



West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

DRAFT Minutes of the meeting held in public on Tuesday 6th October 2020

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
Neil Smurthwaite	NS	Deputy 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
Amanda Bloor	AB	Chief Executive, NHS North Yorkshire CCG
Apologies		
Dr Steven Cleasby	SC	Chair, NHS Calderdale CCG
Matthew Groom	MG	Assistant Director, Specialised Commissioning, NHS England
In attendance		
Esther Ashman	EA	Programme Director, Commissioning Futures
Rod Barnes	RBa	Joint Senior Responsible Officer, Urgent and Emergency Care
Stephen Gregg	SG	Governance Lead, Joint Committee of CCGs (minutes)
Sarah Halstead	SHa	Specialised Commissioning, NHS England
Ian Holmes	IH	Director, WY&H HCP
Anthony Kealy	AKe	Locality Director WY&H, NHS England & NHS Improvement
Pat Keane	PK	Joint Senior Responsible Officer, Urgent and Emergency Care
Jonathan Webb	JWb	Director of Finance Lead, WY&H Health and Care Partnership
Keith Wilson	KW	Programme Director, Urgent and Emergency Care

Item No.		Action
86/20	Welcome, introductions and apologies	
	<p>The Chair welcomed everyone to the 'virtual' meeting, including 2 new CCG Lay members to their first meeting - Ruby Bhatti of Bradford District and Craven CCG and John Mallalieu of Calderdale CCG. Members of the public were able to watch the livestream of the meeting. Apologies were noted.</p> <p>Chair's update The Chair noted that we continue to operate in a challenging environment, with COVID infections rising across the country and localised restrictions across WY&H. Partners across the NHS were planning for the restoration of essential services, balancing the competing requirements of non-COVID and COVID services. The Chair expressed thanks to all staff across NHS, care services and other public services for the hard work that they continued to do.</p>	
87/20	Questions and deputations	
	<p>The Chair advised that as the meeting was being held virtually, members of the public had been invited to send questions in advance. One had been received:</p> <p>Question: In Simon Steven's letter of 31st July to CCG Accountable Officers and others, he noted: "Plans to streamline commissioning through a single ICS/STP approach. This will typically lead to a single CCG across the system". Rob Webster, Chair of the WY&HHCPB, has previously been quoted as stating: "Moving to one CCG for WY&H would risk undermining our approach and our relationships with our local authorities, who are equal partners. We have no intention of doing so". How does the Joint Committee see these two positions being reconciled?</p> <p>It was agreed that a response would be provided under agenda item 91/20 'Commissioning futures'. A written response would also be prepared and posted on the Joint Committee webpage.</p>	
88/20	Declarations of Interest	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. There were none.	
89/20	Minutes of the meeting in public – 7 July 2020	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 7 July 2020.	
90/20	Actions and matters arising – 7 July 2020	
	The Joint Committee reviewed the action log.	
	The Joint Committee: Noted the action log.	
91/20	Joint Committee governance	
	<p>SG presented the update, which formally reported the appointment of Ruby Bhatti and John Mallalieu as new CCG lay members to the Joint Committee.</p> <p>Work was ongoing to review the role of the Joint Committee PPI Assurance Group in the light of the Commissioning Futures work programme.</p>	

Item No.		Action
	<p>The revised MoU for Collaborative Commissioning and Joint Committee work plan had been agreed by the West Yorkshire CCGs. The main changes were the delegation of new commissioning decisions to the Joint Committee and changes in Committee membership, with North Yorkshire CCG becoming an associate member.</p> <p>The Committee reviewed the significant risks to the delivery of its work plan. Seven risks were scored 12 or above after mitigation. In response to a question from RB, SG confirmed that risks to the delivery of the Cancer and Planned Care programmes resulting from COVID were reflected in the risk framework.</p>	
	<p>The Joint Committee:</p> <ul style="list-style-type: none"> a) Noted the appointment of 2 new CCG lay members to the Joint Committee. b) Noted that the new MOU and work plan had been agreed by all West Yorkshire CCGs and a final copy signed by CCG Accountable Officers. c) Noted the risk management framework and the actions being taken to mitigate identified risks. 	
92/20	<p>Mental Health, Learning Disabilities and Autism – Commissioning of Assessment and Treatment Units</p>	
	<p>Helen Hirst presented an update on proposals for commissioning West Yorkshire and Barnsley Learning Disability Assessment and Treatment Units (ATUs). HH highlighted that this was part of a wider direction of travel towards greater collaborative commissioning between commissioners and providers.</p> <p>The report set out a proposal for a new care model for the future commissioning of ATUs, which went beyond the inpatient model to consider the whole pathway for people with learning disabilities in need of enhanced care and support. The report noted the revised engagement timeline and KC outlined the approach, which focused on engaging with people who had accessed care in ATUs, their carers and staff. A number of engagement mechanisms were being used.</p> <p>HH emphasised that today, the Joint Committee was being asked to support the direction of travel. Formal approval for the proposed approach to commissioning ATUs would be brought to a future meeting of the Joint Committee, once engagement had been completed.</p> <p>JM supported the approach and highlighted the need for clarity about the provider-managed risk model that was proposed. NS confirmed that the approach was designed to strengthen the management of financial risks across the whole care pathway.</p>	HH/KC
	<p>The Joint Committee:</p> <ul style="list-style-type: none"> a) Endorsed the proposal to extend the workplan of the programme to commission a new care model for people with a learning disability. b) Supported the proposed approach of provider-managed risk, subject to the further work of provider organisations Directors of Finance and CCG Chief Finance Officers. 	
93/20	<p>Commissioning Futures</p>	
	<p>Esther Ashman presented an update on the Commissioning Futures programme, which was based on our successful model of place-based working. The approach was being developed in collaboration with partners across the health and care system, including providers and local authorities. It was based on principles of collaboration and integration, with a strong focus on prevention.</p>	

