

West Yorkshire & Harrogate (WY&H) Joint Committee of Clinical Commissioning Groups Summary of key decisions - Meeting in public, Tuesday 7 May 2019

Musculoskeletal pathway

The Committee considered a musculoskeletal (MSK) pathway. The Committee heard that demand for MSK services was high across West Yorkshire and Harrogate and that local services varied. The pathway set out an expectation that all but the most urgent MSK cases would be managed in primary care or through referral to an MSK service. The aim was to ensure that patients received the right care in the right place at the right time. The pathway reflected key messages from patient and public engagement, including support for self-management, an increase in the range of services available in GP practices and better co-ordination of services.

It was expected that most of the pathway would be implemented in each place within one year. Capacity in mental health services and the development of holistic pain management services and first contact practitioners may take up to three years due to workforce challenges. The Programme Team would continue to work with planned care leads to support local implementation. The Team was also working on standardising a range of commissioning policies for MSK conditions which would align with the pathway.

The Joint Committee: Agreed the WY&H MSK pathway for adoption in the nine CCGs of West Yorkshire and Harrogate.

Urgent and emergency care

Following the Joint Committee's recommendation to appoint Yorkshire Ambulance Service as the provider of the new Integrated Urgent Care service, the Committee heard that the service had gone live on 1st April 2019. The main changes included an increase in clinical advice and direct booking and greater collaboration and integration with local services. By the end of March 2019, 46.7% of patients in Yorkshire and Humber (Y&H) who could benefit from clinical advice received it, against a national target of 50%+. Bookable face to face appointments in primary care were at 51.4% in WY&H against a target of 30%.

The Joint Committee: Noted the urgent and emergency care update.

Joint Committee governance

The Committee reviewed its draft annual report for 2018/19, which had been sent to each CCG for inclusion in their annual governance statement and annual report. It would be circulated to key stakeholders and posted on the Joint Committee web pages alongside a more 'public friendly' version.

The Committee reviewed the findings of its recent self-assessment. Much of the feedback was very positive, particularly around Committee processes and levels of trust, collaboration and cooperation. Areas for improvement included how the Committee focuses on health inequalities and value for money and how it ensures that agreed actions are being implemented in each place. The Committee was also updated on other governance issues.

The Joint Committee:

- a) **Approved** the draft Joint Committee Annual Report
- b) **Agreed** proposals for developing the work of the Committee in 2019/20.
- c) Noted the vacancy for one of the Joint Committee CCG lay members and the proposal to seek expressions of interest for the role.
- **d) Noted** the proposed changes to 111/999 decision making at Yorkshire and Humber level, including the proposal that Hambleton, Richmondshire and Whitby CCG becomes an associate member of the WY&H Joint Committee for 111/999 decision making only.

The Joint Committee has delegated powers from the WY&H CCGs to make collective decisions on specific, agreed WY&H work programmes. It can also make recommendations to the CCGs. The Committee supports the wider HCP, but does not represent all of the partners. Further information is available on the Joint Committee web pages: https://wyh-jointcommitteeccgs.co.uk/ or from Stephen Gregg, stephen.gregg@wakefieldccg.nhs.uk.