

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MONDAY, 11TH FEBRUARY, 2019

PRESENT: Councillor H Hayden in the Chair

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

38 Welcome and Introductions

The Chair welcomed all present to the meeting and brief introductions were made. The Chair also thanked representatives of Calderdale Council for hosting the meeting in Halifax Town Hall.

39 Appeals Against Refusal of Inspection of Documents

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

40 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

41 Late Items

There were no formal late items of business, however the Committee was in receipt of a supplementary pack in respect of agenda item 9 "West Yorkshire and Harrogate Health and Care Partnership – Mental Health Programme. (Minute 47 refers).

42 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 10 "Proposed changes to specialist vascular services for adults in West Yorkshire" as a member of the Council of Governors at Calderdale and Huddersfield NHS Foundation Trust. (Minute 48 refers).

43 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillor J Hughes. Apologies submitted by Councillors B Flynn and J Clark were picked up after the meeting.

44 Public Statements

The Joint Committee had received notice of intention to speak from Jenny Shepherd, Calderdale & Kirklees 999 Call or the NHS, however she was unable to attend. In her absence, the Joint Committee received the following statements:

Dr John Puntis, Leeds Keep Our NHS Public – made a representation regarding proposed changes to specialist vascular services for adults, particularly the proposal to reduce the number of arterial centres in the perceived face of rising demand for that service and the impact this may have

on patient access to the centres. He additionally commented on urgent and emergency care for paediatric cases in the Bradford area and the ability of a hospital based responsible consultant to evaluate patients at home and the risks/pressures which could be associated with that model of care.

Gilda Peterson made a representation regarding the award of the 111 NHS helpline contract to Yorkshire Ambulance Service; recognising this would be a key gateway to accessing care and emphasising the need to guarantee a quality service.

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.

45 Minutes - 5 December 2018

RESOLVED – That the minutes of the previous meeting held 5th December 2018 be agreed.

46 West Yorkshire and Harrogate Health and Care Partnership: Urgent and Emergency Care Programme

The Joint Committee received a report from West Yorkshire and Harrogate Health and Care Partnership presenting an outline of the activity taking place across the Partnership relating to the urgent and emergency care programme.

The following were in attendance and contributed to the discussions:

- Keith Wilson – Programme Director (Urgent and Emergency Care), West Yorkshire and Harrogate Health and Care Partnership
- Rod Barnes – Chief Executive, Yorkshire Ambulance Service NHS Trust
- Karen Coleman – Communication and Engagement Lead, West Yorkshire and Harrogate Health and Care Partnership
- Ian Holmes – Director, West Yorkshire and Harrogate Health and Care Partnership

The Programme Director (Urgent and Emergency Care), West Yorkshire and Harrogate Health and Care Partnership and the Chief Executive, Yorkshire Ambulance Service NHS Trust, introduced the report, which included information on the role of the Urgent & Emergency Care Programme Board and the five Accident & Emergency (A&E) Delivery Boards. The report outlined the following key areas of work within the urgent and emergency work programme:

- 100% of the population to have access to an integrated urgent care Clinical Assessment Service by March 2019

- Working with CCGs, the GP Out of Hours Service and NHS 111 to increase the number of patients receiving clinical advice.
- Bookable face to face appointments in Primary Care services through NHS 111 where needed
- A WY&H campaign – ‘looking out for your neighbours’
- Identifying and sharing good practice across A&E delivery boards

The Joint Committee was advised of Yorkshire Ambulance Service NHS Trust’s recent award of the NHS 111 contract and, through the combined work with the 999 Service, this would help provide access to integrated urgent care clinical assessment service by March 2019.

Current challenges / risks identified included:

- Achieving the national target of over 50% of patients receiving clinical advice (where this would be beneficial). By the end of March 2019, estimated performance would be 47%.
- National IT issues affecting the successful rollout of direct booking (of primary care appointments) through NHS 111 (where needed).

The Communication and Engagement Lead also provided the Joint Committee with an overview of the “Looking out for our Neighbours” West Yorkshire and Harrogate campaign, due to be launched on 15th March 2019.

The Joint Committee discussed a number of key issues, including:

- Overall plans to improve the NHS 111 service and service user’s experience of the service.
- General workforce and workforce retention issues that may impact on the objectives and desired outcomes of the programme; and the alignment with the overall NHS workforce strategy.
- The level of support from GPs in order to provide a direct booking facility to primary care from NHS 111 (where needed).
- Implications of a direct booking facility for branch surgeries.
- General capacity issues within Yorkshire Ambulance Service NHS Trust.
- Potential safeguarding issues and considerations associated with the ‘Looking out for our neighbours’ campaign.
- The level of contingency associated with identifying additional service users (who may be currently ‘unknown’) through the ‘Looking out for our neighbours’ campaign.

