

# West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

---

## Annual Report 2017 - 2018



## Chair's foreword

I'm proud to introduce the first Annual Report of the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups (CCGs).

It's an exciting time to be working with CCG leaders from our local places – Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield. The Joint Committee plays an important role within the West Yorkshire and Harrogate Health and Care Partnership. Its work plan is directly connected to the objectives of the wider partnership, and it enables the CCGs to come together and take collective decisions where they have agreed to do so. You can read more about the partnership here: [www.wyhpartnership.co.uk](http://www.wyhpartnership.co.uk)

As the Lay Chair, I am independent of the CCGs. It is my job to make sure that the decisions that the Joint Committee takes are fair and transparent. I'm supported in this by two CCG Lay Members - Fatima Khan-Shah and Richard Wilkinson - who ensure that we make decisions in the right way, putting people's needs rather than organisations first.

The Joint Committee held its first meeting in July 2017, and I've been delighted by the progress that we have made during the year. The Joint Committee has led innovative work to:

- Help the Cancer Alliance to improve cancer prevention and early diagnosis
- Support healthier lifestyles and reduce the perception of a 'postcode lottery' in health services
- Improve access to local mental health services
- Improve stroke services in the first few hours and days after a stroke occurs
- Make sure that people get the right urgent and emergency care, in the right place, at the right time.



We encourage and welcome the public to attend our meetings. If it is easier for you, you can watch our meetings 'live' on the internet at <http://www.wyh-jointcommiteeccgs.co.uk>, where you can find more information about the Joint Committee.

It is my pleasure to serve as Lay Chair of the Joint Committee. We have achieved many things in our first 9 months. There is more for us to do to improve health and care for everyone living in West Yorkshire and Harrogate and I am looking forward to the challenge.



*Marie Burnham*

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



### Key responsibilities

The Joint Committee is part of the West Yorkshire and Harrogate Health and Care Partnership (HCP). The 11 CCGs established the Committee in May 2017, with delegated authority to take commissioning decisions at WY&H level on specific programmes including: cancer, elective care/standardisation of commissioning policies, mental health, stroke and urgent care. The Committee aims to ensure that its decisions include public and patient engagement, clinical input and have authority from the CCGs.

The Committee has a work plan, Memorandum of Understanding and Terms of Reference, which were agreed by the Members of each CCG. The Committee's work plan reflects the partnership priorities for which the CCGs believe collective decision making is essential. During the year, the Committee reviewed its work plan and asked the Members of each CCG to approve changes to it for 2018/19.

Although it can only make decisions on the programmes of work that have been delegated to it, the Committee also makes recommendations to the CCGs on other matters where it feels that a WY&H-wide approach would be beneficial.



### Membership and attendance

The Committee is made up of 2 representatives from each of the WY&H CCGs – usually the CCG 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 lay members drawn from the CCGs. Representatives from the HCP team and NHS England also attend. The Committee met for the first time in public in July 2017 and continued to meet every other month throughout 2017/18.



### Public and patient engagement

Meetings are held in public and are also streamed 'live' on the Committee's web pages. The Committee invites questions about its business and, where possible, these are answered during the meeting. Full written answers to all questions are published after each meeting.

There is a 'patient story' at most meetings, which enables the Committee to get the perspective of patients and service users. For example, the Committee considered videos presenting the experience of patients with cancer, highlighting variation in general practice and the need for effective early diagnosis. Reports to the Committee identify the patient and public engagement that has already taken place or is planned. For example, the Committee received a report on the major public engagement exercise on stroke services. In this way, the Committee ensures that the voice of patients is at the centre of its decisions.

# Highlights of the Committee's work



## Cancer

The cancer work streams are tobacco control, early diagnosis, high quality services, patient experience and living with and beyond cancer.

The Committee reviewed partnership working by the WY&H Cancer Alliance, which had bid successfully for additional funding, linked to delivery of the 62 day standard for cancer waits. The Committee noted awareness-raising campaigns to improve early diagnosis and screening take-up. Work was being co-ordinated with other STP programmes, including support for healthier lifestyle choices.

The Committee supported the proposal that the Cancer Alliance develop a common set of agreed outcomes and stronger system leadership to support all partners to make good, evidence-based decisions.



## Elective care/standardisation of commissioning policies

The programme aims to improve health by better prevention and supporting healthier choices.

This will reduce variation, inconsistency and the perception of a 'postcode lottery' and has the potential to create financial efficiency gains.

The Committee agreed an approach in which before surgery, patients are offered a choice of services to address lifestyle factors. It agreed to standardise commissioning policy across WY&H for procedures of limited clinical value and elective orthopaedic surgery. It also supported the development of new approaches to outpatient services in elective orthopaedic surgery and eye care.



## Urgent and emergency care

The programme aims to ensure that people get the right care, in the right place at the right time.

The Committee noted that NHS England required all CCGs to have an Integrated Urgent Care (IUC) programme in place by 1 April 2019 and considered recommendations to achieve this. The work was being overseen by the Yorkshire and Humber Joint Strategic Commissioning Board.

The Committee recommended that a formal procurement process be undertaken, using a 'structured dialogue' approach which would enable the service model to be refined with providers. This was particularly important given the complexity of delivering services in 3 STP areas across Yorkshire and the Humber.



## Mental health

The programme aims to reduce variation, develop consistent pathways, support all to achieve the best standards and achieve economies of scale.

Areas of focus include emergency care, specialist Child and Adolescent Mental Health Services (CAMHs), and autism, with supporting people in crisis closer to home a key aim.

