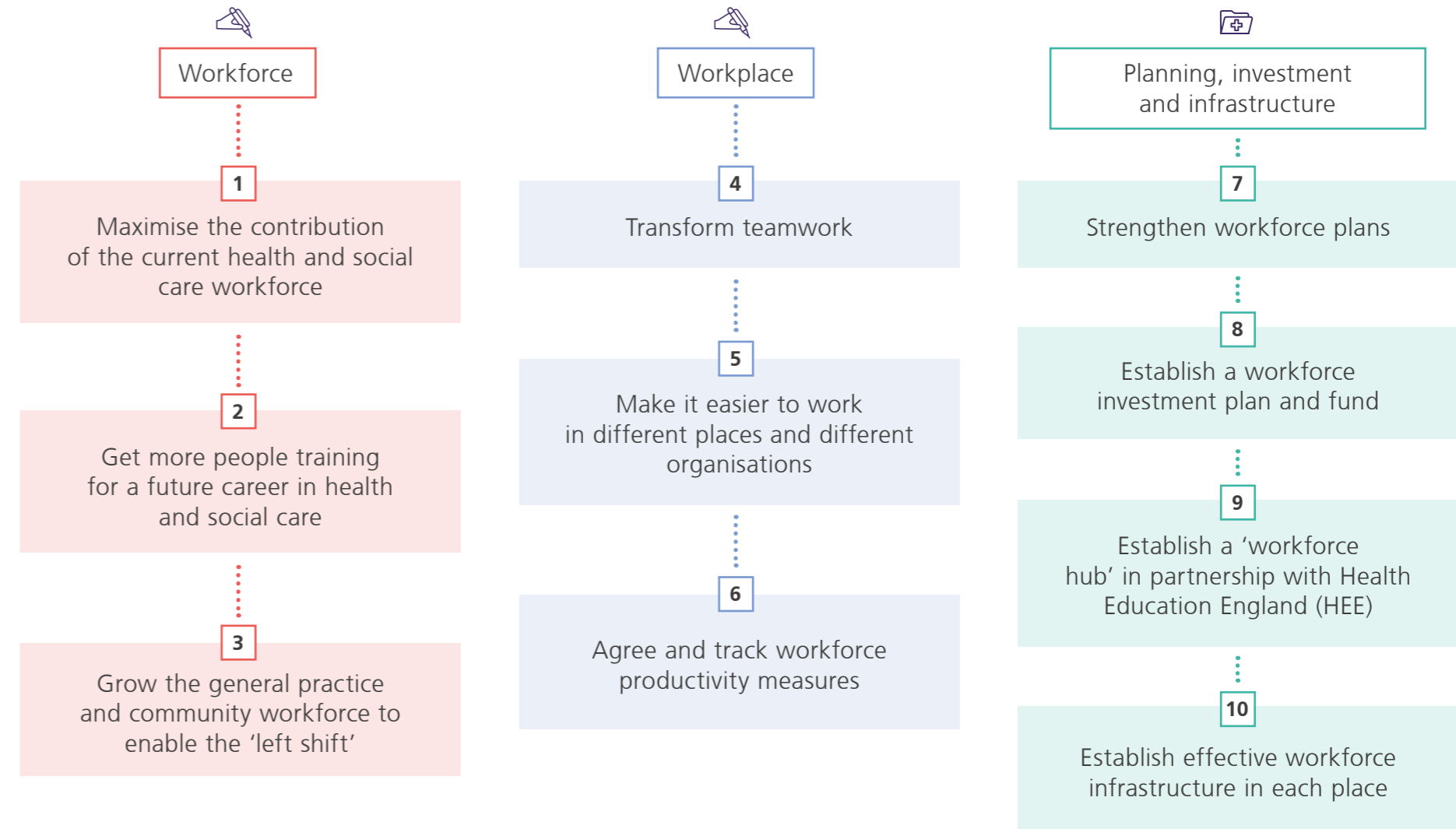
Dr Ros Tolcher
Chief Executive of Harrogate and District Foundation Trust: Co-Chair of the West Yorkshire and Harrogate Local Workforce Action Board

Mike Curtis
Local Director, Health Education England: Co-Chair of the West Yorkshire and Harrogate Local Workforce Action Board



Recommendations for the West Yorkshire and Harrogate Health and Care Partnership




The strategy summarises the many challenges and actions into ten major themes and recommendations for the health and care partnership to progress. **The 10 fall under three headings:**






Support available

The table below describes the support available to help enable workforce transformation. It falls under four categories.

