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

Date: Tuesday 14 July 2020 **Time:** 1pm

Venue: Virtual Microsoft Teams Meeting **Room:** n/a

Chair: Dr Ruth Edwards, Dudley CCG

AGENDA

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	**Review of minutes and actions from previous meeting – 12 March 2020**	1	Approval	Chair
2.		**TRANSFORMING CARE PARTNERSHIP**			
2.1	1.05pm	**Infrastructure Plan for Learning Difficulties and Autism**	2	Approval	Kathryn Hudson
3.		**GOVERNANCE**			
3.1	1.15pm	**Shared Governance Update**	3	Assurance and Approval	Mike Hastings
3.2	1.25pm	**GGI Governance Arrangements**		Assurance	Good Governance Institute
3.3	1.45pm	**Corporate Objectives**	4	Assurance	Mike Hastings
3.4	1.55pm	**Board Tenure**	5	Approval	Mike Hastings
3.5	2.05pm	**Committee Assurance Report**	6	Assurance	Peter McKenzie
4.		**FINANCE**			
4.1	2.15pm	**Month 2 Finance Report**	7	Assurance	James Green

4.2	2.25pm	**Review of the Walsall Healthcare NHS Trust Full Business Case for the Emergency Department and Acute Medicine Development**	8	Assurance and Approval	James Green
5.		**COVID 19 RESPONSE**			
5.1	2.35pm	**Covid Response on Estates/Workforse Risk Assessment including BAME for assurance**	9	Assurance	Jason Evans
6.		**DUDLEY MCP UPDATE**			
6.1	2.45pm	**Update from Dudley ICP Procurement Project Board**	10	Assurance	Neill Bucktin
7.	2.55pm	**ANY OTHER BUSINESS**			
8.		**DATE OF NEXT MEETING**			

GOVERNING BODIES MEETING IN COMMON

TUESDAY, 31 MARCH 2020 AT 1PM VIA MICROSOFT TEAMS

M I N U T E S

Members:

Prof C Handy	Lay Member for Quality & Safety, Dudley CCG (Chair)
Mr P Maubach	Chief Executive Officer, Black Country and West Birmingham CCGs
Dr David Hegarty	Chair, Dudley CCG
Mrs Caroline Brunt	Chief Nurse, Dudley CCG
Mrs H Mosley	Lay Member for Patient and Public Engagement, Dudley CCG
Mr Tony Allen	Lay Member for Governance, Dudley CCG
Dr A Johnson	Secondary Care Clinician, Dudley CCG
Dr R Edwards	Clinical Executive, Dudley CCG
Dr T Horsburgh	Clinical Executive, Dudley CCG
Dr F Rose	GP Board Member, Dudley CCG
Dr M Mandiratta	GP Board Member, Dudley CCG
Dr P D Gupta	GP Board Member, Dudley CCG
Mr M Hartland	Chief Operating and Finance Officer, Dudley CCG & Walsall CCG
Dr A Rischie	Chair, Walsall CCG
Mr M Abel	Lay Member for Commissioning, Walsall CCG
Miss R Barber	Lay Member for Patient and Public Involvement, Walsall CCG
Mr M Jhooty	Lay Member for Audit and Governance Chair, Walsall CCG
Dr H Baggri	Clinical Executive, Walsall CCG
Dr H Lodhi	Clinical Executive, Walsall CCG
Dr J Teoh	Clinical Executive, Walsall CCG
Dr R Sandhu	West Locality Chair, Walsall CCG
Mr P Tulley	Director of Commissioning, Walsall CCG
Mrs D Macarthur	Director of Primary Care and Integration, Walsall CCG
Dr S Reehana	Chair, Wolverhampton CCG
Ms S Mckie	Vice Chair/Lay Member, Wolverhampton CCG
Mr P Price	Lay Member for Audit, Wolverhampton CCG
Mr L Trigg	Lay Member for Finance and Performance, Wolverhampton CCG
Mr J Oatridge	Lay Member, Wolverhampton CCG
Dr D Bush	Elected GP, Wolverhampton CCG
Dr M Kainth	Elected GP, Wolverhampton CCG
Dr R Gulati	Elected GP, Wolverhampton CCG **(Dialled in)**
Dr R Rajcholan	Elected GP, Wolverhampton CCG **(Dialled in)**
Mr J Green	Chief Finance Officer for Wolverhampton and Sandwell & West Birmingham CCG
Mr M Hastings	Director of Operations, Wolverhampton CCG
Mr S Marshall,	Director of Strategy & Transformation, Wolverhampton CCG
Mrs S Roberts	Chief Nurse, Wolverhampton CCG
Mr R Mitchell	Co-opted Independent Member for Western Birmingham with BSOL CCG
Dr I Sykes	Chair, Sandwell and West Birmingham CCG
Mr R Sondhi	Vice Chair & Lay Member, Sandwell and West Birmingham CCG
Mrs J Jasper	Lay Member, Sandwell and West Birmingham CCG
Mrs J Rawlinson	Lay Member, Sandwell and West Birmingham CCG
Dr K Grindulis	Secondary Care Consultant, Sandwell and West Birmingham CCG
Dr M Aslam	Governing Body GP- West Birmingham, Sandwell and West Birmingham CCG
Dr P Marok	Governing Body GP- Sandwell, Sandwell and West Birmingham CCG
Dr J Brown	Western Birmingham GP from BSOL CCG

In Attendance:

Mr Neill Bucktin	Director of Commissioning, Dudley CCG
Mrs Laura Broster	Director of Communications, Dudley CCG

Mrs Jayne Emery	Healthwatch, Dudley CCG
Mrs S Saville	Head of Corporate Governance, Walsall CCG
Mrs T Cresswell	Healthwatch, Wolverhampton CCG
Mr D Watts	Local Authority, Wolverhampton CCG
Mr P McKenzie	Corporate Operations Manager, Wolverhampton CCG
Miss J Woodhouse	Acting Head of Corporate Governance, Sandwell and West Birmingham CCG
Mrs R Ellis	Chief Officer Transformation, Sandwell and West Birmingham CCG
Mrs A McGee	Director of Human Resources and Organisational Development, Black Country and West Birmingham CCGs

Minute Taker:

Mrs E Smith	Governance Support Manager, Dudley CCG

CBIC07/2020 APOLOGIES

Apologies were received from:

Dr J Darby	Clinical Executive, Dudley CCG
Mrs D Harkins	Director of Public Health, Dudley CCG
Dr S Kaul	Locality Lead, Walsall CCG
Dr N Ashgar	Locality Lead, Walsall CCG
Dr A Khera	Locality Lead, Walsall CCG
Mrs S Shingler	Chief Nurse Officer, Walsall CCG
Mr J Taylor	Healthwatch, Walsall CCG
Dr M Ashgar	Elected GP, Wolverhampton CCG
Mrs H Ryan	Practice Manager Representative, Wolverhampton CCG
Mrs S Gill	Healthwatch, Wolverhampton CCG
Dr A Mittal	Public Health Representative, Wolverhampton CCG
Dr K Krishan	LMC Representative, Wolverhampton CCG
Mrs T McMahon	Lay Member Board Nurse, Sandwell and West Birmingham CCG
Dr P Hallan	Governing Body GP, Sandwell, Sandwell and West Birmingham CCG
Dr A Ahmed	Governing Body GP, Sandwell, Sandwell and West Birmingham CCG
Mrs M Carolan	Chief Officer Quality, Sandwell, Sandwell and West Birmingham CCG

GBIC08/2020 APPOINTMENT OF CHAIR FOR THE MEETING

Members were in agreement that Dr Handy would chair the meeting and it was noted that there would be members that would also be dialling in. It was noted that all four CCGs were quorate for the meeting.

Due to the number of questions raised the Chair confirmed that these would be answered by the person presenting the report and then a full response to all the questions will be circulated after the meeting.

GBIC09/2020 DECLARATIONS OF INTEREST

Members were asked to disclose any 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.

None were declared.

GBIC10/2020 MINUTES

3.1 Minutes from Governing Bodies in Common on the 21 January 2020

Minutes and matters arising from the meeting on the 21 January 2020 were approved following the agreed amendments below:

Section 5.1 - 6th paragraph, Ladywood not Landywood, and Sandwell and West Birmingham
Section 6.1 - 2nd sentence, 1st paragraph reworded to "... gives us the capacity and opportunity to...."
2nd paragraph removal of duplicated word “this”

RESOLUTION:
The Governing Bodies in Common approved the minutes subject to the amendments above.

3.2 Minutes from Walsall CCG Governing Body – 14 January 2020
Dr Rischie asked if all Walsall Governing Body members were happy to accept the minutes dated 14 January 2020

RESOLUTION:
The Governing Body for Walsall CCG approved the minutes of the 14 January 2020.

3.3 Minutes from Wolverhampton CCG Governing Body – 11 February 2020
Dr Reehana asked if all Wolverhampton Governing Body members were happy to accept the minutes of the 11 February 2020.

RESOLUTION:
The Governing Body for Wolverhampton CCG approved the minutes of the 11 February 2020.

GBIC11/2020 UPDATE FROM CHIEF EXECUTIVE OFFICER FOR THE BLACK COUNTRY CCGs

Mr Maubach reported that he had issued an instruction to staff that anyone who were not front line staff, should be working from home. So a significant proportion of staff are now working from home, those that are coming into work are those individuals who are supporting the incident room in Sandwell or are front line staff. He reported that business as usual activities have been scaled back and clear instructions have been received from NHSE/I confirming that everything be suspended except for functions that are business critical.

Mrs Ellis, Deputy Accountable Officer for the purpose of COVID-19 is leading on the Incident as her role as EPRR Lead. Mrs Ellis reported that the Governing Body should be assured that the partners within the system are working incredibly well together and reflected that it demonstrated "true partnership". She highlighted that the whole system was coming together to work through the pandemic to ensure that the system gave the best response to patients. The system is facing significant challenges, currently testing in mass has ceased therefore it has been difficult to share the exact number of those patients that are Covid-19 positive.

Mrs Ellis confirmed that across the STP footprint there are 774 confirmed cases as at the 30 March and there have been 145 deaths across the Black Country. She confirmed that it was incredibly positive the level of innovation that was being seen and how the system was working together in a much more efficient and effective way.

It was confirmed that there will be regular briefings circulated and questions will be answered through this route.

Mr Maubach reported that there was a lot of work taking place in relation to the Nightingale Hospital at the NEC to support the potential peak of covid1-9 and the current critical factors is around managing the demand around ventilator capacity. The current modelling suggests that the demand on our hospitals will exceed supply – and at this point we would need additional capacity to support our patients by using the Nightingale. Daily discussions are taking place with providers to understand if there will be a requirement to use the facility. Mr Maubach also echoed that everyone, collectively as a system, has done an amazing job in getting the bed capacity to such a low level.

A question was raised with regards cancer. Mrs Ellis reported that cancer remains a priority. Work is ongoing with the Trusts to ensure that the activity remains protected. Work is also taking place to look at the use of the private sector to ensure some of these activities can continue. It was agreed that an update would be included in the regular briefing relating to cancer and other key services.

