Black Country and West Birmingham Joint Commissioning Committee (JCC)

Minutes of Meeting dated 10th May 2018

Members:
Dr Anand Rischie – Chairman, Walsall CCG
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG
Dr Helen Hibbs – Accountable Officer, Wolverhampton CCG
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG
Dr Salma Reehana – Chair, Wolverhampton CCG
Dr David Hegarty – Chairman, Dudley CCG
Paula Furnival – Director of Adult Social Care, Walsall MBC
Matthew Hartland – Chief Finance and Operating Officer, Dudley CCG; Strategic Chief Finance Officer Walsall and Wolverhampton CCG's
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG
Angela Poulton - Programme Director – Joint Commissioning Committee
Peter Price – Lay Member, Wolverhampton CCG
Jim Oatridge – Lay Member, Wolverhampton CCG
Julie Jasper – Lay Member, Dudley CCG and Sandwell and West Birmingham CCG
Mike Abel – Lay Member, Walsall CCG

In Attendance:
Charlotte Harris – Note Taker, NHS England
Helen Cook – Communications and Engagement, Wolverhampton CCG
John Deffenbaugh – Director of Frontline (coach to Chair)

Apologies:
Prof. Nick Harding – Chair, Sandwell & West Birmingham CCG
Dr Ruth Tapparo – GP/Board Member, Dudley CCG
Simon Collings – Assistant Director of Specialised Commissioning, NHS England

1. INTRODUCTION

1.1 Welcome and introductions as above.

1.2 Apologies noted as above.

1.3 Dr Anand Rischie asked the committee if anyone had any declarations of interest they wished to declare in relation to the agenda of the meeting. None were given.

1.4 The minutes of the meeting held on the 28th March were agreed as an accurate record of the meeting.

1.5 The action register was reviewed (see table at the end of the notes). Actions delivered were confirmed and others taken within the agenda.

1.6 Action 072, Jim Oatridge confirmed that this is still in progress.

1.7 Actions 076/88, Angela Poulton stated that data was included in the papers but not sourced from NCDR. Simon Collings was unable to attend the meeting.

1.8 Action 084, Paul Maubach confirmed that it had been agreed that capacity was needed to progress GPFV workforce plan, and that a revised proposal requiring £26,000 investment per CCG was being consider. This item to be discussed further under agenda item 3.1.

1.9 Action 091, for discussion at the next Clinical Leadership Group Meeting scheduled for the 24th May.

1.10 Action 093, all CCGs shared their place-based journeys and aspirations at the JCC Executive Visioning Session on 1st May so this standing agenda item will commence from June.

1.11 It was agreed to merge actions 095, 096 and 097 into one action as it involves the work around Clinical Strategy.

2. CORE BUSINESS

2.1 The Place Based Commissioning update was deferred to the June JCC meeting.

2.2 **Clinical Leadership Group Update**

2.2.1 Dr Anand Rischie referred members to the paper *Addressing Clinical Priorities across the Black Country System,* setting out the approach to developing the Black Country Clinical Strategy that was approved by CLG when it met on 26th April 2018. The CLG also received a comprehensive presentation on Frailty that highlighted good practice across the system and generated discussion about the opportunities to transfer learning to improve care and reduce variation across organisations. It was agreed to establish a Frailty Working Group for this purpose, supported by the Right Care team. There are other working groups for Hypertension and Respiratory already established. The need for finance representatives to be involved in the working groups at the right time was agreed.

Action: Angela Poulton to connect the CLG working group leads with Matt Hartland/James Green.

2.2.2 Paula Furnival discussed the gaps to be addressed, including the three main interfaces Learning Disabilities, Mental Health and Frailty, and identified the opportunity to bring local authorities into discussions about commissioning intentions and delivery this is currently only the case for the Transforming Care Programme.

Action: Local Authority representatives to be invited to the Clinical Leadership Group meetings.

