

Public Document Pack



**Assistant Director, Governance and
Monitoring**

Julie Muscroft

Governance and Democratic Services

Civic Centre 3

High Street

Huddersfield

HD1 2TG

Tel: 01484 221000

Direct Line: 01484 221000

Fax: 01484 221707

Please ask for: Richard Dunne

Email: richard.dunne@kirklees.gov.uk

Monday 14 March 2016

Notice of Meeting

Dear Member

Calderdale and Kirklees Joint Health Scrutiny Committee

The **Calderdale and Kirklees Joint Health Scrutiny Committee** will meet in the **Council Chamber - Town Hall, Huddersfield** at **3.30 pm** on **Tuesday 22 March 2016**.

This meeting will be webcast live.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft".

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

**The Calderdale and Kirklees Joint Health Scrutiny Committee members
are:-**

Member

Councillor Robert Barraclough

Councillor Andrew Marchington

Councillor Elizabeth Smaje

Councillor Molly Walton

Councillor Howard Blagbrough - Calderdale Council

Councillor Malcolm James - Calderdale Council

Councillor Martin Burton - Calderdale Council

Councillor Adam Wilkinson - Calderdale Council

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of Previous Meeting

1 - 6

To approve the Minutes of the meeting of the Committee held on 22 February 2016.

2: Interests

7 - 8

The Councillors will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interests.

3: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

4: Deputations/Petitions

The Committee will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

5: Clinical Senate Review of the Future Model of Hospital Services and NHS England Assurance Process 9 - 12

Representatives from the Clinical Senate and NHS England will be in attendance to provide an overview of the Clinical Senate's review of the proposed future model of care for hospital services in Calderdale and Greater Huddersfield and to outline NHS England's role in the assurance process.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000

6: West Yorkshire Urgent and Emergency Care Network 13 - 26

Colin McIlwain Interim Director West Yorkshire Urgent and Emergency Care (UEC) Network will be in attendance to outline the work being developed by the West Yorkshire UEC Network and present an overview of the Network's Vanguard Programme.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000

7: Yorkshire Ambulance Service and NHS 111 Service 27 - 28

Representatives from the Yorkshire Ambulance Service (YAS) and NHS 111 Service will be in attendance to provide an overview of the role that YAS will play in the new model of care for hospital services and outline how the NHS 111 Service will be developed to support the urgent and emergency care services.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000

8: Urgent Care; Emergency and Specialist Emergency Care; and Intensive Care Unit

29 - 30

Representatives from Calderdale and Greater Huddersfield Clinical Commissioning Groups and Calderdale and Huddersfield NHS Foundation Trust will provide an explanation of the new service models for Urgent Care, Emergency and Specialist Emergency Care and outline the planned changes to the Intensive Care Unit.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000

9: Date of next meeting

To confirm the date of the next meeting on 6 April 2016 at 3.30pm in the Council Chamber, Town Hall, Halifax.

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Minutes of the meeting of the Calderdale and Kirklees Joint Health Scrutiny Committee held on Monday 22nd February, 2016.

Members: Councillors M James, Calderdale Council, Joint Chair (In the Chair for this meeting), Councillors H Blagbrough, M Burton and A Wilkinson (all Calderdale Council) and Councillors R Barraclough, A Marchington, E Smaje (Joint Chair) and M Walton (all Kirklees Council)

Officers: Mike Lodge and Paul Preston, Scrutiny Support (Calderdale Council) and Richard Dunne (Kirklees Council)

Clinical Commissioning Group (CCG): Dr Matt Walsh and Carol McKenna, Chief Officers, Calderdale CCG and Greater Huddersfield CCG), Penny Woodhead and Jen Mulcahy.

Healthwatch: Rory Deighton, Director at Healthwatch, Kirklees

Nine deputations in person from members of the public at the meeting

1. Chair's announcement

The Chair announced that although the Committee would not be taking questions from members of the public at this meeting, if anybody had any questions they wished to bring to the attention of the Panel, they should forward them to Mike Lodge or Richard Dunne, via the publicised e-mail contact addresses following this meeting.

2. To receive deputations from members of the public

Councillor James, the Joint Chair informed all present that he had received notice of nine deputations from members of the public which would be heard at this meeting.

The Committee then proceeded to hear the following deputations from Members of the Public:-

- i. Calderdale & Kirklees 999 Call for the NHS – statement made by Jenny Shepherd, Chair of Calderdale and Kirklees 999 Call for the NHS
- ii. Christine Hyde, Dewsbury Keep Our NHS Public (Save Our Hospital Services)
- iii. Mike James, Kirklees resident
- iv. Terry Hallworth, member of the public
- v. Jane Rendle, Chair of the Calderdale 38 Degrees NHS Campaign Group
- vi. Paul Cooney on behalf of Huddersfield Keep Our NHS Public and other campaigning groups
- vii. Pat Jones, on behalf of Slawit (Slaithwaite) Health Centre SOS in Huddersfield

- viii. Chris Owen (accompanied by Dave Green), both members of a steering committee, "Hands of HRI"
- ix. Nora Everitt, Barnsley Save our NHS

At the conclusion of hearing all the deputations, the Chair of the meeting (Councillor James) responded that the Joint Committee Members had received legal advice from both local authorities and had been advised that the Joint Committee had no legal powers to stop the consultation process. There would be a sequence in law that would unfold in due course in this matter and he also added that further legal advice received was that the Lambeth case, highlighted by a number of the deputations, was not representative, and could not be used.

3. Have your Say – Public Consultation about future arrangements for hospital and community services

Matt Walsh and Carol McKenna, the Chief Officers for Calderdale CCG and Greater Huddersfield CCG, along with two other Officers from the CCG attended the meeting and presented the CCGs' draft consultation document and consultation materials concerning future arrangements for hospital and community health services.

