West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Minutes of the meeting held in public on Tuesday 6th November 2018

Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF

Members	**Initials**	**Role and organisation**
Marie Burnham	**MB**	Independent Lay Chair
Richard Wilkinson	**RW**	Lay member
Dr Akram Khan	**AK**	Chair, Bradford City CCG
Dr James Thomas	**JT**	Chair, NHS Airedale, Wharfedale and Craven CCG
Dr Andy Withers	**AW**	Chair, NHS Bradford Districts CCG
Helen Hirst	**HH**	Chief Officer, NHS Bradford City, Bradford Districts and AWC CCGs
Dr Steven Cleasby	**SC**	Chair, NHS Calderdale CCG
Neil Smurthwaite	**NS**	Chief Finance Officer, Deputy Chief Officer, NHS Calderdale CCG (deputy for Matt Walsh)
Dr Steve Ollerton	**SO**	Chair, NHS Greater Huddersfield CCG
Carol McKenna	**CMc**	Chief Officer, NHS Greater Huddersfield CCG and North Kirklees CCG
Dr Bruce Willoughby	**BW**	Lead for Planned Care, NHS Harrogate & Rural District CCG (deputy for Dr Alistair Ingram)
Amanda Bloor	**ABl**	Chief Officer, NHS Harrogate & Rural District CCG
Dr Gordon Sinclair	**GS**	Chair, NHS Leeds CCG
Philomena Corrigan	**PC**	Chief Executive, NHS Leeds CCG
Dr David Kelly	**DK**	Chair, NHS North Kirklees CCG
Dr Phillip Earnshaw	**PE**	Chair, NHS Wakefield CCG
Jo Webster	**JW**	Chief Officer, NHS Wakefield CCG
Apologies		
Fatima Khan-Shah	**FKS**	Lay member
Dr Matt Walsh	**MW**	Chief Officer, NHS Calderdale CCG
Dr Alistair Ingram	**AI**	Chair, NHS Harrogate & Rural District CCG
In attendance		
Karen Coleman	**KC**	Communication Lead, WY&H Health and Care Partnership (HCP)
Stephen Gregg	**SG**	Governance Lead, Joint Committee of CCGs (minutes)
Matthew Groom	**MG**	Assistant Director, Specialised Commissioning, NHS England
Ian Holmes	**IH**	Director, WY&H HCP
Anthony Kealy	**AKe**	Locality Director, West Yorkshire, North Region NHS England
Bryan Machin	**BM**	Finance Director, WY&H HCP
For item 73/18 - Improving Stroke Outcomes		
Jonathan Booker	**JB**	Senior Analyst, WY&H HCP

Jacqui Crossley	**JC**	Head of Clinical Effectiveness & Governance, Yorkshire Ambulance Service
Linda Driver	**LD**	Programme Director, Stroke
Stacey Hunter	**SH**	Chief Operating Officer, Airedale NHS Foundation Trust
Professor Graham Venables	**GV**	Clinical Networks Clinical Director, Member National Stroke Clinical Leads
Ruth Wilson	**RWi**	Programme Manager, Yorkshire and Humber Academic Health Science Network.
For item 74/18 – West Yorkshire and Harrogate Healthy Hearts project		
Shane Hayward-Giles	**SHG**	Rightcare Delivery Partner

8 members of the public were also in attendance.

Item No.	Agenda Item	Action
68/18	**Welcome, introductions and apologies**	
	MB welcomed all to the meeting and reminded everyone of the role of the Joint Committee. Apologies were noted.	
69/18	**Open Forum**	
	MB said that no written questions had been received. 3 members of the public asked verbal questions. **Stroke** 1. In relation to Yorkshire & Humber Academic Health Science Network investment (AHSN) from Bayer PLC and Pfizer PLC, please explain the nature of this investment and what Bayer and Pfizer will be expecting to receive from the arrangement? How is the Conflict of Interest managed/ monitored and how might it become apparent if it is causing problems? Is this a common arrangement within the new health services and if so are there other similar arrangements with a beneficiary? 2. What is the contract with the AHSN worth, and for how long does it run? **Response**: JW advised that appropriate due diligence had been undertaken in relation to the support received from the AHSN. A more detailed written response would be provided. 3. How can you commission 'high quality' sustainable hyper acute stroke services that are 'fit for the future' for the people of WY&H, if those services do not exist? According to the map of Stroke Services in England, Pinderfields has the highest morality rate after thirty days, than any other of the hospitals in WY. Have you put in place measures to find out why that is and if so what are they? **Response**: GV advised that from time to time a number of hospitals appear as 'outliers' in national statistics. In summer 2018 the Trust had invited the National Clinical Director to review services at Pinderfields and GV had participated in the review. The review had found no systematic failures of care, but had recommended some changes. The Trust was monitoring progress.	**SG**