2.2.3 Paul Maubach asked how the acute sustainability review work will feed into the development of the clinical strategy and how the collaborative Mental Health commissioning will be reflected. Provider processes to review the sustainability of their services may identify a few areas which need more dialogue across the system. There is a need for a review of what the Trusts are doing and the timetables they are working towards. For Mental Health, there is a workshop for the two Trusts on 16th May 2018 and it was questioned how this would work into the priorities and Clinical Strategy. Angela Poulton noted that the work will confirm what is already in the system and identify gaps. Dr Helen Hibbs stated that Richard Beeken is leading the Acute Sustainability Review across the four trusts which must be completed by 31st August 2018. The clinical strategy needs to be agreed by 30th September 2018. The clinical strategy and sustainability review are equally important and will work together.

Action: Angela Poulton to ensure the findings of the acute sustainability review are fed into the final clinical strategy.

2.2.4 Dr Anand Rischie noted the attendance at the CLG is good but acute Trust representation remains low. Dr David Hegarty suggested this was the link through to sustainability reviews, and raised the importance of gaining better clarity regarding NHSE expectations of the Clinical Strategy. It was suggested that this might be discussed at the next CLG. There needs to be networking across all clinical strategy development across the West Midlands to ensure they are all aligned regarding their approach and structure, and involving NHS England on route. There is recognition for a need to include a children and young person strategy with Mental Health and interaction with Social Care and the Third Sector.

Action: Dr David Hegarty to review whether there is a forum where the Chairs of the Clinical Leadership Groups meet.

2.2.6 Matthew Hartland noted that the list was long and suggested this needed to be a smaller to ensure focus and delivery. Regarding the working groups There is a need to understand the Terms of Reference for the groups and making sure they are aligned to other items of work. The Estate Strategy and Capitals Bid are both being worked on and these need to be aligned with the Clinical Strategy.

2.2.7 It was confirmed the wider determinants of health, such as housing, will be on the place based agenda. Dr David Hegarty confirmed there was a paper on the wider determinants of health which reviewed the health and financial opportunities. This has already been to some health and well-being boards. There was a real recognition at the CLG that this was important.

Actions:

- **Prof. Nick Harding as Chair of the Clinical Leadership Group to write to all Trusts requesting representation at meetings.**
- **Dr Anand Rischie to discuss with Prof Nick Harding how to engage Local Authority colleagues in the work of the Clinical Leadership Group, including the working groups, before the next JCC meeting.**

2.3 **Collective Responsibilities**

2.3.1 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.

2.3.2 It was noted that Prof. Nick Harding had mentioned at the CLG and JCC that by having representation of the four systems they will need to sign up to have collective responsibility. Each system will work on place based care and with their local authority. There needs to be collective responsibility on the system and system plus levels. There are similarities in how the systems are working but they are commissioning differently, and opportunities to commission together need to be identified. It was suggested there needs to be a statement of commitment to have collective responsibility. Mike Abel noted that it is an important aspect but can be difficult to put into practice. There are examples of collective working not being done or not working well. There is a need to come together to accept collective responsibility and working.

2.3.3 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. There are some cases

where provider and commissioner intentions are slightly out of phase. There needs to be a review of what the nature of strategic commissioning is and there is uncertainty on how to embrace it. If strategic commissioning is about working the traditional way but at a larger footprint this may not work, and there may be the need to start commissioning in a different way. The outcomes and resource for each programme need to be defined. Dr Helen Hibbs agreed this will not make things better the health economy or change the health for patients if a change is not made. The ICS Development has Strategic Commissioning as an important element. This should be agreed in a multitude of forums until it is sorted. The suggestion was made to ask whether the roadmap to strategic commissioning should be a CLG agenda item.

Actions:

Angela Poulton to speak to Prof. Nick Harding regarding adding Strategic Commissioning as a CLG agenda item.
The AO's to discuss and agree a clearer definition of strategic commissioning

2.4 **Programme Performance**

2.4.1 Angela Poulton presented the STP reports on performance of the priority areas produced by the NHSE STP programme office. There are areas where all STPs within the West Midlands that are not performing, namely A&E. The Black Country is doing better for many of the performance standards than other STPs. It was confirmed the Accountable Officers regularly see this information. It was agreed it was a pragmatic way of having performance information at the JCC at this time. Dr Helen Hibbs noted that the Performance Leads across the STP were currently meeting and discussing ways to get information to the JCC and across the patch. They are aware of the information but there needs to be a discussion on what is being done to address it. An automated way of getting the information would be beneficial. The performance of Cancer is an issue for Royal Wolverhampton Trust. They recently met with NHS England and NHS Improvement and are working to be on a recovery trajectory by 2019.