Matt Walsh, in introducing the item, mentioned by way of background, he was a General Practitioner (GP), was passionate about quality and doing the best we can for the people we serve. He added that both himself and colleagues at the CCG had worked hard to establish a dialogue with this Joint Health Overview and Scrutiny Committee.

He added that both the Calderdale and Huddersfield CCGs had held Governing Body meetings in public in the last few weeks, and that both Governing Bodies had delegated authority to him and his colleagues to get the draft consultation document to a stage where it was ready to be published as a final version. He added that they had also being authorised to make a decision on a schedule of meetings and launch date and that it was hoped that they would be in a position later this week to move towards a formal consultation.

Thereafter, followed a series of questions from Members of the Committee which were responded to by Matt Walsh and/or his CCG colleagues.

Q. Comment - A Councillor informed the public present that Members of this Joint Health Overview and Scrutiny Committee (JHOSC) had submitted comments to the CCG on the draft consultation document.

A. CCG responded that they had tabulated all comments received from the JHOSC

Q. A Councillor acknowledged there were quite a few amendments in the current copy of the draft consultation document they had.

A. CCG responded that the latest version had been updated and had taken account of the most recent responses received from JHOSC members.

Q. A question was asked about what arrangements the CCG had in place for the formal launch of the consultation?

A. CCG responded that the launch would be included on the Right Care, Right Time, Right Place website. Key stakeholders would also be informed ahead of the launch of a formal consultation and there would be some tailor made communications prepared such as for Members of Parliament.

Q. Would the CCG be using any other forms of media to notify of the launch?

A. The CCG had a media plan, a social media plan would be established and the format of the document (e.g. a summary document and easy to read document to be produced). We will ensure the CCG has information on all the formats produced.

Q. Comment: The JHOSC asked that all its comments it had made on the draft consultation document be made publicly available. In addition comments were made about correcting a spelling error in an earlier document; about reference to Public Finance Initiatives (PFI) and the narrative in the main/ summary documents. Also reference to Healthwatch testing and the Consultation Institute input / feedback and increase in narrative, but some vagueness in clarity, citing an example of “community services” – this needed expanding on.

A. The CCG responded that the Consultation Institute had provided them with Support, advice and commentary and this had all been taken into account. In term so the questionnaire in the draft consultation document, the CCG said they would take further advice from the Consultation Institute as to whether this questionnaire should be include separately or not from the main document

Matt Walsh added that in response to Clinical Senate report, this had been included in the initial business case. In relation to the query re PFI, he mentioned that there was a reference to PFI in the “options” section of the document.

Q. A Member mentioned the questionnaire questions and felt some of the clinical care themed questions were a little repetitive in nature. Is there anything we’ve missed in the questions proposed? And how will you receive and track information?

A. The rationale behind the questions came from the pre-consultation engagement work. In the drop down boxes for responses (electronically), we will be looking at analysing key words/themes.

Q. A Member enquired whether the CCG had thought of including a “QRC” code reader on the consultation document?

A. The CCG had responded they hadn't at this time, but look into this suggestion.

Q. A Member enquired how the CCG could ensure that the questionnaire returned were only filled in once by a respondent (i.e. to ensure one person did not send multiple responses to the consultation).

A. The CCG responded that they did not have any formal systems in place that would make them aware of the details of individual respondents to the formal questionnaire.

Q. Comment: A Member enquired about the "average travel times" for journeys quoted in the draft consultation document and would like examples of the "furthest travel times" including as well.

Q. A Member enquired about the matter of the Trauma Unit currently based at Huddersfield Royal Infirmary (HRI) – is information currently included in the draft consultation document relating to this?

A. The CCG responded that the Trauma unit would be based in the emergency care centre, and we need to reconsider how we frame this information in the urgent care section of the document.

Q. A Member enquired about the Royal Colleges and compliance regulations and if the Trust were not able to meet compliances, does it affect the insurances you have to pay / recruitment?

A. The CCG responded that insurance issues were undertaken by the providers, not the commissioners and that issue needed to be picked up in the Finance section. They also added that if any organisation did not meet compliance, the Regulator would act and services would end up moving from one provider to another. They also talked about the recruitment and retention issues for fantastic practitioners.

Q. A Member enquired about the section on the questionnaire for respondents to include their postcode on. It was currently on the equality impact section of the form and it was requested that it be also included on the front page of the actual questionnaire in order to capture as many postcode responses as possible.

A. The CCG agreed to look into this request.

Q JHOSC members commented on the Planned Care and travelling section and felt that the times quoted need to be more specific and also referenced the section on Emergency and Acute care and the need for more focus to be given on clinical outcomes. They also mentioned the summary version and questionnaire and acknowledged that some people would not want to or read the full length consultation document. A question was asked about how further information requested by respondents could be conveyed?

A. In response, the CCG intended to produce a (Frequently Asked Questions) FAQ section through its website to provide further information.

Q. A Member enquired about the sections of the document that referred vaguely to areas such as “South Huddersfield” or “South Halifax” and requested that this be expanded to refer to locality place names in such areas etc.

A. The CCG responded that this point had been picked up

Rory Deighton, Director at Healthwatch, Kirklees attended the meeting. Healthwatch had trialled the proposed questionnaire and welcomed the introduction of an easy read version. The key concern they had with the questionnaire going forward was they wanted to ensure all the questions asked were as open as possible. Healthwatch had also commented on the issue surrounding public transport and travel times and the potential impact this may have on the most vulnerable persons in the community.

