

## West Yorkshire & Harrogate Joint Committee of CCGs

### Annual report 2019/2020

#### Chair's foreword

I'm pleased to present the third Annual Report of the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups. The Joint Committee is part of the West Yorkshire and Harrogate Health and Care Partnership ('the Partnership') and plays an important role in delivering its priorities. The Committee's work has a real impact on people's lives. For example, the Healthy Hearts project has led to more than 8,000 people across West Yorkshire and Harrogate now having their blood pressure monitored, meaning fewer heart attacks, strokes and deaths.

The Committee brings together the Clinical Commissioning Groups (CCGs) from our local places – Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield – to take joint decisions that help improve the health and wellbeing of people across West Yorkshire and Harrogate. As the Lay Chair of the Joint Committee, I am independent of the CCGs. I'm supported by two CCG lay members and together we make sure that the Joint Committee puts people at the centre of its work and takes fair, transparent decisions.

Over the year, the Committee has agreed:

- a range of treatment pathways and policies which are helping to improve equity in access to services, reduce health inequalities and avoid the 'postcode lottery'. They include:
  - a new pathway for musculoskeletal conditions – those affecting the joints, bones and muscles
  - policies for treating shoulder, knee and hip conditions
  - a pathway and policy for cataract surgery
  - a policy to support people with diabetes, which reduces the need for 'finger prick' testing.
- simplified treatment guidance for people with high cholesterol which has reduced the number of people having heart attacks and strokes.
- new ways of providing joined up urgent care services, which have increased access to clinical advice and face to face appointments.

In March 2020, the Partnership published ['Better health and well-being for everyone: Our five year plan'](#). This sets out big ambitions to reduce health inequalities and improve the wellbeing of people across our localities. The Joint Committee has already made an important contribution to these ambitions and our work plan is changing to make sure that we can continue to do so. We know there is still more to do to join up strategic commissioning across West Yorkshire and Harrogate and work collaboratively with health and care providers. I am delighted that the Joint Committee will be leading this important work over the next twelve months.

The national coronavirus outbreak has highlighted the vital importance of everyone across the health and care system working together effectively. I very much look forward to working with CCG leaders to further develop the important role of the Joint Committee once we can return to business as usual.

**Marie Burnham**

**Independent Lay Chair, West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups**

## **West Yorkshire & Harrogate Joint Committee of CCGs Annual report 2019/2020**

You can watch our meetings 'live' on the internet and find out more about the Joint Committee here: <https://www.wyhpартnership.co.uk/meetings/west-yorkshire-harrogate-joint-committee-ccgs>

You can read more about the difference our Partnership is making, including case studies, here: <https://www.wyhpартnership.co.uk/>

### **The role of the Joint Committee**

The Joint Committee is part of the West Yorkshire and Harrogate WY&H) Health and Care Partnership ('the Partnership'). The Committee enables the WY&H Clinical Commissioning Groups to work together effectively – making sure that when it makes sense, work is done once and is then shared across WY&H. The Committee has delegated authority from the CCGs to take joint decisions on agreed priorities. As well as formal decisions, the Committee also makes recommendations to the CCGs when a collaborative approach will help to achieve better outcomes. Each CCG agrees the Committee's Terms of Reference and its work plan, which sets out the decisions for which it is responsible.

#### **1. Membership and attendance**

The Committee is made up of two representatives from each of the WY&H CCGs – usually the Clinical Chair and the Accountable Officer. To ensure that decision making is open and transparent, the Committee has an independent lay chair and two lay members appointed from the CCGs. Representatives from the Partnership team and NHS England/Improvement also attend. The Committee met five times in 2019/20. The attendance record is at Appendix 1.

#### **2. Public and patient involvement (PPI)**

In 2018, the Joint Committee established a PPI Assurance Group made up of the PPI Lay Members from each CCG. The PPI Group provides assurance that the public and patient voice informs the Committee's decisions. Reports submitted to the Committee identify what patient and public involvement has already taken place or is planned.

We hold our Committee meetings in public and also stream them 'live' on the internet. The Committee invites questions about its business and, if there is time, answers them during each meeting. We promote the Joint Committee meetings in public and publish written answers to all questions after each meeting on our website.

#### **3. Achievements**

The Committee has led important work to improve health and wellbeing across WY&H:

##### **Reducing variation in planned care**

The Committee has agreed commissioning policies which improve equity in access to services, help reduce health inequalities and tackle the 'postcode lottery':

##### **Musculoskeletal pathway**

Musculoskeletal (MSK) conditions affect the joints, bones and muscles. The Committee agreed a pathway to address high demand and variation in MSK services across West Yorkshire and Harrogate. The pathway aims to ensure that all, but the most urgent, MSK cases are managed in primary care or through referral to an MSK service and that patients receive the right care in the right place at the right time. The pathway reflects feedback from patient and public engagement, which showed support for self-management of MSK conditions, an increase in the range of services available in GP practices and better co-ordination of services.

### **Knee, shoulder and hip policies**

The Committee agreed WY&H policies covering surgical and non-surgical procedures for a range of conditions relating to:

- shoulder pain and instability
- knee pain
- hip problems.

Having single policies helps to address any unnecessary variations in care across WY&H. Evidence-based clinical thresholds mean that surgical procedures are carried out only when they are clinically effective, and where alternative non-surgical options have been ineffective. They also require lifestyle factors like Body Mass Index and smoking status to be assessed, as they may influence long term health outcomes. Shared decision-making between patients and clinicians help patients to understand the risks and benefits of the procedures.

### **Cataract surgery**

The Committee agreed a WY&H-wide pathway and policy for cataract surgery, which is 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.

