

# **Black Country and West Birmingham Joint Commissioning Committee (JCC)**

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## **Minutes of Meeting dated 10<sup>th</sup> January 2018**

### **Members:**

Prof. Nick Harding – Chairman, Sandwell & West Birmingham CCG  
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG  
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG  
Angela Poulton - Programme Director – Joint Commissioning Committee  
Matthew Hartland – Chief Finance and Operating Officer, Dudley CCG; Strategic Chief Finance Officer Walsall and Wolverhampton CCG's  
Mike Abel – Lay Member, Walsall CCG  
Salma Reehana – Chair, Wolverhampton CCG  
Dr Anand Rischie – Chairman, Walsall CCG  
Julie Jasper – Lay Member, Dudley CCG and Sandwell and West Birmingham CCG  
Simon Collings – Assistant Director of Specialised Commissioning, NHS England  
Peter Price – Lay Member, Wolverhampton CCG  
Jim Oatridge – Lay Member, Wolverhampton CCG

### **In Attendance:**

Charlotte Harris – Note Taker, NHS England  
Laura Broster – Director of Communications and Public Insight  
Sarah Fellows - Mental Health Commissioning Manager  
Ali Shaukat – Programme Manager

### **Apologies:**

Helen Hibbs – Accountable Officer, Wolverhampton CCG  
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG  
Dr David Hegarty – Chairman, Dudley CCG  
Dr Ruth Tapparo, GP/Board Member, Dudley CCG.  
Paula Furnival, Director of Adult Social Care, Walsall MBC

## **1. INTRODUCTION**

- 1.1 Nick Harding welcomed members, introduced Charlotte Harris and thanked Jackie Eades for her support to the JCC.
- 1.2 Apologies noted as above.
- 1.3 There are four members who have not submitted their signed declarations of interest forms, and the request was made for them to be provided by the end of the month. Nick Harding asked the committee if anyone had any declarations of interest they wished to declare in relation to the agenda for the meeting. None were given.

**Action: Outstanding declaration of interest forms to be provided to Charlotte Harris by the end of January.**

- 1.4 The minutes of the meeting held on 14<sup>th</sup> December were agreed as an accurate record of the meeting with the following exceptions:
  - Section 4.4 'option' should be 'optional'

- Section 9.7 ‘public’ should be ‘publicly’
- 1.5 Paul Maubach referred to section 9.6 in the previous minutes and section 4.3 of the corresponding report, informing members that Walsall CCG’s Governing Body felt that the wording relating to the matter in the update paper (section 1.2.6c) presented to them did not reflect the nature of the discussion. Walsall’s Governing Body did not support the lead CCG acting in isolation. It was confirmed that this is not an issue with the minutes but the JCC Update paper which is in the process of being presented to Governing Bodies. Angela Poulton reminded members that when this matter was discussed, it had been agreed that the lead CCG at the very least should speak to an Exec level manager in all the other CCGs before proceeding. James Green stated that agreement is being sought for the continuation of existing practice where one CCG takes decisions and implements actions on behalf of other CCGs in the Black Country where the pace of decision making and delivery will not allow a fully collaborative approach, subject to a locally determined operational scheme of delegation and the lead CCG specifically gaining approval from a Director level officer of the other CCGs.

**Action: Angela Poulton to circulate the revised wording in relation to 1.2.6c to Governance leads and Chief Financial Officers to ensure consistency of agreement by all CCG Governing Bodies.**

- 1.6 With reference to the minutes to the meeting held on 28<sup>th</sup> September 2017, Angela Poulton informed members that section 4.4 of the September JCC minutes stated that Walsall CCG were “locating a GP surgery onto the Manor site” when this should read had “suggested GP triage at the Manor”.
- 1.7 The action register was reviewed (see action table at end of the notes). Actions delivered were confirmed and others taken within the agenda. Regarding action 051, Simon Collings confirmed that the Specialised Services Commissioners have no concerns with Vascular Services delivery and that Dudley Group of Hospitals NHS Trust are not on the list of providers not compliant with the 7-day standard. An overview of Specialised Services Commissioning Strategy was given and emphasised that any changes to where services will be provided will not be made without public consultation. In response to Laura Broster, Simon Collings confirmed that public and patient involvement support was being provided at a regional level by Jessamy Kinghorn.

