

NHS Birmingham and Solihull Clinical Commissioning Groups

Paul Jennings, Chief Executive Officer

Birmingham Health and Wellbeing Board, 27 March 2018

Vision and values



We have a great opportunity to make a real difference to the lives of local people.

Working together, we can deliver the best possible health outcomes for patients across the whole of Birmingham and Solihull, by commissioning the best and most responsive services for local people, based on their needs.

This is challenging, but having a single commissioning voice, gives us a far better opportunity to make the impact we want and need to.

The core values of the NHS will drive what we do locally, and we rightly have a clear focus on reducing health inequalities and improving health outcomes for all, whilst ensuring a sustainable health service for the long-term.

We will also expect the services we commission to also uphold these values.

Organisational development



The CCG's organisational development strategy and constitution were submitted for NHS England's approval on 13 February.

Approval was received on 7 March from NHS England, with authorisation to proceed with the creation of the new CCG, with no conditions.

Paul Jennings formally confirmed in post by Simon Stevens.

Solihull CCG directions formally lifted within six months.

The management of change for CCG staff process is almost complete.

Immediate priorities



The newly formed NHS Birmingham and Solihull CCG will have two clear areas of focus:

- 1) Commissioning services that deliver the aims, objectives and service improvements included in the STP, contracts with providers and the Operational Plan; and
- 2) Developing as strategic commissioner, strengthening place based commissioning and provision, as well as developing and implementing the STP operating model.

This will be delivered through a clinically-led organisation, with clear priorities and measurements of success, which demonstrate closer working to deliver high quality, integrated services.

The new organisation will develop strategic and financial plans for the next 3-5 years, over the next six months.

We believe that it is vital that this is developed by, rather than presented to, the new organisation.

CCG organisational model



Birmingham and Solihull system:

Single financial plan;

Single strategic and operational plan and locality assurance;

Birmingham and Solihull level commissioning (regional JSNA); and

Executive and clinical leadership team.

Locality:

Notional locality budgets, QIPP delivery and performance accountability;

Place based delivery plans and teams (local JSNA);

Integrated budgets and teams;

Governance model and interface with HOSC/HWBB; and

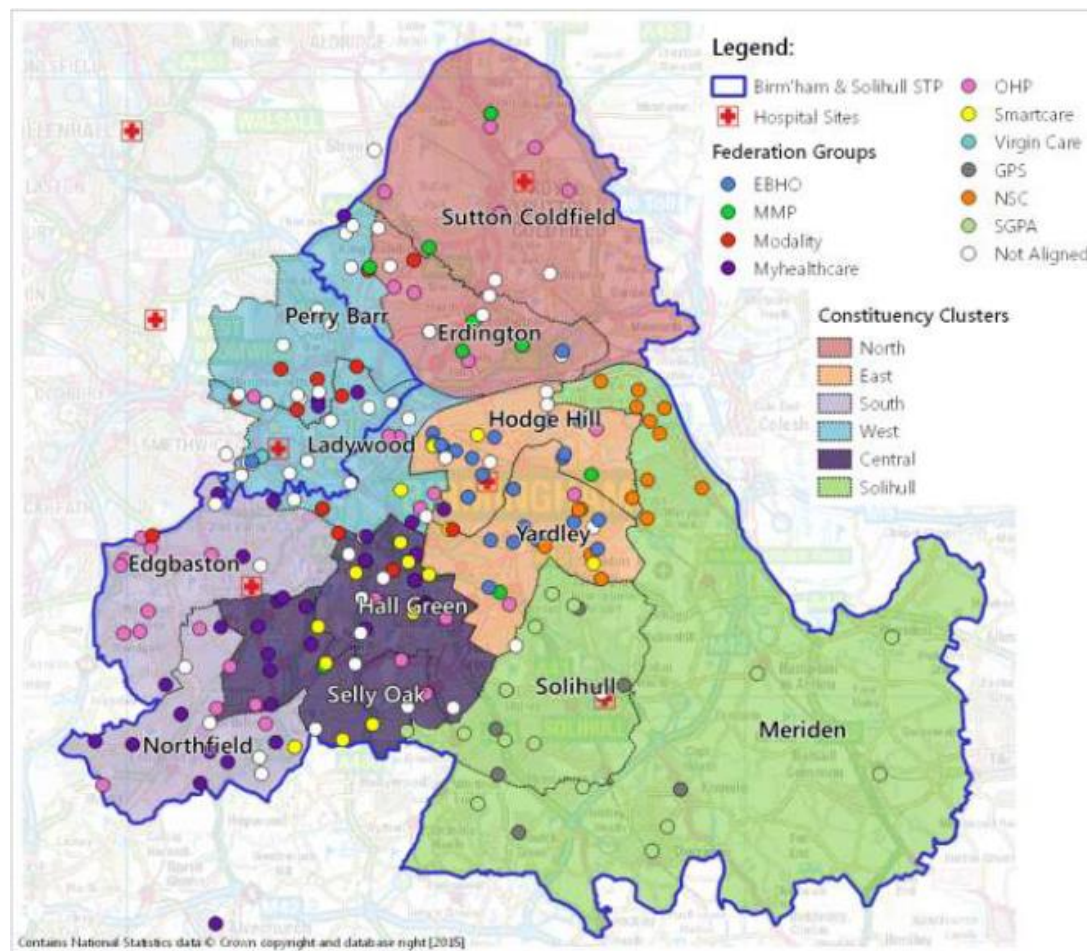
Health and care partnerships (including primary care).