The Committee noted work by mental health providers to share beds, improve access to local services and reduce out of area placements. It supported work by CCGs to review commissioning plans, reduce variation and establish common levels of community services across WY&H. The Committee supported the development of new care models for CAMHs & Adult Eating Disorders and agreed to develop a joint approach to commissioning acute mental health services.



## Stroke

The programme aims to improve stroke outcomes, use resources efficiently and effectively and ensure that stroke services are sustainable and fit for the future.

The Committee noted that clinical outcomes varied across WY&H and that outcomes were better when treatment was provided in specialist centres. The Committee noted progress in developing standardised care pathways and clinical standards for hyper acute and acute stroke services. The Committee noted extensive engagement with key stakeholders, including clinicians, patients and the public and providers.

The Committee considered a proposal for the 11 CCGs to work together to further improve the detection and treatment of Atrial Fibrillation (AF), a fast and erratic heartbeat which is a major cause of stroke. It recommended that **each CCG agree an aspiration to detect and treat 89% of patients with Atrial Fibrillation** and adopt a targeted and phased approach to working with their local practices.

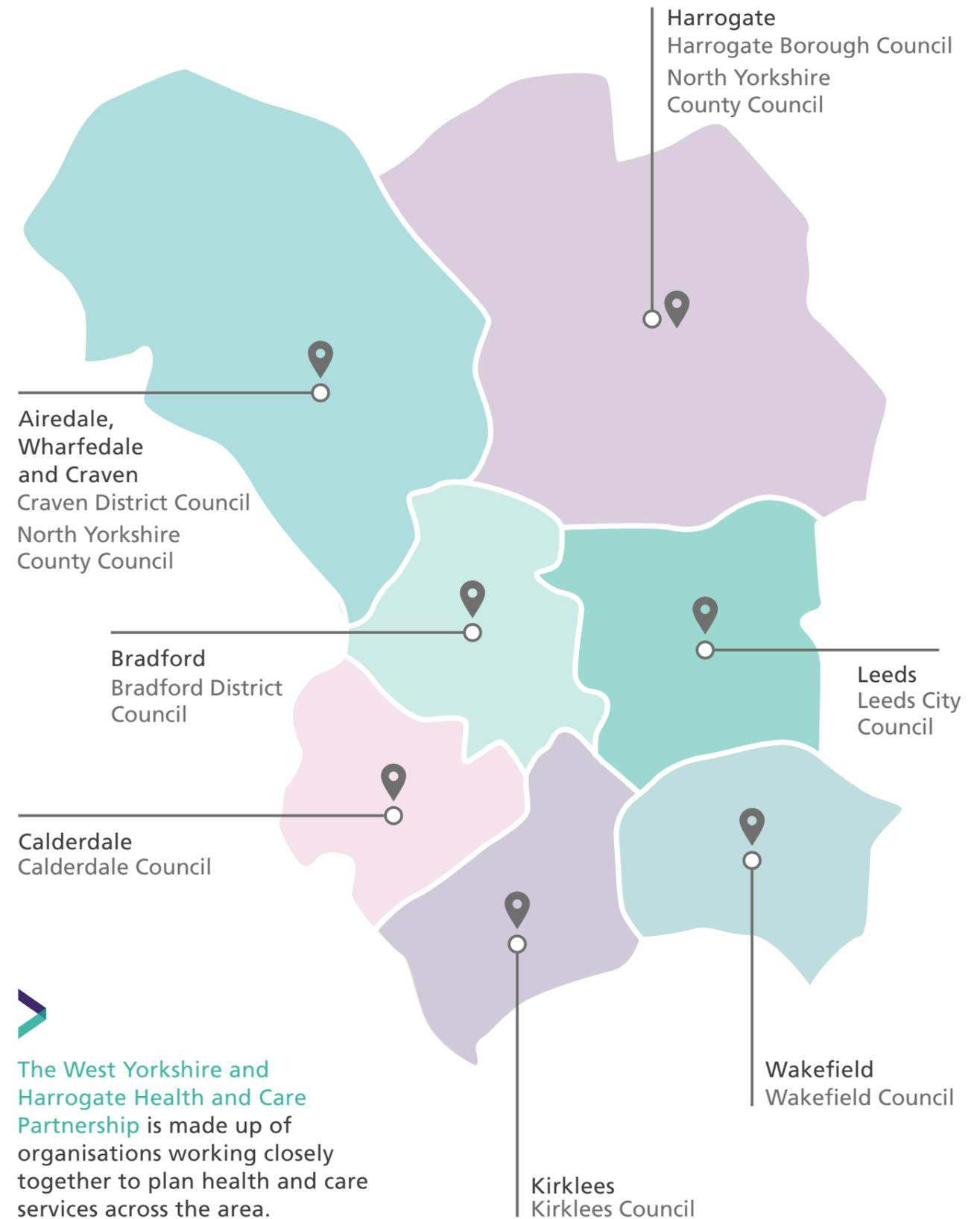


# Our vision



Our partnership is not a new organisation. It is a new way of working for the 2.6million people who live in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

NHS services, councils, voluntary and community organisations will work together to improve your health and wellbeing.



This information is available in alternative formats, for example large print, Braille, EasyRead and community languages. For more information contact:

**01924 317659**

NHS Wakefield CCG  
White Rose House  
West Parade  
Wakefield  
WF1 1LT

✉ [westyorkshire.stp@nhs.net](mailto:westyorkshire.stp@nhs.net)

🌐 [www.wyhpartnership.co.uk](http://www.wyhpartnership.co.uk)

🌐 <http://www.wyh-jointcommiteeccgs.co.uk>

🐦 @WYHpartnership

A partnership made up of the NHS, local councils, care providers, Healthwatch and community organisations.

**2017 - 2018**

**West Yorkshire and Harrogate**  
**Health and Care Partnership**