## **2. CORE BUSINESS**

- 2.1 Nick Harding informed that the STP had not met since the last meeting. Paul Maubach had attended the West Midlands meeting of Accountable Officers the day before and fed back that NHSE are increasingly channelling commissioning requests on an STP basis, including future operating plans. Paul Maubach stated that this is pertinent to the discussion in establishing joint commissioning capability later on the agenda. Angela Poulton added there is likely to be greater scrutiny regarding mental health and potentially at STP level going forward, with a particular focus on compliance with the Mental Health investment standard.
- 2.2 Nick Harding confirmed that the Clinical Leadership Group is meeting on the 25<sup>th</sup> January and the agenda will cover Respiratory, Hypertension and Urgent Care. NHSE are increasingly asking for STP leads for specific areas and a recent request had been for a Black Country Stroke lead to participate in the West Midlands review that includes Thrombectomy. Dr Anand Rischie referred to the request for expressions of interest in August and asked for a progress update. Angela Poulton reported that the level of interest from GPs had been good but there had been concerns that no secondary care expressions had been received as a mix of both was considered important. The decision taken at the

September Clinical Leadership Group was to identify appropriate candidates through clinical networks and leads, and to approach individuals when there was definitive pieces of work to be undertaken.

- 2.3 Nick Harding stated that nominated clinical leads for the STP were now needed, and that as the lead for Urgent Care is a much larger job than perhaps other lead roles individual consideration will need to be given prior to making appointments. There was discussion regarding the link between JCC progress and governance arrangements, and a view shared that STP clinical leads might benefit from being plugged into a CCG-led programme management approach for delivery. Paul Maubach shared the CCG lead process being used in Worcester. Nick Harding suggested a discussion be held between Paul Maubach, Andy Williams and Helen Hibbs to explore how leads can be appointed and agreed with Simon Collings suggestion to include Specialised Services. Paul Maubach stated that this could be an opportunity to speak to Alison Tonge to see what resources NHSE have to assist.

**Action: Paul Maubach, Andy Williams and Helen Hibbs to meet to explore the appointment process to STP Clinical Lead roles before the February JCC.**

- 2.4 Angela Poulton provided a verbal update on progress made in relation to commissioning responsibilities delegated to the JCC. In relation to commissioning the Black Country Mental Health Crisis, Intensive Community Support and Paediatric Liaison Service for Children and Young People, the specification is near completion and discussions underway with mental health providers. Regarding Transforming Care Partnership Learning Disabilities and Autism services, this Committee has responsibility for ensuring patient reviews are undertaken and the non-recurrent development funding is spent according to the agreed plan. Sandwell and West Birmingham CCG are acting as the lead coordinating CCG, and the lead Senior Commissioning Manager is preparing a timeline from approval of proposed clinical model to operational commencement date. There are indications that the proposed future community model and the associated shared view of the financial implications for each CCG should be ready for presentation to the JCC at the February meeting.

*Angela Poulton left the meeting to collect Sarah Fellows and Shaukat Ali.*

- 2.5 Nick Harding referred members to the current risk register. There was a discussion about the format and on the suggestion of Jim Oatridge it was agreed that the risk registers of all four CCGs will be reviewed by the Joint Governance Forum and a recommendation made regarding a shared template for all four CCGs and the JCC to use going forward.

**Action: Risk registers be reviewed by the joint governance forum with a view to recommending a standard template at Feb JCC to be used by all CCGs and the JCC.**

*Angela Poulton re-joins the meeting.*

### **3. DECISIONS REQUIRED**

#### **3.1 Establishing Joint Commissioning Capability for the Black Country**

- 3.1.1 Angela Poulton referred members to the paper. There are currently two issues: the need for clarity in relation to commissioning for West Birmingham as Governing Bodies approved to remove responsibility for this geography in December and the need to strengthen the contribution of this committee to STP performance. The JCC needs to agree how to establish the capability to provide a united commissioning response to performance issues. In addition the relationship between the JCC/CCGs and a future Accountable Care System (ACS) arrangement, and associated risks and opportunities need to be determined. Angela Poulton informed the committee that Helen Hibbs had shared that Alison Tonge is delivering

ACS development workshops and the need to ensure there is no overlap in the work plan arising out of today's discussion.

