West Yorkshire and Harrogate Sustainability and Transformation Partnership

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 7 November 2017	Agenda item: 26/2017		
Report title:	**Improving Stroke Outcomes**		
Joint Committee sponsor:	Jo Webster, Senior Responsible Officer for West Yorkshire and Harrogate and Accountable Chief Officer for Wakefield CCG		
Clinical Lead:	Dr Andy Withers, Chair of West Yorkshire and Harrogate Clinical Forum and Clinical Chair, Bradford Districts CCG		
Author:	Linda Driver, West Yorkshire and Harrogate Stroke Services Project Lead		
Presenter:	Dr Andy Withers Jo Webster		
Purpose of report: (why is this being brought to the Committee?)			
Decision	✓	Comment	✓
Assurance	✓		

Executive summary

Stroke is the third single cause of death in the UK and has a devastating impact on people's lives, their families and carers. In view of this, lots of work has taken place nationally and across West Yorkshire and Harrogate to improve the quality of care and outcomes for people who have had a stroke. This work includes preventing stroke happening in the first place, improving specialist care (the care you receive in the first hours and days after having a stroke), maximising the use of technology and improving after care by ensuring appropriate levels of support are available.

As an agreed West Yorkshire and Harrogate STP priority work stream two stroke reports were presented to the Joint Committee of Clinical Commissioning Groups (CCG) on the 4 July 2017 which provided members and other key stakeholders with:

- An overview of the engagement work that had taken place across West Yorkshire and Harrogate to seek the views of our population, our staff and key stakeholders on stroke services; and
- A summary of the key findings, conclusions and recommendations outlined in the Hyper Acute and Acute Stroke Strategic Case for Change and a high level overview of the key actions and timelines associated with the project.

From an assurance perspective the Joint Committee agreed that regular progress reports should be presented to the committee for their consideration, comment and approval as appropriate.
This report is being presented to provide the Joint Committee, our population and other key stakeholders with a update on the work currently underway to develop

proposals to determine the 'optimal' service delivery models for our specialist stroke services (the care our patients receive in the first few hours and days after having a stroke.)

This work is all about ensuring we make the most of our valuable skilled workforce, modern technology and equipment in order to maximise opportunities to deliver great services with good outcomes and quality for our population and ensure our specialist stroke services are 'fit for the future' and meet the 7 day hospital service standards for stroke. This report will provide an update on:

- Progress in relation to the first phase of our 'scenario modelling' exercise and proposed next steps;
- Work taking place to inform the development and implementation of standardised care pathways and clinical standards across all existing specialist stroke services;
- A proposal to set an STP aspiration to detect and treat 89% of patients with Atrial Fibrillation (Atrial Fibrillation causes a fast and erratic heartbeat which is a major factor of stroke) for consideration and approval by each of the 11 CCGs in West Yorkshire and Harrogate;
- Key risks and actions to mitigate the risks associated with our work; and
- The proposed next steps and timelines outlined in the high level action plan (Table 1 at the end of this report refers.)

It is important to note that our work to date has been subject to review by NHS England as part of the Stage 1 Assurance process and regular progress reports are being submitted to them as part of the Stage 2 Assurance process.

Our work is being informed by the Engagement work which took place during February and March 2017. We are also continuing to incorporate feedback from Yorkshire and Humber Clinical Senate and other key stakeholders into our action plans e.g. West Yorkshire and Harrogate STP Clinical Forum, West Yorkshire Association of Acute Trust (WYAAT) Committee in Common, WYAAT Medical Directors Forum and Yorkshire Ambulance Service.

Ongoing conversations and engagement will continue, to ensure the public, patient voice informs the development of our proposals. It is also important to note that no decision at this stage of our review process has been made to reduce the number of units across West Yorkshire and Harrogate.