RESOLUTION:
Dudley CCG – noted the update for assurance
Walsall CCG – noted the update for assurance
Wolverhampton CCG – noted the update for assurance
Sandwell & West Birmingham CCG – noted the update for assurance

GBIC12/2020 CONTINUITY GOVERNANCE ARRANGEMENTS – COVID-19

Mr Hastings introduced this item and highlighted that its purpose was to outline an approach to the operation of the CCGs' Governance arrangements during the response to the COVID-19 Incident. He confirmed that a number of national decisions, including the suspension of the usual deadlines for contract negotiations, delay to annual reporting timelines and suspension of some regulatory activity has already been made. As a result, it was proposed that the current timetable of committee meetings was suspended whilst an assessment was made of the

likely business requirements. If during the review period it becomes clear that a meeting does need to take place, the meeting will be re-instated with appropriate notice provided.

Work is still taking place to understand how the CCGs go forward with a reduced number of meetings and retains the statutory requirements for governance. Approval of this paper would allow the work to progress.

The Recommendations to the Governing Bodies are as follows:-

1) Agree to the suspension of the calendar of meetings whilst a review of upcoming critical business is conducted
2) Notes that following the review, committee business is likely to be scaled back to quarterly meetings initially.
3) Notes the mechanisms in place to support the continuity of business outside of formal committee meetings
4) Agree to the necessary suspension of Standing Orders in relation to the conduct of meetings (including the number of meetings required to be held and the requirement to hold in public)

The responses to questions asked in advance of the meeting were as follows:

Rachel Barber asked about the timescale proposed for the review of business critical meetings and whether, if it became clear that a meeting does need to take place, it would be re-instated. The response was that this would be dependent on the work to define Business Critical functions. Once this was defined it would then be clear what Business Critical Decisions and therefore meetings are required. She also asked whether, given that the majority of meetings are bi-monthly, it would actually be possible to meet with a reduced attendance and a more succinct and focussed agenda to allow business to be conducted swiftly. The response was that NHSE/ I had issued clear instructions that only CCG functions critical to the crisis would - continue all other work, including provider assurance processes, contract negotiations and finance and activity monitoring were to be suspended. This would considerably restrict the volume of papers. Finally, she highlighted that discussion around governance and approval, be it retrospective was still good practice and it was confirmed that the Executive Team's review would identify items that require committee decision and a log of more urgent decisions would be kept by the Governance Team.

Mike Abel suggested moving to meetings every 2 months with a reduced and prioritised agenda and extremely concise papers/briefing notes. As highlighted above, the Executive Team's review would identify items that require committee decision which would determine the schedule of meetings.

Janette Rawlinson expressed concern that the pace of change meant that the volume of papers for quarterly meetings in common would be overwhelming for members to read, digest and prepare questions in order to ensure good governance. In particular she asked how risks would be captured and monitored and highlighted the possibility of some core and crucial matters 'running away' without time to redress them including contractual and procurement implications and understanding the impact on performance targets. The response was that mechanisms would be put in place to provide assurance (including outside of formal meetings) of management of the incident – which will be the Number one priority. She also asked that the need for a review as soon as practicable to mitigate potential risks to patients, the organisations and the NHS was noted. The response was that the CCG would keep arrangements under review and take into account any guidance from NHSE as the COVID incident develops and CCGs begin to stand down the support to the response.

RESOLUTION:
Dudley CCG – Agreed the recommendations taking into account that any questions will be circulated
Walsall CCG – Agreed the recommendations taking into account that any questions will be circulated
Wolverhampton CCG – Agreed the recommendations taking into account that any questions will be circulated
Sandwell & West Birmingham CCG – Agreed the recommendations taking into account that any questions will be circulated

GBIC13/2020	**WALSALL CCG ASSURANCE REPORTS**

Dr Rischie spoke to this item and informed the Governing Bodies in Common that as Walsall CCG had not held a Governing Body meeting in March, the paper was presented today for assurance to the Walsall CCG Governing Body members. He confirmed that the report summarised the Committees that had taken place in January and February 2020.

There were no questions from Walsall's Governing Body.

RESOLUTION:
Walsall Governing Body accepted the report for assurance.

GBIC14/2020	WOLVERHAMPTON CCG ASSURANCE REPORTS

Dr Reehana spoke to this item and informed the Governing Bodies in Common that as Wolverhampton CCG had not held a Governing Body meeting in March, the paper was presented today for assurance to the Wolverhampton CCG Governing Body members. She confirmed that the report summarised the Committees that had taken place in February and early March 2020.

There were no questions from Wolverhampton's Governing Body.

RESOLUTION:
Wolverhampton's Governing Body accepted the report for assurance.

GBIC15/2020	DRAFT FINANCIAL PLAN 2020/21

Mr Green spoke to this paper and reported that its purpose was to present the Governing Bodies with the Financial Plan for 2020/21 for the four Black Country & West Birmingham CCGs. Mr Green highlighted the issues the CCGs were working through, which may have a financial impact as part of the response to COVID-19.

The report meets the business planning rules set for the CCG by NHS England. The report outlines the CCGs combined resource limit and total in-year allocation across the four CCGs of £2.3bn for the next financial year, this was a £95.2m increase since 2019/20.

NHSE require the CCGs to deliver a £26m surplus next financial year and he confirmed that this was to be taken from the £95m increase as the surpluses in 2019/20 were delivered non-recurrently.

Mr Green reported that there was a gap of £34m and a further contract gap with the providers of £22m. The gap had arisen as a result of the negotiations that have been taking place with the providers, where the forecast outturn plus 2% was offered, however the providers wanted significantly greater than that. In order to be able to submit plans to the STP we agreed to set the plan at forecast outturn plus 3.8% in both the CCG and provider plans. So that resulted in a £22m gap for the CCGs. In providers plans that included a £21m gap.

An efficiency target of £111.1m (4.8%) is incorporated into the 2020/21 financial plan, which is higher than in previous years. The need to achieve a £4.5m surplus and meet the planning and commissioner business rule requirements, as well as the currently assumed 3.8% growth on in-system contracts has necessitated this higher than usual efficiency target. £76.4m of schemes have currently been identified with £34.8m left to be identified (31.3%).

Things have been moving significantly in March and Covid-19 has put a number of things on pause such as the contracting process and some elements of the planning process. Mr Green confirmed that the CCGs are following the methodology that for the first fourth months, these will be based on block contract values which have been calculated nationally and will be offering this to the providers on behalf of the four CCGs. This arrangement will likely pass July, but currently planning is being done on this basis.

The Recommendations to the Governing Bodies are as follows:-
1) Approve the balanced financial plan to the end of month 4;
2) Note that work is ongoing to ensure the unidentified efficiencies balance within months 5-12 are fully identified and/or mitigated before the end of month 4;
3) Note that further the Governing Body and Finance & Performance Committee will be kept appraised of developments relating to the COVID-19 response, the actions being taken to close the unidentified efficiency gap and 2020/21 contracts.

The responses to questions asked in advance of the meeting were as follows:

Ian Sykes highlighted the requirement for the CCGs to reach the reduced 20% management costs of £26.3m and asked whether, in view of the Covid pandemic, and pausing of the management of change, if there was assurance from NHSE/I that they would accept a breach of this cost limit, or that extra funds to cover the excess management costs incurred from managing the Covid problem would be provided. The response was that there was no specific assurance from NHSE regarding exceeding the running costs ceiling at present however dialogue with them would continue and the CCGs would ensure that appropriate costs which have been incurred as a result of the COVID situation were reclaimed.

Janette Rawlinson asked about interpreting services which were identified in Sandwell and West Birmingham's budget lines but not in the other CCGs. It was confirmed Interpreting services are offered in all CCGs however the values differ significantly. These will be harmonised going forward.

RESOLUTION:
Dudley CCG – Agreed these recommendations outlined in the paper
Walsall CCG – Agreed these recommendations outlined in the paper
Wolverhampton CCG – Agreed these recommendations outlined in the paper
Sandwell & West Birmingham CCG – Agreed these recommendations outlined in the paper

GBIC16/2020	CHANGES TO 2019/20 WOLVERHAMPTON CCG & WALSALL CCG SURPLUS

Mr Green spoke to this paper and reported that the purpose of the report today to ask the Governing Bodies for Wolverhampton and Walsall CCGs to approve the reduction in the reported surpluses as outlined in the report.

The acute providers in these two areas have undertaken high levels of activity during the financial year mainly in the emergency category and as a result they have incurred significant additional costs, whereas the CCG has benefitted from having protection from exposure to charges from this activity due to risk share contracts that are in place. The issue this has caused for the provider trusts is that they are now facing the prospect of failing to achieve their control totals which means they will be unable to claim provider sustainability funds and financial recovery funds from NHSE for the fourth quarter. These are quite substantial amounts of £2.6m at Royal Wolverhampton Trust and £5.9m at Walsall Healthcare Trust.

It is proposed that NHS Walsall CCG make an additional payment of £4.0m to Walsall Healthcare NHS Trust and NHS Wolverhampton CCG make and additional payment of £5.0m to The Royal Wolverhampton NHS Trust. Both payments are in respect of additional activity undertaken by the Trusts and the associated additional cost pressures they have incurred as a result. Both CCGs have undertaken detailed reviews of the contracts and activity incurred to ensure these additional payments are genuinely required.

The proposal is to reduce NHS Wolverhampton CCG's surplus by £3.15m to an in-year break-even position and cumulative surplus of £10.0m; and NHS Walsall CCG's surplus by £1.0m to a forecast in-year break-even position and a cumulative surplus of £5.7m. It is worth noting that whilst there is an adverse impact on the CCGs; the additional income received by the Trusts, if this proposal is approved and actioned, will mean that both Trusts will be able to achieve their control totals and therefore receive the full amount of Provider Sustainability Funding (PSF), Marginal Rate Emergency Tariff (MRET) and Financial Recovery Fund (FRF) made available in 2019/20.

The responses to questions asked in advance of the meeting were as follows:

Rachel Barber asked for further assurance required about the ratification of the additional cost pressures in both Trusts and how well they are well run and further details of on how the £4.85m covered by current flexibilities and forecast assumptions is made up. The answer was that cost pressures within the Trusts have arisen as a result of undertaking additional activity from which The CCGs have been protected by the contract. The £4.85m has been accounted for over the recent months through a combination of incorporating in the planned expenditure, and the application of contingencies and flexibility across all budgets within the CCGs.

Mike Abel asked if the position was supported by NHSI/E and neither CCG would be 'sanctioned' as a result. He asked if Dudley or S&WB had surpluses. The response was that NHSE were aware of the proposal and been supportive, in particular in the respective System Performance Review meetings. Final confirmation will be requested if the recommendation is supported. SWB is on target to achieve it's surplus of £3.15m Dudley CCG is considering a proposal to support the DGoH.

Ranjit Sondhi asked about the impact on the overall financial position of all four CCGs. The response was that the impact was that Walsall and Wolverhampton CCGs will not achieve the Surplus Control Total issued by NHS Midlands for 2019/20. However, these two CCGs will still achieve their statutory duty to deliver a break-even position. As surpluses generated by a CCG in one financial year cannot automatically be accessed in future years without the permission of NHSE, this proposal gives more certainty by attracting additional resources into each local health economy through the Provider Sustainability Funding regime.

Further questions were raised in relation to whether this was allowed by the Department of Health, the external auditors and was it possible to obtain assurance in writing from NHSE/I.

Mr Green reported that we are not proposing to lend money to the providers, it is a payment to them for activity. He has spoken to Grant Thornton, external auditor, and their position is that we have to demonstrate what we are paying for and to that end we are able to demonstrate that it covers emergency activity. Contract variations are in place and Mr Green agreed that he would look at obtaining writing or assurance from NHSE.

