West Yorkshire
Health and Care Partnership

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Minutes of the meeting held in public on Tuesday 5th October 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
Neil Smurthwaite	**NS**	Chief Operating Officer, NHS Calderdale CCG (deputy for Robin Tuddenham)
Dr Khalid Naeem	**KN**	Chair, NHS Kirklees CCG
Carol McKenna	**CMc**	Chief Officer, NHS 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
Jonathan Webb	**JWb**	Chief Finance Officer, NHS Wakefield CCG (deputy for Jo Webster)
Apologies		
Robin Tuddenham	**RT**	Chief Officer, NHS Calderdale CCG
Jo Webster	**JW**	Chief Officer, NHS Wakefield CCG
In attendance		
Esther Ashman	**EA**	Programme Director, Commissioning Futures WY&H HCP
Karen Coleman	**KC**	Communications and Engagement Lead, WY&H HCP
Stephen Gregg	**SG**	Governance Lead, Joint Committee of CCGs (minutes)
Ian Holmes	**IH**	Director, WY&H HCP
Anthony Kealy	**AKe**	Locality Director WY&H, NHS England & NHS Improvement
Catherine Thompson	**CT**	Director, Planned Care Programme.

Item No.		Action
31/21	**Welcome, introductions and apologies**	
	The Chair welcomed everyone to the meeting. Apologies were noted.	
32/21	**Declarations of Interest**	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. None were declared.	

Item No.		Action
33/21	**Questions and deputations**	
	Questions had been received from three members of the public: **Item 35/21 – Matters arising:** **Question:** There was no appendix with the meeting report, to explain what the Evidence Based Interventions (EBI) programme is. Are they the same points as the 'Evidence based medicine' practiced by some doctors in clinics in the United States? Is the 'Evidence Based Interventions guidelines' a proprietary product? Is the Evidence Based Intervention programme linked to, running alongside or divorced from, the 'risk stratification' GPs are now required to undertake of patients, for example after a blood test. **Response**: Catherine Thompson explained that the EBI programme was a national programme of work led by the Association of Medical Royal Colleges. The aim was to improve the quality of care. It was designed to reduce the number of medical or surgical interventions as well as some other tests and treatments which the evidence tells us are inappropriate for some patients in some circumstances. We also know that sometimes these interventions can do more harm than good. As well as improving outcomes it also meant that we can free up valuable resources so they can be put to better use elsewhere in the NHS. It was not a proprietary product. It worked on a similar set of principles to other approaches to evidence based medicine as in it makes recommendations for when test, treatments and procedures should or should not be used, based on the evidence from clinical research. It isn't about risk stratification, but as with all of these kinds of initiatives it contributes to overall patient safety through the prevention of avoidable harm. **Item 38/21, Integrated Care Board constitution - development and stakeholder involvement.** **Question:** What representation will the public have in shaping this. Public not third sector groups? **Response:** Stephen Gregg said that the Partnership was developing its approach to involvement, which would include Healthwatch. To ensure transparency, we would publish our draft constitution on our website to enable members of the public and other interested parties to contribute. **Question: Will the disabled community have representation in the ICB, as we don't currently have with the CCGs we are only consulted when needed?** **Response:** Stephen Gregg said that the ICB constitution would set out our approach to public involvement. The ICB would be likely to adopt the ten principles outlined by NHS England for working with people and communities. Amongst these principles was to put the voices of people and communities at the centre of decision-making and governance and to build relationships with excluded groups – especially those affected by inequalities, such as people with disabilities.	

Item No.		Action
	A deputation had also been received in relation to **agenda item 38/21, Integrated Care Board constitution - development and stakeholder involvement.** The deputation is attached in full at Annex 1. **Response:** Stephen Gregg explained that the item on today's agenda was about the process for developing and involving stakeholders in the constitution, not on the content of the constitution. However, the Partnership would ensure that the detailed comments were fed into the involvement process. Involvement with stakeholders would be on the content of the West Yorkshire ICB constitution. The Partnership did not intend to raise matters about the legislative timetable or the Parliamentary process.	
34/21	**Minutes of the meeting in public – 6th July 2021**	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 6th July 2021.	
35/21	**Actions and matters arising – 6th July 2021**	
	SG presented an updated the action log.	
	The Joint Committee: Noted the action log.	
36/21	**Lidocaine plasters for the treatment of pain in children**	
	Catherine Thompson (CT) presented the report, explaining that Lidocaine 5% plasters were a topical local anaesthetic preparation. The proposed policy would enable primary care clinicians to prescribe lidocaine plasters for the treatment of pain in children who were already receiving specialist tertiary care. The commissioning policy was already in place in many CCGs and other tertiary referral centres for children's pain management. Adoption across the WY CCGs would reduce variation in access to care. The policy would affect a very small number of children but would improve their quality of life by reducing the need for them to attend the paediatric pain specialist centre in Leeds to receive repeat prescriptions. The policy would bring West Yorkshire in line with clinical practice in other specialist centres nationally. Evidence suggested that the treatment was both safe and effective. The Joint Committee was keen to ensure that primary care clinicians had the necessary support to enable them to prescribe effectively and minimise any risk to patients. The Committee was assured that advice and support would be available from the specialist paediatric team in Leeds. Explanatory information would be provided and the shared care guidance would be revised to set out the need for a direct conversation between the specialist initiating the treatment and the primary care clinician who would continue it.	
	The Joint Committee: **Agreed** the commissioning statement for adoption as policy across the WY CCGs.	