All documentation discussed at the Joint Committee meetings and further information on the work that has taken place to date can be accessed via the following link http://www.wyhpartnership.co.uk/about/our-priorities

Recommendations and next steps

The Joint Committee is asked to:

- Note the progress to date in relation to developing proposals to determine the 'optimal' service delivery models particularly in relation to the 'scenario' modelling' exercise;
- Note the proposal to develop and implement a standardised care pathway

and clinical standards for hyper acute and acute stroke services;

- Consider and support the proposal to request each West Yorkshire and Harrogate CCG to:
  - agree an aspiration to detect and treat 89% of patients with Atrial Fibrillation; and
  - work collaboratively with the Yorkshire and Humber Academic Health Science Network on implementing a targeted and phased approach to working with their local practices;
- Note the key risks and actions to mitigate risks related to our work; and
- Note and comment on the next steps and timelines summarised in the high level project plan.

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

We want to make sure our services are 'fit for the future' and we make the most of the skills of our valuable workforce and technology in order to maximise opportunities to improve services, quality and outcomes for local people. For example, further reducing variation and any unnecessary delays along the whole of the stroke care pathway and making more effective use of our resources.

This is in line with our strategic vision for stroke and strategic vision and priorities set out in the public summary of the West Yorkshire and Harrogate Draft STP published November 2016. This described the approach we would be adopting across our health and care economy and the work that would take place with key partners to identify opportunities to address the triple aims of improving health and wellbeing, care and quality, and finance and efficiency.

For example from a health and well-being perspective we will be working with each of our six local places in Bradford including Airedale Wharfedale and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield to reduce the number of people who die from stroke as well as reducing the number of strokes that occur.

One of the ways we will do this is by further improving the way we detect and treat Atrial Fibrillation (Atrial Fibrillation causes a fast and erratic heartbeat which is a major factor of stroke.) This report will include a proposal to set an STP aspiration to detect and treat 89% of patients with Atrial Fibrillation for consideration and approval by each of the 11 CCGs in West Yorkshire and Harrogate.

The Yorkshire and Humber Academic Health Science Network (Y&H AHSN) have estimated this could result in over 190 strokes being prevented in the next 3 years contributing to a reduction in both the health and well-being gap and the care and quality gap for the population of West Yorkshire and Harrogate.

Y&H AHSN have indicated this level of prevention could save over £2.5m which will contribute to our collective finance and efficiency gap. Although this work may have an impact on local prescribing costs the AHSN have confirmed they will work directly with each CCG to work through the practical aspects of implementation.

Other examples of how we intend to address the care and quality gap include: • Increasing the proportion of stroke patients assessed by a stroke specialist consultant physician and nurse trained in stroke management within 24 hours; • Increasing the proportion of patients scanned within 12 hours; and • Delivery of the new 7-day standards specific to hyper acute stroke, which sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week.	
Impact assessment (please provide a brief description, or refer to the main body of the report)	
Clinical outcomes:	These are as described above and outlined in the report. They are also outlined in the Strategic Case for Change. A Strategic Case for Change Public Summary and easy read version is also available and can be accessed via the following link http://www.wyhpartnership.co.uk/about/our-priorities
Public involvement:	Our approach was outlined in the Engagement Report findings presented to the Joint Committee members, the people of West Yorkshire and Harrogate and other key stakeholders on the 4 July 2017 (Agenda item 3 and Agenda item 4 referred.) The outcome of the Engagement work that took place in February and March 2017 is informing our work. The Engagement Report, Strategic Case for Change, Strategic Case for Change public summary and easy read version are also available at http://www.wyhpartnership.co.uk/about/our-priorities
Finance:	We want to make sure our services are 'fit for the future' and we make the most of the skills of our valuable workforce and technology whilst maximising opportunities to improve services quality and outcomes for local people e.g. further reducing variation and any unnecessary delays along the whole of the stroke care pathway and making more effective use of our resources. The first phase of our work to understand the current costs of our specialist stroke services has now been completed and is informing further discussions between commissioners and providers of these services. The outcome of this work will be reflected in the Outline Business Case. Finance will be an integral component of the work that will take place to ensure we are able to satisfy Joint

	Committee members, NHS England and other key stakeholders about the broader tests that will be applied to our work related to clinical outcome and risk, public acceptability and finance.
Risk:	A risk register is in place. It is a standing agenda item subject to review at each meeting by core members of the Stroke Task and Finish Group. As a West Yorkshire and Harrogate STP priority work stream, risks and actions to mitigate risks are subject to review by the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups. The two risks which currently have a risk score of 12 are included in this report. The risk register is also shared with Urgent Emergency Care Network Programme Board.
Conflicts of interest:	These are recorded.