2.4.2 Andy Williams noted that the STP is being judged in two ways; performance, which we are doing well overall, and how the system works collectively. There are opportunities to work together to improve this perception and make an impact on some areas that are not performing well. It was questioned whether the performance reports can reflect on style and way the STP is working collectively.

2.4.3 Dr Helen Hibbs gave an update on the Transforming Care Programme. They have failed their trajectory as previously reported. There has been a revision of the governance structure as NHS England requested. Dr Helen Hibbs will chair the TCP Board and NHS England has put a temporary Programme Manager and small team in to support the Programme. The Black Country has a lot of long stay in-patients which will not be discharged in time which means they are likely to fail next year. Discussions with Ray James and upwards communications did no lead to Simon Stevens agreeing to revise the trajectories or life of the Programme. The recovery plan has been submitted, included in the papers. There has been internal scrutiny of the cases outstanding and external scrutiny reviews are being undertaken by national professionals from NHS England next week. The Clinical Pathway Group is meeting more often. There is ongoing work with Black Country Provider Foundation Trust.

2.4.4 Matthew Hartland gave an update on the financial implications. The budget for CCGs is £21.7 million. This is for the cost of the beds and the community model. There has been risk identified following the implementation of the revised FTA process. There will also be a risk around the new model for the NHS and the local councils. The risk that has been identified in

total is £4.4 million. This is half for the NHS and half for the councils, the NHS element currently not budgeted for. The costing for the beds model is nearly complete with the pricing being agreed. Budgets have been identified for the community model. The Black Country delivery model has not concluded. The FTA process states the funding does not follow the patient but the net increase or reduction will go down to the Black Country so there is a net position. The Finance Group are working to see the best way to proportion the risk down for each CCG.

2.4.5 Paul Maubach suggested an external group doing a risk assessment with confirmation of the potential of moving patients and the time it will take can be reflected to NHS England, and may be helpful. Dr Helen Hibbs agreed, and shared that there is potentially more that can be done, for example with forensic patients being in the community. It needs to be crystal clear that everything that can be done has been attempted.

2.4.6 Paula Furnival informed members that there has been no change in situation for local authorities; TCP nationally and regionally has been based on the funding following the patient. The National Funding Agreement has not been published yet but it is expected that this will affirm this. Ray James is seeking to have the funding follow the patients appropriately. Angela Poulton raised that she had been contacted by Rita Symons to discuss the governance arrangements around TCP. The only thing that has been delegated to the JCC is the transitional funding and the oversight, with every other aspect including the community model requiring approval by each of the four CCG Governing Bodies. Dr Helen Hibbs noted that to be fully delegated to the JCC, TCP requires sign off from governing bodies. NHS England is requesting one commissioner for this programme, and the Accountable Officers will discuss this further outside the meeting. TCP will remain a standing agenda item.

Action: The Accountable Officers to discuss governance arrangements for TCP.

2.5 **Specialised Services**

2.5.1 Angela Poulton informed she was unable to get the information from the National Commissioning Data Repository and that work is ongoing with Midlands and Lancashire CSU and Arden and GEM CSU to access the database. The information included in the papers has been sourced from Secondary Uses Data, and is unlikely to be accurate as it has not been subject to the level of validation Specialised Services commissioners undertake for their reporting. Paul Maubach remarked that the information will be understated and noted that the information as presented does give spend to budget details, comparison of activity/spend to other STPs or highlight any contract performance issues. It is important to make progress on the specialised commissioning element due to the flows of patients and the development of services within the Black Country. This should sit alongside the future of strategic commissioning.

2.5.2 Matthew Hartland noted that there is uncertainty on the budget, what the contract spending is and if there is overspending or under. Paul Maubach informed Toby Lewis has raised concerns over lack of progress over specialised commissioning. NHS England has replied with a request for what the Black Country would like. This will need to be a formal request back to NHS England. James Green noted in proportion terms it is showing a lot less than half.

