

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

## Minutes of Meeting dated 12<sup>th</sup> July 2018

### Members:

Dr Anand Rischie – Chairman, Walsall CCG  
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG  
Dr Helen Hibbs – Accountable Officer, Wolverhampton CCG  
Prof Nick Harding – Chair, Sandwell & West Birmingham CCG  
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  
Peter Price – Lay Member, Wolverhampton CCG  
Mike Abel – Lay Member, Walsall CCG

### In Attendance:

Charlotte Harris – Note Taker, NHS England  
Laura Broster – Director of Communications and Public Insight  
Alastair McIntyre – Interim Portfolio Director, NHS England

### Apologies:

Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG  
Dr Salma Reehana – Chair, Wolverhampton CCG  
Dr David Hegarty – Chair, Dudley CCG  
Paula Furnival – Director of Adult Social Care, Walsall MBC  
Julie Jasper – Lay Member, Dudley CCG and Sandwell and West Birmingham CCG  
Jim Oatridge – Lay Member, Wolverhampton 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 21<sup>st</sup> June 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 In regards to 075, Matthew Hartland informed the plan was agreed in April. It was agreed the item would be deferred until August and would be included as an agenda item to allow the review of the clinical priorities and capital bids and the organisation changes. It will pick up some of the risks and activity flows.

- 1.7 In regards to 076, James Green noted that he should be able to get the data through the finance colleague in Specialised Commissioning. There has been some data sent through but it is a year out of date. He will give an update at the next meeting.
- 1.8 In regards to 095, the CSU is supporting writing another draft of the Clinical Strategy. This will be circulated and there will be a launch meeting in September.
- 1.9 In regards to 098, there were questions raised regarding the description of the action and whether the documents should remain separate. Dr Helen Hibbs noted that each trust defines clinical sustainability differently; Walsall is reviewing whether their services are clinically sustainable and the other trusts are focusing on issues with workforce. It was confirmed Richard Beeken is leading on the clinical sustainability review. The sustainability review is intrinsically part of the Clinical Strategy. The trusts are not using a consistent approach to the Sustainability Review. Prof Nick Harding noted that Kiran Patel had requested a vulnerable services review which was around workforce, serious events and prediction of loss of staff implications. The STP has presented a first iteration of the clinical sustainability to Kiran Patel. The next iteration can be shared. It was agreed that the Clinical Strategy and Sustainability Review were two separate items and therefore the action to change to state: "Prof Nick Harding to ensure the acute sustainability findings informs the work of the Clinical Strategy."

**Action: Prof Nick Harding to share the second iteration of the clinical sustainability review requested by Kiran Patel for the October JCC meeting.**

- 1.10 In regards to 102, there were questions raised over the definition of strategic commissioning. Dr Helen Hibbs noted her definition is system management, whereby population health commissioning is done at a higher level. This will place a budget with a lead provider and measuring outcomes. Paul Maubach noted strategic commissioning is being carried out in Dudley with the MCP outcomes framework and in Walsall. It was noted there is an opportunity to reflect on a different narrative around the triple aims and how the JCC commission services for the clinical outcomes. It was agreed the action would be changed to state: "Prof Nick Harding to include clinically based commissioning for outcomes as an agenda item for the Clinical Leadership Group."
- 1.11 In regards to 105, Dr Helen Hibbs is meeting Catherine O'Connell on 31<sup>st</sup> July 2018. She will provide an update from the meeting.
- 1.12 In regards to 109, Dr Anand Rischie informed this in progress and there should be a date arranged for August.
- 1.13 In regards to 111, Paul Maubach informed they are meeting next week. There should be a report for the September meeting. It was agreed for Alastair McIntyre to support in Angela Poulton's place.
- 1.14 In regards to 112, Matthew Hartland informed they had met twice to discuss the true cost of the programme. There should be a report regarding the risks for the four CCGs available from tomorrow. This will be brought back to the August meeting.

## **2. MATTERS OF COMMON INTEREST**

### **2.1 Place Based Updates – Walsall**

- 2.1.1 Paul Maubach shared that there is an emerging provider alliance. The providers are collaborating on strengthening their alliance model. One piece of immediate work is for them

to decide which will be the provider host/lead for the model. This should be completed by September. They are reviewing what the priority outcomes for the alliance model will be. They have jointly commissioned KPMG as a facilitator of the CCG and provider, to sort issues around governance arrangements, what is the target operating model and scope of services. They have agreed the scope of services but require a target operating model. This should be in place by April 2019. It was noted it is going well. There have been a few debates regarding the meaning of the outcomes and there have been questions around the financial and operational implications. KPMG are facilitating the conversation around a shared view for the population needs. There is a lot of work needed to get the model mobilised by next year. They are operationalising some of the work, such as MDT. There is commitment to collaboration from the providers, CCG and council.

