

A meeting of the Wolverhampton Clinical Commissioning Group Governing Body

will take place on Tuesday 12th January 2021 commencing at 1.00 pm

at

A G E N D A

1	Agenda and Papers	1 - 80
----------	--------------------------	---------------



This page is intentionally left blank

(PUBLIC) Black Country & West Birmingham CCGs Governing Bodies in Common

Date: Tuesday 12 January 2021
Venue: Virtual Microsoft Teams Meeting
Chair: Dr Ruth Edwards, Dudley CCG

Time: 1pm
Room: n/a

AGENDA

This meeting will be held in public and will be recorded purely as an aide memoir for the minute taker to ensure an accurate transcript of the meeting, decisions and actions. Once the minutes have been approved the recording will be destroyed.

Item	Time	Subject	Enc	Reason	Lead
1.		INTRODUCTION			
1.1	1.00pm	Welcome and Introductions			
1.2	1.01pm	Apologies for absence			
1.3	1.02pm	Declarations of Interest To request members to disclose any interest they have, direct or indirect, in any items to be considered during the course of the meeting and to note that those members declaring an interest would not be allowed to take part in the consideration for discussion or vote on any questions relating to that item			
1.4	1.03pm	Conflicts of Interest			
1.5	1.04pm	Review of minutes and actions from previous meeting – 10 November 2020	<u>1</u>	Approval	Chair
1.6	1.10pm	Matters Arising			
2.		AO AND CHAIR UPDATE			
2.1	1.11pm	AO and Chair Update		Assurance	Paul Maubach/ Chair
3.		QUALITY AND COVID 19 VACCINE			
3.1	1.20pm	<ul style="list-style-type: none"> Quality Update Covid Vaccine Preparedness Update 	<u>2</u>	Assurance	Sally Roberts
4.		GOVERNANCE			
4.1	1.30pm	Merger Update	<u>3</u>	Assurance	Mike Hastings
5.		EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) CORE STANDARDS SELF-ASSESSMENT 2020/21			
5.1	1.50pm	EU-Exit Transition (short paper on preparations and outcome for the BC&WB system.)	<u>4</u>	Assurance	Matt Hartland

6.		COMMITTEE ASSURANCE REPORTS			
6.1	2.00pm	Joint Health Commissioning Board Update Report	<u>5</u>	Assurance	Chair
6.2	2.10pm	Audit and Governance Committees in Common Update Report	<u>6</u>	Assurance	Peter Price
6.3	2.20pm	Primary Care Commissioning Committees in Common Update	<u>7</u>	Assurance	Mike Abel
6.4	2.30pm	Remuneration Committees in Common	<u>8</u>	Assurance	Chris Handy
7.		ICS CONSTITUTION RESPONSE			
7.1	2.40pm	Update Report on the ICS Constitution Response	<u>9</u>	Assurance	Matt Hartland
8.		SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP			
8.1	2.50pm	STP Report Update	<u>10</u>	For Information	Paul Maubach
9.		RISK			
9.1	2.55pm	New Risks Identified	<u>11</u>		Chair
10.		DATE OF NEXT MEETING 9 March 2021 at 1pm via Teams			



Governing Bodies held in common

Register of interests

Name	Position	CCG	Interest Declared & Nature	Type of interest
Alan Johnson	Secondary Care Consultant	Dudley CCG	Daughter works at Worcester Acute Hospitals	Indirect
Bal Kaur	Acting Director of Public Health - Dudley Local Authority	Dudley CCG	None	N/A
Bown Jonathon	Western Birmingham GP of BSOL CCG	SWB CCG	Cape Hill Medical Centre GP Partner	Financial
			BSOL CCG Clinical Lead	Financial
			Health Xchange GP Joint lead primary care contract	Financial
			Health Partnership Shareholder	Financial
Christopher Handy	Lay member, Vice Chair	Dudley CCG	Chief Executive, Accord Group	Financial Interest
			Visiting Professor at Birmingham City University	Non-Financial Professional
			Board Member of: - Black Country LEP Board - Redditch Co-operative Homes - Black Country Consortium - Walsall Housing Regeneration Agency - Direct Health - Eurohnet - Trident Housing andCare	Non-Financial Professional Interest
Dr Amit Khera	Governing Body GP Member	Walsall CCG	GP Partner, Broadway Medical Centre	Financial Interest
Dr Anand Rischie	Chair	Walsall CCG	Committee member of Walsall LMC	Non- Financial Professional
			Director Black Country Health Solutions: External consultancy for health Intelligence and Appraisal work along with chairing of pharmaceutical	Financial Interest
			Member of RCGP	Non- Financial Professional
			Principal GP at Pleck Health Centre which is part of Modality Walsall Partnership	Financial Interest
			Spouse a principal GP within Birmingham CCG	Non- Financial Personal Interest
Dr Ayaz Ahmed	Governing Body GP	SWB CCG	Village Medical Centre Sole GP Partner	Financial
			Malling Health Urgent Care Centre (Russells Hall Hospital) Two GP Session Per Week	Financial
			Faculty of Forensic and Legal Medicine Member	Professional
			Sandwell Health Partnership Federation GP Shareholder	Financial
			Jubilee Health Centre GP Partner with Dr Bhadauria	Financial
			Jubilee Health Centre GP Partner with Dr Bhamik	Financial
Dr David MacKenzie Bush	Governing Body – Locality Lead	Wolverhampton CCG	GP Owner/Contractor, Penn Surgery	Financial Interest
			Medical Referee, City of Wolverhampton Council (employee)	Financial
			Owner and Managing Director, DMB Consultancy LTD, provider of occupational medicine services to various commercial clients, including City of Wolverhampton Council	Financial Interest
Dr Fiona Rose	Elected CCG Board Member for SCG Locality GP Lead Quality and Safety	Dudley CCG	Director of Rose Medical consultancy - providing locum GP support to Future Proof Health Ltd	Financial Interest
			GP - Northway Medical Centre	Financial Interest
			Husband works for Bham City Council in IT	Indirect Interest
Dr Hammad Lodhi	Governing Body Member	Walsall CCG	Charity Trustee UK Islamic Mission	Non- Financial Personal Interest
			Charity Trustee/Director UKIM, Community, Development and Welfare	Non- Financial Personal Interest
			Founder, Past President and current Board Member, British Islamic Medical Association	Non- Financial Personal Interest
			GP Lower Farm Health Centre	Financial Interest
			GP Principal, Amber Medical Centre	Financial Interest
			Member of BMA	Non- Financial Professional

			Treasurer, Local Medical Committee, Walsall.	Non- Financial Professional Interest
Dr Harinder Baggri	CCG Clinical Executive in Primary Care	Walsall CCG	GP Partner, Kingfisher Berkley	Financial Interest
			GP Partner, Walsall Modality has entered into long term partnership with Push Doctor	Financial Interest
			Walsall Modality GP Partner	Financial Interest
			Partner Dr Jaspreet Baggri is a salaried GP at Kingfisher Berkley Practice	Indirect Interest
Dr Ian Sykes	chair of CCG	SWB CCG	British Medical Association Member	Professional
			Royal College of GP's Member	Professional
			Conservative Party Member	Professional
			Oakham Surgery Building Part owner of the Oakham Surgery building, which is rented out to YHP to provide General medical services, and from which I therefore receive an income	Financial
			Tivdale Pharmacy receive a share of the profits generated at the Pharmacy	Financial
			Health Harmonie Health Harmonie rent a small space in the Oakham Surgery building.	Financial
			Patient at a member practice of the CCG	Personal
			Daughter employed as staff nurse at Royal Wolverhampton Trust	Indirect Personal
Dr J Teoh	Clinical Executive for Integrated Assurance & MacMillan GP Facilitator	Walsall CCG	Spouse is a GP Partner in B.Sol CCG	Indirect Interest
			Spouse is a Clinical Advisor for NHS England	Indirect Interest
			One session per week as salaried GP on GP Retention Scheme, St Peters Surgery	Non Financial Professional Interest
			MacMillan GP Facilitator post is funded by MacMillan	Non Professional Professional Interest
Dr Jonathan Darby	Clinical Executive	Dudley CCG	Birmingham Director Manor Abbey Investments Ltd	Non-Financial Personal Interest
			Medical Advisor for BBC Drama,	Non-Financial Professional Interest
			Salaried GP - St Margaret's Well Surgery	Financial Interest
Dr Karlis Armands Grindulis	Secondary Care Consultant	SWB CCG	Orchard School Oldbury Spouse is Chair of Governors	Personal
			The Feeding Clinic CIC Wife is director	Personal
			Son-in-law is a GP who undertakes sessional work for Babylon - GP at hand	Personal
Dr Manir Aslam	Governing Body GP Member	SWB CCG	Broadway Health Centre Birmingham GP Partner	Financial
			SWBHT Wife is a consultant	Personal
			Broadway property company limited Director - BPC owns the building in which the practice is situated	Financial
			Broadway Health limited Director - provider of primary medical services	Financial
Dr Manjit Kainth	Governing Body GP Member	Wolverhampton CCG	Private GP at Nuffield Health	Financial Interest
			Director at Unity PCN	Financial
Dr Masood Ahmed	Chief Medical Officer	Black Country and West Birmingham CCG's	Director of LISN Ltd.	Financial
			Non-Executive Director of Lavanya Plus Ltd.	Financial
Dr Mohammad Asghar	Governing Body GP	Wolverhampton CCG	GP and Director Health and Beyond Ltd.	Financial Interest
			Member of Wolverhampton LMC	Professional
Dr Mohit Mandiratta	GP Board Member	Dudley CCG	GP Partner at Feldon Practice (with partner based shareholding in Futureproof)	Financial Interest
			Partner is an employee of Sandwell and West Birmingham NHS Trust	Indirect Interest
Dr Nasir Asghar	Chair of North Locality, Clinical Advisor for Medicines Management & Urgent Care	Walsall CCG	A Partner at Pinfold Medical has independent interests in Walsall Alliance and Waldoc	Indirect Financial Interest
			AQP Minor Surgery Contract held by Pinfold Medical	Financial Interest
			Senior Partner, Pinfold Medical, GMS Practice	Financial Interest
			Shareholder in Walsall Alliance GP Federation	Financial Interest
			Shareholder OurNet Health Services	Financial Interest

			Unpaid Trustee of a UK charity - iGive	Non- Financial Personal Interest
			Walsall North PCN Clinical Director	Financial Interest
Dr Parmjit Marok	Governing Body GP Member	SWB CCG	Rotton Park Medical Centre GP Partner and manager - RPMC is part of ICOF PCN (not a member of the board)	Financial
			Royal College of GP's Member	Professional
			NHS England GP appraiser - Appraising local GP's	Financial
			Health Education England Training Program director across west midlands with responsibility for Quality, Prescribing and Patient Safety	Financial
			ICOF Primary Care Network Member	Financial
			Health Education England - West Midlands Deanery GP Trainer - Training junior doctors in the West Midlands Deanery	Financial
			Dr Inderjit Marok - GP Partner and Rotton Park Medical Centre and governing body member SWB CCG and SWB IT Sponsor (until end 2018), member of ICOF PCN) Father - GP Partner and Rotton Park Medical Centre and governing body member SWB CCG and SWB IT Sponsor (until end 2018), member of ICOF PCN)	Personal
			Jaginder Marok - Practice Nurse at Rotton Park Medical Centre Mother	Personal
Dr Priyanand Hallan	Governing Body GP Member	SWB CCG	Scott Arms Medical Centre involved in a new primary care development Scott Arms Medical Centre that is under development.	Financial
			Practice Development LTD director of Practice Development LTD which provides non-GMS medical services and Aesthetic medicine	Financial
			Providers 4 Health PCN Member	Financial
			Great Barr PCN Member	Financial
			Parkhouse Surgery Partner at Parkhouse Surgery, providing GMS services	Financial
Dr Purshotam Das Gupta	Board Member Dudley & Netherton Locality	Dudley CCG	GP Partner at Links Medical Practice	Financial Interest
			Shareholder, Future Proof Health Limited (via practice shareholding)	Non-Financial Professional Interest
Dr R Sandhu	West Locality GP Chair	Walsall CCG	Clinical Director for West One Walsall PCN	Financial Interest
			Director of RheumDoc	Indirect Interest
			Medical Director, Modality Walsall Division	Financial Interest
			GP Partner Modality Partnership – Kingfisher Berkley Practice (2003)	Financial Interest
			Spouse is Consultant Rheumatologist, RHH (2009)	Indirect Interest
Dr Rajshree Rajcholan	WCCG GP Lead for Quality and Safety Governing Body Member	Wolverhampton CCG	None	N/A
Dr Rashi Gulati	Governing Body Member	Wolverhampton CCG	Husband is a Consultant at Royal Wolverhampton Trust	Indirect Personal
Dr Ruth Edwards	Chair of CCG	Dudley CCG	Shareholder, Future Proof Health Limited (via practice shareholding)	Financial
			GP Partner - AW Surgeries	Financial
Dr Salma Reehana	Chair of the Governing Body	Wolverhampton CCG	Member of BMA Fellow of RCGP Member of MDU Member of FSRH	Financial Interest
			Mr Manjt Jhooty, Director of Health & Beyond is Governing Body Lay Member for Audit and Governance at Walsall CCG	Indirect Personal
			Practice is part of Primary Care Home 2 and partners have lead roles in the organisation	Indirect
			Some of my partners within Health & Beyond are also part of WDL which manages Showell Park and AMPS Practice. I have no links directly with Showell Park.	Non-Financial Interests
			Board Member - Accord Housing Group	Financial Interest
			Director - Matrix Global Holdings LLtd.	Financial
Dr Sandeep Kaul	Governing Body Board Member Locality Lead: East Clinical Advisor Mental Health	Walsall CCG	BMA Member	Non- Financial Professional
			Clinical Director Walsall East 1 Primary Care Network	Financial Interest
			GP Partner at Leamore Medical Centre (Harden) and New Road Health Centre (Brownhills). Both GMS. My GP Partners are family members (Father, Mother and Wife)	Financial Interest
			LMC Committee Member	Financial Interest

			Parents are directors in a private Ltd company providing nursing care to elderly residents in a nursing home in Walsall	Indirect Financial Interest
			Shareholder and Company Director for OurNet Health Services Ltd	Financial Interest
			Shareholder in ACEPAY Ltd: providing care in nursing home owned by family	Financial Interest
			Shareholder in LATON Ltd leasing property to ACEPAY Ltd	Financial Interest
			Shareholder in Walsall Alliance GP Federation	Financial Interest
Dr Sarbjit Basi	Director of Primary Care	Black Country and West Birmingham CCG's	KPMG - Previous employee (Primary Care Lead)	Personal
			I was employed by the Modality Partnership in West Birmingham from December 2012 – March 2014 and was a partner between April 2014 – February 2018. I resigned from the partnership in February 2018	Personal
Dr Tim Horsburgh	Clinical Executive for Primary Care & LMC Representative	Dudley CCG	Clinical Executive for Primary Care	Non-Financial Professional
			Clinical Lead for SWITCH	Non-Financial Professional
			Clinical Lead GP MCP	Non-Financial Professional
			Designated Medical Officer Dudley CCG	Non-Financial Professional
			Secretary for Dudley LMC	Non-Financial Professional
			Salaried GP - Waterfront surgery	Non-Financial Professional
Emma Smith	Governance Support Manager	Dudley CCG	Vice Chair/Governor at Netherton Park Nursery	Indirect Interest
Geraint Griffiths-Dale	Walsall Managing Director	Black Country and West Birmingham CCG's	Fellow of CIPFA	Non-Financial Professional Interest
			Member of CIPFA	Non-Financial Professional Interest
Helen Mosley	Lay Member	Dudley CCG	Interim Communications Consultant - University Hospital Coventry and Warwickshire NHS Trust	Financial Interest
			Voluntary Director, Wyre Community Land Trust	Non-Financial Personal Interest
Helen Ryan	Practice Manager Representative Governing Body Member	Wolverhampton CCG	My Practice, Penn Manor Medical Centre is now fully integrated with the Royal Wolverhampton Trust	Financial Interest
James Green	Chief Financial Officer	Black Country and West Birmingham CCG's	Oxford Biomedica PLC Small shareholding in Oxford Biomedica PLC	Financial
			Registered patient at The Northway Medical Centre (Dudley CCG)	Non- Financial Personal Interest
Janette Rawlinson	Lay Member	SWB CCG	Just Real Solutions Principal Consultant	Financial
			SCVO (sandwell council for Voluntary Organisations) and BVSC (Birmingham Voluntary Service Council) Clients of Just Real Solutions - Consultancy Work	Financial
			CRUK (Cancer Research UK) Stratified Medicine Programme Board Lay Governance Member	Financial
			NCRAS Clinical Reference Group (National Cancer Registration and Analysis Service) Member of RICCR working group- (Review of Informed consent cancer registry)	Financial
			Macmillan User Reference Group Member – Horizons Survivorship Study	Financial
			British Thoracic Oncology Group Advocate at conferences, clinical trials, annual meetings and Steering Group Member(Apr 2017)	Professional
			Society of Cardiothoracic Surgery Patient Advocate	Professional
			NHS England Member of Clinical Expert Group (lung cancer) and LC Screening Advisory Group	Professional
			European Respiratory Society Speaker at annual congress on lung screening, member of screening group	Financial
			University of Birmingham PPI Member for medical school, speaker at UG Genomics session	Financial
			EORTC - European Organisation for Research and Treatment of Cancer Speaker at 3rd international survivorship summit and Patient Days Workshop	Professional
			Takeda Speaker at industry workshop	Financial
			ECCO - European Cancer Organisation Speaker at resolution passing summit, Vienna	Financial