Action: Dr Helen Hibbs to arrange a meeting with Rachel O'Connor to discuss Specialised Services.

2.6 STP and ICS Update

2.6.1 Thanks were given to Andy Williams for all his work leading the Black Country STP, recognised to have been a challenging task. Dr Helen Hibbs has agreed to take over as the STP Lead. There are interviews for the Independent Chair occurring next week. There has been discussion regarding an interim Portfolio Director that may not be full time. The letter from the STP Stocktake meeting noted there are key areas for focus including a plan to develop a Strategic Commissioning Structure and Roadmap by the 31st May 2018, a draft Clinical Strategy by the 28th June 2018 with full completion by 30th September 2018, completion of the Acute Sustainability Reviews finalised by the 31st August 2018, engagement with regards to Specialised Commissioning, the JCC Commissioning Intentions for 2019/20 by the 30th September 2018, non-executive collaborative engagement and NHS leaders continuing their joint working. There is a Mental Health Summit occurring next week which will help with the commissioning intentions. Julie Jasper enquired about the penal regime for non-delivery to which Dr Helen Hibbs confirmed her confidence that the requirements would be met.

2.6.2 Dr David Hegarty noted that there are systems being held up as examples but are also described as not functioning well. Dr Helen Hibbs informed there have been a lot of changes happening in NHS England and NHS Improvement leading to a lot of reorganisation. Dr David Hegarty noted how the STP works together is something that needs work on. Jim Oatridge noted there has been a focus on failure. There needs to be a focus on achievements. Dr Anand Rischie referred to previous conversations around sorting the acute agenda to help the image of collaboration. Dr Helen Hibbs suggested that hard commissioning works for a while but there needs to be work done on relationships too.

2.6.3 Dr Helen Hibbs referred to the ICS Development presentation and how strategic commissioning is important. This had been discussed at the Visioning Session on 1st May 2018. The presentation was adapted from the Coventry and Warwickshire STP. It is an overview of the current thoughts around strategic commissioning. It was suggested that the Black Country STP would need to review the areas shown regarding aligning commissioning functions and what would fall under tactical and strategic commissioning for the Black Country. There was a discussion on place based commissioning and if was agreed that it will sit within the ICS system but this is for each local system to decide. Dr Helen Hibbs informed that Wolverhampton has not agreed whether CCG functions will sit with the acute trusts or within the local authority. There is a clear direction of travel that some tactical functions will need to sit in the place based.

2.7 The **Risk Register** was deferred to the June JCC meeting.

3. DECISIONS REQUIRED

3.1 Strategic Commissioning Roadmap and Proposal Project Support Arrangements for Joint Commissioning

3.1.1 This is an NHSE requirement, identified in the stocktake letter. The three Accountable Officers will nominate an Executive from within the 4 teams to be part of the Task and Finish Group to do the work, reviewing both strategic and tactical functions. There was a discussion about the need for more resources to support the STP and JCC. This includes the proposed Project Support Office (PSO) and extends to staff to deliver the GPFV workforce plan. Matthew Hartland advised that CCGs are all at running cost thresholds and there will need to be some internal review to identify funding for any additional posts. Paul Maubach noted this is a necessary requirement to keep on top of things as areas of work with stall. Funding for the Portfolio Director will come from the STP but this is non-recurrent. There will need to be work on future strategic commissioning and how this will be resources.

3.1.2 The combined cost to each CCG for the PSO and GPFV will be £57,000. Wolverhampton will be the host for the PMO. The Task and Finish Group will be reporting back at the end of June. Andy Williams noted there are fundamental questions that need addressing by the Accountable Officers regarding Strategic Commissioning. He questioned how far the remit of Strategic Commissioning goes and what the correct scale is. There needs to be a look at what the open conversation with partners is to look like. There needs to be wider conversations with local government and NHS partners. Dr Helen Hibbs suggested there was no blueprint on how to do this and so they are doing this in stages. They will need to hold the provider alliance to account in regards to quality. There is a new Regional structure which includes the West and East Midlands. It was agreed that this would be a way forward and it was approved.

Action: The AO's to discuss and agree a clearer definition of strategic commissioning.