- 2.1.2 Mike Abel noted that this had gone as an item to the Health and Wellbeing Board at a development session. The councillors and chairs of scrutiny were present. There were discussions around health, and the impact of poor housing and transport. They requested the detail of measuring outcomes and changes in the outcomes. There was a good discussion and commitment to better the health of the population. Paul Maubach noted there needs to be a consensus on what they want from the outcomes.
- 2.1.3 Dr Anand Rischie discussed the timelines for Walsall. By September, they want the commissioning outcomes for place based care to be signed off. This feeds into the provider alliance model which should have the final draft completed by October. They are on target for April 2019 for the provider alliance to be mobilised.
- 2.1.4 Paul Maubach discussed how they are a different set of organisations, with different sizes. They have complex organisational dynamics. The councils are split between seeing themselves as commissioner or large scale provider. KPMG will be helping the organisations to sort formal government arrangements and this is established on a more structured basis. They will be reviewing what the target operating model should be and how to collectively operationalise this. Mike Abel noted there had been a weak voluntary sector in Walsall until now. This is now developing fast. Other partners will need to ensure they are included. KPMG are also reviewing the capability and capacity around delivery.
- 2.1.5 Paul Maubach noted there has been a clear commitment to establish a Walsall place based solution. The scope of services has been developed separately. The Dudley framework has been used to learn from. There is a debate regarding the metrics that are most relevant for the system. Prof Nick Harding discussed the national debate around metrics and the ICS Development programme. Dr Helen Hibbs discussed the acute part of the services and how they influence the pathways. Paul Maubach confirmed this issue has led the scope being broad. The services that are delivering a long term care approach, like COPD, can be part of the place based model. Those with short term interventions are not included. There is a benefit of having the acute trust in the middle of the model as the boundary of scope shifts internally within one organisation for NHS services instead of between organisations. Alastair McIntyre suggested there should be a review about when to sense check with NHS England regarding the service changes.

It was agreed that Sandwell and West Birmingham would present at the next meeting.

## 2.2 **Clinical Leadership Group (CLG) Update**

- 2.2.1 Prof Nick Harding informed there is to be an evening meeting scheduled for the first week of August which will discuss the importance of Primary Care Networks. A robust Primary Care Network is required for ICS Development.

## 2.3 **Clinical Strategy**

2.3.1 This was discussed in 1.8.

## 2.4 JCC Interim Support Arrangements

2.4.1 Alastair McIntyre will be providing interim portfolio director support. Charlotte Harris will remain administration support.

## 2.5 Programme Performance

2.5.1 Alastair McIntyre presented the monthly performance report from NHS England regarding the STPs. This is presented to the Accountable Officers at monthly meetings. It allows comparison between STPs. It highlights the metrics of delivery for regulators. It was noted that some data is not yet public so should only be shared appropriately at this time. The data presented is from Unify.

**Action: Laura Broster to send communications out regarding sharing any requests for FOIs and having a common response.**

2.5.2 Alastair McIntyre presented the transformation reporting presentation regarding progress and risk. There are 132 metrics this year. The headline programmes are those the regulator is most interested in. A single dashboard is imminent. There are some metrics that will require a narrative response. Nationally there is a request for reporting to be carried out with single response for the entire STP. There will be some work to get this into place. The RD assurance refers to future milestones. Monthly reporting dates have been set. NHS England is meeting with the PMOs of STPs on 26<sup>th</sup> July. Mike Hastings is the nominee attendee for the Black Country. This will be presented to the STP partners on Monday 16<sup>th</sup> July.

## 2.6 Programme Leadership

2.6.1 Alastair McIntyre presented the key programmes that the regulators are looking at. There needs to be an SRO and named lead for each programme. This needs to be populated. There are other programmes that need to be added; including pathology and acute sustainability. There will be a full populated sheet next time regarding progress which will allow accountability for programmes that are not meeting their targets. It was agreed there will be regular reporting to the JCC regarding the programmes of work. Exception reports will be presented to the committee.

