

West Yorkshire & Harrogate (WY&H) Joint Committee of Clinical Commissioning Groups

Meeting held in public on Tuesday 6 March 2018

Summary of key decisions

Mental health
<p>The Joint Committee heard that MH providers were working together to share beds, improve access to local services and reduce out of area placements. CCGs were reviewing commissioning plans, working to reduce variation and establish common levels of community services across WY&H. Each CCG was now leading on a specific area of work. There was an update on:</p> <ul style="list-style-type: none"> • Work to improve collaboration on providing locked rehabilitation units. Proposals for alternative models would be brought back to the Joint Committee. • The development of a new Child and Adolescent Health services (CAMHs) pathway aimed at improving community provision and reducing the use of tier 4 beds. • Collaborative work which was leading to a richer commissioning picture of learning disabilities, adoption services and dementia.
<p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Noted the report and endorsed continued collaborative commissioning work to support the delivery of the mental health programme.
Urgent and emergency care
<p>NHS England required all CCGs to have an Integrated Urgent Care (IUC) programme by 1 April 2019. The current Yorkshire and Humber NHS 111 contract with the Yorkshire Ambulance Service (YAS) ended in March 2018. A one year interim contract was being negotiated with YAS for 2018 -19, and it was recommended that there also be allowance for a 6 month extension to ensure service continuity and minimise risk.</p> <p>The report sought approval to undertake a formal procurement process. The work was being overseen by the Y&H Joint Strategic Commissioning Board (JSCB). Expressions of interest had been sought from prospective providers and a 'structured dialogue' approach was recommended, which would enable the service model to be refined with providers. This was particularly important given the complexity of delivering services in 3 STP areas across Y&H.</p>
<p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Ratified the recommendation of the Commissioner- only JSCB that the appropriate route to market is through a competitive procurement process and instruct the JSCB to implement this decision. 2. Ratified the recommendation of the use of a dialogue based process to deliver the service model. 3. Ratified the recommendation to negotiate an interim contract with the current 111 provider for 18/19 that has the ability to be extended for six months as a means of mitigating any risks relating to continuity of service, should unavoidable slippage occur. 4. Noted the risks associated with the procurement process and supported the core team to mitigate these.

Notes

The Joint Committee has delegated powers from the WY&H CCGs to make collective decisions on specific, agreed WY&H work programmes, including mental health, urgent care, cancer and stroke. It can also make recommendations to the CCGs. The Committee supports the wider STP, but does not represent all of the partners.

Agenda papers and further information are available from the Joint Committee web pages: <http://www.wyh-jointcommiteeccgs.co.uk/> or contact Stephen Gregg, Governance Lead stephen.gregg@wakefieldccg.nhs.uk.



Elective care and standardisation of commissioning policies

The programme aimed to change the relationship between people and services. It included developing local capability, which would reduce unnecessary dependency on hospital care and improve outcomes.

The report presented proposed high level eye care and musculoskeletal / elective orthopaedic pathways. It also proposed approaches to Procedures of Limited Clinical Value (PLCV) and prescribing.

The Joint Committee agreed:

1. The high level pathway for eye care.
2. The consideration of emergency eye care services where these interface indivisibly with planned care services for eye health.
3. The high level pathway for elective orthopaedic services.
4. The recommendation to exclude non-clinical services from the PLCV work programme.
5. The clinical inclusion, exclusion and prioritisation proposals for the PLCV programme.
6. The 'Do Once and Share' approach to delivery of the PLCV programme.
7. The proposals for the ongoing development of the prescribing programme

Next Joint Committee in public

Tuesday 5th June 2018, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1GF.

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