Q. A Member enquired about the district becoming a pilot site for a new model of care called Vanguard which would provide a valuable opportunity for the CCG, the Council and Local GP’s and other providers of health and social care to develop new and innovative ways of providing services. Reference was made to the roll-out of the Calderdale Vanguard in the Upper Calder Valley and that in Kirklees, that greater Huddersfield CCG had appointed Locala Community Partnership to be the lead provider for care closer to Home services.

A. The CCG responded to Joint Committee questions about Care Closer to Home and community services and added they wanted to get a view about these services, adding that many of these services do not need to be delivered through hospital sites.

Q. A Member enquired about the 111 telephone service in our area, adding that some people had concerns about this service?

A In response, the CCG mentioned that the 111 service was commissioned and it had its strongpoints and challenges. They added that the effectiveness of the service was being looked at by a completely separate review.

Q. A Member enquired when the CCG was going to provide the JHOSC with a formal notification for a date when the consultation would start?

A. The CCG said they would be taking away the further responses received from the JHOSC and it was anticipated that a letter would be dispatched in the next couple of days.

Q. A Member enquired how long the consultation period would be?

A. The CCG responded that it was anticipated the consultation period would be for a period of 14 weeks. In addition, they were looking at holding a schedule of public meetings, primarily early evenings at venues that could

accommodate 200+ attendees. A couple more meetings would be held on Saturdays.

Q. Another member briefly commented on the forthcoming local elections and whether the purdah period would have an impact on the consultation timetable.

4. Committee Work Programme and Future activity

Councillor M James (Committee Joint Chair) presented a report which outlined proposed future meeting dates and other activities and mentioned this item afforded Committee members to agree any further activity they may wish to undertake.

He also stressed the document was draft and dates and items could change dependent on the timing of the consultation period.

It was agreed that the Committee Work Programme and Future Activity, as now submitted be noted.

KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC			
DECLARATION OF INTERESTS			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



Name of meeting: Calderdale and Kirklees Joint Health Scrutiny Committee

Date: 22 March 2016

Title of report: Clinical Senate Review of the Future Model of Hospital Services and NHS England Assurance Process.

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	No
Date signed off by <u>Director</u> & name Is it signed off by the Director of Resources? Is it signed off by the Acting Assistant Director - Legal & Governance?	No – The report has been produced to provide the context to the Committee discussions with the Clinical Senate, NHS England, Calderdale and Greater Huddersfield CCG's and other key health stakeholders.
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Purpose of report

1.1 To provide members of the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) with the context to the discussions with the Clinical Senate, NHS England, Calderdale and Greater Huddersfield Clinical Commissioning Groups and other key health stakeholders on the proposals for the future provision of hospital services in Calderdale and Greater Huddersfield.

2. Key Points

2.1 Clinical Senates are independent non statutory bodies hosted by NHS England. Clinical Senate reviews are designed to ensure that proposals for large scale change and reconfiguration of health services are sound

and evidence based, in the best interests of patients and will improve the quality, safety and sustainability of care.

- 2.2 Calderdale CCG and Greater Huddersfield CCG have engaged with the Yorkshire and Humber Clinical Senate and asked them to consider the work they have developed on hospital standards and to provide an assessment of the proposed future model of care for hospital services in Calderdale and Greater Huddersfield.
 - 2.3 The Clinical Senate has undertaken a review of the proposals and its findings have been published in the report '*Clinical Senate Review of the Future Model of Hospital Services for Calderdale and Greater Huddersfield CCG's*' which is included as appendix C in the Right Care, Right Time, Right Place Pre-Consultation Business Case (PCBC).
 - 2.4 Professor Chris Welsh, Senate Chair will be in attendance to provide an overview of the Clinical Senates review of the proposals and outline its position on the CCG's future model of care for hospital services.
 - 2.5 All health service change proposals are expected to comply with the Department of Health's four tests for service change which are:
 - Strong public and patient engagement;
 - Consistency with current and prospective need for patient choice;
 - A clear clinical evidence base; and
 - Support for proposals from Clinical commissioners.
 - 2.6 For significant service changes, NHS England operates an assurance process where they provide support and guidance to Commissioners so that they can demonstrate compliance with the four tests and other best practice checks. The assurance process concludes with an assurance checkpoint at which time NHS England provide a recommendation regarding whether Commissioners are ready to proceed to consultation.
 - 2.7 NHS England has confirmed that it is assured that the CCG's have met the 4 key tests, and that the CCG's are in a position to commence a consultation exercise on the future model of service delivery as outlined in the PCBC.
 - 2.8 NHS England will be in attendance to outline its role in the assurance process; to explain on what basis it has approved that the proposals move forward to consultation; its view on the sustainability of the proposals; and how the proposals link to the national context of transforming urgent and emergency care services in England.
3. **Implications for the Council**
This is a report for information.
 4. **Consultees and their opinions**
Not applicable

- 5. Next steps**
That the JHSC takes account of the information presented and considers the next steps it wishes to take.
- 6. Officer recommendations and reasons**
That the JHSC considers the information provided and determines if any further information or action is required.
- 7. Cabinet portfolio holder recommendation**
Not applicable
- 8. Contact officer and relevant papers**
Richard Dunne, Principal Governance & Democratic Engagement Officer, Tel: 01484 221000 E-mail: richard.dunne@kirklees.gov.uk
- 9. Assistant Director responsible**
Julie Muscroft, Assistant Director: Legal, Governance & Monitoring

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Name of meeting: Calderdale and Kirklees Joint Health Scrutiny Committee

Date: 22 March 2016

Title of report: West Yorkshire Urgent and Emergency Care Network

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	No
<p>Date signed off by <u>Director</u> & name</p> <p>Is it signed off by the Director of Resources?</p> <p>Is it signed off by the Acting Assistant Director - Legal & Governance?</p>	No – The report has been produced to provide the context to the Committee discussions with the West Yorkshire Urgent and Emergency Care Network
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Purpose of report

- 1.1 To provide members of the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) with the context to the discussions with the West Yorkshire Urgent and Emergency Care (UEC) Network.

