

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

**DRAFT Minutes of the meeting held in public on Tuesday 5 September 2017**

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
Dr Akram Khan	<b>AK</b>	Chair, NHS Bradford City CCG
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
Matt Walsh	<b>MW</b>	Chief Officer, NHS Calderdale CCG
Dr Steve Ollerton	<b>SO</b>	Chair, NHS Greater Huddersfield CCG
Ian Currell	<b>IC</b>	Chief Finance Officer, NHS Greater Huddersfield 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 Alistair Walling	<b>AWa</b>	GP Clinical Lead, NHS Leeds South & East 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
Richard Parry	<b>RP</b>	Chief Officer, NHS North Kirklees CCG
Pat Keane	<b>PK</b>	Deputy Chief Officer, NHS Wakefield CCG
Dr Phillip Earnshaw	<b>PE</b>	Chair, NHS Wakefield CCG
<b>Apologies</b>		
Richard Wilkinson	<b>RW</b>	Lay member
Carol McKenna	<b>CMc</b>	Chief Officer, NHS Greater Huddersfield CCG
Jo Webster	<b>JW</b>	Chief Officer, NHS Wakefield CCG
Moira Dumba	<b>MD</b>	Director of Commissioning Operations (Y&H), NHS England
<b>In attendance</b>		
	<b>Initials</b>	<b>Role</b>
Lou Auger	<b>LA</b>	Director of Delivery – West Yorkshire, North Region NHS England
Ian Holmes	<b>IH</b>	Programme Director, WY&H STP
Jonathan Webb	<b>JWe</b>	Director of Finance, WY&H STP
Stephen Gregg	<b>SG</b>	Joint Committee Governance Lead (minutes)
Matt Ward	<b>MW</b>	STP Core Team

**WY&H Joint Committee of CCGs – 05/09/2017**

<b>For items 14/17 and 15/17</b> Emma Fraser	<b>EF</b>	Mental Health Programme Director
<b>For item 15/17</b> Nicola Lees	<b>NL</b>	Chief Executive, Bradford District Care NHS Foundation Trust and Senior Responsible Officer for Mental Health programme

10 members of the public attended the meeting.

Item No.	Agenda Item	Action
<b>09/17</b>	<b>Welcome, introductions and apologies</b>	
	The Chair welcomed everyone to the meeting. Apologies were noted. MB noted that the Joint Committee was made up of the 11 CCGs in West Yorkshire and Harrogate (WY&H). The Committee had delegated powers from individual CCGs to make collective decisions around specific work programmes, for example mental health, urgent care and stroke. Although the Committee supported the wider STP, it only included CCGs and did not represent all of the partners involved in the STP. It was not the business of the Committee to deal with issues in individual places within WY&H.	
<b>10/17</b>	<b>Open Forum</b>	
	MB introduced the Open Forum, which provided an opportunity for members of the public to make representations or ask questions about items on today's agenda. MB advised that no written questions had been received before the meeting, and invited verbal questions from members of the public. <i>Q1 How would the CCGs address the problem of people with serious mental health problems sometimes being treated five hundred miles from home?</i> HH said that reducing out of area placements was one of the main aims of the mental health programme and would be covered in detail under item 15/17. (Note: The questioner subsequently confirmed that the question had been answered under that item). <i>Q2 Why had answers not been provided to questions raised at the last meeting?</i> SG said that answers to all questions had been posted on the Joint Committee web page following the meeting. He would check that individual responses had also been sent out.	<b>SG</b>
<b>11/17</b>	<b>Declarations of Interest</b>	
	MB advised that the full register of interests of members of the Joint Committee was available on the Joint Committee web pages. MB asked Committee members to declare any interests that might conflict with the business on today's agenda. No further declarations were made.	
<b>12/17</b>	<b>Minutes of the meeting in public – 4th July 2017</b>	
	The Committee reviewed the minutes of the last meeting.	
	<b>The Joint Committee: Approved</b> the minutes of the meeting on 4 <sup>th</sup> July 2017.	
<b>13/17</b>	<b>Actions and matters arising</b>	
	SG presented the action log. An update on patient involvement in the Stroke Task and Finish Group would be brought to the next meeting. There were no other outstanding actions or matters arising.	<b>SG</b>
	<b>The Joint Committee: Noted</b> the action log.	

14/17	<b>Patient stories</b>	
	<p>HH welcomed Emma Fraser, the Mental Health Programme Director. To help the Committee to reflect on the direct experience of patients, HH introduced 2 video presentations in which Peter and Paul talked about their experiences as users of mental health services. Committee members commented on the power and impact of the stories.</p>	
	<p><b>The Joint Committee: Noted</b> the patient stories.</p>	
15/17	<b>Mental health update</b>	
	<p>HH introduced the item and welcomed Nicola Lees, the Senior Responsible Officer for the Mental Health (MH) programme. The MH programme was well established and had clear aims and ambitions. It was important that each place had a strong local offer for people with mental health needs. Supporting people in crisis closer to home was a key aim.</p> <p>EF presented an overview of the local service framework across WY&amp;H, and the aims to reduce variation, develop more consistent pathways, support all to achieve the best standards and achieve economies of scale. She highlighted work on emergency care, suicide prevention, specialist Child and Adolescent Mental Health Services (CAMHS), autism and care closer to home. She also outlined proposals to develop joint commissioning.</p> <p>NL highlighted a number of successes across WY&amp;H, including work with a range of public services and the voluntary sector. PC asked how WY activity could add value to successful local work, such as multi-agency suicide prevention in Leeds. NL said that the WY work drew on a wide range of learning, including international work such as suicide prevention approaches in Detroit. HH noted that providers were working differently together to provide support, and that local places could learn from work across WY&amp;H.</p> <p>FKS asked how variation in outcomes was being addressed, particularly for higher risk groups. NL highlighted work in Bradford to reduce A&amp;E attendance and eradicate out of area placements, with a strong focus on achieving better outcomes. She noted that 'out of area' was being defined as outside WY rather than place, which challenged the current national definition.</p> <p>MW noted the current financial challenges and the need for clarity on the benefits of investment in acute and community services. NL highlighted the benefits of the 'Core 24' approach to improving access to services. HH agreed that more work was needed to support business cases.</p> <p>AW noted the need to balance progress on transformational priorities with delivery of national targets, such as Early Intervention in Psychosis (EiP). NL noted that EiP was not part of the STP and was being addressed at place level. HH felt that the WY&amp;H programme should continue to focus on the small number of priorities outlined today, including out of area placements. EF highlighted the need to understand variation between places and HH suggested that the peer review approach to be discussed under the next agenda item could usefully focus on mental health.</p> <p>HH said that providers were working well together across WY&amp;H, but she felt that there was scope for commissioners to share scarce commissioning resources and work together more effectively. She envisaged that a joint approach to commissioning acute MH services could be in place in shadow form from 2018/19, before full implementation in 2019/20. HH requested Accountable Officers to alert their mental health commissioning leads to the proposed joint work.</p>	