Neighbourhood:

GP provider and community asset network development; and

Neighbourhood care model development.

Localities



Parliamentary Constituency	Resident Population (MYE 2015)	Constituency Group	Resident Population (MYE 2015)	Registered population (2017)*
Sutton Coldfield	94,661	NORTH: Sutton Coldfield & Erdington	195,615	258,803
Erdington	100,954			
Hodge Hill	127,751	EAST: Hodge Hill & Yardley	238,959	222,860
Yardley	111,208			
Edgbaston	101,633	SOUTH: Edgbaston & Northfield	204,562	283,571
Northfield	102,929			
Perry Barr	109,312	WEST: Perry Barr & Ladywood	247,337	275,501
Ladywood	138,025			
Selly Oak	106,288	CENTRAL: Selly Oak & Hall Green	224,834	257,471
Hall Green	118,546			
Solihull	100,622	SOLIHULL: Solihull & Meriden	210,445	237,357
Meriden	109,823			
Total	1,321,752	Total	1,321,752	1,535,563



* of patients registered to the practices aligned to each constituency cluster

Locality development



The CCGs' locality model is intended to be fluid.

During the course of this year, we will be able to start describing our plans for how we want to work going forward, which we will develop in partnership with our patients and other stakeholders.

We are proposing to have an open dialogue to reflect the needs of each of the localities.

We are also proposing a core function with variation, as agreed with key partners, that will respond to the maturity of plans in the respective places.

Locality challenges



They are large localities; a clear focus is required on the interface with general practice, providers and the STP.

Move towards more strategic commissioning.

A joint commissioning strategy for West Birmingham.

Ensure Solihull is supported, with a strong interface with Local Authority.

Ensure Birmingham challenges are met e.g. East Birmingham/North Solihull, Good Hope etc.

There has been a lot of work to date with Sandwell and West Birmingham CCG, including a development workshop on 21 March to progress the terms of reference, memorandum of understanding, delegation agreement and other key areas of business, such as committee arrangements.

Key areas of progress to date include:

- A memorandum of understanding in place, setting agreed strategic direction;
- Delegation agreement and a terms of reference in final draft;
- Agreed approach regarding joint committee working;
- Elected GP representatives engaged across West Birmingham; and
- Joint committee will be operational within Q1.