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

7 November 2017

West Yorkshire and Harrogate – Improving Stroke Outcomes Report

1 Working together across West Yorkshire and Harrogate to further improve the quality of stroke care and outcomes for our population

1.1 Although considerable progress has been made both nationally and across West Yorkshire and Harrogate to further improve quality and stroke outcomes, variation continues to exist and as a result further improving quality and stroke outcomes for our population remains a key priority within the STP.

1.2 In view of this a Strategic Case for Change was developed which recommended that we begin work to develop proposals to determine the 'optimal' service delivery models and pathways for our specialist stroke services (the care our patients receive in the first few hours and days after having a stroke.) This is all about making the most of our valuable staff skills, latest technology and equipment in order to maximise opportunities to deliver great services with good quality and outcomes for our population that meet the 7 day hospital standards for stroke and ensure our specialist stroke services are 'fit for the future'.

1.3 The Strategic Case for Change also highlighted the importance of ensuring that work continues to take place to improve care and outcomes for our population across the whole care stroke pathway. The Case for Change document can be accessed at http://www.wyhpartnership.co.uk/about/our-priorities

1.4 As an agreed STP priority work stream which supports the delivery of STP outcomes it was agreed that from an assurance perspective regular progress reports will be submitted to the Joint Committee for their consideration, comment and approval as appropriate.

This report provides the Joint Committee, our population and other key stakeholders with an update on the following:

- Progress in relation to the first phase of our 'scenario modelling' exercise and proposed next steps;
- Work taking place to inform the development and implementation of standardised care pathways and clinical standards across all existing specialist stroke services;
- A proposal to set an STP aspiration to detect and treat 89% of patients with Atrial Fibrillation (Atrial Fibrillation causes a fast and erratic

heartbeat which is a major factor of stroke) for consideration and approval by each of the 11 CCGs in West Yorkshire and Harrogate;

- Key risks and actions to mitigate the risks associated with our work; and
- The proposed next steps and timelines outlined in the high level action plan (Table 1 at the end of this report refers.)

2. Improving quality and outcomes in our specialist stroke services – 'scenario modelling' update

2.1 The Strategic Case for Change highlighted there is strong evidence that outcomes following stroke are better if people are treated in specialised centres, even if this increases travelling time following the event, and this is likely to be the case in West Yorkshire & Harrogate. It also highlighted that stroke outcomes are likely to be better if people are treated in specialised centres that ideally achieve a minimum number of strokes per annum and do not exceed a maximum number of strokes. Ongoing rehabilitation should, however, be provided at locations closer to where people live and they should be transferred to these as soon as possible after initial treatment.

2.2 The main focus of the work carried out by the Stroke Task and Finish Group during Quarter 2 2017/18 has involved agreeing the methodology, information requirements and assumptions we will use to carry out a 'scenario modelling' exercise to inform the development of our future proposals.

2.3 Our work is being informed by the Engagement work which took place during February and March 2017.

We have worked collaboratively with Yorkshire Ambulance Services who have access to the skills and expertise to carry out travel time analysis and with our Trust clinical and managerial colleagues to review their activity profile and address any queries.

We have liaised with NHS England (NHSE) to gain an improved understanding of the activity assumptions related to the NHSE Thrombectomy (clot retrieval) developments and we have liaised with South Yorkshire and Bassetlaw and Humber Coast and Vale colleagues by way of further 'sense check' in relation to the approach to the 'scenario modelling' exercise.

We have also had further discussions with the Clinical Senate Chair to seek their views and expertise on clinical evidence to inform our 'scenario modelling' work.

2.4 The first phase of the 'scenario modelling' work indicates there is only limited opportunity to 'rebalance' activity flows for patients who had the same travel time to more than one specialist Hyper Acute Stroke service.

2.5 The next phase of the 'scenario modelling' exercise is underway. The pathway work, evidence related to minimum and maximum stroke numbers

and clinical standards e.g. the Stroke Sentinel National Audit Programme, 7 day hospital standards for stroke and the outcome of our earlier engagement work will inform our work. The modelling outputs should be available before the end of December 2017 to inform our next steps. Ongoing conversations and engagement will continue to ensure the public and patient voice will inform the development of our proposals.

