

BLACK COUNTRY JOINT COMMISSIONING COMMITTEE

Agenda item 11

Date of committee meeting: 10th May 2018

TITLE OF REPORT	Black Country Joint Commissioning Committee (BCJCC) Assurance Report
EXECUTIVE SUMMARY:	This report provides a summary of business considered at the Black Country Joint Commissioning Committee meeting on 10 th May 2018, for assurance.
IMPLICATIONS	
RECOMMENDATION TO THE COMMITTEE:	To note the contents of the report for update on activity and assurance
CONFLICT OF INTEREST MANAGEMENT	None identified
COMMITTEE ACTION REQUIRED:	Assurance
REPORT WRITTEN BY:	Angela Poulton, JCC Programme Director
REPORT PRESENTED BY:	Helen Hibbs, Accountable Officer
REPORT SIGNED OFF BY:	Dr Anand Rischie, Chair – Walsall CCG/Chair Black Country JCC
CONSENT AGENDA	Suitable for consent agenda
PREVIOUS COMMITTEES, DISCUSSION OR CIRCULATION	This report has not been to any other committee

The CCG has a duty to promote the NHS Constitution. Principles of the NHS Constitution this report supports:	
The NHS provides a comprehensive service available to all	Yes
Access to NHS services is based on clinical need, not an individual's ability to pay	Yes
The NHS aspires to the highest standards of excellence and professionalism	Yes
The NHS aspires to put patients at the heart of everything it does	Yes
The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population	Yes
The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources	Yes
The NHS is accountable to the public, communities and patients that it serves	Yes

Positive general duties - Equality Act 2010	
The CCG is committed to fulfilling its duty under the Equality Act 2010 and to ensure its commissioned services are non-discriminatory. This report is intended to support delivery of our duty to have a continuing positive impact on equality and diversity The CCG will work with providers, communities of interest and service users to ensure that any issues relating to equality of service within this report have been identified and addressed	
Please indicate if there have been any equality of service issues identified in this report	No

All papers are subject to the Freedom of Information Act. All papers marked as 'in confidence, not for publication or dissemination' are sent securely to named individuals and they cannot be distributed further without the written permission of the Chair. Exemption 41, Information provided in confidence, applies.

1.0 Action Log and Matters Arising

- 1.1 There had been satisfactory progress on all items. The need to identify resources with the skills and capacity to progress the GPFV workforce planning work had been agreed and discussions continue regarding how to resolve.

2.0 Clinical Leadership Group (CLG) Update

- 2.1 Dr Anand Rischie fed back that the focus of the April meeting had been to agree the approach to developing the clinical strategy and to consider the opportunities to improve care for people with frailty. A comprehensive presentation on frailty showing comparative performance information for the 4 CCGs was made by Right Care Partner Lucy Heath, and it was evident that there is good practice that could transfer to other CCGs.

- 2.2 Angela Poulton referred members to the 'Addressing Clinical Priorities across the Black Country' paper, and the following recommendations were agreed by the CLG:

- 1. Review the list of clinical priority areas, to identify where further work is required to support the rationale for prioritisation and to agree a recommendation to the JCC/STP;*
- 2. Consider commissioning an initial piece of work that collates existing local sources that address the levels at which services should be provided and produce a gap analysis of where further work is required.*

CLG agreed to establish a frailty working group, and have requested a Black Country commissioning lead. Angela Poulton confirmed there are two other working groups, Respiratory and Hypertension supported by identified commissioning leads and Right Care. Peter Price raised the link to housing and other wider determinants and the need for this to be considered as part of the work. The need to ensure Finance involvement in CLG groups was agreed.

- 2.3 Paul Maubach raised the need to align the work undertaken as part of the forthcoming Acute Sustainability Review with the clinical strategy work. The need for estates and capital bids to be aligned was discussed.

3.0 Collective Responsibilities

- 3.1 Dr Anand Rischie discussed the importance of the Committee needing to identify services and activities for which the 4 CCGs have collective responsibility. The work being undertaken via the CLG will help to inform this. Dr Helen Hibbs referred members to the work that is just starting to provide NHSE with the Black Country roadmap to strategic commissioning which is required by 21st May. An Executive lead from each CCG will be identified to work on developing the roadmap.
- 3.2 There was discussion about the need to engage 'hearts and minds' to the joint commissioning agenda and the need for something significant to happen to make it happen. Andy Williams referred members to the need for relationships between NHSE and the STP leadership to establish, the place-based work that is progressing and suggested the need for the nature of strategic commissioning to be more clearly defined. Dr Helen Hibbs

referred the Committee to the Price Waterhouse Cooper Integrated Care Systems development programme as a mechanism for this to be considered.