37/21	**Hydroxychloroquine & Chloroquine Retinopathy Monitoring - Pathway and Policy Amendment**	
	Catherine Thompson presented a report proposing a revision to a policy that had been agreed by the Joint Committee in November 2019. It removed a baseline assessment, as the Royal College of Ophthalmologists had decided that it was not necessary. Adopting this amendment would ensure that patients across West Yorkshire and Harrogate who were prescribed hydroxychloroquine or chloroquine had the correct monitoring and followed the same pathway, in line with the updated guidelines. This would ensure safe, evidence-based interventions with follow-up at the appropriate time.	
	The Joint Committee: Agreed the amendment to the WY&H Hydroxychloroquine and Chloroquine Pathway and Policy to reflect updated clinical guidance.	
38/21	**Integrated Care Board constitution – development and stakeholder involvement**	
	Stephen Gregg (SG) presented the report The Health and Care Bill proposed the establishment of Integrated Care Boards (ICBs), which would take on the commissioning responsibilities of CCGs. The Bill required the relevant CCGs to consult on and carry out involvement on the draft ICB constitution. Subsequent guidance from NHSE stated that although CCGs were legally responsible, the process should be led by the designate ICS chair and CEO and that system partners must be engaged throughout. It was proposed that the involvement process would be 'designed once' and delivered five times across our local places, involving all relevant and interested stakeholders via our local communication and engagement leads. Final agreement of the constitution would be through the Partnership Board and the shadow ICB Board. The Joint Committee of CCGs did not have specific delegated responsibility for agreeing the approach, so was asked to make a recommendation to each CCG for agreement through its own governance arrangements.	
	The Joint Committee: Recommended that each CCG agrees that the WY&H Health and Care Partnership co-ordinates: • the development of the draft ICB constitution. • stakeholder involvement on the constitution	**SG**

39/21	**Risk management**	
	Stephen Gregg (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 10 risks scored at 12 or above after mitigation.	
	The Joint Committee: Reviewed the risks to delivery of the Joint Committee workplan and **noted** the actions being taken to mitigate the risks.	
	Any other business	
	There was none.	

Next Joint Committee in public – Tuesday 11 January 2022, 11am – 1pm.

This is a deputation for the JCCC meeting on 5th Oct 2021, about agenda item 38/21, Integrated Care Board constitution - development and stakeholder involvement.

A. Please will you clarify what the Clinical Commissioning Groups and ICS staff are telling stakeholders in the development of the statutory Integrated Care Board constitution, about the following key issues?

1. There is nothing in the Health and Care Bill that provides a legal basis for statutory Integrated Care Boards to delegate their functions
2. That NHS England's August 2021 Interim Guidance on Integrated Care Board Governance explicitly states that it would only be lawful for statutory Integrated Care Boards to delegate their functions, on the basis of Department of Health and Social Care statutory guidance and statutory instruments, once Parliament had passed the Health and Care Bill, without any provision for delegation of IC Board functions
3. That this means - unless the Public Bill Committee approves an amendment about statutory Integrated Care Board delegation of its functions - this key aspect of the Integrated Care Boards' constitution and governance will evade the attention, debate and votes of MPs and Lords. Effectively removing it from the democratic process of lawmaking. What possible reason can there be for this?
4. Further, that NHS England's August 2021 Interim Guidance on Provider Collaboratives makes it clear that statutory Integrated Care Boards' delegation of functions to Provider Collaboratives would open the NHS wider to continued privatisation. This is the relevant NHS England guidance on Provider Collaboratives:

   "The Health and Care Bill, if enacted, will enable ICBs to delegate functions to providers including, for example, devolving budgets to provider collaboratives." (p14) and "Independent sector providers …participation in provider collaboratives may be important to delivering benefits, depending on local priorities and provision. The extent to which independent sector providers can participate in decisions of a provider collaborative may depend on the specific collaborative arrangements and responsibilities; this will need to be considered locally" (p19) But Provider Collaboratives are not even mentioned in the Health and Care Bill.

5. Also, the Interim Guidance on Integrated Care Board governance mandates Integrated Care Boards' delegation of financial and contracting functions to a wide range of "partners". Without specifying whether these "partners" are statutory public bodies, third sector or private companies - or all three.

6. NHS England's interim guidance seems incoherent:

   Its guidance on Provider Collaboratives claims that "The Health and Care Bill, if enacted, will enable ICBs to delegate functions to providers including, for example, devolving budgets to provider collaboratives." But its guidance on Integrated Care Board governance is explicit that all the Integrated Care Board delegation of functions will only be legislated for by statutory instrument and statutory guidance – with no Parliamentary scrutiny – if and when the Health & Care Bill is passed and becomes law.

B. If the Clinical Commissioning Groups and the West Yorkshire Integrated Care System Director and Governance Officer are raising these key issues with stakeholders in the development of the Statutory Integrated Care Board constitution, what the range of stakeholder responses?

C. If you are not raising these key issues with stakeholders, why not?