The Committee agreed proposals to make better use of community optometrists, including high street opticians. Community optometrists will evaluate a patient's suitability for surgery, discussing options with them before making a shared decision. Making better use of our community optometrists will release specialist capacity in hospitals to see higher risk patients with potentially sight-threatening conditions.

### **Flash glucose monitors**

The Committee agreed a WY&H commissioning policy for flash glucose monitors. These are small sensors worn on the skin for monitoring the glucose levels of people with diabetes, which help people to monitor their blood sugar levels and reduce the need for 'finger prick' testing.

### **NHS England and Improvement Medicines Value Programme**

The Committee agreed the recommendations of the NHS England and NHS Improvement Medicines Value Programme. The programme aims to increase value from the prescribing budget and reduce unwarranted variation in prescribing practice. The Committee agreed that primary care prescribers should not initiate and in many cases should de-prescribe a number of items, mainly relating to skin and cardiac conditions. These items are of low clinical effectiveness or more cost-effective products were available.

### **West Yorkshire and Harrogate Healthy Hearts**

In 2018/19, following a recommendation from the Joint Committee, the WY&H CCGs adopted the Healthy Hearts improvement project, which built on successful work in Bradford. The project aims to identify more people with high blood pressure, help them to control it better and as a result reduce the risk of heart attacks and strokes. To support Phase 2 of the project, the Committee approved simplified guidance for treating people with high cholesterol.

By the end of January 2020, WY&H Healthy Hearts had seen an increase of nearly 8,000 patients with controlled blood pressure and in addition, more than 7,500 patients had been added to hypertension registers. Over the next five years these interventions have the potential to prevent 65 deaths, 82 heart attacks and 122 strokes.

## **Urgent and emergency care**

In December 2018, the Committee approved a new approach to Integrated Urgent Care services which aimed to ensure that people who call 111 needing urgent medical attention receive the most appropriate help. A progress report to the Committee showed that the changes had increased access to clinical advice for patients and had also increased the ability for patients to book face to face appointments in primary care.

## **4. Working better together**

The Committee is leading on new approaches to enable the CCGs to work more efficiently and effectively together as commissioners and with service providers:

### **Commissioning futures**

The Committee has led work on future arrangements for commissioning at scale across WY&H, including expanding and developing the role of the Joint Committee. Proposals for the Committee to take on new commissioning responsibilities, including maternity services and assessment and treatment units for people with complex learning disabilities, will be considered by the individual CCGs during the first quarter of 2020/21.

### **Quality and equality impact assessment**

In 2018/19 the Committee approved a new approach to providing assurance that its decisions are supported by robust impact assessments, avoiding unnecessary duplication across the CCGs. This 'do once and share' approach to Quality and Equality Impact Assessment has been successfully used for all new commissioning policies and the Committee has recommended its use across the wider Partnership.

## **5. Governance**

In March 2020, CCG Accountable Officers agreed a three month extension of the Memorandum of Understanding which established the Committee. During the first quarter of 2020/21 the individual CCGs will be asked to approve a revised MoU which reflects changes in the configuration of CCGs across WY&H and includes a new work plan for the Committee. You can read this on our website [here](#). (add link)

The Committee maintains a register of members' interests and declarations of interest are a standing item on all agendas. At each meeting, the Committee reviews the significant risks to the delivery of its work programme and assesses how these risks are being mitigated.

As a result of the national COVID-19 outbreak in March 2020, the Committee's annual evaluation of its performance was postponed. It will now take place in early 2020/21. The Committee will use the learning from the evaluation to help develop its work during the year.

## Attendance record

## Appendix 1

Organisation and role	Member	Attendance (eligible)
<b>Independent Lay Chair</b>	Marie Burnham	5 (5)
<b>CCG Lay members</b> (to 19/05/19 meeting) (from 01/10/19 meeting)	Richard Wilkinson Fatima Khan-Shah Stephen Hardy	5 (5) 1 (1) 3 (3)
<b>NHS Airedale, Wharfedale and Craven CCG</b> Clinical Chair	Dr James Thomas	5 (5)
<b>NHS Bradford City CCG</b> Clinical Chair (to 19/05/19) Clinical Chair (from 02/07/19)	Dr Akram Khan Dr Sohail Abbas	1 (1) 3 (4)
<b>NHS Bradford Districts CCG</b> Clinical Chair	Dr Andy Withers	5 (5)
<b>NHS Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs</b> Chief Officer	Helen Hirst	5 (5)
<b>NHS Calderdale CCG</b> Clinical Chair Chief Officer (Deputy: Chief Finance Officer)	Dr Steven Cleasby Dr Matt Walsh Neil Smurthwaite	5 (5) 3 (5) 2 (2)
<b>NHS Greater Huddersfield CCG</b> Clinical Leader	Dr Steve Ollerton	5 (5)
<b>NHS North Kirklees CCG</b> Clinical Chair	Dr David Kelly	3 (5)
<b>NHS Greater Huddersfield and North Kirklees CCGs</b> Chief Officer	Carol McKenna	5 (5)
<b>NHS Harrogate &amp; Rural District CCG</b> Clinical Chair Chief Officer	Dr Alistair Ingram Amanda Bloor	5 (5) 5 (5)
<b>NHS Leeds CCG</b> Clinical Chair Chief Executive (Deputy: Director of Operational Delivery)	Dr Gordon Sinclair Tim Ryley Sue Robins	4 (5) 3 (5) 2 (2)
<b>NHS Wakefield CCG</b> Clinical Chair (to 19/05/19) Clinical Chair (from 02/07/19) Chief Officer (Deputy: Chief Finance Officer)	Dr Phillip Earnshaw Dr Adam Sheppard Jo Webster Jonathan Webb	1 (1) 4 (4) 3 (5) 2 (2)