To give some members comfort around the preparation of the annual accounts – there has now been an agreement to extend the current the timescale of the 27th from the 24thApril. The audit has been delayed from the 25 May to the 25 June. All external auditors will now have a longer period of time. Auditors have confirmed they can produce this virtually. Each CCG is continuing to produce four sets of accounts and Mr Green will keep an oversight on that. If members fall sick within the teams, plans are in place to mitigate the impact.

RESOLUTION:

Walsall CCG – Agreed these recommendations outlined in the paper
Wolverhampton CCG – Agreed these recommendations outlined in the paper

GBIC17/2020	**ALIGNED GOVERNANCE ARRANGEMENTS**

Mr Hastings spoke to this report to outline a proposed new aligned governance structure across the four CCGs for agreement by the Governing Bodies based on delegation of responsibilities to the Joint Commissioning Committee (which will be renamed the Joint Health Commissioning Board) supported by a shared Scheme of Reservation and Delegation.

In order to support the continuing alignment of the four Black Country and West Birmingham CCGs, an aligned and shared Governance Structure has been developed. As highlighted at the meeting of the Governing Bodies on 21 January 2020 the structure was based on delegation of commissioning functions to a Joint Health Commissioning Board supported by functional sub-committees. Terms of Reference for the Joint Health Commissioning Board and a draft Scheme of Reservation and Delegation were presented for approval.

The Governing Bodies established a number of Task and Finish groups made up of Lay, Executive and GP members to examine specific issues, including the Scheme of Reservation and Delegation (SORD), membership of the new committee structure and approaches to delivering the CCG's statutory duties. These groups have been meeting and the outputs of their work have been used to develop the detailed proposals for the Governing Bodies consideration.

It is proposed that the JCC is renamed the Joint Health Commissioning Board (JHCB) and that further functions are delegated to it. Delegating these functions will enable the JHCB to provide oversight of the four CCG's commissioning functions on behalf of the Governing Bodies as part of a streamlined approach to governance for the developing shared team across the CCGs led by the Single Executive team structure agreed by the Governing Bodies in January 2020.

A Project Management Programme has been developed so there is a much greater structure in place now to manage the governance arrangements going forward.

The Recommendations to the Governing Bodies are as follows:-

1) To approve the delegation of functions to the Joint Health Commissioning Board outlined in the draft Terms of Reference.
2) To approve the draft Terms of Reference for the Joint Health Commissioning Board
3) To approve the proposed Membership for the Joint Health Commissioning Board and its sub-committees
4) To approve the changes to the Scheme of Reservation and Delegation and the consequent amendment to the CCGs' Governance Handbooks
5) Authorise the Chief Finance Officer to make arrangements for named officers to exercise his delegated powers to sign off invoices up to a value of £250,000.
6) Agree that, where posts referenced in Standing Financial Instructions no longer exist, that the equivalent officer in the new structure exercises the powers provided.
7) Approve the proposed Corporate Calendar
8) Note the work to reappoint External Auditors and the planned procurement of a single External Auditor from 2021/22.
9) Note the proposed next steps in relation to the development of Governance arrangements.

The responses to questions asked in advance of the meeting were as follows:

Rachel Barber suggested that the membership of the Joint Health Board should include a PPI Lay Member which could either be an additional Lay taking it up to 5 (which would still be less than GP membership) or leave as 4 replacing one of the other specified lays, such as REM. This will strengthen the patient voice to this Board. She also asked about the process for appointing members to the JHCB. The response was that the CCG Chairs would be starting the process of determining the nominations for each committee to ensure the correct mix of positions/ skills on each committee. She also suggested that internal audit input into alignment of risks would be beneficial

and asked for further clarity about the membership of the transition board and details of the reappointment of CCG external auditors. The point on internal audit was taken on board and it was confirmed that the membership of the transition board would be discussed as part of the next meeting of the transition board. The recommendation about External auditors was made to each CCG's Audit Committee and details were provided about the specific meetings this had been agreed at. It was also confirmed that during 2020/21 a piece of work to explore an aligned external audit service will be undertaken.

Ian Sykes and **Karl Grinduis** highlighted that the papers circulated referred to the both the Quality and performance committee and Integrated Assurance Committee. It was confirmed that this was a drafting error and references to Integrated Assurance would be changed to Quality & Performance

Matt Hartland highlighted that the proposed structure did not reflect that Place Committees would be sub-Committees of the Joint Health Board and that clarity was needed on which Deputy Accountable Officer would attend each committee. The response was that further debate was required on the arrangements for the place committees. It was also clarified that the working group on committee membership had taken the view was that Deputy Accountable Officer attendance should be agreed between the postholders, which could include deputising for each other if required. In relation to a further point it was confirmed that the membership of Remuneration, Audit and PCCC committee would continue as these would meet in common.

Mike Abel highlighted that the JHCB membership needed to be clarified and it was noted that the Chairs would be discussing the appointment to the proposed membership.

Janette Rawlinson and **Ranjit Sondhi** made a number of suggestions in relation to the management of conflict of interests including informing the Head of Corporate Governance of interests in addition to the Chair and applying the principles to sub-committees of the JHCB. It was acknowledged that the fine detail of processes is still to be finalised and the Terms of Reference would be amended to include the Governance Team being informed. In response to a query from Janette about citing Wolverhampton CCG's Standing Orders it was confirmed that as there are still some minor differences between the CCGs' Standing Orders, quoting a specific CCG prevents this causing any confusion. This included details of public involvement at public Governing Body meetings. She also asked whether committee members who were not members of the board, what training/support would be provided regarding consistent governance approach and general conduct and register of interests and, whilst it was confirmed that the proposed membership at this stage only includes current Governing Body members/ Executive Directors, should additional members be appointed in the future training/ induction will be provided.

In response to specific queries about the SORD it was confirmed that responsibility for ensuring the CCG acted Economically, Efficiently and effectively was prescribed in legislation as a Governing Body responsibility but practically would involve assurance through the other committees and a point about partnership working applying to all committees would be addressed through terms of reference development. It was also confirmed that responsibilities delegated to the Chief Finance Officer were operational and the oversight role for FSC was in approving arrangements to meet financial duties and approving changes to budgets. It was also confirmed that sign off of annual reports would be through the Governing Bodies and operational decisions were not delegated to Audit committee outside of the audit committee's role of assurance.

RESOLUTION:
Dudley CCG – Agreed these recommendations were approved in principle however it would be presented to the next Governing Body in Common for approval.
Walsall CCG – Agreed these recommendations were approved in principle however it would be presented to the next Governing Body in Common for approval.
Wolverhampton CCG – Agreed these recommendations were approved in principle however it would be presented to the next Governing Body in Common for approval.
Sandwell & West Birmingham CCG – Agreed these recommendations were approved in principle however it would be presented to the next Governing Body in Common for approval.

GBIC18/2020	**DRAFT CORPORATE OBJECTIVES**

Mr Hastings presented this paper to ask the Governing Bodies in Common for approval of the proposed set of corporate objectives which are common to each of the four BC&WB CCGs.

Following the approval for the single Accountable Officer and revised governance structure, the Black Country and West Birmingham CCGs have agreed for the Governing Bodies to meet in common. In order for this to be effective it is important for the Governing Bodies to agree to a common set of corporate objectives which are broad enough to be relevant to all organisations. It is acknowledged that a set of priorities will be required by each CCG which describes the local detail for the delivery of the objectives.

Corporate objectives are the starting point in the new financial year to set expectations and outcomes and ensure clarity for the organisation from Governing Body level to all individuals as the objectives are translated into personal objectives through the PDR process. These initial objectives will be able to facilitate further work to take place but are still work in progress and will develop over time.

The Recommendations to the Governing Bodies are as follows:-

1) The Governing Body supports the adoption of the proposed corporate objectives noting the reporting arrangements with the management and committees.

Responses to questions asked in advance of the meeting were as follows:

Rachel Barber and **Mike Abel** asked whether this approach was appropriate in the current climate and whether it should be paused. The response was that whilst the delivery of these objectives during the COVID response period is unlikely, agreeing the objectives now will allow the governance team to have the option to start working on alignment of risk strategies and Board Assurance Frameworks.

Janette Rawlinson asked whether the Remuneration Committee as a statutory committee would have a role in reviewing objectives. The response was that the table demonstrated where the high-level risk to each objective will be managed. Remuneration Committees will have a role in managing statutory employer duties which will probably also be picked up under the relevant objective.

Ranjit Sondhi asked what happens when local priorities do not fit in easily into the corporate objectives and it was confirmed that the objectives in the paper have been proposed on the basis that they allow local priorities to sit underneath in some form.

RESOLUTION:
Dudley CCG – Agreed the proposed draft corporate objectives
Walsall CCG – Agreed the proposed draft corporate objectives
Wolverhampton CCG – Agreed the proposed draft corporate objectives
Sandwell & West Birmingham CCG – Agreed the proposed draft corporate objectives

GBIC19/2020 TREATMENT POLICIES – PRIORITISATION SCORECARD

Mr Maubach spoke to this item and reported that the Treatment Policies is presented today for approval. He gave assurance that the policy was discussed at length at a previous Joint Commissioning Committee and although it was debated and agreed it needed to be ratified by the Governing Bodies in Common.

The Recommendations to the Governing Bodies are as follows:-

1) The adoption of the prioritisation scorecard framework currently used by SWB and BSOL CCGs by all Black Country CCGs
2) To assign the retrospective policy work to the 'task and finish' BCWB policy development group, to deliver by January 2020/21
3) To approve Dudley, Walsall and Wolverhampton CCG's joining the BSOL CCG process, with a single Clinical Priorities Advisory Group and governance approval via the proposed System Commissioning meeting through to the BCWB Joint Health Board

Responses to questions asked in advance of the meeting were as follows:

Rachel Barber asked whether Governing Bodies were asked to approve withholding any public consultation for this initial alignment? She also asked for assurance that the process will also consider any specific nuances relating to individual CCG including any policies that would currently apply to individual CCGs but would not following a review of the whole.

It was confirmed that proportionate engagement with local people was required in each CCG geography affected. This was particularly important where the retrospective alignment of policies and future nationally required treatment policies results in a procedure/intervention no longer being routinely commissioned or commissioned with restrictions. The proposed approach to treatment policy development, was based on the strength of the evidence base forming the rationale for recommendation and implementation. If there is a cohort within the patient population where it has been identified that there is a higher prevalence to a condition for which a treatment policy is being considered, the scorecard approach ensures this is taken into account to ensure equity and equality.
It was also confirmed that the proposed joint commissioning group reporting to the Joint Health Board

Janette Rawlinson also highlighted the risks related to PPI noting that, even though events would not be taking place, alternative options would provide an opportunity to comment. The requirement to undertake proportionate engagement with both local people in all 5 CCG places within the STP and clinicians was reaffirmed and it was noted that a combination of web-based and hardcopy surveys, targeted engagement with relevant patient/user forums and expert groups/charities, and public events i.e. meetings had previously been used. If COVID restrictions apply by the time we commence the retrospective and future national policy development work we will find appropriate ways to engage, calling on the expertise of the communications and engagement officers across BCWB CCGs. In response to queries about the decision making process and how it would apply to rare conditions and specific groups of patients it was confirmed that the CPAG was not a decision making group but that its role was to review all known evidence and use the scorecard to make a recommendation through the established governance framework for decisions to be reached.

