

**BLACK COUNTRY & WEST BIRMINGHAM JOINT COMMITTEE
AGENDA**

**THURSDAY 28th SEPTEMBER 2017
13:00 – 15:00
T051, BHHSCC, DY5 1RU**

No	Time	Item	Presented By
1.	1.00pm	Welcome and apologies	Nick Harding
2.		Declarations of interest	
3.		• 17 th August 2017 and actions ((Enc)	Nick Harding
4.		Update of STP	Andy Williams
5.		Reports from the Task & Finish Groups A) Governance (Enc) B) Systems Design and Contractual Frameworks (Enc) C) Infrastructure including IM&T D) Communications and Engagement E) CCG Collaboration F) Finance	Andy Williams, Paul Maubach & Helen Hibbs
6.		Clinical Leadership Group Update and recommended areas for collaborative commissioning (Enc)	Dr David Hegarty
7.		Specialised Commissioning (Enc) to follow	Simon Collings
8.		JCC commissioning intentions statement (Enc)	Angela Poulton
9.		Executive Development Day – 2 nd October 2017 tabled	Angela Poulton
10.		Health Economy matters arising	Dr Nick Harding
11.	2.25pm	Transforming Care Together presentation	Ms Marsha Ingram
12.		Any Other Business	
13.	3.00pm	Close	

Date of Next Meeting:

Thursday 19th October 2017 – Dr Nick Harding and Dr Ricshie (unavailable), T046 & T047, BHHSCC
 Thursday 16th November 2017 – Kingston House, Training Room 1
 Thursday 14th December 2017 – Jubilee House Room 1
 Thursday 18th January 2018 – TBA
 Thursday 15th February 2018 – Orange Room, BHHSCC
 Thursday 22nd March 2018 - TBA

Black Country and West Birmingham Joint Commissioning Committee (JCC)

Minutes of Meeting dated 17th August 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
Mike Abel – Lay Member, Walsall CCG
Simon Collings – Assistant Director of Specialised Commissioning, NHS England
Julie Jasper – Lay Member, Dudley CCG
Jim Oatridge – Interim Chair, Wolverhampton CCG
Angela Poulton - Programme Director – Joint Commissioning Committee

In Attendance:

Laura Broster – Director of Communications, Dudley CCG
Jackie Eades – Executive Assistant Note taker
Sarah Fellows, DWMHT (part meeting)

Apologies:

Matthew Hartland – Chief Operating & Finance Officer, Dudley CCG and Interim Strategic Finance Officer, Walsall CCG

1. Minutes of the last meeting

- 1.1 Revised minutes of the meeting held 22 June 2017, were approved as an accurate record of the meeting.
- 1.2 Minutes from 20th July 2017, were agreed apart from wording in section 3, item 4 first sentence and section 4a.
Action: Jackie Eades to amend the minutes of the July JCC.

2. Actions from the last meeting

See action log for updates.

3. Sustainability & Transformation Plan (STP) Update

- 3.1 Andy Williams updated members stating that there is a meeting due to be held on Monday 21st August 2017 where there will be discussions around the Black Country's STP rating which was Category 3, 'making progress' rating. The 4 categories are 'outstanding', 'advanced', 'making progress' or 'needs most improvement'. The reasons stated for this rating were poor levels of access in Primary Care, infection rates, financial and a judgement made regarding system coherence and collaboration. Andy Williams shared his confidence in moving to 'advanced' given that the difference between 'making progress' and 'advanced' was 0.03% of a mark.
- 3.2 Appointments have been made to the core STP team posts and an operating group established, with membership extended to Angela Poulton for continuity. David Hegarty is the confirmed Chair of the Clinical Leadership Group.

- 3.3 A place has been successfully secured on the Transformational Change through Successful Leadership (TCSL) programme and will involve representatives from across the system, focussing on workforce and human resources.
- 3.4 Peter Price asked if the rating will have funding implications. In reply Andy Williams stated that there will be no capital funding for this STP. The next steps are to review and provide evidence of improved performance for the quarterly review.

4. Reports from the Task & Finish group reports

Nick Harding reminded members that Task and Finish groups should cease once they have completed the work within their specific remit.

4a. Governance Task & Finish group

Paul Maubach gave a brief overview of the work being carried out by the Governance group (report, updated Terms of References and statutory functions). A recommendation was made that the JCC use the spreadsheet categorising statutory duties into explicit, behavioural and specific duties as the template for the devolution of statutory duties to this Committee and place based arrangements, bearing in mind that each CCG will have their own version. This was agreed, with members stating that this was an excellent piece of work that should be shared with all the Governing Bodies and promoted nationally as an STP product with the New Care Models team.

Action: Jackie Eades to send out the Statutory Duties categorisation schedule with the notes to be included in respective Governing Body papers.

Action: Paul Maubach to share the Statutory Duties categorisation schedule with the New Care Models team.

4b. Systems Re-design Task & Finish group

Paul Maubach reported that the group had identified 7 potential priority areas for collaborative commissioning for consideration by the Clinical Reference Group as they develop their recommendation to the JCC.

4c. Infrastructure Task & Finish group

Helen Hibbs updated members stating that each CCG is working on their own Service Level Agreement (SLA). Questions remain around whether Dudley CCG will sign the SLA. Work is ongoing.

