



**West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups**

**DRAFT Minutes of the meeting held in public on Tuesday 9th January 2018**

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

<b>Members</b>	<b>Initials</b>	<b>Role and organisation</b>
Marie Burnham	<b>MB</b>	Independent Lay Chair
Fatima Khan-Shah	<b>FKS</b>	Lay member
Richard Wilkinson	<b>RW</b>	Lay member
Dr James Thomas	<b>JT</b>	Chair, NHS Airedale, Wharfedale and Craven CCG
Dr Andy Withers	<b>AW</b>	Chair, NHS Bradford Districts CCG
Helen Hirst	<b>HH</b>	Chief Officer, NHS Bradford City, Bradford Districts and AWC CCGs
Dr Alan Brook	<b>ABr</b>	Chair, NHS Calderdale CCG
Dr Matt Walsh	<b>MW</b>	Chief Officer, NHS Calderdale CCG
Dr Steve Ollerton	<b>SO</b>	Chair, NHS Greater Huddersfield CCG
Carol McKenna	<b>CMc</b>	Chief Officer, NHS Greater Huddersfield CCG and North Kirklees CCG
Dr Alistair Ingram	<b>AI</b>	Chair, NHS Harrogate & Rural District CCG
Amanda Bloor	<b>ABI</b>	Chief Officer, NHS Harrogate & Rural District CCG
Dr Jason Broch	<b>JB</b>	Chair, NHS Leeds North CCG
Dr Gordon Sinclair	<b>GS</b>	Chair, NHS Leeds West CCG
Philomena Corrigan	<b>PC</b>	Chief Executive, NHS Leeds CCGs Partnership
Dr David Kelly	<b>DK</b>	Chair, NHS North Kirklees CCG
Dr Phillip Earnshaw	<b>PE</b>	Chair, NHS Wakefield CCG
Pat Keane	<b>PK</b>	Deputy Chief Officer, NHS Wakefield CCG
<b>Apologies</b>		
Dr Alistair Walling	<b>AWa</b>	GP Clinical Lead, NHS Leeds South & East CCG
Jo Webster	<b>JW</b>	Chief Officer, NHS Wakefield CCG
Jonathan Webb	<b>JWe</b>	Director of Finance, WY&H STP
<b>In attendance</b>		
	<b>Initials</b>	<b>Role</b>
Lou Auger	<b>LA</b>	Director of Delivery, West Yorkshire, North Region NHS England
Karen Coleman	<b>KC</b>	Communication Lead, WY&H STP
Professor Sean Duffy	<b>SD</b>	Cancer Clinical Lead
Carol Ferguson	<b>CF</b>	Cancer Programme Director
Stephen Gregg	<b>SG</b>	Joint Committee Governance Lead (minutes)
Ian Holmes	<b>IH</b>	Programme Director, WY&H STP

4 members of the public were in attendance.



Item No.	Agenda Item	Action
30/17	<b>Welcome, introductions and apologies</b>	
	MB welcomed all to the meeting and reminded everyone of the role of the Joint Committee. Apologies were noted.	
31/17	<b>Open Forum</b>	
	MB invited members of the public to make representations or ask questions about items on today's agenda. One member of the public submitted written questions about the Cancer agenda item. A written response would be provided following the meeting.	CF
	SG advised that 2 written questions had been submitted before the meeting, one on cancer services and one on scrutiny arrangements. Written responses had been provided and would be published on the Joint Committee webpage.	SG
32/17	<b>Declarations of Interest</b>	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. There were no additional declarations.	
33/17	<b>Minutes of the meeting in public – 7th November 2017</b>	
	The Committee reviewed the minutes of the last meeting.	
	<b>The Joint Committee: Approved</b> the minutes of the meeting on 7 <sup>th</sup> November 2017, subject to amending Minute 27/17 to state that an update report on Elective Care and Standardisation of Commissioning Policies would be submitted to the March 2018 Joint Committee.	SG
34/17	<b>Actions and matters arising</b>	
	The Joint Committee reviewed the updated action log. There were no matters arising.	
	<b>The Joint Committee: Noted</b> the action log, subject to the addition of the actions relating to Minute 28/17 on Urgent and emergency care.	SG
35/17	<b>Patient stories</b>	
	AB highlighted the broad programme of work being carried out by the Cancer Alliance, noting in particular the strong commitment of staff, the importance of prevention and early diagnosis and the need to engage effectively with patients and the public. She introduced 2 video presentations.	
	The first video presented the views of patient representatives at the second Cancer Alliance stakeholder event. The second video presented a patient's story of coping with bladder cancer.	
	<b>The Joint Committee: Noted</b> the video presentations.	