It was also noted that should a clinician believe that a patient would benefit from the treatment– where exceptionality is demonstrated then the application will be approved through the IFR process. Where more than 1 or 2 people would benefit from a treatment that is not routinely commissioned, in order for the service to be commissioned a case for change would need to be presented for approval via the formal governance committees. CPAG and TPCDG consider where the treatment addresses health inequality or health inequity as an integral component of the scorecard. In the proposed treatment policy development process, the strength of the evidence base forms the rationale for recommendation and implementation. If there is a cohort within the patient population where it has been identified that there is a higher prevalence to a condition for which a treatment policy is being considered, the scorecard approach ensures this is taken into account to ensure equity and equality.

RESOLUTION:
Dudley CCG – Agreed the recommendations outlined in the paper
Walsall CCG – Agreed the recommendations outlined in the paper
Wolverhampton CCG – Agreed the recommendations outlined in the paper
Sandwell & West Birmingham CCG – Agreed the recommendations outlined in the paper

DATE AND TIME OF NEXT MEETING

To be confirmed

GOVERNING BODIES IN COMMON

DATE OF MEETING: 14 JULY 2020
AGENDA ITEM: 2.1

TITLE OF REPORT:	**Resource and Infrastructure Plan to support delivery of LD & Autism Recovery Trajectories for 2020/21**
PURPOSE OF REPORT:	The purpose of this report is to describe the infrastructure required to facilitate the discharge of identified Black Country & West Birmingham adult citizens before 31st March 2021.
AUTHOR(S) OF REPORT:	**Wendy Ewins; Head of Autism and Learning disabilities,** Black Country & West Birmingham CCGs **Scott Humphries;** Divisional Director for Learning Disability and CYPF Black Country Partnership NHS Foundation Trust **Mark Rollason** Head of Financial Planning & Strategy, Sandwell & West Birmingham CCG
MANAGEMENT LEAD/SIGNED OFF BY:	**Michelle Carolan SRO TCP & Steven Marshall Commissioning Lead LD & Autism**
PUBLIC OR PRIVATE:	**Public**
KEY POINTS:	• To describe the infrastructure required to facilitate the discharge of identified Black Country & West Birmingham adult citizens before 31st March 2021. • To take account of the learning from Covid19 system working to support achievement of the proposed trajectories for 2020/21. • To provide assurance required for the GBIC that the proposed trajectories for 2020/21 can be achieved with the proposed infrastructure plan. • To seek the GBIC approval to fund the plan for 2020/21 • To advise the GBIC on potential recurrent financial implications and consider potential options
RECOMMENDATION:	**The GBIC is recommended to:** 1) Support the infrastructure plan presented above to enable robust recovery and delivery of the 2020/21 adult discharge trajectories for people with learning disabilities and/or autism 2) Support the options for investment to enable the infrastructure plan to be delivered within 2020/21 3) Recognise the recurring costs of implementing the infrastructure plan and agree how those costs could potentially be supported from April 2021.
CONFLICTS OF INTEREST:	One of the author's is from the Black Country Healthcare NHS FT. The GBIC decision process does not include any employee from the Black Country Healthcare NHS FT.
LINKS TO CORPORATE OBJECTIVES:	n/a
ACTION REQUIRED:	☐Assurance ☒Approval ☐ For Information
Possible implications identified in the paper:	
Financial	• Estimated £225k funding required in 2020/21.

	• Recurrent (full year effect) if all schemes in place by March 2021 is £1.09m • In part funded by a commitment to recurrently fund £404k as part of future mental health investment standard plans. • The remaining £686k is requested to be a commitment by CCGs (£172k per CCG) to invest in Learning Disabilities services to deliver the required number of patient discharges with an opportunity for cost avoidance savings of £622k.
Risk Assurance Framework	
Policy and Legal Obligations	If the schemes described above (whether individual specific, discharge enablers or wider system developments) are not supported by the Board, there are significant risks, namely; • Delay in agreeing this proposed plan will further jeopardise delivery of the discharge trajectories • If investment is not made available (both recurrent and non-recurrent), the quarterly planned discharge trajectories will not be met and the individuals in our care will not be fully supported to move forward in their pathways. • If the wider system developments proposed are not in place there is also the significant risk of further admissions and / or readmission of the individuals in this year's trajectories affecting our ability to reduce the level of actual inpatient bed provision. • This group of citizens experience significant inequalities. Not delivering these schemes of work, which all contribute to the delivery of reasonably adjusted services, will perpetuate disadvantage and inequality • The CCGs have a legal duty to meet people's aftercare needs under s117 Mental Health Act. The CCGs are at risk of not being able meet such needs, if appropriate services are not available.
Equality & Diversity	These schemes of work seek to support delivery of reasonably adjusted services to people who experience significant disadvantage due to disability. People with lived experience have been engaged in the planning and development of service ideas and new ways of working, which take account of protected characteristics.
Governance	

1.0 Background:

- BC & WB TCP – history of significant over reliance on inpatient models of care, with 106 inpatients at programme start in April 2016
- Required a 60-70% reduction in inpatients to achieve 40 adult inpatients per million by end March 2020
- Presence of large-stay hospitals, traditional models of services, levels of deprivation and changing demography, early adoption of diversion (to hospital rather than custody) and a small number of large offending families / communities
- National escalation for LD & Autism programme

2.0 System Improvements since January 2020:

(System performance is shown in appendix 1)

- Reduction in reliance on inpatient care between April 2016 – March 2020 =30%; By June 2020, this reduction has increased to 35%
- Collaborative admission avoidance work across system has resulted in Q1 2020/21 no admissions compared to Q1 2019/20 6 admissions
- Challenge remains the significant number of people with mild learning disabilities / autism who are on forensic pathways, and the need to develop a strong, collaborative and consistent approach to discharge planning

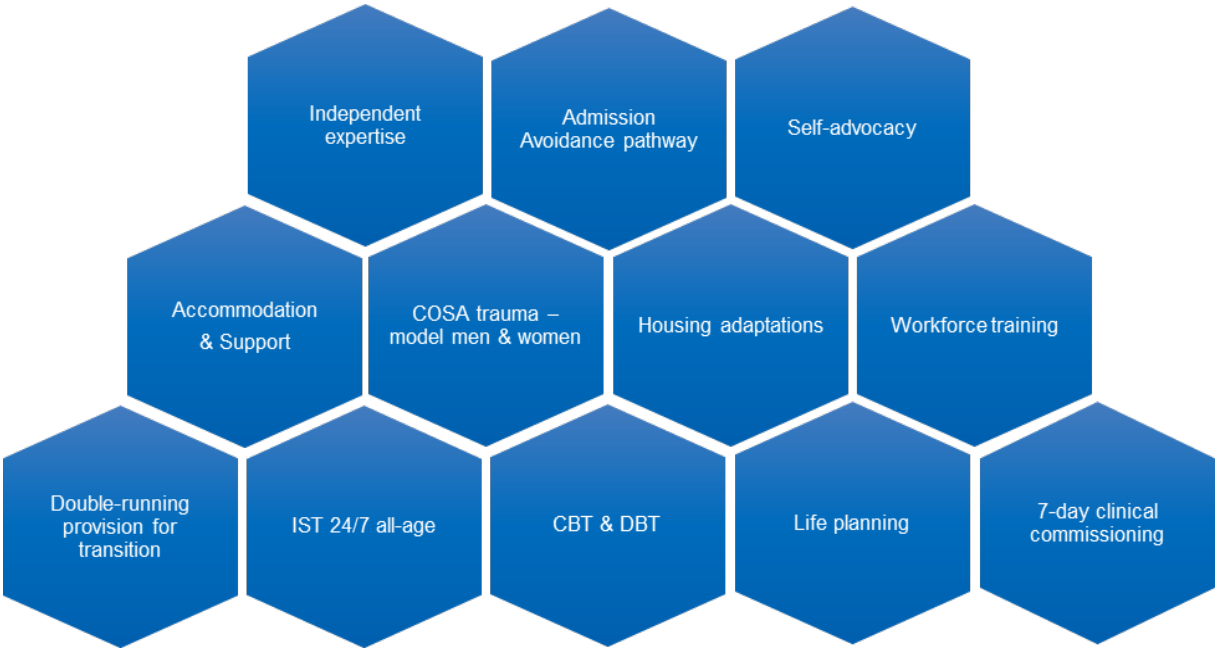
3.0 Next Steps 2020/21:

- Total inpatient review by system partners has resulted in a proposed recovery trajectory to achieve 40 adult inpatients per million by end March 2021
- Infrastructure plan developed from total inpatient cohort review & learning from system actions during Covid19; programme continued to operate as business critical
- 38 adults identified from reviews to be discharged by 31/03/2021. 10 have achieved discharge with 28 adult discharges planned as per recovery trajectory 2020/21
- Emphasis in plan on admission avoidance & support for people in the community
- Focus on individual needs & planning
- Plan to address gaps in trauma-informed support; community treatments that are currently only provided as inpatient service
- 24/7 commissioning & IST support to prevent admissions

4.0 Proposed Actions in Infrastructure Plan:

A summary of the actions proposed to impact on the recovery trajectories for 2020/21 are shown below and the detail of each scheme is shown in appendix 2.

To note that some of the proposed actions have been actioned during Covid-19 & have impacted on admission avoidance; the proposal is to maintain these actions in a sustainable way e.g 7-day commissioning; IST 24/7; admission avoidance pathway.



Accommodation & support needs identified from total cohort review

- Commissioners have worked with providers to develop new services and grow additional capacity to meet needs identified across the Black Country.
- Housing and support for approximately 45 people is either in development, or has recently opened, in the Black Country
- The capacity & provision is appropriate for our needs and remains in line with the National Plan*: Building the Right Support*. Local health and social care commissioners, in co-production with families, continue to work in partnership with accommodation and support providers to deliver positive outcomes through all new service developments.

The commissioned accommodation and support includes the following:

- Women's trauma-informed supported living service
- Forensic supported living for people with autism
- Forensic supported living for people with learning disabilities
- Supported living for people whose behaviour has been labelled as challenging
- Supported living for people with autism or learning disabilities who also have a mental illness
- Supported living for people with very complex physical health needs, in addition to behaviour that is labelled as challenging
- Short breaks provision
- A Hospital Avoidance Pathway, psychologically-informed nursing provision.

Financial Implications 2020/21:

- The infrastructure plan includes actions that the system has already taken during Covid19 to enable discharges to happen and to focus action on admission avoidance and support to people within the community. The financial implications of the infrastructure plan take that existing operational working into account.
- The GBIC will need to consider the financial implications of continuing the implementation of the infrastructure plan for the remainder of 2020/21 to achieve the recovery trajectory for adult inpatients at 40 per million population by end March 2021.

- It is estimated that a significant proportion of the funding required in 20/21 will be covered non-recurrently funded. This is mainly due to the current finance regime in place across both provider and commissioning organisations due to Covid-19.