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	Democratic accountability in the WY&H Integrated Care System 1. What sort of democratic structures are you putting in place and what veto will those elected people have on your operation? **Response:** IH advised that a Partnership Board was being established and would meet from next year, quarterly and in public. It would include elected members and non-executives as well as executives from all partner organisations. The proposals were set out in the Partnership Memorandum of Understanding which was available on the HCP website. A weblink would be sent to the questioner. **Elective care/standardisation of commissioning policies – behavioural and cultural change** 1. What is the cost of the proposed behavioural change science work and who will deliver it? 2. Why is this work judged necessary? 3. What outcomes are expected? 4. What cultural change is planned? 5. Why is this approach needed, as opposed to making your case clearly to the public? **Response:** JT said that the aim of the approach was to make people aware of the benefits of healthier lifestyles, such as weight management and stopping smoking. Being at peak fitness would help people to get the most benefit from a care pathway and potentially avoid the need for a procedure. It was important the people were supported to make the right choices and the right decisions about their care. It was also important that clinicians and health system leaders fully understood the benefits of different approaches to care pathways. A more detailed written response would also be provided.	**SG** **JT/SG**
70/18	**Declarations of Interest**	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. There were none.	
71/18	**Minutes of the meeting in public – 4th September 2018**	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 4th September 2018.	
72/18	**Actions and matters arising – 4th September 2018**	
	The Joint Committee reviewed the action log. There were no matters arising.	
	The Joint Committee: Noted the action log.	
73/18	**Improving Stroke Outcomes**	
	Jo Webster presented the report, which was the latest in a series of updates from the Stroke Task and Finish Group which had been presented to the Committee over the last 18 months. The report brought the programme to a conclusion and summarised progress in three areas – commissioning and delivering high quality, sustainable stroke care, reducing variation and plans for the whole care pathway.	

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	JW outlined work on prevention, including detecting, diagnosing and treating people with atrial fibrillation. This could prevent 46 strokes each year and linked closely with the Healthy Hearts prevention work. Detailed research and evaluation had been undertaken on care after a stroke, which had included looking at whether national standards were being met for the number of patients admitted to Hyper Acute Stroke Units (HASUs). It was proposed that the 4 Hyper Acute Stroke Units that met the standard would be retained – at Bradford Teaching Foundation Trust, Mid Yorkshire Trust, Leeds Teaching Trust and Calderdale and Huddersfield Foundation Trust. Harrogate's HASU did not meet the standard and would not be retained. Detailed operational planning for Harrogate was being undertaken at place level. No further reconfiguration was proposed and there would be no further WY&H wide consultation. This had been supported by the WY Joint Overview and Scrutiny Committee. A common stroke pathway had been agreed. The approach was supported by clinicians, including Trust Medical Directors and letters of support had been received. Yorkshire Ambulance Service had been working to ensure sufficient capacity to support the pathway. Patient and public engagement had demonstrated that seamless discharge and effective rehabilitation after a stroke were critical. Standards of best practice had been established and it was recommended that these be implemented across WY&H. There had been extensive engagement with patients and the public and with key stakeholders. The Committee was today being asked to agree a series of recommendations. AW added that the most important legacy of the work was the learning from engagement about the need to cover the whole care pathway, including prevention. The establishment of the Clinical Network would help to meet the workforce challenge and ensure that standards were improved consistently going forward. RW thanked staff for the high quality of the report and welcomed the involvement of the workforce in developing the proposals. He emphasised the importance of effective repatriation and care at home after a stroke. In response to a question from SO about consultant cover, SH said that consolidating to 4 HASUs would increase the sustainability of the service and its resilience to workforce pressures. Staff agreed with the case for change and the Clinical Network would be important going forward. She emphasised the key role of the third sector and community workers in ensuring high quality services and the role that technology could play in the future. DK welcomed the report. He asked about key milestones and asked how progress would be monitored. JW said that the Clinical Network would play an important role. A report would be made to the System Leadership Executive Group in December 2018 to confirm the arrangements.	

