



West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Minutes of the meeting held in public on Tuesday 12th January 2021

Held virtually by Microsoft Teams

Members	Initials	Role and organisation
Marie Burnham	MB	Independent Lay Chair
Ruby Bhatti	RB	Lay member
Stephen Hardy	SH	Lay member
John Mallalieu	JM	Lay member
Dr James Thomas	JT	Chair, NHS Bradford District and Craven CCG
Helen Hirst	HH	Chief Officer, Bradford District and Craven CCG
Dr Steven Cleasby	SC	Chair, NHS Calderdale CCG
Robin Tuddenham	RT	Chief Officer, NHS Calderdale CCG
Dr Steve Ollerton	SO	Chair, NHS Greater Huddersfield CCG
Dr Khalid Naeem	KN	Chair, NHS North Kirklees CCG
Carol McKenna	CMc	Chief Officer, NHS Greater Huddersfield CCG and NHS North Kirklees CCG
Dr Jason Broch	JB	Chair, NHS Leeds CCG
Tim Ryley	TR	Chief Officer, NHS Leeds CCG
Dr Adam Sheppard	AS	Chair, NHS Wakefield CCG
Jo Webster	JW	Chief Officer, NHS Wakefield CCG
Associate members		
Dr Charles Parker	CP	Chair, NHS North Yorkshire CCG
Apologies		
Amanda Bloor	AB	Chief Executive, NHS North Yorkshire CCG
Matthew Groom	MG	Assistant Director, Specialised Commissioning, NHS England
Anthony Kealy	AKe	Locality Director WY&H, NHS England & NHS Improvement
In attendance		
Esther Ashman	EA	Programme Director, Commissioning Futures
Lou Auger	LA	Deputy Locality Director, NHS England & NHS Improvement
Karen Coleman	KC	Communications and Engagement Lead
Stephen Gregg	SG	Governance Lead, Joint Committee of CCGs (minutes)
Sarah Halstead	Sha	Specialised Commissioning, NHS England
Ian Holmes	IH	Director, WY&H HCP
Louise McKelvey	LM	Programme Manager, Urgent and Emergency Care
Martin Pursey	MP	Head of Contracting and Procurement
Catherine Thompson	CT	Director, Improving Planned Care
Jonathan Webb	JWb	Director of Finance Lead, WY&H Health and Care Partnership

Keith Wilson	KW	Programme Director, Urgent and Emergency Care
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Item No.		Action
01/21	Welcome, introductions and apologies	
	The Chair welcomed everyone to the meeting. Members of the public were able to watch the livestream of the meeting. Apologies were noted. The Chair noted that we had entered 2021 with a return to national lockdown, as there were still dangerously high levels of Covid-19 in our communities. The Chair thanked all colleagues who were working hard to keep people safe and well, including everyone involved in the West Yorkshire Vaccination Programme.	
02/21	Declarations of Interest	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. It was noted that all GP members of the Committee had an interest in relation to agenda item 07/21 - Commissioning out of hours primary medical care services. The Chair noted the declaration and agreed that the GP members could participate in the discussion of the item.	
03/21	Questions and deputations	
	The Chair advised that as the meeting was being held virtually, members of the public had been invited to send questions in advance. None had been received:	
04/21	Minutes of the meeting in public – 6 October 2020	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 6 October 2020.	
05/21	Actions and matters arising – 6 October 2020	
	The Joint Committee reviewed the action log. EA updated the Committee on the Commissioning futures programme, which aligned well with the direction of travel set out in the NHS England consultation document 'Next Steps for Integrated Care Systems'. The Joint Committee's response to the consultation document had been circulated with the agenda for this meeting. SH thanked EA for her work on the response, in particular its emphasis on public and patient involvement and clinical leadership.	
	The Joint Committee: Noted the action log.	
06/21	Urgent and emergency care – provider collaboration review	
	Louise McKelvey presented a report on the recent Care Quality Commission (CQC) provider collaboration review (PCR). The review had explored how health and social care providers were working together in response to Covid. The reviews aimed to help providers to learn from each other's experience of responding to Covid. WY&H was one of eight ICSs chosen to take part in this review. 'Deep dive' reviews had been conducted in Kirklees and Harrogate, but the pathway had been reviewed across all places in WY&H.	