	Q1	Q2	Q3	Q4	20/21
	£000	£000	£000	£000	£000
TOTAL FUNDING REQUIRED	119	274	450	411	1,253
Funded by:					
Impact of 20/21 Covid Finance Regime	(119)	(274)	(150)	0	(542)
Additional FTA Income (anticipated)	0	0	(50)	0	(50)
Net Impact of Admissions Avoidance	0	0	(121)	(175)	(296)
LA Discharge Grant	0	0	(40)	(50)	(90)
Other Sources of Funding	0	0	0	(50)	(50)
Shortfall (+/-)	0	0	89	136	225

- Appendix 2 details the schemes and split of estimated recurrent and non-recurrent costs identified.
- The current finance regime across health commissioner and provider organisations supports non recurrent funding for discharges and it is anticipated this will be in place until at least October 2020 with an estimated impact of non-recurrent support of £542k. Should the current regime remain until March 2021 it is envisaged all required funding will be covered non recurrently.
- FTA arrangements are not due to be in place until Oct 20 and the additional anticipated benefit is £50k in relation to discharges identified for 20/21.
- The net cost avoidance benefit of 3 avoided admissions per quarter is estimated at a £296k in 20/21 based upon average of costs avoided versus actual cost of alternative provision in year.
- It has been assumed that any double running costs in relation to patients identified will be covered by the LA discharge grant (estimated at £90k).
- Other sources of funding (including NHSE non recurrent support) has been estimated prudently at £50k (£500k funding received in 19/20).
- A potential shortfall of £225k has been identified which it requested as a first call on any non-recurrent funding. This equates to c.£56k per each CCG (calculated across 4 places as West Birmingham place is part of Birmingham TCP).

Financial Implications 2021/22:

- The table below highlights the recurrent requested investment of £1.09m by scheme type with further detail by scheme available in appendix 2.

Scheme type		Q1 £	Q2 £	Q3 £	Q4 £	Estimated funding 20/21 requirement £	2021/22 £
Individual specific	Rec	-	-	141,751	141,751	283,501	567,000
	NRec	-	50,000	-	-	50,000	
Discharge enablers	Rec	-	21,667	21,667	21,667	65,000	86,666
	NRec	-	76,250	121,250	121,250	318,750	
Wider system development	Rec	101,000	108,500	108,500	108,500	426,500	434,000
	NRec	17,500	17,500	56,824	17,500	109,324	
Total	**Rec**	**101,000**	**130,167**	**271,917**	**271,917**	**775,001**	**1,087,666**
	NRec	**17,500**	**143,750**	**178,074**	**138,750**	**478,074**	**-**
GRAND TOTAL		**118,500**	**273,917**	**449,991**	**410,667**	**1,253,075**	**1,087,666**

- £404k can be considered as part of the required investment standard in Mental Health for CCGs (MHIS).
- The remaining £686k would have to be an investment decision taken at risk by health commissioners.
- As a result of the investment however there should be cost avoidance of c.£622k to the Black Country TCP.

Number of Admissions Avoided	*3*	*3*	*3*	*3*	*12*
Locality	**Q1 £000**	**Q2 £000**	**Q3 £000**	**Q4 £000**	**Total**
BC TCP Average Cost (System)	**210**	**158**	**105**	**53**	**525**
Estimated Cost Avoidance (Saving)	**(459)**	**(344)**	**(230)**	**(115)**	**(1,148)**
Net Cost/(Cost Avoidance)	**(249)**	**(187)**	**(124)**	**(62)**	**(622)**
Cost avoided per individual	(83)	(62)	(41)	(21)	(52)

Assumptions:

- Based upon the last 3 placements that have helped avoid an admission across the Black Country TCP (Average annual cost per pt. was £70k or £1,340 pw)
- Estimated cost avoidance of inpatient care estimated at £153k per pt. per annum.
- If savings achieved/unblocked would be recognised net in healthcare budgets.
- It should be noted that there can be large variations in the cost of packages of care put in place (Highest £2,870 pw versus Lowest £232 pw) and the length of time with a particular care package can also vary widely.

Name of Authors:

Wendy Ewins; Head of Autism and Learning disabilities, Black Country & West Birmingham CCGs

Scott Humphries; Divisional Director for Learning Disability and CYPF
Black Country Partnership NHS Foundation Trust

Mark Rollason Head of Financial Planning & Strategy, Sandwell & West Birmingham CCG

APPENDICES (Attached)

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)	**Michelle Carolan & Steven Marshall**	**6 July 2020**

Working together for healthier futures

Black Country & West Birmingham Transforming Care Partnership

Performance Report June 2020

NHS Dudley Clinical Commissioning Group
NHS Sandwell and West Birmingham Clinical Commissioning Group
NHS Walsall Clinical Commissioning Group
NHS Wolverhampton Clinical Commissioning Group

In partnership with:
Dudley Council | Sandwell Metropolitan Borough Council | Walsall Council | City of Wolverhampton Council

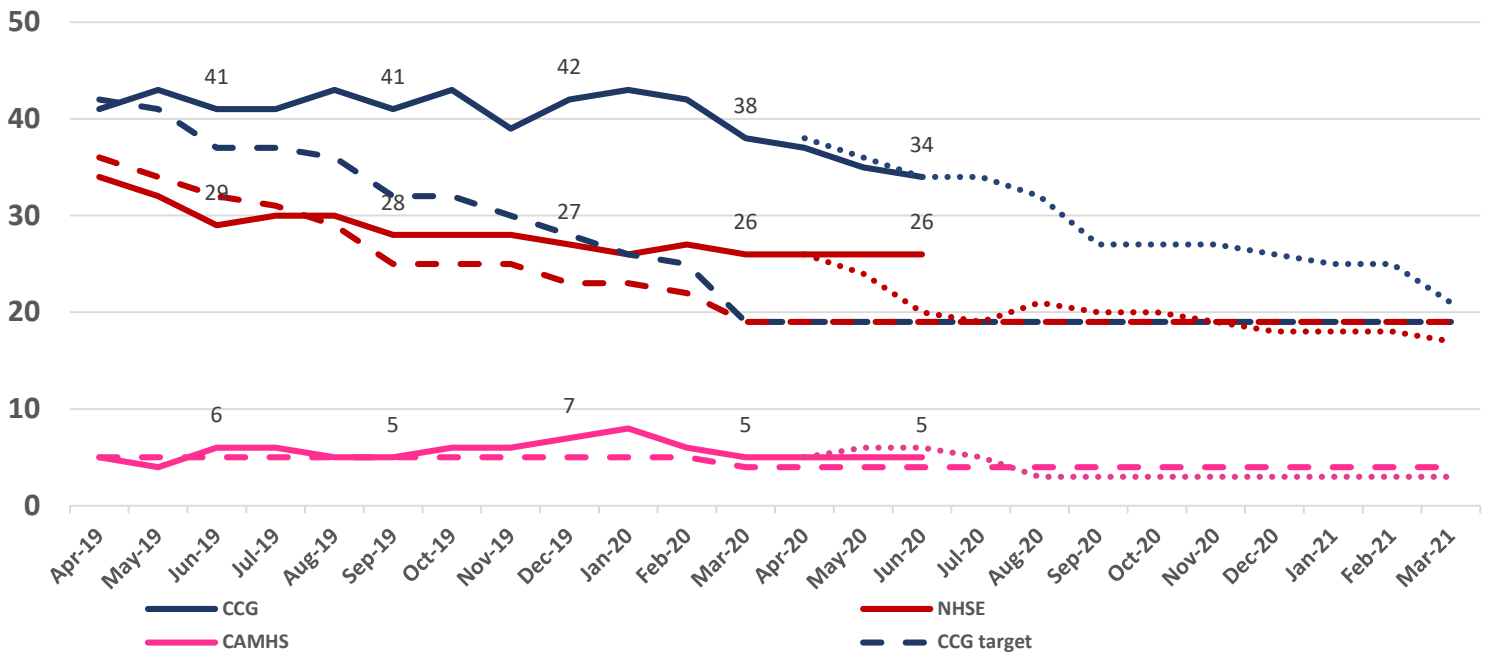
and Dudley Voices for Choice

Summary of Inpatient measures

Inpatients		2019/20			2020/21												
Measure		Jan	Feb	Mar Q4	Apr	May	Jun Q1	Jul	Aug	Sept Q2	Oct	Nov	Dec Q3	Jan	Feb	Mar Q4	TOTAL
Inpatients Number in beds	PLAN - Total Inpatients	54	52	42	68	67	61	59	57	51	51	50	47	45	45	40	40
	Actual - Total Inpatients	77	75	69	68	66	60										
	PLAN - CCG	26	25	19	37	36	34	34	32	27	27	27	26	25	25	21	21
	Actual - CCG	43	42	38	37	35	34										
	PLAN - Spec Comm	23	22	19	26	25	21	20	22	21	21	20	18	17	17	16	16
	Actual - Spec Comm	26	27	26	26	26	26										
	PLAN - CYP	5	5	4	5	6	6	5	3	3	3	3	3	3	3	3	3
	Actual CYP	8	6	5	5	5	5										
Admissions In the month	PLAN - Total Inpatients				2	2	2	2	3	2	1	2	2	2	1	2	23
	Actual - Total Inpatients	4	2	1	0	0	0										
	PLAN - CCG				1	1	2	1	1	1	1	1	2	1	1	1	14
	Actual - CCG	2	1	1	0	0	0										
	PLAN - Spec Comm (including CYP Transitions)				1	0	0	0	2	0	0	0	0	0	0	0	3
	Actual - Spec Comm	0	0	0	0	0	0										
	PLAN - CYP				0	1	0	1	0	1	0	1	0	1	0	1	6
	Actual CYP	2	1	0	0	0	0										
Discharges (A)Planned & (B)Expected of New Admissions In the month	(A)PLAN - Total Inpatients				3	2	7	4	3	6	0	1	4	2	0	5	37
	(B)PLAN - Total Inpatients				0	1	1	0	2	2	1	2	1	2	1	2	15
	Actual - Total Inpatients	1	3	8	1	2	1										
	(A)PLAN - CCG				2	1	3	1	1	5	0	0	2	1	0	4	20
	(B)PLAN - CCG				0	1	1	0	2	1	1	1	1	1	0	1	10
	Actual - CCG	0	1	6	1	2	1										
	(A)PLAN - Spec Comm				1	1	4	1	0	1	0	1	2	1	0	1	13
	(B)PLAN - Spec Comm				0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual - Spec Comm	1	0	1	0	0	0										
	(A)PLAN - CYP				0	0	0	2	2	0	0	0	0	0	0	0	4
	(B)PLAN - CYP				0	0	0	0	0	1	0	1	0	1	1	1	5
	Actual CYP	0	2	1	0	0	0										