1. Financial support / 2. Training support / 3. Expertise / 4. Tools

Financial Support			
	What is the Offer?	Where do I go next for more information?	How is the offer funded/resourced?
 Workforce development funding	Funding is available via Health Education England (HEE) to support workforce transformation and ICS priorities. There are various themes which are supported including: upskilling support workers and registered professionals; supporting patient safety and person centred care; supporting career progression; enabling apprenticeships; promoting prevention; delivering LWAB priorities; workforce modelling and redesign.	If you work in a Trust speak to your Learning and Development team. If you work in a smaller organisation then contact kay.butterfield@hee.nhs.uk	By Health Education England (HEE)
 Local Workforce Action Board (LWAB) funding	The Local Workforce Action Board (LWAB) can fund system wide workforce initiatives provided they support the strategic themes described in the workforce strategy and where activity has the potential to benefit the wider partnership.	Contact: wyh.lwab@hee.nhs.uk	Currently 100% of LWAB funding is provided by Health Education England
 Funding for Advanced Clinical Practitioner (ACP) posts	Funding is available on an annual basis to support the development of ACPs which are aligned with clinical and workforce priorities.	Contact: educationtransformation.north@hee.nhs.uk	To share and applying this model in other parts of the partnership.

	What is the Offer?	Where do I go next for more information?	How is the offer funded/resourced?
 Physician Associate (PA) preceptorship programmes	At the time of publishing Health Education England (HEE) and the Local Workforce Action Board (LWAB) are exploring the development of financially supported PA preceptorship programmes in primary care and mental health.	Contact: wyh.lwab@hee.nhs.uk	Local Workforce Action Board (LWAB)
 Funding to support leadership development	Funding is available through the In Place Leadership Fund to support organisations and systems working in new ways to develop leadership across their local health and care system. Funding for talent management will be governed by the new North of England Regional Talent Board. Some funding is available for collaborative working with the Academy for joint research, product development, start-up investment for new programmes of work.	Contact: andrea.overton@hee.nhs.uk General enquiries contact amy.makler@hee.nhs.uk	Leadership Academy
 ERIC funding	Funding is available to support educational, research and innovation interventions (ERIC) to enhance workforce training and improve patient safety. Bids are received via an agreed bidding form to the Education, Research and Innovation Committee. Bids are reviewed by a subgroup of this committee and there are two rounds each year, one closing in June and the other in November.	Contact: eric.yh@hee.nhs.uk	Health Education England (HEE)

Support available

The table describes the support available to help enable workforce transformation. Below is the second category - **Training support**




Training support			
	What is the Offer?	Where do I go next for more information?	How is the offer funded/resourced?
 <p>Primary Care Workforce & training Hubs</p>	<p>Hubs are tasked with;</p> <ul style="list-style-type: none"> Facilitating discussions in relation to primary care workforce planning and its development Developing multi-professional education training capacity and capability Improving the education quality and governance in primary care Promoting workforce development schemes across primary care <p>Hubs can provide advice and support in relation to the following areas;</p> <ul style="list-style-type: none"> Tools and techniques currently available to understand and predict workforce within primary care environment Current opportunities and schemes relating workforce development locally, regionally and nationally e.g. ACP, HCA and GPN Ready Acting as a local coordinator and/or conducting evaluation of education and training for primary and community care 	<p>Airedale Wharfedale and Craven Bradford City Bradford District Harrogate and Rural District mandy.brown@bradford.nhs.uk marie.stout@bradford.nhs.uk</p>	<p>Health Education England (HEE)</p>
		<p>Calderdale Greater Huddersfield North Kirklees michele.bryden@GP-B84618.nhs.uk</p> <p>Leeds lsmp.atphub@nhs.net</p> <p>Wakefield kirsty.farrar@wakefieldccg.nhs.uk</p>	




	What is the Offer?	Where do I go next for more information?	How is the offer funded/resourced?
 <p>eLearning – e-lfh</p>	<p>e-Learning for Healthcare (e-LfH) is a Health Education England (HEE) Programme working in partnership with the NHS and professional bodies to support patient care by providing e-learning to educate and train the health and social care workforce.</p>	<p>Contact: enquiries@e-lfh.org.uk</p>	<p>Health Education England (HEE)</p>
 <p>Excellence Centre</p>	<p>The West Yorkshire & Harrogate Excellence Centre is a regional hub and develops strong collaborations between training providers and healthcare employers from the public, independent and voluntary sectors to design and deliver new learning resources for healthcare support staff, share training expertise and make best use of skills development facilities.</p>	<p>Contact: leedsth-tr.wyhexcellencecentre@nhs.net</p>	<p>Local Workforce Action Board (LWAB)</p>



