



West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

DRAFT Minutes of the meeting held in public on Tuesday 7th July 2020

Held virtually by Microsoft Teams

Members	Initials	Role and organisation
Marie Burnham	MB	Independent Lay Chair
Richard Wilkinson	RW	Lay member
Stephen Hardy	SH	Lay member
Dr James Thomas	JT	Chair, NHS Bradford District and Craven CCG
Michelle Turner	MT	Strategic Director of Quality and Nursing, Bradford District and Craven CCG
Dr Steven Cleasby	SC	Chair, NHS Calderdale CCG
Neil Smurthwaite	NS	Deputy Chief Officer, NHS Calderdale CCG
Dr Steve Ollerton	SO	Chair, NHS Greater Huddersfield 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
Apologies		
Helen Hirst	HH	Chief Officer, NHS Bradford District and Craven CCG
Dr Khalid Naeem	KN	Chair, NHS North Kirklees CCG
Dr Charles Parker	CP	Chair, NHS North Yorkshire CCG
Amanda Bloor	AB	Chief Executive, NHS North Yorkshire CCG
In attendance		
Esther Ashman	EA	Programme Director, Commissioning Futures
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	Improving Planned Care
Jonathan Webb	JWb	Director of Finance Lead, WY&H Health and Care Partnership

Item No.		Action
76/20	Welcome, introductions and apologies	
	The Chair welcomed everyone to the meeting, and apologies were noted. As a result of the COVID-19 restrictions, this was the first in public since January 2020 and was being held via Microsoft Teams. Members of the public were able to watch the livestream of the meeting.	

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77/20	Chair's update	
	<p>The Chair noted that since the last meeting, partners had been dealing with the impact of the COVID-19 pandemic. Staff in all organisations had played a huge part in responding to the pandemic, and the Chair thanked them for their hard work and commitment. COVID-19 had also meant that we had refocused and reprioritised our work as a Partnership. In such challenging times, collaborative working was more important than ever.</p> <p>The Chair noted changes in the commissioning landscape. The Bradford and Craven CCGs had merged to form a single CCG. Harrogate CCG had merged to form North Yorkshire CCG, which was now an associate member of this Committee. The Chair proposed a vote of thanks to members who had left the Committee – Andy Withers, Gordon Sinclair, David Kelly and Sohail Abbas. She also thanked Richard Wilkinson who was attending his last meeting.</p>	
78/20	Questions and deputations	
	<p>The Chair advised that because the meeting was being held virtually, questions would be handled differently today. Members of the public had been invited to send questions to the Partnership Team so that a member of our team could read them out on their behalf. One question had been received:</p> <p>Question: What, in the view of the JCCC, have been the effects on WYH ICS's ability to respond to the Covid-19 Pandemic, of:</p> <ul style="list-style-type: none"> a) decade-long cuts to NHS funding, hospital beds and clinical staff - including ICU beds and staff? b) the government's failure to promptly authorise and direct widespread testing and tracing, from the start of the pandemic? c) the government's failure to source and provide adequate PPE? <p>These questions were followed by a number of more detailed questions. As the questions largely related to the wider Partnership rather than the Joint Committee specifically, it was agreed that a written response would be prepared, drawing on the comments of partners.</p>	
79/20	Declarations of Interest	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. There were none.	
80/20	Minutes of the meeting in public – 14 January 2020	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 14 January 2020, subject to the correction of a minor typographical error.	
81/20	Actions and matters arising – 14 January 2020	
	The Joint Committee reviewed the action log.	
	The Joint Committee: Noted the action log.	
82/20	Joint Committee governance	
	SG presented an update on key governance issues.	