- 3.1.2 There was a discussion about the impact of having the right governance arrangements to enable the JCC to take a definitive view on matters and ensure the appropriate actions take place. Nick Harding shared that the experiences in other parts of the country, with Manchester cited as a specific example, highlight that waiting to achieve the right governance arrangements will delay progress and delivery. Manchester are on their fourth governance arrangement so far.
- 3.1.3 Paul Maubach shared the discussion held by the STP Sponsor Group, describing the three strands of the STP: the Partnership agenda with its focus on the wider determinants of health, the local place-based agenda with associated structures and the NHS agenda requiring the implementation of a robust financial and strategic plan. The JCC represents a single forum out of which clear processes and schemes of delegation to drive through implementation of the plan relating to the NHS strand, and this agenda should be the focus for this Committee. Paul Maubach shared that through discussions with other Accountable Officers in the West Midlands the approach to delivering the NHS agenda is through joint commissioning committee Programme Management Office (PMO) arrangements being established. The view was expressed that establishing a PMO would not be sufficient by itself.
- 3.1.4 There was discussion about the current remit CCGs have in relation to leading strategy development, performance management and service redesign and the option to replicate this for the STP via the JCC with identified resources. Paul Maubach shared that the resources will have to come from CCGs and the consideration now needed regarding how the STP is structured to deliver its priorities and how CCGs reorganise, aligning existing staff to create teams focussing on lead areas. A view is needed on what the shared capacity between the four CCGs is to do this, and the associated commitment to do this. It was acknowledged that to date STP leads were doing the STP element of their work in addition to their substantive job, and that CCGs need to create performance and commissioning capacity that is properly resourced. Simon Collings suggested that if the JCC is seen as a tangible STP vehicle then other resources could be assigned to it.
- 3.1.5 Jim Oatridge stated that there was still the need to clarify the purpose and remit of the JCC, and what needs to be achieved by it. Nick Harding shared that increasingly NHSE will want to work at STP level rather than with individual CCGs. Mike Abel referred members to the need to be careful about the language being used in relation to identifying resources to ensure it is clear that it is not new resources that are being created but the redistribution and realignment of existing staff resources. Paul Maubach stated that there are some key performance issues that need performance management and/or service reviews, and referred members to the seven clinical priorities recommended to this Committee by the Clinical Leadership Group in September 2017.
- 3.1.6 Paul Maubach raised the disconnect that exists between the JCC and the STP as the JCC does not include West Birmingham, and shared that Andy Williams will be taking a paper to Sandwell and West Birmingham CCG's Governing Body regarding the future relationship Sandwell has with West Birmingham. West Birmingham currently sits across two systems, and attending to the NHS agenda was felt to need the JCC to be aligned to the STP. It was agreed that it needs to be clear where decisions relating to both parts of Sandwell and West Birmingham's geography will be taken so the JCC can work out what it needs to operate effectively going forward. Nick Harding confirmed that Sandwell and West Birmingham will confirm the arrangements in due course.

3.1.7 Nick Harding referred to the key decisions required in the paper. It was confirmed that the JCC is committed to taking effective control of service reviews and performance reviews, and now needs to agree how it will do this. Paul Maubach suggested the Accountable Officers (AOs), Chief Finance Officers (CFOs) and Angela Poulton meet to decide where the CCGs will get best value from doing things once, what to resource jointly and to agree actions to resource properly before the next JCC. The different perspectives that exist regarding the relationship the JCC has to the future ACS was agreed will require a further meeting after the February JCC to allow for a wider strategic debate with Chairs and lay representatives.