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	SH added that a range of indicators, including clinical outcomes and patient experience, would be used to monitor progress. Partners in Harrogate were working on the detail of patients transitioning to Leeds and York. In response to a question from DK about the recruitment of practices to the atrial fibrillation programme, AW said that the initial focus was on 'the willing', together with those practices where the benefits to patients were greatest. There was nothing to prevent other practices from joining the programme. JW added that each place had an identified clinical lead to support improvement.	
	The Joint Committee: 1. **Approved** four hyper acute stroke units as the 'optimal' service delivery model for sustainable and 'fit for the future' hyper acute stroke care. 2. **Approved** the recommendation that all commissioners utilise the agreed hyper acute stroke service specification when commissioning hyper acute care services. 3. **Acknowledged** that local plans to take people with suspected stroke in Harrogate to a specialist hyper acute stroke service in either Leeds Teaching Hospital or York Teaching Hospital, whilst maintaining a rehabilitation service for stroke patients at Harrogate District Hospital, to which they can be transferred after receiving hyper acute stroke care in Leeds or York, will be led locally by Harrogate. 4. **Supported** there is no requirement to further engage or consult across the whole of West Yorkshire (taking into account the views of local people and the Joint Health Overview and Scrutiny Committee). 5. **Noted** the views of our key stakeholders, in line with the NHS England service change assurance process. 6. **Approved** the recommendation to re-establish a sustainable stroke clinical network across WY&H. 7. **Noted** the work underway to further improve quality and outcomes across the whole of the stroke pathway and support the aspiration to adopt a standardised 'whole pathway' stroke service specification across West Yorkshire and Harrogate as soon as possible 8. **Noted** that a paper will be presented to the System Leadership Executive Group in December 2018 outlining the areas and actions that will require further consideration by key stakeholders across the Integrated Care System, in order to ensure there is a continued focus on further improving stroke outcomes for the people of West Yorkshire and Harrogate.	
74/18	**West Yorkshire and Harrogate Healthy Hearts project**	
	Amanda Bloor (AB) presented the report. The project, aimed at reducing cardio-vascular disease, had been supported by the Clinical Forum in February and built on the stroke prevention work. A number of places across WY&H were already doing similar work, and the project provided the opportunity to improve outcomes by standardising the approach across WY&H. SO said that this was an exciting development. The formal launch of the project in September had been very successful and stakeholder engagement was strong. The next step was to disseminate and roll out the work across general practice. AW added that the project had received attention nationally and was seen as an exemplar.	

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	The Joint Committee: **Noted** the update on the West Yorkshire and Harrogate Healthy Hearts project	
75/18	**Joint Committee governance**	
	Stephen Gregg presented the report: **Public and Patient Involvement (PPI) Assurance** To strengthen arrangements for assuring patient and public involvement in the Joint Committee work plan, the Committee had agreed at its last meeting to establish a PPI Assurance Group, building on the work of the Lay Member Assurance Group. In response to comments at the last meeting, the revised terms of reference were now presented for approval. **Joint Committee risk management** The Committee reviewed the significant risks to the delivery of the STP objectives covered by the Joint Committee's work plan. Currently 5 risks were scored at 12 or above after mitigation. SO queried whether there were any risks in relation to Urgent and Emergency Care which should be reported to the Committee. PC said that most risks were managed at place level. Any relevant risks relating to WY&H work would be reported to the Committee. CMc confirmed that no risks relating to the Integrated Urgent Care procurement scored 12 or more after mitigation. **Health and Care Partnership: Management of System Risk** SG reported that at the last meeting, the Committee had sought clarity on the arrangements for managing system-wide risks. He advised that the principal forum for reporting and managing system-wide risks was the System Oversight and Assurance Group (SOAG), which had met for the first time on 16th October 2018. The SOAG will receive a quarterly high level update on all Partnership programmes. The Joint Committee would use the SOAG to escalate issues that require a system level response and cannot be managed at programme level, and the SOAG would propose system wide actions, some of which may fall on the Joint Committee.	
	The Joint Committee: 1. **Approved** the amended draft terms of reference for the Patient and Public Involvement Assurance Group. 2. **Reviewed** the risk management framework and the actions being taken to mitigate the risks identified. 3. **Noted** the arrangements for managing system-wide risks.	
76/18	**Any other business**	
	There was none.	

Next Joint Committee in public – Tuesday 8th January 2019, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.