West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Minutes of the meeting held in public on Tuesday 7 November 2017

Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF

Members	**Initials**	**Role and organisation**
Marie Burnham	**MB**	Independent Lay Chair
Fatima Khan-Shah	**FKS**	Lay member
Richard Wilkinson	**RW**	Lay member
Dr Akram Khan	**AK**	Chair, NHS Bradford City CCG
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, NHS Bradford City, Bradford Districts and AWC CCGs
Dr Alan Brook	**ABr**	Chair, NHS Calderdale CCG
Neil Smurthwaite	**NS**	Chief Finance Officer, NHS Calderdale CCG
Dr Steve Ollerton	**SO**	Chair, NHS Greater Huddersfield CCG
Carol McKenna	**CMc**	Chief Officer, NHS Greater Huddersfield CCG and North Kirklees CCG
Dr Alistair Ingram	**AI**	Chair, NHS Harrogate & Rural District CCG
Amanda Bloor	**ABl**	Chief Officer, NHS Harrogate & Rural District CCG
Dr Jason Broch	**JB**	Chair, NHS Leeds North CCG
Dr Alistair Walling	**AWa**	GP Clinical Lead, NHS Leeds South & East CCG
Dr Gordon Sinclair	**GS**	Chair, NHS Leeds West CCG
Philomena Corrigan	**PC**	Chief Executive, NHS Leeds CCGs Partnership
Dr Phillip Earnshaw	**PE**	Chair, NHS Wakefield CCG
Jo Webster	**JW**	Chief Officer, NHS Wakefield CCG
Apologies		
Matt Walsh	**MW**	Chief Officer, NHS Calderdale CCG
Dr David Kelly	**DK**	Chair, NHS North Kirklees CCG
In attendance	**Initials**	**Role**
Lou Auger	**LA**	Director of Delivery, West Yorkshire, North Region NHS England
Nigel Gray	**NG**	Chief Officer - System Integration, NHS Leeds CCGs Partnership Senior Responsible Officer for Urgent & Emergency Care
Ian Holmes	**IH**	Programme Director, WY&H STP
Jonathan Webb	**JWe**	Director of Finance, WY&H STP
Stephen Gregg	**SG**	Joint Committee Governance Lead (minutes)
Karen Coleman	**KC**	Communication Lead, WY&H STP

Tony Jamison	**TJ**	Clinical Lead for Medicines, Yorkshire and Humber Academic Health Science Network
Jacqui Crossley	**JC**	Head of Clinical Effectiveness and Governance, Yorkshire Ambulance Service
Jonathan Booker	**JB**	Senior Analyst, WY&H STP
Linda Driver	**LD**	Stroke Project Lead
Keith Wilson	**KW**	Programme Manager, Urgent and Emergency Care
Catherine Thompson	**CT**	Programme Director, Standardisation of Commissioning Policies and Elective Care

11 members of the public, and 4 observers from STPs in Cumbria and the North East were in attendance.

Item No.	Agenda Item	Action
20/17	**Welcome, introductions and apologies**	
	MB welcomed all to the meeting and reminded everyone of the role of the Joint Committee. Apologies were noted. MB congratulated Carol McKenna on being appointed as shared Chief Officer for NHS Greater Huddersfield CCG and NHS North Kirklees CCG. Richard Parry had returned to his full time role at Kirklees Council as Strategic Director for Adults and Health. MB thanked Richard for his contribution to the work of the Joint Committee.	
21/17	**Open Forum**	
	MB invited members of the public to make representations or ask questions about items on today's agenda. *Q1 Wakefield CCG and N Kirklees CCGs had introduced referrals to opticians for patients who might previously have gone to A&E. How would this impact on referrals and costs?* CMc said that the aim was to ensure that patients were referred to the most appropriate professional. CMc and PE offered to follow up the issue outside of the meeting.	CMc/ PE
22/17	**Declarations of Interest**	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. There were no additional declarations. MB noted the potential conflicts of interest of GP members in relation to the specification for future out of hours services in agenda item 28/17. No mitigating action was needed at this stage, but the Committee would need to ensure that any conflicts that did arise were managed appropriately.	
23/17	**Minutes of the meeting in public – 5th September 2017**	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 5th September 2017, subject to an amendment to the initials of an attendee.	
24/17	**Actions and matters arising**	
	SG presented the log, which had been updated. MB requested that, where possible, actions marked as 'ongoing' be assigned a specific deadline. There were no matters arising.	

