

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 19TH NOVEMBER, 2019

PRESENT: Councillor H Hayden in the Chair

Councillors V Greenwood, R Hargreaves,
C Hutchinson, G Latty, B Rhodes, L Smaje
and A Solloway

15 Chair's Opening Remarks

The Chair welcomed all present to the meeting and noted that, due to the General Election scheduled for 12th December 2019, the meeting fell within the pre-election period. While noting the normal business of Local Authorities, the NHS and decision makers continues during this period, the Chair referenced the Code of Recommended Practice on Local Authority Publicity and Care during periods of heightened sensitivity; and directed Members of the Joint Committee to Section 33 of the Code, which stated:

“Local authorities should pay particular regard to the legislation governing publicity during the period of heightened sensitivity before elections and referendums. . . . It may be necessary to suspend the hosting of material produced by third parties, or to close public forums during this period to avoid breaching any legal restrictions.”

With these details in mind, the Joint Committee considered and agreed a motion to suspend the “Public Statements” agenda item.

Former Councillor M Walton

Councillor Smaje reported that former Councillor Molly Walton had recently passed away. Councillor Walton had previously championed health scrutiny and in her capacity as Chair of Health Scrutiny in Kirklees, she had been involved in previous Joint Health Scrutiny arrangements. The Joint Committee shared recollections of former Councillor Walton and expressed their sadness at her passing; extending condolences and best wishes to all her family and friends.

16 Appeals Against Refusal of Inspection of Documents

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

17 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

18 Late Items

There were no late items of business.

19 Declaration of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made.

20 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from:

- Councillor S Baines (Calderdale Council)
- Councillor J Clark (North Yorkshire County Council)
- Councillor N Griffiths (Kirklees Council)

There were no substitute members in attendance.

Additionally, Councillor Smaje reported the resignation of Councillor N Griffiths from the Joint Committee. As such, the position was currently vacant and a nomination from Kirklees Council would be made in due course.

21 Public Statements

Having noted the implications of the Code of Recommended Practice on Local Authority Publicity and Care during periods of heightened sensitivity (minute 15 above refers) the Joint Committee agreed to withdraw this item from the agenda.

RESOLVED – To withdraw this item from the agenda.

22 Minutes - 10 September 2019

The Joint Committee noted a request to amend Minute No.10 West Yorkshire and Harrogate Health and Care Partnership Draft 5 Year Strategy to read as follows:

- ‘When addressing the first section of the NHS Long Term Plan on primary care networks, the Strategy should reflect *community care...*’

RESOLVED – That, subject to the amendment to Minute 10 outlined above, the minutes of the previous meeting held 10th September 2019 be agreed as a correct record.

23 West Yorkshire Association of Acute Trusts (WYAAT) - update

Further to minute 34 of the meeting held 5th December 2018, the Joint Committee received a report from Leeds City Council’s Head of Democratic Services introducing an update from the West Yorkshire Association of Acute Trusts (WYAAT).

The report included the WYAAT Annual Report 2019 which provided an outline of progress made since December 2018 alongside the ‘Our Progress and Achievements during 2018/2019’ document. An extract of the Joint Committee minutes of the meeting held 5th December 2018 was included for reference.

The following were in attendance to present the report and contribute to discussions:

- Matt Graham – WYAAT Programme Director
- Helen Barker – Chief Operating Officer, Community Health Foundation Trust
- Debbie Graham – Head of Integration and Partnerships, Calderdale CCG
- Matt Walsh – Chief Officer Calderdale Clinical Commissioning Group.

In introducing the report, the following matters were raised:

Dermatology Services

At its previous meeting on 10 September 2019, the Joint Committee had briefly considered concerns raised by dermatology patients regarding changes to services; and requested an update for early consideration. A verbal update was provided at the meeting – specifically for the Calderdale and Huddersfield NHS Foundation Trust (CHFT) area. The main points raised included:

- A Community Dermatology Service had been commissioned and recently established to deal with primary care patients initially. The development of a new service model was dependant on recruitment to the second tier consultant led dermatology provision, which remained a challenge.
- CHFT was keen to utilise the support available through the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) approach of using West Yorkshire wide resources.
- In respect of waiting lists, data collected showed an increase in referrals from Calderdale to Leeds, with Calderdale patients amounting to 22% of overall waiting lists. Predominantly however, the demand in Leeds remained Leeds based. The Joint Committee welcomed the offer to share the data with Members.
- A national review of dermatology services had identified 100+ consultant vacancies. WYAAT had therefore determined to recruit an additional consultant to the Leeds team with the intention for that post-holder to also deliver services to CHFT.