2.6 In addition to the 'scenario modelling' the first phase of our work to understand the current costs of our specialist stroke services has now been completed and is informing further discussions between commissioners and providers of these services. The outcome of this work will be reflected in the Outline Business Case.

3. Developing standardised care pathways – specialist stroke services

3.1 It is important to note that the 'scenario modelling' is only one element of the work taking place to inform the development of 'optimal' service delivery proposals.

3.2 Work has commenced to review existing specialist stroke pathways which has highlighted further work is required to develop and implement standardised pathways across West Yorkshire and Harrogate and to implement standard operating procedures and a service specification. In view of this a clinical pathway workshop has been scheduled for the 16 November 2017 which will include clinical and managerial representatives from each of our respective Trusts and representatives from Yorkshire Ambulance Services.

3.3 The workshop will be led by the WYAAT Medical Director who is providing Medical Director Leadership and support to the work of the Stroke Task and Finish Group. The objective of the workshop will be to agree a standardised hyper acute and acute care pathway that we can work collectively to implement across West Yorkshire and Harrogate as soon as possible across each of our existing specialist stroke services.

This work is all about further reducing variation across our specialist stroke services and ensuring our specialist stroke services meet the relevant clinical standards. For example delivery of the new 7-day standards specific to hyper acute stroke, sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week.

3.4 We intend to build upon the key outputs from the clinical summit that took place in May 2017 which highlighted there were opportunities to standardise pathways, maximise the use of technology and ensure we are fully utilising the valuable skills and resources of our workforce. We also want to harness the learning from improvements to care pathways that have already occurred within our Trusts and reflect on the work taking place nationally and across the wider Yorkshire and Humber area to standardise stroke pathways e.g. the Stroke Association Right Care pathway work.

3.5 The outputs from this work will further inform our 'scenario modelling' work as it will provide an improved understanding of patient flows across the care pathway and between services. It will also inform the scope of the work and key actions that a workforce sub group and technology sub group will progress and further conversations and engagement with our staff, the people of West Yorkshire and Harrogate and other key stakeholders.

4. Atrial Fibrillation – prevention and treatment at scale

4.1 The Strategic Case for Change presented to the Joint Committee on the 4 July 2017 highlighted the importance of taking a 'whole system' and 'whole pathway approach' to further improving stroke care and outcomes (reflecting our agreed vision for stroke care) across West Yorkshire and Harrogate.

4.2 The Stroke Task and Finish Group members, our Clinical Forum members and Clinical Senate colleagues have also highlighted the importance of maintaining a continued focus on the detection and treatment of Atrial Fibrillation (which causes a fast and erratic heartbeat which is a major factor of stroke.) Our engagement work also highlighted the importance of further improving awareness of the signs and symptoms of stroke.

4.3 Joint Committee members will be aware that commissioners as part of the West Yorkshire and Harrogate Health Futures Programme already have an agreed Atrial Fibrillation (AF) Strategy which describes our collective ambition to reduce the number of strokes across our footprint by increasing the diagnosis and treatment of AF.

4.4 This work has remained a key priority and the success of this programme (which is the result of all the hard work that has taken place in each of our local place based areas) has meant that we didn't see an increase in strokes in line with population prevalence estimates, which is an achievement for our STP Partnership (Appendix A: Impact on stroke graph also refers.)

4.5 As an ambitious Partnership we recognise however there is still much more work that we can and should do. Over the past couple of months we have been exploring with our clinical colleagues how we can build on this and go 'further faster'.

4.6 Our clinicians are supportive of this approach and the STP Clinical Forum has recommended that we continue to work with the Yorkshire and Humber Academic Health Science Network (Y&H AHSN) to set an aspiration to detect and treat 89% of patients with AF across the West Yorkshire and Harrogate STP footprint. This could result in over 190 strokes being prevented in the next 3 years, improving both the care and quality gap and contributing to a reduction in the health and well-being gap.

