

WOLVERHAMPTON CCG

GOVERNING BODY
12 FEBRUARY 2019

Agenda item 11

TITLE OF REPORT:	Black Country Joint Commissioning Committee (BCJCC) Assurance Report
AUTHOR(s) OF REPORT:	Alastair McIntyre, STP Portfolio Director
MANAGEMENT LEAD:	Helen Hibbs, Accountable Officer
PURPOSE OF REPORT:	This report provides a summary of business considered at the Black Country Joint Commissioning Committee meeting on 8th November 2018, for assurance.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • The BCJCC met on 8 November 2018; • Matters under discussion included the Dudley MCP, Right Care and Transforming Care;
RECOMMENDATION:	That the Governing Body Notes the Report
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
3. System effectiveness delivered within our financial envelope	<u>Proactively drive our contribution to the Black Country STP</u> The CCG is an active participant in the work of the Joint Committee, which provides reports on its work after each meeting.



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Black Country Joint Commissioning Committee (BCJCC) was established in 2017 and comprises representatives from Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton CCGs.
- 1.2. In line with the Committee's terms of reference, updates are provided after each of its meetings to the Governing Body.

2. 10 NOVEMBER 2018 JOINT COMMITTEE MEETING

- 2.1. The following matters were discussed at the 10 November 2018 meeting of the BCJCC.

2.2. Terms of Reference.

- 2.2.1. The meeting attendance was quorate.

2.3. Action Log and Matters Arising

- 2.3.1. There had been satisfactory progress on most items.
- 2.3.2. In regards to action 102, three dates had been set for the interviews for the chair of the Clinical Leadership Group (CLG). *Post meeting and post interview, Prof Nick Harding has been appointed as Chair with Dr Jonathan Odum as vice chair.*

2.4. Place-Based Commissioning Update – Dudley MCP Progress and discussion

- 2.4.1. Paul Maubach presented on the Dudley MCP progress to date.
- 2.4.2. The place based solution identified for Dudley in response to significant challenges in Dudley around disease, changing of conditions and increased demand is a Multi-speciality Community Provider (MCP). Key issues are managing demand from long term conditions and the coordination of complex needs, supporting Primary Care, population health management, and the MCP providing a mechanism for ensuring the right services are brought together. This will involve working as a partnership with a single leadership and organisation.
- 2.4.3. A preferred provider has been selected and is working towards NHSE/I ISAP checkpoint 2 assurance in Quarter 4. The start date for mobilisation is yet to

be confirmed but is likely in 2019/20, subject to satisfactory progress and approvals.

2.4.4. Black Country JCC was in unanimous support of Dudley MCP project and understands the challenges faced by the system and its effect on all other organisations. BC JCC agreed to formally write a letter of support to Chair and AO of Dudley CCG.

2.5. **Stroke**

2.5.1. The JCC received a presentation from Midlands and Lancashire CSU on some modelling at a West Midlands level on demand for Stroke Services and potential impacts on services. Following discussion the JCC asked for further work to be done on workforce and workforce supply to go along side demand projections. This will be fed back to the NHS England led West Midlands Stroke Programme Board meeting on 19th November.

2.6. **Right Care**

2.6.1. Lucy Heath presented to the JCC on the RightCare Programme and the National Priority Initiative for MSK. There has been a baseline assessment for each CCG to assess whether they meet the components. Walsall and Wolverhampton are at 96%, Dudley is at 92% and Sandwell and West Birmingham have been increased to over 90%. This has been approved at region. In regards to a system readiness to make changes, it was suggested the Black Country was somewhere in the middle. Alastair McIntyre and Dr Helen Hibbs have made a request of resources suggesting they would benefit from the support. It was noted an executive lead for MSK needs to be identified. Dr Helen Hibbs confirmed they are reviewing appointing leads to the programmes of work.

2.7. **Programme Performance**

2.7.1. There was no performance report this month.

2.8. **Risk Register**

2.8.1. The risk register update was deferred until next time.

2.9. **Transforming Care**

2.9.1. Dr Helen Hibbs gave an update on the TCP work. There has been a lot of work within this area. Numbers of patients in hospital beds are still providing a challenge. There has been acceptance that the number at the end of the programme will not meet the trajectories set; current modelling suggests there will be 20 in patients for CCGs not 16 and 35 inpatients for Specialised

Commissioning not 27. It was noted following the Walsall case being in the media, there is additional focus on children and young people and learning disabilities. There is a commissioning team and case manager half day event in December. The PMO support in TCP will need to continue. This may be absorbed within the STP PMO. Dr Helen Hibbs noted it is not just about numbers but around ensuring our citizens receive the best possible care in the least restrictive setting. The Black Country has a high rate of discharges but admissions are still occurring. The Black Country is leading a piece of work around a quality and outcomes dashboard. The patients need to have good experiences of care and be better in the community setting.

2.10. The next meeting of the BCJCC was due to take place on 10 January 2019.

3. CLINICAL VIEW

3.1. The CCG Clinical Chairs are members of the BCJCC and provide a clinical perspective on its work.

4. PATIENT AND PUBLIC VIEW

4.1. Not applicable.

5. KEY RISKS AND MITIGATIONS

5.1. There are no specific risks associated with this report.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. There are no specific financial implications associated with this report.

Quality and Safety Implications

6.2. There are no specific quality and safety implications associated with this report.

Equality Implications

6.3. There are no specific equality and diversity implications associated with this report.

Legal and Policy Implications

6.4. There are no specific legal or policy implications associated with this report.

Other Implications

6.5. There are no other implications associated with this report.

Name Alastair McIntyre
Job Title Portfolio Director
Date: November 2018

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Alastair McIntyre	November 2018

