



West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups
Minutes of the meeting held in public on Tuesday 7 May 2019

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

Members	Initials	Role and organisation
Marie Burnham	MB	Independent Lay Chair
Fatima Khan-Shah	FKS	Lay member
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, NHS Calderdale CCG (Deputy for Matt Walsh)
Dr Steve Ollerton	SO	Chair, NHS Greater Huddersfield CCG
Dr David Kelly	DK	Chair, NHS North Kirklees CCG
Carol McKenna	CMc	Chief Officer, NHS Greater Huddersfield CCG and NHS North Kirklees CCG
Dr Alistair Ingram	AI	Chair, NHS Harrogate & Rural District CCG
Amanda Bloor	ABI	Chief Officer, NHS Harrogate & Rural District CCG
Dr Gordon Sinclair	GS	Chair, NHS Leeds CCG
Tim Ryley	TR	Chief Executive, NHS Leeds CCG
Dr Phillip Earnshaw	PE	Chair, NHS Wakefield CCG
Jo Webster	JW	Chief Officer, NHS Wakefield CCG
Apologies		
Dr Matt Walsh	MW	Chief Officer, NHS Calderdale CCG
Matthew Groom	MG	Assistant Director, Specialised Commissioning, NHS England
In attendance		
Karen Coleman	KC	Communication Lead, WY&H Health and Care Partnership (HCP)
Stephen Gregg	SG	Governance Lead, Joint Committee of CCGs (minutes)
Ian Holmes	IH	Director, WY&H HCP
Anthony Kealy	AKe	Locality Director WY&H, NHS England & NHS Improvement
Dr Adam Sheppard	AS	Assistant Clinical Chair, NHS Wakefield CCG, Chair, WY&H Urgent and Emergency Care Programme Board.
Catherine Thompson	CT	Programme Director - Elective care/standardisation of commissioning policies
Jonathan Webb	JWb	Director of Finance, WY&H HCP

3 members of the public were present.

Item No.	Agenda Item	Action
25/19	Welcome, introductions and apologies	
	<p>MB welcomed the following to the meeting:</p> <ul style="list-style-type: none"> • Tim Ryley – had taken over as Chief Executive of Leeds CCG from Phil Corrigan on 1st May. On behalf of the Committee, MB thanked Phil for her contribution to the work of the Committee, in particular on Urgent and Emergency Care. • Dr Adam Sheppard – would be presenting the Urgent and Emergency Care (UEC) item as Chair of the WY&H UEC Programme Board. • Jonathan Webb – had taken over from Bryan Machin as the Partnership Finance Director. MB thanked Bryan for his contribution to the Committee. <p>MB also noted that Fatima Khan Shah and Phil Earnshaw were attending their last meeting. On behalf of the Committee, MB thanked Fatima and Phil for their contribution to its work.</p> <p>MB explained that item 31/19 on the agenda on Flash Glucose Monitoring had been withdrawn to enable full consideration by the Clinical Forum.</p>	
26/19	Open Forum	
	<p>MB advised that no written questions had been submitted before the meeting and asked members of the public present if they had any verbal questions.</p> <p>There was one question relating to the use of e-cigarettes. This was not relevant to the Joint Committee agenda and would be passed on for a response outside the meeting.</p>	
27/19	Declarations of Interest	
	<p>MB asked Committee members to declare any interests that might conflict with the business on today's agenda. There were none.</p>	
28/19	Minutes of the meeting in public – 5 March 2019	
	<p>The Committee reviewed the minutes of the last meeting.</p>	
	<p>The Joint Committee: Approved the minutes of the meeting on 5 March 2019 subject to the following corrections:</p> <p>21/19 – replace 'were not significant' with 'had been fully explained'</p> <p>22/19 – add recommendation 6 'Work with the West Yorkshire Association of Acute Trusts to explore how commissioners and providers could work together collaboratively'.</p>	
29/19	Actions and matters arising – 5 March 2019	
	<p>The Joint Committee reviewed the action log.</p>	
	<p>The Joint Committee: Noted the action log.</p>	
30/19	Musculoskeletal (MSK) pathway	
	<p>Dr James Thomas (JT) presented a musculoskeletal (MSK) pathway for West Yorkshire and Harrogate as part of the Elective Care/Standardisation of Commissioning Policies Programme. JT explained that demand for MSK services was high across West Yorkshire and Harrogate and that local services varied. The pathway set out an expectation that all but the most urgent MSK cases would be managed in primary care or through referral to an MSK service. The aim was to ensure that patients received the right care in the right place at the right time.</p>	