**Actions:**

- **Charlotte Harris to arrange a meeting between AO's, CFO's and Angela Poulton to discuss where the CCGs will get best value from doing things once, what to resource jointly and to agree actions to resource properly before the next JCC meeting.**
- **Charlotte Harris to arrange a meeting between AOs/CFOs/Chairs/Lay representatives for a wider strategic debate regarding the relationship the JCC has to the future ACS to be scheduled between the February and March JCC meetings.**

3.1.8 There was a discussion regarding the difference between the STP and the future ACS is and the need for due diligence to understand the risks involved in developing into the ACS with a shared control total. Paul Maubach requested that James Green and Matthew Hartland to develop a plan for the next committee meeting setting out the plan to undertaking the necessary due diligence and how to involve providers.

**Action: James Green and Matthew Hartland to develop a plan for the next committee meeting on how to undertake the necessary diligence to support the Black Country STP becoming an ACS in the future.**

### **3.2 Specialised Commissioning**

3.2.1 Simon Collings explained that there had been a number of issues with cancer services in Sandwell and West Birmingham, and the three core elements are Chemotherapy, Specialist Gynaecology Oncology surgery and Acute Oncology. In October 2017 it became clear that there were insufficient enough consultants to deliver the service safely at Sandwell and West Birmingham NHS Trust and the decision taken to transfer services to University Hospital Birmingham commencing end March 2018 a temporary arrangement for 12 months. The patient and public involvement was confirmed and the Joint Overview and Scrutiny Committee briefed, with a further briefing on the 25<sup>th</sup> January. The Trust gave notice to cease providing Gynaecology Oncology and owing to the complexity of surgery patients require other providers are unable to develop services to accommodate this change in six months. Services will be delivered by other providers from July 2018 to ensure safe provision.

3.2.2 There was a discussion about the long term development plan for specialised services in the Black Country. NHS England must be accountable for commissioning Specialised Services as it is written into the Health and Social Care Act. In the West Midlands there was a move

to try to devolve some services (dialysis, allergies, chemotherapy, HIV) to be commissioned by CCGs and the JCC seen as a good vehicle with which to engage for this purpose. This effectively stopped in July 2017, with 'seat at the table' continuing via the JCC but largely delivered through the Specialised Commissioning Oversight Board. There is a paper on devolution going to the Oversight Board Group on 12<sup>th</sup> January. Paul Maubach requested finance and activity data for Specialised Services for the Black Country.

**Action: Simon Collings to provide the finance and activity data for Specialised Services provided for Black Country registered patients at future JCC meetings.**

### **3.3 Perinatal Mental Health (Pilot Clinical Proposal)**

- 3.3.1 Sarah Fellows and Ali Shaukat summarised the paper presented and requested approval to proceed with submitting a joint bid for new transformation funding and to set perinatal mental health clinics in all Black Country acute hospitals (only Sandwell and West Birmingham Hospitals NHS Trust currently has a clinic). Matthew Hartland raised concerns as there is no guarantee of securing the additional money and the need to ensure Directors of Commissioning and CFO's sign off the clinical model and financial implications. This would ensure lessons have been learnt from the joint CAMHS bid in the autumn last year. Laura Broster offered communications and engagement support. There was discussion regarding the need to be able to evaluate the impact of developing the services with the new funding.
- 3.3.2 Nick Harding stated that it would be good to be able to report in a few years' time the number of lives saved as a result of this service development and associated investment. The JCC confirmed support to establish clinics in all acute hospitals subject to the costed clinical model being signed off by appropriate officers in all CCGs and the evaluation approach being agreed.

**Actions:**

- **Shaukat Ali to circulate the current version of the bid.**
- **The clinical model and financial implications for the perinatal mental service to be signed off by the Director of Commissioning and CFO for each CCG before the final draft of the bid is produced.**
- **Sarah Fellows/Shaukat Ali to include a clear evaluation methodology with outcome measures prior to and for inclusion in the bid document submitted.**
- **The final bid document to be circulated and agreed by each CCG prior to submission to NHSE.**

### **5. Subgroup Updates (Consent Agenda)**

- 4.1 Reports were noted by members. With regard to the Systems Design & Contractual Frameworks Subgroup, Paul Maubach indicated that its current work should be completed by June 2018.
- 4.2 Laura Broster informed the committee that there was a decision not to do an all-staff communications as the majority of the meeting discussed the STP position. It was agreed that the communications that will be sent after today's meeting will reflect main items from

both meetings. In drafting staff communications care is needed to ensure items are presented as recommendations where further approval to proposals are required.