2. Key Points

- 2.1 A national review led by NHS England's Medical Director Sir Bruce Keogh in 2013 into emergency services recommended that the NHS made changes to the way in which services are offered to people with urgent health needs in primary care, in community settings and in hospitals.

- 2.2 One result of the review was the creation of 24 Urgent and Emergency Care Networks in England, charged with progressing recommendations of the Keogh review, including one in West Yorkshire.
- 2.3 Representatives from the West Yorkshire UEC Network will be in attendance to outline the development of the West Yorkshire network and provide an overview of its Vanguard programme.
- 2.4 A report produced by the West Yorkshire UEC Network that provides further information is attached.
3. **Implications for the Council**
This is a report for information.
4. **Consultees and their opinions**
Not applicable
5. **Next steps**
That the JHSC takes account of the information presented and considers the next steps it wishes to take.
6. **Officer recommendations and reasons**
That the JHSC considers the information provided and determines if any further information or action is required.
7. **Cabinet portfolio holder recommendation**
Not applicable
8. **Contact officer and relevant papers**
Richard Dunne, Principal Governance & Democratic Engagement Officer, Tel: 01484 221000 E-mail: richard.dunne@kirklees.gov.uk
9. **Assistant Director responsible**
Julie Muscroft, Assistant Director: Legal, Governance & Monitoring

WEST YORKSHIRE URGENT AND EMERGENCY CARE NETWORK

Briefing paper for the Calderdale and Kirklees Joint Overview and Scrutiny Committee

Background

1. The review in 2013 into emergency services led by NHS England's Medical Director Sir Bruce Keogh – *Transforming Urgent and emergency care services in England* – recommended that the NHS make changes to the current way in which services are offered to people with urgent health needs in primary care, in community settings and in hospitals. One follow up action has been the creation of 24 Urgent and Emergency Care Networks in England, charged with progressing the recommendations of the Keogh review, including one in West Yorkshire covering Bradford, Calderdale, Kirklees, Leeds and Wakefield as well as the Craven and Harrogate districts in North Yorkshire. The West Yorkshire Urgent and Emergency Care Network was awarded Vanguard status by NHS England in 2015. This means that the West Yorkshire network is expected to develop approaches that if possible can be repeated at scale in the rest of the country. The network is composed of representatives of Clinical Commissioning Groups, NHS Trusts, NHS Foundation Trusts, local authorities, Healthwatch and other agencies such as NHS England, Health Education England and the Yorkshire and Humber Academic Health Science Network.

Keogh review

2. The Keogh Review made five overall recommendations:
 - Provide better support for people to look after their own health, supported by improved care planning and giving people better information
 - Helping people with urgent care needs to get the right advice in the right place, first time: developing the 111 service to help with this
 - Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E: general practice, pharmacies and ambulance service have a greater role to play here
 - Ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery
 - Connecting urgent and emergency care services so the overall system becomes more than just the sum of its parts.
3. This has been supplemented by a more detailed route map (a copy is annexed to this paper) that under 28 sub-headings sets out a range of actions to be delivered by NHS organisations both nationally and locally, working with their local partners.

4. The first action in the route map is the establishment of an Urgent and Emergency Care (UEC) Network. These build on the work done already by System Resilience Groups (SRGs) that bring together providers, CCGs, councils and other partners to progress work locally to improve urgent and emergency and develop services. The network's purpose is to improve the consistency and quality of UEC within the area that it covers, working with SRGs and local organisations. There will be challenges in the urgent and emergency care system that are difficult for single SRGs to address in isolation. This will include coordinating, integrating and overseeing care and setting shared objectives for the Network where there is clear advantage in achieving a common approach for delivery of efficient patient care (e.g. ambulance protocols, NHS 111 services, clinical decision support and access protocols to specialist services such as those for heart attack, stroke, major trauma, vascular surgery and critically ill children).

Development of the West Yorkshire Urgent and Emergency Care Network

5. Since 2013 the 11 CCGs in West Yorkshire and Harrogate have been working together under the banner of "Healthy Futures" on issues such as urgent care, cancer, stroke and paediatric services. In 2014 an Urgent and Emergency Care Network was formed in response to the Keogh review and it started work, including commissioning a report from the York Health Economics Consortium of the current provision of emergency services. In 2015 with the announcement of the New Models of Care, or Vanguard, programme in support of the NHS *Five Year Forward View* the Network made a successful bid for Vanguard status.
6. The network was at that time recast with a Leadership Team created with representation from the NHS and local government as well as Healthwatch and external organisations. The current membership of the network's leadership team is annexed to this paper.
7. In addition to the Leadership Team the network comprises a Clinical Forum, a regular meeting of the five SRG chairs, the Vanguard programme and meetings of the wider network. 35 organisations are currently invited to be members of the network with people from those organisations involved in the work streams of the vanguard programme or the meetings of the wider network on specific topics.
8. As a requirement of its Vanguard status the Network has developed a "Value Proposition" for NHS England which is the business case to seek a share of the development funding available for Vanguards and also doubles as the delivery plan for 2016/17 for the Network.

Programme for the Urgent and Emergency Care Network Vanguard for 2016/17

9. The Network's Vanguard programme has four work streams:
 - Primary care

- Hear, See and Treat (ambulance services, 111 services and treatment outside of hospital)
- Mental Health
- Acute care

10. These are supported by six enablers:

- System leadership
- New payment models
- West Yorkshire Care Record
- Workforces
- Intelligence for setting priorities
- Engagement and consultation

11. In 2016/17 the proposed deliverables within the Vanguard programme, which are subject to the outcome of NHS England’s consideration of the Value Proposition, are set out in the following table. The ability of the Vanguard programme to progress all of these issues within 2016/17 will be dependent on the funding that is provided to it.