Not available

Black Country TCP Inpatient Trajectory from April 19 to date



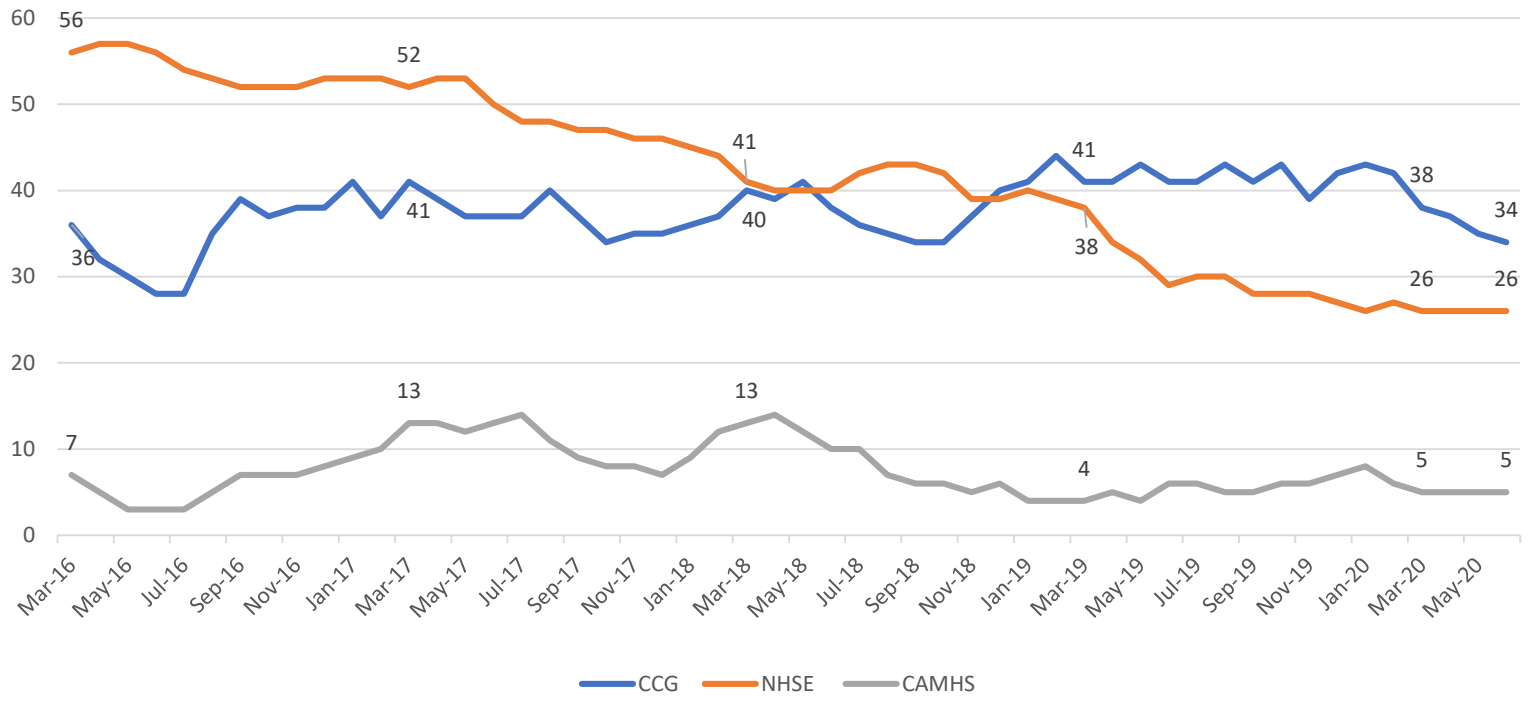
Q1 20/21 has seen a reduction in inpatient numbers compared to the same time last year, in all categories:

CCG – 15%;

Spec Comm – 16%;

CYP – 17%

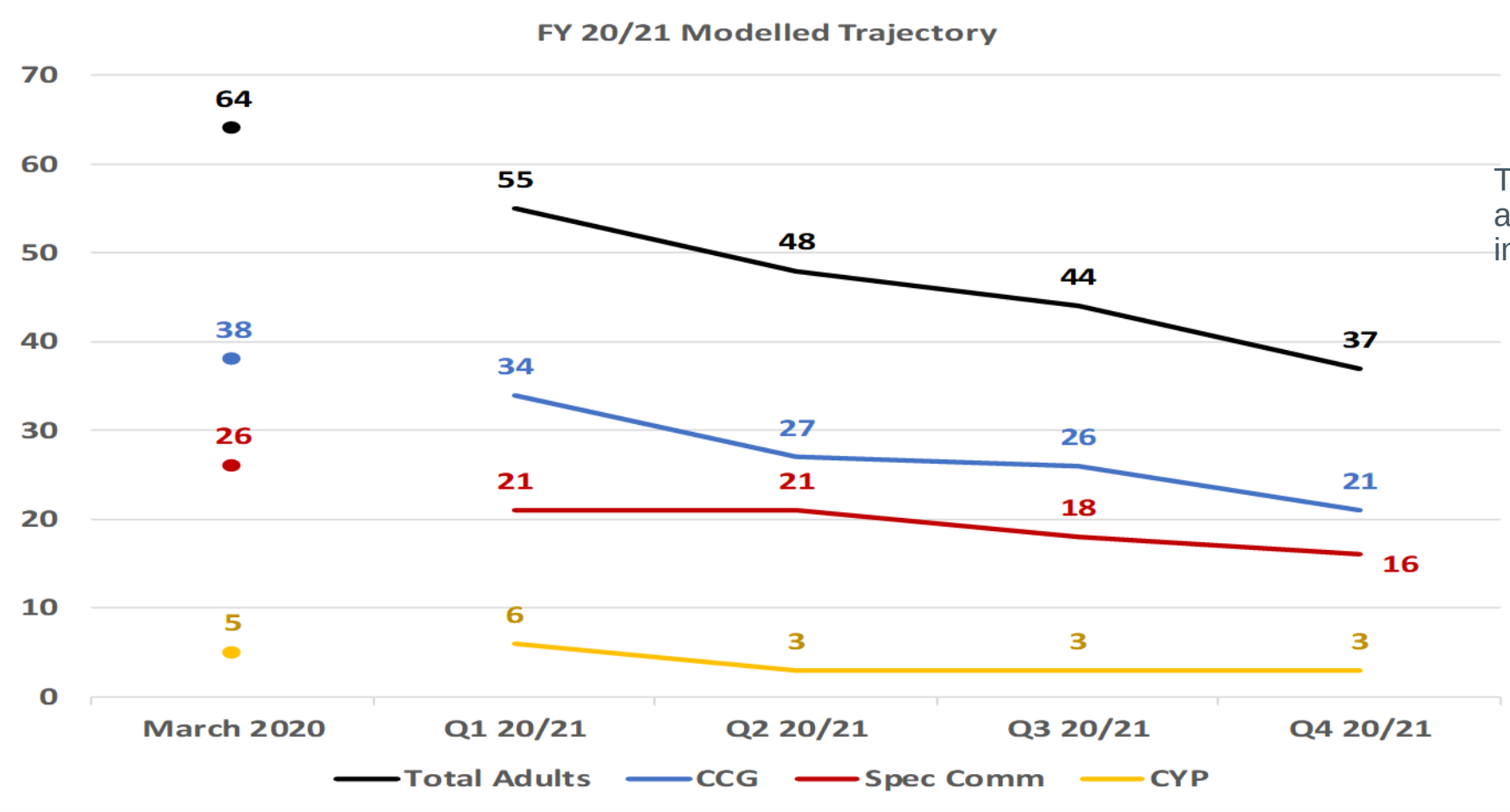
Percentage change in ADULT Inpatients from March 2016



The graph shows the timeseries of the number of inpatients from March 2016.

% change from March 16					
Category	Mar 17	Mar 18	Mar 19	Mar 20	June 20
Adults	+1%	-12%	-14%	-30%	-35%
CYP	+86%	+86%	-43%	-29%	-29%
Note: CYP are small numbers which needs to be considered when looking at the percentage change					

Proposed Trajectory for 20/21



This is based on assumptions for admissions and step downs and individual patient discharge tracking.

Appendix 1. Detail By Scheme

Scheme	Detail	2020/21 Funding Requirement (PYE) £	Rec/ Non Rec	Priority Ranking	2021/22
Individual Specific					
Specifically Commissioned COSA model to support the following;	a) Support 5 women with significant trauma, working with the developing specialist women's supported living service. This will include the COSA model, psychotherapy, specialist trauma training of all staff and ongoing staff supervision	Q3 £126,834	Rec	5	£ 253,666
	b) Support 5 men with significant forensic needs to support timely discharge from hospital through specialist assessments, support with transition and the delivery on ongoing psychotherapy, the COSA model and training / supervision of their staff teams and others who are important to them.	Q3 £156,667	Rec	6	£ 313,334
Housing adaptations	Specifically for 1 individual (One-off Cost)	Q2 £50,000	Non Rec	3	
Discharge Enablers					
Life Planning	a) Independently facilitated life planning for 15 people	Q2 £30,000	Non Rec	7	
	b) Training to develop local life plan facilitators	Q2 £20,000			
Commissioning/Clinical Team extension additional hours to full 7 day working system to provide out-of-hours support at weekends and bank holidays	Band 6 (2FTE) Band 8B (to consider through management of Change)	Q2 £65,000	Rec	1	£ 86,666
Double running costs to enable transition and discharge	There are 9 people who have discharges planned in 2020/21 who need lengthy transitions and testing of leave under the Mental Health Act. This means that the accommodation and service which they will need on discharge will need to be secured and in place whilst they transition from inpatient services.	Q3 £90,000	Non Rec	12	
Independent expert teams to support discharge plans of a small group of people – increase co-production of solutions and support critical thinking	30 days of specialist support tailored to an individual's needs and perceived barriers to discharge. Team to include nurse consultants, psychologists, social care provider, independent clinical experts and advocacy	Q2 £11,250	Non Rec (to be reviewed after 12 months)	9	
Additional capacity for flexible out of hours provision to provide rapid in-reach into people's usual environments to avoid admission (current contract with Empowering You) This approach has been trialled as part of the Covid-19 response, with very positive results. It has positively supported both discharges from hospital and admission avoidance. There have been no admissions / readmissions of anyone who is being / has been supported by the service	Current cost of £21.5k per month. Provides 6 FTE staff with 24 hour on call cover. Anticipated annual cost: £240,000 if with current provider.	Q2 £180,000	Non Rec (to be reviewed after 12 months)	8	
Wider system developments					
Co-production	Lead self-advocacy organisation to work with the Board to ensure that people are partners throughout the design and delivery of services	Q2 £22,500	Rec	2	
Further development of IST to have in-reach capabilities into both CAMHS and mainstream mental health services (autism) to be able to deliver evidence-based interventions across the Black Country	IST in reach into mainstream MH circa £404,000 (not including CAMHS IST) **Please refer to CCG business case already submitted**	Q1 £404,000	Rec	4	£ 404,000
Black Country workforce training plan	Investment in a Black Country workforce training plan, targeted at raising the skills and capabilities of the cross sector workforce through a core offer of training to providers to include Legal training, Trauma-informed practice, Positive Behaviour Support, developing safe and effective relationships with staff, Outcome measurements, Assessing and managing risk, understanding autism including sensory processing and integration, and Mental health support	Q1 £70,000	Non Rec	11	
Cognitive Behaviour Therapy (CBT) skills and offence-specific treatment programmes	Training and development of staff to be able to deliver a range of community-based therapeutic treatment programmes to support people to maintain their wellness and safety in community. This should include the ability to deliver CBT, DBT, DBT skills and offence-specific treatment programmes in community settlings, both in groups and on an individual basis. Costings are based on 15 people for attendance at both group and individual training sessions	Q3 £21,282	Non Rec	10	
Dialectical Behaviour Therapy (DBT) skills and offence-specific treatment programmes		Q3 £18,042	Non Rec		
TOTAL		**£1,253,075**			**£ 1,087,666**

Return To Agenda

Working together for healthier futures

GOVERNING BODIES IN COMMON

DATE OF MEETING: 14 JULY 2020
AGENDA ITEM: 3.1

TITLE OF REPORT:	Shared Governance Update
PURPOSE OF REPORT:	To provide the Governing Bodies across the Black Country and West Birmingham CCGs an update and recommendations in relation to some key governance arrangements
AUTHOR(S) OF REPORT:	Emma Smith, Governance Manager, Dudley CCG Jodi Woodhouse, Interim Head of Corporate Governance, Sandwell and West Birmingham CCG Sara Saville, Head of Corporate Governance, Walsall CCG Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG
MANAGEMENT LEAD/SIGNED OFF BY:	Mike Hastings, Director of Technology and Operations
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• Terms of Reference for the Joint Health Commissioning Board for **ratification** • Proposed Risk Management approach for **approval** • Proposed interim SFIs/Operational Scheme of Delegation for **approval** • Update from the Transition Board Meeting held on the 11 June and the 29 June including Terms of Reference for **ratification** • Urgent Decisions taken under Emergency Powers - Annual Report and Accounts 2019/20 for **assurance**
RECOMMENDATION:	Recommendations are highlighted in the report.
CONFLICTS OF INTEREST:	None
LINKS TO CORPORATE OBJECTIVES:	Objective 6 - Develop effective system leadership and governance Objective 8 - Comply with our statutory duties
ACTION REQUIRED:	☒ Assurance ☒ Approval ☐ For Information
Possible implications identified in the paper:	
Financial	Proposed interim SFIs outlined in paper
Risk Assurance Framework	Proposed Risk Management outline in paper
Policy and Legal Obligations	n/
Equality & Diversity	N/
Governance	Assurance provided in paper
Other Implications (e.g. HR, Estates, IT, Quality)	n/a

1.0 INTRODUCTION

1.1 This report is to provide the Governing Bodies across the Black Country and West Birmingham CCGs with an update in relation to some key governance arrangements.

