Black Country and West Birmingham
Joint Commissioning Committee (JCC)

Minutes of Meeting dated 13th September 2018

Members:
Dr Anand Rischie – Chairman, Walsall CCG
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG
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
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
Alastair McIntyre – Portfolio Director Designate, Black Country and West Birmingham STP

In Attendance:
Charlotte Harris – Note Taker, NHS England
Helen Cook – Communications and Engagement, Wolverhampton CCG

Apologies:
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
Paula Furnival – Director of Adult Social Care, Walsall MBC
Simon Collings – Assistant Director of Specialised Commissioning, NHS England

1. INTRODUCTION

1.1 Welcome and introductions as above.

1.2 Apologies noted as above. It was noted that the meeting membership was not quorate. Therefore, this meeting would only consist of updates on items on the agenda and no decisions would be made.

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. Prof Nick Harding informed he had declared an interest in the Clinical Leadership Group Chair position.

1.4 The minutes of the meeting held on the 9th August were agreed as an accurate record of the meeting, with the following amendments; in section 2.2.6 it should read, "Andy Williams informed he has always been an active member of the Birmingham and Solihull STP." Dr David Hegarty requested in regards to item 2.3.1; that he be on the panel for the interviews for the Clinical Leadership Group Chair. It was also noted that in the August JCC, it was agreed that the Chair for the JCC tenure will be 12 months. Therefore, from February, Dr Salma Reehana will take over.

Action: Charlotte Harris to confirm when the interviews for the Clinical Leadership Group Chair are and inform Sally Roberts that Dr David Hegarty requests to be on the panel for the interviews.

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 102, Prof Nick Harding suggested that chronology is important. The Clinical Strategy will need to be finalised, then the Clinical Leadership Group Terms of Reference and membership agreed. This action will continue to be pending depending on Clinical Leadership Group approval and the appointment of the Chair.

1.7 In regards to 114, work is currently being done. Prof Nick Harding informed NHS Improvement had requested a sustainability review of the trusts. This has been completed but has not yet been shared with I commissioners .It will be shared in due course via the STP/ICS.

1.8 In regards to 120, there will be the same report presented to the JCC and the STP.

Action: Sustainability and Vulnerable Services reviews to be added as an agenda item for the Health Partnership Meeting being held on 17th September 2018.

2. MATTERS OF COMMON INTEREST

2.1 Place Based Commissioning Update – Wolverhampton

2.1.1 Dr Helen Hibbs referred to the update Steven Marshall gave at the last JCC Development Session. It was noted a paper that went to governing body on 10th July 2018 can be found on their website. The Wolverhampton Alliance is being built from the bottom up and is being clinically led and managerial supported. There are monthly meetings where half of it has clinical items, such as discussions on pathways, and the other half has governance items, including terms of reference and transparency of resource allocation. The purpose of the alliance is to. Work in an integrated way and underpinning this will be the ability to move resource from the acute setting, into the community and Primary Care. Around the table there is Mental Health provider, acute and community provider, the local authority and the GP groupings. Salma Reehana and Jonathan Odum are the co-chairs, ensuring that this is clinically focused. The work with the CCG feeds into this.

2.1.2 They are currently at the point of nearly signing the risk share agreement with Royal Wolverhampton Trust (RWT). This puts the financial flows into blocks. There will be a fixed costs block which will predominantly be non-electives. There will be other blocks for a risk and gain share around the elective activity, cost and volume which includes A&E, and cost reduction which is predominantly medicines. Once this is signed and agreed, it will allow money to be moved from one to another. A key principle for the alliance working is having financial transparency. This change in relationship will take time. All partners are brought into working in this new way.