			European Lung Foundation Member of Patient Advisory Group (lung cancer) and cross patient advisory group	Financial
			Roy Castle Lung Cancer Foundation Advocate / Fundraiser, member of patient literature review panel	Professional
			Grant Thornton Attend Non-Exec directors trainer sessions	Professional
			WM Cancer Alliance Lung Cancer and Mesothelioma Expert Advisory Group and PPI group	Professional
			NCRI Lung Group - Advanced disease Subgroup Member of Lung Group	Professional
			University of Birmingham - Member of ICRB group	Financial
			EORTC - European Organisation for Research and Treatment of Cancer - member of Patient panel	Financial
			UCL CTC - member of EARL clinical trial TMG (March 2019) and PPI group (Nov 2019)	Financial
Jayne Emery	Chief Officer of Dudley Healthwatch	External	Employee of Dudley CVS which holds contracts funded by Dudley CCG	Financial
Jim Oatridge OBE	Interim Deputy Governing Body Chair	Wolverhampton CCG	Utility Regulator, Belfast – Independent Chair of the Audit Committee and Freedom of Information Appeal person.	Financial Interest
			WRAP, Banbury – Trustee and Chair of Audit Committee of the Charity	Non-Financial Interest
			GPS Solihull, a large GP partnership in Solihull providing largely NHS primary care services. Position of independent board member and chair of remuneration committee.	Financial Interest
			University of Wolverhampton, Board member and Chair of Audit and Risk Committee.	Non-Financial Professional Interest
			Fellow, Chartered Institute of Public Finance and Accountancy, London.	Non-Financial Professional Interest
			Fellow, Chartered Institution of Water and Environmental Management, London.	Non-Financial Professional Interest
			Chartered Member, Society for the Environment, London	Non-Financial Professional Interest
			Chartered Member, Chartered Institute of Public Relations, London	Non-Financial Professional Interest
			Member, Water Conservators Livery Company, London.	Non-Financial Professional Interest
			Freeman, City of London Corporation	Non-Financial Professional Interest
			CIWM, Northampton – Independent Chair of the Audit and Risk Committee..	Financial Interest
Jodi Woodhouse	Head of Corporate Governance	SWB CCG	Partner is employed at Ramsay Healthcare	Financial
John Taylor	Chair - Healthwatch Sandwell	External	Director John Taylor Consultancy	Financial
			Trustee, Heart of England Community Funds	Professional
			Member of the Lord Chancellors Advisory Committee	Professional
			Volunteer, Oxfam	Professional
			Chair, Healthwatch Walsall	Financial
			Chair, Healthwatch Sandwell	Financial
			Presiding Justice, West Midlands and Warwickshire Magistrates Courts	Professional
Julie Jasper	Lay member - Audit	SWB CCG	Member of CIPFA	Professional
			Westlands Associates Ltd. Managing Director	Professional
			Rowley View Nursery School I am Chair of Governors (this is an unpaid position)	Personal
Laura Broster	Director of Communications & Public Insight	Black Country and West Birmingham CCG's	Director of Shrops Hire Solutions Ltd	Financial Interest
Mandy Poonia		Walsall CCG	Justice of the Peace	Non Financial Professional

	Chair, Walsall Healthwatch (HAB)		Member of Wednesfield Rotary	Non Financial Professional
Manisha Patel	Senior Executive Assistant	Black Country and West Birmingham CCG's	None	N/A
Manjit Jhooty	Lay Member for Audit & Governance	Walsall CCG	HSL - Director - Director Director/ Management consultancy activities other than financial management tor – Shareholder	Financial Interest
			Jhoots Group Ltd Director – Shareholder Holding Company for Jhoots Companies	Financial Interest
			Jhoots Healthcare Ltd Director – Shareholder Pharmacies across England	Financial Interest
			Jhoots Lets Ltd Director – Shareholder Residential letting organisation	Financial Interest
			Jhoots Pharmacy Ltd and Jhoots Chemist Ltd Director – Shareholder Pharmacies across England	Financial Interest
			Pasab Ltd t/a Jhoots Pharmacy Director – Shareholder Pharmacies across England	Financial Interest
			Walsall Local Integration Partnership Board	Non- Financial Personal
			Wolverhampton CCG –Chair Of CCG Dr. S. Reehana Known to me as she is also a partner in Health and Beyond Partnership	Personal
			Health and Beyond Property Ltd.	Financial
			Matrix Global Holding – Holding Company for external investment	Financial
			MIS Global Holdings LTD (12682667)	Financial
			KARAKORAM WELLBEING CENTRES LIMITED (12682551) – Global wellbeing Centre's	Financial
			KARAKORAM SKINCARE LIMITED (12682667)	Financial
			KARAKORAM INNOVATION LIMITED (12683004)	Financial
			KARAKORAM TECHNOLOGIES LIMITED (12684550)	Financial
			OCTOPWS INNOVATION LIMITED (12614804) – Project management solution	Financial
			KARAKORAM GLOBAL HOLDINGS LIMITED (12679959)	Financial
			STARFISH LABS HOLDINGS LIMITED (12590528) Software Development and APPs solution	Financial
			TECH SYSTEMZ LIMITED (09665597) IT solutions Company	Financial
			BHNK LTD. (04791219) – Property Holdings Company	Financial
Walsall Economic Board – Vice Chair	Non- Financial Personal Interest			
Medepos Ltd- Director. Epos Provider for Pharmacy	Financial Interest			
Health And Beyond Ltd and Health Beyond Partnership - Shareholder and Managing Partner in Wolverhampton GP practices	Financial Interest			
Green Monkey Drink Ltd	Non- Financial Personal Interest			
HAFREN SCIENTIFIC LTD (06769895 – NED – Oil and Gas solutions -	Financial			
Towns Fund - Chair	Financial			
Matthew Hartland	Deputy Accountable Officer	Black Country and West Birmingham CCG's	Director of Dudley Infracare Lift LTD	Financial Interest
			Director of Infracare (Walsall and Wolverhampton)	Financial Interest
			Limited Director of Whitbrook Management Company	Financial Interest
			Member of Chartered Institute of Public Finance and Accountancy	Financial Interest
Michelle Carolan	Sandwell Managing Director	Black Country and West Birmingham CCG's	Daughter employed at SWB CCG in Quality team	Personal
Mike Abel	Lay Member Commissioning	Walsall CCG	Chair, Director Chuckery Festival	Non- Financial Personal Interest
			Chair. Chuckery NHW	Non- Financial Personal Interest
			Partner works for Black Country Healthcare NHS Foundation Trust	Indirect Personal

Mike Hastings	Director of Technology and Operations	Black Country and West Birmingham CCG's	Governing Body Member, Wolverhampton Voluntary Sector Council.	Non-Financial Professional Interest
			Vice Chair, City of Wolverhampton College Board of Governors	Non-Financial Professional Interest
Neill Bucktin	Dudley Managing Director	Black Country and West Birmingham CCG's	Director, North East Worcestershire Enterprises Ltd	Non-Financial Personal Interest
			Member of Managers in Partnership	Non-Financial Professional
			Non-Executive governor and Chairman of the Corporation, Heart of Worcestershire College (A general further education college which provides services for young people with special educational needs and disabilities of the sort commissioned from time to time by the CCG.)	Non-Financial Personal Interest
Paul Maubach	Accountable Officer	Black Country and West Birmingham CCG's	Chief Accountable officer at all 4 CCG's within Black Country and West Birmingham	Direct Financial Interest
			Member of CIPFA	Non- Financial Personal Interest
			Member of Managers in Partnership	Non- Financial Personal Interest
			Married to Director of Operations, Strategy and Partnerships, Dudley Integrated Health & Care	Indirect Interest
Paul Tulley	Wolverhampton Managing Director	Black Country and West Birmingham CCG's	None	N/A
Peter McKenzie	Corporate Operations Manager	Wolverhampton CCG	Wife is Staff Nurse at the University Hospital North Midlands Trust	Financial Interest
Peter Price	Independent Lay Member	Wolverhampton CCG	Chartered Institute of Public Finance and Accountancy - member	Financial Interest
			Housing Group Plus - Non-Executive director of Care Plus which is a subsidiary of Housing Plus.	Financial Interest
Peter Warrener	Director of HR	Black Country and West Birmingham CCG's	None	N/A
Pip Mayo	West Birmingham Managing Director	Black Country and West Birmingham CCG's	None	N/A
Rachael Ellis	Deputy Accountable Officer	Black Country and West Birmingham CCG's	Parachute Healthcare Ltd. Director of Parachute Healthcare LTD (specialist consultant in urgent and emergency care	Financial
			National Ambulance Commissioners Network Chair of the National Ambulance Commissioners Network	Professional
			NHS Clinical Commissioners Board Member of the Board as the NACN representative	Professional
Rachel Barber	Lay Member Public & Patient Participation Involvement	Walsall CCG	Onward Housing NED	Financial Interest
			North Wales Police Joint Audit Committee Chair	Financial Interest
			A2 Dominion Advisor	Financial Interest
			Non-Executive Director- Housing Plus	Financial Interest
			Sister in law is a Health Care Assistant at New Cross Wolverhampton Eye Infirmary	Non- Financial Personal Interest
			Justice of the Peace (Family)	Non- Financial Personal Interest
Ranjit Sondhi	Lay member, CCG Vice Chair	SWB CCG	Hope Projects Birmingham Trustee	Financial
			National Citizens UK Trustee	Financial
			Nishkam Health Project Board Member	Financial
			Sampad Chairman	Financial
			Birmingham and Solihull CCG Wife is Non-Executive Director	Personal
			Guide dogs for the Blind Board Member	Personal
Rebecca Willetts	Clinical Lead for Integration, Older Adults and GP Education	Dudley CCG	GP Partner at Wychbury Medical group	Financial Interest
			Shareholder in Future Proof Health (shares held via Wychbury Medical group*)	Financial Interest
		SWB CCG	Paradigm Hospitality Ltd Director	Financial

Rhod Mitchell	Co-Opted Independent Member, chair of Western Birmingham JCC		The Liberty Collection Ltd Director	Financial
Sally Roberts	Chief Nursing Officer	Black Country and West Birmingham CCG's	Member of NMC	Non-Financial Professional Interest
Sara Saville	Head of Corporate Governance	Walsall CCG	Member of MIP Union	Non- Financial Personal Interest
			Sister Nurse at County Hospital	Indirect Personal
			State Registered Podiatrist	Non- Financial Personal Interest
			Daughter Staff Nurse at Royal Wolverhampton NHS Trust	Indirect Personal
Tapiwa Mtemachani	Director of Transformation and Partnerships	Black Country and West Birmingham CCG's	None	N/A
Therese McMahon	Lay Member	SWB CCG	None	N/A
Tony Allen	Non Executive Director	Dudley CCG	BRIO Leisure	Financial Interest
			Director - TNL Consulting Ltd	Financial Interest
			Inclusion Housing	Financial Interest
			Mastercall Healthcare Out of Hospital	Financial Interest
			Non Executive Director - Shrewsbury & Telford NHS Trust	Financial Interest
William Leslie Trigg	Governing Body Lay Member	Wolverhampton CCG	Member of CIPFA (Chartered Institute of Public Accountants)	Professional
			Member/Director – The Rural Enterprise Academy	Financial Interest
			Financial Director (Trustee) – Uttoxeter Learning Trust	Financial Interest
			Chief Officer at Stone Town Council	Financial



PUBLIC GOVERNING BODIES IN COMMON

TUESDAY 8 SEPTEMBER AT 1PM VIA VIRTUAL TEAMS MEETING

M I N U T E S

MEMBERS

Name	Title	CCG
Dr Ruth Edwards	CCG Chair (Chair)	Dudley CCG
Mr Tony Allen	Lay Representative	Dudley CCG
Dr Jonathan Darby	Clinical Executive	Dudley CCG
Dr Chris Handy	Lay Representative	Dudley CCG
Dr Tim Horsburgh	GP Governing Body Member	Dudley CCG
Dr Mohit Mandiratta	GP Governing Body Member	Dudley CCG
Ms Helen Mosley	Lay Representative	Dudley CCG
Dr Fiona Rose	GP Governing Body Member	Dudley CCG
Dr Ian Sykes	CCG Chair	Sandwell and West Birmingham CCG
Dr Manir Aslam	GP Chair – System Commissioning Sub-Committee	Sandwell and West Birmingham CCG
Dr Ayez Ahmed	GP Governing Body Member	Sandwell and West Birmingham CCG
Dr Karl Grindulis	Secondary Care Consultant Representative	Sandwell and West Birmingham CCG
Dr Priyanand Hallan	GP Governing Body Member	Sandwell and West Birmingham CCG
Ms Julie Jasper	Lay Representative	Sandwell and West Birmingham CCG
Ms Therese McMahon	Lay Representative	Sandwell and West Birmingham CCG
Ms Janette Rawlinson	Lay Representative	Sandwell and West Birmingham CCG
Mr Ranjit Sondhi	Lay Member, Vice Chair	Sandwell and West Birmingham CCG
Dr Anand Rischie	CCG Chair	Walsall CCG
Mr Mike Abel	Lay Representative	Walsall CCG
Dr Nasir Asghar	Locality Lead (North)	Walsall CCG
Dr Harinder Baggrri	GP Governing Body Member	Walsall CCG
Miss Rachel Barber	Lay Member for Patient and Public Involvement	Walsall CCG
Mr Manjit Jhooty	Lay Representative	Walsall CCG
Dr Sandeep Kaul	Locality Lead (East)	Walsall CCG
Dr Amrit Khera	GP Governing Body	Walsall CCG
Dr Hammad Lodhi	GP Chair – System Commissioning Sub-Committee	Walsall CCG
Dr Ravinder Sandhu	GP Governing Body Member	Walsall CCG
Dr Joo Teoh	GP Chair – Quality and Performance Sub-Committee	Walsall CCG
Dr Salma Reehana	CCG Chair	Wolverhampton CCG
Dr Mohammed Asghar	GP Governing Body Member	Wolverhampton CCG
Dr Joseph Burnett	GP Governing Body Member	Wolverhampton CCG
Dr David Bush	GP Governing Body Member	Wolverhampton CCG
Dr Rashi Gulati	GP Governing Body Member	Wolverhampton CCG

Dr Manjit Kainth	GP Chair – System Commissioning Sub-Committee	Wolverhampton CCG
Ms Sue McKie	Lay Member	Wolverhampton CCG
Mr Jim Oatridge	Lay Representative	Wolverhampton CCG
Mr Peter Price	Lay Representative	Wolverhampton CCG
Dr Rajshree Rajcholan	GP Chair – Quality and Performance Sub-Committee	Wolverhampton CCG
Ms Helen Ryan	Lay Representative	Wolverhampton CCG
Mr Les Trigg	Lay Member for Finance and Performance	Wolverhampton CCG
Mr Paul Maubach	Accountable Officer	Black Country & West Birmingham CCGs
Mr James Green	Chief Finance Officer	Black Country & West Birmingham CCGs
Ms Sally Roberts	Chief Nursing Officer	Black Country & West Birmingham CCGs

PARTICIPATING ATTENDEES

Name	Title	CCG
Ms Laura Broster	Director of Communications	Black Country & West Birmingham CCGs
Mr Neil Bucktin	Managing Director – Dudley	Black Country & West Birmingham CCGs
Mr Matthew Hartland	Deputy Accountable Officer	Black Country & West Birmingham CCGs
Mr Mike Hastings	Director of Technology and Operations	Black Country & West Birmingham CCGs
Ms Jayne Emery	Healthwatch Dudley	Dudley CCG
Ms Emma Smith	Governance Support Manager	Dudley CCG
Ms Bal Kaur	Director of Public Health	Dudley MBC
Ms Tracy Cresswell	Healthwatch Wolverhampton Manager	Healthwatch Wolverhampton
Mr Jason Evans	Acting Chief Officer for Integrated Urgent & Emergency Care, West Midlands Region	Sandwell and West Birmingham CCG
Ms Jodi Woodhouse	Acting Head of Corporate Governance	Sandwell and West Birmingham CCG
Ms Sara Saville	Head of Corporate Governance	Walsall CCG
Mr Peter McKenzie	Corporate Operations Manager	Wolverhampton CCG
Miss Manisha Patel	Senior Executive Assistant to the Black Country and West Birmingham Chairs	Black Country & West Birmingham CCGs

OBSERVERS

Name	Title	CCG
Ms Zoe Marsh	Deputy Director of Global Partnerships Innovation, Integration and Research	The Royal Wolverhampton NHS Trust West Midlands Clinical Research Network
Ms Jayne Salter – Scott	Head of Engagement	Sandwell and West Birmingham CCG

MEMBERS OF THE PUBLIC

Name	Title	CCG
Ms Deska Howe	Health & Well-Being Divisional Manager	West Bromwich African Caribbean Resource Centre

GBiC053/2020	WELCOME AND INTRODUCTIONS	
Dr Edwards welcomed all attendees to the Public Governing Bodies in Common meeting.		
GBiC054/2020	APOLOGIES FOR ABSENCE	
Apologies were received from:		
Name	Title	CCG
Mrs Racheal Ellis	Deputy Accountable Officer	Black Country and West Birmingham CCGs
Dr Jonthan Darby	Clinical Executive	Dudley CCG
Mr Alan Johnson	Secondary Care Consultant Representative	Dudley CCG
Dr Fiona Rose	GP Governing Body Member	Dudley CCG
Mr Mike Abel	Lay Representative	Walsall CCG
Ms Mandy Poonia	Healthwatch Walsall Chair	Healthwatch Walsall
Mr John Taylor	Healthwatch Sandwell Chair	Healthwatch Sandwell
GBiC055/2020	DECLARATIONS OF INTEREST	
Members were asked to disclose any conflict of interest they may have, direct or indirect, in any of the items to be considered during the course of the meeting and to note that those Members declaring an interest would not be allowed to take part in the consideration or discussion or vote on any questions relating to that item.		
GBiC056/2020	MINUTES FROM THE LAST MEETING	
It was noted that Mr Peter Price had sent apologies for the meeting on 8 September 2020.		
The minutes of the Governing Bodies in Common held on the 8 September 2020 and the Public Extraordinary Meeting on 27 October 2020 were approved as accurate records.		
GBiC057/2020	MATTERS ARISING FROM THE MINUTES	
There were no matters arising.		
GBiC058/2020	ACCOUNTABLE OFFICER UPDATE	
The Accountable Officer gave a verbal update on the recent announcement by Pfizer regarding the manufacturing of a potential Covid 19 vaccine. This was welcome news in light of the current situation and with hospital services coming under increasing pressure.		
The Chief Nursing Officer was already starting to look at the logistics for the roll out of the vaccination as and when it becomes available. The Accountable Officer thanked the GP community and Primary Care who will be at the forefront of the delivery of the vaccines when they become available.		
The Accountable Officer also thanked the Executive and HR Team for the work to progress the management of change. This is progressing well and it is hoped that this will be completed by the end of the financial year		
The Chair commented that she recognised that it had been a challenging few months and agreed with the comments made to thank the Executive Team.		
The Chief Nurse Officer addressed the question around the increase in Covid 19 case numbers in Dudley and attributed it to the additional testing sites and the testing of more people leading these numbers.		

It was clarified by the Accountable Officer that if the Nightingale Hospitals were needed, that all hospitals had been told that they would need to provide staff to assist with the running of them.

Dr Horsbrough asked if the proposed structure information that had been circulated to staff could be sent round to colleagues outside of the organisation which the AO said would be fine.

Ms Mosely asked if there had been any conversations about closing elective services. The AO said no there hadn't and any decision would be made via a system wide approach. Although hospitals were under a lot of pressure there was no indication that this would be happening at the moment.

Dr Rischie gave a message to the Public that the NHS was still there to help them and they should still go for treatment. Help us to help you.

RESOLUTION:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG - Received the verbal update for assurance and information.

GBiC059/2020

PHASE 3 FORECAST PLAN SUBMISSION MONTHS 7 TO 12 2020/21

The Chief Finance Officer (CFO) presented a report on Phase 3 Forecast Plan Submission for months 7 to 12 2021.

The CFO informed the members of the financial arrangements for the second half of the year. These are different to in the arrangements for the first six months when the organisation had been able to claim reimbursements. On the 5 October 2020 a submission was made as an STP of a £52m deficit and following discussions through the Directors of Finance group and NHSE/I, this was reduced to £27m by taking into consideration efficiencies into the forecast outturn positions. This total was because of issues and errors that were contained in the allocations calculated and given to the organisations and was highlighted in the report.

