West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

DRAFT Minutes of the meeting held in public on Tuesday 14 January 2020

Create 2 Room, 2 Brewery Wharf, Leeds LS10 1JR

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 Airedale, Wharfedale and Craven CCG
Dr Andy Withers	**AW**	Chair, NHS Bradford Districts CCG
Helen Hirst	**HH**	Chief Officer, Bradford District and Craven CCGs
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 Alistair Ingram	**AI**	Chair, NHS Harrogate & Rural District CCG
Amanda Bloor	**ABl**	Chief Officer, NHS Harrogate & Rural District CCG
Dr Gordon Sinclair	**GS**	Chair, NHS Leeds CCG
Sue Robins	**SR**	Director of Operational Delivery, NHS Leeds CCG
Dr Adam Sheppard	**AS**	Chair, NHS Wakefield CCG
Jo Webster	**JW**	Chief Officer, NHS Wakefield CCG
Apologies		
Dr Sohail Abbas	**SA**	Chair, Bradford City CCG
Dr David Kelly	**DK**	Chair, NHS North Kirklees CCG
Tim Ryley	**TR**	Chief Executive, NHS Leeds CCG
Dr Matt Walsh	**MW**	Chief Officer, NHS Calderdale CCG
In attendance		
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
Pat Keane	**PK**	Senior Programme Director, Urgent and Emergency Care
Catherine Thompson	**CT**	Programme Director - Elective care/standardisation of commissioning policies
Jonathan Webb	**JWb**	Director of Finance Lead, WY&H Health and Care Partnership
Keith Wilson	**KW**	Programme Director, Urgent and Emergency Care

3 members of the public were present.

Item No.		Action
65/20	**Welcome, introductions and apologies**	
	Apologies were noted.	
66/20	**Open Forum**	
	The Chair invited questions from members of the public. **71/20 Hip policies** • Will weight loss for people who are obese be a barrier to hip surgery? • Why is it forecast that the number of procedures will reduce? JT responded that weight loss by people who are obese would be encouraged as part of shared decision-making, but would not be a barrier. CT said that some commentators had reported a reduction in procedures as a result of shared decision making. However, any reduction in the number of procedures would be a product of that shared decision-making and would reflect the patient's involvement. SO added that we was not anticipating a reduction in procedures in his CCG. **72/20 Cataract surgery pathway and policy** • How will community optometrists be upskilled to carry out new roles? • Are outcomes in the independent sector comparable to those in the NHS? JT confirmed that outcomes were monitored and that outcomes in the independent sector were comparable with those in the NHS. CT said that a post graduate module at Bradford University was being funded to provide the necessary upskilling of community optometrists.	
67/20	**Declarations of Interest**	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. There were none.	
68/20	**Minutes of the meeting in public – 5 November 2019**	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 5 November 2019.	
69/20	**Actions and matters arising – 5 November 2019**	
	The Joint Committee reviewed the action log.	
	The Joint Committee: Noted the action log.	
70/20	**Urgent and emergency care**	
	Adam Sheppard (AS) introduced the item, noting the stakeholder engagement that had taken place to re-set the programme, inform new workstreams and focus on key priorities.	

Item No.		Action
	Pat Keane (PK) presented the update on the Urgent and Emergency Care Programme. The update covered progress on work streams including workforce, population health management, integrated services and access to local urgent care services. The update also highlighted the arrangements for responding to winter pressures through a Winter Delivery Agreement. This included the establishment of a virtual 'Winter room' to enable closer partnership working between Accident and Emergency Boards, Acute Trusts, Yorkshire Ambulance Service and NHS England, including information sharing, trend analysis, escalation and support. AW noted that the Clinical Forum had emphasised the importance of measuring the impact of all the workstreams. HH highlighted the need to be ambitious around integrated urgent and emergency care. GS noted the important role of in hours primary care and SO highlighted the contribution of primary care networks. JW noted the need for providers and commissioners to work collaboratively across the whole system.	
	The Joint Committee: 1. **Noted** the urgent and emergency care programme update.	
71/20	**Hip policies**	
	Dr James Thomas (JT) presented hip replacement and arthroscopy policies for adoption across WY&H. The policies had been developed to align with the wider Musculoskeletal (MSK) pathway agreed by the Joint Committee. Having single policies would help to address any unnecessary variations in care. Evidence-based clinical thresholds would also mean that surgical procedures would only be carried out when they were clinically effective, and where alternative non-surgical options had been ineffective. The emphasis on shared decision-making and supported self-management would require staff development to make sure that all clinical staff within MSK and elective orthopaedic services had the right skills. JT noted the extensive engagement that had taken place, together with a comprehensive Quality and Equality Impact Assessment. JT noted that the CCGs had agreed a 12 month timescale for the implementation of new policies. RW noted the need to ensure that inequity in access to services was addressed. JT said that this was being explored in detail and CT added that each place had been asked to report back on the position in their area in response to the hip equity audit. AW highlighted the need to ensure a consistent approach across independent sector providers. GS highlighted the need to develop the approach to shared decision-making. CT acknowledged that there was further development work to be done on shared decision-making and AW added that organisational development work was taking place to support this.	
	The Joint Committee: 1. **Agreed** the policies for hip replacement and hip arthroscopy.	