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	<p>JT explained that the pathway had been led by NHS Wakefield CCG, NHS Leeds CCG and Mid Yorkshire Hospitals Trust, in consultation with clinicians and commissioners across WY&H. It reflected key messages from patient and public engagement, including support for self-management, an increase in the range of services available in GP practices and better co-ordination of services. The Quality and Equality Impact Assessment identified positive impacts for patients. Negative impacts on the workforce related to the need for new roles and training.</p> <p>FKS noted that the Patient and Public Assurance Group had identified the need to demonstrate to the public how their feedback had been used to shape the pathway. She also asked how the Committee would gain assurance that the pathway was being implemented consistently. AW asked whether there would be a shared approach to developing digital and decision support tools, asked about support for places to implement the pathway and how links were being made into secondary care and the Getting it Right First Time (GIRFT) programme.</p> <p>CT replied that the Working Group and Programme Board brought together all the place leads to share learning and test implementation solutions, including digital support tools. Progress on implementation would be reported to the Joint Committee. She noted that the Kings Fund and NHS England were supporting work to evaluate patient insight from implementing the pathway in Leeds. The learning from this would be shared. JT confirmed that links were being made into the GIRFT programme through the West Yorkshire Association of Acute Trusts (WYAAT).</p> <p>DK supported the pathway and welcomed the development of policies to underpin it. He asked how variation in local implementation would be addressed. PE noted the need for clear guidance on quality standards for providers.</p> <p>JT said that the Programme Team was working on standardising a range of commissioning policies for MSK conditions which would align with the pathway. CT added that the first of these policies would come to the Committee in September. CT noted the importance of commissioners supporting providers on implementation. She noted the example of shoulders, where clear quality standards were being built into the draft policy.</p> <p>SO highlighted the importance of MSK triage and noted the need to ensure that the pathway did not permit direct referrals for surgical assessment. NS asked about the circumstances when a patient on the pathway would need to refer back to a GP for referral. CT confirmed that direct referral would only be permitted when all other conservative management options had been exhausted. The aim was to support patients to make the right decision for them.</p> <p>GS highlighted the key role of first contact practitioners and noted the potential implications of patient-initiated follow up. JW highlighted the need for clarity about the implementation 'ask' for places.</p> <p>CT confirmed that it was expected that most of the pathway would be implemented in each place within one year. Capacity in mental health services, the development of holistic pain management services and first contact practitioners may take up to three years due to workforce challenges. The Programme Team would continue to work with planned care leads to support local implementation.</p>	

