

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

Summary of key decisions

Meeting held in public on Tuesday 4 September 2018

| Elective care/standardisation of commissioning policies |
|--|
| <p>The Committee considered an update on progress on Eye Care Pathway and Services, Musculoskeletal Pathway, Clinical Thresholds and Value Based Commissioning (Procedures of limited clinical value), Supporting Healthier Choices and Prescribing. Good progress was noted in aligning providers and commissioners through closer working with the West Yorkshire Association of Acute Trusts. The Committee noted that WY&H level work enabled commissioners in each place to share learning and help with the 'day job'. Some of the challenges for the programme included:</p> <ul style="list-style-type: none"> • Using behavioural change science to change the conversation with the public about services. • Capitalising on the expertise of community pharmacy and working with them on shared priorities. • Balancing the need for early diagnosis of cancer with the other pressures on the healthcare system, particularly around planned care. • Workload pressures across the healthcare system |
| <p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Noted progress with the Elective Care and SCP programme, the challenges faced, and the proposed approach to the ongoing development of the programme. 2. Supported a proposal to agree common objectives for CCG commissioning staff relating to work at WY&H level. |
| Partnership Memorandum of Understanding (MoU) |
| <p>The Committee heard that during September, the Boards/Governing bodies of partner organisations and Health and Wellbeing Boards would be asked to approve the MoU for the West Yorkshire and Harrogate Health and Care Partnership. The MoU was not a legal document and entailed no changes in the statutory duties of CCGs. It was intended to formalise ways of working across the Partnership. New governance arrangements would improve transparency and democratic accountability and enable the Partnership to become more self-governing. Primary care would be represented as commissioners and providers in the Partnership governance structures.</p> |
| <p>The Joint Committee: Noted the MoU and the arrangements for seeking the approval of partners.</p> |
| Joint Committee governance |
| <p>Public and Patient Involvement (PPI) Assurance Group - to strengthen arrangements for assuring patient and public involvement, a PPI Assurance Group was proposed, building on the work of the Lay Member Assurance Group. The Committee reviewed draft terms of reference for the Group.</p> <p>Risk management framework - the Committee reviewed the significant risks to the delivery of the Joint Committee's work plan.</p> |
| <p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Noted the work to date of the Lay Member Assurance Group and agreed that the Group be reconstituted as the Public and Patient Involvement Assurance Group. The terms of reference to be amended to strengthen the focus on assurance. 2. Reviewed the risk management framework and the actions being taken to mitigate the risks. |

Note

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 HCP, but does not represent all of the partners. Agenda papers and further information are available from the Joint Committee web pages: <https://wyh-jointcommitteeccgs.co.uk/> or contact Stephen Gregg, Governance Lead stephen.gregg@wakefieldccg.nhs.uk.