Black Country and West Birmingham
Joint Commissioning Committee (JCC)

Minutes of Meeting dated 9th August 2018

Members:

Dr Anand Rischie – Chairman, Walsall CCG
Andy Williams – Accountable Officer, 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
Julie Jasper – Lay Member, Dudley CCG and Sandwell and West Birmingham CCG
Jim Oatridge – Lay Member, Wolverhampton CCG
Peter Price – Lay Member, Wolverhampton CCG
Mike Abel – Lay Member, Walsall CCG

In Attendance:

Charlotte Harris – Note Taker, NHS England
Jonathan Fellows – Black Country STP Independent Chair
Laura Broster – Director of Communications and Public Insight
Alastair McIntyre – Interim Portfolio Director, NHS England
Simon Collings – Assistant Director of Specialised Commissioning, NHS England
Mike Hasting – Director of Operations, Wolverhampton CCG

Apologies:

Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG
Dr Helen Hibbs – Accountable Officer, Wolverhampton CCG
Dr David Hegarty – Chair, Dudley CCG
Prof Nick Harding – Chair, Sandwell & West Birmingham CCG
Dr Salma Reehana – Chair, Wolverhampton CCG
Paula Furnival – Director of Adult Social Care, Walsall MBC

1. INTRODUCTION

1.1 Welcome and introductions as above. Jonathan Fellows was introduced as the newly appointed Independent Chair for the Black Country STP.

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 12th July 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 requested this be brought back to the September meeting as an agenda item where there will be a formal report.

1.7 In regards to 092, Matthew Hartland informed this referred to the long term sustainability of Dudley. This will flow into the risk analysis work that is being carried out at the moment. They would be able to present the impact on Dudley now, but not the long term consequences as this level of detail is currently being worked through. Laura Broster noted that the proposal would mean that Dudley Group FT would be split into two FTs. There are still conversations to be had from NHS Improvement regarding the impact on providers and the proposal has not yet completed the ISAP assurance process. Dr Anand Rischie suggested it is good for system partners to see high level findings of the potential impacts of the proposals. There were reflections on the suggested work that did not commence last year around the financial sustainability of each trust due to the providers not being involved. It was agreed there would be a presentation regarding high level indicators for Walsall and Dudley at the next meeting. This could include a diagram or flow chart which highlights any potential income loss, gateways of approval and secondary plans if these are rejected. This will be reviewed to see whether the other areas will present at future meetings.

Action: Matthew Hartland to present the high level indicators for Walsall and Dudley regarding potential financial impacts at the September JCC meeting.

2. MATTERS OF COMMON INTEREST

2.1 JCC Terms of Reference

2.1.1 Prof Nick Harding had suggested at the last meeting that the Terms of Reference be amended so that the Chair has a yearly rotation to enable continuation of work. This would mean that Dr Anand Rischie would remain Chair for another six months, and then Dr Salma Reehana would take over for a year. Alastair McIntyre informed there had been additional changes to 2.6 and 3.2 in regards to changing the title to Portfolio Director. It was suggested to remove the sentence “Each of the four CCGs will nominate one lay member from their Governing Body as their fourth member” in 2.2 as this is covered in the previous statement. It was also noted in 8.1 the word should be respective, and not “retrospective”.

2.1.2 The Terms of Reference were agreed and signed off with the confirmed changes mentioned above. The Terms of Reference will need to be sent to each governing body with the monthly report.

2.2 Place Based Commissioning Update – Sandwell and West Birmingham

2.2.1 Andy Williams shared that in essence, they are trying to create a bilateral relationship between a strategic commissioning capability and a strategic provision capability. They are working on two sub-places, Western Birmingham and Sandwell, due to the accountability to Health and Well Being boards. Western Birmingham is working in partnership with Birmingham and Solihull CCG and Birmingham City Council. This is a geographical area bigger than the CCG. They are trying to establish a single place based fund and to define place based outcomes regarding transformation in health for population. The commissioners will be acting collectively, and the providers will be acting collectively. There is an emerging provider alliance for Western Birmingham that will work with the commissioner partners. This will be Primary Care, Secondary Care and the Voluntary sector. The accountability will be to the Birmingham Health and Well Being board. The trajectories are to be in a shadow form for the next financial year and formalise the year after. It was noted this is not procurement but a partnership. They will need to cement the provider alliance. There are existing Section 25 agreements that can be built on. This could be done by identifying a system integrator for coordination. There will be a long term agreement with a 5-10 year process. There will be a balance score card regarding outcomes which they will be held account for. This will include constitutional standards, legal requirements, a clear financial framework and experience. They will need to deliver against the entire score card to be successful.

