



West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

DRAFT Minutes of the meeting held in public on Tuesday 6th July 2021

Held virtually by Microsoft Teams

Members	Initials	Role and organisation
Marie Burnham	MB	Independent Lay Chair
Ruby Bhatti	RB	Lay member
Stephen Hardy	SH	Lay member
John Mallalieu	JM	Lay member
Dr James Thomas	JT	Chair, NHS Bradford District and Craven CCG
Helen Hirst	HH	Chief Officer, Bradford District and Craven CCG
Dr Steven Cleasby	SC	Chair, NHS Calderdale CCG
Neil Smurthwaite	NS	Chief Operating Officer, NHS Calderdale CCG (deputy for Robin Tuddenham)
Dr Khalid Naeem	KN	Chair, NHS Kirklees CCG
Carol McKenna	CMc	Chief Officer, NHS Kirklees CCG
Dr Jason Broch	JB	Chair, NHS Leeds CCG
Tim Ryley	TR	Chief Officer, NHS Leeds CCG
Dr Adam Sheppard	AS	Chair, NHS Wakefield CCG
Jo Webster	JW	Chief Officer, NHS Wakefield CCG
Apologies		
Robin Tuddenham	RT	Chief Officer, NHS Calderdale CCG
In attendance		
Esther Ashman	EA	Programme Director, Commissioning Futures
Karen Coleman	KC	Communications and Engagement Lead
Stephen Gregg	SG	Governance Lead, Joint Committee of CCGs (minutes)
Sarah Halstead	SH	Specialised Commissioning, NHS England
Ian Holmes	IH	Director, WY&H HCP
Anthony Kealy	AKe	Locality Director WY&H, NHS England & NHS Improvement
Catherine Thompson	CT	Director, Planned Care Programme.
Jonathan Webb	JWb	Director of Finance lead, WY&H HCP
Rob Webster	RW	Chief Executive Lead, WY&H HCP

Item No.		Action
21/21	Welcome, introductions and apologies	
	The Chair welcomed everyone to the meeting. Apologies were noted.	

22/21	Declarations of Interest	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. None were declared.	
23/21	Questions and deputations	
	The Chair advised that as the meeting was being held virtually, members of the public were able to watch the livestream of the meeting and had been invited to send questions in advance. None had been received:	
24/21	Minutes of the meeting in public – 6th April 2021	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 6 th April 2021.	
25/21	Actions and matters arising – 6th April 2021	
	SG presented an updated the action log. CT noted that NICE guidance on the use of flash glucose monitoring had changed and recommended that action 40/19 be closed.	
	The Joint Committee: Noted the action log and agreed that action 40/19 be closed.	
26/21	Evidence-based interventions – List 2	
	<p>Catherine Thompson (CT) presented a report on the NHS England and Improvement (NHS E/I) Evidence Based Interventions programme.</p> <p>In collaboration with the Academy of Medical Royal Colleges, NHSE/I had developed a list of 31 treatments and procedures which should not be routinely commissioned/provided. Impact assessments had identified the need to adjust the guidance to meet the needs of highrisk groups linked to age, gender and race. The guidance supported but did not replace clinical decision making. It aimed to ensure that people were offered the most appropriate treatment for them and were not subject to unnecessary or ineffective procedures. The proposals would be implemented alongside plans for elective care recovery.</p> <p>In response to a question from SH, CT and JW advised that as national consultation and engagement had been undertaken on the proposals and had include patient voice, no further local consultation had been carried out. CT emphasised that the interventions were not being withdrawn. The aim was to apply evidence-based criteria to ensure that that they would only be offered to people who would benefit from them.</p> <p>JT confirmed that the proposals had the full support of the Clinical Forum. The Planned Care Alliance would support places in ensuring effective implementation.</p>	
	The Joint Committee: Supported the Evidence Based Intervention guidance for adoption as commissioning policy.	

27/21	<p>All age autism assessment and diagnosis</p>	
	<p>Helen Hirst (HH) presented proposals for a collaborative, strategic approach to planning all age autism assessment and diagnosis.</p> <p>Current service levels across WY were not meeting demand, which was leading to long waits and large waiting lists. There was an opportunity to use 'one-off' funding to undertake a detailed review, understand demand better, share learning and develop a more strategic approach.</p> <p>In response to a question from JM about the impact on outcomes for people, HH said that although there might be some impact in-year, sustained progress would be unlikely until 2022/23 and beyond.</p> <p>TR noted that whilst diagnosis was important, there was a need to also focus on broader population health outcomes. He noted the one-off nature of the funding available and the need for a robust exit strategy.</p> <p>In response to a question from SC, HH confirmed that there would be a strong focus on tackling the health inequalities experienced by people with autism.</p> <p>RW highlighted the need to work with a range of partners including the voluntary, community and social enterprise sector and local authorities to ensure that supporting services were available. JW noted the benefits of collaborative working in Wakefield on this agenda,</p>	
	<p>The Joint Committee:</p> <p>a) Supported joint work on autism across West Yorkshire.</p> <p>b) Supported the proposal to use the additional resources collaboratively to make the greatest impact in the short term and establish the basis of future collaboration.</p>	
28/21	<p>White Paper and legislative change: ICS Design Framework</p>	
	<p>Rob Webster (RW) presented an update on the legislation, which was 'catching up' with how we already worked in partnership across WY&H.</p> <p>Our arrangements at place and system level provided a very strong platform. Our Memorandum of Understanding set out our principles and ways of working and our five year plan and ten big ambitions ensured a strong focus on reducing health inequalities and improving health and wellbeing.</p> <p>RW highlighted the positive impact that collaborative working had had on responding to COVID, tackling health inequalities and improving outcomes. For example, the Joint Committee had led work to share learning from Bradford and establish the WY&H Healthy Hearts programme. Under the new arrangements, places would remain at the centre of planning and decision-making, with provider collaboration supporting effective delivery at both place and system level. A top priority was to ensure that CCG staff affected by the changes were well supported during the transition period.</p> <p>SH highlighted the importance of building on our strong approach to accountability and transparency. RW responded that citizen involvement and independent challenge would remain a key part of our approach at both place and system level.</p>	
	<p>The Joint Committee:</p> <p>a) Noted the update on the Health and Care White Paper.</p>	

29/21	Risk management	
	Stephen Gregg (SG) presented the significant risks to the delivery of the Joint Committee work plan. Controls, assurances and planned mitigating actions were set out for each risk. There were currently 7 risks scored at 12 or above after mitigation. 2 risks would be removed from the register after the meeting, as the risk level was now below 12.	
	The Joint Committee: Reviewed the risks to delivery of the Joint Committee workplan and noted the actions being taken to mitigate the risks.	
30/21	West Yorkshire and Harrogate Memorandum of Understanding for Collaborative Commissioning	
	Stephen Gregg (SG) presented the report. The MoU which underpins the work of the Joint Committee, had been agreed by the WY CCGs in September 2020. To ensure that the Joint Committee could continue to carry out its delegated functions, it was proposed that the MoU be extended until 31st March 2022. No material changes to the MoU or the terms of reference of the Joint Committee were proposed.	
	The Joint Committee: Recommended that CCG Accountable Officers sign off an extension of the MoU to 31st March 2022.	
	Any other business	
	There was none.	

Next Joint Committee in public – Tuesday 5 October 2021, 11am – 1pm.