DRAFT MINUTES

Meeting ID	2863
Committee	West Yorkshire Joint Health Overview and Scrutiny Committee
Date	08/09/2022
Attendees	Julie Glentworth (Committee Member) Rizwana Jamil (Committee Member) Howard Blagbrough (Committee Member) Colin Hutchinson (Committee Member) Jackie Ramsay (Committee Member) Liz Smaje (Committee Member) Norma Harrington (Committee Member) Abigail Marshall Katung (Committee Member) Andrew Lee (Committee Member) Andy Solloway (Committee Member) Betty Rhodes (Committee Member) Kevin Swift (Committee Member) Bella Jessop (Officer) Mike Lodge (Officer) Kirsty Smith (Clerk)

Item ID	2382
Item Title	Appointment of the Chair and Deputy Chair for the 2022/2023 Municipal Year
Summary	**RESOLVED** that Councillor Marshall Katung be appointed as Chair of this Committee and that Councillor Howard Blagbrough be appointed as Deputy Chair of this Committee for the 2022/2023 Municipal Year.

Item ID	2377
Item Title	Substitutes nominated for this meeting and apologies for absence
Summary	Apologies were received from Councillor Betty Rhodes (Wakefield Metropolitan District Council) and Cllr Rizwana Jamil (Bradford Council). (The meeting closed at 11:58)

Item ID	2378
Item Title	Members' Interests
Summary	

Item ID	2379
Item Title	Admission of the Public
Summary	

Item ID	2381
Item Title	Minutes of the Meeting held on 29th March 2022 to be agreed as a correct record and signed by the Chair.
Summary	**RESOLVED** that the Minutes of the meeting held on 29th March 2022, be approved as a correct record and signed by the Chair.

Item ID	2380
Item Title	Public Deputations
Summary	There were no public deputations.

Item ID	2383
Item Title	West Yorkshire Association of Acute Trusts: An Overview
Summary	The Director, West Yorkshire Association of Acute Trusts (WYAAT) submitted a presentation that gave an overview of WYAAT. WYAAT, a collaboration of six acute trusts in West Yorkshire and Harrogate was supported by a dedicated Programme Management Office (PMO), and being the main vehicle for delivery of change, transformation or mutual aid across the acute sector by: • Providing a mechanism to share best practice and learn from each other to tackle unwarranted variation or inequalities in access, outcomes and experience as a group of acute providers but also as representatives of our local Places • Leading design and implementation of transformational schemes across the acute sector as a group of trusts, supported by a self-funded PMO • Collective approach to delivering clinical service sustainability • Providing a mechanism for mutual aid to benefit our population e.g., in critical care, elective surgery, and cancer diagnosis and treatment • Playing a critical leadership role in issues impacting the acute sector across the West Yorkshire Integrated Care Board (ICB) and the wider Partnership • Identifying and leading whole system programmes on behalf of the Integrated Care Board (ICB) • Prioritising and planning system investments in acute services There were now 28 hospitals connected through the Yorkshire collaborative with specialist treatments. During discussions Members commented on the following issues: • Were there any non-NHS providers included within WYAAT or would there be in next year. In response, Officers advised that non-NHS providers were not a part of the formal collaborative. • In relation to the sustainability of the workforce of the collaboration, what other areas beyond non-surgical oncology was WYAAT considering? In response, Officers advised that they were looking into a

	model of joint posts and sustainable provision across all sites, in particular looking at recovery waiting times. • Was the collaboration making sure there was sufficient foundation training year for new medical graduates and for the specialist training posts to meet workforce requirements, for example in radiology and dermatology? In response, Officers advised that there were a number of groups working on this and that as a large collaboration covering a population of 2.4million there was ability to influence policy and Health Education England, which also recognised this in non-medical workforce as well. • 150 radiologists were working from home, was this for interpreting results? In response, Officers confirmed that this was for interpreting results and reporting purposes. • Where were the specific issues in terms of workforce? In response, Officers advised that WYAAT had specifically identified a number of speciality areas that were struggling, these included ear, nose and throat surgeries, neurology, dermatology and radiology, with nurse shortages, in theatre workforce due to surgical backlogs and radiology. • How did the structure and process work, in particular the committee in common? In response, Officers advised that beneath the committee in common there were a number of assurance groups, this would then be passed onto the committee in common which was the six Chairs and six Chief Executives of the Acute Trusts. The role of the committee was to support the business case. The overall decision-making power sat with the individual trust board as the statutory boards. • Where was it best for West Yorkshire Joint Health and View Scrutiny Committee to have sight and engage early, this could then be built into the workplace. In response, Officers advised that the board would be happy to have discussions on areas for early oversight. **IT WAS AGREED** that: (a) The Director and Officers from West Yorkshire Association of Acute Trusts be thanked for attending and presenting their report. (b) The Committee would consider which areas they would like an early discussion on, and that the Senior Scrutiny Officer share this information accordingly. .