The growth of the Covid funds received by the STP were used to bring organisations from their forecast position to the planned position. Forecasts were compiled on different basis for the different organisations. The CFO explained that funds would be given to organisations to bring them back to their planned position. If all organisations were in this position then the funds would be split and given on a proportionate basis to try and put them in a break-even position. A monthly assurance process was in place looking at the reported financial position and other metrics including pay costs incurred by providers and transparency around expenditure reported and that each organisation can take assurance that other organisations are not building up reserves on the balance sheets.

The Finance and Sustainability Committee had approved the budgets as set out in the plan and the proposal that we enter into a risk share. The Chair of the Finance and Sustainability gave members further assurance that this had been looked at thoroughly by the appropriate people including the CFO who is also finance lead at an STP level.

Mr Price said it was refreshing to see that a shared approach was being taken. He asked how confident the CFO was in terms of organisations being transparent. The CFO advised that a Deputy Directors of Finance group are looking monthly at a set of metrics.

Dr Rischie asked what the commitment level was for funding following previous Covid expenditure allocation in the first tranche and also asked if the 10 -12 indicators that had been benchmarked had been clinically tested and by whom. The CFO advised that we were no longer reimbursed for Covid expenditure, we were now forecasting expenditure using what was used in the first half of the year. There were resources available for expenditure and the Government had said resources would be available for the Covid vaccine. The indicators to monitor performance were financial rather than clinical to give assurance to the boards and STP in line with other organisations.

Mr Sondhi said that we need to remain transparent in order to assure the public that whilst we took this approach that health and equalities were not exacerbated and that areas were not deprived of special attention if needed. The Chair and CFO agreed with the comments.

RESOLUTION:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG – Received the paper for assurance, reviewed and noted the financial forecast plan submission for months 7 – 12 for 2020/21. They also approved the budgets for months 7 – 12 pending the impact of any risk-share arrangements and feedback from NHSE/I.

GBiC060/2020**RISK MANAGEMENT UPDATE**

Mr Hastings presented the paper and advised that the Corporate Operations Manager and Governance & Risk Coordinator for Wolverhampton CCG had been looking at the governing body assurance framework and aligning risk arrangements over the four CCGs. They were also looking at the corporate objectives and a review had been undertaken for each CCG's board assurance framework.

Ms Rawlinson asked that it was noted that on page 37 relating to the system reset '*Defining and implementing our workforce policies and strategies for the CCG, including our approach to discrimination, including BAME.*', that discrimination occurred for all categories and was a statutory responsibility and that this was implemented as wide as possible including long term conditions, parental leave, flexible working, retain and attract staff.

Mr Price said that there was a general consensus of the paper and the way forward when it had been discussed at the Audit and Governance Committees in Common meeting this morning.

RESOLUTION:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG – Noted the ongoing work on risk management and discussed and agreed the Draft Shared Governing Body Assurance Framework and identified some sources of assurance that was required.

GBiC061/2020**UPDATE IN RELATION TO THE POST APPLICATION MERGER TIMELINE AND KEY DUTIES**

Mr Hastings provided an update in relation to the post application merger timeline and key duties. He advised that within the paper were all the key tasks and that a letter had now been received from NHSE/I to advise that following the successful outcome of the vote by the membership to proceed with the merger, that they indicated that we could proceed to form the Black Country and West Birmingham CCG but would need to fulfil 12 conditions which they had identified. Some of these conditions could not have been met before the merger outcome but were now being worked through in order to be completed before the deadline given

The report contained a visual representation of the work that needed to be undertaken now and even after the merger completion on 1 April 2021. Mr Hastings advised that there was a robust management structure in place and did not plan to miss anything that needed to be done.

Ms Rawlinson commented that due diligence should be an ongoing piece of work and not end as per the timeline of 30 November. She also commented on the submission dates being given during the Christmas and New year period. Mr Hastings advised that the CCG had a close working relationship with NHSE/I. There were set tasks that needed to have set deadlines but due diligence would continue to be looked at past the timeframe given in the report. The dates in the report of the submission were final.

Ms Barber asked if there were any risks envisaged to delivery with regards to challenges of covid 19 and the management of change and if there were any contingencies in place. Mr Hastings advised that there was a risk register that was looked at daily and an Interoperability Team who meet weekly where risks are mitigated where possible and capacity issues can be addressed.

There was a query raised around the appointments of the new CCGs Chair, Accountable Officer and then the Governing Body. Mr Hastings advised that there was a paper that was going to the Private Governing Bodies in Common meeting today to discuss this further.

Mr Hastings said that engagement events had taken place and that all information had been put in the engagement plan and would be shared at the next meeting.

ACTION:

Mr Hastings agreed to bring the Engagement plan to the next meeting.

RESOLUTION:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG – Received the paper for assurance and information.

GBiC062/2020	NHS ENGLAND & IMPROVEMENT - EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) CORE STANDARDS SELF-ASSESSMENT 2020/21
---------------------	---

Mr Evans talked through the paper on NHSE/I – Emergency Preparedness Resilience and Response Core Standards Self-Assessment 2020/21.

Following the letter received on 20 August 2020, where the National NHS Lead wrote out to all NHS Bodies for their Covid 19 learnings and EPRR preparedness.

The response went to Audit and Governance Committees in Common today.

A review had taken place of the CCG's own EPRR core standards and looked at the Trust providers. Walsall Healthcare Trust was not assured in 19/20 and the CCG has worked with them to put arrangements in place so that the required assurance can be given this year. An internal audit review will be carried out and Mr Evans said that the Governing Bodies in Common should be assured by the work being undertaken.

Ms Jasper asked that we were compliant at the moment but would we continue to be as things change. Mr Hartland assured her that work was ongoing and being considered in the plans. There were some areas including information regarding the proposed Covid 19 vaccine and preparation for rollout but this would be discussed at the Private meeting.

Mr Sondhi noted that the report advised the CCGs were substantially compliant and not totally compliant. Mr Evans advised that full compliance would not be achieved as some of the standards would not be met as they had been suspended because of the merger. Work had started to consolidate the function in preparation for the single CCG.

RESOLUTION:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG - were assured that in accordance with the dear colleague letter from Steven Grove the National Director for EPRR on the 20 August 2020, that the Black Country and West Birmingham CCGs preparations and planning for the COVID-19 pandemic, Winter response and 2020/21 EPRR Core Standards were on track.

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG - were assured that all its locally commissioned NHS providers are substantially compliant against the 2020/21 EPRR Core Standards process.

GBiC063/2020	REPORT OF THE DUDLEY INTEGRATED CARE PROVIDER (ICP) PROCUREMENT PROJECT BOARD
---------------------	--

Mr Bucktin gave an update from the Dudley ICP Procurement Project Board. Since October the proposal to extend the contract held by Dudley Integrated Health and Care Trust from the 1 October 2020 had taken place and they were now responsible for services described in paragraph 2.1 of the report and the transfer of a number of CCG and Clinical staff.

One of the main tasks worked on at the moment was the population of the main ICP contract. The Integrated and Assurance process and the transaction review were taking place and the full business case for the Trust was with NHSI and meetings with various stakeholders were taking place over the next couple of weeks. The CCG has made its submission for the integrated and assurance process. The CFO was leading on the system financial model.

The main issue of challenge was with regards to the arrangements of the sub contracts with DGFT. Some further meetings had taken place and some were taking place this week. The issues were still outstanding and would be discussed further at the Private Board following.

Dr Rischie commented that it might be worth having a development session to look at this Dudley's ICP arrangements as this would be taking place in other places in the future.

RESOLUTION:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG – Received the paper for assurance and noted the matters considered by the Dudley ICP Procurement Project Board.

GBiC064/2020

PUBLIC JOINT HEALTH COMMISSIONING BOARD ASSURANCE UPDATE REPORT

Mr Hastings presented the Joint Health Commissioning Board update report for assurance. He highlighted the MBEs awarded to two members and talked through the comments of the paper.

Dr Sykes advised that the paper stated four place-based committees and should read five.

RESOLUTION:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG – Received the paper for assurance.

GBiC065/2020

COMMITTEES IN COMMON REPORT

The report was presented by the Chairs of the Audit and Governance Committee and Remuneration Committee and the Chief Medical Officer presented the Primary Care Commissioning Committee on behalf of the Chair who was unable to join this meeting.

Audit and Governance Committees in Common:

- The first meeting had taken place today and had gone really well.
- Discussions had taken place around the way forward for the finance strategy and project groups.
- Governance arrangements had been discussed with the EPRR presented at the Governing Bodies in Common meeting today been discussed this morning.
- The Workforce Race Equality Standard (WRES) had been presented by Mr David King and looked at what actions going forward.
- There were also reports from Internal and External Audit

Remuneration Committees in Common:

- The Salary Sacrifices, Cycle to work schemes were agreed.
- The Management of Change policy was discussed in depth.
- The Agile Working policy was also agreed.
- Remuneration and Performance related pay were also discussed.

Primary Care Commissioning Committees in Common:

- The Risk Register would be consolidated at a system level including workforce, estates, finance, formulator regulatory concerns and PCN development. All other risks would be dealt at place.
- The Chairs would meet outside the meeting to discuss the work and a paper would be taken to the Audit

and Governance Committees in Common.

- All four CCGs had met and worked on the Primary Care Strategy to ensure that the principles are the same in each place. This work had been paused at the moment with due to the ongoing pandemic challenges and staff capacity and would occur later on in the New Year.
- Primary Care were restoring services in general practice as per the Phase 3 letter led by the Deputy Accountable Officer and the Commissioning Leads in each area.
- PC had been working with PCNs in each area to look at restoration and recovery with monthly submissions being completed. This was subject to change with the Wave 2.
- Focus had been made for those suffering from social isolation and engagement had been ongoing to ensure that all patients were contacted.
- Risk assessments had taken place with staff working remotely.
- A comms plan supported by a national toolkit was being worked on.

Following a question regarding the challenge of communicating with non-digital patients, the Director of Communications and Director of Technology and Operations advised respectively that campaigns via radio and local papers had been actioned and that centrally funded text messaging service had good coverage and the STP Digital Board were addressing the issue of communications with non-digital patients.

RESOLUTION:

Audit & Governance Committees in Common:

- **The Governing Body members for Dudley CCG** approved the closure of Risks 10, 36, 84, 112, 148, 157 & 164 as outlined in the appendix.
- **The Governing Body members for Sandwell & West Birmingham CCG** approved the closure of Risks SC19_11a and SC02_19a as outlined in the appendix.

Remuneration Committees in Common:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG - received the update from the Remuneration and HR Committees in Common, for assurance noting the decisions taken under delegated authority.

Primary Care Commissioning Committees in Common:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG - Noted the report for assurance

GBiC066/2020

STP REPORT UPDATE

The Accountable Officer presented the STP update report.

It was highlighted that the application for ICS status had been submitted and were waiting to hear back. The Black Country and West Birmingham STP were one of three that might receive this status by the end of December which was earlier than the end of the financial year. This status would lead to a governance arrangement and would mean we would take on the assurance agenda rather than NHSE/I.

At the last System Review meeting positive comments had been received by the four CCGs and the Black Country Healthcare Trust around the TCP agenda and work with Learning Disabilities services. NHSE/I were impressed with the work that had been done so far and work continued to improve the position in the national table.

A question was raised around a comment at the last People Board and being mid table and if there were any issues. The Accountable Officer advised that work was in progress and that our People Board was made up of a lot of organisations which made work quite complex but there were no major issues. It was agreed that a paper would be presented to update the members in July 2021.

Members of the committee commented that there was a need to work in a more collaborative way for example

following the collaborative way of working that had been undertaken during the Covid would continue in all areas. The AO said that the four Trusts were working well together during the pandemic and had previously agreed this type of approach in the 2016 STP Strategy. Dr Grindulus commented that there were some good examples of collaborations such as pathology work in Wolverhampton for all four CCGs, rheumatology in Walsall being run by the Sandwell team. He thought that the STP could work to making more new consultant appointments were discussed at an STP level might be a good idea.

Ms Mosley queried around the use of the Babylon presentation in Wolverhampton would continue if their offer was above and beyond the other systems being used in the rest of the Black Country and West Birmingham. The Director of Technology and Operations advised that Babylon offered different services in the different areas of the country. In Wolverhampton it had been used for Covid triage. He advised that other systems were being looked at including GP IT systems for Primary Care. A clinical group was being established to look into this. This was being looked at over the next couple of months. Ms Mosley said it would be good to have service users in this group too.

RESOLUTION:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG- The report was received for assurance.

GBiC067/2020	NEW RISKS IDENTIFIED
---------------------	-----------------------------

A comment was made about the risk around the pandemic impacting on the restoration of services and also the scale of work if and when the mass vaccination programme would take place. The former would be a system risk and the latter picked up at Primary Care Commissioning Committees in Common.

There were no risks raised for the Governing Bodies in Common.

GBiC068/2020	DATE AND TIME OF NEXT MEETING
---------------------	--------------------------------------

Tuesday 12 January 2021 at 1pm

PUBLIC GOVERNING BODIES IN COMMON – OPEN ACTIONS

No	Minute No	Description	Responsible	Date Agreed	Deadline	Update
003	GBiC061/20	<p>Update In Relation To The Post Application Merger Timeline And Key Duties</p> <p>Mr Hastings agreed to bring back the Engagement plan to the next meeting.</p>	Mike Hastings	10/11/20	12/01/21	<p>12/01/21 – Added as an appendix to the Merger paper on agenda.</p> <p>Closed</p>

Page 20



GOVERNING BODIES IN COMMON

DATE OF MEETING: 12th January 2021
AGENDA ITEM: 3.1

TITLE OF REPORT:	Quality & Covid-19 Vaccination Update
PURPOSE OF REPORT:	To provide evidence and assurance related to the management and monitoring of the clinical quality and safety of our providers, and where assurance cannot be provided to share mitigations or seek escalation from committee of further actions that may be required.
AUTHOR(S) OF REPORT:	Sarah Quinton, Deputy Chief Nursing Officer
MANAGEMENT LEAD/SIGNED OFF BY:	Sally Roberts, Chief Nursing Officer
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<ul style="list-style-type: none"> • This report highlights the key issues discussed and debated at Quality and Performance Committee and Individual Commissioning Assurance Committee from October – December 2020. • Covid-19 Vaccination programme commenced on 8th December 2020 and continues, with scaling of delivery via several routes. • Continued increase in Covid19 Outbreaks and transmission rates in community and an increase in positive in-patients within acute and mental health providers resulting in wards & units being closed to admissions to prevent transmission. • NHSE/I recently highlighted our improving restoration and recovery phase but also recognised the recent demise in performance as a result of the recent surge in second wave. • Increasing numbers of staff across all areas affected and requiring to self-isolate for 14 days which is impacting on staffing capacity in all providers. • There were three new never events reported during this period. • Flu performance is gradually increasing across the BCWB system but remains challenging. • Interim assurance received from Maternity providers following recommendations from Ockenden Maternity Report in December 2020.
RECOMMENDATION:	To note the contents of the report and to be assured of the management and monitoring of the action taken to ensure quality of care and safety of our patients, identifying mitigations in place and agreeing any future actions to be taken.
CONFLICTS OF INTEREST:	N/A
LINKS TO CORPORATE OBJECTIVES:	<i>Outline how the report is relevant to the corporate objectives</i>
ACTION REQUIRED:	<input type="checkbox"/> √ Assurance
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	



1.0 Introduction

This report has been compiled to illustrate a continued oversight and understanding of the current quality and safety concerns during the period October to December 2020. It highlights the current challenges and issues whilst detailing progress on specific programmes of work.

Acute activity remains challenging across BCWB providers. There continues to be significant Covid-19 transmission rate in the community and an increase in Covid-19 positive patients as in patients within our acute hospitals and mental health units. Critical Care capacity is also challenged across all acute providers. Outbreak activity continues in all of our acute hospital sites which has led to some elective activity being paused. Staff continue to be affected and the requirement to self-isolate for 14 days, has impacted the staffing capacity available. This has led to regular re-zoning of hospital sites and closures of wards and practices. Mental Health bed availability has been significantly impacted during October to December with a number of ward closures across multiple sites due to Covid-19 outbreaks. Wards have been re-zoned to maximise capacity and this is reviewed on a regular basis. Staffing has also been affected with outbreaks occurring in Crisis response teams. All acute and MH providers have commenced Lateral Flow Testing for staff during December, the impact of this is yet to be evaluated fully.

The Covid19 Vaccination programme for BCWB STP successfully commenced on 9th December 2020 at the WHT vaccination hub and Wave 1 PCN's, with a Dudley GP practice delivering the first vaccination in Primary Care nationally. Further hospital vaccination hubs and PCNs have now commenced the vaccination programme. The BCWB CCG has established a System Vaccine Operational Centre (SVOC) operational from 1st December which has daily oversight of national and regional communications, vaccine delivery and progress. There is daily touch point with the Regional VOC any issues are escalated to the National Team via this route.

2.0 Quality Governance

The BCWB CCG has established a Quality & Performance Committee and Individual Commissioning Assurance Committee to provide assurance to the Joint Health Commissioning Board on the quality and safety of commissioned services. Bi-monthly reports are provided to the Joint Health Commissioning Board of the key areas of discussion, escalation and assurance relating to the quality and safety of services across the Black Country and West Birmingham CCGs. The over-arching quality report provide information in the following areas:

- Provider Quality
- Safeguarding
- CHC
- Primary Care
- SEND

In order to ensure assurance a sub-committee structure has been established as follows:

Quality and Performance Committee	Individual Commissioning Assurance Committee
<ul style="list-style-type: none"> • Learning Review Group • Safeguarding Assurance Group • Care Home Improvement Group • Primary Care Assurance Group • CQUIN (Quarterly) • Health Prevention and Protection Group • Medicine Management • Mortality 	<ul style="list-style-type: none"> • TCP Quality Sub Group • CHC Assurance Group • SEND Assurance Group • Individual Care Quality and Assurance Group

3.0 Provider Safety & Quality

3.1 Serious Incidents & Never Events

There have been three Never Events reported in October, November and December, all occurred at the same Trust and all were classified under the Wrong Site Surgery category. Investigations are currently underway and will be reviewed and any learning disseminated.

Serious incidents remain under constant monitoring and a deep dive review will be presented to Quality & performance Committee in February 2021.

3.2 Clinical Harm Reviews

Performance for cancer pathways remains challenging for all Trusts with Covid19 impacting on performance for 104 and 62 day waits. Assurance is sought by the CCG's relating to the actual or potential impact of harm to patients as a result of the delay. Emerging themes and trends are related to delays due to patient choice and concerns related to Covid19, access to diagnostics and reductions in productivity due to Covid19 safety measures. All are being mitigated through local processes.

A system wide group has now met to review 104-day clinical harm review processes with all acute trusts engaged in discussions to standardise processes and improve communication and access to clinical information when patients are referred to specialist tertiary units.

