Present:   Jan Lee   Chair
          John Bibby
          John Connolly
          Jo Coombs
          Peter Dickson
          Matt Faye
          Greg Fell
          Anne Flanagan
          Georgina Haslam
          Helen Hirst
          Steve Ingleson
          Akram Khan
          Peter Marshall
          Andy McElligott
          Simon Morritt
          Matt Neligan
          Rhys North
          John Parry
          Mark Pitkethly
          Anita Sims
          Richard Tipping

In attendance:  Simon Wilson for agenda item 4
                 Enid Feather for agenda item 5
                 Steph Lawrence for agenda item 5
                 Sue Pickersgill for agenda item 5
                 Clare Livens to support item 7
                 Lynne Hollingsworth for agenda item 8
                 Ben Leaman for agenda item 9
                 Mike Edmondson for agenda item 10
                 Merav Kliner – Public Health Registrar - observing
                 Sharon Wood

Apologies:  Shirley Brierley
           Chris Harris
           Emma Latimer
           Andrew O’Shaughnessy
           Alison Richards
           Janice Simpson
           Michelle Turner

09/49 DECLARATION OF INTEREST
Mark Pitkethly declared an interest in agenda item 9 “Psychology Services”.

MINUTES OF THE MEETING HELD ON 14TH JULY 2009

The minutes were agreed to be an accurate record. Included with the minutes were Terms of Reference for CE which was approved at Board.

Matters Arising:
All Matters arising are on the agenda

CHIEF EXECUTIVE & CHAIR’S REPORT

Chief Executive Report:
This was attached to note.

Chairs Report
RN updated CE members on the Financial Position Update. Following discussion it was noted:

- It is very clear now that all of our Commissioning Programmes have to concentrate not only on developing the strategic plan, but delivering within a context where in reality there is likely to be less resource available particularly from 11 / 12 onwards.
- It was proposed CE should establish a sub-group to be chaired by Rhys, to include senior representation from the Medical Directorate, Commissioning Alliances, Finance, Performance & Information & the Efficiency & Productivity Unit. Sue Pickersgill asked that Alliance Managers be involved in this group, and she would communicate to her colleagues. This group needs to start meeting weekly with immediate effect from w/c 14th September. **ACTION: RN**
  - Regular progress by the Finance and Efficiency Group to report back to each CE Business meeting. This should also feed into JCF.
  - Agreed to bring back a productivity and efficiency plan update through Damien Kay to October’s CE.
  - Request for more detailed information around activity from RN & SI for Clinicians. Clinicians to look at data. **ACTION: SI to facilitate.**
  - MN has some concerns re the fit between this and previous discussion at the CE re:
    1. priorities for the 10 programmes
    2. Where we have discretion on spend this year on some recurrent investments
    3. Use of non recurrent expenditure including FURS and health inequalities funding to Alliances.

Simon Wilson (SW) gave an update on MSP. It is proposed each Programme looks at benefits and prioritisation combining this work together, with the aim of achieving a revised list of priorities attached to benefits. Timescale for this is tight but given the financial position the deadline is end of September 09. Progress report to go to Board in October.

JLs paper identified the programmes and supporting colleagues. There are gaps particularly around MH and maternity and newborn. If anyone knows how to address these please speak to Jan outside the meeting. Children could be combined with maternity and newborn. JL to speak to Anne Flanagan outside the meeting. **ACTION JL**
09/52 EVALUATION OF AIREDALE COMMUNITY COLLABORATIVE TEAM
JC welcomed Enid Feather & Steph Lawrence to the meeting. Steph Lawrence is
the Nurse Practitioner for ACCT but an employee of BACHS. Enid is from ANHST.
Both colleagues have been involved in the model.

ACCT has been commissioned by the Airedale and Wharfedale PBC Alliance to
increase and enhance the care for patients within the locality to be cared for both in
their own homes and in the new intermediate care beds within Airedale and
Wharfedale. The aim is to prevent unnecessary hospital admission where this is safe
and appropriate to do and to facilitate early discharge from hospital. A collaborative
approach is taken, which means the acute trust, Provider Services, Bradford and
Airedale tPCT and the independent sector work together to enhance the patients
care in the community.

Recommendations:

The Clinical Executive:

- Notes the interim report and congratulates the Team on its achievements.
- Supports further urgent investigation into how this working can be extended
  across the District
  - Link with acute care pathway
  - Link with Finance Efficiency sub-group.

09/53 OBESITY
Obesity was withdrawn from the agenda, and it was agreed to bring back to the
November meeting.

09/54 CLINICAL PRIORITIES COMMITTEE UPDATE
Greg Fell gave an update on developments within the development of a regional
Individual Funding Request Policy. This is in the context of the NHS BA CPC Policy
and identified some of the ongoing issues. Regional Consultation highlighted 3 main
issues for concern:

- Communication directly with patients – current policy within Bradford &
  Airedale quotes clinicians are asked to communicate the result of CPC
decisions with their patients. If Clinicians are unable to do this the
Secretary of State has said the PCT must do this. Current policy
remains unchanged.
- Standard IFR request form – PCTs have been recommended to adopt
  a single set of data from clinicians making funding requests to the
  CPC. This already reflects the data requested by CPC. There is no
  change to current NHS BA policy
- Defining exceptional – some slight amendments have been made,
  agreed definition of what is accepted as exceptional.