Item No.		Action
72/20	**Cataract surgery pathway and policy**	
	James Thomas resented a single WY&H pathway and policy for cataract Surgery for adoption across WY&H. JT explained that cataract surgery was the most common planned surgical procedure in the UK. Across WY&H there are around 25,000 procedures every year, which is expected to increase as people live longer and the population increases Health economic modelling had shown that cataract surgery was highly cost effective and a multi-disciplinary team had worked closely together to agree the WY&H cataract pathway and policy, including through a stakeholder event. The pathway required referral directly from a community optometrist, who would be more closely involved in the early decision making process through an agreed shared decision-making tool. Community optometrists would evaluate an individual's suitability for surgery, discussing options with them before a shared decision was made. Patients who have had uncomplicated routine cataract surgery would also have their follow-up checks carried out by a community optometrist. JT said that making better use of community optometrists would release specialist capacity in hospitals to see higher risk patients with potentially sight-threatening conditions. The Programme team were working with partner organisations across eye care services to consider the options for delivering services. The Committee discussed the financial, information technology and capacity risks involved in implementing the policy. SH noted issues in relation to the role of the independent sector, SO adding that training was an issue. CT said that the same model would be followed in the independent sector and that work was underway with Health Education England to ensure that there was appropriate training. NS noted the financial and contractual risks and said that work was underway within the Task and Finish Group to address these. JW added that it would be important to fully understand and address the risks.	
	The Joint Committee: 1. **Agreed** the WY&H cataract surgery pathway and policy 2. **Approved** the principle of using primary care/community optometrists to carry out shared decision-making and post-operative checks for routine patients in order to release capacity within Hospital Eye Services (HES) and free up ophthalmologists to be able to see higher risk patients with potentially sight-threatening conditions. 3. **Requested** that the Task and Finish Group report back to a future meeting on how the risks to implementation would be mitigated.	**CT**
73/20	**Risk management**	
	Stephen Gregg presented the report that showed that there were 4 risks scored at 12 or above after mitigation. The scores for 2 risks had been reduced to below 12 since October. These risks were shown on the register, but would be removed from future versions.	

Item No.		Action
	The Joint Committee: Noted the risk management framework and the actions being taken to mitigate current risks.	
74/20	**Joint Committee governance**	
	Stephen Gregg presented the report, which included a range of proposals to further strengthen collaborative working. He updated the Committee on work to refresh the Memorandum of Understanding and the work plan. The revised MoU included proposals for the Committee to have delegated responsibility for future commissioning arrangements at WY&H level. The Committee also considered proposals for adding new service matters to the Committee's work plan, including maternity services and Assessment and Treatment Units (ATUs) providing specialist hospital support for adults with moderate to severe learning disabilities. HH updated the Committee on the development of a new operating model for ATUs. SG advised that any substantive changes to the MoU and the work plan must be agreed by each CCG, which must also ensure that all matters are properly and lawfully delegated. The Committee requested that the delegation in relation to Urgent and Emergency care be made more specific in the final version of the work plan.	
	The Joint Committee: 1. **Noted** the proposed changes to the MoU, including the draft work plan. 2. **Recommended** that the draft MoU and work plan be presented to the individual CCGs for consideration and approval, subject to the inclusion of more detail in relation to Urgent and Emergency care.	
75/20	**Any other business**	
	There was none.	

Next Joint Committee in public – Tuesday 7th April 2020, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.