Work stream	Deliverables in 20016/17
Primary Care	<p>Create, implement and pilot a potential new care model for roll out across West Yorkshire (including evaluation of existing models)</p> <p>Direct booking in and out of hours</p> <p>Triage for urgent appointments</p> <p>Wider use of community pharmacy for meeting urgent request for repeat medicines, across 44 pharmacies</p>
Hear, See, Treat	<p>Clinical Advisory Service (CAS) to ensure patients in need can access specialist clinical advice</p> <p>111/999 Integration single triage process</p> <p>To set up and implement a Mobile Directory of Service available for staff</p>
Mental Health	<p>Develop a Shared Outcomes Framework across West Yorkshire to minimise the distress and disruption caused to vulnerable people with mental health problems</p> <p>Develop a single operating model approach across providers</p> <p>Stocktake of crisis management services for</p>

	<p>Children and Young People in crisis</p> <p>Reduce S136 detentions</p> <p>Eliminate out of area placements</p>
Acute care	<p>Establish a collaborative arrangement for imaging services</p> <p>Develop a Shared Outcomes Model across West Yorkshire to standardise the approach to navigate urgent and emergency care</p> <p>Clinical Reference Group to develop proposal for models of care</p>
Engagement	Engagement with patients and staff on development of proposals for new models of care
Workforce	<p>Workforce analysis of staff in West Yorkshire</p> <p>Memorandum of Understanding between organisations to enable staff movement and reduce competition for staff</p>
Care Record	Engagement with the implementation and roll out of the West Yorkshire Care record
Intelligence	<p>Working across the system to enable seamlessness in patient pathways, through baseline of all UEC activity in West Yorkshire, including patient flows</p> <p>Economic modelling for demand and capacity assessment</p>
System Leadership	Establish a network approach to delivering urgent and emergency care across West Yorkshire including leadership and full staff engagement
New payment models	Agree approach to new payment models for UEC for testing during 2016/17

12. In addition to the work in the Vanguard programme the West Yorkshire Urgent and Emergency Care Network will be expected to make progress by 2017 on specific tasks within the route map:

- define consistent pathways for urgent care with equitable access identified (linked to the work of the acute care work stream of the Vanguard programme)
- ensuring that local care centres are consistently called Urgent Care Centres and offer a consistent service against national standards

- designation of network urgent and emergency care facilities against national standards supported by consistent care pathways
- progressing the development of seven day services in hospitals to achieve national standards

Connection to local reconfiguration proposals

13. The Network has been developing as a collaborative between 35 organisations, including in the work to progress its Vanguard programme and it is currently agreeing the approach to the designation of services. All local NHS organisations are participants in the West Yorkshire Urgent and Emergency Care Network and within local systems there is work in hand to develop proposals for changes to services, including urgent and emergency care. As the Network develops its approach to the designation of services it will need to take account of local developments.
14. The pace of the development of Urgent Care Centres is not uniform across the country although their development will be informed by national standards, which are currently being finalised. Draft versions of the standards have been shared previously by NHS England. The Network will work with local systems to help progress the development of Urgent Care Centres and the designation of emergency centres against national standards.
15. With regard to the specific proposals currently being consulted upon in Calderdale and Greater Huddersfield the network will be developing a formal response to the proposal and a central feature of this will be a considered view on how the proposals reflect the emerging national standards for Urgent Care Centres and Emergency Care Centres as well as how they contribute to the development of a networked approach to the delivery of urgent and emergency care across West Yorkshire. Senior representatives from the WYUEC Network will be able to attend the April 2016 meeting of the Joint Overview and Scrutiny Committee to give a further update.

Conclusion

16. The West Yorkshire Urgent and Emergency Care Network will continue to provide briefings and updates to Overview and Scrutiny Committees and respond to requests to comment with any consultation exercises undertaken within West Yorkshire.

14 March 2016

Annex – West Yorkshire Urgent and Emergency Care Network Vanguard Leadership Team

Team role	Name	Title	Organisation
Network and Vanguard programme chair	Chris Dowse (until 31.3.2016)	Chief Officer	North Kirklees CCG
	Dr Adam Sheppard (from 1.4.2016)	Assistant Clinical Chair	Wakefield CCG
Clinical lead/SRG chair/ Primary care work stream	Dr Andrew Withers	Chair	Bradford Districts CCG
SRG chair/Hear See and Treat workstream	Dr Adam Sheppard	Assistant Clinical Chair	Wakefield CCG
Executive Lead/ SRG chair/Workforce enabler	Nigel Gray	Chief Officer	Leeds North CCG
Executive Lead/ Hear See and Treat work stream	Jo Webster	Chief Officer	Wakefield CCG
SRG chair	Amanda Bloor	Chief Officer	Harrogate and Rural District CCG
Primary care work stream/SRG representative	Carol McKenna	Chief Officer	Greater Huddersfield CCG
Mental Health Trusts/Mental Health work stream	Simon Large	Chief Executive	Bradford District Care Trust NHSFT
Acute Trusts	Dr Clive Kay	Chief Executive	Bradford Teaching Hospitals NHSFT
Acute Trusts	Julian Hartley	Chief Executive	Leeds Teaching Hospitals NHS Trust
Ambulance Trust/111 provider	Rod Barnes	Chief Executive	Yorkshire Ambulance Service NHS trust
Hear See and Treat enabler	Dr Philip Foster	Associate Medical Director	Yorkshire Ambulance Service NHS trust
Local authority representative	Merran McRae	Chief Executive	Calderdale Council
Finance Director/New Payment Models enabler	Martin Wright	Chief Finance Officer	Leeds North CCG
Public representative/ Engagement enabler	Rory Deighton	Chief Officer	Kirklees Healthwatch
Academic Health Science Network/Intelligence enabler	Dawn Lawson	Chief Operating Officer	Yorkshire and Humber Academic Health Science Network
West Yorkshire Association of Acute Trusts/Acute work stream	Robert Harrison	Chief Operating Officer	Harrogate and District NHSFT
West Yorkshire Association of Acute Trusts/Acute work stream	Stacey Hunter	Director of Operations	Airedale NHSFT
Informatics Director/Care Record enabler	Alastair Cartwright	Director of Informatics	Leeds CCGs