36/17	<b>West Yorkshire and Harrogate Cancer Alliance Update</b>	
	<p>SD presented the update. He outlined the vision of the Cancer Alliance and the commitment to work in partnership across WY&amp;H. Partnership working had enabled the Alliance to bid successfully for additional funding, linked to delivery of the 62 day standard for cancer waits. He highlighted the importance of strong stakeholder engagement.</p> <p>The main workstreams were tobacco control, early diagnosis, high quality services, patient experience and living with and beyond cancer. The Alliance was not a separate entity, but consisted of all WY&amp;H partners working collaboratively. Going forward there was a need to move away from an activity based approach towards delivery of a common set of agreed outcomes, with stronger system leadership. This would lead to a less complex way of working. An outcomes-based assurance framework would support mutual accountability across the whole system.</p> <p>MB welcomed the move towards an outcome-based system. In response to a question from RW, SD highlighted awareness-raising campaigns at place and WY&amp;H level to improve early diagnosis and screening take-up. The campaigns involved the NHS and public health working closely together.</p> <p>MW noted the need to co-ordinate the cancer work with other STP programmes, including primary care and support for healthier lifestyle choices. The patient stories had highlighted variation in general practice and the need for effective early diagnosis, supported by high quality, timely information.</p> <p>FKS asked about the strength of the links between the Alliance and place and noted the need to ensure effective diagnosis for groups such as young people, and for effective communications and engagement. SD responded that the Alliance was only as strong as the weakest place, and that all partners needed to work together effectively. He said that a Teenage Cancer Trust pilot in Leeds was proving very successful in listening to teenagers and highlighted progress with the communications and engagement strategy across all places.</p> <p>AW welcomed the focus on awareness raising and early diagnosis, but questioned whether the system had the capacity to cope with this. GS noted the need to take into account the impact on the primary care workforce.</p> <p>SD acknowledged the difficulties in early diagnosis and the need to stop people 'ping-ponging' around the system. The multi-disciplinary team approach was more efficient and used resources more effectively. The Alliance had levered in resources to support this approach and was working with the Workforce Development Programme on a range of capacity challenges. CF added that multi-disciplinary assessment could reduce demand on general practice by finding the right answers more quickly for both cancer and non-cancer patients.</p> <p>In response to questions from SO, SD noted work to strengthen diagnostic capacity and the need to continue the focus on smoking cessation and maximise 'every contact counts' efforts across the acute sector.</p> <p>ABr highlighted the need to understand and support the important role of carers. Responding to a question from FKS, CF noted the patient voice on the Alliance Board and ongoing work to strengthen patient engagement across the Alliance.</p> <p>JT noted the important contribution of local authorities to the prevention agenda. SD reiterated the importance of a strong evidence base in supporting a whole system approach. A key role of the Alliance was to support all partners to make good, evidence-based decisions. HH emphasised the need for all partners to 'own' the work of the Alliance.</p>	



	<p><b>The Joint Committee:</b></p> <ol style="list-style-type: none"> <li>1. <b>Noted</b> Cancer Alliance progress to date:</li> <li>2. <b>Noted</b> that the brief for the Alliance is expanding beyond the scope of the original WY&amp;H level programme objectives due to both national expectations and the coordination and leadership needs of the local system; and</li> <li>3. <b>Supported</b> the Alliance ambition to develop a stronger system leadership role to drive improved outcomes and experience and request a progress update and options for how this could be delivered in practice at the development session in February 2018.</li> </ol>	<b>ABI/SD</b>
<b>37/17</b>	<b>Any other business</b>	
	There was none.	

**Next Joint Committee in public** – Tuesday 6<sup>th</sup> March 2018, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.

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