



West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

DRAFT Minutes of the meeting held in public on Tuesday 5 November 2019

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

Members	Initials	Role and organisation
Marie Burnham	MB	Independent Lay Chair
Richard Wilkinson	RW	Lay member
Stephen Hardy	SH	Lay member
Dr James Thomas	JT	Chair, NHS Airedale, Wharfedale and Craven CCG
Dr Sohail Abbas	SA	Chair, NHS Bradford City CCG
Dr Andy Withers	AW	Chair, NHS Bradford Districts CCG
Helen Hirst	HH	Chief Officer, NHS Bradford District and Craven CCGs
Dr Steven Cleasby	SC	Chair, NHS Calderdale CCG
Dr Matt Walsh	MW	Chief Officer, NHS Calderdale CCG
Dr Steve Ollerton	SO	Chair, NHS Greater Huddersfield 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 Adam Sheppard	AS	Chair, NHS Wakefield CCG
Jonathan Webb	JWb	Chief Finance Officer/ Deputy Chief Officer, NHS Wakefield CCG
Apologies		
Dr David Kelly	DK	Chair, NHS North Kirklees CCG
Jo Webster	JW	Chief Officer, NHS Wakefield CCG
In attendance		
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
Catherine Thompson	CT	Programme Director - Elective care/standardisation of commissioning policies

3 members of the public were present.

Item No.	Agenda Item	Action
54/19	Welcome, introductions and apologies	
	Apologies were noted.	

Item No.	Agenda Item	Action
55/19	Open Forum	
	The Chair invited questions from members of the public. There were none.	
56/19	Declarations of Interest	
	<p>MB asked Committee members to declare any interests that might conflict with the business on today's agenda. Under 59/19 - Knee policies JT noted that GP members of the Committee received payments for knee injections. The Chair noted the declaration and agreed that no mitigating action was needed.</p> <p>The Chair, RW and SH declared a direct financial interest in item 64/19 - Lay representation on the Joint Committee. The Chair agreed that they would all leave the meeting for the discussion of this item.</p>	
57/19	Minutes of the meeting in public – 1 October 2019	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 1 October 2019.	
58/19	Actions and matters arising – 1 October 2019	
	The Joint Committee reviewed the action log.	
	The Joint Committee: Noted the action log.	
59/19	Knee policies	
	<p>Dr James Thomas (JT) presented WY&H knee policies as part of the Elective Care Programme. The policies covered knee (arthroplasty) replacement surgery and key-hole surgery (arthroscopy).</p> <p>Both policies required conservative management options to be tried and to have shown no benefit before referral for orthopaedic assessment. They also required lifestyle factors like BMI and smoking status to be assessed, as they may influence long term health outcomes. Shared decision-making between the patient and clinician should be part of the referral process and any decision to proceed with an invasive intervention. This was needed to ensure that patients understood the risks and benefits of the procedures.</p> <p>JT noted the extensive engagement that had taken place. Further information would be provided to support the roll-out of the policy. A comprehensive Quality and Equality Impact Assessment had been carried out.</p> <p>In response to a question from SH, JT confirmed that patients already on a surgical pathway would remain on the list. SO noted the importance of close working with local musculoskeletal (MSK) services and highlighted the need for a whole-system approach. GS noted the challenges around finance, workforce and MRI capacity and queried whether it would be possible to fully implement the policies within 12 months. AI highlighted the need for clarity on how the Oxford Pain Score should be applied.</p>	