Item ID	2385
Item Title	Update on West Yorkshire Community Diagnostic Centre Plans
Summary	The Programme Manager, West Yorkshire Association of Acute Trusts (WYAAT) gave a presentation that provided information on the Community

Diagnostic Centres (CDC). The vision for CDC was to deliver additional diagnostic capacity and provide a coordinated service, meaning patients would need fewer visits to access a range of diagnostic tests. This wouldl support patients to access fast diagnosis for a variety of clinical pathways. The four key factors that influenced CDC configuration were as follows:

- Activity and additionality (supply and demand)
- Socio Demography
- Location and size (estate)
- Current and future pathways

The approach to developing their CDC plans linked at local place level and at a West Yorkshire level to identify population needs and geographical spread of sites.

The next steps were to look at the options to support establishment of CDCs. The workforce needed to be developed and collectively agreed, to have the business cases to access capital in 2023/24 complete by October 2022 and to have collaborative development of CDC clinical /referral pathways and to communicate and engage with staff, public and stakeholders.

During discussions Members commented on the following issues:

- How long had the patients identified in the waiting list of 41,700 been waiting? In response, Officers advised they would take this as an action and provide a written response to the Committee.

- Why did the heatmaps for Bradford show very few delays? In response, Officers advised that this was due to missing data for Bradford.

- From a patient's point of view what services were delivered at a 'Hub' compared to a 'Spoke', and how were these Servcies put together into an overall clinical picture? In response, Officers advised that a 'Hub' had to provide a minimum set of diagnostic tests in imaging, pathology and physiological measurements and a 'Spoke' provided tests in imaging and at least one other diagnostics test. These were built around population need. The intention was they would be referred to by GPs, community services or overflow from acute hospitals. To make this work it was key to have digital connectivity. Elective diagnostics could and would continue at acute sites but an opportunity of the reviewing of the pathways was to look at what tests can be grouped together. There was ongoing work looking at the pathways.

- What were the options for people with limited mobility and access to transport, and asked if transport would continue to be provided as it currently was on acute sites? In response, Officers advised that this needed to be checked and they would respond to the Committee on this.

- Those people living in rural areas would have major problems in accessing the Hubs, were there links with Harrogate for patients in north Leeds. What kind of consultation was being undertaken with the public and health care workers? In response, Officers advised that the feasibility studies had the data around this, and accessibility was taken into account. Patients would have a choice to cross boarders within West Yorkshire but also further afield into Yorkshire and Humber. In terms of consultation there was a stakeholder engagement process that would be continued and driven by the local place planning.

- Could WYAAT explore community settings in Calderdale, Kirklees and Wakefield in particular where the Hub and Spokes would be? In response, Officers advised that across all three there was a mix, and that WYAAT were currently looking through the options for the estate.

- What would the patient's choice be? In response, Officers advised that the aspiration would be to have a regional booking system to offer the opportunity to make the choice and that this was part of the funding that had been put into the business case.

- What was WYAAT thoughts around sustainable recruitment? In response, Officers advised that it was a balance with the Acute Trusts, and they were looking at other areas that have implemented CDC's who were doing rotations of different settings for staff.

- Would there be cross boundary movement into South Yorkshire, and was the £52million just for West Yorkshire. In response, Officers advised that it did include South Yorkshire and that the £52 million was the totality for West Yorkshire.

- What was the capital and revenue funding considering the significant workforce revenue costs? Who was the employer and who had clinical responsibility? In response, Officers advised that WYATT did have associated revenue for the next three years alongside the capital available and advised each CDC would be hosted by an NHS Trust. The ownership of the Hub and Spoke would remain with the NHS even if partnership work happened.

IT WAS AGREED that:

(a) The Programme Manger and Officers from West Yorkshire Association of Acute Trusts be thanked for attending and presenting their report; and

(b) The Programme Manager, West Yorkshire Association of Acute Trusts be requested to the provide the Committee with the following information:

I. Statistics on patient waiting times.
II. If transport would be provided to those that needed it.
III. where the Hub and Spoke models would be in Wakefield, Kirklees

	and Calderdale. IV. Staffing progress.