There has been a steady increase in RTT times and 52 week waits across all providers due to the ongoing pandemic pressures, with a notable increase in 12-hour breaches. Assurance has been sought from all providers regarding their clinical harm review process for patients experiencing extended waiting times for referral and any harms identified are reviewed by the CCG Quality Teams. Trusts have also been asked to provide assurance in relation to safe care for patients experiencing 12-hour breaches in the Emergency or Assessment areas.

4.0 Regulatory Activity

Due to the covid-19 pandemic routine CQC inspections remain paused, although some focused inspections have now been taking place. Currently ratings remain unchanged, with no inadequate Trusts

During the pandemic CQC have undertaken a new approach using Provider Collaboration Reviews (PCRs) to collate the best innovations across systems under pressure and

opportunities to share learning. The reviews focus on the interface between health and social care for people aged 65 and over. Walsall CCG was chosen from the initial tranche of 11 STPS for review. Formal feedback has been received and shared with partners.

5.0 Infection, Prevention & Control

There has been a steady increase in outbreaks over the last 3 months across all providers. The increase in R rate per 100,00k population is reflective of the pressure seen across all health and social care settings, both in regards to impact of number of admissions and acuity of cases seen, and the associated impact of staff absence through identification of symptoms or being asked to self-isolate through identified close contact.

The CCG Quality teams monitor outbreak activity and attend outbreak meetings across all NHS provider organisations and community settings. Key themes from outbreaks identified in the acute trusts have been:

- Staff attending work when symptomatic
- Asymptomatic staff and patients
- Social distancing measures during staff breaks not followed
- PPE breaches
- Staff movement across areas
- Staff members are going home in uniform
- Some breaches seen during staff handovers where staff observed the keep 2m but were not wearing masks

Acute activity remains challenging. There continues to be significant Covid19 transmission rate in the community and an increase in Covid19 positive patients as in patients within our acute hospitals and mental health units. Outbreak activity continues in all of our acute hospital sites which has led to some elective activity being paused. Staff continue to be affected and the requirement to self-isolate for 14 days, has impacted the staffing capacity available. This has led to regular re-zoning of hospital sites and closures of wards and practices.

6.0 Flu Vaccination

The BCWB Strategic Flu Board continues to meet monthly with oversight of performance and local flu plans. Overall performance of flu vaccine uptake has been steadily increasing but remains poor in comparison to other CCGs in the region. CCG Flu Leads have submitted remedial action plans to improve on the current performance.

Issues have been highlighted with data accuracy when GP practice's upload data to IMMFORM, this is under review by each CCG to highlight erroneous data and support the areas with low uptake.

7.0 Covid-19 Vaccination Programme

The Covid-19 Vaccination programme for BCWB STP commenced on 9th December 2020 at the WHT Hospital Vaccination Hub. The BCWB CCG has established a System Vaccine Operational Centre (SVOC) operational from 1st December which has daily oversight of national and regional communications, vaccine delivery and progress. There is daily touch point with the Regional VOC any issues are escalated to the National Team via this route.

A further three Hospital Hub (HH) sites have now gone live, WHT the Tranche 1 HH is achieving circa 600 vaccinations/day. Wave 1 -4 PCN sites are all established with Wave 5 commencing this week (4th Jan). The roving delivery model was activated w/c 21st December for care homes (with 50+ residents) in areas with activated PCN sites (Waves 1- 3- only). Community Pharmacy delivery model is pending final outcome of the completed designation

Reporting via the Foundry platform was not available to STPs, with agreement pending nationally for reporting to be made available, local reporting processes have been implemented. Clinical Incident reporting has been agreed and SOP published. The WHT Hospital Hub have developed a reporting tool and the project team are currently exploring options to utilise reporting across all Hospital Hubs

The Dudley Group NHS Foundation Trust is leading the Workforce Bureau and is committed to establishing a workforce model for the vaccination programme, which doesn't impact adversely on the capacity of the acute providers, particularly given the significant challenges and pressures of COVID-19 and R&R. On this basis, working closely with the HR Directors from across the system, the Workforce Bureau will be ensuring measures are taken to safeguard clinical workforce capacity within the acute Trusts. A weekly HRD Steering group has been established, which will continue to provide oversight and governance of the staffing and can escalate/mitigate rapidly as required.

Vaccinations have commenced using the Pfizer vaccine with packs of 975 doses delivered for administering by PCN sites and Hospital Hubs. PCN sites receive their delivery in a thawed state and administer over a 3½ day period (shelf life at 2-8 degrees centigrade). Packs of 75 doses will be delivered for administering to care homes, also delivered to PCN sites in a thawed state.

The Oxford/ Astra Zeneca vaccine will be delivered to Hospital hubs in early w/c 4th January and PCNs receiving deliveries of 400 doses late w/c 4th January. Vaccine delivery schedules covering two weeks are in development to inform local planning, timescales pending

The initial BCWB Vaccination site located at the Black Country Living Museum has been established and activation is scheduled for w/c 25th January, pending equipment delivery from NHSEI. Further vaccination sites are currently in development with activation anticipated early February 2021.

8.0 Care Homes

The system continues to work collaboratively to provide a robust health response to care homes. Algorithms and pathways relating to safe admission and discharge continue to be developed to ensure a clear and consistent understanding of the expected standard and response necessary to protect the vulnerable residents residing in, and staff working within, care homes. Further Infection prevention refresher training has also been provided to care homes to follow up work undertaken earlier in the year.

Care homes requiring support are monitored via the daily sitrep reporting system in each place. This system is now streamlined, having aligned the national capacity tracker and local SITREP templates for daily reporting. This provides very rich local intelligence on a 'place-based' level. Where concerns and issues are identified, care homes receive additional support and advice by follow up care or visit by the appropriate service and team.

Further support and training are being provided via the FREED (Frailty, Recognition, End of Life & Escalation of Deterioration) project team who have undertaken extensive work in conjunction with local implementation teams at all places. They have been rolling out training both virtually and delivering face to face training where possible to a number of care homes, with plans to either visit all of the remaining homes. During this time, the FREED lead nurse remains constantly available to homes as a designated point of contact for clinical training and guidance.

Mortality Reviews have been undertaken across the BCWB STP area. A clinically led exercise, where all registered deaths between 1st March to 31st May 2020 were reviewed to understand if COVID19 was a factor in a death regardless of the registered cause i.e. positive test experiencing complications, positive test and age related or possible undiagnosed. Any learning from these reviews will be adopted locally in the management of care home residents. A full report will be presented at Quality & performance Committee in January 2021.

There are several care homes identified as having quality concerns across the places and all are being supported by the CCG Quality Team in conjunction with their Local Authority.

9.0 Continuing Healthcare (CHC)

Following the revised guidance for discharge and resumption of NHS CHC was issued by NHSE on 21st August 2020 the backlog of assessments is being progressed. Fortnightly reporting to NHSE/I continues regarding on backlog and we expect to achieve the reductions in backlogs in line with NHSE requirements and additional capacity has been identified to support this position.

CCG's have recruited additional fully trained CHC clinical staff from nursing agencies to assist in managing the deferred assessments where required.

Wolverhampton & SWB are on trajectory to complete the backlog by end of December and Walsall & Dudley by the end of January 2021.

10.0 Safeguarding

The STP Safeguarding Working Group has continued to work collaboratively to reduce unwarranted variation in issues relating to safeguarding, adults, children and young people in care to ensure a consistent approach where appropriate across the Black Country and West Birmingham STP. The aim of the working group is to ensure that good practice relating to safeguarding policy and practice delivered at local place is shared and replicated across the STP and that opportunities for wider system work are supported. A key priority was the Black Country Safeguarding Team development, where work is in progress, facilitated by an external consultant.

Recruitment to key posts is underway, with appointments made to the Designated Nurse for Children posts in Dudley and Wolverhampton. The vacancy for Designated Doctor for Safeguarding Children within Walsall CCG has recently been advertised via NHS Jobs and not filled. This is a statutory post for Walsall CCG and therefore remains on the risk register, to mitigate the risk sessions are being provided by the Designated Doctor from Wolverhampton until the vacancy can be filled.

Concerns continue regarding potential increase in safeguarding referrals due to the ongoing Covid-19 pandemic, with additional pressures on services, normal service reductions, fear and isolation, the window is open to those who may seek to exploit those who may be vulnerable. Each place continues with Safeguarding COVID partnership meetings to ensure all partner agencies are aware of single agency updates and services plans to ensure the needs of children and vulnerable adults are being met and any gaps and/or risks are mitigated.

Safeguarding Team meetings are held regularly in relation to workload and priorities. A weekly sitrep including issues logs continues to be submitted to the Chief Nursing Officer detailing any risks and mitigations. NHSEI are also setting up additional supervision and support for Safeguarding staff for CCG teams to access.

The CCG has achieved the 100% NHSE target to complete all LeDeR reviews by the end of December 2020.

11.0 TCP Provider Quality & Safety

The TCP Quality Sub-Group, which has the primary purpose to provide assurance to the wider TCP Programme Board and BCWB CCG of the quality of care being received by people with learning disabilities and/or autism who are included in the TCP cohort meets monthly. The Terms of Reference are currently being refreshed in light of the Operational and Strategic Steering Groups which report to TCP Board, moving forward the Quality Group will report by exception to the Strategic Steering Group and will also report to ICAC.

The Quality group has agreed that as in-patient admissions have reduced significantly the learning gained from the RCA's potentially could be reduced, therefore it is proposed that in future a review will be conducted for any placements that breakdown and cause an individual to be moved in order to share the learning.

There is currently a risk to placement transition from some independent providers due to accessibility to regular Covid19 testing. The BCWB CCG testing site has offered tests to one private provider to prevent the delay in an individual's transmission back into a community placement to the community. Place based commissioners have been requested to discuss with local Directors of Public health to ensure appropriate access to testing is available going forwards.

Significant quality concerns have been also been raised regarding the care received at an independent provider. Sandwell and West Birmingham (SWB) CCG had been working closely with the manager but following additional concerns raised at another of the providers care homes, the CCG team conducted a face to face quality visit to the care home. The visit highlighted serious issues with adherence to PPE and Infection prevention measures and staff conduct with residents. The CEO provider had agreed to voluntarily suspend new admissions and has now advised it will close. All CCG funded residents will be moved to alternative placements before the New Year, in line with their discharge plans.

12.0 Maternity Services

In December the *Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust* (Ockenden, 2020) formal report was published. This review of maternity services at Shrewsbury and Telford Hospital NHS Trust independently assessed the quality of investigations relating to newborn, infant and maternal harm at the trust. The report covers the

emerging themes and trends identified from 250 fully assessed cases. It makes system-wide suggestions and recommendations for action to improve maternity care. A key feature from the review is to support collaborative, innovative partnership working to ensure that key recommendations have been addressed and there is robust ongoing oversight.

Following the review, the Chief Nursing Officer requested assurance from all Maternity providers of their plans to address the review's recommendations, interim assurance reports and action plans have been received and will be reviewed at an extraordinary LMNS Board in January 2021.

It is proposed that BCWB CCG will have one quality schedule across our four maternity providers, the national maternity performance framework will be adopted across the system and the operational oversight of maternity quality and safety will be through the existing quality and safety workstream of the Local Maternity & Neonatal System (LMNS), reporting formally through to the LMNS and CCG Quality & Performance Committee for assurance. This will include a quality surveillance approach at a system level where assurance will be gained through the application of the national maternity performance tool and the local quality assurance framework that is currently in development. The maternity QSG will be in alignment with the overall system QSG to be operationalised in early 2021.

13.0 Recommendation(s)

To receive assurance of the actions taken and information submitted during this reporting period.

Sally Roberts, Chief Nursing Officer
Sarah Quinton, Deputy Chief Nursing Officer

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	Sarah Quinton	4/1/21
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Governance Teams		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	Sally Roberts	4/1/21

GOVERNING BODIES IN COMMON

DATE OF MEETING: 12th January 2021
 AGENDA ITEM: 4.1

TITLE OF REPORT:	Merger Update
PURPOSE OF REPORT:	This paper sets out the progress to date for the merger process for the four CCGs of Dudley, Sandwell & West Birmingham, Walsall and Wolverhampton supporting the move towards one Black Country and West Birmingham CCG from 1st April 2021.
AUTHOR(S) OF REPORT:	Interoperability Group Members
MANAGEMENT LEAD/SIGNED OFF BY:	Mike Hastings, Director of Technology and Operations, Black Country & West Birmingham CCGs.
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<p>Updates on the current following priority areas of the merger programme:</p> <ul style="list-style-type: none"> ▪ NHSE/I Special Conditions an Recommendations ▪ Governing Body Elections and Recruitment ▪ Governing Body and Committee Arrangements ▪ HR Management of Change (MoC) Transition ▪ Financial Delegation Arrangements and SFIs ▪ Communications and Engagement Activities ▪ Key next steps
RECOMMENDATION:	The Board is asked to note the updates and progress made across key areas of the programme to deliver the merger for assurance .
CONFLICTS OF INTEREST:	None directly from this report, but there will be COI implications from the wider scope of this programme of work.
LINKS TO CORPORATE OBJECTIVES:	<p>This proposal links to all 8 corporate objectives:</p> <ol style="list-style-type: none"> 1. Develop strong engagement and involvement arrangements with our public and partners 2. Maintain financial sustainability 3. Continue to improve quality, safety and performance of commissioned services 4. Implement place-based care models across the system 5. Develop a Black Country and West Birmingham integrated care system 6. Develop effective system leadership and governance 7. Continue to invest in and develop infrastructure (e.g. estates, workforce and digital) 8. Comply with our statutory duties



ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information
-------------------------	---

Possible implications identified in the paper:	
Financial	None directly from this report, but there will be implications from the wider scope following the next steps.
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	

1.0 INTRODUCTION

- 1.1 Since the November 2020 meeting of the Governing Bodies in Common, a number of key milestones in preparation for the merger of the four CCGs have been achieved, on the 6th November 2020, the AO received the notification letter from NHSE/I in relation to the application made on 28th October 2020 under section 14G of the National Health Service Act 2006 (as amended) for the four CCGs to be dissolved and for another CCG to be established as NHS Black Country and West Birmingham CCG.
- 1.2 Following the review by the regional panel on the 3rd November 2020, NHS England agreed in principle to the proposed merger and the establishment of a new CCG (NHS Black Country and West Birmingham CCG) from 1 April 2021, subject to eight conditions and twelve recommendations being met.

2.0 SPECIAL CONDITIONS AND RECOMMENDATIONS

2.1 The CCG was required to submit the following conditions by the 31st December 2020:

- Constitution (Draft version issued on 13th November 2020; Progress Update by 31st December 2020; Final version 26th February 2021);
- The role of the Clinical Chair to be appointed to by 31st December 2020 (With the aim for the role to be filled by 1st April 2021);

And the following strategies by the 31st December 2020:

- Further development of the Clinical Commissioning Strategy;
- Further development of the Financial Strategy;
- Further Development of the Quality Strategy;
- Development of the HR & OD Strategy.

A progress report/update against the Constitution, SoRD, SOs, SFIs, Handbook and confirmation of the Interim Chair was provided to NHSE/I on 22nd December 2020, The four Strategies (requested by NHSE/I for the 31st December 2020), were submitted to NHSE/I on or before this date.

2.2 The following conditions are to be completed within January and February 2021:

- The role of Accountable Officer to be appointed to by 31st January 2021 (With the aim for the role to be filled by 1st April 2021);
- Definition relating to the geography and the West Birmingham arrangement (was 31st Dec 2020, NHSE/I agreed for this item to be provided by Friday 22nd January 2021 or before);
- All other statutory roles (Chief Finance Officer (CFO), Secondary Care Professional, Registered Nurse, Lay Members and remaining Governing Body) to be appointed to by 26th February 2021, with the aim for roles to be filled by 1st April 2021;
- Final Constitution and supporting document to be provided 26th February 2021.

- 2.3 In addition to the Conditions listed above, the Regional Panel outlined a number of additional recommendations / actions which included – The final minutes of the Governing Body (held on 27th October 2020); A progress report on the capacity to deliver the management of change; A revised Benefits Realisation Plan; Finalisation of the Public Sector Equality Duty Impact Assessment; The detailed governance arrangements to support the operation of the Operating Model for the new CCG and Continued oversight of the mobilisation plan and delivery against key milestones and risk log.
- 2.4 An update on each of the recommendations was provided to NHSE/I on 18th December 2020, in preparation for the local conditions / risk review meeting, which was held by NHSE/I with the Executive Team on the 5th January 2021.
- 2.5 A regional team review meeting on 25th January 2021 is also to be held, before the outcome of both meetings will be reported to the national CCG mergers programme team by 31st January 2021.

3.0 PROGRESS ON KEY MILESTONES

- 3.1 The below summarises the progress being / already made and key next steps to be undertaken for the following “Authorisation In Principle” stage of the merger programme:
- Governing Body Elections and Recruitment
 - Governing Body and Committee Arrangements
 - HR Management of Change (MoC) Transition
 - Financial Delegation Arrangements and SFIs
 - Communications and Engagement Activities
 - Due Diligence
 - Key next steps
- 3.2 The Transition Oversight Group (TOG) receives a written monthly merger progress report, that includes an update on the key points and assurance on the overall process, the TOG has been informed that we are on track as we approach 1st April 2021.
- 3.3 As part of the Merger process and in line with NHSE guidance, the Black Country & West Birmingham CCGs will need to undertake due diligence. The TOG at its meeting on the 10th December 2020 gave delegated authority to the Audit Committees in Common to have oversight and approval of the due diligence process. An extraordinary meeting has been scheduled for the 25th February 2021 to approve the final Due Diligence information before submission to NHSE/I on the 5th March 2021.
- 3.4 The governance structure for the new single CCG is being developed, as a single statutory organisation and clinical commissioning group its key functions will be performed through the Governing Body and its Committees, The Governing Body will maintain the following statutory or mandated Committees:
- Audit and Governance Committee;
 - Remuneration Committee;
 - Primary Care Commissioning Committee
- 3.5 The merger will take place at financial year end and the finance team will need to support the year end process, budget setting, bringing together of the four current ledgers and development of the approach to financial management and the setting of the reconfigured budgets for the BCWB CCG directorates, along with the new financial principles for the new BCWB CCG.

The Scheme of Delegation is set out in Constitution and work is underway to develop the Standing Financial Instructions (SFIs), these will be presented and approved at the first meeting of the new BCWB CCG Governing Body in April 2021.

3.6 The future approach to patient and public engagement (PPE) has been a key consideration since the start of the merger programme and remains a key statutory duty of the new CCG and a valued activity that sits at the heart of effective commissioning and the new CCG, we will continue to engage with various groups in the development of the future PPE approach and consider shared priorities driven by our key projects and common priorities by individual organisations within the partnership, with the support and assistance from Healthwatch.