The Joint Committee additionally discussed the following matters:

- The impact of previous service models on the uptake of training by potential consultant practitioners as a factor in the deficit of consultants.
- Concern that as Trusts struggle to recruit; services could be reconfigured and as a result, patients have to travel to the centralised service rather than practitioners delivering the service in areas of need. Alternatively, in those areas where staff do deliver service between Trusts, there was a need to assess any impact on the availability of clinical appointments at the substantive location.

- Acknowledgement that first point of contact practitioners were required to enable the service to balance the spread of specialist practitioners across the Trusts to ensure that service needs are met.
- The Joint Committee heard that the intended service model of making appointments to a Service Hub which would deliver across the WYH footprint would mirror the British Association of Dermatologists model of care. This would ensure that clinical consultants worked to the top of their specialism and clarified the roles of the supporting team to identify which tier provided which level of care. WYH HCP needed to create that scale of team to ensure the success of that service delivery model.
- Additionally any identified service gaps could be supported by those GPs, consultant Nurses and Clinician Associate roles keen to expand their role in dermatology, with training available to GPs to provide dermatology services and advance the case of the patient to get the right treatment. In response to comments over the availability of GP appointments and that a patient would need to be able to identify which, if any, GP in their practice had the specialism, it was reported that specialist GPs will work community wide using national criteria and technology to make the right referral but it was acknowledged that the new model still required a clinical consultant to ensure clinical governance.
- The future role of digital technology to support the service – for example, tele-medicine; whereby a patient can visit a local clinic and via video link connect to a practitioner based elsewhere.
- The structure of Dermatology Services in Bradford, and concern that although the team structure was reported to be stable, it was a vulnerable service and posed a significant risk due to it functioning under a single consultant.

The Joint Committee discussed the following issues in respect of the wider report.

WYAAT Annual Report and Programmes:

- The sustainability of the other specialisms referenced within the WYAAT Annual Report. It was noted that six programmes formed the 2 work-streams, defined by the level of challenge they represented (cardiology, urology and maxilla-facial surgery) or their willingness to trial networking (ophthalmology/gastroenterology/dermatology).
- The role of scrutiny and the Joint Committee in particular in the development of WYAAT service proposals and the mechanism to ensure an early overview of proposals. It was noted that the current WYAAT decision making model prevented an early opportunity for the Joint Committee to take an overview of any service development proposals and provide advice, if appropriate.

- The Joint Committee noted and welcomed the offer for WYAAT to report to the Joint Committee more regularly (six monthly being proposed) to help ensure proposals are presented in good time.
- Portability of staff working across the Trusts was beginning to happen where it could, such as within Vascular Services, but WYH HCP and WYAAT needed to agree the future models of care for all services. Although portability between Trusts provided staff with opportunities for training and experience, it could also alter the relationships established to ensure trust/good working practices within place based teams and this would form part of future discussions with staff.

RESOLVED –

- a) That the contents of the report and discussions held at the meeting be noted
- b) To note the intention for WYAAT to present update reports to the Joint Committee at six monthly intervals.
- c) To receive the statistical data relating to the Calderdale/Huddersfield and Leeds waiting lists for Dermatology Services.
- d) That the following be identified as matters for further scrutiny, with the requested information to be circulated to Members in advance of the next meeting:
 - I. an overview of the Networks
 - II. the timescales for delivery of the WYAAT priorities.

24 West Yorkshire and Harrogate Health and Care Partnership: Improving Planned Care Programme

The Joint Committee received a report from Leeds City Council's Head of Democratic Services introducing a report from the West Yorkshire and Harrogate Health and Care Partnership on the Improving Planned Care Programme.

The report included a copy of the West Yorkshire and Harrogate Improving Planned Care and Reducing Variation programme (Elective Care and Standardisation of Commissioning policies) at Appendix 1, which focussed on reducing the health inequalities evident across the West Yorkshire and Harrogate system and specifically clinical thresholds, clinical pathways and prescribing.

The following were in attendance to present the report and support discussions:

- Dr Matt Walsh – Chief Officer, Calderdale Clinical Commissioning Group and Senior Responsible Officer, Improving Planned Care Programme
- Catherine Thompson – Director, Improving Planned Care Programme

In presenting the report, the following work streams within the Programme and matters were highlighted:

- Discussions on the complexities of culture, values, place and system within the Improving Planned Care (IPC) Programme were being held at 'place' level, however there was a desire for these to include the Joint Committee to provide assurance that the right discussions were being held.
- The Joint Committee of CCGs provided governance for the workplan elements of the IPC Programme. The workplan currently covered 2 high volume services – Eye Care and Musculoskeletal. Standardised clinical policies had been established for both areas, such as commissioning policies and thresholds.
- The Programme sought to create equitable care, service provision and access to services across WYH with fully evidenced high quality pathways. How to apply each pathway would be determined by place to shape the delivery of services.