Item ID	2384
Item Title	Refreshing the Partnership's Five-Year Strategy and developing an improvement approach to delivery
Summary	The Director, Strategy and Partnerships - NHS West Yorkshire Integrated Care Board (ICB) submitted a written report that provided ifnormaiton on Refreshing the Partnership's Five-Year Strategy and developing an improvement approach to delivery. The report identified that as part of the new statutory Integrated Care System (ICS) arrangements, they were required to refresh our Partnership's Five-Year Strategy by March 2023. The paper set out the approach to this work alongside the outcome of engagement and evidence gathering to date. In parallel, it also highlighted the development of an approach to an improvement and delivery framework to both enact the strategy and to monitor progress and outcomes through the creation of a joint forward plan. The Committee were asked to consider: a) the approach to refreshing the strategy, in line with our partnership principles and operating model b) to support the proposition to refine the 10 Big Ambitions to reflect the citizen and partner insight c) to note the intention to build a delivery framework which aligned the strategy with the Joint Forward Plan, operational planning, Better Care Fund and Winter Planning and maintains an improvement ethos. During discussions Members commented on the following issues: • It was noted that there was no link to West Yorkshire Joint Health Overview and Scrutiny Committee (WYJHOSC) or health-based scrutiny in each Local Authority. Officers were asked what the role of scrutiny would be? In response, Officers advised that WYJHOSC would continue to have an important role in developing the plan particularly in the joint forward planning and an ongoing role in helping understand the impact. • In relation to the ambition to reduce suicide rates were ambitions ranked, and what were the targeted areas? In response, Officers advised that there was no order to the ambitions and that a conversation would be held around the targeted areas and the need to look at groups who needed focused targeting. • Officers needed to be mindful of the digital strategy to ensure those

without technology were not excluded. In response, Officers advised that conversations had been held around digital exclusion and would continue to do so.

- Members noted that patients continued to have difficulties accessing face to face appointments with GP's. There were no metrics assigned to ambition 4 and questioned if ambition 5 was ambitious enough given it was a Five-Yea ambition. Was there flexibility to update the strategy? In response, Officers advised that access to GPs would be a huge part of their work and that it was a really important area. Within ambition 4 there were metrics and the ICB were currently working through these and looking at the progress made to help decide metrics going forward for the refresh. With ambition 5 there was opportunity for "course correct". The joint forward plan would be refreshed each year, which was why it was important to be anchored in place to help understanding.

- How would the ICB work with all partners on health inequalities? In response, Officers advised that there were already several different organisations working on a joint forward plan about how partners could collectively work together to tackle inequalities.

- It was noted that there was often only a short amount of time to view draft papers and suggested a joint forward plan so members could be sighted earlier. In response, Officers agreed that draft plans would be circulate to the Joint Committee at West Yorkshire level and also to the five-place based health scrutiny committees.

- Members commented on the omissions in the new strategy and pointed out there was little mention of social care and that district nurses appeared not to be considered at all. In response, Officers agreed that social care needed to be front and centre, and in terms of district nurses, and this would be reflected in strategies at a neighbourhood level.

- Issues GPs faced had two dimensions, if a person was well and then become unwell speed of action was important, whereas those with continuing health care problems continuity of care was often better than being seen promptly and this needed to be recognised. In response, Officers advised that this would be taken back to the primary care lead.

  What plans were being looked in relation to Dentistry? In response, Officers advised that dentistry was major issue and that the ICB were working with NHS England to have a plan for now, and the future for the transformation of dentistry services.

- The voluntary sector should not be used as a 'cheap option.' In response, Officers advised that the voluntary sector play an important part in this strategy as they have the best understanding of the community and were eager to work with the development of the

	strategy. • Insecure poor quality: jobs, housing, food, education and communities lead to major health inequalities. Health services could not be addressing all issues that affect society and concerns were raised about how the ambitions were being worded. In response, Officers advised that it was a balance, these issues could not be ignored and their collective power could be used to work together to make a difference. The Chair advised welcomed the information in the report and explained that the Committee would hold the ICB to account in relation to their ambitions. **IT WAS AGREED** that: (a) The Director, Strategy and Partnerships and Officers from the NHS West Yorkshire Integrated Care Board be thanked for attending the meeting and presenting their report; and (b) The NHS West Yorkshire Integrated Care Board be requested to provide updates on the ambitions contained within the report.

Item ID	2386
Item Title	Future Meetings
Summary	The Senior Scrutiny Officer (Calderdale Council) advised that future meetings dates had been shared with Members of the Committee and the final dates had been proposed as follows: • 29th November 2022 • 28th February 2023 Members of the Committee were asked to consider any items they wished to include on the agenda for either of those meetings. These would include Maternity services. **IT WAS AGREED** that the Senior Scrutiny Officer would develop the future agendas, in line with comments made at this meeting and appointments for future meetings would be shared with the West Yorkshire Joint Health Overview Scrutiny Committee.