

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 14 January 2020		Agenda item: 74/20	
Report title:		Joint Committee governance	
Joint Committee sponsor:		Chair	
Clinical Lead:		N/A	
Author:		Stephen Gregg – Governance Lead	
Presenter:		Stephen Gregg	
Purpose of report: (why is this being brought to the Committee?)			
Decision	✓	Comment	✓
Assurance			
Executive summary			
<p>1. At its meeting on 5th November 2019, the Joint Committee approved further work to refresh the Memorandum of Understanding for Collaborative Commissioning (MoU), including updating the work plan which sets out the service-specific decisions for which the Joint Committee has delegated authority. Members considered a progress report at the development session on 3rd December. This report presents the main proposed changes to the MoU and the latest draft of the work plan.</p> <p>Main changes to the MoU</p> <p>2. The current MoU commits the Joint Committee to work with partners across WY&H to deliver shared objectives. The context within which the Joint Committee operates has changed since the MoU was agreed in 2017. Partnership working across WY&H has been formalised in the Partnership MoU and the WY&H Sustainability and Transformation Plan (STP) has been succeeded by the Partnership’s Five Year Plan. The MoU has been revised to reflect these changes.</p> <p>Commissioning futures</p> <p>3. We have already made significant progress in commissioning strategically across WY&H. We have shown that ‘Doing things once’ across WY&H makes the best use of scarce resources to improve outcomes, whilst maintaining our strong connection to our places and local communities.</p> <p>4. The CCG Accountable Officers have been exploring how we can further develop our approach to commissioning and build on our successes to move further and faster. The Accountable Officers presented the headline messages from the work to the Joint Committee development session on 3rd December 2019.</p>			

5. The revised draft MoU includes at Schedule 2 proposals for the Joint Committee to have delegated responsibility for progressing future commissioning arrangements at WY&H level. The proposed wording is as follows:

Future commissioning at West Yorkshire and Harrogate level

Agree the future arrangements for commissioning at scale for WY&H, ensuring that they align with place-based commissioning arrangements and Partnership structures and contribute to the delivery of the Partnership's five year plan.

Agree:

- *the timescales and milestones for any agreed changes.*
- *the implementation plan and programme of transition to any agreed new arrangements.*
- *appropriate resourcing of the new arrangements, ensuring that they provide value for money*
- *appropriate communications between the Joint Committee and its constituent CCGs on any agreed implementation plan.*

Joint Committee work plan

6. The work plan sets out the service-specific decisions that the CCGs have delegated to the Joint Committee. The Joint Committee has made significant progress in delivering its existing work plan. Key achievements include:
- agreeing the configuration of hyper acute stroke services
 - agreeing the commissioning approach to Integrated Urgent Care services
 - agreeing WY&H clinical thresholds, commissioning policies and pathways
 - recommending adoption of the Healthy Hearts project
7. Following consultation with CCG Accountable Officers and programme Senior Responsible Officers (SROs) the work plan has been reviewed to ensure that it reflects the progress made to date and the Partnership's changing priorities and direction of travel. The draft refreshed work plan is attached at **Appendix A**. The proposed changes to the work plan are as follows:
8. The **Cancer and Elective care and standardisation of commissioning policies (now Improving planned care)** programmes have proposed amendments to better reflect their changing priorities and ways of working. The **Urgent and Emergency Care** programme proposals seek to align the Joint Committee work plan with the new approach to collaborative commissioning at Yorkshire and Humber level, which is in the process of being agreed by individual CCGs. The **Mental Health programme (now Mental Health, learning disability and autism)** proposes that commissioning decisions around Assessment and Treatment Units are delegated to the Joint Committee.
9. The **Maternity** programme was not included in the original Joint Committee work plan. It is now proposed that specific commissioning decisions relating to the programme are delegated to the Joint Committee.