In terms of Programme implementation, it was recognised that in some workstreams, such as workforce, WYH was the appropriate level, and not place. The Programme included a review of clinics to ensure best practice and efficiencies, and equity audits to better understand variations of practice and quality in cataract and knee/hip surgery. Consideration was also being given to the creation of a single prescribing committee.

In terms of workforce development, it was reported that funding had been secured to support the Eye Care Programme, as follows:

- To establish 20 places for a first year cohort of 'First Contact' practitioners, the aim being to train 50 in total.
- To provide enhanced skills training for 60 optometrists which will enable them to undertake ophthalmologist's tasks
- To provide training to create Advanced Practice Nurses to enable nurses to undertake some eye care tasks where there is evidence that it is safe for them to do so.

The Joint Committee considered and discussed a range of matters relating to the Improving Planned Care Programme, including:

Pathways – The Joint Committee sought information relating to the monitoring of pathway delivery, whether pathways already established within WYH had been reviewed and how they were delivered for local needs. A Joint Committee member provided the meeting with his personal experience of receiving care for the same issue at both regional and local level. In response, the Joint Committee received assurance that the IPC Programme leaders intended to include the Joint Committee in discussions on care pathway delivery and the shape of provision at a local level, noting that successful delivery was dependent on having the scale of workforce necessary and able to deliver it.

Additionally, the Joint Committee was informed that a quarterly working group had been established to discuss progress and failure against the implementation framework with each area represented in the group. The working group provided partners with the opportunity for mutual accountability rather than formal regulation additional to that already in place throughout the NHS to ensure clinical and delivery quality.

Timeframe – The Joint Committee noted comments relating to the timeframe for implementation, specifically noting that an individual patients' care pathway may or may not fit within the designated timeframe for delivery of a specific aspect of care, depending on the complexity of their case.

Second wave of evidence base interventions policy– The Joint Committee noted that details had not yet been released, but would be subject to a national 8 week consultation period after the General Election 2019. The Joint Committee welcomed the offer to provide a link to the consultation, when available.

Equality of care – The challenge of achieving equality of care across WYH was recognised, acknowledging that different areas within WYH experienced different health challenges and risks; and not all partners wished to participate in the Programme. The Joint Committee expressed a desire to consider how equality could be achieved taking into account the differences that existed and how local Health and Wellbeing Boards will review care pathways to achieve equality.

The Joint Committee also requested the detail of the inequality data, noting with concern the reported 40% difference between the best and worst performing. The data would inform future discussions on the wider determinants of health and how to assist the IPC Programme. It was agreed that, following consultation with NHS England, appropriate data would be provided to Members of the Joint Committee.

Efficiencies – In response to discussions regarding the nature of the proposed system efficiencies and how these would impact on the workforce and patients, the Joint Committee noted that the efficiencies proposed would support the system processes, such as reviewing the best use of downtime between patient appointments and how some providers have designed their teams.

Progress – The Joint Committee identified that IPC Programme local plans had been drafted 18 months ago, and that development of the plans in response to system changes could be a matter where the Joint Committee provide an overview.

RESOLVED –

- a) That the contents of the report and discussions held at the meeting be noted;

- b) That the continuing development of the IPC Programme local plans be identified as an area where the Joint Committee could provide an overview;
- c) That to support its ongoing work, the following details referenced during the discussion be made available to the Joint Committee :
 - Inequality data that will inform future discussions on the wider determinants of health.
 - The national consultation on the second wave of NHS Evidence Based Interventions Policy.

(During consideration of the item, Councillor G Latty left the meeting at 1.00 pm)

25 West Yorkshire and Harrogate Health and Care Partnership Draft Five Year Strategy

Further to minute 10 of the meeting held 10th September 2019, Leeds City Council's Head of Democratic Services submitted a further report which provided the Joint Committee with an opportunity to review the work undertaken by the West Yorkshire and Harrogate Health and Care Partnership on developing the Draft 5 Year Strategy. The first iteration of the Strategy was considered by the West Yorkshire and Harrogate Health and Care Partnership Board (WYH Partnership Board) meeting on 3rd September 2019.

The Joint Committee noted that the final system narrative would be presented to the Partnership Board on 3rd December 2019; however, despite being requested, an updated iteration of the draft 5 year strategy had not been made available to the Joint Committee for review.

The report included a brief update provided by the Partnership Director, outlining the development of the draft five year strategy and next steps. The first iteration of the draft strategy and accompanying presentation previously considered by the Joint Committee in September 2019 were also included within the report.