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	<p>CQC had concluded that the system had worked well together, well established partnerships had allowed effective collaboration and that the response to Covid had broken down some of the barriers to achieving shared objectives across the Partnership and within individual sectors. The review had also identified areas for future focus, including support for digitally challenged and marginalised people.</p> <p>JT noted that the Clinical Forum was leading work to address some of the areas of focus identified including digital exclusion. AS highlighted the need to further support Primary Care Networks to develop clinical leadership and ensure that PCNs had effective representation across the system. KW outlined work that was underway to progress the areas of focus with other programmes across the Partnership. RT emphasised the importance of linking into the Improving Population Health programme.</p>	
	<p>The Joint Committee:</p> <p>a) Welcomed the report and the best practice identified.</p> <p>b) Noted that the UEC Programme Board would be co-ordinating work across place, providers and ICS programmes to embed any findings that required substantial change.</p>	
07/21	<p>Commissioning out of hours primary medical care services across West Yorkshire 2021 to 2024</p>	
	<p>Martin Pursey presented a report on commissioning primary medical care services in West Yorkshire. The services were currently provided by Local Care Direct (LCD).</p> <p>The current contract expired at the end of March 2021 and work to understand what would be required from April 2021 had been put on hold by the pandemic. LCD was a key partner in the integrated urgent and emergency care approach across the WY system. The response to the pandemic, changes driven by national policy and potential changes to the commissioner landscape meant that there was uncertainty about what should be commissioned for the future.</p> <p>To ensure continuity of service, prevent uncertainty and support system planning it was proposed that the current service be extended for a further 3 year period. Members noted the long lead-in times for complex procurements and that in the current uncertain circumstances a pragmatic approach should be taken. This would give commissioners time to develop their requirements and inform a further decision about procurement during 2022.</p> <p>AS and JW noted that LCD was a key part of the urgent and emergency care provider network and was fully integrated with extended access services in Wakefield. MP highlighted that within the overarching specification for WY, the detailed approach in each place varied to reflect local circumstances. JM supported the pragmatic approach that was being taken and highlighted the importance of transparency in communicating the reasons for this externally.</p>	
	<p>The Joint Committee:</p> <p>a) Noted the proposed approach, associated risk and mitigation of risk.</p> <p>b) Approved the direct award of contract and provided authority to Greater Huddersfield CCG on behalf of West Yorkshire CCGs to negotiate an extension to the current service from LCD for the period 1st April 2021 to 31st March 2024 and publish an appropriate notice stating the commissioners' intentions to directly award a contract to LCD.</p>	

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08/21	Amendment to Flash Glucose Monitoring Commissioning Policy	
	<p>Catherine Thompson presented the report.</p> <p>The Joint Committee had previously approved in 2019 a policy for commissioning flash glucose monitors - small sensors worn on the skin for monitoring the glucose levels of people with diabetes. The policy applied to patients with Type 1 Diabetes. The report proposed to amend the policy to include type 2 diabetes patients with learning disabilities who need to use insulin.</p> <p>CT advised the Committee that self-management of diabetes by patients with learning disabilities would promote independence and help to reduce health inequalities. The proposed amendment was in line with advice from NHS England and was supported by the Area Prescribing Committee and the Planned Care Alliance Board. JWb confirmed that the additional in year costs were relatively small.</p>	
	The Joint Committee: Agreed the amendments to the WY&H Flash Glucose Monitoring policy with immediate effect.	
09/21	Joint Committee work plan and risk management	
	<p>Stephen Gregg presented a high level summary of progress in implementing the Joint Committee work plan. He also presented the latest risk update.</p> <p>The report highlighted improvements in urgent and emergency care, in acute stroke services and in the detection and treatment of atrial fibrillation. West Yorkshire and Harrogate Healthy Hearts had improved the treatment of people with high blood pressure and policies on evidence based interventions had reduced unnecessary procedures. A more detailed summary would feed into the Joint Committee's annual report. RB welcomed the summary and JW noted the wider impact of commissioning decisions on the work of other programmes across the Partnership.</p> <p>SG presented the significant risks to the delivery of the Joint Committee work plan. Controls, assurances and planned mitigating actions were set out for each risk. There were currently 7 risks which scored 12 or above after mitigation:</p>	
	<p>The Joint Committee:</p> <p>a) Noted the update on the implementation of Joint Committee decisions and recommendations.</p> <p>b) Noted the risks to delivery of its workplan and the actions being taken to mitigate the risks.</p>	
10/21	Any other business	
	There was none.	

Next Joint Committee in public – Tuesday 6 April 2021, 11am – 1pm.