Supported by: Colin McIlwain (interim Network Director) and Eric Davies (Vanguard Programme Director)

Urgent and Emergency Care Route Map (1)

1	System Architecture	Deliverable	Supporting product publication	Timescale for implementation
	Establishing U&EC Networks	<ul style="list-style-type: none"> Principles of governance to support membership structure and ToRs Stocktake of U&EC services by networks. Support for overarching network U&EC plan agreed with regions; Networks to develop plans. Networks to define consistent pathways for urgent care with equitable access 	<ul style="list-style-type: none"> Safer Faster Better published 	<ul style="list-style-type: none"> August 2015 Nov 2015 Jan 2016 Dec 2016
	Identifying and piloting system wide outcome metrics	<ul style="list-style-type: none"> Development of a single framework for measuring and reporting on system outcomes (nationally, with local trial) Toolkit to support measurement 	<ul style="list-style-type: none"> 2016 2016 	<ul style="list-style-type: none"> 2017
	Develop a new payment system	<ul style="list-style-type: none"> Local payment model for pilot sites, taking into account mental health outcomes (Monitor) Roll-out of shadow testing model in pilot areas / vanguards Implementation nationally 	<ul style="list-style-type: none"> August 2015 – Local payment example produced by Monitor Sites to be confirmed as part of vanguards 	<ul style="list-style-type: none"> April 2016 April 2018
	Enhanced summary care record	<ul style="list-style-type: none"> Urgent and emergency care services to have greater electronic access to records including summary care record, end of life care records, special patient notes and mental health crisis plans (including patient held plans) 		<ul style="list-style-type: none"> June 2016
	Workforce	<ul style="list-style-type: none"> Underpinning work programme with Health Education England 		<ul style="list-style-type: none"> Ongoing
Accessing the UEC system				
2	Accessing the UEC System	<ul style="list-style-type: none"> Align or novate existing NHS111 and OOH contracts to deliver a more functionally integrated Urgent Care Access, Treatment and Clinical Advice Service model or plan for migration to full integration when contracts allow New NHS 111 commissioning standards published nationally Guidance on the establishment of clinical hubs (within standards) Guidance on specialist advice (within standards) Clinical triage of green ambulance calls established (within standards) Development of Access to Service Information (next generation of the DoS) for timely access to service information and the technical links with ERS to support booking across the urgent care system.. Deliver the Clinical Triage Platform (next generation of clinical decision support) to reflect an integrated urgent care system NHS 111 online platform integrated into NHS Choices, with a clear expectation of digital first 	<ul style="list-style-type: none"> Oct 2015 Oct 2015 Oct 2015 Oct 2015 OBC March 2016 OBC March 2016 OBC March 2016 	<ul style="list-style-type: none"> Nov 2015 TBD in local plans TBD in local plans TBD in local plans June 2018 June 2018 December 2016

Urgent and Emergency Care Route Map (2)

3	UEC Centres	Deliverable	Supporting product publication	Timescale for delivery
	Direct booking from 111 to urgent care centres	<ul style="list-style-type: none"> SRG to drive adoption of and greater provision of direct appointment booking into UCC, ED and primary care. National support, local delivery 		<ul style="list-style-type: none"> Ongoing
	Local Directory of Services (DoS)	<ul style="list-style-type: none"> Networks / SRGs to ensure maintenance of local DoS 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Ongoing
	Ensure UCCs provide a consistent service	<ul style="list-style-type: none"> Specification to support move to ensure local care centres are consistently called Urgent Care Centres and offer consistent service 	<ul style="list-style-type: none"> Q4 2015/16 – Spec for UCC and Emergency Centres 	<ul style="list-style-type: none"> 2016 – 2020 in line with local plans
4	Paramedic at Home			
	More patients more appropriately dealt with at home by paramedics	<ul style="list-style-type: none"> Clinical models to support increase in proportion of calls to 999 dealt with via 'see and treat' Referral pathways set between paramedics and other providers 	<ul style="list-style-type: none"> Guidance on clinical models – Q3 2015 /16 Guidance on referral pathways –Q3 2015 /16 	<ul style="list-style-type: none"> In line with local implementation plans
	Ensure a clinically appropriate response by ambulance services to 999	<ul style="list-style-type: none"> Ambulance dispatch on disposition evaluated and national standards reviewed Implementation of recommendations 	<ul style="list-style-type: none"> Final recommendations by Autumn 2016 	<ul style="list-style-type: none"> Autumn 16 – Spring 17
5	Emergency Centres and Specialist Services			
	Analytical activity	<ul style="list-style-type: none"> Analysis of non-elective activity and capacity 	<ul style="list-style-type: none"> Capacity and demand tool Aug-Dec 2015 	<ul style="list-style-type: none"> Aug- Dec 2015
	Hospitals providing 7 day services across ten identified specialties	<ul style="list-style-type: none"> Compliant with 7DS clinical standards as per NHS Standard Contract All urgent network specialist services compliant with four mortality clinical standards on every day of the week 	<ul style="list-style-type: none"> Standard Contract 	<ul style="list-style-type: none"> Ongoing
	Discharge from hospital	<ul style="list-style-type: none"> DTOC plans submitted Support packages for CCGs and SRGs 	<ul style="list-style-type: none"> 7DS standards to include discharge planning and consultant review of patients. 	<ul style="list-style-type: none"> 2017
	Ensure patients are treated in the right networked facilities	<ul style="list-style-type: none"> Facility specifications and advice to support designation of network facilities and definition of consistent care pathways 	<ul style="list-style-type: none"> Q4 2015/16 – Spec for UCC and Emergency Centres 	<ul style="list-style-type: none"> 2017