2.1.3 The clinical pathways that are being focused on in the first instance are End of Life Care, Frailty, Paediatrics, Mental Health and Urgent and Emergency Care. End of Life Care have a clear working group and there is a lot of work being done on it. They have Compton, Local Authority colleagues and the GP groupings all brought into this. The trust are about to open a new Ambulatory Frailty Front Door Unit. In addition to that they are looking at the whole Frailty Pathway. They are reviewing how their GPs manage Frailty, with one of their practices doing a lot of work on this and with Frailty Clinics in Primary Care. There are questions around whether this would be rolled out across the rest of the GP groupings. Urgent and Emergency Care is a bit more complex and a bigger system thing. A lot of this work is done through the A&E Delivery Board which already functions well. Once the pathways are set up and money can start moving then this will provide confidence to the

other GP groupings and more pathways can be developed. The model should work because RWT is getting more tertiary referrals. Therefore this is not about closing beds in the trust. They are continually attracting more work and therefore need more capacity. This works for Primary Care too as now their Networks are formed, they are looking to do more work together.

2.1.4 Dr Salma Reehana informed the meeting that the alliance is working on data sharing for the benefit of population management, as well as the clinical pathways that will work for a patient at that level. This is sharing data between the trust, Primary Care, Local Authority, and Health and Social Care. They are using Graphnet. They are experiencing some difficulties with 'Information Governance' agreements. The plan is to ask their Information Governance support to help write the agreements.

2.1.5 There is a well advanced Better Care Fund (BCF) workstream. This is wrapping community services around the practices and practice groupings, and working in a MDT way. It was noted that the council are predominantly involved with the BCF but this will become more part of the place based arrangements. They are reviewing an outcomes framework based on the Canterbury, New Zealand one. The Chief Nurse in RWT has worked in that system. There are aiming to start the patient engagement work in November. There is a more robust PMO arrangement around delivery of the alliance. A member of staff from the trust is working with the CCG PMO. The GPs are well engaged. They are making good progress.

2.1.6 It was suggested that it would be beneficial to understand the contractual arrangements. It was agreed that once this was signed off it could be shared with the committee. It was noted that the Risk Share agreement needs to benefit each party and should not destabilise either party. This year it should be in shadow form, with it going live in 2019/20.

2.2 **Performance**

2.2.1 Alastair McIntyre presented the monthly performance report from NHS England regarding the STPs. This includes the constitutional standards and comparison with other STPs. It was noted there is an issue with some of the data not being in the public domain and this is therefore not for dissemination.

2.2.2 Martin Stevens will be presenting the CSU Performance Tool to the Health Partnership on Monday 17th September 2018. This will allow a single report (with narrative) to come the both the JCC and the STP.

2.3 **Risk Register**

2.3.1 This was deferred until the October JCC.

2.4 **Walsall and Dudley Integrated Care Systems and Financial Risks Discussion**

2.4.1 Matthew Hartland informed the committee this work was in response to action 092. The Dudley MCP is going through the ISAP Assurance process at the moment. Matthew presented a diagram showing the financial flows for the Dudley system. The diagram highlighted each key participant and the financial flows into the proposed Dudley MCP. It was noted that there would be no material impact on NHS Dudley Group FT. It was noted that for Dudley Metropolitan Borough Council, that the diagram should state Public Health and not 'continuing care'. The diagram also showed the allocation of resource.

2.4.2. Matthew Hartland presented a diagram regarding the financial flows for the Walsall integrated care system. It was noted that the numbers shown were draft and that this was a work in progress. In the proposed model providers will have two contracts until the alliance

has formed. It is expected that this will be in shadow form from April 2019 until April 2020. There is workshop in October 2018 to decide the scope of services. There is a challenge to the programme board as this may not be enough time for the Business Case being developed in November. The risk and gain share between partners is being worked through as a separate programme.

2.4.3 It was suggested that there is a need to highlight the substantive differences between the two systems and their consequences. Sandwell and West Birmingham and Wolverhampton systems will be presented at the October JCC meeting. Paul Maubach suggested once this has been mapped, it can then review assumptions for the next five years. The meeting considered whether other sources of income to the trusts could be shown.