1.2 It includes details of progress with the alignment of shared governance arrangements across the CCGs as well as details of decisions and actions within individual CCGs.

2.0 TERMS OF REFERENCE – JOINT HEALTH COMMISSIONING BOARD

2.1 The Terms of Reference for the Joint Health Commissioning Board were agreed in principle at the meeting of the Governing Bodies in Common on 31 March 2020. They were subsequently discussed at the meeting of JHCB members on the 11 June 2020. As the this meeting was held to provide assurance during the Covid-19 pandemic it was not conducted in public and the Terms of Reference now require ratification by the Governing Bodies.

2.2 The first official meeting of the JHCB will receive terms of reference for its sub-committees for approval. The Executive team are working to develop these terms of reference and they will be shared with Governing Body members for comment in advance of consideration by the JHCB

RECOMMENDATION

2.3 For **all CCG Governing Bodies**, to ratify the Terms of Reference considered by the JHCB **(Appendix 1).**

3.0 PROPOSED RISK MANAGEMENT – JOINT WORKING

3.1 As the BC&WB CCGs establish new systems and processes of working in collaboration, a review of the risk management processes is required to support the single commissioning discussion across the region. These arrangements will be an interim solution until the staffing restructure is in place and a new risk management framework can be agreed and implemented with the supporting training and evaluation.

3.2 Each CCG currently manages its risk principally through a committee based risk register which is used to populate a corporate risk register and/or the Board Assurance Framework.

3.3 In the new governance arrangements the primary responsibilities of the Finance, Quality and Commissioning committees which met in each CCG will now be dealt with by subcommittees of the Joint Health Commissioning Board. The Remuneration, Audit and Primary Care Commissioning committees are working towards meeting in common. This requires a revised risk management process to reflect the new committee arrangements.

3.4 The proposal is for each CCG committee chair to review its current committee risk registers with the relevant director/deputy and indicate whether the risk still exists, is relevant only at place, or would be relevant across the system.

3.5 The Committee Chair and director/deputy should discuss these risks identified for place with the Place Managing Director to agree the most suitable forum for the risk to be managed. This is most likely to be the place assurance meeting or in the case of primary care or quality it may be at the operational group meeting. The risks would then be managed when the committee met and controlled as in the current process.

3.6 The Chairs and directors for each of the subcommittees of the Joint Health Commissioning Board will need to review each risk identified as relevant for management at a system level and decide if they are indeed relevant for their committees. The risks would then be managed when the committee meet and controlled as in the current process.

3.7 Once this initial review has taken place, the Governing Bodies will be able to refresh and re-frame their Board Assurance Frameworks, with the aim of aligning them around the collective Corporate Objectives agreed at the March 2020 meeting. This will also require the support of both the Joint Health Commissioning Board and the System Restoration and Recovery groups to understand and assess the risks to achieving system level objectives.

3.8 It is important for the organisations to use the same risk rating matrix to enable a common risk discussion to take place across the organisations and for the risk rating to have the same 'meaning' across all organisations. It is proposed that the risk matrix which is used by two of the CCGs is implemented across all four during this interim period. This is found at **Appendix 2.**

3.9 There are currently variations in the way in which risk registers are presented. For the purpose of collation and consistency it is necessary to agree a common approach to compiling the risk register. A proposed risk register template is included as **Appendix 3.**

RECOMMENDATION

3.10 Recommendation that the **all CCG Governing Bodies** approve:

1) the interim risk management proposal
2) the risk rating matrix
3) the template risk register
4) support the commitment of the Chair, director and committee to allocate the appropriate resources to complete the risk review and create the new risk registers

4.0 PROPOSED INTERIM SCHEME OF FINANCIAL INSTRUCTIONS

4.1 The CCGs' financial Governance arrangements are set out in a number of key documents. These include Prime Financial Policies, Detailed Financial Policies, Schemes of Financial Delegation and Standing Financial Instructions. Each CCG has local arrangements which comprise a number of these documents.

4.2 Work is underway to develop a harmonised set of financial instructions to support the move to collaborative working through the aligned Governance structure and the CCGs' shared management team. This work however, cannot be fully completed until the CCG management of change is completed and full staffing structures are in place.

4.3 Whilst previously, there has been some disparity in how the CCG's reflected these financial governance arrangements in their constitutions, the NHS England Model CCG Constitution adopted by all four CCGs has provided consistency. The majority of these financial governance arrangements are now included in the CCG Governance Handbook (which can be amended by Governing Bodies) with details of financial limits included in the constitution.

4.4 Changes to CCG constitutions must be approved by NHS England through the constitution variation process. This means that any permanent changes to delegated financial limits for the CCGs would need to form part of an application to vary the constitution. This takes at least six weeks and NHS England have indicated that the need to respond to Covid-19 pressures is impacting on this timescale.

4.5 Whilst this means it is not practicable to make an application to amend delegated financial limits at this stage (particularly given that a further application may need to be may at the conclusion of the management of change) it would be helpful to put arrangements in place to support day to day financial operations. In particular, to recognise the new roles of Place Managing Directors in the financial governance arrangements.

RECOMMENDATION

4.6 It is therefore proposed that the Governing Bodies agree the following operational sub-delegations within the current financial limits:-

4.6.1 **Dudley CCG –** As the holder of the post covering the equivalent duties, the Dudley Managing Director to be given authority to act where the Delegated Limits references the 'Head of Commissioning' and 'Director of Commissioning'.

4.6.2 **Sandwell and West Birmingham CCGs –** That the Managing Directors for Sandwell and West Birmingham be given authority to exercise the following powers delegated to the Accountable Officer on his behalf:-

- Reference 5 Expenditure Existing – Purchase of Healthcare
- Reference 8 Expenditure New
- Reference 14 Appointing Management Consultants

4.6.3 **Walsall CCG –** As the holder of the post covering equivalent duties, the Walsall Managing Director to be given authority to act where the Delegated Limits references the 'Chief Officer'.

4.6.4 **Wolverhampton CCG –** As the holder of the post covering equivalent duties, the Wolverhampton Managing Director to be given authority to act where the Delegated Limits references the 'Director of Strategy and Transformation'.

4.6.5 The Managing Director be given authority to exercise the following powers delegated to the Accountable Officer on his behalf:-

- Award of Contracts
- Approval of Business Cases
- Authority of spend where no Purchase Order has been raised
- Authority to waive tender processes

5.0 TRANSTION BOARD UPDATE

5.1 The Black Country & West Birmingham Transition Board was established to support the CCGs transition to becoming a single Commissioning Voice in the emerging Integrated Care System. The Governing Bodies charged the Transition Board with the following specific tasks:-

- To support the AO to establish a single CCG team from 1 April 2020.
- To provide oversight of and the processes contained therein relating to any application to change, merge, or formation of a new organisation including consulting with stakeholders.
- To support CCG Governing Bodies to achieve a streamlined governance structure, that can work in partnership from 1 April 2020

5.2 These tasks have now been achieved to a level that no longer requires the Transition Board as it is. It was therefore proposed that the Transition Board progressed into a Transition Oversight Group which will consist of a Programme Management Plan and ensure the CCGs effort to move to a single Commissioning Voice continues.

5.3 The Transition Board were presented with details of the Phase 2 Listening Exercise and also a paper seeking approval for the next stage of the Single System Commissioner process. A detailed paper is on the Governing Body private agenda for discussion.

RECOMMENDATION

5.4 For **all CCG Governing Bodies** to ratify the Terms of Reference for the Transition Oversight Group **(Appendix 4).**

6.0 URGENT DECISIONS TAKEN UNDER EMERGENCY POWERS

6.1 The joint Scheme of Delegation that was approved on the 31 March by the Governing Bodies in Common gave the Governing Body delegated authority to sign off the Annual Report and Accounts. The deadline for submission of the Annual Report and Accounts was the 25 June 2020.

6.2 Due to Covid-19 many meetings had been suspended and the next Governing Body meeting was not until July, therefore Emergency Powers were used to give that delegation to the Audit Committee for each CCG.

6.3 The Annual Report and Accounts for all four CCGs were signed off on the 16 June 2020 through a virtual Audit Committees in Common meeting. The minutes of the meeting are attached for assurance. **(Appendix 5).**

RECOMMENDATION

6.4 For **all CCG Governing Bodies** to note this item for assurance

Emma Smith, Governance Manager, Dudley CCG
Jodi Woodhouse, Interim Head of Corporate Governance, Sandwell and West Birmingham CCG
Sara Saville, Head of Corporate Governance, Walsall CCG
Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG

APPENDICES

Appendix 1 – Joint Health Commissioning Board Terms of Reference
Appendix 2 – Risk matrix
Appendix 3 – Template Risk register
Appendix 4 – Transition Oversight Group Terms of Reference
Appendix 5 – Audit Committees in Common Minutes – 16 June 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	**n/a**	
Public/ Patient View	**n/a**	
Finance Implications discussed with Finance Team	**James Green**	
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	**Emma Smith Jodi Woodhouse Sara Saville Peter McKenzie**	**06/07/2020**
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)	**Mike Hastings**	**06/07/2020**

Working together for healthier futures

Black Country & West Birmingham CCGs

Joint Health Commissioning Board

Terms of Reference

Version Control

Date	Detail	By	Version	Approved
30 March 2020	First draft to be presented to GBIC	Peter McKenzie, Wolverhampton CCG	V1.0	31 March 2020 (in principle)
7 April 2020	Amends made following GBIC	Peter McKenzie, Wolverhampton CCG	V1.1	Approved via email - ratify at meeting in July
11 June 2020	Amends to subcommittee information	Emma Smith Dudley CCG	V1.2	Approved pending this amendment 11 June 2020 JHCB

1. ACCOUNTABILITY & RESPONSIBILITY

1.1. The Black Country and West Birmingham CCGs Health Commissioning Board ("the Board") is a joint committee of, NHS Dudley, NHS Sandwell and West Birmingham, NHS Walsall and NHS Wolverhampton Clinical Commissioning Groups (CCGs) and is set up to manage, to the extent permitted under s.14Z3 NHS Act 2006 (as amended), the activities of the four CCGs.

1.2. The Board's purpose is, on behalf of the CCG's Governing Bodies to have overarching responsibility for all matters relating to the commissioning of healthcare services across the Black Country and West Birmingham footprint.

