

Healthcare Forum

19 September 2019, 4.30pm – 7.00pm Saltwells Education Centre

Dr Steve Mann, Dudley CCG welcomed all to the Healthcare Forum and provided a brief update on 4 key points.

- **Flu Jabs** – It's getting to that time of year and we strongly recommend that all eligible patients book their jabs.
- **Chief Accountable Interviews** – the interviews will take place on Wednesday 25 September 2019 for a single AO for the 4 Black Country and West Birmingham CCGs. There are two shortlisted applicants, Paul Maubach and Dr Helen Hibbs. Best wishes were extended to both applicants.

It is important to note that moving forwards consideration is needed as to whether we remain as 4 CCGs or move to merge into 1. The Long Term Plan states that typically there should be 1 CCG per integrated Care System. Our ICS would be Black Country and West Birmingham. Across the UK there are serious contentions over this government proposal, with Staffordshire expressing their dissent.

- **MCP** – a full update will be provided at the next Healthcare Forum after some key regulatory meetings in September. It was noted that there is high level support for the MCP. The Chair has been appointed and things are moving forward.
- **Evidence-Based Intervention (EBI) Consultation** – this consultation is 'live' and can be accessed via the Dudley CCG website. The aim of the consultation is to consider whether EBI's, which may provide short-term relief, should continue as they are not evidenced to provide long term benefits.

Engagement on Harmonised Clinical Treatment across the Black Country and West Birmingham - <https://www.dudleyccg.nhs.uk/engagement-consultations/>

Dr Steve Mann welcomed and introduced Mr Matthew Hartland – Chief Finance Officer, Dudley CCG.

Matthew delivered a presentation on the 'Black Country & West Birmingham – Long Term Plan' and welcomed questions following the table-top exercise.

Q&A following Matthew Hartland's Presentation:

Helen Codd asked that each table present one question to Mr Matthew Hartland.

- Q1 Tony Durrell explained that in other areas in the UK, university students are encouraged to join NHS organisations by offering them an improved starting salary or even a bursary. Could we not do the same?
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Mr Matthew Hartland confirmed that the Sustainability Transformation Programme (STP) Workforce Lead is considering the implementation of one combined 'staff bank'. There is a need to stop the 'poaching' of staff as a neighbouring organisation may offer a better salary or hours. A further consideration is the establishment of an academy to 'grow and train our own' staff and provide a better work/life balance.

We are required to live within the NHS rules (financial plan).

- Q2 Stuart Steele asked if it was accurate that the local Trust (Dudley Group NHS Foundation Trust) were currently training 100 nurses.
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Mr Matthew Hartland stated he wasn't sure but would find out and confirm.

- Q3 Harvey Woolf raised concerns surrounding the joint operational self-care and the enhancement of services across the NHS and how many people without IT skills will be left in a 'black-hole'. How will they access medical services?
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Mr Matthew Hartland confirmed that two systems will need to run concurrently; this will enable those who wish to use digital systems have that accessibility, whilst those who do not have access to or experience of digital systems, will still have the traditional service. It is about offering more choice, improving efficiency and reducing demand.

- Q4 Is bigger really better? Harvey Woolf asked if each hospital becomes more specialised, will it not cause difficulties for patients to travel.
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Mr Matthew Hartland stated that the same question had in fact been raised at the Scrutiny Committee this week.

There is a commitment to review this thoroughly. If it was deemed appropriate and reasonable to make changes to the current hospital services at each site in the Black Country & West Birmingham, by making centres of excellence, then the staff will need to consider this thoroughly. A consultation process would be needed to engage with staff and public. It is important to stress that there are no current plans in place to move services/specialties, it is however something that may be considered as we go along

We in Dudley must consider what's best for us locally, what if we do go to one organisation and we must then vote.

Mrs Laura Broster explained that we know that when we do seek views on service changes, very often there are external factors which could be improved to help to make changes easier and more manageable. The benefit of having all partners sat round a table to decide on a strategic plan, is that we should have more influence together about what this really means for people and communities and what might be the system

response to that including the local authorities, transport providers, education, housing etc...

Dr Steve Mann suggested that some medical services may change and come together, however public consultation will take place. It is highly feasible that more specialisms will be placed on various sites.

Q5 In view of BREXIT, is our recruitment process changing and are we 'tapping into' the migrant/refugee workforce, some of which are medical professionals in their home countries? There is a project happening in Birmingham where they are working with the migrant and refugee communities and helping them with the language skills to get them up to the level of professional requirement.

Mr Matthew Hartland agreed to raise this with the STP Workforce lead. With EU exit it is a difficult position on how we include it in the plan.

It was also noted that there is an expectation (within the plan) of international recruitment taking place.

Q6 With the continual focus on reorganising services actually detracts from the way the services actually improve in the future. It's learning from the past such as Regional Health Authorities now faced with STPs with the controls, we had primary care groups now we have primary care networks etc. When you look at all that time spent on reorganising whether we had a better service if we stuck with the model and made it work, rather than keep changing the model.

Mr Matthew Hartland agreed it was hard to answer that; if you go back to the CCGs, we won't merge because there's a paragraph in a strategy that says this needs to happen. If it works for us we'll do it if we believe we can make it work and if it is in the best interests of the people we serve.

Mrs Laura Broster added that at present the priorities in the plan place reconfiguration as number 1. What needs to be detailed in that plan is the benefit to people of the reconfiguration, that the reconfiguration is not the be all and end all. Just creating a new organisation in Mental Health for example shouldn't be the ultimate state, it should be driven by the change that is required to better serve people.

Due to the lack of time available, any further questions should be emailed to Helen Codd at H.Codd@nhs.net

End of question and answer session.