External stakeholders will continue to be update on all approaches and developments as we reach the merger date and beyond, Local patient representatives and members, as well as colleagues from each of the local authorities will also be updated as we move towards the 1st April 2021.

We have now commenced work on moving to a single BCWB CCG website, staff intranet, branding, signage etc., transition will commence from April and all existing website content will still be accessible, but stored privately post April.

The merger conversations engagement plan is provided as appendix one for information purposes, to confirm activities undertaken to date.

3.7 We recognise that any change to the way that CCGs operate has the potential to impact on equalities, For this reason we have commissioned the CSU to develop a full Equalities Impact Assessment (EIA) on the impact of merger on our Public Sector Equality Duty. A summary of this report will be shared with the TOG on 11th March 2021 and the final version with the Governing Body in April 2021.

A robust programme management approach has been established for the merger process; the merger risk register has been approved and is regularly reviewed by the TOG.

3.8 Key Summaries:

3.8.1 GB Elections and Recruitment

- Election process for Governing Body clinical representative members to be completed by 28 February 2021 with an estimated 10 GPs drawn from member practices (with two to be appointed by each of the Local Commissioning Boards for Dudley, Sandwell, Walsall, West Birmingham and Wolverhampton);
- Dr Salma Reehana has been appointed Interim Chair and will be in place to take the new CCG to authorisation. When fully appointed, the new Governing Body will follow the formal process for appointing a permanent Chair;
- The Registered nurse will be appointed by 26 February 2021;
- Lay member interviews to take place within February 2021 (Deputy Chair (Lay Member) TBC);
- Clinical lead model for the new Governing Body to be agreed;
- Informal Governing Body development sessions are to be scheduled for March and April 2021 with the new Governing Body to be ratified in its first meeting on 13th April 2021.

3.8.2 GB and Committee Arrangements

- Terms of Reference for new BCWB CCG Committees will be included in the new CCG's Governance Handbook which is currently being drafted (will be approved via April Governing Body meeting);
- Committee Transition to be discussed with current Committee Chairs and within Committees:
 - Minutes from March meetings to be signed-off by Committee Chairs before 31st March 2021;
 - Action Logs actions are to be clearly marked indicating which actions (Committees highlighting as important) and are to be carried forward into the new CCG;
 - Dates are being arranged for Q1 Committee Cycle (with Q2 – Q4 to then follow);
 - Development sessions planned in March and April for new Governing Body Members.

3.8.3 HR MoC Transition

- Senior Leadership Team (SLT) selection process has been completed and all SLT members are now in place;
- Phase one consultation commenced on 30th November 2020 (and formally closed on 4th January 2021);
- Functions in scope of Phase one and two have been defined and communicated to staff;
- Review and impact of proposed changes to functions in-scope of phase two is currently underway (due to the impact of COVID 19 and Team capacity);
- The consultation period for staff in functions in scope of Phase two, will be reviewed in February 2021;
- Weekly Staff briefings and staff side meetings with representatives from all BCWB staff are being held;
- Ongoing support in place to support staff through change.

3.8.4 Financial Delegation Arrangements, SFIs and Due Diligence

- Financial principles for the new BCWB CCG are being developed;
- Scheme of Reservation and Delegation has been set out in the Constitution;
- Work is underway to develop SFIs (these will be approved at first meeting of BCWB CCG Governing Body on 13th April 2020);
- Ongoing development is being made to support effective, high quality decision making throughout the new organisation, including at a place level;
- Due Diligence process has commenced;
- Due Diligence items to be submitted to NHSE/I by 5th March 2021.

3.8.5 Ongoing Communications and Engagement Activity

- Vision and Vales of the new CCG;
- BCWB CCG website, intranet, branding, signage etc... in development;
- HR Transition – comms updates for staff briefings and newsletters, ongoing FAQ, and consultation launches;
- External stakeholder letter (on the final NHSE/I authorisation) to be prepared and issued by 20th March 2021;
- Existing Website closures;
- CCG Patient Rep process to be defined and information regarding future Patient Participation approach to be development;
- Staff engagement;
- BCWB Accountable Officer announcement;
- BCWB GB Chair announcement.

4.0 KEY NEXT STEPS (Up to April 2021)

- a) Letter to NHS England to confirm transfer order arrangements in place;
- b) Recruitment of non-Governing Body clinical leads;
- c) Appoint to remaining Governing Body roles;
- d) Finalise Terms of Reference for new Committees;
- e) Finalise arrangements for patient and public participation and representation;
- f) Implementation of Phase One of the HR MoC and preparation for MoC Phase two;
- g) Progress on future office accommodation arrangements and new HQ;

- h) Finalise closedown arrangements for existing four CCGs;
- i) Final Authorisation by NHSE/I Regional Director to be received by 15th March 2021;
- j) Continued regular progress reporting through the BCWB CCGs TOG;
- k) 1st April 2021 BCWB CCGs Formal Merger;
- l) 1st April 2021: Implementation of Day 1 merger requirements;
- m) 13th April 2021 - First Governing Body of BCWB CCG.

5.0 RECOMMENDATION(s)

- 1) The Board is asked to **note** the updates and progress made across key areas of the programme to deliver the merger **for assurance**.

Appendix One: The merger conversations engagement plan

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	Not Required	Not Required
Public/ Patient View	Not Required	Not Required
Finance Implications discussed with Finance Team	Completed Via IOG	18/012/2020 to 04/01/2021
Quality Implications discussed with Quality and Risk Team	Completed Via IOG	18/012/2020 to 04/01/2021
Equality Implications discussed with CSU Equality and Inclusion Service	Not Required	Not Required
Information Governance implications discussed with IG Support Officer	Not Required	Not Required
Legal/ Policy implications discussed with Governance Teams	Completed Via IOG	18/012/2020 to 04/01/2021
Other Implications (Medicines management, estates, HR, IM&T etc.)	Completed Via IOG	Not Required
Any relevant data requirements discussed with CSU Business Intelligence	Not Required	18/012/2020 to 04/01/2021
Signed off by Report Owner (Must be completed)	Mike Hastings	04/01/2021

✓
→
∞

KEY
 Complete
 In progress/ pending completion
 Ongoing
 Incomplete

Version Control
 Edited by: PL
 Date: 09.10.20
 v4.4

CCG merger conversation

Conversation Status	Target audience	Methodology
High Influence - High Impact		
Health and Wellbeing Boards		
✓	Health & Wellbeing Board - Birmingham	Chair (Cllr Paulette Hamilton) is meeting with Pip Mayo and Dr Aslam. + letter received
✓	Health and Wellbeing Board - Dudley Chairman, Cllr Nic Barlow,	Neill Bucktin had a conversation with Cllr Nic Barlow, Health and Wellbeing Board Chairman
✓	Health & Wellbeing Boards or nominated lead - Dudley	Item on the agenda - Health and Wellbeing Board.
✓	Health & Wellbeing Boards or nominated lead- Sandwell	Stakeholder letter sent
✓	Health & Wellbeing Boards or nominated leads - Walsall	Presentation and discussion with chair
✓	Health and Wellbeing Together Executive Group - Wovlerhampton	Item on the agenda
✓	Health and Wellbeing Boards or moninated leads - Wolverhampton	Merger discussed
GP voting members and Primary Care		
✓	All BCWB GP Members meeting	Paul Maubach presenting to all GPs in all 4 CCGs ovr two meetings
✓	All BCWB GP Members meeting	Paul Maubach presenting to all GPs in all 4 CCGs ovr two meetings
✓	All GP's, PMs and PNs	Primary Care Newsletters - SWB - Dudley - Walsall - Wolverhampton
✓	Wolverhampton Virtual Members meeting	Discussion of any issues, concerns
✓	GP's- Wolverhampton	Wovlerhampton GP Meeting - GP's alerted to the conversation.
✓	GP and Stakeholder Virtual meeting	Virtual meeting - Wolverhampton focus
✓	GP and Stakeholder Virtual meeting	Virtual meeting - Walsall focus
✓	GP and Stakeholder Virtual meeting	Virtual meeting - Dudley focus
✓	GP and Stakeholder Virtual meeting	Virtual meeting - Sandwell focus
✓	GP and Stakeholder Virtual meeting	Virtual meeting - West Birmingham focus
✓	GP Members only - Sandwell & West Birmingham	Virtual Meeting - Sandwell & West Birmingham
SWB PCNs		
✓	PCN CD meeting	Conversation/meeting
Dudley PCNs		
✓	Dudley GP members event	Presentation and discussion
✓	PCN Clinical Directors	PCN/DIHC interface meeting - Discussion
✓	PCN CDs	Paul Maubach discussion with CDs
Walsall PCN's		
✓	Walsall CCG GPs -	GP member meeting - presentation and discussion
✓	Walsall North	communications/ meetings/one:one conversations
✓	Walsall East One	communications/ meetings/one:one conversations
✓	Walsall East Two	communications/ meetings/one:one conversations
✓	Walsall South One	communications/ meetings/one:one conversations
✓	Walsall South Two	communications/ meetings/one:one conversations
✓	Walsall West One	communications/ meetings/one:one conversations
✓	Walsall West Two	communications/ meetings/one:one conversations
Wolverhampton PCNs		
✓	Wolverhampton GB Clinical Directors	As part of monthly meeting
✓	Royal Wolverhampton Trust Network –	Attendance at PCN meeting
✓	Royal Wolverhampton Trust Network –	Attendance at PCN meeting
✓	Wolverhampton North Network –	Attendance at PCN meeting
✓	Unity Ltd West Network –	Attendance at PCN meeting

✓	Wolverhampton South East Collaborative -	Attendance at PCN meeting
✓	Unity Ltd East Network	communications/ meetings/one:one conversations
✓	Wolverhampton Total Health Network –	Attendance at PCN meeting
✓	Wolverhampton Total Health Network –	Attendance at PCN meeting
Workforce/ Staff		
✓	All BCWB staff	Formal Conversation with staff at Staff Briefing
✓	All BCWB staff	Staff Briefing
✓	All BCWB Staff Monthly update	Monthly update
✓	Staff side	Meetings
Regulators, HealthWatch, Elected members, OSC		
✓	NHS E/I	Regular attendance at Inter-operability meeting / One:One conversations
✓	Parliamentary Members/ Councillors - Walsall	Stakeholder letter/ One to one's
✓	Parliamentary Members/ Councillors - Wolverhampton	Stakeholder letter/ One to one's
✓	MPs / Councillors - Sandwell and West Birmingham	Stakeholder letter/one to ones
✓	MPs / Councillors - Dudley	Stakeholder letter/one to ones
✓	HealthWatch - Birmingham	Email correspondence / letter received
✓	HealthWatch - Dudley	Email correspondence / letter received
✓	HealthWatch - Sandwell	Presentation and discussion - Chair - John Taylor - 21.8.20
✓	Healthwatch - Sandwell	Presentation to speak at Spotlight session
✓	HealthWatch - Walsall	Meeting with Healthwatch manager Aileen Farrer
✓	HealthWatch - Wolverhampton	Email correspondence / letter received
✓	Health Overview & Scrutiny Committee Sandwell	Stakeholder letter
✓	Health and Social Care Overview & Scrutiny Committee Birmingham	Presentation and discussion
✓	Health Overview & Scrutiny Committee - Dudley	Neill Bucktin met with Cllrs Tyler and Baton - Chair and Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee,
✓	Health Overview & Scrutiny Committee - Dudley	Presentation and discussion
✓	HOSC & Scrutiny and Overview Committee - Walsall	Discussion
✓	Health Overview & Scrutiny Committee - Wolverhampton	Pre-meeting with the Chair and Vice Chair of the Wolverhampton Health Overview and Scrutiny Committee – Cllrs Page and Singh.
✓	The Royal Wolverhampton Trust	Stakeholder letter / email
✓	Dudley Integrated Health Care NHS	Stakeholder letter / email
✓	SWBH Trust	Stakeholder letter / email - letter received
High Influence - Low Impact		
✓	Public Health Departments	Stakeholder letter
✓	Public Health England	Stakeholder letter
✓	West Midlands Ambulance Trust	Stakeholder letter
✓	Parliamentary Members/ Councillors - across BCWB	Stakeholder letter/ Offer of One to one's
✓	Black Country Healthcare	Stakeholder letter - one:one between chair Jeremy Vanes and N. Bucktin
✓	MP's in BCWB STP	Personalised Stakeholder letter
✓	The Dudley Group Foundation Trust	Neill Bucktin met with Katherine Sheerin, Director of Strategy
✓	The Dudley Group Foundation Trust	Stakeholder letter
✓	CQC	Stakeholder letter
✓	Walsall MBC	Stakeholder letter
✓	Walsall Healthcare	Conversation/meeting
✓	Sandwell MBC	Stakeholder letter
✓	Dudley MBC	Stakeholder letter
✓	Wolverhampton City Council	Stakeholder letter
✓	Birmingham City Council	Stakeholder letter
✓	Birmingham Community Healthcare	Stakeholder letter
✓	Birmingham Community Mental Health Trust	Stakeholder letter

✓	BSOL CCG	AO to AO meeting including Pip Mayo + Dr Ian Sykes
✓	West Midlands Combined Authority	Stakeholder letter
	High Impact - Low Influence	
	Local Committees	
✓	Local Medical Committee - Walsall	Meeting with Chair of LMC Dr Haris Syed and Secretary Uzma Ahmed
✓	LMC - Walsall	Uzma Ahmad (LMC Secretary), yesterday at 1230
✓	Local Medical Committee - Wolverhampton	Paul Tulley attended LMC meeting
✓	Birmingham Local Medical Committee	1:1 meeting with Michelle Carolan and Dr Ian Sykes following SWB Stakeholder event
✓	Sandwell Local Medical Committee	Meeting with Pip Mayo, Michelle Carolan and Dr Ian Sykes following SWB Stakeholder event
✓	Dudley Local Medical Committee	Stakeholder letter. Offer of one to one conversation
✓	Local Pharma Committees	Personal letter sent out
✓	Local Optical Committees	Personal letter sent out
✓	Local Dental Committees	Personal letter sent out
	Providers	
✓	NHS 111	stakeholder letter/communications
✓	Out of Hours Providers	stakeholder letter/communications
	Voluntary and Community Sector Organisations / Patient groups	
✓	Walsall AGM	AGM meeting
✓	Wolverhampton AGM	AGM meeting
✓	SWB CCG	AGM meeting
✓	Dudley AGM	AGM meeting
✓	One Walsall	Meeting with One Walsall CEO Davina Lytton
✓	Birmingham Voluntray Servcies Council	Stakeholder letter and invitation to discuss. Articles in e-bulletins and link to website
✓	Sandwell Council of Voluntary Organisations	Stakeholder letter and invitation to discuss. Articles in e-bulletins and link to website
✓	Birmingham Community	Presentation and discussion with Birmingham Community and Bangleshi Community
✓	Dudley Council For Voluntary Service	Stakeholder letter and invitation to discuss. Articles in e-bulletins and link to website
✓	Wolverhampton Haven (Women and children charity)	Scheduled conversation
✓	Wolverhampton Ethnic Minority Council	Scheduled conversation
✓	Wolverhampton Refuge and Migrant Centre	Scheduled conversation
✓	Wolverhampton Voluntary Sector Council	Stakeholder letter and invitation to discuss. Articles in e-bulletins and link to website
✓	SWB Patient & Partnership Advisory Group	Stakeholder letter and inviation to Stakeholder events. Presentation and discussion - 12/08/2020
✓	Walsall Lay members	Presentation and discussion
✓	Sandwell Citizens Forum	MS Teams presentation and discussion
✓	Ladywood and PerryBarr Citizens's Forum	MS Teams presentation and discussion
✓	Wolverhampton PPG Chairs meeting	presentation and discusion
✓	Wolverhampton Citizens Forum	presentation and discusion
✓	Faith Based Organisations & Community Leaders	Stakeholder letter
	Low Impact - Low Influence	
✓	Nuffield Health Wolverhampton	stakeholder letter/communications
✓	St Judes Hospital	stakeholder letter/communications
✓	Compton Hospice	stakeholder letter/communications
✓	Ramsay Healthcare	stakeholder letter/communications
✓	City Of Wolverhampton Uni	stakeholder letter/communications
✓	University of Wolverhampton	stakeholder letter/communications
✓	South Staffs Colleage	stakeholder letter/communications
✓	HW STP	stakeholder letter/communications
✓	Mary Stevens Hospice	stakeholder letter/communications
✓	Staffs STP	stakeholder letter/communications

GOVERNING BODIES IN COMMON

DATE OF MEETING: Tuesday 12 January 2021
AGENDA ITEM: 5.1

TITLE OF REPORT:	Update on EU-Exit transition and continuity of supply monitoring arrangements
PURPOSE OF REPORT:	This report provides the Governing Body with information and assurance on the on-going work to monitor and mitigate any disruptions in supply for NHS providers due to the EU-Exit transition process
AUTHOR(S) OF REPORT:	Jason Evans – BC&WB CCGs SRO Eu-Exit
MANAGEMENT LEAD/SIGNED OFF BY:	Matt Hartland – Deputy Chief Officer & Accountable Emergency Officer
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Black Country and West Birmingham CCG's are compliant against all NHS England and Improvement EU Exit preparedness requirements and reporting arrangements • All locally commissioned NHS providers are aware of the process to report any business disruption and/or continuity of supply issues • No disruptions / continuity of supply issues has been reported at a local or regional level since the UK left the EU on the 31st December.
RECOMMENDATION:	<ul style="list-style-type: none"> • The Governing Body are assured that a system is in place and monitored daily to mitigate against any supply disruptions / adverse impact on its NHS commissioned providers
CONFLICTS OF INTEREST:	N/A
LINKS TO CORPORATE OBJECTIVES:	<ul style="list-style-type: none"> • CCG's Duty to Respond • Compliance against national EPRR standards
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information
Possible implications identified in the paper:	
Financial	None identified at this time
Risk Assurance Framework	None identified at this time
Policy and Legal Obligations	None identified at this time
Equality & Diversity	None identified at this time
Governance	None identified at this time



GOVERNING BODIES IN COMMON – 12 January 2021

Update on EU-Exit Transition and continuity of supply surveillance arrangements

1.0 INTRODUCTION

1.1 On Christmas Eve 2020 the Government announced that they have reached an agreement on the UK's future relationship with the EU ahead of the end of the transition period. Consequently, the Minister for Health, and EU Exit lead, wrote to the NHS explaining some of the details of the deal. The Future Relationship Bill was introduced into Parliament on 30 December so that the Agreement would be in place on 1 January 2021. Signing of the deal meant we can now be more assured on its impact for the NHS, including the approach to preparations and mitigations that have been put into place.

2.0 CURRENT STATUS

2.1 Currently at a national and local level there appears to have been no majorly adverse impact on NHS services or supply logistics. It is the case however that the continuity of supply preparations undertaken by the NHS Executive remain in place as they are required to help mitigate against potential disruptions caused by new customs and border processes as part of the agreed deal. To support local surveillance of this dynamic, guidance has been shared with all of the BC&WB CCGs NHS commissioned providers, and a daily sitrep is completed on behalf of the system and issued to NHS England and Improvement. The reporting is undertaken 7 days a week and overseen by the CCGs Incident Coordination Team (ICC). This process and level of preparedness receive on-going CCG executive oversight and will ensure early alert and mitigations are put in place should a supply disruption be identified. Further information on the key messages to the NHS following the deal being agreed can be found in the attached publication (Appendix 1), and future updates to the Governing Body will be issued as and when required.