## 2.7 Specialised Services

2.7.1 It was agreed to defer this until after Dr Helen Hibbs meets with Katherine O'Connell on 31<sup>st</sup> July.

## 2.8 Risk Register

2.8.1 This was deferred until the September JCC.

## 3. FORMAL DELEGATION

### 3.1 Risk Register

3.1.1 This was deferred until the September JCC.

### 3.2 Transforming Care Partnership (TCP)

- 3.2.1 Dr Helen Hibbs presented the TCP Report. TCP is still an issue for the Black Country. There has been an escalation meeting with NHS England. There have been a lot of discharges in the last quarter but there have been too many admissions. The commissioning of the model is starting to be in place. There are better support and care arrangements being put in place. They remain on red escalation as the numbers are still too high. The trajectory is still off plan. The five year cohort and commissioning of the beds is doing well. The CVOs have gone to the provider. There is still a patient in Orchard Hills and the provider has indicated that this location will need to close once the patient has been discharged. The community services are in place and they are out to advert for forensic staff.. The care and support market is not as well developed for forensic patients. There is a lot of work trying to develop this area.
- 3.2.2 The Local Authorities have concerns regarding the financial risks. Dr Helen Hibbs has met with the four Directors of Adult Services. There will be a presentation to the Health and Wellbeing Boards and the Overview Scrutiny Committees. There will be a new full time programme director appointed; Rita Symmons is providing support until the end of the month. There have been requests regarding bringing discharges forward however they are ensuring there are the right services and the ability to move to the community before they challenge this.
- 3.2.3 Paul Maubach expressed appreciation for the attention this programme has been getting and the support it has been given. He suggested that there will need to be a review regarding a shared arrangement for commissioning the programme moving forward. He also suggested there needs to be review of the Learning Disability (LD) services available more widely. For Dudley and Walsall, there was a review of the LD statistics around use and compliance. They are not getting consistent outcomes as others. It was suggested there is more that can be done to deliver a consistent standard. Dr Helen Hibbs noted this is a programme that could be commissioned once. In regards to LD, the health checks are poor and they have been slow in the Leader Programme. There are a lot of health inequalities. There is a quality subgroup reviewing the quality of life for patients and there is an outcomes tool which looks at the patient life after moving into a new placement. There needs to be improvement for patients with LD and their outcomes, such as with employment. The new programme director could review this area. There will need to be a plan of action for moving forward from April that should include all organisations supporting.
- 3.2.4 There are milestones to be met every quarter. They are measures weekly via returns. The final measure is in April 2019. There should be 16 beds CCG commissioned patients and 27 for Specialised Commissioning. These are seen as one number for the STP. It was noted that for one patient, they had spent 15 years in a Specialised Commissioning bed with no LD diagnosis attributed. If these targets are not met, it results in a face-to-face scrutiny with Simon Stevens. Specialised Commissioning have introduced new case managers and there is more collaboration. The Children and Young People work has been slow but they have introduced a new SRO. Any missed targets are escalated to the TCP board. It was requested that individual CCGs focus on their own patient cohorts as well as the TCP being focused on it. It was agreed that this programme would be added to the programme of work for review.
- 3.2.5 Paul Maubach asked for assurance on the involvement plan. Laura Broster informed she had met with Rita Symmons. There were discussions around the risks and whether adequate involvement has taken place. Laura Broster said that she had been given assurance that the clinical model has been informed by involvement of service users, their families and carers. This needs to be documented within the programme and LB has suggested a report go to the next programme Board to be conscientiously considered.

- 3.2.6 The risk around involvement sits with the involvement of future service users and the public with regard to the clinical model and there is now a plan for public events in each locality to further inform the mobilisation of the clinical model. This plan is documented in the presentation for each Scrutiny Committee to offer further opportunity for comment.
- 3.2.7 There is also a risk around the location of the A&T beds, the planned involvement should cover this with a report going to the programme board in October before going to each CCG. The location of the A&T beds should not be finalised until there has been adequate involvement. It was noted that Ridgehill remains closed to admissions on safety concerns and that Orchard Hills may need to be in the same position.
- 3.2.8 The public conversation will focus on the benefits of the community services.

**Action: Alastair McIntyre to provide the service change programme for the Black Country from NHS England perspective.**

- 3.2.6 James Green informed the members that as part of the STP Estates Strategy, a capital bid has been submitted to an LD Assessment & Treatment Centre. JG also confirmed that funding has been agreed by NHSE to support the discharge of patients from Specialised Commissioning. The CFOs are meeting on 13<sup>th</sup> July to consider the financial implication and identify options for the management of financial risks associated with the TCP. An update will be given at the next JCC.

### 3.3 Mental Health

- 3.3.1 There have been two short term project directors appointed; one to look at the Children and Young People workstream and one to review the services that were agreed to be commissioned together across the Black Country. This can be brought back to the committee when there are some outputs from the work.

Dr Helen Hibbs left the meeting.