## **5. Summary of Actions and Any Other Business**

- 5.1 Angela Poulton informed the Committee that Mike Hastings had suggested the establishment of a workgroup that he will lead to develop a way to enable Cancer Multi-disciplinary Teams to access electronic patient records. The benefits of this include shortening the care pathway (62 day target), and informing the clinicians of the range of co-morbidities patients have and unnecessary repeat diagnostics. The JCC supported the work to be done.
- 5.2 Mike Abel suggested the format of papers need to be reviewed as there are missing items.

**Action: Angela Poulton to review the format of JCC papers and use of templates.**

## **6. Date of Next Meeting – *please note time of meeting***

Thursday 15<sup>th</sup> February 2018, 15.30-17.30, Dudley CCG, Orange Room, 2<sup>nd</sup> Floor, BHHSCC, DY5 1RU

## JCC Action Log

No.	Date	Action	Lead	Status Update
068	19 <sup>th</sup> Oct 2017	Jim Oatridge to present the ratified Joint Governance Group Terms of Reference at the next appropriate JCC meeting	Jim Oatridge	Meeting on 29 <sup>th</sup> January
069	10 <sup>th</sup> Jan 2018	Outstanding declaration of interest forms to be provided to Charlotte Harris by the end of January	JCC members	
070	10th Jan 2018	Angela Poulton to circulate the revised wording in relation to 1.2.6c to Governance leads and Chief Financial Officers to ensure consistency of agreement by all CCG Governing Bodies	Angela Poulton	
071	10 <sup>th</sup> Jan 2018	Paul Maubach, Andy Williams and Helen Hibbs to meet to explore the appointment process to STP Clinical Lead roles before the February JCC.	Paul Maubach	
072	10 <sup>th</sup> Jan 2018	Risk registers be reviewed by the joint governance forum with a view to recommending a standard template at Feb JCC to be used by all CCGs and the JCC.	Jim Oatridge	
073	10 <sup>th</sup> Jan 2018	Charlotte Harris to arrange a meeting between AO's, CFO's and Angela Poulton to discuss where the CCGs will get best value from doing things once, what to resource jointly and to agree actions to resource properly before the next JCC meeting.	Charlotte Harris	
074	10 <sup>th</sup> Jan 2018	Charlotte Harris to arrange a meeting between AOs/CFOs/Chairs/Lay representatives for a wider strategic debate regarding the relationship the JCC has to the future ACS to be scheduled between the February and March JCC meetings	Charlotte Harris	
075	10th Jan 2018	James Green and Matthew Hartland to develop a plan for the next committee meeting on how to undertake the necessary diligence to support the Black Country STP becoming an ACS in the future.	James Green and Matthew Hartland	
076	10 <sup>th</sup> Jan 2018	Simon Collings to provide the finance and activity data for Specialised Services provided for Black Country registered patients at future JCC meetings.	Simon Collings	
077	10 <sup>th</sup> Jan 2018	Perinatal Mental Health Joint Bid (Pilot Clinics) <ul style="list-style-type: none"> <li>• Shaukat Ali to circulate the current version of the bid</li> <li>• The clinical model and financial implications for the perinatal mental service to be signed off by the Director of Commissioning and CFO for each CCG before the final draft of the bid is produced</li> <li>• Sarah Fellows/Shaukat Ali to include a clear evaluation methodology with outcome measures prior to and for inclusion in the bid document submitted</li> <li>• The final bid document to be circulated and agreed by each CCG prior to submission to NHSE</li> </ul>	Sarah Fellows/Shaukat Ali	
078	10 <sup>th</sup> Jan 2018	Angela Poulton to review the format of JCC papers and use of templates	Angela Poulton	