3.0 RECOMMENDATION(s)

1) The Governing Body are assured that a system is in place and monitored daily to mitigate against any supply disruptions / adverse impact on its NHS commissioned providers

Jason Evans
EU-Exit SRO

APPENDICES

Appendix 1. NHS England and Improvement - EU Exit Key messages (issued 30.12.20)

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		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Governance Teams	Jason Evans	06.01.21
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	Matt Hartland	06.01.21



EU exit: key messages for NHS organisations

30 December 2020

UK has left the EU. A trade deal has been announced

The UK exited the EU on 31 January 2020 and is now in a transition period until 31 December 2020. The UK government has reached [an agreement with the EU](#) as to the relationship beyond the end of the transition period.

This signing of the deal also means that we will be able to provide further detail for the NHS on the impact of the deal, including the approach to preparations and mitigations that have been put into place. The risk of disruption at the border remains when the UK leaves the Single Market and Customs Union at the end of the year, and so, we ask that you keep in place the plans and mitigations stood up for the end of the transition period until further notice.

It is not the role of the NHS to comment on the agreement. Our role is to focus on the operational impact and seek to ensure services for patients are able to continue as normal.

Medicines

- **Prescribe and dispense as normal:** Doctors and pharmacists should explain to patients that they should continue to order their prescriptions as normal. Prescriptions covering longer durations than normally prescribed should be avoided. Prescription durations will be monitored and investigated where necessary.
- **Don't stockpile locally:** No organisation should stockpile medicines locally – those that do could risk medicines being in short supply for others. Hospital stock levels will be monitored and over-ordering of medicines investigated. It is not necessary for the NHS to carry out any local assessments of supply chains as the programme is being managed nationally.
- **Report shortages through usual routes:** Any shortages should be reported through usual routes. The national Medicines Shortage Response Group will

provide clear governance, communication and decision-making for the management of any medicine shortages.

Medical devices, clinical consumables, non-clinical goods and services

- **Measures are in place to help ensure stocks continue to be available** even if there are transport delays.
- **Don't stockpile products:** Organisations should maintain BAU stock levels. If your organisation relies on getting products and services direct from the EU on a short lead time basis (ie 24 to 72 hours), plan for lead times of around three days or longer and adjust your ordering processes accordingly.
- **Ensure all staff are aware of changes to delivery lead times** and put appropriate changes in place, ensuring business continuity plans are adjusted accordingly.

Workforce

- **Government and the NHS support staff from the EU;** they make a substantial contribution to health and social care services across the UK. Everything possible is being done to ensure they can continue work in the NHS.
- **The EU Settlement Scheme is open to all EU citizens,** including NHS staff, and can allow EU nationals to gain 'settled' or 'pre-settled status'. The Settlement Scheme will allow EU nationals to continue to live and work in the UK beyond June 2021, meaning they will not need to apply for visas when the new immigration system takes effect. The scheme will also lock in the rights of EU nationals, meaning they will be able to access healthcare, benefits and other government services in the same way they currently do. **If any of your NHS staff from the EU have not already done so, encourage them to apply to the EU Settlement Scheme. They can do this up until 30 June 2021.**
- **Employment contracts will not need to change for EU citizens legally resident in the UK on 31 December 2020,** and they will have no problem carrying on working as they do now.
- **Recognition of professional qualifications will apply for at least two years after the end of the transition period.** For any professional registration queries, please contact the relevant professional regulator.
- **Most healthcare roles are exempt from the restrictions imposed by the Immigration Bill.**

- **The immigration surcharge does not apply to registered professionals and their family members.**

Data

- **NHS organisations and staff should continue to handle data as they currently do** (which is covered by GDPR).
- **The agreement the Government has reached includes a provision to provide for the continued free flow of personal data from the EU and EEA EFTA States to the UK until adequacy decisions are adopted, and for not longer than six months. The UK has, on a transitional basis, deemed the EU and EEA EFTA States to be adequate to allow to for data flows from the UK. Your organisation's data protection officer should have put in place safeguards to ensure that data continues to flow to and from the UK and the EEA after the end of the transition period.** These safeguard against any interruption of the free flow of data from the EU.

Reciprocal healthcare and cost recovery

- A new UK Global Health Insurance Card (GHIC) will be available from the new year in recognition of the new agreement with the EU. This will replace the EHIC.
- The agreement the Government has reached with the EU ensures that UK residents will continue to have access to emergency and necessary healthcare cover when they travel to the EU. This will operate like the current EHIC scheme.
- However, people will still be able to use their EHIC after 1 January when travelling to the EU. Current cards will remain valid until their expiry date.

Vaccines

- **Don't stockpile vaccines beyond BAU levels.** Over ordering will be investigated.
- **Pharmacists and emergency planning staff should meet at a local level to discuss and agree local contingency and collaboration agreements.**
- **Local cross-system medicines supply continuity plans should be developed and agreed at trust/CCG board level,** including arrangements for collaboration to ensure shortages of locally procured vaccines are dealt with promptly.
- There will be a Vaccines Shortage Response Group for nationally and locally procured vaccines, co-ordinated by PHE with NHS England and NHS Improvement, and with membership from the Devolved Administrations. The

group will provide clear governance, communication and decision-making for the management of any vaccine shortages.

- **Any COVID-19 vaccine will be included in the mitigations set out in the Medicines section above.** As any vaccine would be a category 1 good, it will be covered by the express freight capacity if needed.

Blood and transplant

- **Hospitals should expect NHSBT to function as it does now,** including its arrangements for reference services.
- **Organisations should not stockpile products from NHSBT.**
- **Continue to order/request tissue products and stem cells as normal.** Hospitals should not stockpile tissues.
- If you have any questions, direct these to your local NHSBT hospital customer services manager.

Research and clinical networks

The NHS and government are working with organisations sponsoring and running clinical trials and investigations to ensure that research continues as normal in the coming months.

- **Continue participating in and recruiting patients to clinical trials and investigations.** Only stop recruitment if you are requested to do so by a trial sponsor, the organisation managing the trial or clinical investigation, or in a formal communication from MHRA.
- **Principle investigators are encouraged to work with their suppliers to review their existing supply chains for clinical trials,** to ensure appropriate supplies of trial drugs and medical products are in place.
- **Continue to monitor and follow guidance from NIHR and MHRA in relation to how to operate from 1 January 2021,** including the running of clinical trials, importing and exporting medical products.
- **Clinical trial sponsors should ensure appropriate supplies of trial drugs and medical products are in place.**

Health security

The agreement will ensure we can continue to cooperate, exchange information and coordinate on measures to protect public health. This includes a framework for the UK's ad-hoc access to the EU's Early Warning System, which will strengthen cooperation in the event of a cross-border threat to health.

GOVERNING BODIES IN COMMON

DATE OF MEETING: 12 January 2020
AGENDA ITEM: 6.1

TITLE OF REPORT:	Joint Health Commissioning Board Update
PURPOSE OF REPORT:	To provide the Governing Bodies in Common an update from items discussed at the Joint Health Commissioning Board.
AUTHOR(S) OF REPORT:	Manisha Patel, Senior Executive Assistant for Chairs, BCWB CCGs Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG
MANAGEMENT LEAD/SIGNED OFF BY:	Mike Hastings, Director of Technology and Operations
PUBLIC OR PRIVATE:	This report is intended for the public domain.
KEY POINTS:	<p>Public</p> <ul style="list-style-type: none"> • Assurance Reports received from <ul style="list-style-type: none"> ○ Finance and Sustainability Assurance Report ○ Quality and Performance Assurance Report ○ System Commissioning Assurance Report ○ Individual Commissioning Assurance Report ○ Place Commissioning Assurance Report
RECOMMENDATION:	To note the update from the Joint Health Commissioning Board
CONFLICTS OF INTEREST:	None Identified
LINKS TO CORPORATE OBJECTIVES:	Management of CCG functions/ Business as normal
ACTION REQUIRED:	Assurance
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	



1.0 INTRODUCTION

- 1.1 This report is to provide the Governing Bodies in Common with an update in terms of what has been discussed at its meeting on the 13 October 2020.

2.0 ITEMS DISCUSSED

2.1 Finance and Sustainability Assurance Report

The Chief Finance Officer (CFO) provided the JHCB with an update on month 7(October) 2020/21 financial position.

Temporary Financial Regime

- In-line with the 2020/21 operational planning timetable, the four Black Country & West Birmingham CCGs (BCWB CCG) submitted a draft financial plan to NHS England & NHS Improvement (NHSE/I) on 5th March 2020. This included a net surplus of £4.5m across the four CCGs.
- However, with the need for the NHS to focus its efforts on the COVID-19 pandemic, NHSE/I issued a letter on 17th March 2020 confirming that the operational planning process had been stood down and a temporary financial regime has been put in place for 2020/21.

Months 1-6 Summary

- As at month 6 the four CCGs have reported an in-year year-to-date deficit of £11.877m at ledger close. This includes £6.427m of expenditure directly related to the COVID-19 response incurred, which has yet to be reimbursed, but pending NHSE/I approval, is expected in month 8 as a retrospective allocation adjustment and therefore the CCGs will have effectively delivered a break-even position for the first half of the financial year.

Months 7-12 Plan

- The STP submitted a plan deficit of £27.130m for months 7 to 12 on 22nd October 2020.
- The £27.130m deficit is made up of known issues and errors and of this value the CCGs have submitted a plan deficit of £6.810m due to:
 - o £2.0m pathology digitisation cost pressure
 - o £3.2m GP debt recovery issue
 - o £1.6m DIHC cash funding issue
- It has been recognised by the STP partners that the forecast income and expenditure submitted by each organisation to deliver Phase 3 Recovery and deal with COVID pressures could vary significantly throughout the next six months. Therefore, it was agreed that all organisations would enter into an arrangement which sees a collective effort to improve the financial position where possible. An update will be provided each month in this paper.

Months 7 Reported Position

- Against a year-to-date allocation of £1.406bn the four CCGs are reporting expenditure of £1.420bn and a deficit of £14.616m, which is £13.042m adverse to the plan deficit of £1.573m. However, the CCGs are expecting retrospective allocations of £11.877m for excess months 1 to 6 COVID-19 and non-COVID-19 expenditure and £1.176m Hospital Discharge Programme expenditure incurred in month 7. If received this reduces the reported deficit to £1.562m, which is £0.011m favourable to the plan deficit of £1.573m.

- Against a full year allocation of £2.510bn the four CCGs are reporting forecast expenditure of £2.529bn and a deficit of £19.863m, which is £13.053m adverse to the plan deficit of £6.810m. However, after accounting for the expected retrospective allocations outlined above, the reported forecast deficit reduces to £6.810m in-line with plan.

The report was noted for assurance and the committee reviewed and noted the month 7 (October) 2020/21 reported position.

2.2 Quality and Performance Assurance Report

The Chief Nurse presented the Quality and Performance Assurance Report which highlighted the key issues discussed and debated at the Committees in October and November.

- Key points of action from those committees are detailed within the report for assurance.
- Continued increase in Covid19 Outbreaks and transmission rates in community and an increase in positive in-patients within acute and mental health providers resulting in wards & units being closed to admissions to prevent transmission.
- NHSE/I recently highlighted our improving restoration and recovery phase but also recognised the recent demise in performance as a result of the recent surge in second wave.
- Increasing numbers of staff across all areas affected and requiring to
- self-isolate for 14 days which is impacting on staffing capacity.
- There were two new never events during reporting period.
- Flu performance across the BCWB system remains challenging.
- Covid-19 vaccine role out is discussed.
- There were no new risks identified for escalation

The report was noted for assurance.

2.3 System Commissioning Assurance Report

The Accountable Officer presented the System Commissioning Assurance Report following their meeting which had taken place on 5 November 2020.

The Committee had received updates on:

- Terms of reference
- Tribe
- CCG Strategic Commissioning Strategy
- Contracting Intentions
- Mental Health, LD and Autism
- Acute services
- Urgent and Emergency Care
- Critical Care
- Restoration & Recovery
- Specialised Commissioning

The report was noted for assurance.

2.4 Individual Commissioning Assurance Report

The Chief Nurse advised that the first Individual Commissioning Assurance Report had taken place on 12 November 2020 and that the agenda and papers were being prepared for that meeting.

The majority of board items had been presented for assurance of current status of statutory duties and committee recognised the work was now underway to align systems and processes across all four CCGs.

The Terms of Reference for the Individual Commissioning Assurance Committee had been presented and approved by the committee.

The report highlighted the key issues discussed and debated at the Individual Commissioning Assurance Committee in respect of updates for CCG achieving its statutory duties. These included:

- TCP Provider Quality & Safety
- Independent Providers
- Mental Health Act/Mental Capacity Act and Deprivation of Liberties Safeguards
- Personalised Care Programme
- SEND Assurance
- Children's Commissioning
- MH/LD Individual Placement Assurance

The Committee received assurance of the actions taken and information submitted during this reporting period.

2.5 Place Commissioning Assurance Report

The Deputy Accountable Officer advised that the Place Committees (Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton respectively) had met during November 2020.

Key issues raised across the Committees were:

- Updates on COVID-19
- ICP progress
- Winter plans
- Governance, including Terms of reference and Risk management
- Updates on CCG merger
- Restoration and Recovery
- Assurance reports
- Flu plans
- Wider determinants of healthy life expectancy
- Local commissioning and contracting decisions

The report was noted for assurance.

2.6 RISKS

The Committee discussed this item and the Chair identified a number of risks which would be raised at the relevant committee meetings.

Manisha Patel, Senior Executive Assistant to Chairs, Black Country and West Birmingham CCGs
Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG
24 December 2020

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		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Governance Teams		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)		

GOVERNING BODIES IN COMMON

DATE OF MEETING: Tuesday 12 January 2021

AGENDA ITEM: 6.2

TITLE OF REPORT:	Report from the Audit & Governance Committees in common
PURPOSE OF REPORT:	To provide the Governing Bodies in Common Meeting with a summary of the issues considered by the meeting of the Audit & Governance Committees in common, which took place on 10 th November 2020
AUTHOR(S) OF REPORT:	James Green – Chief Finance Officer
MANAGEMENT LEAD/SIGNED OFF BY:	Peter Price - Chair of Audit & Governance
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	<p>The Committees received reports and updates on the following items:-</p> <ul style="list-style-type: none"> • Financial Issues • Governance • Internal Audit • Counter Fraud • External Audit • Risks <p>Each of these items is briefly discussed within the main body of the report.</p>
RECOMMENDATION:	The Governing Bodies in Common are asked to note the content of this report
CONFLICTS OF INTEREST:	There were no conflicts of interest declared in the meeting
LINKS TO CORPORATE OBJECTIVES:	The delivery of governance and assurance for the CCGs
ACTION REQUIRED:	<input type="checkbox"/> Assurance
Possible implications identified in the paper:	
Financial	Bad debt write-offs were considered by the Committees in Common
Risk Assurance Framework	Note the work underway to jointly manage risks across the four CCGs and preparation for the merged CCG
Policy and Legal Obligations	N/A
Equality & Diversity	Note that the committees received the Workforce Race Equality Standards report
Governance	Discharging corporate governance



1.0 INTRODUCTION

1.1 This report is intended to provide an overview of the issues considered by the Audit & Governance Committees in Common (CiC) which met on 10th November 2020.

2.0 Main report

2.1 The A&G meeting was well attended by Lay Members, along with substantial representation from officers of the CCG and members of the Audit firms which provide services to the CCGs (CW Audit, KPMG, Grant Thornton, PWC). There was also representation from Arden & GEM CSU for two items; Information Governance, and Workforce Race Equality Standards.

2.2 The Committees received reports and updates on the following items:-

- Financial Issues
- Governance
- Internal Audit
- Counter Fraud
- External Audit
- Risks

Each of these items is briefly discussed in the following sections.

2.3 Financial Issues

The committees received reports and updates covering:-

- Merger Technical Group – A formal project group was established in September 2020 to deal with all financial aspects of the merger of the CCGs including the establishment of a new ledger system, a new bank account, new Standing Financial Instructions, the Scheme of Delegation, a single Payroll Services supplier, etc. This group formally reports to the Joint Finance & Sustainability Committee, and provides assurance to the CiC.
- Losses & Compensations - The report was brought to Committee to advise losses or compensations, including any bad debt writes off during the year.
- BC CCG Receivables/Payables over six months old - This report is to advise the Committee of receivable and payable balances over a specified limit, which remain outstanding after six months, and members were asked to note the report.
- BC CCG Procurement Waivers – The CiC received a report giving details of the waivers to SFIs actioned by each CCG in the period from 1 April 2020 to 30 September 2020 It was received for information. The CiC was advised that procedures in the different CCGs are currently operating differently and that the plan is to have a single process moving forward within the merged organisation. This is being addressed through the Merger Technical Group.
-

2.4 Governance

The CiC considered three items relating to governance.

- Emergency Preparedness Resilience and Response (EPRR) Core Standards self-assessment 2020/21 – The CiC revied assurance against the CCGs preparations and planning for the COVID-19 pandemic, Winter response and 2020/21 EPRR Core Standards. The Committee also received assurance that all of it's locally commissioned NHS providers are substantially compliant against the 2020/21 EPRR Core Standards process

- BC CCGs Information Governance Quarterly Report – Colleagues from the CSU presented highlights from the report which includes an update on IG activity for April 2020 to September 2020 inclusive.
- CCG WRES Publication – CSU colleagues presented the individual NHS Workforce Race Equality Standard reports for the 4 CCGs for the Committee’s review and approval. Members asked a number of questions regarding the content of the report covering; the level of redacted data, levels of bullying & harassment, the level of detail within the report, and when the report would be published.

2.5 Internal Audit

An update on progress with work was given by both CW Audit (covering Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG), and also by PWC covering Wolverhampton CCG.

Various reports were received including; recommendation tracking, overpayment of PMS & APMS review, Finance systems, along a review of the progress to date against the annual audit plans.

Members also discussed the involvement of Internal Audit teams in the Merger Technical Group and this since been put into place.

2.6 Counter Fraud

Reports were given by the two Counter Fraud Teams (CW Audit & PWC) covering progress in respect of open issues.

2.7 External Audit

The CiC received updates from Grant Thornton team (covering Dudley CCG, Walsall CCG, Wolverhampton CCG) and from KPMG team (covering Sandwell & West Birmingham CCG). The report provide the CiC with an on progress in delivering their responsibilities as external auditors.

- A summary of emerging national issues and developments that may be relevant to Clinical Commissioning Groups.
- A number of challenge questions in respect of these emerging issues which the teams believed CiC may wish to consider.
- Recent publications of interest.