4.7 This work could also contribute to reducing our collective finance and efficiency gap. For example, the Y&H AHSN have indicated this level of prevention could save over £2.5m. Although this work may have an impact

on local CCG prescribing costs, the AHSN have confirmed they will work directly with each CCG to work through the practical aspects of implementation and estimated impacts on CCG prescribing budgets.

4.8 The Y&H AHSN has an evidence based programme of support which can help us to deliver this ambition. This programme is already being delivered in some of our primary care practices but this is an opportunity to scale the programme for maximum impact. It will draw upon improvement science methods and has a clear indication of return on investment, with a structured approach to monitoring and evaluating impacts. This work is also about alignment to any existing local work in order to avoid duplication and creating improvement capacity that stays within CCGs and practices to make the work sustainable over the long term.

4.9 As a Partnership we have always been very clear that primacy is at place and our place based plans are key to delivering our priorities and ambitions. If we receive support from each of the 11 CCGs to adopt this approach we will be ahead of the national target regarding AF which is expected next year. This would be the first time any STP has attempted to address AF at scale in this way.

5 Risks

5.1 The risk register for the stroke project is reviewed and updated by the Stroke Task and Finish Group at every meeting and reported to the Urgent and Emergency Care Steering Group and Joint Committee in line with the agreed governance arrangements.

5.2 It is important to note the accountability and responsibility for addressing and mitigating any operational risks that are included on the Stroke Project risk register e.g. risks related to workforce pressures, remains with the Hospital and Lead Commissioner of the relevant stroke service.

5.3 The purpose of including these risks on the project risk register is to ensure a shared understanding of the risks that some of our services are experiencing, the actions that are being taken locally to address them and to ensure the impacts of these actions are reflected in our project plans, 'scenario modelling' work and care pathway developments. For example one of our Trusts experienced operational workforce pressures during September 2017 (these are now resolved.)

As one of the key drivers for change is to ensure our specialist stroke services are 'fit for the future' it is also important that we work collectively across the West Yorkshire and Harrogate STP to develop robust 'optimal' service delivery model proposals as soon as possible.

5.4 Joint Committee members are asked to note there are currently two risks on the Stroke risk register with a score of 12. Both relate to workforce and the score reflects the ongoing workforce challenges in some of our specialist stroke services. The two risks are as follows:

- Risk 5 (impact score 4, probability score 3, total score 12) - There is a risk that providers may not be able to implement the latest stroke guidelines due to lack of available and appropriately skilled workforce able to deliver new models of care resulting in continued variance in stroke outcomes across the West Yorkshire & Harrogate footprint; and

- Risk 6 (impact score 4, probability score 3, total score 12) - There is a risk existing hyper acute stroke services across West Yorkshire and Harrogate may experience operational resilience issues due to inability to recruit and retain appropriately skilled workforce during the transformation period, resulting in emergency commissioning arrangements being implemented in advance of new models of care being approved and implemented.

Actions to mitigate the above risks include the following:

- As part of the risk register review clinical representatives who are core members of the Stroke Task and Finish Group provide alert of any operational workforce pressures to ensure the impacts of local actions are reflected in our project plans, 'scenario modelling' work and care pathway developments as appropriate;
- Operational workforce pressures are addressed via existing contractual routes with the Lead commissioner and provider of services working collaboratively with local stakeholders and other providers across the West Yorkshire and Harrogate footprint to resolve pressures;
- Workforce is one of the key drivers in our Strategic Case for Change and therefore the work currently underway is key to ensuring we are supporting and making the most of our valuable staff and are able to retain and recruit the skilled workforce now and in the future;
- New national stroke guidelines are circulated to all members of the Task and Finish Group and the implications of implementing new guidelines is informing the development of 'optimal' service delivery proposals e.g. our care pathway, service specification and 'scenario modelling' work;
- We are working collaboratively with the West Yorkshire and Harrogate STP Workforce and Local Workforce Action Board (LWAB) Leads to ensure STP, LWAB and Stroke Project developments are aligned;
- We are working collaboratively with NHSE England to ensure Thrombectomy service, care pathway and workforce developments are aligned in order to avoid duplication; and
- The clinical pathway workshop outputs related to workforce will inform the work of the stroke workforce sub group.

6 Next steps and timelines

6.1 Providing the best stroke services possible across West Yorkshire and Harrogate to further improve quality and stroke outcomes is a priority for us all and something we are committed to achieving.

