



West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Minutes of the meeting held in public on Tuesday 4th September 2018

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 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 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 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
Philomena Corrigan	PC	Chief Executive, NHS Leeds CCG
Dr David Kelly	DK	Chair, NHS North Kirklees CCG
Dr Adam Sheppard	AS	Assistant Clinical Chair, NHS Wakefield CCG (Deputy for Dr Phillip Earnshaw)
Jo Webster	JW	Chief Officer, NHS Wakefield CCG
Apologies		
Dr Akram Khan	AK	Chair, Bradford City CCG
Dr Steven Cleasby	SC	Chair, NHS Calderdale CCG
Dr Phillip Earnshaw	PE	Chair, NHS Wakefield CCG
Karen Coleman	KC	Communication Lead, WY&H STP
Anthony Kealy	AKe	Locality Director, West Yorkshire, North Region NHS England
In attendance		
Stephen Gregg	SG	Governance Lead, Joint Committee of CCGs (minutes)
Ian Holmes	IH	Director, WY&H Health and Care Partnership
Bryan Machin	BM	Finance Director, WY&H Health and Care Partnership
Catherine Thompson	CT	Programme Director, Elective Care/Standardisation of Commissioning Policies

6 members of the public were also in attendance.



Item No.	Agenda Item	Action
59/18	Welcome, introductions and apologies	
	MB welcomed all to the meeting and reminded everyone of the role of the Joint Committee. Apologies were noted.	
60/18	Open Forum	
	<p>MB invited members of the public to ask questions about items on the agenda. SG advised that no written questions had been received. 1 member of the public asked a verbal question:</p> <p>Elective care/standardisation of commissioning policies</p> <p>Q. <i>If fewer children are fitted with grommets as a result of changed policies, this will place extra strain on council services and the provision of hearing aids. How have partners addressed this issue?</i></p> <p>A. JT said that the focus of the programme was on ensuring that all patients, including children with hearing difficulties, received the treatment most clinically appropriate for their individual needs. If the clinical evidence indicated grommets, a child would continue to be fitted with them. MW added that there was currently variation in how evidence was used across the system. The programme aimed to improve understanding of the evidence and ensure that everyone received the right treatment. This would help free up capacity by not providing treatments which were not supported by clinical evidence.</p>	
61/18	Declarations of Interest	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. There were none.	
62/18	Minutes of the meeting in public – 5th June 2018	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 5 th June 2018.	
63/18	Actions and matters arising – 5th June 2018	
	The Joint Committee reviewed the action log. There were no matters arising.	
	The Joint Committee: Noted the action log.	
64/18	Elective care/standardisation of commissioning policies	
	<p>Matt Walsh presented an update on the Elective care/standardisation of commissioning policies programme. He outlined progress on the following work streams: Eye Care Pathway and Services, Musculoskeletal (MSK) Pathway, Clinical Thresholds and Value Based Commissioning (Procedures of limited clinical value), Supporting Healthier Choices (SHC) and Prescribing. He highlighted good progress in aligning provider and commissioner work-streams through closer working with the West Yorkshire Association of Acute Trusts. Some of the main challenges for the programme included:</p> <ul style="list-style-type: none"> • Using learning from behavioural change science to change the conversation with the public about services. • Capitalising on the expertise of community pharmacy and working with them on shared priorities. • Balancing the need for early diagnosis of cancer with the other pressures on the healthcare system, particularly around planned care. 	



