

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report		
Date of meeting: 4 July 2017	Agenda item: 05/17	
Report title:	Operation of the Joint Committee	
Joint Committee sponsor:	Marie Burnham – Chair	
Clinical Lead:	Not applicable	
Author:	Stephen Gregg – Governance Lead	
Presenter:	Stephen Gregg - Governance Lead	
Purpose of report: (why is this being brought to the Committee?)		
Decision	✓	Comment
Assurance	✓	
Executive summary		
<p>This report summarises the role, membership and purpose of the Joint Committee and sets out how it will operate.</p> <p>The 11 West Yorkshire and Harrogate CCGs have established the Joint Committee to “take efficient and effective commissioning decisions on a place basis, where appropriate and in accordance with the delegation of authority from each Party, and, in doing so, to support the aims and objectives of the WY&H STP as set out in the Joint Committee Workplan”. More simply, its role can be summarised as:</p> <p><i>“To collaborate on shared priorities which enable the delivery of the outcomes and efficiency ambitions set out in the WY&H STP”</i></p> <p>This report presents:</p> <ul style="list-style-type: none"> • How the Committee will involve the public, the shared outcomes and targets towards which the Committee is working and proposals for developing the Committee’s workplan. • Appendix A - the Memorandum of Understanding for Collaborative Commissioning as agreed by the member CCGs (including the Committee’s Terms of Reference and membership) • Appendix B – The Committee workplan as agreed by the member CCGs. 		
Recommendations and next steps		
<p>The Joint Committee is recommended to:</p> <ul style="list-style-type: none"> • Note the Memorandum of Understanding for Collaborative Commissioning (including the Committee’s Terms of Reference, membership and Workplan) • Note the appointment of the Independent Lay Chair and 2 Lay representatives, and appoint a Committee member to act as Deputy Chair. 		

- Note how the public will be involved and the shared outcomes and targets towards which the Committee is working.
- Note the approach to refreshing the Committee’s workplan and request that an updated workplan be brought back to the Committee for approval in November 2017.

Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)

The paper makes proposals to ensure that the Committee focuses on the delivery of STP outcomes.

Impact assessment (please provide a brief description, or refer to the main body of the report)

Clinical outcomes:	The report proposes that reporting guidance and templates will reinforce the need for impact assessments.
Public involvement:	As above
Finance:	As above
Risk:	As above
Conflicts of interest:	As above

West Yorkshire and Harrogate Joint Committee of CCGs

Operation of the Joint Committee

1. Introduction

- 1.1 The Joint Committee development session on 6th June 2017 agreed:
- Proposals for how the public meetings of the Joint Committee will operate.
 - Proposals for refreshing the Joint Committee workplan, and how agendas will be developed.
 - Proposals for ensuring a focus on outcomes, what will be different for patients and the public, and ‘what success will look like’ after the first 6 and 12 months of the Committee’s operation.

2. Committee membership

- 2.1 The Committee is comprised of 2 representatives from each CCG (set out at Schedule 1 of the Memorandum of Understanding – Appendix A). To make sure that public and patient voices are at the centre of open and transparent decisions, the Terms of Reference require that an Independent Lay Representative be appointed as Chair of the Committee. Marie Burnham has been appointed as the Independent Lay Chair and is completely independent of any CCG.
- 2.2 The Committee also includes two representatives who are existing Lay Members of the CCGs, Fatima- Khan Shah and Richard Wilkinson. Together the 3 Lay members bring a wealth of expertise and knowledge from health and social care, the charitable sectors, public and patient involvement.
- 2.3 The Committee Terms of Reference require the Joint Committee to appoint another of the Joint Committee Members to act as Deputy Chair. The Committee is asked to nominate a member to act as Deputy Chair.

3. Involving the public

- 3.1 To demonstrate public accountability and transparency, alternate meetings of the Joint Committee will be held in public. Members of the public will be able to attend in person and there will be a live stream of the event to maximise accessibility. A video of each meeting will also be available on the website. All reports submitted to the Committee will be written in plain English. Meetings will be held as part of the wider of the WY&H STP Leadership Day and will start at 11am.

- 3.2 There will be an 'Open forum' before the start of each meeting, where members of the public will be invited to ask questions or make a short statement. The Open Forum will be limited to 15 minutes. Members of the public will also be invited to submit written questions on items on the agenda 48 hours before the meeting. The meetings will include a patient story on an issue related to an agenda item under discussion.
- 3.3 Conflicts of interest will be identified at the start of each meeting, together with the arrangements for managing them.
- 3.4 The Committee's commitment to involving the public in its meetings is set out below and in the 'Get involved' page on the Committee's website: <http://www.wyh-jointcommiteeccgs.co.uk/>

Get involved

The Joint Committee wants the people of West Yorkshire and Harrogate to be involved in the decisions that it makes. We encourage you to attend Committee meetings and to ask questions and will be trialling new ways of involving the public. For example, all of our meetings will be 'live streamed' on the internet.

For our meetings in public, we make these commitments to you:

- We will publish agenda papers on our website, five working days before the meeting.
- Paper copies of the agenda will be available at each meeting.
- We will allow 15 minutes before the start of each meeting for you to make a statement or ask a question about the Committee's work - this is our 'Open Forum'.
- We will invite written questions on the items on our agenda. You should submit these questions at least 48 hours before the meeting. You can do this by submitting a question via the contact form
- If time permits, we will answer written questions as part of the relevant agenda item. If we run out of time, we will agree with you how you would like your question to be answered.
- If you agree, we will also post your question and our answer on our website.