Specific matters were identified for further consideration with reports back to the Joint Committee at a future meeting:

- A review of the outcomes following the roll-out of the expanded NHS 111/999 service, to include consultation with service users to ensure that the patient experience is reflected and reported.
- A review of the capacity of the expanded NHS 111/999 service, specifically to provide information on the capital and revenue investment to secure delivery of the contract.

Additionally a request to inform all local Councillors when the “Looking out for our neighbours” campaign was to be launched in their wards was noted, along with the offer to share further information with the Joint Committee.

RESOLVED

- a) To note the contents of the report and the comments made during the discussions
- b) To note the intention for the Joint Committee to receive further reports in due course on the following matters:
 - i). A review of the outcomes following the roll-out of the expanded NHS 111/999 service, to include consultation with service users to ensure that the patient experience is reflected and reported.
 - ii). A review of the capacity of the NHS 111/999 service, to include information on the capital and revenue investment.

47 West Yorkshire and Harrogate Health and Care Partnership: Mental Health Programme

The Joint Committee received a report from West Yorkshire and Harrogate Health and Care Partnership presenting an outline of the activity taking place across the Partnership relating to the mental health programme and in particular the Learning Disability and Autism Programme.

The following were in attendance and contributed to the discussions:

- Sara Munro, Mental Health Programme Board Chair, West Yorkshire and Harrogate (WYH) Health and Care Partnership
- Ian Holmes, Director, West Yorkshire and Harrogate Health and Care Partnership

The Mental Health Programme Board Chair introduced the report, which identified the following objectives:

- Development of standard operating models for acute and specialist services; with care delivered in the least restrictive environment possible and more care in the community.
- Improved patient experience and access to services for the people of WY&H
- Reduction in A & E attendances (40% reduction in unnecessary A&E attendance)
- 50% reduction in number of section 136/ Places of Safety
- A zero suicide approach to prevention (10% overall reduction in the population and 75% reduction in targeted service areas and suicide hotspots by 2020-21)
- Elimination of adult out of area placements for non-specialist acute care
- Development of new care models for CAMHs T4, Adult Eating Disorders and Forensic services
- Reduction in waiting times for autism assessments and development of future commissioning framework for ASD/ADHD.

It was noted that these objectives were framed within the overarching principles of reducing local variation in the quality of services across the partnership and providing more consistent pathways for service users.

The following specific work streams were detailed in the report and also highlighted at the meeting:

- Suicide prevention.
- New care models for children and adolescent mental health services and adult eating disorders.
- Autism and Attention Deficit Hyperactivity Disorder (ADHD)
- Assessment and treatment services for people with learning disabilities.
- West Yorkshire Transforming Care Partnership and Programme.

The Joint Committee considered the information provided and discussed a number of issues, including:

- Concerns regarding the significant variance in waiting times across the partnership for the assessment of autism and ADHD.
- Concern regarding the potential re-referral issues and alignment of autism and ADHD assessment pathways across the partnership.
- Clarification sought around 'tackling the waiting list as one' and outsourcing of autism and ADHD activity to independent providers.
- Recognising the new model of tertiary Child and Adolescent Mental Health Services (CAMHS), the JHOSC questioned the nature of the current referral system and the role of schools, academies and other places of learning.
- Consideration of whether there was a need for a more joined-up and consistent multi-agency approach regarding children and young people's mental health services – preceding secondary and tertiary care.
- How the West Yorkshire Mental Health Collaborative could work differently to address the general lower life expectancies of people with long-term mental health problems and learning disabilities
- Ensuring any reduction in the bed-base for mental health patients was accompanied with sufficient, effective and accessible community support in local areas.
- Assurance sought that real-time information sharing was available in relation to the suicide prevention work, and whether it was audited and resourced.
- Confirmation on no planned changes to the number of Assessment and Treatment Units (ATUs) – currently three – for people with learning disabilities requiring specialist inpatient support.

In conclusion the Joint Committee welcomed the recognition given to autism and ADHD and requested a further report to a future meeting in order to provide the Joint Committee with an update on the progress of the Programme and the specific matters identified during the discussion.

RESOLVED

- a) To note the contents of the report, the supplementary information and the discussions held at the meeting.
- b) To note the requests for the Joint Committee to receive further information on the matters identified during discussions in due course
- c) To receive a report to a future meeting of the Joint Committee, providing an update on the overall progress of the Mental Health Programme and the specific matters identified at the meeting.

(Councillor Riaz withdrew from the meeting for a short while at this point)

48 Proposed changes to specialist vascular services for adults in West Yorkshire

The Joint Committee considered a report from the NHS England Specialised Services Commissioners relating to the proposed reconfiguration of specialist vascular services for adults in West Yorkshire; namely the number of arterial centres required to provide complex vascular care across West Yorkshire. The report also set out the proposed approach to future public consultation and engagement on the proposals for consideration by the Joint Committee.