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	<ul style="list-style-type: none"> • Workload pressures across the healthcare system. <p>JT added that engagement had been good across West Yorkshire and Harrogate and with the WY Association of Acute Trusts.</p> <p>SO questioned whether greater use of physiotherapists in the MSK pathway might lead to increased demand for the service. MW recognised the need to channel the right people into the right service. CT added that the programme would be learning from work that was already being piloted in Leeds.</p> <p>FSK applauded efforts to involve patients in developing the proposals and emphasised the need to invest in cultural change and changing the conversation with the public if services were to be taken away from some people.</p> <p>HH noted how the work at WY&H level enabled commissioners in each place to share learning and help with the 'day job'. She proposed an organisational development approach in which each CCG would agree common objectives for commissioning staff relating to work at WY&H level. Members supported this proposal.</p> <p>DK highlighted the need for the programme to acknowledge that some places needed to move at a different pace to others. For example, procurement of MSK services was already underway in North Kirklees. JW added that Wakefield were also reviewing MSK provision and it was important that this was linked to programme work. MW said that these links were already being made. The programme aimed to support a common direction of travel and alignment could only take place over time.</p> <p>AS said that it was about applying best practice to ensure the right approach for each patient within the available resources. JT added that conversations were underway with clinical leads in each place.</p>	
	<p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Noted progress with the Elective Care and SCP programme, the challenges faced, and the proposed approach to the ongoing development of the programme. 2. Supported a proposal to agree common objectives for CCG commissioning staff relating to work at WY&H level. 	<p>AOs</p>
<p>65/18</p>	<p>Partnership Memorandum of Understanding (MoU)</p>	
	<p>Ian Holmes presented the report. He advised the Joint Committee that during September the Boards/Governing bodies of individual partner organisations and Health and Wellbeing Boards would be asked to approve the MoU for the West Yorkshire and Harrogate Health and Care Partnership at meetings in public.</p> <p>IH explained that the MoU was not a legal document and entailed no changes in the statutory duties of CCGs. It was intended to formalise ways of working across the Partnership. New governance arrangements were proposed to improve transparency and democratic accountability and enable the Partnership to become more self-governing.</p> <p>In response to a question from HH, IH explained that general practice would be represented in the Partnership governance arrangements on both the Partnership Board and the System Leadership Executive. DK emphasised the need for primary care to be represented as providers. GS noted the need for the arrangements to reflect the changing community and primary care provider landscape and for these providers to be involved from the start.</p> <p>FKS asked about non-Executive oversight. IH noted that local authority</p>	



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	<p>members would we involved at place and would sit on the Partnership Board. Acute Trust Chairs would continue to sit on the West Yorkshire Association of Acute Trusts Committees in Common. IH added that the Partnership Board would have a non-Executive Chair.</p> <p>GS felt that greater clarity was needed about the roles of the Partnership and the Integrated Care System (ICS). IH said that they were largely interchangeable. HH noted the need to distinguish between Rob Webster's role as the ICS executive lead and the non-executive, independent role of Chair of the Partnership Board.</p> <p>JW said that there was scope for the developing arrangements in West Yorkshire and Harrogate to influence national thinking.</p>	
	<p>The Joint Committee: Noted the MoU and the arrangements for seeking the approval of partner organisations.</p>	
66/18	<p>Joint Committee governance</p>	
	<p>Stephen Gregg presented the report:</p> <p>Public and Patient Involvement (PPI) Assurance</p> <p>To strengthen arrangements for assuring patient and public involvement in the Joint Committee work plan, members had proposed that a PPI Assurance Group be established, building on the work of the Lay Member Assurance Group. The draft terms of reference were attached.</p> <p>HH expressed concern that the scope of the Group's role as set out in the ToR was too broad, and felt that the limited capacity of Lay members meant that the ToR should have a more specific focus on assurance. This was supported.</p> <p>Risk management framework</p> <p>The Committee reviewed the significant risks to the delivery of the STP objectives covered by the Joint Committee's work plan. MW questioned whether a more strategic assurance framework was needed to highlight the system level inter-dependencies which affected the Joint Committee's work plan. The Committee agreed that this should be explored as part of the development of the Partnership's governance arrangements.</p>	IH/SG
	<p>The Joint Committee:</p> <ol style="list-style-type: none"> Noted the work to date of the Lay Member Assurance Group and agreed that the Group be reconstituted as the Public and Patient Involvement Assurance Group. Requested that the terms of reference of the Group be amended to strengthen the focus on assurance and be submitted to the next meeting in public for approval. Reviewed the risk management framework and the actions being taken to mitigate the risks identified. 	SG
67/18	<p>Any other business</p>	
	<p>FKS asked members to encourage their Lay members to attend the meeting of the Shadow PPI Assurance Group on 10th September.</p>	

Next Joint Committee in public – Tuesday 6th November 2018, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.