



To: Councillor Helen Hayden
Chair, Scrutiny Board (Adults and Health), Leeds City Council
Chair, West Yorkshire Joint Health Overview and Scrutiny Committee

Friday, 22 September 2017

Dear Cllr Hayden

Calderdale and Kirklees 999 Call for the NHS Group - letter of response

Thank you for your letter dated 15 September 2017 requesting information from West Yorkshire and Harrogate, Sustainability and Transformation Partnership.

Please find below a response to the letter you received from Calderdale and Kirklees 999 Call for the NHS group.

Apologies for the length of the letter and number of attachments, I felt it was important that you have all the information you may need now or in the future.

Please don't hesitate to contact me direct if you have any further questions.

The legal standing of the West Yorkshire and Harrogate, Joint Committee of the 11 Clinical Commissioning Groups, the associated decision-making and broader governance arrangements

- In agreeing to establish the West Yorkshire and Harrogate, Joint Committee of the 11 Clinical Commissioning Groups (CCGs) and delegate certain matters to it, each CCG has decided that there are benefits to be gained from the collaborative commissioning of some services at a WY&H level. More information about the Joint Committee of CCGs is available [here](#).
- The legal basis for the Joint Committee is set out in a Memorandum of Understanding (MoU) for collaborative commissioning between CCGs across WY&H. The MoU has been agreed by each CCG and was signed by each CCG Accountable Officer in May 2017. The MOU was presented at the first meeting of the Joint Committee held in public on 4 July 2017. **A copy is attached.** The MoU sets out in the Background (A), the legal basis for the Joint Committee: *"Under section 14Z3(2A) of the NHS Act 2006, the Parties may establish a joint committee of the Parties to exercise the Parties' commissioning functions jointly"*.



- The definitions and interpretation in the MoU (Section 1.1) defines Law at (a) as: “Any applicable statute or proclamation or any delegated or subordinate legislation or regulation”.

Section 14Z3(2A) of the NHS Act 2006 was amended by the Legislative Reform (CCG) Order 2014. More information is available [here](#). This states that: “This order amends section 14Z3 so that, where two or more clinical commissioning groups are exercising their commissioning functions jointly, those functions may be exercised by a joint committee of the groups.”

Decision making and broader governance

The MOU sets out clearly the decision making and disputes resolution processes for the Joint Committee. To ensure that it met the needs of the CCGs and established appropriate statutory powers for the Joint Committee, the MOU was developed in close consultation with the legal firm DAC Beachcroft.

In summary:

- Each participating CCG has agreed to form a Joint Committee with the others.
- That Joint Committee can only take decisions on matters that are delegated to it by each CCG, and each CCG remains accountable for the delivery of its own functions, including those where it has delegated decision-making authority to the Joint Committee.
- The scope of the delegation is set by the work plan, which is approved by the members of each CCG. **A copy of the work plan is attached.** In this way, each CCG sets the parameters of what it delegates to the Joint Committee.
- If any CCG is not content for a decision on a matter to be taken in the Joint Committee, that matter will not be delegated to the Joint Committee.
- As noted, where the Joint Committee has delegated authority to take a decision, the CCGs remain accountable for that decision, and each CCG's statutory obligations (such as in respect of public involvement) continue to apply.
- The Principles of Collaboration set out at Section 3.1.2 of the MoU state that parties must “work proactively with service users and the public, actively seeking their engagement at all stages of the commissioning cycle”. The Joint Committee will take account of public engagement in the same way that an individual CCG would.

The specific matters and concerns raised in relation to specialist stroke services.

- Jo Webster, Chief Officer, NHS Wakefield CCG and Senior Responsible Officer for the WY&H Stroke Programme attended the Joint Health Oversight Scrutiny Committee meeting in Leeds on 23 January 2017 to discuss stroke services across West Yorkshire and Harrogate. Dr Rana (specialist stroke consultant) and Jacqui Crossley from Yorkshire Ambulance Services also gave an overview on the patient pathway to expert care.



- As demand for stroke services continues to rise, a substantial amount of work has been undertaken both nationally and locally to improve outcomes for people who have suffered a stroke. With this in mind an overview was given on the first phase of planned engagement work.
- Healthwatch were commissioned to provide this independent piece of engagement, which took place this year in February and March. This involved asking people across the area their views on how West Yorkshire and Harrogate stroke services could be further improved to make sure they are 'fit for the future.'
- Jo sent a letter to Cllr Gruen as Chair of the Committee on the 27 June 2017 providing an update on engagement findings. Publicising the engagement findings was delayed due to pre-election protocols.
- Involving people who have experienced stroke, their families, carers and the public in conversations about stroke care is very important to us. Over 900 people completed the engagement survey and Healthwatch spoke to over 1,500, providing us with many comments. The report findings and all supporting information is available on our website [here](#).
- Stroke services were also discussed at the WY&H Joint Committee of the 11 Clinical Commissioning Group's first meeting held in public on the 4 July 2017 A copy of the information from this meeting can be found [here](#).
- Our focus over the coming months will be to take a closer look at clinical pathways and care model scenarios. This will be done with our area's leading clinicians and other health care professionals. This work will initially focus on hyper acute stroke and acute stroke services (hyper-acute refers to the first few hours and days after the stroke occurs.) Further work with stakeholders, public and patients will follow as appropriate. It is important to note that no decision has been made to close any stroke units. Work will also continue to take place to ensure we are maximising opportunities to further improve care and outcomes for our population along the whole of the stroke care pathway.

I wish to emphasise that the West Yorkshire and Harrogate STP senior leadership team intends to be fully open and transparent with the public about the work taking place across the area. We have published an engagement and consultation mapping report of work which has taken place across the area which is available [here](#). We have also published engagement and consultation activity timelines for work coming up over the next few months at both WY&H and local place (please note this is subject to change). **A copy is attached.**

Working closely with local Overview and Scrutiny Committees (OSC) and JHOSC is an essential part of our STP. This can only help to ensure best practice, shared solutions to shared problems, and the delivery of specialised services across the area.



The STP leadership look forward to having further conversations around how best we move forward together over the coming months, and would welcome a convenient date to meet with you at your earliest convenience.

Best wishes



Rob Webster
West Yorkshire and Harrogate STP Lead
CEO South West Yorkshire Partnership NHS FT

Cc: Dr Andy Withers, Clinical Lead and Chair of the WY&H Stroke Task and Finish Group
Jo Webster, Senior Responsible Officer for WY&H STP Stroke Programme
All CCG Accountable Officers within WY&H
Marie Burnham, Independent Lay Chair, Joint Committee of CCGs
Tom Riordan, Chief Executive, Leeds City Council
Tony Cooke, Chief Officer, Health Partnerships, Leeds City Council