We aim to make fair, transparent and well-informed decisions. But please remember that Joint Committee meetings are business meetings which we hold in public, not 'Public meetings'. We think that our meetings will be far more successful if everyone is courteous and respects each other. To enable us to carry out our business effectively, we ask that you follow these simple guidelines:

Open forum

- If you want to ask a question or make a statement, please be brief so that as many people as possible can participate. The Open Forum will be limited to a

maximum of 15 minutes.

- Before asking a question, please state your name (and, if relevant, who you are representing).

Written questions

- Please only submit written questions which relate to items on the agenda. Please use the contact form on our website.
- Please recognise that we can only provide answers to questions during the meeting if time permits.

3.5 The next meetings in public of the Committee will be on:

- Tuesday 5 September 2017 at 11.00
- Tuesday 7 November 2017 at 11.00

4. Refreshing the workplan and setting the agenda for the Joint Committee

4.1 The workplan that was used to support establishment of the Joint Committee, (attached at Appendix B), was developed late in 2016, and reflected the relative immaturity of a number of the programmes. While the high level programme areas for joint decision making are clear, there is a lack of detail on the specific decisions that will be asked of the Joint Committee.

4.2 The STP programme delivery plans are currently being refreshed in response to the 'Next Steps to the Forward View' document. As part of this work we will refresh the work plan and provide greater detail and specificity on the actual decisions being taken. The refreshed workplan will be developed for the Autumn 2017 and form the basis of the agendas of public meetings for the following 12 months.

4.3 All items brought to the Committee will be required to demonstrate a 'golden thread' which:

- links agreed outcomes to a clear delivery plan
- identifies key decision/support points for the Committee
- sets out how performance will be measured and outcomes demonstrated

4.4 Committee reporting templates and guidance will reinforce this approach. The CCG Accountable Officers have proposed that the Committee will review progress on Stroke at its first meeting in public.

5. The role of the Joint Committee in achieving outcomes

5.1 The ambitions of the STP are focused around the 3 'gaps' of the Five Year Forward View – health and wellbeing, care and quality, finance and efficiency. This sets a clear framework for identifying how the work of the Joint Committee can contribute to improvement in services across West Yorkshire and Harrogate. This strong focus on outcomes fits well with the 'principles of

collaboration' set out in the Memorandum of Understanding for the Joint Committee (see Appendix A).

A summary of these ambitions is as follows:

Gap	STP Outcomes
Health and well being	<p>Cancer - Increase in survival rate to 75% by 2020-21, with the potential to save 700 lives each year.</p> <p>Mental health - A zero suicide approach to prevention, aspiring to a 75% reduction in numbers by 2020-21</p> <p>CVD & stroke - Reduce cardiovascular events by 10% by 2020-21</p> <p>Smoking – reduce rates to 13% by 2020-21 - approximately 125,000 fewer smokers</p> <p>Alcohol - reduce related hospital admissions by 500 a year and achieve a 3% reduction in alcohol related non-elective admissions.</p> <p>Obesity - 50% of people at risk of diabetes are diabetes prevention support, with a 50% success by 2021.</p>
Care and quality	<p>A&E - deliver the 95% 4 hour A&E standard in March 2017, and consistently thereafter.</p> <p>Planned care - deliver the 92% 18 week referral to treatment standard consistently.</p> <p>Patient experience - deliver an aggregate improvement for all major services by 2020/21.</p> <p>Cancer - Deliver a new 28 days to diagnosis standard for 95% of people investigated for cancer symptoms.</p> <p>Mental health – a 40% reduction in A&E attendances for people with mental health issues by 2020-21. Eliminate out of area placements by end 2017</p>
Finance and efficiency	<p>A system wide efficiency challenge of £1.1bn against a 'do nothing trajectory by 2020-21.</p>

5.2 The Joint Committee workplan covers Cancer, Stroke, Mental health, Urgent and emergency care and standardisation of commissioning policies. The WY&H STP sets out three key tests for **collaborative working**:

- Achieve a critical mass beyond local population level
- Share best practice and reduce variation
- Achieve better outcomes for people overall.

5.3 The Joint Committee will focus on improving outcomes by requiring that all agenda items brought to the Committee demonstrate explicitly how they:

- contribute to the STP outcomes
- meet the tests for collaborative working
- satisfy broader tests around clinical outcome and risk, public acceptability and finance
- are costed, including expected level of additional costs or savings associated with the programme, by place.

5.4 The support which the Joint Committee provides will include:

- Agreeing a case for change
- Assuring the robustness of delivery plans
- Committing resources
- Assuring that performance is on track

5.5 The Committee Terms of Reference set out in broad terms the role of the Committee. To ensure a clear focus on outcomes, the role of the Joint Committee can be summarised as:

“To collaborate on shared priorities which enable the delivery of the outcomes and efficiency ambitions set out in the WY&H STP”

6. Reporting

- 6.1 To ensure transparency and accountability, the minutes of Joint Committee meetings will be made available on the Committee’s webpage, together with a summary report of each meeting.
- 6.2 The minutes and summary report will also be circulated to key stakeholders, including the member CCGs, NHS England and Healthwatch.