4.0 Programme Performance

- 4.1 Angela Poulton referred members to the latest Black Country STP performance reports and remarked that by comparison to other STPs the Black Country were performing well, and that all STPs were 'red' for 4-hour A&E performance. It was agreed that this information would be routinely provided to the Committee and that its importance lies in what actions are taken in response to it going forward. There was a discussion about the current NHSE emphasis on how CCGs and providers are working, and that where there are opportunities to respond to performance issues in a collective way there is the need to establish the working environment that enables this to be done.
- 4.2 Dr Helen Hibbs provided an update on the Transforming Care Programme. The Programme has failed to deliver the agreed trajectories. Dr Helen Hibbs has taken over as Chair for the Programme Board and is being supported by an NHSE Programme Manager with a small team. There are a few long stay patients that may not be discharged in the life of the Programme. Discussions with Ray James which were escalated to Simon Stevens have not resulted in a change in the trajectories or the life of the Programme. Internal scrutiny of the patients predicted to date as those unlikely to be discharged during the life of the programme has been undertaken. NHSE has organised external scrutiny panels which are convening in the next few days. Members were referred to the revised delivery plan submitted to NHSE. Matt Hartland reported on the financial position, there being a potential £4.4m risk identified across organisations. The cost of beds has been agreed and discussions continue in relation to delivering the community model and regarding how to apportion the risks across the 4 CCGs.
- 4.3 Angela Poulton raised the issue of governance for the Programme. Rita Symons, NHSE Programme Manager, had contacted her as there is the need for clearer arrangements. Currently, the JCC only has delegated responsibility for ensuring the transitional funding is spend appropriately and for oversight of the case reviews being undertaken. Dr Hibbs confirmed that NHSE are potentially seeking the 'one commissioner' approach to Learning Disabilities. It was agreed that the Accountable Officers would discuss further outside of the meeting.

5.0 Specialised Services

- 5.1 Angela Poulton referred members to the Black Country specialised services information which was based on Secondary Uses Service (SUS) data as there have been difficulties accessing the National Commissioning Data Repository (NCDR) hosted by Arden and Gem CSU (AGEM). Owing to the source being SUS, the activity/spend will be understated and the information does not give a sense of spend against budget or whether there are any contract performance issues. Angela Poulton confirmed she is continuing to work with Midlands and Lancashire CSU and AGEM CSU to obtain the information required.

5.2 There was discussion about the direction of travel for specialised services was not clear, and this needs to be part of the strategic commissioning roadmap. Dr Helen Hibbs agreed to meet with Rachel O'Connell to discuss.

6.0 STP/Integrated Care System (ICS) Update

6.1 Andy Williams was thanked for his work as STP which was acknowledged to have been extremely challenging. Dr Helen Hibbs confirmed that she had agreed to take up the role of STP Senior Responsible Officer (SRO) for the next few months, and that the interviews for the Independent Chair were scheduled for 15th May. Discussions were underway regarding the Portfolio Director appointment.

6.2 Dr Helen Hibbs referred to a letter summarising what had been agreed with timescales at the last NHSE STP stocktake:

- Strategic commissioning structure and roadmap by 21/5/18
- Clinical strategy by 28/6/18
- Acute Sustainability Review by 31/8/18
- Engagement including specialised commissioning
- JCC commissioning intentions for 2019/20 by 30/9/18

In addition, NHSE require NHS leaders to demonstrate a joint culture and behaviours.

6.3 Julie Jasper asked what the penal regime was associated to these requirements, to which Dr Helen Hibbs stated that she felt the plan would be delivered. Dr David Hegarty referred to the importance NHSE were placing on the how the system was working together. Discussion took place regarding the need for commissioners to drive acute integration, an area which is acknowledged to be challenging and reliant upon building positive working relationships.

7.0 Strategic Commissioning Roadmap & Proposed Joint Project Support Arrangements for Joint Commissioning

7.1 Dr Helen Hibbs confirmed that the work to develop the strategic roadmap was being undertaken through a group comprising an Executive Lead from each CCG, and would be reported at the June meeting. There was discussion about the need for more resources to support STP and JCC work, and arrangements to get work done and unblock issues. It was confirmed that STP funding that had been made available was non-recurrent and that CCGs would need to find a way to fund on-going arrangements. Andy Williams referred to the need for agreement to be reached regarding how far the remit for strategic commissioning extends beyond specifying, the scale of operations and consideration of involving local authorities and wider stakeholders. It was agreed that the Accountable Officers would meet outside the meeting to discuss further.

7.2 The Committee approved the establishment of a Black Country system Project Support Office based in Wolverhampton CCG, and for costs to be shared by the CCGs. Wolverhampton CCG to lead the recruitment process.

8.0 Personalised Care Demonstrator Site Bid

8.1 Angela Poulton referred to the update paper prepared by Laura Broster. The Committee had previously supported the Black Country becoming a Personalised Care Demonstrator Site, subject to each CCG agreeing the position on the Personalised Health Budget (PHB) position. The Committee endorsed the achievability of the targets for PHBs as advised by the PHB leads, agreed the targets and spending plan (revised down from £300,000 to £250,000 owing to the delay in commencement), and financial risk for non-delivery of £75,000. The proposal that the STP Portfolio Director leads this initiative was not agreed, the decision taken for the Accountable Officers to meet outside the meeting to identify a Black Country Personalised Care lead. Paula Furnival confirmed that she was working with other Director of Adult Services colleagues to gain support, and subject to this she would be the Local Authority representative lead.

9.0 Risk Register

9.1 Mr Jim Oatridge confirmed that the Governance Sub Group had been tasked by the Black Country Joint Commissioning Governance Group to review the risk registers of all four CCGs to identify items of commonality and shared strategies for management. The work had not been completed and a report would be given at a future JCC.

10.0 Consent Agenda Reports

10.1 The draft Black Country Joint Decommissioning/Disinvestment Policy and May 2018 Executive Development Session Summary were noted. Mike Abel requested that the final version be approved by each CCG prior to being presented to this Committee for approval supported by a note identifying the differences between each CCG's existing policy and the combined document. Angela Poulton agreed.