4d. Communications & Engagement Task & Finish group

Helen Hibbs stated that this is an on-going group rather than 'task and finish'. It has been agreed that after each JCC meeting Angela Poulton will provide additional communications to Task & Finish Group leads as appropriate.

4e. CCG Collaboration Task & Finish Group

This work is ongoing and significant expertise gaps have been identified such as Stroke and Cancer. Paul Tulley from Walsall CCG has put himself forward to be the Commissioning lead for Cancer. This group has concentrated on promoting relationships and sharing how and who does what in preparation for when the JCC has a delegated remit. More focused work will be agreed once the priorities for collaborative commissioning proposed by the Clinical Reference Group are agreed. Finance and contracting representatives are meeting before the end of September.

4f. Finance Task & Finish Group

James Green stated that commissioning intentions will be discussed in the coming weeks and this will allow the group to test if there are areas where collaboration would be appropriate. The next meeting is the 15th September although work will continue but via the STP footprint.

A specific discussion followed regarding Transforming Care Together (TCT). Whilst the approach needs to be supportive, members felt there was the need to be clear about the benefits to commissioners and the wider system and the intended outcomes. The business case has not been made available and whilst it was recognised that individual CCGs may not be entitled to access due diligence information there was the need to understand planning assumptions made. Given the differences in the 3 organisations and the way they account members felt there is the need for assurance that bringing their services together will deliver better outcomes for the Black Country population and this will not be detrimental to any area. Furthermore it was important to ensure clinical assurance checks had been undertaken. It was clarified that there is the need to be clear how TCT will contribute to delivery of the STP plan and to understand contracting implications. Andy Williams suggested TCT leads be invited to the next STP meeting to discuss the benefits expected from the merger, and for the and a request made for the case for change to be presented at the next Joint Committee. This will provide CCGs with the information they need to commission effectively.

Action: David Hegarty to ask the Clinical Senate where approval of the TCT clinical model had been granted.

Action: Angela Poulton to invite Tracey Taylor and Mark Axcell to the JCC to present the TCT case for change.

5. Specialised Commissioning

5.1 Simon Collings gave a brief update on the work being undertaken around Specialised Commissioning services and the complexities, issues and opportunities being explored. There is a move to look at how CCGs can start to take responsibility for some specialised commissioning and the Black Country has been selected for the pilot. Renal and HIV services, provided in every local hospital, are being considered for delegation, in addition to Tier 2 services such as neonatal, CAMHS, children's inpatient mental health provision. Nick Harding pointed out that there will be issues of working at scale in oncology, spinal surgery, neonatal and paediatrics.

5.2 In terms of vascular services following on from the Joint Committee in July, an update was given to Simon Collings around the letter that was sent to the Acute Trust Chief Executives around vascular services being inadequate in the Black Country. Written responses have been sent to Kiran Patel challenging the findings and asking for evidence. Simon Collings stated that Specialised Services have no concerns about current delivery.

Action: Simon Collings to confirm in writing to Kiran Patel that Specialised Services position have no concerns regarding current Vascular Services delivery.

6. Collaborative Commissioning plan for the Mental Health elements of the Black Country and West Birmingham

6.1 Sarah Fellows joined the meeting to present the revised report setting out the proposal to collaboratively commission a range of mental health services. SF confirmed that the rationale had been incorporated and that further work was required to provide the financial information requested. There was the opportunity for additional national funding to be secured for CAMHS, perinatal and psychiatric liaison as BCWB recognised by NHSE as an area that was working quicker and going further through its collaborative effort. Assistance was requested at Finance Director level to complete the financial case.

6.2 After a short discussion it was agreed that the priority for collaborative commissioning should be assigned to those service areas with the greatest potential to secure additional funding:

- Perinatal
- CAHMS (tier 3 & 4 across 3 STP areas)
- IAPT

- Liaison Psychiatry.

6.3 It was agreed that further work was required on the proposal and that a further report be presented to the JCC in November, and that the focus should be on the opportunities to secure extra national funding. There was also agreement for further finance work to be undertaken to reconcile the PAMs for the services commissioned from the two Mental Health providers via a task and finish group led by one of the 3 most senior CCG finance officers.

Action: James Green and Sarah Fellows to agree Finance Officer lead and working arrangements to progress the financial case for collaborative Mental Health Commissioning.

Action: Sarah Fellows and Angela Poulton to agree the revised wording regarding Mental Health commissioning intentions.

Action: Steve Marshall/Sarah Fellows to present a revised proposal for collaborative Mental Health commissioning to the November JCC.

7. Health Economy Matters Arising

7.1 Hip and Knee Surgery

This item was put on the agenda for information and after a brief discussion it was agreed that all CCGs have this work in hand and no action required by the JCC.

8. Risk Register

8.1 Angela Poulton stated that the risk raised at the last meeting in relation to there being no dedicated Stroke commissioners in the CCGs remained one for the separate CCGs as Stroke services have not been delegated to this Committee. The JCC risk register tabled during the meeting only includes the risk in relation to talent management.

9. Any Other Business

9.1 Nick Harding suggested to the members that he remain as the Chair of the Joint Committee for at least the next 6 months and then reviewed. This was agreed.

Date and Time of Next Meeting

Thursday 28th September, 1-3pm at BHHSCC