## 4. SUBGROUPS UPDATE (CONSENT AGENDA)

- 4.1 James Green informed there had been a process over the last couple of months regarding the prioritisation of the capital bids. They NHS leaders met on Tuesday 10<sup>th</sup> July and came to an agreement over the prioritisation of the ten bids put forward. In order of priority, these are; the Black Country LD Assessment and Treatment Transformation Scheme, the Walsall Emergency Department Development, the Midland Metropolitan Hospital Development, the Redevelopment of Emergency Department at Russells Hall Hospital, the Transfer of Services from West Park Hospital and Subsequent Closure of Site, the Development of Black Country Cancer Centre, Carter's Green GP Practice, the Development of the Dorothy Pattison Hospital site and Potential Closure of the Bloxwich Hospital Site, the Black Country Hybrid Theatre, and the West Midlands Ambulance Service Replacement Sandwell Hub. The deadline for submission is Monday 16<sup>th</sup> July 2018.

## 5. SUMMARY OF ACTIONS AND ANY OTHER BUSINESS

- 5.1 Prof Nick Harding suggested for the continuity of the JCC programme, it would be beneficial for the chair to stay longer than six months. It was agreed the change in Terms of Reference would be drafted and presented at the next JCC meeting for discussion.

**Action: Alastair McIntyre to redraft the Terms of Reference for the JCC regarding the continuation of a chair over a yearly period.**

## 6. DATE OF NEXT MEETING

Thursday 9<sup>th</sup> August, 10:00-12:00, Board Room, Walsall CCG, Jubilee House, Bloxwich Lane, Walsall, WS2 7JL

### JCC Action Log

No.	Date	Action	Lead	Status Update
075	10th Jan 2018	James Green and Matthew Hartland to develop a plan on how to undertake the necessary diligence to support the Black Country STP becoming an ICS in the future, for report back at the July JCC meeting.	James Green and Matthew Hartland	
091	22 <sup>nd</sup> Mar 2018	Clinical chairs to discuss CLG links into workstreams and the PMO to ensure there is no duplication of work.	Dr Anand Rischie	21/06/18 This will follow up with the refreshed clinical strategy and regular updates
092	22 <sup>nd</sup> Mar 2018	Paul Maubach to share details of the new Dudley MCP Foundation Trust once the case is finalised circa July.	Paul Maubach	21/06/18 This will be available in August
095	22 <sup>nd</sup> Mar 2018	Angela Poulton to support Prof Nick Harding the production of a refreshed clinical strategy to identify priority areas and how to progress delivery, for presentation at a future meeting.	Angela Poulton/ Nick Harding	21/06/18 1 <sup>st</sup> draft being discussed at CLG meeting 29/06/18. Report to July JCC.
097	10 <sup>th</sup> Apr 2018	Local Authority representatives to be invited to the Clinical Leadership Group meetings.	Charlotte Harris	21/06/18 This is on hold until the Clinical Strategy is finalised
098	10th Apr 2018	Prof Nick Harding to ensure the acute sustainability findings informs the work of the Clinical Strategy.	Nick Harding	
099	10th Apr 2018	Prof Nick Harding as Chair of the Clinical Leadership Group to write to all Trusts requesting representation at meetings.	Nick Harding	21/06/18 This is on hold until the Clinical Strategy is finalised
100	10th Apr 2018	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	Anand Rischie	21/06/18 This is on hold until the Clinical Strategy is finalised
102	10 <sup>th</sup> Apr 2018	Prof Nick Harding to include clinically based commissioning for outcomes as an agenda item for the Clinical Leadership Group.	Nick Harding	
109	21 <sup>st</sup> June 2018	Dr Rischie to schedule a meeting between the clinical Chairs to review the draft Clinical Strategy	Anand Rischie	
111	21st June 2018	Alastair McIntyre, Paul Maubach and Jim Oatridge to populate the Risk Register	Alastair McIntyre/ Paul Maubach/ Jim Oatridge	23/07/18 – Meeting to be arranged in September

No.	Date	Action	Lead	Status Update
112	21 <sup>st</sup> June 2018	Chief Finance Officers to review the long term financial management of TCP and a progress report to be given in July JCC.	James Green/ Matthew Hartland/ Tony Gallagher	
114	12 <sup>th</sup> July 2018	Prof Nick Harding to share the second iteration of the clinical sustainability review requested by Kiran Patel for the October JCC meeting.	Nick Harding	
115	12 <sup>th</sup> July 2018	Laura Broster to send communications out regarding sharing any requests for FOIs and having a common response.	Laura Broster	20/07/18 – Contacted each FOI Officer to connect them and advised that any requests relating to BC collaboration or plans should be a single response
116	12 <sup>th</sup> July 2018	Alastair McIntyre to provide the service change programme for the Black Country from NHS England perspective.	Alastair McIntyre	20/07/18 – being reviewed on 25/07/2018
117	12 <sup>th</sup> July 2018	Alastair McIntyre to redraft the Terms of Reference for the JCC regarding the continuation of a chair over a yearly period.	Alastair McIntyre	20/07/18 - completed