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	The Joint Committee: Noted the action log.	
25/17	**Video presentations**	
	JW introduced 3 video presentations connected to items on the agenda. In the first, Geoff talked about his experience of stroke and stroke services. The second highlighted the importance of work to prevent physical and mental health conditions. In the third, local health leaders talked about the need for services to work differently together to improve services and outcomes.	
	The Joint Committee: Noted the video presentations.	
26/17	**Improving stroke outcomes**	
	JW introduced the item, which provided an update on the stroke programme, and included a proposal for the 11 CCGs to work together to reduce the number of people who die from stroke. AW noted the need to improve stroke outcomes in WY&H. He highlighted the importance of preventative work and summarised progress on modelling work to help determine future stroke services. He outlined consultation with the Clinical Forum to ensure that development work reflected current best practice. Discussions were ongoing with providers on the future care pathway. Delivering the 7 day standard for services was a key aim. A key part of effective prevention was detecting and treating atrial fibrillation (AF). AW set out an aspiration to detect and treat 89% of people with AF. A focused approach was proposed, working with the Yorkshire and Humber Academic Health Science Network to support practices where there was the greatest potential to make a difference. FKS asked how the 89% target had been derived and noted the need to improve outcomes across WY&H. TJ said that Public Health England had carried out detailed work to estimate the benefits from addressing AF. ABr queried the basis for the target and highlighted the need for accurate and robust diagnoses of AF. AW said that the evidence base for the target was strong. He noted the importance of effective treatment with anti-coagulants. JW said that the ultimate aim was 100% detection and treatment. There had been extensive clinical engagement in developing the proposals, and targeted support could make a real difference. She outlined the risks to the stroke programme and ongoing work to mitigate them. A further report would be brought to the Joint Committee in March. PC noted the need to address other aspects of the stroke programme, including diagnostics and consultant review. JW advised that these standards would be addressed by the work on 7 day services. GS asked how the public was being engaged in the programme. LD outlined the engagement work to date and work planned to support the next steps. JC highlighted how Yorkshire Ambulance Service was drawing on the direct experience of patients and staff to help shape future services.	
	The Joint Committee: 1. **Noted** progress in developing proposals to determine optimal service delivery models particularly the 'scenario' modelling' exercise; 2. **Noted** the proposal to develop and implement a standardised care pathway and clinical standards for hyper acute and acute stroke services;	

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	3. **Supported** the proposal to request each WY&H 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; 4. **Noted** the key risks and actions to mitigate risks related to our work; and 5. **Noted** the next steps and timelines in the high level project plan.	
27/17	**Standardisation of Commissioning Policies and Elective Care**	
	JT outlined the aims of the programme and the work streams. He thanked all those who had been involved so far in the programme. There were four aims: • to improve health through better prevention and supporting healthier choices • create financial efficiency gains • reduce variation and inconsistency • reduce the perception of a 'postcode lottery' **Supporting healthier choices** The Committee considered an approach in which, before surgery, patients are offered a choice of services to address lifestyle factors. Choice was a key element of the programme, and required effective communication with patients and the public. Work was already underway in each place and there was now an opportunity to agree a common approach. **Clinical thresholds and policies** Orthopaedics and ophthalmology had been identified as providing good opportunities to reduce variation, improve referral to treatment times and achieve productivity gains. **Follow ups and outpatients** There were clear opportunities to redesign approaches and ensure that support was built around patient needs. **Prescribing** This would focus on reducing unwarranted variation and reducing spend on high cost drugs. JT outlined the risks to the programme and how they were being mitigated. Effective engagement with patients, the public and providers was key. Financial gains could be achieved, but were largely longer term. The work needed to contribute to reducing health inequalities. HH felt that there was a need to be ambitious and move quickly to influence commissioning intentions, working closely with providers. This was particularly important in relation to reshaping orthopaedic and ophthalmology services. JT noted the need to ensure that the capacity was in place to support the programme. HH said that this had been recognised at the Accountable Officer's meeting earlier in the day.	