Item No.		Action
	<p>There were three levels of commissioning, each tailored to local population need and focused on improving population health:</p> <ul style="list-style-type: none"> • commissioning in each place, developed and delivered collaboratively as a system in that place. • commissioning in partnership across the ICS, but delivered separately in each place to a common specification/set of outcomes and standards. • commissioning done once in partnership across WY&H. <p>Work was only done at WY&H level if it added value to our places. All 3 levels required close partnership working across the whole health and care system. A set of financial principles was being developed, which aimed to share financial risk across the system. A proposed operating model would come to a future meeting of the Joint Committee for approval. This would build on the areas already covered by the Joint Committee work plan.</p> <p>In response to the question raised under item 87/20, JW said that the uniqueness of our places meant that a single CCG for the ICS was not the right model for WY&H. Our strong collaborative approach had been shown to deliver results, for example through the WY&H Healthy Hearts and stroke programmes. JM noted the clear message that 'one size fits all' did not work for WY&H. He highlighted the need to articulate this message clearly and simply and ensure that everyone in our places understood and supported the approach. The Chair added that the proposals put our WY&H places at the centre of Commissioning Futures.</p>	EA/JW
	<p>The Joint Committee:</p> <p>a) Noted the update on the Commissioning Futures programme and agreed the proposed next steps in developing the operating model.</p>	
94/20	<p>Urgent and emergency care - Yorkshire and Humber-wide programme for implementing NHS 111 First.</p>	
	<p>Pat Keane presented the report. NHS 111 First was a national programme which built on learning from COVID-19 about the high use of 111 by the public for advice and signposting. The aim was to build on this by encouraging people to phone 111 as an alternative to 'walking' unheralded into Emergency Departments (ED), reducing ED footfall and tackling COVID-19 social distancing challenges. PK emphasised that the aim was not to prevent people from attending ED, but to make it easier for them to access quickly the right support in a planned and managed way. This included direct booking a time slot in ED if appropriate. The aim was to maximise the use of digital solutions to offer a range of alternative services outside of hospital settings. A national specification set out the key aims, actions and outcomes for the implementation of NHS 111 First</p> <p>This was an integrated offer which included a number of alternative pathways, for example through GPs, pharmacists and mental health advice services. Close collaboration with acute hospitals and YAS aimed to make sure that all services were fully integrated. This would maximise the benefits of delivering 111 at scale, integrated with the local services in each place. In Yorkshire and Humber we are working jointly across 3 ICS footprints with YAS (the 111 provider).</p> <p>KW outlined the detailed work being carried out in West Yorkshire and Harrogate to enable effective local implementation across places and programmes. The approach would be launched nationally on 1st December but we were currently doing 'soft launches' to test systems. A major communication and engagement programme was planned, focused on trying to ensure that people accessed the right care at the right time.</p>	

Item No.		Action
	<p>SO noted the benefits of an integrated approach across 111, ED and primary care supported by better signposting across the system. Efficient data flows would be important in enabling this. TR asked how we were tackling the challenges of encouraging behavioural shift and how we would gauge whether the model was working. PK outlined work to capture data on patient flows and understand why people were accessing services. KW noted that we know that people are using 111 more and have developed a strong narrative about where people should go. It was acknowledged that more work was needed to encourage behavioural shift. JB emphasised the importance of understanding people's underlying needs as opposed to the services that they were accessing. KN highlighted the role of 111 call handlers in signposting people and the need for them to be fully supported and trained.</p>	
	<p>The Joint Committee:</p> <p>a) Noted the national specification for NHS 111 First and the process for local implementation through a Yorkshire and Humber Programme Oversight Group.</p>	
95/20	<p>Urgent and emergency care - Yorkshire and Humber framework for the integrated commissioning of services provided by Yorkshire Ambulance Service</p>	
	<p>Pat Keane presented the report, which explained that Yorkshire Ambulance Service (YAS) provided integrated urgent and emergency services across the Yorkshire and Humber geographical footprint, which also contained Humber Coast & Vale and SY & Bassetlaw ICSs.</p> <p>A framework had been developed to strengthen the coordination of planning and commissioning integrated urgent and emergency services provided by YAS. The aim was to balance the advantages of operating at scale across the region with the need to be responsive to the needs of local places. PK set out how the approach dovetailed with the Commissioning Futures approach, with commissioning taking place at the appropriate level across the system. NHS 111 was presented as an example of how this might work in practice. The Integrated Commissioning Framework was underpinned by a set of agreed principles, behaviours and values and an operating model. The approach would combine collaborative working with clear accountability.</p> <p>Rod Barnes outlined the benefits of having a common set of priorities across the 3 Yorkshire and Humber ICSs. The approach enabled better strategic engagement with commissioners and ensured strong links into local places. JW agreed that the approach fitted well with the Commissioning Futures direction of travel. JM emphasised the benefits of greater consistency and integration and the ability to share good practice.</p>	
	<p>The Joint Committee</p> <p>a) Noted the development of the Yorkshire and Humber framework for integrated commissioning of Integrated Urgent and Emergency Care Services provided by Yorkshire Ambulance Service.</p> <p>b) Supported the proposed next steps</p>	
96/20	<p>Any other business</p>	
	<p>There was none.</p>	

Next Joint Committee in public – Tuesday 12 January 2021, 11am – 1pm.