The following were in attendance to present the report and contribute to discussions:

- Ian Holmes – Director, West Yorkshire and Harrogate Health and Care Partnership.
- Rachael Loftus - Head of Regional Partnerships, Health Partnerships Team

In presenting the report, it was highlighted that the next draft of the 5 Year Strategy would be made public on 26th November 2019 as part of the agenda papers for the Partnership Board meeting on 3rd December 2019.

The Joint Committee considered and discussed a range of matters regarding the development of the 5 Year Strategy, including:

- Concern that an updated iteration of the draft strategy, such as that submitted to NHS England on 27 September or 15 November, was not made available for the Joint Committee to review and receive assurance that comments made and issues raised at the September meeting had been addressed.
- The Joint Committee noted the response that the version submitted to NHS E had included comments made by the Joint Committee and also local Health and Wellbeing Boards which had met by that date. The Joint Committee was advised that none of the Local Authority Leaders or Health and Wellbeing Board Chairs had seen the revised Strategy as yet; and those who were members of the WYH Partnership Board would receive a copy on 26th November 2019
- The technical process for the submission of the updated draft document, noting that comments from partners and interested parties had been received throughout the consultation process.
- The implications of the General Election on 12th December 2019, noting that, due to the guidance issued surrounding the pre-election period and decisions on future strategy, the WYH Partnership Board on 3rd December 2019 may decide to postpone a decision on the 5 Year Strategy or to support the Strategy subject to the outcome of the election.
- While noting that the draft strategy and its contents had predominantly been prepared by NHS partners, the Joint Committee emphasised the role of scrutiny as a critical friend, empowered by legislation to take an overview of matters associated with the planning and provision of health care services, which included the development of strategies, plans and proposed service changes. The scrutiny function had parity with Health and Wellbeing Boards within Local Authority structures.

The Joint Committee expressed its dissatisfaction regarding the 5 Year Strategy development process and methodology, noting that the WYH Partnership Board was not a statutory body and that implementation of the strategy ultimately remained with the relevant statutory bodies. The Joint Committee discussed the view whether, having been deprived of an overview of the revised strategy, it may move to scrutinise the “signed off” document in the New Year. The Joint Committee also supported comments made by individual Members that the development process had not been conducive to good partnership working and that without the assurance of having collectively seen the revised strategy, the Joint Committee could not endorse the document.

In conclusion, the Joint Committee requested that the concerns highlighted during the discussions were relayed directly to the Partnership Board – a matter the Chair agreed to undertake – and additionally requested that Members of the Joint Committee be notified once the revised 5 Year Strategy

was publicly available as part of the agenda for the WYH Partnership Board meeting on 3rd December 2019.

RESOLVED –

- a) To note the contents of the report and the discussions held at the meeting;
- b) To note the updated information provided at the meeting and the current position regarding the development of the West Yorkshire and Harrogate Health and Care Partnership Board: Draft Five Year Strategy;
- c) That Members of the Joint Committee be notified once the revised 5 Year Strategy was publicly available as part of the agenda for the WYH Partnership Board meeting on 3rd December 2019;
- d) That officers be requested to draft a direct response to the WYH Partnership Board on the contents, development process and methodology of the Draft Five Year Strategy, based on the Joint Committee's comments made at the September and November 2019 Joint Committee meetings.

26 Work Programme

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

The Principal Scrutiny Adviser highlighted the challenges of establishing the work programme as the Joint Committee's priorities and areas of interest changed throughout the year in response to emerging issues. The Principal Scrutiny Advisor also précised additional issues raised at this meeting as the basis for discussion.

The Joint Committee discussed the roles of and relationship between Health and Wellbeing Boards and Scrutiny Committees/ Boards at a local, place-based level.

The Joint Committee also identified the following work areas for further consideration:

- How to gain an oversight of service provider work programmes and link into the decision making group level such as the WYH Health and Care Partnership's System Oversight and Assurance Group (SOAG);
- How to raise the profile of the Joint Committee, particularly in terms of the overview function, with a view to seeking formal representation at the WYH Partnership Board.

RESOLVED –

- a) To note the report presented to the meeting and the contents of the discussions.
- b) That the specific matters highlighted at the meeting be prioritised for consideration by the Joint Committee.

27 Date and Time of Next Meeting

RESOLVED – To note the schedule of future meetings as

Tuesday 18th February 2020

Tuesday 14th April 2020

The formal meetings to commence at 10.30 am (with a pre-meeting for all members of the Joint committee at 10.00 am) to be held at the Civic Hall, Leeds.