	MW asked about plans to engage local people in the MH programme. HH acknowledged that this needed strengthening further.	
	<p><b>The Joint Committee:</b></p> <ol style="list-style-type: none"> <li>1. <b>Endorsed</b> the continued work of the programme and the collaborative approach to Mental Health in WY&amp;H.</li> <li>2. <b>Supported</b> the proposal to further support improvements to services and delivery of the Mental Health 5 Year Forward View.</li> <li>3. <b>Supported</b> the development of the new care models for CAMHs &amp; Adult Eating Disorders, making best use of collective resources to improve services.</li> <li>4. <b>Agreed</b> that proposals for a joint approach to commissioning acute mental health services be brought to the Joint Committee in March 2018.</li> </ol>	HH
16/17	<b>Moving toward a framework for improvement</b>	
	<p>MW introduced the report, which proposed a patient-focused, clinically led peer review/support approach, centred on improving outcomes. It would encourage the sharing of learning and constructive challenge, be light touch and bring together work at place and STP level. It was proposed that the initial focus of the approach would be on Urgent and Emergency Care (UEC).</p> <p>MB welcomed an outcomes-based approach and emphasised the need for strong clinical involvement. AW supported the approach and highlighted the need for broad engagement through the STP Clinical Forum to be combined with specialist clinical expertise. In developing the approach, MW would strengthen the role of clinical engagement.</p> <p>PK highlighted the value of learning from existing models, such as the Cancer peer review programme and PC noted the Local Government Association peer review approach. MW emphasised the value of drawing on a wide range of expertise from across the STP.</p> <p>GS noted the need to ensure that the approach encouraged innovation and learning at local level. HH emphasised the need to learn from 'what works' and focus on outcomes, not process. DK welcomed the opportunity to 'sense check' the delivery of outcomes against stated ambitions.</p> <p>Following the discussion under the previous item on mental health, IH advised that the approach could be undertaken concurrently on UEC and mental health, as different teams were involved.</p>	
	<p><b>The Joint Committee: Agreed:</b></p> <ol style="list-style-type: none"> <li>1. Proposals to develop and test a clinically focused peer review process, which would focus initially on Urgent and Emergency Care and Mental Health and commence from January 2018.</li> <li>2. That feedback on lessons learned would be brought back to the Joint Committee of CCGs.</li> </ol>	MW
17/17	<b>Risk management and assurance</b>	
	<p>SG reported that the Committee's work plan required it to oversee an assurance and risk management system and review significant risks to the achievement of STP objectives. The report proposed an approach that focused on:</p> <ul style="list-style-type: none"> <li>• the delivery of the STP outcomes covered by the Joint Committee's work plan and</li> <li>• risks to the Committee making robust and transparent decisions.</li> </ul> <p>The Committee would draw on risks identified within Programmes and would share, via bi-monthly updates, the Joint Committee's Assurance Framework</p>	

	with STP Programmes and member CCGs.	
	<p><b>The Joint Committee: Agreed:</b></p> <ol style="list-style-type: none"> <li>1. An assurance framework, based on the principles outlined in the report.</li> <li>2. That the framework be used to inform agenda-setting and work planning.</li> <li>3. That the framework be presented for review by the Joint Committee at its meeting on 7th November 2017.</li> </ol>	<b>SG</b>
<b>18/17</b>	<b>Joint Committee work plan</b>	
	<p>IH noted that the Joint Committee of CCGs had delegated authority from individual CCGs to take decisions on their behalf. The scope of delegation was set out in the Memorandum of Understanding and the Joint Committee work plan agreed by individual CCGs.</p> <p>The existing high level work plan was developed at the end of 2016 and there was now a need for greater detail on the specific decisions that the Joint Committee might take. The report set out a process for refreshing the plan and consulting the CCGs. A draft of the updated work plan would be brought to the Joint Committee development session in October 2017, then shared with the individual CCGs before being brought back to the Joint Committee in January 2018. Depending on the materiality of the proposed changes to the work plan, it might be necessary to seek formal agreement from the CCGs. Legal advice was being sought on the most appropriate approach.</p> <p>AB noted the need to ensure sufficient time to allow Governing Bodies to be consulted.</p> <p>MW noted the need to ensure that Committee members sighted their CCGs on all Joint Committee discussions and decisions.</p>	
	<b>The Joint Committee:</b> Agreed the process for refreshing the work plan.	
<b>19/17</b>	<b>Any other business</b>	
	There was none.	

**Next Joint Committee in public** - Tuesday 7<sup>th</sup> November 2017, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.