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	<p>COVID had significantly disrupted governance arrangements and some 'business as usual', including approval of the Committee's annual report, had been carried out 'virtually'. Programmes had been refocussed and the existing Joint Committee work plan had largely run its course, which had meant that there has been no requirement for the Joint Committee to take any formal commissioning decisions during the lockdown. In March, members had agreed that a revised MoU and work plan be presented to the individual CCGs for approval. The main changes were the delegation of new commissioning decisions and changes in Committee membership, with North Yorkshire CCG becoming an associate member, able to contribute to the discussion but not to vote. The new MoU and work plan would come into effect once it had been approved by all of the West Yorkshire CCGs. The risk framework would be refreshed to reflect the Committee's new work plan.</p> <p>CCG mergers had meant that the PPI Assurance Group now had a core membership of only 5. SH said that further work was being done on the membership and role of the PPI Assurance Group to enable it to continue its core role of providing assurance to the Joint Committee. JW noted the importance of the Group drawing on the wide range of engagement activity that was taking place across all Partnership programmes.</p>	
	<p>The Joint Committee:</p> <ul style="list-style-type: none"> a) Noted the 2019/20 annual report. b) Noted the progress in agreeing the new MOU and work plan and that the MoU would be presented to the Accountable Officers once it had been agreed by all of the CCGs. c) Requested that an agenda planner, based on the revised work plan, be presented to the meeting in public in October, together with the refreshed risk framework. d) Requested that further work be done to explore the future membership and role of the PPI Assurance Group. 	SG
83/20	Our response on COVID-19: Implications for the Joint Committee	
	<p>IH report on the response of the health and care system to the initial surge in the COVID-19 pandemic. As we moved to a more stable situation our focus was turning towards how we continue to meet the needs of people with COVID and other conditions.</p> <p>The paper set out the approach and how we had refocused our programmes to support the response. In this uniquely fast moving environment, priorities and pressure points would change frequently and an agile response was essential. While the specific focus of our work had changed, our Five year plan continued to set the high level objectives. The report included revised summary plans for each of the work programmes where decisions had been delegated to the Joint Committee.</p> <p>Alongside stabilisation and reset, the main development which would influence the Joint Committee's future priorities and approach was the commissioning futures work. Moving forward, the Committee's work plan and role would evolve to reflect these new priorities. JT noted the need for the Committee to be involved in the further development of the commissioning futures work. JW confirmed that an update on the work would be brought to a future meeting.</p>	JW/EA

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	<p>The Joint Committee:</p> <p>a) Noted the approach set out in response to the pandemic, and the programme priorities for the next phase of the response.</p> <p>b) Noted the next steps to develop a revised forward plan for the Joint Committee based on these new priorities.</p>	
84/20	<p>Improving Planned Care: Programme Refresh</p>	
	<p>CT presented a summary of the changes to the Improving Planned Care programme as a result of the response to COVID-19. The proposed new priorities supported the stabilisation and reset of health and care services and included:</p> <ul style="list-style-type: none"> • A single programme of work bringing together the Elective Care programme and the WYAAT Elective Surgery programme, under new leadership and overseen by a new Alliance Board. • Supporting places with restarting planned care and limiting the growth of waiting lists. This included a bid for a proposed elective care 'hub'. • Optimising the use of diagnostic capacity. • Supporting a different approach to pathways, focusing on prevention, shared decision-making between primary and secondary care and personalisation. <p>Elements of the pre-existing work programme had been re-started where they supported the re-start of planned care, for example time-critical eye services.</p> <p>SO highlighted the need to manage carefully the transfer of work between primary and secondary care. JW acknowledged that the impact of changing pathways would be felt across the system and that effective partnership would be needed. TR noted the need to be clear that the work at WY&H level and in particular the elective care 'hub' would support work at place level. He also noted the need to join up work with places and other Partnership programmes around prevention. CT noted the importance of putting the health of the population at the centre of the Programme's work. She added that the Programme was working closely with other programmes on shared care, personalisation and prevention.</p> <p>JT noted the need to embed personalised care within all Programmes. The Clinical Forum supported the need to focus on population health and to ensure that learning was shared effectively across the Partnership. IH welcomed the establishment of a system-wide Programme designed to support place.</p> <p>SC highlighted the critical importance of the Programme, which would involve fundamental transformation across the system. Strong relationships and clinical leadership would be needed to ensure that shared responsibility was embedded across the whole system. JW added that system transformation was needed to ensure that capacity was used effectively to improve outcomes and reduce inequalities. Winning 'hearts and minds' would be key.</p>	
	<p>The Joint Committee:</p> <p>a) Noted the integration of the two programmes to form the Improving Planned Care programme</p> <p>b) Supported the proposals to address access to diagnostic testing and elective surgery</p> <p>c) Supported the proposals to address referrals and support proactive approaches to managing planned care.</p> <p>d) Recommended that CCGs take the proposals back into their individual CCGs for further consideration.</p>	

Item No.		Action
85/20	Any other business	
	RW thanked the Chair and members for their support and for their contribution to the work of the Joint Committee over the past 3 years.	

Next Joint Committee in public – Tuesday 6 October 2020, 11am – 1pm.

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