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	SO noted the need to work closely with secondary care clinicians to make changes. JT agreed that there needed to be a mixture of top down and bottom up approaches, building on what worked locally. RW noted the need to address variation and health inequalities and deliver 'quick wins'. FKS highlighted the need to change the conversation with the public, engage with clinicians and communicate consistent messages. JWe highlighted the benefits from addressing variation in primary care prescribing. GS asked how patient choice would be supported, and said that not all patients were prepared to make 'healthier choices'. CT said that the aim was to support patients, not direct them. The programme would not create barriers to those who did not choose to make healthier choices. In response to questions from FKS, JT said that engagement with public health colleagues would be important. JT said that local discussion was needed with community pharmacists at place level. CT would investigate the extent to which Community Pharmacy West Yorkshire had been engaged in the programme. –	**CT**
	The Joint Committee: Agreed: 1. The approach to the Elective Care Programme outlined in the report. 2. The approach of 'patient choice' and coherent support offer for supporting healthier choices. 3. The standardisation of commissioning policy for procedures of limited clinical value and elective orthopaedic surgery, and the policy – relationships – technology approach to implementation. 4. The development of new approaches to outpatient services in elective orthopaedic surgery and eye care services. 5. That an update on the programme be submitted to the Joint Committee in March 2018.	**CT (MW)**
28/17	**Urgent and emergency care**	
	NG provided an update on the work of the Urgent and Emergency Care (UEC) Programme Board. He outlined the role of the Board and how it worked with the five A&E Delivery Boards in Airedale and Bradford, Calderdale and Greater Huddersfield, Harrogate and Rural Districts, Leeds and Mid Yorkshire. The Board aimed to ensure that systems were in place for people to get the right care, in the right place. It aimed to improve the patient experience, improve integration and reduce duplication. He noted the pressures that winter placed on the system and the need for services to work together differently to support A&E departments and ensure that the health and social care system was sustainable. He summarised the current position on key targets in the UEC delivery plan, including NHS 111, ambulance response, GP access, hospital care, hospital to home and mental health. He outlined work to support seven day hospital services. NG highlighted the main risks to delivery of the programme, including workforce, challenges in the care homes sector and increasing demand for services. He outlined how these risks were being addressed. CMc noted the new national service specification for the provision of an integrated 24/7 urgent care access, clinical advice and treatment service, incorporating NHS 111 call-handling and former GP out-of-hours services.	

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	Not all elements of the specification would be commissioned collectively but it would be important to be clear across WY&H on how everything fitted together. It was important that CCG commissioning intentions aligned to inform the future commissioning strategy across WY&H, and included 7 day services. In response to a question from MB, CMc said that that potential 'gaps' between local and STP commissioning intentions would be assessed by the UEC Programme Board. AB noted ongoing operational activity led by the A&E delivery boards to address winter pressures. Plans covered better signposting, flu vaccination and clinical escalation. AW noted the pressure in the system, and highlighted capacity constraints in primary care. FKS asked about proposals to change the roles of health professionals. KW said that the aim was to ensure that patients presented at the right place to get the right care for their needs, regardless of the 'badge' of the health professional. JW noted the need to address the seven day service challenge and adapt how different professionals and sectors fitted in to the system. She noted that the workforce strategy would be key to addressing these challenges. JW and KW highlighted the recent success of the STP engagement event with the voluntary and community sectors.	
	The Joint Committee: 1. **Noted** the progress on the delivery of the UEC delivery plan. 2. **Agreed** the risks and mitigating actions. **3. Agreed** the proposed way forward to secure a Y&H IUC service specification which involves alignment of CCG commissioning intentions, with a completion date of March 2018	**CMc**
29/17	**Any other business**	
	There was none.	

Next Joint Committee in public – Tuesday 9th January 2018, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.