

# Black Country and West Birmingham Joint Committee

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## Minutes of Meeting dated 20 July 2017

### Members:

Prof. Nick Harding – Chairman, Sandwell & West Birmingham CCG – Chair  
Dr Anand Rischie – Chairman, Walsall CCG  
Dr David Hegarty – Chairman, Dudley CCG  
Helen Hibbs – Accountable Officer, Wolverhampton CCG  
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG  
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG  
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG  
Peter Price – Lay Member, Wolverhampton CCG  
Matthew Hartland – Chief Operating & Finance Officer, Dudley CCG and Interim Strategic Finance Officer, Walsall CCG  
Mike Abel – Lay Member, Walsall CCG

### In Attendance:

Laura Broster – Director of Communications, Dudley CCG  
Clare Hamilton – Executive Assistant, Dudley CCG – Note taker  
Jackie Eades – Executive Assistant

### Apologies:

Simon Collings – Assistant Director of Specialised Commissioning, NHS England  
Jim Oatridge – Interim Chair, Wolverhampton CCG  
Julie Jasper – Lay Member, Dudley CCG

### 1. Minutes of the last meeting

Minutes of the meeting held 22 June 2017, amendments were made and these minutes will be subject to approval at the August Joint Committee.

### 2. Actions from the last meeting

See action log for updates.

### 3. Sustainability & Transformation Plan (STP) Update

Andy Williams updated all on the STP. Andy informed all that STPs have been rated nationally, into four categories, similar to how the CCGs have been rated on performance by NHS England. The Black Country position will be published on 21 July and a joint Black Country communication is being worked up.

The STP is assessed in three domains; two are driven by metrics and the other by a subjective assessment of leadership. The metrics make up 50% of the assessment and the leadership element making up the remaining 50% of the rating assessment.

The next STP meeting is in August. Most work stream leads have been identified with a process established for where there are gaps. There is currently an ongoing selection process for the performance lead. All leads will be announced once confirmed

### **Questions/comments**

1. The narrative must be clear that the STP is changing: – that the transformation is moving from a plan to a partnership and that the partnership is defined by the MoU that is currently being considered by all 18 organisations comprising the STP. It was agreed this should be clearly communicated to staff

2. A concern was raised regarding the ratings and whether this had financial consequences for the four CCGs e.g. is capital money only being given to STPs in the top two rated groups, Andy confirmed that it was his understanding that funding was being given to lower rated groups too. It was noted that the Black Country STP needs to be clear on what bid they proposed and what the risks are if capital funding is not received. James Green confirmed that bids against the capital included Dudley Urgent Care Centre, Walsall A&E, pathology consolidation and Bloxwich Hospital (DWMHT) - total value of £34.3m across 17/18-18/19-19/20.

3. Further to previous discussions, the connection between the Joint Committee and the STP was raised again and the need to understand the decision making process for the STP. Paul Maubach raised concerns about HR process relating to the future STP roles as discussed in Andy's update. All agreed for the need to clarify HR and decision making processes for the STP – the STP Memorandum of Understanding (MoU) will provide clear processes once finalised. All agreed to look to learn from other STPs that are similar to the Black Country STP (e.g. have multiple CCGs with independent management teams).

4. There was discussion regarding the STP currently having no authority or legal standing and that the JCC had been established that will have a statutory basis, and its decisions will be binding and have legal standing going forward. Furthermore, the JCC has been created to enable sharing of resources, to enact some (not all) STP decisions and to provide the practical means to enable collaborative commissioning. It was agreed that there is the need for clarity about what responsibility for commissioning will be delegated to the JCC.

#### **Actions:**

**Andy Williams to discuss with the other AOs the HR process for STP appointments and to identify any learning from other STPs.**

**Paul Maubach to take back to the governance task and finish group the requirement to look at the governance relationship between the Joint Committee and the STP.**

Matt Hartland raised a point that was discussed at the last West Midlands Accountable Officers meeting regarding the local DCO team aligning leads to the STPs. Andy Williams clarified that NHS England are providing the Black Country STP with a senior member of staff and one or more junior member of staff who will be available to support the STP on a whole/part time basis. These members of staff will not be transferred to the employment of any CCGs. Andy Williams has proposed that the senior post can support the work of the Clinical Leadership Group.