Urgent and Emergency Care Route Map (3)

6	Mental Health Crisis	Deliverable	Supporting product publication	Timescale for delivery
	An access and waiting time standard will be introduced for 24/7 crisis assessment	<ul style="list-style-type: none"> Access and waiting time standard for 24/7 crisis assessment response (community based) Improving access to health-based places of safety following Section 136 	<ul style="list-style-type: none"> Introduced 16/17 Prepared in 15/16 	<ul style="list-style-type: none"> 2017/18 implementation 16/17 introduction
	An access/ waiting time standard will be introduced for liaison mental health services in A&E	<ul style="list-style-type: none"> Access and waiting time standard for assessment by liaison mental health services in A&E (as per 7DS standard) 	<ul style="list-style-type: none"> Introduced 16/17 	<ul style="list-style-type: none"> 2017/18 implementation
	An assessment standard for those with Mental Health needs	<ul style="list-style-type: none"> A next generation clinical assessment system specifically designed to support mental health needs and crisis. This will cover Multi – channel access; i.e. voice, face to face/ telephone and online. 	<ul style="list-style-type: none"> Prepared in 16/17 	<ul style="list-style-type: none"> 2017/18 implementation
7	Supporting Self Care			
	Personalised care and support planning	<ul style="list-style-type: none"> People who are most at risk of needing emergency care, including mental health crisis care, will have the option of a person centred care and support plan 	<ul style="list-style-type: none"> Guidance published January 2015 	<ul style="list-style-type: none"> 2017
	Support for self-management	<ul style="list-style-type: none"> Supported self-management guide published with Age UK based on 11 principal risk factors associated with functional decline in older people living at home Consensus statement and practical guidance to support commissioners and Fire and Rescue Services to use the 670k home visits carried out annually by the FRS to keep people 'safe and well' Tools to support implementation of key approaches, including self-management education and peer support e.g. commissioning tool / economic model underpinned by a clear evidence base A series of innovative tools / training packages to support culture change for health and care professionals An overview and assessment of the levers, barriers and enablers of person-centred care – and a set of recommendations for the future 	<ul style="list-style-type: none"> Published January 2015. Revision in October 2015 October 2015 Beta versions from Spring 2016 Final products to be developed nationally Autumn 2016 	<ul style="list-style-type: none"> 2015/16 publication. 2016/17 integration within frailty pathway approach Implementation support from 2015/16 Implementation in line with local plans 2016 / 2017
	Personalised Health Budgets	<ul style="list-style-type: none"> CCGs are developing their local personal health budgets offer and will be introducing PHBs beyond NHS continuing healthcare in line with the 2015/16 planning guidance. 	<ul style="list-style-type: none"> National roll out from April 2015 	<ul style="list-style-type: none"> Implementation in line with local plans 2017

Urgent and Emergency Care Route Map (4)

8	Independent Care Sector	Deliverable	Supporting product publication	Timescale for delivery
	Local Commissioning Practice	<ul style="list-style-type: none"> Guidance to CCGs and LAs on working with the ICS, including encouraging joint winter and future capacity planning Clarification guidance to be made available on Continuing Healthcare processes – within Quick Guide: Improving Hospital Discharge Guidance for acute trusts on how to support self-funders (choice protocols) 	<ul style="list-style-type: none"> Guidance published Q3 2015/16 Guidance published Q3 2015/16 Guidance published Q3 2015/16 	<ul style="list-style-type: none"> Q3 – Q4 2015/16 Q3 – Q4 2015/16 Q3 – Q4 2015/16
	Better use of care homes	<ul style="list-style-type: none"> Guidance for best practice clinical input required for care homes: <ul style="list-style-type: none"> Quick Guide: Clinical input into care homes Phase II – long term models including cost benefit analysis Quick Guide: Identifying local care home placements Quick Guide: Technology in care homes 	Guidance published: <ul style="list-style-type: none"> Q3 2015/16 2016/17 Guidance published Q3 2015/16 	<ul style="list-style-type: none"> Q3 2015/16 – Q4 2016/17 Q3 – 2015/16
	Improving Hospital Discharge	<ul style="list-style-type: none"> Quick Guide: Improving Hospital Discharge to the care sector Quick Guide: Sharing Patient Information 	<ul style="list-style-type: none"> Q3 2015/16 	<ul style="list-style-type: none"> Q3 2015/16
	Better use of care at home	<ul style="list-style-type: none"> Quick Guide: Better use of care at home 	<ul style="list-style-type: none"> Guidance published Q3 2015/16 	<ul style="list-style-type: none"> Q3 – Q4 2015/16
9	Primary Care			
	Improved access to primary care	<ul style="list-style-type: none"> 18 million people will have access to weekend and weekday appointments, and/or different modes of accessing general practice Routine access to GP appointments at evenings and weekends 	<ul style="list-style-type: none"> Phase 2 PMCF Primary Care Infrastructure Fund 	<ul style="list-style-type: none"> March 2016 2020
	Increased role for pharmacy in urgent care	<ul style="list-style-type: none"> Pharmacy access to Summary Care Record Seasonal Influenza Vaccination Advanced Service for community pharmacy Quick Guide: Extending the role of Community Pharmacy in UEC 	<ul style="list-style-type: none"> Refreshed guidance Autumn 2015 Q3 2015/16 	<ul style="list-style-type: none"> Autumn 2015-17 Autumn 2015 Q3 – 2015/16
	Improving oral and dental health	<ul style="list-style-type: none"> Quick Guide: Best use of unscheduled dental care services 	<ul style="list-style-type: none"> Guidance published Q3 2015/16 	<ul style="list-style-type: none"> Q3 – 2015/16