2.8 Risks

A report was presented to the CiC detailing the development of Shared Risk Management arrangements across the four CCGs and the plans for development of a single Risk Management Strategy.

The report included an update on work done so far and the planned next steps in terms of risks and how these risks are managed as part of the new governance structure. The key points to note are:-

- As part of the development of aligned governance arrangements, the CCGs’ Committees, including the Joint Health Commissioning Board and its sub-committees are developing their arrangements for managing risks.
- This has involved reviewing risks from the existing CCG risk registers to determine whether they should be managed at system or individual Place.
- The outcome of the work so far has been used to develop an interim shared Assurance Framework to assess the risk to the CCGs’ Shared Corporate Objectives
- The proposed plan for development of the final single risk management strategy

3.0 RECOMMENDATION(s)

- 1) The Governing Bodies in Common are asked to note the content of this report

James Green
Chief Finance Officer

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		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Governance Teams		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)		

GOVERNING BODIES IN COMMON

DATE OF MEETING: 12 January 2021
AGENDA ITEM: 6.3

TITLE OF REPORT:	Primary Care Commissioning Committees in Common Report
PURPOSE OF REPORT:	To advise the Governing Bodies in Common on key issues discussed and the decisions taken at the Primary Care Commissioning Committees in Common meeting held 15 December 2020.
AUTHOR(S) OF REPORT:	Lisa Maxfield - Deputy Chief Officer (Primary and Community Transformation) – Sandwell & West Birmingham CCG
MANAGEMENT LEAD/SIGNED OFF BY:	Sarb Basi – Director of Primary Care, Black Country and West Birmingham Clinical Commissioning Groups
PUBLIC OR PRIVATE:	Public
KEY POINTS:	The report summaries the key issues discussed and the decisions taken at the Primary Care Commissioning Committees in Common meeting held 15 December 2020.
RECOMMENDATION:	To note the report for assurance
CONFLICTS OF INTEREST:	No conflicts of interest identified in advance
LINKS TO CORPORATE OBJECTIVES:	N/a
ACTION REQUIRED:	<input type="checkbox"/> Assurance
Possible implications identified in the paper:	
Financial	None identified see paper for details
Risk Assurance Framework	None identified
Policy and Legal Obligations	None identified
Equality & Diversity	None identified
Governance	None identified



1.0 INTRODUCTION

- 1.1 The report summaries the key issues discussed and the decisions taken at the Primary Care Commissioning Committees in Common meeting held on 15th December 2020.

2.0 RED SITES

- 2.1 Committees in Common noted an update regarding Red Sites.
- 2.2 Red sites continued to function well, and a review was being carried out led by the Director of Primary Care to ensure the capacity and demand demonstrated value for money. It was expected there would be a decrease in demand for red site capacity with the roll out of the Covid vaccination programme. The CCGs were meeting with the Clinical leads for the red sites to discuss what the tapering process would look like and would report back to PCCCiC in due course.

3.0 CHAIRS ACTION

- 3.1 An update was provided regarding the Flu Local Improvement Scheme that was virtually approved via Chairs Action and ratified at the October meeting.
- 3.2 Committee noted changes to Annex A of the Local Improvement Scheme to provide greater clarity to the Tier 1 payments and assurances were provided there were no material changes to the specification requirements.
- 3.3 Due to a delay in the availability of the nationally procured flu vaccine stock: with draw down from mid-December, Executives approved an extension to the date of the LIS from 30 November 2020 to 31 December 2020. This was communicated to GP Practices via the Primary Care Bulletin on 26 November 2020.

4.0 PRIMARY CARE NETWORK – DIRECT ENHANCED SERVICE

- 4.1 Committee were provided with an update for information regarding the national Enhanced Service for the delivery of the COVID Vaccine in Primary Care.
- 4.2 The enhanced service specification was issued on 1 December 2020 for GP practices to sign up by 7 December 2020.
- 4.3 It was noted that 5 wave 1 sites would start to vaccinate 80 year old cohort 2 patients from 15 December 2020.
- 4.4 CCGs had been working with general practices to identify suitable sites with the intention of Primary Care Networks (PCNs) working closely to deliver the programme.
- 4.5 Committee were advised the roll out would be carried out within 4 waves, 24 sites in total across Birmingham and the Back Country. PCNs within wave 1 of the roll out went live 14 December 2020 with the following areas;
- Dudley CCG– 2 sites
 - Sandwell & West Birmingham CCG– 2 sites
 - Wolverhampton CCG – 1 site

- 4.6 A query was raised in relation to why no sites had gone live in Walsall within the first wave. It was noted this was due to practice readiness to respond to the Primary Care Network Direct Enhanced Service (DES). It was recognised there were significant requirements within the DES and it was decided a site could not safely proceed into wave 1 within the given timescales, however assurances were given that sites had been allocated for the Walsall footprint to go live with the following waves.
- 4.7 Committee were given assurances that extensive work had taken place to support the roll out of wave 1 sites and prepare wave 2 sites for roll out once they were confirmed by NHS England.
- 4.8 It was highlighted the vaccine being utilised by primary care was complex and therefore posed a number of challenges in regards to storage and life cycle. It was recognised at the point of delivery the vaccine would expire within 3 and a half days with the aim of vaccinating 975 patients, the follow up dose would be delivered 21 days later.
- 4.9 Committee recognised that delivering a mass vaccination programme caused significant administrative pressure on general practice in order to also continue delivering their core service.

5.0 URGENT DECISION MAKING PROCEDURE

- 5.1 Committee were advised that due to the ongoing Covid Pandemic, some decisions which would be the responsibility of the Primary Care Commissioning Committees may need to be made at very short notice. The terms of reference give the Chair of the Committee the authority to make decisions on the Committee's behalf.
- 5.2 It was noted any urgent action would be reported to the next meeting in common for discussion by the full committee membership and to formally record that the action had been taken and the rationale for the urgent decision.
- 5.3 It was highlighted whether the vice chairs also needed to be included within that process as a failsafe should chairs be unavailable.
- 5.4 A query was raised in relation to the definition of an urgent decision requiring chairs action and assurance was requested that this Committee would not fall into bad management practice as a result. Committee was given assurances that a criteria would be used for urgent decisions and would be detailed within each CCGs constitution.

6.0 PRIMARY CARE FRAMEWORKS

- 6.1 As part of preparation for the vaccine programme, NHS England requested CCGs to re-purpose funded capacity delivering extended access and other Local Enhanced Services, noting that:
- “...we would urge local providers and CCGs to repurpose extended hours and access capacity to provide full support for potential COVID vaccination activity. We also expect CCGs to take sensible decisions around the re-purposing of funded capacity delivering locally enhanced services which could also be paused.”
- 6.2 It was noted BCWB CCGs had reviewed all Primary Care Frameworks and Local Improvement Schemes (LIS) to identify those schemes/framework indicators that could be paused to facilitate delivery of the vaccine programme, and developed an offer for those practices to provide the Vaccination Service DES.
- 6.3 Committee were given assurances the development of the offer was undertaken with clinical oversight in each place, checked for consistency across BCWB to ensure similar treatment of schemes in each CCG, and approved by The Chief Executive and Chief Medical Officer.

- 6.4 The offer to practices providing the vaccination service included income protection for all but the most crucial aspects of Primary Care Frameworks and other Local Enhanced Services, which would remain live.
- 6.5 In respect of Income Protected schemes, while practices should continue to apply clinical judgement and ensure appropriate care of patients, the CCGs would cease to use achievement for payment purposes in 2020/21 and would instead pay on historical achievement. The approach would allow practices to appropriately prioritise the provision of those services against delivery of the vaccination programme appropriately without fear of adverse financial impact. Committee were advised that the CCG would continue to monitor performance against the schemes.
- 6.6 It was highlighted that the details of the position in respect of the frameworks and LIS/LES schemes in each place were included within the report.

7.0 PRIMARY CARE COMMISSIONING COMMITTEE RISK REGISTER

- 7.1 Risks assigned to Committee were reviewed and updated.
- 7.2 Committee agreed to add an additional risk to the register in relation primary care capacity as a result of covid-19 and delivering the vaccine programme.

8.0 DIGITAL REPORT

- 8.1 Committee were provided an update on the Progress made by the Digital Work stream of the STP update on STP Digital Projects.
- 8.2 Committee recognised the amount of work that was currently taking place in relation to the Digital Work stream and requested a longer agenda item at a future meeting to discuss in more detail.

9.0 FIANCE REPORT

- 9.1 Committee noted the reported financial position.
- 9.2 The Black Country and West Birmingham CCG's overall primary care co-commissioning delegated expenditure for the 8-month period was £143.1m, representing an underspend of £546k. It was expected the forecast would deteriorate to an overspend of £241k (0.1%) against a budget of £217.6m at the year end, with an overspend of £1.17m at Sandwell and West Birmingham CCG offset by underspends within the other CCGs.
- 9.3 An overspend of £562k was forecast against other Primary Care budgets totalling £132.3m, with prescribing pressures in Wolverhampton CCG contributing to an overspend of £746k in that CCG. However this was partially offset by smaller underspends in Sandwell & West Birmingham and Walsall CCGs.
- 9.4 A potential risk was reported regarding the replacement of the Exeter payment system with a new GP Pensions and Payments system was expected to take place in January 2021, subject to receiving the national go-ahead. Black Country and West Birmingham CCGs had raised a number of concerns in respect of the system, in particular the potential timing of go-live. CCGs were awaiting feedback from the national team. It was noted that the system would create work load and capacity pressures for both general practice and CCG

staff. Committee were advised the system posed potential finance control issues, assurances were given that finance colleagues were addressing this at a national and regional levels with NHS England. However it was expected the local CCG finance teams would be able to mitigate this risk and therefore was not added to the primary Care Risk register at this time.

10.0 QUALITY

- 10.1 The Quality and Safety report to the Board will set out in more detail those areas pertinent to primary care. There were no issues in the report that required contractual actions to be taken against any practice.

11.0 TRAINING HUB REPORT

- 11.1 Committee were provided with assurances and an update on the work of the STP Black Country and West Birmingham Training Hub.
- 11.2 The STP had received a significant amount of funding from NHS England/Improvement including the GP Capacity Fund of £3.8m and PCN Development Funding of £1.1m for allocation across primary care to support the Covid effort and further maturity of Primary Care Networks (PCNs). The allocated funding was expected to be spent by the end of March 2021.
- 11.3 PCN plans to recruit to the new roles supported by the Additional Role Reimbursement Scheme (ARRS) were collated and submitted to NHS England/Improvement. The Training Hub was progressing work to support PCNs with their recruitment plans, which included a suite of resources on our website. PCNs were being actively encouraged to utilise any ARRS underspend to support the resourcing required for the Covid vaccination.
- 11.4 It was noted the hub continued to collate and produce for the incident room on vital workforce and red site activity across the STP, the reports were also feed into NHS England for assurance.
- 11.5 Work continued to develop a Learner Management System to contain records of all scheme participants and course information. The website was updated and has been shared with some colleagues in readiness for a more formal launch to practices.

12.0 PRIMARY CARE OPERATIONAL REPORT

- 12.1 Committee were provided with assurances regarding primary care matters discussed at the Primary Care Operational Groups.
- 12.2 Following feedback from Committee members and in order to standardise the report across the 4 CCGs, the PCOG assurance report was now concise and followed the headings and duties of the terms of reference. Committee were informed under some circumstances, there may be a need to report place based discussions that may not be common to all places and these would be included under the practice and place update section.
- 12.3 Committee were informed given the current Covid-19 situation and the vaccination programme, each of the PCOGs had been stood down in January 2021 and the position would be reviewed again in the New Year.

13.0 ESTATES REPORT

13.1 Committees in Common received for assurance a report on approved projects and Black Country and West Birmingham estates issues.

14.0 INITIAL ACCOMMODATION CENTRE HEALTH AND WELL-BEING REPORT

14.1 Sandwell and West Birmingham Primary Care Commissioning Committee made a recommendation to approve the development of a new service specification for the Initial Accommodation Centre and to approve the contracts extension for 6 months to September 2021, to allow time for engagement, service redesign, as well as consideration of procurement options.

15.0 RECOMMENDATION(s)

15.1 Governing Bodies in Common are asked to note the report for assurance.

Lisa Maxfield

Deputy Chief Officer (Primary and Community Transformation) – Sandwell & West Birmingham CCG

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	Yes	15/12/2020
Quality Implications discussed with Quality and Risk Team	Yes	15/12/2020
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 Governance Teams	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)	Lisa Maxfield	

GOVERNING BODIES IN COMMON

DATE OF MEETING: 12 January 2021
AGENDA ITEM: 6.4

TITLE OF REPORT:	Update from the Remuneration Committee
PURPOSE OF REPORT:	To provide the GBiC with an update regarding decisions and action taken at the Remuneration Committee which took place on 2 December 2020.
AUTHOR(S) OF REPORT:	Peter Warrener
MANAGEMENT LEAD/SIGNED OFF BY:	Peter Warrener
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Approval of Performance Related Pay Policy for Very Senior Managers (VSMs) • Approval of the Working From Home Assistance Policy • Risk Register review
RECOMMENDATION:	The Governing Bodies are asked to note the approval of the Performance Related Pay Policy for VSMs, the Working From Home Assistance Policy and the review of the Risk Register.
CONFLICTS OF INTEREST:	No VSM member will be involved in determining any Performance Based Pay potentially due to them
LINKS TO CORPORATE OBJECTIVES:	Ensure the attraction and retention of key VSMs and underlying good governance processes.
ACTION REQUIRED:	<input type="checkbox"/> Assurance <input type="checkbox"/> Approval <input type="checkbox"/> For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	Ensure all current and emerging risks are identified and mitigating measures are in place
Policy and Legal Obligations	
Equality & Diversity	
Governance	



GOVERNING BODIES IN COMMON – 12 January 2021 REMUNERATION REPORT

1.0 INTRODUCTION

- 1.1 The paper will provide a brief summary of the content of the itemised points and the approvals or actions taken.

2.0 PERFORMANCE RELATED PAY (PRP) POLICY FOR VERY SENIOR MANAGERS (VSMs)

- 2.1 During the course of the year, a sub-committee of the Remuneration Committee refined the policy to ensure that the methodology for assessment was rigorous, comprehensive and aligned with the values of the CCGs. The evaluation methodology will include 360 degree reviews and stringent measurement against CCG strategic imperatives, financial parameters and individual objectives. Potential performance based payments have been benchmarked and aligned with comparator CCGs.

- 2.2 The Remuneration Committee approved the Policy for implementation.

3.0 WORKING FROM HOME ASSISTANCE POLICY

- 3.1 During the year, the CCG has put in place a system of providing staff members with all required office related equipment and connectivity to enable them to work effectively and efficiently from home. In the instance of a staff member not being able/not wanting to work from home, safe, secure and serviced office facilities would be made available across the CCGs.

- 3.2 The Remuneration Committee approved the Working From Home Assistance Policy as outlined

4.0 Review of the Risk register

- 4.1 The Risk Register was reviewed in line with the upcoming merger and the Committee was assured that the appropriate risks had been identified and that they would be monitored. The risks of the combination of the Payroll and the TUPE of CSU staff were added to the risk register and will be evaluated in February 2021.

5.0 RECOMMENDATION(s)

- 1) It is recommended that the Governing Bodies approve the Performance Based Pay Policy applicable to the Very Senior Managers
- 2) It is recommended that the Governing Bodies approve the Working From Home Assistance Policy.
- 3) It is recommended that the Governing Bodies note the review of the Risk register and the ongoing monitoring thereof.

Peter Warrener
HR and OD Director

APPENDICES

None

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 Governance Teams	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)		

GOVERNING BODIES IN COMMON

DATE OF MEETING: Tuesday 12 January 2021
AGENDA ITEM: 7.1

TITLE OF REPORT:	Black Country & West Birmingham ICS Engagement
PURPOSE OF REPORT:	To update the Board on the recent submission to NHSE/I
AUTHOR(S) OF REPORT:	Matthew Hartland
MANAGEMENT LEAD/SIGNED OFF BY:	Matthew Hartland
PUBLIC OR PRIVATE:	
KEY POINTS:	<p>NHSE launched engagement exercise – ‘Integrating Care’ on the future NHS Infrastructure in November</p> <p>Discussions with members, clinical leads, lay members and Governing Bode members held during December.</p> <p>CCG response to engagement exercise submitted on 8 January presented to Governing Bodies for noting.</p>
RECOMMENDATION:	To note the response to NHSE/I
CONFLICTS OF INTEREST:	None immediately, however proposals likely to impact on future CCG infrastructure
LINKS TO CORPORATE OBJECTIVES:	
ACTION REQUIRED:	<input type="checkbox"/> Assurance <input type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	



NHS England
PO Box 16738
Redditch
B97 9PT

7 January 2021

Dear Colleague

Re: Integrating care – engagement exercise

Thank you for the opportunity to respond to the engagement exercise in relation to the future operating model for the NHS. Please find below the response from Black Country and West Birmingham CCGs. Please note that a separate response will be submitted by the Black Country and West Birmingham STP.

We have responded to the individual questions below as required, however I thought it useful to provide a summary of the views of our GP members, lay members and executive members to the engagement document, in addition to providing some context to our current CCG position.

Firstly, as at 1 January 2021 we are four individual CCGs, namely Dudley CCG, Sandwell and West Birmingham CCG, Walsall CCG and Wolverhampton CCG. Our application to merge to form one CCG – Black Country and West Birmingham CCG – has been supported by NHS England/Improvement and we are expecting to formally merge on 1 April 2021, thus meeting the requirement of the engagement paper. The Commissioning Strategy, submitted as part of the application process, outlines that the newly formed CCG will operate in a manner which is entirely in line with the expectations of how the ICS will commission in both Option 1 and Option 2 of the paper.

The Strategy also describes how the 'Reset' programme has been established to enable the CCG to commission in line with the ICS Operating Model. For clarity, the CCG intends to commission to support 8 provider collaboratives within our ICS – 5 Place models and 3 System models – in the role of a strategic commissioner; commissioning from Place and System where appropriate using outcomes based contracts with finances delegated to place/system on whole-population budget principles and supported by population health management processes/systems/parameters.

Also worthy of note is that the CCG has been at the forefront of policy development in the establishment of Place based delivery models with the development of Dudley ICP. We are therefore fully supportive of Place based models of care and we are using our learning from Dudley in the establishment of our other four local delivery models.

We are also mid-way through a 'management of change' exercise for CCG employees into revised new structures which reflect the new role of commissioning and the future operating model of the ICS. This is expected to be concluded early in the new financial year.

In summary, therefore, the CCG is in a very good position as it enters 2021/22 to fulfil its role as Strategic Commissioner.