Recommendations:

- CE happy to support the development of the CPC
- Following discussion, it was agreed that the CE role is around clinical
  scrutiny and subsequently to make recommendations to Audit &
  Governance Committee who carry the responsibility of approval of the
  policies on behalf of the Board.
09/55 PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS
Greg Fell & Clare Livens outlined the steps in implementation and highlighted concerns. Following discussion it was acknowledged:

- This is a difficult area, technically and politically and should be handled and framed carefully.
- The work needs to be taken forward from a quality perspective and ensure this work is based on sound evidence of clinical effectiveness.

It was recommended that this work initially considers a small number of areas. It was agreed that Greg Fell in conjunction with the medical directorate should do some further work to scope out the project and report back to November’s Clinical Exec. **ACTION: GF / PD**

- Ongoing work will need to be taken forward through:
  (i) The Planned Care Programme
  (ii) Alliances, initially through the JCF.

09/56 IVF IN SAME SEX COUPLES
Greg Fell fed back some discussions recently held in the CPC. This paper presented a proposed policy changes on access to, and funding of, sub fertility treatment. A policy statement has been drafted for both sub-fertility treatment in female same sex couples and funded levels of treatment since the commissioning of In-vitro Fertilisation (IVF) increased to one full cycle. GF put forward a number of specific recommendations.

**Recommendations:**

- Wording of F needs clarifying; it needs to be clear that people will go onto the pathway and then a clinical decision as to how this pathway is implemented.
- CE happy with this draft policy with the caveat that it will be reviewed alongside the regional policy in this area.
- Paper with amendment from CE to go to audit and governance at today’s meeting.
- Peter Dickson to speak to Amanda Forrest at the PCT Collaborative re their policy on this.

09/57 EGG FREEZING AND FROZEN EMBRYO TRANSFER
Greg Fell proposed a number of specific policy statements on Egg Freezing and Frozen Embryo Transfer. These arose following requests for clarification on current policy from our current provider.

**Recommendations:**

- CE supported the proposed changes.
- Recommended the Audit & Governance Committee approve the policy changes.

09/58 BRIEF FOR CLINICAL EXECUTIVE ON KEIGHLEY HEALTH CENTRE
Helen Hirst as PCT responsible Director explained this project was being taken forward through the Primary Care Programme. It was also supported by LA
(responsible Director, Janice Simpson). Consultation time expected to be around October / November. There are costs with the building but funding is clearly identified in our future investment plans. Service integration from a health and social care perspective are being explored; the benefits of this type of approach were acknowledged by the group. Service provision will build on range of services that already exist, and support the commissioning intentions of the Airedale Alliance. The focus for LA services is adults as children’s services are already provided for within children’s centres.

Recommendations

- CE noted this report and supported the approach.

09/59 COMMUNITY SERVICES COMMISSIONING PLAN

Matt Neligan briefed Clinical Executive on the Community Services Commissioning Plan. This is our latest draft of the above. It was agreed we needed further communication and engagement stakeholders and also to make the document clearer re specific commissioning intentions. We have a national requirement to submit to the SHA, by the end of October, we are taking to our Board in September and we may take back to October if significant refinements are needed. Broad structure of the document hasn’t changed. Matt happy to pick comments up within the next 2 weeks.

Matt outlined a lot of work had been done to broaden engagement.
- various partners internally giving people the opportunity to comment,
- established a steering group within the PCT
- Been out to a number of organisations including PBC Alliances
- Been out to LMC and had workshops with LA colleagues, also other provider organisations within the district.

Suggested that the sections that still needs addressing:

4.2.1. – known service developments
- GPSI services provided by BACHS, suggest go out to Market for the full range of GPSI services currently provided by BACHS.
- Improving quality of service in Care Homes by commissioning only those that have reached Quality Standard 3
- Early Intervention in Psychosis - service that doesn’t have that sensible fit with the current provider and may have a better fit with specialist MH Services. NHSBA are proposing to transfer to the management of the BDCT, we can debate this.
- Sexual health contact centre – at present the initial contact on this pathway is provided by BACHS, and then triage to arrange provider. It is proposed to test the market re who would be able to provide the non clinical triage element of this pathway.

4.2.2 – Service reviews
- This is an area that needs some further work before firm proposals can be developed.

Recommendations:
- CE approved the strategy. MN to put together an Executive summary to reflect key messages.
- Agreed to take this strategy to JCF and ICG.
• There needed to be further debate through JCF on the commissioning intention as detailed on page 28 and in particular proposals around the EIP service.

09/60 WEST YORKSHIRE URGENT CARE (WYUC) OUT OF HOURS (OOH) SERVICES BRIEFING PAPER
Mike Edmondson gave a brief update on the above. Robust contract management arrangements remain in place and have appeared to have had a positive effect upon performance from providers. Clinical IM&T issues have been identified prioritised and are being managed aggressively by a dedicated Project Manager. Commissioners across all of West Yorkshire are taking appropriate steps to resolve the issues.

Recommendations:
• CE noted the actions and requested a further update at an appropriate time.

09/61 SUB-COMMITTEE REPORT
These are attached for information only to note.

09/62 ANY OTHER BUSINESS
There was no other business.

09/63 NEXT MEETING
The next meeting is scheduled for Tuesday 13th October 2009 in the small boardroom, level 1, DM.