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Name of meeting: Calderdale and Kirklees Joint Health Scrutiny Committee

Date: 22 March 2016

Title of report: Yorkshire Ambulance Service (YAS) and NHS 111 Service

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	No
<p>Date signed off by <u>Director</u> & name</p> <p>Is it signed off by the Director of Resources?</p> <p>Is it signed off by the Acting Assistant Director - Legal & Governance?</p>	No – The report has been produced to provide the context to the Committee discussions with the Yorkshire Ambulance Service and NHS 111 Service.
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Purpose of report

- 1.1 To provide members of the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) with the context to the discussions with YAS and NHS 111 Service.

2. Key Points

- 2.1 YAS will play a key role in the new proposed future model of care in Calderdale and Greater Huddersfield with an emphasis on assisting in the direction of patients to the most appropriate place of care to meet their needs.
- 2.2 This element of work that will be undertaken by YAS will include establishing protocols with the CCG's which enable YAS to make

decisions on which services will be the most appropriate to direct patients to.

- 2.3 In addition where patients present themselves at a local site with an emergency or specialist emergency care need CCG's will work with YAS to develop local protocols on intra-site transfers.
- 2.4 The new arrangements for urgent care will involve an increased reliance on the NHS 111 service. There will be a focus on encouraging people to contact NHS 111 so that they can receive medical help and advice and be signposted to the right service to meet their needs.
- 2.5 CCG's have outlined a number of objectives that will need to be achieved in order to ensure that the new arrangements can be successfully implemented that include:
 - To Help people understand when it is appropriate to call for an ambulance;
 - To undertake more work with NHS 111 and the public so that people can be signposted to the best place of care;
 - To ensure that if people do present themselves at an Urgent Care Centre (UCC) with problems that require specialist care, that staff in the UCC have the necessary skills to stabilise the person and prepare them for transfer.
- 2.6 Representatives from YAS and NHS 111 will be in attendance to provide an overview of the role that they will play in the new model of care for hospital services and outline how the NHS 111 service will be developed to support the urgent and emergency care services.

3. Implications for the Council

This is a report for information.

4. Consultees and their opinions

Not applicable

5. Next steps

That the JHSC takes account of the information presented and considers the next steps it wishes to take.

6. Officer recommendations and reasons

That the JHSC considers the information provided and determines if any further information or action is required.

7. Cabinet portfolio holder recommendation

Not applicable

8. Contact officer and relevant papers

Richard Dunne, Principal Governance & Democratic Engagement Officer, Tel: 01484 221000 E-mail: richard.dunne@kirklees.gov.uk

9. Assistant Director responsible

Julie Muscroft, Assistant Director: Legal, Governance & Monitoring



Name of meeting: Calderdale and Kirklees Joint Health Scrutiny Committee

Date: 22 March 2016

Title of report: Urgent Care; Emergency and Specialist Care; and Intensive Care Unit

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	No
Date signed off by <u>Director</u> & name Is it signed off by the Director of Resources? Is it signed off by the Acting Assistant Director - Legal & Governance?	No – The report has been produced to provide the context to the Committee discussions with Calderdale and Greater Huddersfield CCG's, Calderdale and Huddersfield NHS Foundation Trust and other key health stakeholders.
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Purpose of report

1.1 To provide members of the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) with the context to the discussions with Calderdale and Greater Huddersfield Clinical Commissioning Groups, Calderdale and Huddersfield NHS Foundation Trust and other key health stakeholders on the new service models Urgent Care and Emergency and Specialist Care and proposed changes to the Intensive Care Unit.

2. Key Points

- 2.1 Calderdale and Greater Huddersfield CCG's have published a Pre-Consultation Business Case (PCBC) that outlines the case for transforming health services in Calderdale and Greater Huddersfield.
- 2.2 Included in the PCBC is a description of the in-hospital future model and an outline of the services that are included in the scope of the In Hospital Services Programme.
- 2.3 The future model of care for hospital services includes a proposal to develop Urgent Care Centres on both hospital sites in Huddersfield and Calderdale which will be open 24/7 to provide services for patients with non-life threatening illnesses and injuries.
- 2.4 For patients that have more serious or life threatening conditions the future model of care proposes a single unified Emergency Care Centre located at the Calderdale site that will provide Emergency/Acute medicine and Accident and Emergency Services.
- 2.5 Representatives from both CCG's and Calderdale and Huddersfield NHS Foundation Trust will be in attendance to provide a detailed explanation of the new service models for Urgent Care and Emergency and Specialist Emergency Care and to outline planned changes to the Intensive Care Unit facilities.
- 3. Implications for the Council**
This is a report for information.
- 4. Consultees and their opinions**
Not applicable
- 5. Next steps**
That the JHSC takes account of the information presented and considers the next steps it wishes to take.
- 6. Officer recommendations and reasons**
That the JHSC considers the information provided and determines if any further information or action is required.
- 7. Cabinet portfolio holder recommendation**
Not applicable
- 8. Contact officer and relevant papers**
Richard Dunne, Principal Governance & Democratic Engagement Officer, Tel: 01484 221000 E-mail: richard.dunne@kirklees.gov.uk
- 9. Assistant Director responsible**
Julie Muscroft, Assistant Director: Legal, Governance & Monitoring