Chair’s foreword

I’m really proud to introduce the second Annual Report of the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups (CCGs). Now in its second year, it’s been a year of sustained achievement for the Committee.

We have:

- Agreed improvements in the vital care that people receive in the first 72 hours after having a stroke.
- Led work to better identify and treat high blood pressure and reduce the risk of people having heart attacks and strokes.
- Agreed policies which help reduce health inequalities and avoid the ‘postcode lottery’.
- Agreed new ways of providing integrated urgent care services.
- Supported work to reduce smoking, increase early stage cancer diagnosis and improve support for people living with and beyond cancer.

The Joint Committee plays a vital role in the West Yorkshire and Harrogate Health and Care Partnership and links directly into the Partnership’s priorities. It brings together the Clinical Commissioning Group (CCG) leaders from our local places – Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield – to take collective decisions that help improve the health and wellbeing of our people and communities.

It is important that, as the Lay Chair, I am independent of the CCGs. I’m supported by two CCG Lay Members - Fatima Khan-Shah and Richard Wilkinson. We make sure that the Joint Committee puts people rather than organisations first, and that its decisions are transparent, fair and robust.

I’ve been greatly encouraged by the level of public attendance at meetings and the quality of the questions that the public have asked us. The questions – although often challenging - are always helpful in informing both our discussions and the decisions that we take.

I’ve also been encouraged by the willingness of my CCG colleagues to explore new ways of working together to achieve our shared aims. I am looking forward to working with the Committee over the next 12 months to further develop new and more collaborative approaches to commissioning.

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

10 April 2019

Marie Burnham
1. Key responsibilities

The Joint Committee is part of the West Yorkshire and Harrogate Health and Care Partnership. The Committee enables the CCGs to work together effectively – ensuring that when it makes sense, work is ‘done once and shared’ across West Yorkshire and Harrogate.

2. Membership and attendance

The Committee is made up of two representatives from each CCG – usually the Clinical Chair and the Accountable Officer. To make sure that decision making is open and transparent, the Committee has an independent lay chair and two CCG lay members. Representatives from the Health and Care Partnership team and NHS England also attend. The Committee met six times in 2018/19.

3. Public and patient involvement

Reports to the Committee identify the patient and public involvement (PPI) that has already taken place or is planned. In this way, the Committee ensures that the voice of people is at the centre of its decisions. Committee meetings are held in public and are also streamed ‘live’ on the internet. The Committee invites questions about its business and answers them at each meeting. Full written answers to all questions are published on our website at www.wyhpartnership.co.uk after each meeting.

Information about the Committee

You can watch our meetings in public ‘live’ and find out more about the Joint Committee at: www.wyhpartnership.co.uk/meetings/west-yorkshire-harrogate-joint-committee-ccgs

You can read more about the positive difference our Partnership is making, including case studies, at: www.wyhpartnership.co.uk
4. Achievements

The Committee has led important work to improve health and wellbeing. This includes:

**Stroke**

Specialist hyper acute stroke care is the vital care that people receive in the first 72 hours after a stroke. After extensive consultation with patients, the public and health care professionals, the Committee agreed that the best way to ensure that hyper acute stroke services are sustainable and fit for the future is to have 4 units across WY&H:

- Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
- Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital,
- Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary and;
- Mid Yorkshire Hospitals NHS Trust – Pinderfields Hospital.

The Committee agreed a common approach for commissioning hyper acute stroke services and all stages from prevention to recovery. It agreed to set up a Clinical Network to bring stroke health care professionals together. **It also led work to improve the detection and treatment of Atrial Fibrillation (AF), a fast and erratic heartbeat which is a major cause of stroke.**

**Healthy Hearts**

The CCGs adopted the Healthy Hearts improvement project, building 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 the project, the Committee approved simplified guidance for treating high blood pressure in adults aged below 80.

You can find out more on our website here [www.westyorkshireandharrogatehealthyhearts.co.uk](http://www.westyorkshireandharrogatehealthyhearts.co.uk)
Reducing variation in planned care

The Committee agreed policies which address the ‘postcode lottery’ and help reduce health inequalities:

**Evidence based interventions**
The Committee adopted NHS England guidance on Evidence Based Interventions. The guidance identified four interventions that should only be offered to patients in exceptional circumstances and thirteen that should only be offered when certain clinical criteria are met. The aim is to:

- Prevent avoidable harm to patients and avoid unnecessary operations
- Free up time and resources for evidence-based interventions
- Ensure equitable access and tackle unwarranted variation.

**Spinal policies and pathways**
The Committee approved policies and pathways designed to ensure that only patients who will benefit from a consultation with a spinal surgeon will enter that pathway. Other patients will access more appropriate treatments locally. **This will help tackle waiting time pressures and reduce variation.**

**Liothyronine**
The Committee agreed a policy for liothyronine, a drug used to treat an underactive thyroid. NHS England has published a policy as part of their Low Value Medicines programme and the Committee adopted a policy for West Yorkshire and Harrogate which clarified some parts of the NHS England policy.

Surgery for severe and complex obesity (bariatric surgery)
The Committee endorsed expert medical advice about the benefits of bariatric surgery for people with severe and complex obesity. The CCGs agreed to commission more bariatric surgery over the next 2 to 5 years and address inequities in access. In support of this, the Committee agreed a new policy and service specification.

**Urgent and emergency care**
The Committee approved the award of a new contract for Integrated Urgent Care services to Yorkshire Ambulance Service. The new service will help to ensure that people who call 111 needing urgent medical attention receive the most appropriate help. The new contract began on 1 April 2019.

**Cancer**
The Committee reviewed progress to reduce smoking, increase early stage diagnosis and improve support for people living with and beyond cancer. The Committee supported work to improve cancer waiting times, find more cancers when they are potentially curable and develop more personalised, integrated health and wellbeing support.
5. Working better together

The Committee pioneered new ways for the CCGs to work together:

➡️ **Quality and equality impact assessment**

The Committee agreed a new approach to assessing the impact of its decisions, avoiding unnecessary duplication across the CCGs. We used this ‘do once and share’ approach to assess new policies and will be exploring how it can be used across the wider Health and Care Partnership.

➡️ **Assuring public and patient involvement (PPI)**

The Committee established a PPI Assurance Group, made up of the PPI Lay members from each CCG. The Group reviews how PPI has been taken into account in the plans and policies that are presented to the Joint Committee.

This helps to ensure that decisions on the planning, design and evaluation of services have the right level of involvement from patients and the public.

➡️ **Commissioning development**

At a series of workshops, the Committee explored new ways of working, including further improving joint working with commissioners and service providers.
6. Governance

CCG members agreed a refreshed work plan for the Committee and in March 2019, CCG Accountable Officers signed a 12-month extension of the Memorandum of Understanding which established the Committee.

The Committee keeps a register of members’ interests and declarations of interest are a standing item on all agendas. The Committee regularly reviews the risks to the delivery of its work programme and how they are being tackled.

The Committee evaluated its performance in March 2019. Whilst much of the feedback was very positive, members identified areas for further improvement, including how the Committee focuses on:

▶ Ensuring clear accountability for implementing agreed actions
▶ Reducing health inequalities and improving health and well being
▶ Value for money, productivity and effectiveness
▶ Promoting innovation.

The Committee will use the learning from this to help develop its work in 2019/20.