10. Schedule 4 of the MoU outlines the process by which the work plan will be reviewed and agreed by the CCGs. This process includes CCGs testing whether proposals for any **new** matters to be added to the work plan meet agreed 'Gateway conditions'. The Joint Committee has previously recommended that the gateway conditions comprise the '3 tests' that we use to determine whether working at WY&H level will add value:

- a. Commissioning at scale (e.g. cancer services, acute stroke reconfiguration, Integrated Urgent Care procurement)
- b. Tackling wicked issues (e.g. standardising commissioning policy, evidence based interventions, ending the postcode lottery)
- c. Learning from each other (e.g. atrial fibrillation, Healthy Hearts, Quality and equality impact assessment)

11. For all proposed new matters, an assessment against the 3 tests will be prepared by programme leads.

Approving the MoU and work plan

12. Any substantive changes to the MoU and the work plan must be agreed by each CCG, which must also ensure that all matters are properly and lawfully delegated. Previously, changes to the MoU and work plan needed to be approved by the membership of each CCG. The new model CCG constitution, which some CCGs have adopted, allows governing bodies to approve collaborative commissioning arrangements. As a result, the MoU has been amended to allow for the different approval mechanisms in each CCG.

Reporting back

13. Decisions of the Joint Committee will continue to be reported to the CCGs by means of a summary of key decisions, minutes of the meeting and an Annual report.

Recommendations and next steps

The Joint Committee is asked to:

- a) Note and comment on the proposed changes to the MoU, including the draft work plan.
- b) Recommend that the draft MoU and work plan are presented to the individual CCGs for consideration and approval.

Delivering outcomes: describe how the report supports the delivery of priority outcomes (Health and wellbeing, care and quality, finance and efficiency)

The MoU and work plan focuses on the delivery of priority outcomes.

Impact assessment (please provide a brief description, or refer to the main body of the report)

Clinical outcomes:	A key element of the work plan and decision path for Joint Committee decisions.
Public involvement:	As above.
Finance:	As above.

Risk:	The Committee receives regular updates on the risks to delivery of its work plan.
Conflicts of interest:	None identified.



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Proposed service-specific decisions to be delegated to the Joint Committee

Cancer

Develop and agree WY&H commissioning policies impacting on cancer care, including but not limited to:

- *Lynch syndrome testing*
- *Optimal cancer pathways which deliver Constitutional standards*
- *Tele dermatology services for suspected skin cancers*
- *Rapid diagnostic centres*
- *Personalised support for people living with and beyond cancer*

Mental health, learning disability and autism

- *Agree a single operating model for the management of acute and psychiatric intensive care unit (PICU) beds across West Yorkshire and Harrogate.*
- *Agree a standard commissioning approach to acute and PICU services and a commitment to peer review local crisis services to ensure risk and benefit can be clearly understood and managed across West Yorkshire and Harrogate.*
- *Agree the plan for the provision of children and young people inpatient units, integrated with local pathways.*
- *Agree a collaborative commissioning model for Assessment and Treatment Units across West Yorkshire for people with learning disabilities to support the new operating model.*

Stroke

Agree the configuration of Hyper Acute and Acute stroke services

- *Review and approve outline business case. Decide on readiness to consult.*
- *Review outcomes of consultation.*
- *Approve full business case*
- *Consider and approve commissioning approach and approve delivery plan.*

Urgent and emergency care

Agree for WY&H the transformational, finance and contractual matters identified as 'CCG decisions to be made in collaboration' in the MoU for the Collaborative Commissioning of Integrated Urgent and Emergency Care Services between CCGs across Yorkshire and the Humber.



Improving Planned Care

- *Develop and agree WY&H commissioning policies, including, but not limited to:*
 - *Clinical thresholds and procedures of low clinical value;*
 - *Efficient prescribing.*
- *Develop and agree service specifications, service standards and the commissioning and procurement approach to support pathway optimisation, including outpatients transformation.*

Maternity

Agree the approach to commissioning maternity services across WY&H including

- *the specification, service standards and commissioning policy.*
- *the commissioning and procurement approach*

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