6.2 In line with our Stroke Communication, Engagement and Equality Strategy we will be having more conversations with our staff, partners, public, communities and stakeholders as we develop proposals to inform the next phase of our work.

6.3 In addition to the proposal on prevention and treatment of AF at scale and development of 'optimal' service delivery proposals for specialist stroke services, we will also be progressing work to establish the current position in relation to services patients access following a stroke e.g. early supported discharge services and community rehabilitation services.

This next phase of work is in line with the Engagement work which took place during February and March 2017.

6.4 For ease of reference Table 1 (Appendix B) provides a high level overview of the key actions and timelines associated with this project.

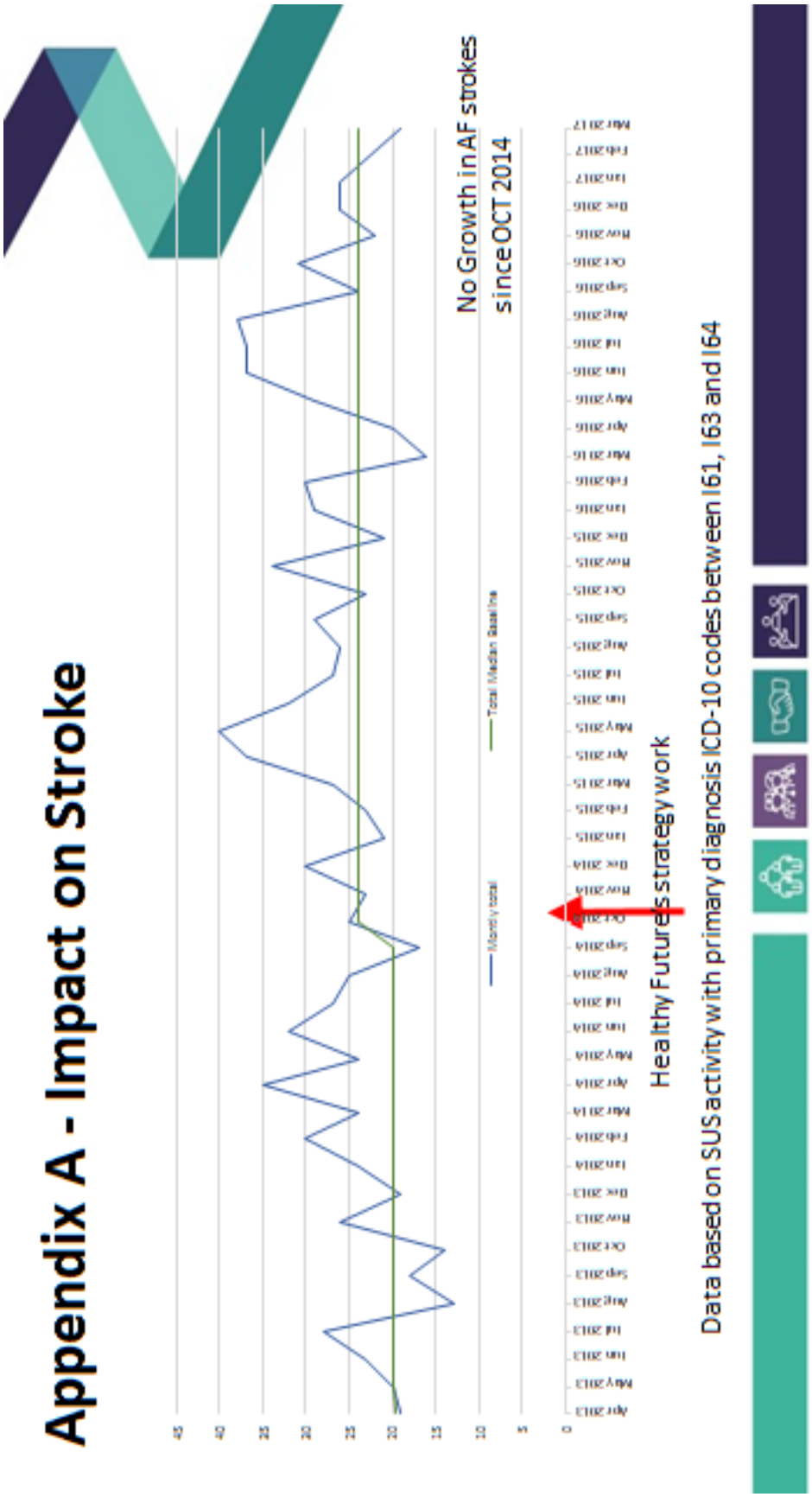
Members are asked to note the table reflects revised timelines for areas where there has been slippage e.g. stroke pathway developments, 'scenario modelling' exercise and may be subject to further change depending on the outcome of the 'scenario modelling' exercise and discussions with key stakeholders.