With regard to the engagement document itself, there are a number of points within the engagement paper that the four CCGs are supportive of:

1. Formalising the role of the ICS. Current arrangements whereby the STP operates under a Memorandum of Understanding do not provide the scale of benefits that could be achieved by a statutory ICS.
2. CCG as Strategic Commissioner. As described above, the 4 CCGs are supportive of this approach and are currently in the process of implementing the appropriate infrastructure to operate in this manner from April 2021
3. Move to outcome based contracts. Our Reset programme is predicated on a shift from transactional 'output' contracting to contracting for outcomes. Draft outcome frameworks are expected to be in place from April 2021.
4. Simplification of financial frameworks. There are many aspects to this which we support, including a shift to 'whole population budgets' to enable local decision making (within appropriate governance structures) to a 'system budget' incorporating a number of currently disparate budgets. There are risks to this approach, however, that the CCG would need to work with NHSE/I to mitigate.
5. Formalisation of provider collaboratives at both Place and System level. As described earlier, this is a key facet of our ICS operating model and our intention to commission in this manner was clarified in our Contracting Intentions which were published in October.
6. Easing of procurement and competition rules. There would need to be regard, however, to the continued ability to utilise local provision where appropriate. We would anticipate a continued or enhanced requirement for consideration of social value and social responsibility as core commissioning requirements.
7. Delegation of responsibilities from NHSE/I to ICS, both from a system development and assurance perspective.
8. Inclusion of specialised commissioning into local planning and resource allocation decisions.
9. Continued working with local government and Health and Wellbeing Boards to define local priorities and outcome expectations.
10. Digital and data. Our plan is to use digital as a 'catalyst' for change within our ICS, therefore the approach described in the document is welcomed.

There are, however, points within the document with which the CCGs and their membership have significant concerns:

1. Firstly, the potential loss of the GP membership model. We believe this would be a detrimental step in terms of both clinical leadership in CCG/ICS governance frameworks (which we will refer to later), but importantly lead to the loss of the representative role which primary care undertakes in our system. The majority of interactions the public have with the health service are within primary care, and the GP membership model encourages representation of both the public and primary care as commissioners. Option 2 in the document describes one Primary Care representative at the ICS Board and PCN representation at Place, however such PCN representatives are present as providers, not as member representatives.



2. Secondly, the loss of GP and other clinical representation at the ICS Board, thus reducing Executive clinical leadership at Board level. Our CCGs have written into our constitutions the requirement for a clinical majority on our Governing Bodies, including secondary care clinician representation. This would be lost in option 2 with potentially a much more 'non-clinical and management-led' Board structure, thus losing the most prominent benefit we have seen in CCGs – clinical leadership.
3. Lay member representation at ICS Board. This is not appropriately described in the engagement document for either ICS Board or Place governance. This would remove the benefits of non-Executive scrutiny which is seen as essential for robust governance. Lay members, or non-executive directors, bring a critical friend perspective as independents, offer views on behalf of patients, public and communities and provide a different level of 'professional scrutiny' that we are at risk of losing.
4. Dissolution of 'ring-fenced' GMS budgets. The current financial protocol allows efficiencies gained from primary care budgets to be reinvested into primary care. Whilst the inclusion of all budgets into a 'single pot' provides opportunities, it also provides risk to primary care which is already currently under significant financial pressure.
5. Potential inequity in provider representation and supporting governance protocols. The current model being implemented in the Black Country and West Birmingham supports equity of providers and stakeholders (as appropriate). There is a risk in option 2 that dominant providers exert greater influence to the detriment of smaller, but clinically appropriate and important, providers, including the voluntary sector (national and local) and primary care.
6. It is unclear in the document how the delivery of the CCGs' statutory duties and responsibilities would be exercised.
7. The value of Health and Wellbeing Boards as a key system partner and mechanism for local political contribution to the strategy of the ICS is something that we think needs some further development. Clarifying the relationship between the ICS and Health and Wellbeing Boards could add significant value to the way in which the ICS operates and how we connect and integrate priorities with the wider public sector.

In conclusion, the paper is clear that option 2 is preferred by NHSE/I. It is pleasing to note in the paper that a commitment is being made to a 'continued employment promise' for the majority of CCG employees, however our preference is for a hybrid of option 1 and 2 – the establishment of the ICS as a statutory body, but that the governance is established in a way that provides consideration to the points described above.

Our response to the formal questions are below:

1. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

Yes, giving consideration to appropriate governance that retains the successes of CCGs described earlier.



In particular this relates to:

- Loss of GP membership model
- Loss of GP and other clinical representation at ICS Board, including secondary care representation
- Lay member representation at ICS Board
- Potential inequity in provider representation and supporting governance models

2. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

Whilst option 2 provides a model for collaboration, we are not of the opinion that it provides a **greater** incentive for collaboration. We have established a local programme that will formalise such provider collaboratives at Place and System level from April 2021 (in shadow form). Our local model emphasises equity of providers within collaboratives. There is a risk that larger providers have greater influence to the detriment of smaller providers and voluntary sector organisations in option 2.

In line with the response to Q1, however, we do believe that a statutorily formed ICS would provide greater accountability for the system.

3. Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

Yes. However, there needs to be equity of stakeholders within such arrangements as much as possible.

As described in Q1 we have concerns about the proposed governance of ICS Boards. It is recognised that 'Place' will have the ability to determine its own governance arrangements, however appropriate representation at the right level, denoting the new operating model for the ICS is vital for its success.

4. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

Yes. The ability to commission and transform at whole pathway level is welcomed where appropriate. However, we expect there to be specialised services that will continue to be commissioned at a regional or sub-regional level, so robust shared governance protocols between the ICS and NHSE/I will need to be established,

Where commissioning responsibility is transferred to the ICS, appropriate resource would need to be transferred.



Finally, we would like assurance of the next steps in the engagement exercise and offer the following questions:

- Will the collective of all responses be made public?
- Will a revised document be published including proposals post-engagement exercise?
- Is the legislative timetable likely to slip given current COVID-19 situation?

Yours sincerely,

Governing Bodies of Black Country and West Birmingham CCGs



GOVERNING BODIES IN COMMON

DATE OF MEETING: 12 January 2021
AGENDA ITEM: 8.1

TITLE OF REPORT:	STP Board Summary Feedback Report
PURPOSE OF REPORT:	The purpose of this report is to provide a brief update of key matters and messages.
AUTHOR(S) OF REPORT:	Alastair McIntyre, STP Portfolio Director
MANAGEMENT LEAD/SIGNED OFF BY:	Paul Maubach, STP Senior Responsible Officer
PUBLIC OR PRIVATE:	
KEY POINTS:	<p>Key Points from latest meetings:</p> <p>Quarterly System Review Meeting 10th December</p> <p>People Board 16th December</p> <p>STP Board 26th November</p>
RECOMMENDATION:	That the Board receive this update for information.
CONFLICTS OF INTEREST:	
LINKS TO CORPORATE OBJECTIVES:	
ACTION REQUIRED:	✓ For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	



GOVERNING BODIES IN COMMON – 12 JANUARY 2021 STP BOARD SUMMARY FEEDBACK REPORT

SUMMARY OF THE KEY MEETINGS:

1. STP Quarterly Review meeting 10th December 2020

1.1. NHSE/I hold quarterly reviews with each STP/ICS system. With the system represented by the CEOs of the NHS providers, the STP Independent Chair, STP lead, Nursing and planning leads.

1.2. The December meeting was a shortened meeting covering, to understand the systems financial position and our plans to improve it, progress with Acute Provider Collaboration and to discuss the focus of development support using the NHSE/I support offers for our journey to become an Integrated Care System later in Q4 2020/21.

1.3. System response to the Covid Pandemic was again recognised, especially as our system had been one of the most challenged systems in the first wave and we were complimented on the actions and approach taken.

1.4. Finance - The system has submitted a deficit financial plan. NHSE/I are concerned that there is a residual £18m gap for which there are not yet agreed recovery plans. The system has been offered some support with Andrew Pepper to meet with the finance directors to assist.

1.5. Provider Collaboration – The system reported that a paper setting out the case for change on acute collaboration was going to NHS Trust Boards in December. Dale Bywater welcomed this approach and strongly encouraged the system leaders to take the opportunity on provider collaboration and to work at increased pace to confirm and then implement the plans.

1.6. ICS Designation – The system was encouraged to work on some key areas to strengthen the development plan over the next 12 months. A development support programme is being finalised to comprise work on governance and accountability – developing further the systems model of collective accountability and to develop our approach to conflict resolution working with Deloitte; system leadership and relationships working with the Kings Fund; clinical strategy development with support from Des Breen; system and place with support from Prof Donna Hall; and finance with support from Andrew Pepper.

1.7. The STP will from January 2021 be taking on the organising and running of regular accountability meetings in each of our 5 places. These meetings were previously organised by NHSE/I. We will also be holding similar for mental health, and also for 111 and 999 although this will be a joint meeting with the other STPs who are partners in the contract with WMAS.

2. People Board 17th October

2.1. The BCWB People Board has replaced the LWAB as the single point for planning and organising workforce strategies across the BCWB System. Alan Duffell, HRD from Royal Wolverhampton Trust chairs the board. There is representation from all BCWB Providers and the CCGs, HEE and local authority.

2.2. The board chair represents the BCWB system at the NHS E/I regional people board.

2.3. The BCWB People Board received exception reports on the 5 priority areas

2.3.1. Improving workforce supply The board noted that the group is on track for delivery for the end of the year and welcomed the additional funding received for Healthcare Support Workers. The board agreed to collaborate on submitting a bid for funding to Health Education England regarding an accelerated return to entry into employment for people who have experienced economic impact as a result of Covid specifically to support their gaining employment within the NHS.

- 2.3.2. Improving Education and Training the sub group is looking at at an Options Appraisal paper for the transfer of levy funding, and will come to the People Board in January 2021
- 2.3.3. Improving Workforce flexibility/consistency – Currently two projects underway:
Project 1 Aligning Bank Processes
Project 2 – Developing a consistent approach to Workforce planning.
- 2.3.4. Improving Workforce Support - The Board received an update that the group is on track on most elements of work but there are 2 areas that need further work,
 - the review of absence policy regarding standardisation of this
 - junior doctors facilities charter and tiredness funding was not yet agreed for this.
- 2.3.5. Improving Leadership and Culture - Black Lives Matter – an STP session is booked for the January and the group has commissioned a piece of work regarding engagement with staff across the black country.

There is also Innovative work taking place with a company called Memoryme – a presentation regarding this will be brought to the January 2021 People Board.
- 2.3.6 Mental Health Hub - The STP has been successful with bid to NHSE/I for MH support to all staff across STP. The STP was awarded £300k for this financial year for the project.
- 2.3.7 Workforce Bureau – note that the system was working hard regarding the huge number of staff across all job roles and working towards being ready by January 2021. Working closely supporting Walsall, to put staff into Walsall who have big aspirations to double vaccinations from 500 to 1000 in January 2021. There are some challenges but colleagues are working hard to resolve them.

3. STP Board 26th November

- 3.1. The Board received an update on progress with our ICS development noting a package of development support was being negotiated with NHSE/I as part of the NHS Midlands support offer
- 3.2. The STP needs to recruit a permanent lead and is looking to go out to open recruitment in January 2020. The recent publication on the future of ICS, and lessons from other systems suggest, that while there are 4 options for recruitment, combing the CCG AO and ICS lead is the favoured approach.
- 3.3. The board received;
- 3.3.1. and agreed a proposal for a Sustainability Network. And will receive regular updates going forward
- 3.3.2. Updates from the various subcommittees taking updates by exception
- 3.3.3. A joint paper on commissioning and integration going to CCG AOs for approval which will look to bring within the scope of the STP the direct and specialist commissioning undertaken by NHSE/I.

- 3.3.4. An update on the Flu and Pandemic Vaccination programme – noting the actions being taken to be as prepared as we can as a system for the rolling out of a mass vaccination programme
- 3.3.5. A paper presented by Brendan Clifford on the ‘place offer’ from local authorities and noted that meetings with HWBs were being set up for the new year.
- 3.4. The board received a number of reports for noting
 - 3.4.1. Reset Programme 2021/2022 – the board was provided with assurance on the governance of the reset programme and agreed the establishment of a programme board as a sub group of the STP Board.
 - 3.4.2. WHoLE Report recommendations to be brought back to the Board in January 2021
 - 3.4.3. MoU – STP ICR - The board noted the need for all organisations to sign up to the MoU and to work on one approach to digital.
 - 3.4.4. NHS Midlands STaR Board Lessons learned recommendations – The requirement from NHSE/I to respond to the 57 recommendations had been amended with the system now to report on 33 with the others being led regionally. The STP PMO would pre populate the template and circulate that for comments.
 - 3.4.5. STP Newsletter -Provided for information. The Chair thanked thanks Laura Broster and the communications teams for the work involved in putting this together.
 - 3.4.6. Mental Health Lead Provider arrangements –The board were updated on the progress in formally agreeing the mental health lead provider
 - 3.4.7. Future of Integrated Care in England NHS Confederation paper circulated for information
 - 3.4.8. Future of ICS
 - 3.4.8.1. The Board were appraised that there was a paper being taken to the public section of the joint NHS England and NHS Improvement board meeting on the future of ICS. The paper proposed two options one to form committees in common as the statutory basis for ICS and the other to make the ICS a statutory body in its own right. The paper was an ‘engagement paper’ which asked four 4 questions.
 - 3.4.8.2. There is an online survey on the NHS England and NHS Improvement website which is open until 8th January for any comments.
 - 3.4.8.3. The STP board were appraised that following the closure of the survey on 8th January, NHS England and NHS Improvement would then write to the Department of Health and Social care with a preferred position, aiming to have the preferred option in place by April 2022.

Alastair McIntyre
Portfolio Director, Healthier Futures (STP)

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		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Governance Teams		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)		

Objective	Relevant Risks	Overall Risk Profile	Change in Risk Profile	Controls in Place/ Sources of Assurance	Initial (Uncontrolled) Risk Level	Residual Risk Level
Manage COVID incident <ul style="list-style-type: none"> Adhere to statutory duties as a Category 2 Responder during the incident Surge planning and preparation for potential second wave Managing incident response in each Place, Lead on priority areas such as testing, care homes, communications, protecting the vulnerable and PPE 		In common with the rest of the Health and Care system there are risks associated with the CCG's capacity to deliver the required duties associated with the incident, particularly as the overall situation changes and there are requirements to respond to local outbreaks and operational pressures.	Specific risks have been identified across the CCGs in relation to both specific operational elements of the incident response (including the impact on Care Homes) and the impact on other services. The Primary Care Commissioning Committees are assessing the specific risks to delivery of Primary Care during the pandemic	<ul style="list-style-type: none"> Incident Room and associated reporting Re-deployment of CCG Staff to support incident priorities including PPE cell and Testing Collaborative work with Public Health teams on Incident response at Place 	Likelihood 4 Impact 5 = 20 (Very High)	Likelihood 2 Impact 5 = 10 (High)
Lead on Restoration and Recovery <ul style="list-style-type: none"> Lead on the Restoration and Recovery programme, restore urgent and essential services safely and effectively to 'pre-COVID' levels in a timely, safe manner. Facilitate system-wide response to service recovery 		There are significant challenges in restoring capacity across the system in a Covid-Secure way and enabling the response to the on-going second wave. Existing performance and quality concerns may be impacted and there will be a need for the CCGs as system leads to balance competing priorities across different organisations.	A number of existing performance risks that were being managed across the CCGs will continue to be impacted by the restoration plans. This includes Cancer performance at a number of providers and the Transforming Care Programme across the Black Country and West Birmingham. The Primary Care Commissioning Committees have identified a risk associated with the restoration of Primary Care services. The delivery of the programme will also continue to be impacted by pressures caused by Covid surges	<ul style="list-style-type: none"> Agreed Restoration and Recovery Plan System level oversight via STP Board Place Commissioning Committee oversight of local Restoration Plans Regular Reporting via relevant committees including Primary Care Commissioning Committees and Joint Health Commissioning Board 	Likelihood 3 Impact 5 = 15 (Very High)	Likelihood 2 Impact 5 = 10 (High)

Objective	Relevant Risks	Overall Risk Profile	Change in Risk Profile	Controls in Place/ Sources of Assurance	Initial (Uncontrolled) Risk Level	Residual Risk Level
<p>Prepare for System Reset (including CCG reset)</p> <ul style="list-style-type: none"> Ensure the system is prepared for the changes in the care model, workforce needs and organisational infrastructure to support the new ways of working, The CCG will be required to change the way it operates this includes potential CCG merger and management of change process Development of a new financial regime for the system, including CCG Development of enabler strategies, including estates and digital Defining and implementing our workforce policies and strategies for the CCG, including our approach to discrimination, including BAME. 		<p>The level of change experienced across the system, including how the CCGs is operating is unprecedented. This means there are significant risks associated with the ability of organisations and individuals to effectively manage this change, impacting on relationships and capacity across the system. Within the CCGs especially there are pressures associated with managing the competing pressures of the Covid pandemic, CCG Merger programme and staffing management of change concurrently. More broadly, there will continue to be a need to adopt new solutions and ways of working (for example use of technology) with pace and at scale.</p>	<p>A number of existing identified risks associated with factors such as workforce concerns and building relationships across the system will continue to have an impact on the management of the risk profile for this objective. There are also risks associated with potential service gaps in some areas (for example Learning Disability services) that will also have an impact. Risks associated with the Management of Change and Merger processes are also being managed by the Transition Oversight Group on behalf of the Governing Bodies.</p>	<ul style="list-style-type: none"> Clear existing system level plans for areas such as workforce and digital in place. Ongoing oversight of Merger and Management of Change via Transition Oversight Group Monitoring and escalation arrangements in place across the STP. 	<p>Likelihood 4 Impact 4 = 16 (Very High)</p>	<p>Likelihood 3 Impact 4 = 12 (High)</p>
<p>Management of CCG functions/'business as usual'</p> <ul style="list-style-type: none"> Delivery of CCG statutory duties 		<p>Continuing to deliver on the CCGs' Statutory duties within the current overall operating context is very challenging. The constraints caused by issues such as remote</p>	<p>There are a number of existing performance risks which impact on the CCGs duties associated with comprehensive commissioning of services. There have been delays in</p>	<ul style="list-style-type: none"> Clear allocation of statutory duties across Executive Team and Committees On-going development of shared Governance arrangements 	<p>Likelihood 4 Impact 3 = 12 (High)</p>	<p>Likelihood 3 Impact 3 = 9 (High)</p>

Objective	Relevant Risks	Overall Risk Profile	Change in Risk Profile	Controls in Place/ Sources of Assurance	Initial (Uncontrolled) Risk Level	Residual Risk Level
<ul style="list-style-type: none"> Implement revised governance arrangements Assurance of the system Development of quality and improvement framework for the system 		<p>working impact on the effective operation of the usual governance structures, particularly as the CCGs work together and move towards a merger, There will also be further pressures associated with the next state of EU Exit at the end of the transition period.</p>	<p>the planned implementation of shared governance arrangements and the staffing management of change in response to the pandemic which creates pressure in delivering key duties.</p>	<ul style="list-style-type: none"> Oversight of Management of Change and Merger via Transition Oversight Group Interim staffing structure reporting to new Executive Team 		