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	<p>The Committee noted the need for each place across WY&H to put in place robust plans to implement the policy. The plans would need to include workforce development and would rely on close working closely with MSK services and other providers to ensure that sufficient capacity was available and that a 'whole system' approach was taken to implementation.</p>	
	<p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Agreed to adopt the knee policies in the nine CCGs of West Yorkshire and Harrogate. 	
60/19	<p>Hydroxychloroquine and Chloroquine Retinopathy Monitoring - Pathway and Policy</p>	
	<p>Dr James Thomas (JT) presented a pathway and policy for monitoring the side effects of hydroxychloroquine and chloroquine – drugs used to treat rheumatoid arthritis, skin conditions and other conditions that involve inflammation.</p> <p>JT advised that some people who take hydroxychloroquine or chloroquine for more than five years, or in high doses, are at increased risk of damage to their retina. In 2018, the Royal College of Ophthalmologists had issued new guidance about monitoring. The Committee heard that no hydroxychloroquine retinopathy monitoring services were currently commissioned in WY&H.</p> <p>The Committee noted the financial and capacity challenges involved in implementing the policy. The Elective Care/Standardisation of Commissioning Policies Programme was working with partner organisations across eye care services to consider the various options for delivering the service following agreement of the new pathway and policy.</p> <p>GS highlighted the need for clarity around clinical responsibility. MW confirmed that if the policy was agreed, detailed work would be done on shared care guidelines.</p>	
	<p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Agreed to adopt the WY&H Hydroxychloroquine and Chloroquine Retinopathy Monitoring Pathway and Policy on behalf of the nine CCGs of West Yorkshire and Harrogate, with a three year timeframe for full implementation.. 	
61/19	<p>Joint Committee governance</p>	
	<p>Stephen Gregg (SG) presented a paper seeking guidance on the extension of the MoU for Collaborative Commissioning (MoU), which was due to expire on 31st March 2020. Each CCG individually would need to agree any substantive changes to the MoU and the Joint Committee's work plan.</p> <p>The review of the MoU was progressing in parallel with wider commissioning development work, which aimed to identify opportunities to commission more strategically across WY&H and work more closely with providers. The proposals in the report were designed to support this direction of travel.</p> <p>The merger proposals for the Bradford and Craven CCGs and Harrogate CCG meant that the voting arrangements needed to be reviewed. The Committee agreed to recommend that the arrangements revert to the original one vote per CCG, which aligned with the statutory responsibilities of the constituent CCGs.</p>	

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	<p>The Committee endorsed TR's proposal that this should be a transitional arrangement whilst CCGs become fully aligned with place.</p> <p>The extension of the MoU provided an opportunity to refresh the Committee's work plan to ensure that it reflected progress to date and the Partnership's changing priorities. The Committee considered a draft work plan, showing the existing delegation along with proposed changes.</p> <p>The Committee agreed to maintain the current frequency of meetings in public, noting that there was a clash with the Partnership Board every 3 months.</p> <p>The Committee also considered adopting a more structured and systematic approach to monitoring implementation. Members highlighted the need for any monitoring mechanism to be proportionate, to link to place arrangements and to be joined up with providers and the wider system, including NHSE and I.</p> <p>The Committee supported work to develop the MoU proposals, including further discussion within each CCG. The revised proposals would then be brought back to the Joint Committee development session in December.</p>	
	<p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Recommended a transitional arrangement, whereby the voting mechanism for the Joint Committee reverted to one vote per CCG until the commissioning landscape was fully settled. 2. Supported further work to develop the Joint Committee work plan. 3. Agreed to retain the current cycle of meetings in public. 4. Supported further work to develop a more systematic approach to monitoring implementation of the delivery of the Joint Committee work plan. 5. Agreed that following further discussion at the development session in December, the proposed changes to the MoU be presented to the CCGs, so that they could be considered in accordance with local governance arrangements. 	SG
62/19	Any other business	
	There was none.	
63/19	Exclusion of public and the press	
	The Chair moved a resolution to exclude the public and press for the remainder of the meeting.	
	<p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Agreed that the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted. 	
64/19	Joint Committee lay representatives	
	<p>The Chair, RW and SH left the meeting for this item and played no part in the discussion. The Committee agreed that Matt Walsh would chair the meeting for this item.</p> <p>The Committee considered a report on the arrangements for lay representation on the Joint Committee. Members recommended that, in line with usual CCG practice, the Chair should be appointed for a three year term. The Committee noted the need to align the terms of office for CCG lay representatives with their CCG terms, and that greater flexibility was therefore required.</p>	

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	<p>Members noted that the Committee's self-assessment had highlighted that the Committee was operating effectively. The lay members played an important role in this and it was important that continuity was maintained. It was noted that the Lay representative (governance) would not be eligible for reappointment after May 2020.</p>	
	<p>The Joint Committee: Recommended that:</p> <ol style="list-style-type: none"> 1. Appointments to the role of independent lay Chair be for a three year term, subject to a one year probationary period for new appointments. 2. Appointments to the role of CCG lay representatives be for one year, renewable to a maximum term of three years. 3. The lay chair and CCG lay representatives could be re-appointed for a maximum of 3 terms 4. Accountable Officers make arrangements to: <ol style="list-style-type: none"> a) Offer to re-appoint the Chair for a three year term from 31 March 2020, subject to review if there are significant changes to ways of working. b) Offer to extend the term of office for the Lay representative (governance) to 31 May 2020, and hold a recruitment process in Spring 2020 to appoint a new lay representative; and c) Offer to extend the term of office for the Lay representative (PPI) for a further year to 31 March 2021. 	<p>AOs/ SG</p>

Next Joint Committee in public – Tuesday 14th January 2020, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.