7 Recommendations

7.1 The Joint Committee is asked to:

- Note the progress to date in relation to developing proposals to determine the 'optimal' service delivery models particularly in relation to the 'scenario' modelling' exercise;
- Note the proposal to develop and implement a standardised care pathway and clinical standards for hyper acute and acute stroke services;
- Consider and support the proposal to request each West Yorkshire and Harrogate CCG to:
  - agree an aspiration to detect and treat 89% of patients with Atrial Fibrillation; and
  - work collaboratively with the Yorkshire and Humber Academic Health Science Network on implementing a targeted and phased approach to working with their local practices;
- Note the key risks and actions to mitigate risks related to our work; and
- Note and comment on the next steps and timelines summarised in the high level project plan.

Linda Driver
West Yorkshire and Harrogate Stroke Services Project Lead
31 October 2017


Appendix A - Impact on Stroke
No Growth in AF strokes
since OCT 2014
Healthy Futures strategy work
Data based on SUS activity with primary diagnosis ICD-10 codes between I61, I63 and I64

APPENDIX B

Table 1 – High level Project Plan

NB: Timelines may be subject to further change - section 6.4 of the report refers)

	Q 1 Apr–Jun 2017	Q2 July – Sept 2017	Q3 Oct – Dec 2017	Q 4 Jan – Mar 2018	Q1 Apr - Jun 2018
Equality Impact Assessment (EIA) - the EIA will be subject to ongoing review and update					
Engagement - targeted further engagement to gain the views of protected groups and capture patient stories (phase 1 communication and engagement plan)		Target date July/Aug 2017		**To be scheduled following completion of 'scenario' modelling exercise**	
Phase 2 Communication and Engagement - action plan refresh (subject to ongoing review and update)					
Review existing stroke pathways and highlight opportunities to standardise across the West Yorkshire and Harrogate and where appropriate across the wider Yorkshire and Humber		Target date August 2017	**Clinical Pathway workshop scheduled 16/11/17**	**Standard Care Pathways developed**	
Making more effective use of technology - review and identify options to 'pilot' (subject to appropriate governance) NB: Pending outcome of standardised pathway work		August 2017			
Development of clinical model proposal to inform the next phase of work (quality and outcomes, workforce, travel , activity including mimics and costs analysis)		Aug/Sept 2017	**End of Dec 2017/ Jan 2018**		

Impact of NHS England Mechanical Thrombectomy service developments are understood and inform clinical model proposals			**NHSE Clinical Advisory Group Thrombectomy meeting 20 Nov 2017**	**NHSE roll out timelines to be confirmed**	
Establish baseline position for post-acute stroke service pathways e.g. Early Supported Discharge, Community rehabilitation			**End of Dec 2017**		
Continued dialogue with South Yorkshire and Bassetlaw, Humber Coast and Vale					
Discussions with each local place based areas to agree next steps (Prevention, Atrial Fibrillation and Hypertension)		July/Aug 2017	**AF Proposal to Clinical Forum** **5/9/17 & 3/11/17** **AF proposal to Joint Committee Meeting 7/11/17**		
Decision – Joint Committee - On readiness to consult			Original target date November 2017 Joint Committee meeting	**March 2018 Joint Committee Meeting (in public)**	
Stage 2 Assurance - NHS England			Oct/Nov 2017 **Stage 2 Pre- meeting with NHSE end of Dec 2017**	**Stage 2 Meeting with NHSE Jan 2018**	
Consultation (As appropriate)					**To Be confirmed**