2.2.2 There is the same pattern for Sandwell. However, this only includes one CCG. This will be a bilateral relationship for commissioning with the council. There will be a provider alliance and similar funding. There will be a single partnership for place with accountability for transforming healthcare for that place.

2.2.3 The progress includes a prototype for the balanced score card. This is due to be shared with partners over the next month. This proposed structure will be reflected in the commissioning intentions. The provider alliances in both Sandwell and Western Birmingham are beginning to mobilise. There will be reports to the Health and Well Being boards in September.

2.2.4 Andy Williams reflected on the last 5-10 years and the unintended flow from Sandwell and West Birmingham into Dudley and other parts of Birmingham. This needs to be properly quantified but could be as much as £10 million into Dudley, Sandwell and Western Birmingham. There will need to be initial relationships required to make that happen between Primary and Secondary Care. The impact on Walsall will be largely unchanged in regards to a flow into Walsall from unscheduled care and is reflected in the business case for A&E redevelopment. This still remains the intention. This structure includes the development of the Midland Metropolitan Hospital. The repatriation of activity from Dudley is predominantly elective. As this work develops, further details will be shared.

2.2.5 In regards to the Midland Metropolitan Hospital, the plan is still to mobilise the existing site/build. There has been resolution through the Trust board to pursue public funding as the preferred option due to the overall value of the public funding available and the lack of appetite in the market for PFI. There is movement for an enabling work contract which should result in work recommencing in the autumn. The new target date for completion is 2022. Public funding reduces the uncertainty on the date for completion.

2.2.6 There are tensions in the system regarding the exact nature of the relationship between commissioners of that system and the commissioners in the JCC. There is also uncertainty regarding the relationship between the two STPs. Andy Williams informed he has always been an active member of the Birmingham and Solihull CCG. He is part of their Chief Executive Group and has been consulting on their strategic plan. This is important due to the relationship between the councils and the Health and Well Being boards as they are based on a locality basis and boundaries. The next milestones include adding this information into the commissioning intentions. The details have been shared with Walsall CCG as they are doing similar work so intelligence can be shared.

2.2.7 Andy Williams confirmed the outcomes framework will be the same for each area but the details of trajectory will be different. The first step will be to publish the framework and then to set place based trajectories for different measures. There will be work to sensitise these so they are suitable asks. The first public engagement event is due to take place tomorrow which will involve a joint stakeholder conference. The framework is likely to have resonance with local government.

2.2.8 Birmingham and Solihull CCG use traditional pathways such as thinking about a great start to life. However, it is important to enable a flexible provision response which means there will need to be movement between pathways. This is a big shift in regards to how commissioning is conducted. They are going to need to learn how to work in partnership over a number of years. There should be collaboration together with a purpose. There have been discussions on the integration of child and adult services. Andy Williams informed the plan is start broad and stay there but there may be some separate parts due to working with a procurement timeframe. The Clinical Leadership process is they are using existing processes but are creating within the partnership a clinical resource. The Medical Directors and Clinical Leads have been invited to create a clinical forum that will support this.

2.2.9 There were questions raised over the potential tension between the JCC and commissioners of this structure. Andy Williams suggested this is around the mechanism for commissioning at scale if a partnership has been made with the councils. The question was regarding how to scale this back up without causing tensions on the relationships already built and there being confusion on processes. This will have a place based focus but not at the expense of the whole system. This is possible but would need to be thought through.

2.2.10 Laura Broster questioned the commissioning intentions for the JCC and how these will be communicated to the providers. Mike Hastings informed the commissioning intentions of all four areas will be shared amongst others. There has been work with Paul Tulley and there is a template that will be sent. This will enable a clear view to be seen and a standardised narrative. There can be collective conversations with the public. Alastair McIntyre referred to the ICS roadmap work regarding population basis which are TCP, Mental Health, Maternity, Cancer, and Care Homes. This will involve engagement with Local Authorities.

2.3 **Clinical Leadership Group Update**

2.3.1 Alastair McIntyre informed there had been a meeting last week where the group looked at identifying the work that would be prioritised. Tim Cooper from the Quality Review Service has been supporting and is rewriting the strategy to reflect the feedback and highlight the areas of priority. There was an agreement on the appointment process for the Chair, whereby there would be expressions of interest and interviews with a panel including the Independent Chair, the STP SRO, the STP Lead Nurse, and another member of the CLG. There have been three individuals who have expressed interests. There is likely to be an appointment process carried out in September.

2.4 **Programme Performance**

2.4.1 Alastair McIntyre presented the monthly performance report from NHS England regarding the STPs. This includes the constitutional standards and comparison with other STPs. The assurance statements could be included when possible if the timeframes line up. Alastair McIntyre has met with Martin Stevens and Mike Hastings. There will be meeting with Chris Wood from NHS England regarding taking on own reporting and owning it.