## **4. Reports from the Task & Finish group reports**

### **HR leads**

The committee received an update on the work of the HR leads. In particular it was reported back to the Committee that, for the purposes of future joint talent management and development, all four CCGs have PDR processes which should capture the information that is needed – therefore it is not necessary to have a single process at this time.

This led to a discussion about the need for the respective CCG HR leads to undertake some validation work to ensure that, in practice, the PDR processes deliver a similar output – as it would risk future HR joint working if they did not.

It was agreed that the HR leads should be asked to undertake this validation work, but also that the Committee should recognise that there is a risk to future HR processes if there are inconsistencies of approach between the four CCGs – the mitigating action for this is the work of the HR leads to work together – and that the Joint Committee should therefore have a risk register where this can be recorded as a potential risk and mitigation to be monitored.

#### **4a. Governance Task & Finish group**

- Paul Maubach updated all on the above Task & Finish group
- The Joint Committee Terms of Reference has been amended based on Governing Body feedback
- The group are currently looking at detail around statutory duties and a report will be provided at the next Joint Committee
- Mike Abel raised a point regarding Healthwatch representation at the Joint Committee, as agreed previously, once the Joint Committee has any delegated authority from the four CCGs, consideration will be given at that time on any changes to the committee including the potential for a Healthwatch representative
- All agreed for a risk register to be produced – with the previously discussed HR risk as the first item on the register

**Action: Paul Maubach/Sara Saville – Statutory Duties paper to be provided to the next Joint Committee**

**Action: Angela Poulton – produce a risk register for the Joint Committee**

#### **4b. Systems Re-design Task & Finish group**

- Paul Maubach updated all on the above Task & Finish group
- There is currently no clear articulation of what the place based model is for each patch – this is delaying the production of a consistent briefing pack and the group moving forward. Each CCG have been asked to set out both their view on the scope of services for their model and the preferred structure for the model. Dudley CCG have confirmed their model. Walsall CCG have produced a first draft which is being reviewed; Wolverhampton CCG and Sandwell & West Birmingham CCG confirmed that they will have a response to the place based model structure and possible scope of services in September. Paul Maubach will then bring a report to the Joint Committee in October.
- The group are working on a scope of acute services and are going to engage with the Clinical Leadership Group on this to set out where the areas/opportunities/risks are to acute services – and therefore what potentially could be commissioned jointly. The current thinking is that we should be aiming for a joint policy approach to some services - to be included in the commissioning intentions in September – with a joint commissioning approach to be developed ready for April 2019.

**Action: Paul Maubach to report to the Joint Committee in October on all four CCGs possible place based model organisational form and scope of services**

**Action: Paul Maubach and the System Re-design Task & Finish Group to engage with the CLG and receive their opinion on areas/opportunities/risks for possible jointly commissioned acute services**

#### **4c. Infrastructure Task & Finish group**

- Helen Hibbs updated all on the above Task & Finish group
- Peter Price queried software in terms of procurement and the possibility to buy in bulk across the four CCGs – Helen Hibbs will discuss with Mike Hastings (the Task & Finish Group lead)

**Action: Helen Hibbs to discuss the possibility to buy procurement software in bulk across the four CCGs**

#### **4d. Communications & Engagement Task & Finish group**

- Helen Hibbs updated all on the above Task & Finish group
- The communication leads will rotate in attendance at the Joint Committee to produce staff communications following the meeting – this month Laura Broster is in attendance
- Paul Maubach queried the third bullet point in the Communications & Engagement report as it provides an inconsistent message: 'Communications have been issued regarding the appointment of clinical and managerial support for the STP which has a crossover with the collaborative commissioning programme.' – This relates to the same HR clarifications raised earlier in the meeting. Helen Hibbs to look into this in discussion with Andy and Paul.

**Action: Helen Hibbs to look into communications regarding the collaborative commissioning programme and STP appointments with Paul and Andy**

#### **4e. CCG Collaboration Task & Finish Group**

- Helen Hibbs updated all on the above Task & Finish group
- Positive discussions have taken place following a recent workshop
- CCGs are encouraging groups of staff across the four CCGs to work together and collaborate where possible
- There are some issues regarding addressing staffing gaps - HR to think through those issues – a risk to consider on the risk register
- It was agreed by the Committee that, because of current performance problems, Cancer should be considered as a collective priority to work on (CLG to consider this as discussed in item 4b), with commissioning resource identified as a risk for this committee

#### **4f. Finance Task & Finish Group**

- Update was received via item 8 on the agenda

#### **5. Specialised Commissioning**

Nick Harding updated all on Specialised Commissioning Services. Nick Harding advised that collaborating by NHS England with other STPs was a work in progress. Particular local specialised services issues include Vascular and Cancer and we need to look at how to move forward with Simon Collings (Assistant Director of Specialised Commissioning) on progressing our joint working as soon as possible.