3.1.3 Paula Furnival informed that local authorities would welcome being part of the discussion. The Mental Health commission involves a prevention and community model, the focus being to minimise clinical intervention requirements through building community assets and resilience to enable quick recovery.

3.1.4 It was confirmed that Mike Hastings, Stephanie Cartwright and Paul Tulley have been nominated for the Task and Finish Group. Andy Williams will appoint the representative from Sandwell and West Birmingham.

3.2 **Personalised Care Demonstrator Site Bid**

3.2.1 Angela Poulton reported that since the last JCC she had been involved in discussion between Joe Fraser and Personal Health Budget (PHB) leads to agree the revised targets, and it has become apparent that there are more PHBs than are currently reported. Owing to the later start date, the funding has been reduced by £50,000 to £250,000 and the spending plan revised accordingly.

3.2.2 There was a discussion about the need for a Black Country Personalised Care lead to be identified as Laura Broster is Director of Communications and will not have capacity moving forward to deliver this remit. Angela Poulton reported that despite requests to all four CCGs, a lead has not been found. Matt Hartland added that backfill was available for the Personalised Care lead. The assumption is that the work will be handed to the STP Portfolio Director should a lead not be identified who can interface with NHS England, which was not supported.

Action: The Accountable Officers to identify a Black Country commissioning lead for Personalised Care.

3.2.3 The JCC were asked whether there should be a continuation of the bid in light of the revised PHB targets and spending plan. Signatures are required from Dr Helen Hibbs (STP), Paul Maubach (CCG) and Paula Furnival (Local Authority). Paula Furnival stated that she requires the support of the other Local Authority Directors of Adult Social Care to enable her to act as signatory. Paula Furnival shared that there are existing cohorts of individuals who have combined health and social care funding that meet the requirements for PHBs, and there needs to be a conversation on who is to leads from the local authorities. Angela Poulton to follow up outside the meeting.

Action: Angela Poulton to discuss Local Authority lead sign off for the Personalised Care Demonstrator Site with Paula Furnival.

3.2.3 Paul Maubach noted there is a risk of not receiving all the funding should targets not be met but the spending profiled holding it back which reduces the risk. Angela Poulton noted that there is a better understanding of PHBs and the Committee agreed to continue with the bid submission. James Green noted there needs to be a joint approach for PHBs and it was agreed there needs to be PHB lead to oversee. It was suggested there needs to be review of the financial risk of the change in activity. Paula Furnival informed there could be shared learning gained from local authorities regarding managing risks and budgets.

4. SUBGROUPS UPDATE (CONSENT AGENDA)

4.1 CCG Collaboration – BC Decommissioning Policy

4.1.1 Angela Poulton presented the *Decommissioning and Disinvestment Policy*. There is a later version. It is a work in progress. Mike Abel requested that when the final policy is presented to this Committee it needs to be accompanied by a document that sets out the differences between the joint policy and the existing approved CCG polices and confirmation that each CCG has agreed the content proposed. Angela Poulton confirmed the process being followed and the CCG representatives working with her on the policy development, and agreed to these requirements. The joint policy will be overarching and allow for each CCG's local processes to be applied. The ambition is to achieve sign off by end of July, ensuring due approval process.

4.1.2 There were no other sub-group reports. Angela Poulton noted that some groups were suspended, such as the Systems Design and Contractual Frameworks group that will be re-commence in July. The joint Finance work largely occurs via the STP and operational joint forums and it was agreed that updates will be provided as needed.

5. SUMMARY OF ACTIONS AND ANY OTHER BUSINESS

5.1 ICS Development Programme – 12/07/2018

5.1.1 There was request from Helen Black for the JCC meeting in July to be used for the ICS Development Programme. Dr Helen Hibbs noted that the JCC meeting should not be used but there may be the option to allow the ICS Development Programme session to take place immediately before/after the meeting. This will be worked out at the meeting with PWC taking place tomorrow.

5.2 It was agreed that due to many members not being available for the 14th June scheduled meeting, the JCC meeting for June would be moved to the same date as the JCC Executive Away Day on 21st June.

6. DATE OF NEXT MEETING

Thursday 21st June, 09:30-11:00, Venue to be confirmed.