The following key points were highlighted in the report:

- The current service provision across West Yorkshire, including three arterial centres (Bradford Royal Infirmary, Leeds General Infirmary and Huddersfield Royal Infirmary) and two non-arterial centres (Pinderfields and Airedale General Hospitals).
- The National Service Specification Requirements to ensure resilience and maintain the skills and competence of the team.
- The options appraisal for the future of the service and the impact of the preferred option.
- Proposals for the approach to public engagement and consultation.

The following were in attendance and contributed to the discussions:

- Matthew Groom – Assistant Director of Specialised Commissioning (Yorkshire and Humber), NHS England
- Sarah Halstead – Senior Service Specialist for Specialised Commissioning (Yorkshire and Humber), NHS England
- Mr Neeraj Bhasin – West Yorkshire Vascular Service Clinical Director
- Matt Graham – Programme Director, West Yorkshire Association of Acute Trusts

In introducing the report and associated proposals, the Assistant Director of Specialised Commissioning stated that NHS England Specialised Services Commissioners did not envisage significant growth in patient numbers / demand for the specialism to warrant retaining a third arterial centre to provide complex vascular care across West Yorkshire.

The following key points were highlighted by the Joint Committee during its discussions:

- Acknowledgement that the proposals:

- Aimed to provide a regional solution for the provision of urgent and non-urgent vascular care services, through a network of hospital centres offering a range of services.
 - Envisaged clinicians working across different hospital centres within the network, rather than a single centre.
- Concern over the potential impact on other services provided by Calderdale and Huddersfield NHS Foundation Trust (CHFT), should the hospital no longer function as an arterial centre (as proposed).
- Concern over potential, and as yet undetermined, future consequences of centralisation of the service.
- Assurance sought over long-term service provision and that workforce matters were not the principle driver for the proposed reconfiguration of services.
- Assurance sought that there were sufficiently robust plans in place to train and retain and relevant clinicians required to deliver the proposed services.

The Joint Committee heard that recruitment and retention of staff was at the heart of the proposals – a single service for WYH would provide an attractive opportunity for consultants to undertake intensive work and gain extensive skills and experience, on rotation with less intensive work; and ensure the WYH service remained sustainable.

- A request for more detailed information regarding journey times, and the associated assumptions, for patients and their families in the areas most affected by the proposals.
- Concern that public consultation would be limited to ‘a single option’ and that details of the other (discounted) options should be presented to the public as part of the consultation phase.
- A request for more detailed information on the plans for consultation, alongside the public consultation materials.
- Confirmation around the potential impact of in/out of area patient flows and any capacity implications for the ambulance service (Yorkshire Ambulance Service NHS Trust).

The Joint Committee considered the nature of consultation already undertaken and expressed its disappointment that, although there had been some engagement with Trusts, clinicians and patients in early 2017, the issue had only very recently been brought to the Joint Committee’s attention and only now being presented in the public domain, as a point when formal public consultation was due to commence. .

RESOLVED -

- a) To note the contents of the report and the proposals put forward. .
- b) That the further information and/or assurance sought at the meeting be provided to all members of the Joint Committee.
- c) That further consideration of the proposals be considered at a future meeting of the JHOSC, including any emerging themes from the public consultation.

49 Work Programme

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

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

- The letter received from the Chief Executive Officer, West Yorkshire and Harrogate Health and Care Partnership setting out the implications of the NHS Long Term Plan, as published on 7 January 2019 (attached at Appendix 2 of the report).
- Other matters discussed earlier in the meeting that should be reflected in the Joint Committee's future work programme.
- The proposed review of the West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy – A Healthy Place to Live, a Great Place to Work, including:
 - The proposed Terms of Reference (attached at Appendix 3 of the report).
 - Arrangements to establish a sub-committee to undertake the review; and to receive its evidence in public.
 - Any substitute arrangements should be limited to the membership of the Joint Committee.
 - The indicative timescales set out in the proposed Terms of Reference

RESOLVED –

- a) To agree the proposed future work programme (attached as Appendix 1 to the report), subject to the inclusion of other matters highlighted at the meeting.
- b) To agree the Terms of Reference for the review of the West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy (attached as Appendix 3 to the report).
- c) To appoint a sub-committee to undertake the review of the West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy, as set out in the agreed Terms of Reference and discussed during the meeting, as part of the outlined general arrangements.
- d) That officers continue to develop the Joint Committee's work programme, based on comments made at the meeting and a revised version be presented for consideration at a future meeting of the Joint Committee.

50 Date and Time of Next Meeting

RESOLVED - To note the date and time of the next meeting as Monday 8th April 2019 at 10.30 am (with a pre-meeting for Committee Members at 10.00 am). This meeting will be held in County Hall, Wakefield.