2.4.2 There were questions raised regarding the usefulness of the reports. James Green suggested that the reports are visually helpful, with the donut charts highlighting how far off green they are. A suggestion was to have a narrative from each area. Mike Hastings suggested this can be done in two ways; by exception with focus on major issues or a rolling focus on each area. It was agreed there would be an analysis of exceptions and trends. These could then be presented to Boards with suggestions. There could be a deeper dive into areas with a focus on the issues discussed at the NHS England Risk and Review meetings. Mike Hastings noted that the STP Performance Group could identify the areas that would need to come to the JCC for review.

Action: Agreement to be made on the items of priority for discussion in regards to programme performance.

2.5 **STP Performance Leadership/Programmes of Work**

2.5.1 Alastair McIntyre informed this is a working progress. This is in regards to lining up the programmes of work that are business as usual to the high level ICS programmes. This will be populated with SROs and Leads for that work. There will be a full paper presented at the next JCC meeting.

2.6 **Specialised Services**

2.6.1 Simon Collings gave apologies for not attending previously as the JCC clashes with their Regional Board meeting. He reflected at the last meeting, he shared a spreadsheet regarding specialised commissioning at footprint levels and their spending. The Black Country spends £370 million per year; £150 million in Sandwell and West Birmingham and around £70 million in each of the other CCGs. The main providers are University Hospital Birmingham (UHB), Wolverhampton, Birmingham Women's and Children's Hospital (BWCH), and Dudley. Moving forward, the intention is to focus more of the work on the tier 1 and tier 2 providers. Tier 1 providers include UHB, BWCH and Birmingham and Solihull Mental Health Trust. Tier 2 includes Wolverhampton, Stoke and Coventry.

2.6.2 It was noted that throughout the region, there have been emerging provider alliances. The Specialised Commissioning budgets will be focused on the specialised lead provider within that alliance. There have been new care models for Mental Health. Key learning from the new care model for the West Midlands includes there has been a reduction in out of area placements, there has been a reduction in delayed discharges and better pace at dealing with quality issues. The clinicians have real time access to the data. The independent sector played a key role. They are starting to replicate the work for CAMHS although this is more complex as the Local Authority is more heavily involved. For the Black Country, Mark Axcell is leading. Steven Marshall will be attending on behalf of the STP.

2.6.3 Dr Helen Hibbs has met with Katherine O'Connell. It was noted there are specific areas in the Black Country for devolution. These include renal around dialysis, chemotherapy, cardiology, CAMHS, Children's Mental Health and vascular. They are going to draft some outline proposals on what that would mean and how to approach it. The quickest vehicle would be to go through the provider but there are options around Communities Act. There is major work being carried out in Sandwell in regards to acute oncology. It was noted that the Sandwell oncology moved to UHB in October 2017. There has been public engagement and a request for the service to return to Sandwell and City Hospital. They are working through the proposition. There will be report back from mid-September. The aim for the repatriation is April 2019.

2.6.4 The specialised gynaecology surgery has a number of centres. These are in Stoke, Wolverhampton, Coventry and Sandwell. Last year, Sandwell informed they no longer wanted to provide this service. They sort expressions of interest to take on the service. There is complexity around transferring the service regarding continuation of care for patients. It was agreed Sandwell would remain a provider for two more years with Wolverhampton supporting. There are new algorithms for cancer and chemotherapy. They are working the network through the West Midlands for Hepatobiliary Cancer but this should not affect the Black Country.

2.6.5 There were questions raised regarding the spinal deformity work timeframe. Simon Collings informed they are reviewing the 52 week wait list. This has been reduced down to 42 patients from 152. They are ahead of trajectory for reduction. They will then review transfer. This has switched over to providers to deliver. This is on target. In the meantime, paediatrics have become unstable, therefore HEFT are providing 24 hour cover.

2.7 **Risk Register**

2.7.1 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 Mike Hastings discussed the TCP report provided as Dr Helen Hibbs was meeting the four Directors of Adult Social Care regarding TCP. Dr Helen Hibbs has attended a Regional development event with Ray James. The Black Country and Birmingham and Solihull STPs are rated red, and are part of the only three in the country. There have been patient discharges but there are still admissions occurring. There is a new Programme Director who has been appointed until April 2019. There is a big push to work more closely with communities. The support market needs to be stimulated and better developed. They are working closely with Specialised Commissioning and are initially looking at Walsall.