Support available



The table describes the support available to help enable workforce transformation. Below is the third category - **Expertise**

Expertise			
	What is the Offer?	Where do I go next for more information?	How is the offer funded/resourced?
 Transformation techniques	Advice and support is available from HEE and LWAB transformation leads to identify and access transformation tools such as the Calderdale Framework; provide advice on new role development, recruitment and retention initiatives, new ways of working and upskilling of the current workforce; and help with the development of workforce delivery plans.	Contact: wyh.lwab@hee.nhs.uk	Health Education England (HEE)
 Postgraduate Medical Education and opportunities for change	Health Education England (HEE) can offer advice on Medical Education Reform, career and competency framework development, access to hospital training and clinical supervision and signposting to clinical contacts and networks.	Contact: sarah.kaufmann@hee.nhs.uk	Health Education England (HEE)
 Quality Learning Environments	To drive innovation and quality improvement the quality team can provide information and intelligence under a single framework using a core set of quality metrics and standards. This will support the evaluation, assessment and management of risk and systematically review quality activities with local partners and is used to improve the quality of education and training for healthcare learners of all professions.	Contact: julie.platts@hee.nhs.uk	Health Education England (HEE)

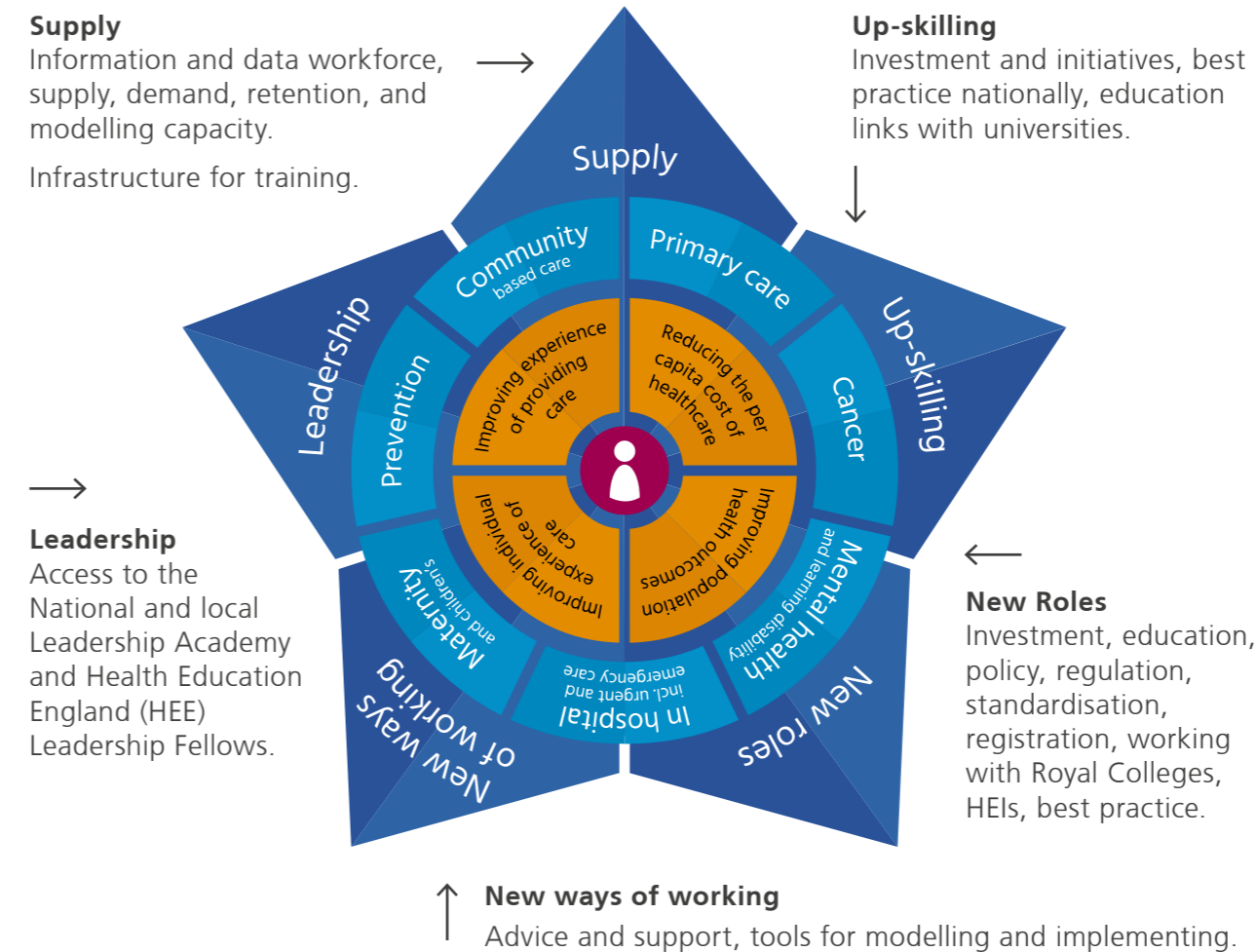
	What is the Offer?	Where do I go next for more information?	How is the offer funded/resourced?
 Leadership, Organisational Development and system development advice from Leadership Academy	The Leadership Academy provides bespoke and aligned system leadership development and support to the ICS, utilising existing interventions such as coaching and mentoring, action learning, programmatic interventions, and building OD capacity and capability, as well as testing new, innovative interventions to support the emerging landscape across the system enabling individuals, organisations and systems of health and care to collaborate in order to realise the ambitions of Developing People: Improving Care.	Contact: andrea.overton@hee.nhs.uk	Leadership Academy
 Workforce Planning and Intelligence	HEE can provide a comprehensive baseline of the NHS and care workforce within the ICS footprint and an overview of current and future supply to the workforce, including attrition, age profile and retirements as well as interpretation and analysis of national strategies linking to supply and demand.	Contact: gaynor.clark@hee.nhs.uk	Health Education England (HEE)
 Knowledge management services	HEE is committed to enabling all NHS staff to freely access library and knowledge services so that they can use the right knowledge and evidence to achieve high-quality, safe healthcare. NHS library and knowledge services can assist you with access to electronic information resources at your desktop or via your mobile device, undertake evidence searches to support decision making, and help you to keep up-to-date with developments in your field of interest.	Contact: dominic.gilroy@hee.nhs.uk	Health Education England (HEE)