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	<p>AI asked about how the pathway related to health optimisation in Harrogate, which included referral restrictions, for example relating to patients with a BMI above 30. CT confirmed that the pathway had been designed to be used alongside existing local policies. AI noted that this meant that in some cases, there would still be a 'postcode lottery'.</p>	
	<p>The Joint Committee:</p> <p>a) Agreed to adopt the musculoskeletal pathway in the nine CCGs of West Yorkshire and Harrogate.</p>	
31/19	Urgent and emergency care (UEC) programme update	
	<p>AS advised that at the Special meeting on 4th December, the Joint Committee had approved a recommendation to appoint Yorkshire Ambulance Service as the provider of the new Integrated Urgent Care (IUC) service. The service had gone live on 1st April 2019. The main changes included an increase in clinical advice and direct booking, clinical validation for emergency department referrals and greater integration with locally commissioned services</p> <p>AS also provided an update on two other Integrated Urgent Care deliverables:</p> <ul style="list-style-type: none"> • Working with CCGs, the GP Out of Hours Service and NHS 111 to increase the number of patients receiving clinical assessment/advice. By the end of March 2019, 46.7% of patients in Y&H who could benefit from clinical advice received this, against a national target of 50%+. AS anticipated that the new IUC service would deliver further improvement. • Bookable face to face appointments in primary care. By the end of March 2019, WY&H had achieved 51.4% against a target of 30%. <p>In response to a question from SO, AS confirmed that there was evidence that direct booking was working in practice and that slots were being taken up. He acknowledged that further evaluation was needed. AW asked whether bookable primary care appointments needed to be face to face. AS said that only face to face appointments were being counted at present, but that there might be flexibility on this going forward.</p>	
	<p>The Joint Committee:</p> <p>a) Noted the urgent and emergency care programme update.</p>	
32/19	Joint Committee governance	
	<p>Stephen Gregg (SG) presented the report.</p> <p>Draft Joint Committee Annual Report 2018/19</p> <p>The draft annual report had been drawn largely from the 'key decisions' summary produced after each Joint Committee.</p> <p>It had been shared with Accountable Officers in March for comment and sent to each CCG for inclusion in their annual governance statement and annual report. Once approved, it would be circulated to key local and national stakeholders and posted on the Joint Committee web pages. A 'public friendly' version had also been produced. Following approval, the reports would be published on the website.</p>	SG

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	<p>Self-assessment The Committee had evaluated its performance in March 2019, scoring the Committee's performance on a scale of 1 (low) to 5 (high). Much of the feedback was very positive, particularly around Committee processes and levels of trust, collaboration and cooperation. Areas identified for further improvement included how the Committee promoted innovation and supported the reduction of health inequalities. A consistent theme was how the Joint Committee assured itself that actions were being implemented in each place. Actions were proposed to address the areas for improvement.</p> <p>Lay members Fatima Khan Shah was stepping down from her lay member roles with Greater Huddersfield and North Kirklees CCGs, leaving a vacancy on the Joint Committee. Expressions of interest in the role would be sought from CCG PPI lay members.</p> <p>111/999 decision making It was proposed to streamline 111/999 decision making at Yorkshire and Humber level, with each STP adopting the WY&H approach, where the Joint Committee agreed a collective position. There would be no formal delegation and the approach would be informal and non-binding.</p>	SG
	<p>The Joint Committee:</p> <ul style="list-style-type: none"> a) Approved the draft Joint Committee Annual Report. b) Noted the Joint Committee self-assessment and agreed proposals for developing the work of the Committee in 2019/20. c) Noted the vacancy for one of the Joint Committee CCG lay members and the proposal to seek expressions of interest for the role. d) Noted the proposed changes to 111/999 decision making at Yorkshire and Humber level, including the proposal that Hambleton, Richmondshire and Whitby CCG becomes an associate member of the WY&H Joint Committee for 111/999 decision making only. 	
33/19	Risk Management	
	<p>Stephen Gregg (SG) presented the significant risks to the delivery of the Joint Committee's work plan.</p> <p>4 risks were scored at 12 or above after mitigation. These were: an IT interoperability risk to delivery of the integrated urgent care service and 3 risks to the Elective care/standardisation of commissioning policies programme.</p> <p>The respective Programme Boards had reviewed the risks since the last meeting and identified further mitigating actions. The risk scores remained the same.</p>	
	<p>The Joint Committee:</p> <ul style="list-style-type: none"> a) Reviewed the risk management framework and the actions being taken to mitigate the risks identified. 	
34/19	Any other business	
	There was none.	

Next Joint Committee in public – Tuesday 2 July 2019, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.