3.2.2 James Green presented on a paper provided; Black Country Transforming Care Programme, Report to the Joint Commissioning Committee (JCC) upon the Allocation of Resources Transferred from NHSE. In March 2016, there were 62 patients which is the cohort the Black Country is responsible for. For each patient that is transferred from Specialised Commissioning, the Black Country receives £180,000. The funding is on a net discharge basis. If one patient is readmitted, the proportion is reallocated. They raised the need for clarification of the 62 and it was confirmed it should be 63. However, at the moment this will not be adjusted. There is no national agreement on Children's. The FTA process is for Adults only. They think CAMHS has been captured in the transfer which could be netting down resources. CAMHS are usually short term admissions. Simon Collings noted CAMHS is mainly around autism at the moment. This can give volatile admission profiles. The net impact can skew the data. There are more admissions as there is more awareness around autism now.

3.2.3 James Green informed Table 2 on page 3 referred to the distribution of money. They are proposing the funding be on gross discharge basis due to the volatile admissions skewing the data. Table 3 highlights the Local Authority and CCG estimates. Page 4 gives options for splitting the resource. The preferred option is 5 where in 2018/19 for discharges to a community setting between 1st April 2016 and 31st March 2019, the resource follows the patient to Local Authorities and the CCGs operate a risk pool for the remaining financial balance based on gross discharges. As a back-up, the next option is 6 where the risk share is between the Black Country Local Authorities and CCGs. The CCGs would take 100% risk of readmission. Simon Collings noted that with the discharge profile from quarter 3 to 4, if there is a spike in admissions, option 5 could put pressure on the CCGs. However with the £3.6 million funding, this risk can be reduced. With option 6, this requires more maintenance with regular reviews. This could be difficult to get the Local Authorities to agree to.

3.2.4 Julie Jasper noted credit should be given to the team that provided all the options available. It was confirmed all councils need to agree the same option for this to move forward. There have been general discussions on resources with the Local Authority finance representatives. These options have not been discussed at the Finance and Activity group. Matthew Hartland informed he had attended the Dudley OSCs meeting and there had been no discussion on finances and was more around the closure of beds. Laura Broster noted there need to be a willingness from officers to adopt. It was confirmed the risk sharing had not been done in the Black Country before. James Green confirmed there are other joint funding packages. The clinical dialogue will drive this.

3.2.5 It was confirmed the recommendation will be option 5 with option 6 as a back-up. It was confirmed Dr Helen Hibbs has seen the proposal. There will need to be a formal link with CCGs.

Actions:
The Chief Finance Officers to send the report regarding the allocation of resources transferred from NHS England for the Transforming Care Partnership to all private governing bodies for review and then to the TCP board.
A review of the delegation details of the Transforming Care Partnership to the JCC to be completed.

4. SUBGROUPS UPDATE (CONSENT AGENDA)

4.1 There were no comments or issues raised.

5. SUMMARY OF ACTIONS AND ANY OTHER BUSINESS

5.1 Joint Executive Development Session – September 2018

5.1.1 Andy Williams suggested there needed to be a discussion on strategic commissioning. He suggested there are two views; differentiate on a service by service area that would be commissioned at scale or through functions such as risk, allocating resource and accountability. Simon Collings noted with Specialised Services, they manage risk on a West Midlands footprint. If there was a strategic commissioner that held the budgets into the CCG budgets that pushed them down into place base, this would allow risk to be managed. This could not work at a local level and will need to be taken into account. Simon Collings also questioned whether there is a single provider for Specialised Commissioning as it is easier to devolve a budget into a provider. It was agreed Strategic Commissioning would be the topic for discussion for the September JCC Joint Executive Development Session on 20th September 2018.

Action: Alastair McIntyre to meet with the Accountable Officers to discuss the agenda for the Joint Executive Development Session in September which will include commissioning intentions and strategic commissioning.

5.2 Personalised Care

5.2.1 Laura Broster informed there was concern regarding reaching the Personal Health Budget (PHB) target of 900. In quarter 1, only 176 were made. The CHC assessors are the leads. There is concern that during the winter pressures, their focus will be split. There is an opportunity of gaining 600 through wheelchair patients. Laura Broster proposed an agency member from Sandwell and West Birmingham CCG to shift focus to PHBs. There is a risk around the programme regarding the assurance to NHS England.

5.2.2 There is a West Midlands Chief Finance Officers workshop regarding PHBs. There is also a Regional and Strategy event. There needs to be the right people attending. There will be a request submitted regarding attendance. Julie Jasper informed with Sandwell and West Birmingham they had a monthly PHB board. It was confirmed from the 1st April 2019, the first offer to a patient will be a PHB rather than a wheelchair. Therefore there will be change in the process. Alastair McIntyre suggested PHBs could be another STP level commissioning intention.

Action: Laura Broster to send individual Personal Health Budget targets for each locality to each organisation.

6. DATE OF NEXT MEETING

Thursday 13th September, 10:00-12:00, Meeting Room 1, Ground Floor, Kingston House, 438-450 High Street, West Bromwich, B70 9LD