#### **6. Vascular Services**

Nick Harding discussed a letter received from NHS England on 3 July regarding Vascular services. This is another opportunity for the CLG to lead on as discussed in item 4b. It was raised that the letter was only sent to provider Chief Executives. The letter was noted and the Joint Committee agreed that they are happy to support further work in this area through the CLG.

#### **7. Case for change for joint commissioning on a Black Country footprint**

There were no papers for this item so it was not discussed.

#### **8. Financial Review**

James Green raised concerns around the process for the review. A request was sent to the three Accountable Officers asking for their view. It was suggested that the review could take place as part of the revision of the STP financial plan. It was pointed out that there is complexity in carrying out this piece of work but it is required as the CCGs in the system need to understand the financial position across the Black Country. Matt Hartland indicated that this could be built into the work being undertaken as part of the horizontal integration work of the STP and ask the providers for their financial positions over the next five years. Nick Harding stated that an open and honest discussion is required to ensure we are getting value for money. In reply James Green stated that at the Chief Finance Officers (CFO) meeting of the STP, a piece of work is being undertaken but it is a slow process.

It is important that Transforming Care Together (TCT) are taken into consideration, as the Trusts are being brought together there is a need to understand the implications for the working capital as this may have an impact for the Dudley MCP work. It was agreed that Matt Hartland and James Green will meet outside this meeting and feedback from a STP perspective at the next meeting in August 2017.

**Action: Matt Hartland & James Green to meet to discuss how best to develop a joint financial understanding across the Black Country and feedback to the Joint Committee in August.**

#### **9. Collaborative Commissioning plan for Mental Health**

Sarah Fellows and Andrea Hadley attended the meeting and presented the report. The recommendations set out in the report were discussed. It was made clear that the report covers Sandwell not West Birmingham as this falls under the remit of Birmingham. Paul Maubach stated that this was a helpful report but highlights risks to all CCGs, some more than others; and raises questions about why some services are included in the list. There is a need for a clear rationale to be added to report to explain why services would benefit from being commissioned collectively before this could be presented to our respective Boards.

Sarah stated that this work proposal has been developed with all respective CCG Mental Health Commissioners and providers are on board and welcome the direction of travel. James Green reiterated the point that all services are priced differently across the Black Country and asked if the figures set out were based on this years' figures. This was confirmed by Sarah Fellows. Matt Hartland expressed concern that there were significant

gaps in the financial figures and also significant variations in the reported spend by CCGs – so this information would need to be verified in detail before going further.

It was noted that the report had not been formally presented at any other Committees prior to coming to the Joint Committee. It was agreed that it was useful for the report to be discussed here to ensure that the report is updated with all relevant information for all four Governing Body's to consider.

Matt Hartland raised further technical concerns for the commissioning of Mental Health services due to the work being undertaken around MCP and Alliance models which would mean that it would be for the providers of the contract to commission these services in the future. Therefore the recommendations could not be put forward as stated in the paper because they are inconsistent with existing commissioning processes.

Andy Williams suggested that the emphasis of any recommendations should be to set out a commitment to joint working and set a trajectory to change the way we commission these services in collaboration with the providers.

There was an agreement in principle to ongoing collaboration but not to the current proposals and recommendations as set out in the report. A further report, taking into account the comments and required actions from today, will need to be presented back on the 17<sup>th</sup> August at the next meeting for further discussion before finalising the report for presentation at the respective Governing Bodies in September.

**Action: Sarah Fellows to bring an updated report on Collaborative Commissioning for Mental Health to the August Joint Committee.**

#### **10. Joint Committee Programme Director – Business Support**

It was agreed that due to time restraints within this meeting, the three Accountable Officer's will resolve outside of this meeting.

#### **11. Any Other Business**

None declared.

The next meeting will be at Kingston House on 17 August.