Support available

The table describes the support available to help enable workforce transformation. Below is the fourth category - **Tools**

Tools			
	What is the Offer?	Where do I go next for more information?	How is the offer funded/resourced?
 <p>Workforce planning tools</p>	<p>The LWAB can consider requests from systems, places and organisations to help them access workforce planning tools such as the Workforce Repository and Planning Tool (WRaPT). WRaPT is a flexible tool which establishes the relationship between workforce capacity and service activity. It can securely store workforce data from all types of organisations and allows you to collect, search, analyse, refine and extract the workforce data that you want to focus on. It also enables workforce modelling across and within organisations through linking activity to workforce</p>	<p>Contact: wyh.lwab@hee.nhs.uk</p>	<p>Local Workforce Action Board (LWAB)</p>
 <p>Calderdale framework</p>	<p>The Calderdale Framework provides a systematic, objective method of reviewing skill, role and service design, ensuring safe, effective and productive patient centred care. Training is available from a one day workshops to five day intensive courses delivered over a six month period. The LWAB can consider requests from organisations to help them access Calderdale Framework expertise from within the partnership or to support the development of internal capacity.</p>	<p>Contact: wyh.lwab@hee.nhs.uk</p> <p>More information on the Calderdale Framework can be found at: info@calderdaleframework.com</p>	<p>Local Workforce Action Board (LWAB)</p>

Tools – The Workforce Transformation Star



Health Education England (HEE) Star

What is the Offer?
The HEE Star is a tool to support workforce transformation, helping providers understand their workforce requirements and also providing a range of potential solutions.
The Tool is available online and includes access to helpful resources and case studies. The tool can be used independently however advice and guidance can be sought from the LWAB and Health Education England.

Where do I go next for more information?
Contact: wyh.lwab@hee.nhs.uk
<https://hee.nhs.uk/our-work/hee-star>

How is the offer funded/resourced?
Health Education England (HEE)/ Local Workforce Action Board (LWAB)



Contact us:



This information is available in alternative formats, for example large print, audio, EasyRead and community languages.

Delivered through the West Yorkshire and Harrogate Local Workforce Action Board, the clinical priority programmes, the West Yorkshire and Harrogate Acute Association and our six local places (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield).

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Report author: Steven Courtney
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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):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 areas 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
<ul style="list-style-type: none"> • Carers • Workforce • Digital and Interoperability • Capital and Estates • Innovation and Improvement • Power of Communities • Business Intelligence 	<ul style="list-style-type: none"> • 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

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.