2.4.4 Matthew Hartland presented a draft of the Black Country Risk Analysis. It was agreed that this will be brought back to the next JCC meeting for agreement. The next steps are to view other areas, change over time, and view by provider. This will be presented on separate diagrams.

3. FORMAL DELEGATION

3.1 Risk Register

3.1.1 This was deferred until the October JCC.

3.2 Transforming Care Partnership (TCP)

3.2.1 Dr Helen Hibbs informed that the NHS England deep dive had gone well. However, they are still required to go to the deep dive with the National Director, Ray James. There is a target of having nine discharges per quarter. In Q2, they had ten. They currently have plans for nine discharges in Q3 and eight in Q4. They have two patients on the cohort with no predicted discharge dates. There are 13 patients that have been identified as being discharged post programme. Two have been highlighted as green; and potentially the discharges may be able to be brought forward into the programme. Nine have been highlighted as amber; they might be able to be discharged by the end of the programme. Unfortunately, in the last two days there have been three admissions; one in Sandwell and West Birmingham, Wolverhampton and Walsall. Root cause analysis are being done to look at potential lessons that can be learned

3.2.2 Daisy Bank has now been closed and the last patients moved. The trust has their community model up and running. The community model should be increasingly mobilising to prevent admissions. There has been lots of work with the care and support market. Wolverhampton Local Authority has led a procurement exercise and there have been five forensic providers appointed to a framework which can be used across the Black Country. The relationship with Specialised Commissioning has improved. There has been some increased case management around the responsibility of NHS Specialised Commissioning patients. There is a plan to discharge all the children that are mainly in Walsall CCG within the programme, except one that will become an adult within the year. The programme has worked well but the numbers are not reducing enough for the NHS England target due to the continued admissions

3.2.3 Matthew Hartland suggested reviewing admissions and whether if the community model was in place, would this have prevented them. It was confirmed that there is a root cause analysis being carried out on all new admissions.

3.2.4 Prof Nick Harding suggested whether there were any other meetings that the programme needed to be discussed at. Dr Helen Hibbs noted that they have been articulating to NHS

England and Katherine Hudson, the programme manager, how seriously we are all taking the programme.

3.2.5 The paper on the financial aspects of the discharge programme is being sent to boards.

Matthew Hartland informed the FTA process was previously agreed at the JCC and is being sent to governing bodies. They have had a conversation with councils, but the final offer will not be made until all governing bodies have signed off on the process. It was noted there have been no recent delays for patient transfers due purely to finances. The councils are all represented on the TCP board. The paper has been to Sandwell and West Birmingham, Wolverhampton and Dudley. It is due for discussion at Walsall next week. After this, it will go back to the TCP board and there will be discussions with the local councils.

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 There was a discussion on the agenda for the JCC Development Session next week. It was suggested there be an hour on Commissioning Intentions as the recent STP Stocktake with NHS England highlighted this as an item for concentration and there has been some discussions on joint work. There will also be Strategic Commissioning on the agenda. It was suggested that Mike Wallace from PWC could facilitate this part. The senior commissioners for each CCG could facilitate Commissioning Intentions with a focus on what approach each CCG is using. It was suggested there be a discussion on the ICS route map. There was a suggestion to link to the 10 year plan agenda and to cross reference with Mental Health, Learning Disabilities, Primary Care, Long Term Conditions and Cancer themes. It was noted that Personalised Care will link into Long Term Conditions. Dr David Hegarty will chair the session.

5.2 Black Country Service Change Programme

5.2.1 Alastair McIntyre presented the current Black Country Service Change Programme. He suggested that the Active Black Country Schemes Summary was the most important information. It was noted that Walsall Together and West Park needed to be included. The Sandwell and West Birmingham Vanguard will be removed. The table will be recirculated to members add any other programmes that had been missed.

6. DATE OF NEXT MEETING

Thursday 11th October, 10:00-12:00, T051, Third Floor, BHHSCC, Venture Way, Brierley Hill, DY5 1RU