1.3. In delivering this purpose it will be responsible for exercising the following functions that have been delegated it in line with the CCGs' Scheme of Reservation:

a) Determination of arrangements for discharging the CCGs' statutory duties associated with their commissioning functions (including securing public involvement, promoting both awareness and use of the NHS Constitution, obtaining appropriate advice, promoting integration of services, enabling patients to make choices and promoting the involvement patients, carers and representatives in decisions about their healthcare).

b) Determination of arrangements to promote a comprehensive health service.

c) Determination of arrangements for working in partnership with the CCGs' local authorities to develop joint strategic needs assessments and joint health and well being strategies.

d) Determining arrangements for promoting and promoting integration of both health services with other health services and/or health-related and social care services where this would improve the quality of services or reduce inequalities.

e) Approve arrangements for risk sharing and/or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under Section 75 of the NHS Act 2006)

f) Approval of business cases relating to new investments, new service developments or service increases within the overall operating plan or budgetary financial limit.

g) Approval of commissioning decisions in line with the delegated financial limit for the Governing Bodies in the CCGs' Constitutions

h) Approval of the CCGs' contracts for any commissioning support (e.g. procurement)

1.4 In the exercise of its general purpose and the functions delegated to it, the Joint Health Commissioning Board will be responsible for the following:-

a) Developing common Black Country and West Birmingham wide strategic commissioning plans and monitoring the implementation of them within each CCG area.

b) Providing assurance to the CCGs' Governing Bodies on delivery against system-based objectives.

c) Receiving assurances via its established sub-committees regarding placed based delivery where this is specific to local places.

d) Ensuring the four CCGs are working collaboratively in exercising their functions for the improvement of the services they commission. This will include:

i. agreeing the annual programme of objectives; an operational plan; and performance milestones and measures;

ii. setting and monitoring the Black Country and West Birmingham CCGs Financial Plan including delivery of financial targets set by NHS England;

iii. to ensure the continuous improvement in the quality of services commissioned on behalf of the four CCGs through the development of a common quality assurance and reporting framework and quality improvement strategy;

iv. monitoring provider performance and taking remedial action where necessary;

v. reviewing and challenging plans/progress reports; making recommendations and agreeing remedial actions or mitigations, to the extent it deems necessary, to support delivery of the CCG's targets, performance measures and financial plans;

vi. Establishment of a single risk management framework and thereby ensuring all principal risks are identified, managed and mitigated with appropriate plans, controls and assurance reported within the Group's assurance framework;

vii. Set up and oversee the effectiveness of sub committees deemed necessary, agreeing terms of reference and membership of any such sub-committees.

2. SUB-COMMITTEES

2.1 The Joint Health Commissioning Board has established the following sub-committees:-

- **Finance and Sustainability**
- **Individual Commissioning Assurance**
- **Quality and Performance**
- **System Commissioning**
- **Place Commissioning** (Dudley, Sandwell & West Birmingham, Walsall & Wolverhampton)

2.2 The Sub-Committees will have responsibility for the functions in line with the CCGs Schemes of Reservation and Delegation set out in the table below. The Joint Health Commissioning Board will have responsibility for confirming any recommendations made by the Sub-Committees outside of their agreed delegated powers.

Committee	Delegated Functions
Finance and Sustainability	• Approve arrangements for discharging the CCGs' statutory financial duties. • Approve variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCGs' ability to achieve their agreed strategic aims. • Determination of the process for making grants and loans to voluntary organisations.
Individual Commissioning Assurance	• Approving the arrangements for managing exceptional funding requests
Quality and Performance	• Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.

System Commissioning	No delegations currently
Place Commissioning	No delegations currently

3. MEMBERSHIP

2.1 The membership of the Black Country and West Birmingham CCGs Health Commissioning Board shall be as follows:

- The Chairs of the CCGs
- The Accountable Officer
- The Deputy Accountable Officers
- The Chief Finance Officer
- The Chief Nursing Officer
- The Chief Medical Officer
- A Lay Representative from Each CCG Governing Body
- The GP Chairs of the System Commissioning Sub-Committee and Quality and Performance Sub-Committee
- A Secondary Care Consultant representative from the CCG's Governing Bodies

2.2 A standing invitation will be extended to other individuals in a non-voting capacity, where they are not already nominated or a member, to be in attendance at private meetings and meetings held in public, who the Board feel will contribute to their discussion. This will include other employees of the CCGs, representatives of local authorities and Healthwatch.

3.1 In the absence of a formal member, the formal member may nominate a deputy to represent them on their behalf. Nominated deputies shall be entitled to exercise voting functions at the Board meeting.

3.2 The Board shall be authorised to co-opt other members to the Board, to ensure it has sufficient expertise to enable it to deal with its agenda.

3.3 The Board may permit or require the attendance of officers of the CCGs to attend meetings of the Board, and may permit observers from the public.

4. CHAIR

4.1 The Chair is to be chosen from amongst the CCG Chairs, to serve for a term agreed by the Board.

4.2 In the absence of the Chair, meetings will be chaired by the Vice Chair who will be chosen from amongst the Lay Representatives.

4.3 In the absence of both Chair and Vice Chair, the meeting will be chaired by another non-conflicted voting member of the Board, who cannot be an executive member.

5 QUORUM

5.1 Meetings of the Board shall be quorate provided that one third of the total membership is present, which must include:-

- The Accountable Officer or a Deputy Accountable Officer;
- At least one GP member;
- At Least one lay member; and
- At least one lay or GP representative from each CCG.

5.2 A duly convened meeting of the Board at which quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by it.

6 VOTING

6.1 Members of the Board have a collective responsibility for its operation. Both members and attendees will participate in discussion, review evidence and provide or seek objective expert input to the best of their knowledge and ability, and endeavour to support the Board in reaching a collective view.

6.2 The Board will use best endeavours to make decisions by reaching a consensus, which should take into account the views shared by the non-voting attendees.

6.3 Exceptionally, where this is not possible, the Board Chair (or in their absence Vice Chair) may call a vote, using the following process:

a) The meeting must be confirmed as quorate, once conflicts of interest have been accounted for, by the Chair, or in their absence the Vice Chair;
b) Each member will have one vote;
c) A decision will be made by a majority of votes cast. In the event of a draw, the Chair (or in their absence the Vice Chair) will have a final and casting vote.

7 CONFLICTS OF INTEREST

7.1 The provisions of Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017[1] or any successor document will apply at all times.

7.2 The Board shall hold and publish a Register of Interests. This Register shall record all relevant and material, personal or business, interests as set out in the CCG's Managing Conflicts of Interest Policy or subsequent policy.

7.3 Each member and attendee of the Board shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair and the CCGs' Governance Team.

7.4 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the CCGs' Standards for Business Conduct Policy and may result in suspension from the Board.

7.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.

7.6 All members of the Board and participants in its meetings shall comply with, and are bound by, the requirements in the CCGs' Constitutions, Standards for Business Conduct Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

7.7 The Black Country and West Birmingham Health Commissioning Board Chair (or Vice Chair in their absence or where the Chair is conflicted) will make a determination regarding the arrangements for management of conflicts of interest, in consultation, to the extent they feel appropriate, with the Governance Lead and/or CCG Conflicts of Interest Guardians.

[1] https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/

8 MEETINGS AND PROCEEDINGS OF THE BLACK COUNTRY AND WEST BIRMINGHAM HEALTH COMMISSIONING BOARD

8.1 The Board shall hold at least 6 meetings each year. A special meeting may be called at any time by the Chair or by any two members of the Board upon not less than 7 working days' notice, or by exception in extremis, with 3 working days' notice being given to the other members of the Board of the matters to be discussed.

8.2 The Standing orders of Wolverhampton CCG insofar as they apply to the conduct of meetings will apply to Meetings of the Board, which shall be in Public and conducted as if the Public Bodies (Admission to Meetings) Act 1960 applied to the Board in the same way as it applies to the Governing Bodies of the CCG's. Reasonable provision will be made on public Board agendas to allow for public questions in accordance with the agreed protocol.

8.3 The Board shall keep minutes of its meetings and any committee or sub-committee that it sets up. Such minutes shall be approved as an accurate record of the meeting by the Board at its next meeting. Duplicate copies of the ratified minutes shall be submitted to each of the CCG Governing Bodies and published as part of their Board papers.

8.4 The Board may appoint working groups or sub committees for any agreed purpose which, in the opinion of the Board, would be more effectively undertaken by a working group or sub-committee. Any such working group or sub-committee may be comprised of members of the CCGs or other relevant external parties, who are not required to be members of the Board. Minutes/reports of working groups or sub-committees will be promptly submitted to the Board.

8.5 In cases of emergency, the Chair may take urgent action to decide any matter within the remit of the Board, subject to consultation with at least three other members of the Board including a representative from each CCG unless conflicts of interest prevent this. Any such urgent action shall be reported to the next Board meeting and to the CCG Governing Bodies.

8.6 A schedule of meetings 12 months in advance will be published and notices of the meeting shall be given in line with the requirements of the Standing Orders. Notice shall be sent in writing or by email to the address notified by each Black Country and West Birmingham Joint Health Commissioning Board member to the Board Secretary.

9 ORGANISATIONAL SUPPORT

9.1 The Board shall agree with the CCGs support for the operations of the Board including the provision of administrative support for its activities.

10 RELATIONSHIP WITH CCG GOVERNING BODIES

10.1 The Board will provide reports for assurance to the CCGs' Governing Bodies that set out details of the proceedings and the decisions made in exercise of the functions delegated to the Board in the CCGs' Schemes of Reservation and Delegation.

10.2 The Board will review its Terms of reference and committee efficacy at least annually. This review will be used to support the CCGs' Governing Bodies review of the efficacy of the Joint Arrangements. The Terms of Reference may be amended by mutual agreement of between the CCG Governing Bodies as required to reflect changes in circumstances which may arise.

Levels of Risk Rating

Risk rating	*Low 1-3*	*Moderate 4-6*	*High 8 -12*	*Extreme 15 – 25*
	Green	Yellow	Amber	Red

Risk Matrix

Matrix	**Consequence**				
Likelihood	**1**	**2**	**3**	**4**	**5**
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

XXX Committee - Risk Log

Risk ID	Date Opened	Description	Risk lead	Controls/ in Place	Inherent Risk (LXC)	Actions taken	Residual Risk (LXC)	Trend	Actions to be taken	Target Risk Rating (LXC)	Trajectory	Risk management	Date of Update	Comments	Open/ Closed
XX01	dd/mm/yy	Description of risk - outlining harm if risk occurs	JHCB risk lead	Identify what controls are currently in place to manage the risk ie at the point of identification	Assessment of risk before actions applied	Update on actions taken	Residual Score based on actions update	⇔	New actions identified to continue to manage risk to target level	Target Score	Date by which target score will be achieved	Treat Tolerate Transfer	dd/mm/yy		

Black Country & West Birmingham CCGs

Transition Oversight Group

Terms of Reference

Version Control

Date	Detail	By	Version	Approved
11 June 2020	First draft presented	Emma Smith Dudley CCG	V1.0	Approved pending the amendment 11 June 2020 JHCB
12 June 2020	Inclusion of Director of Technology and Operations	Emma Smith Dudley CCG	V2.0	For ratification at GBIC

1. Purpose

1.1 This Group has been established by the Governing Bodies of the four Black Country and West Birmingham CCGs to oversee progress with the CCGs' transition to becoming a single Commissioning Voice in the emerging Integrated Care System (ICS).

1.2 This includes overseeing the development of an operating model for a Single Commissioning Voice (including the potential for the CCGs to merge in line with the expectations of the NHS Long Term Plan) and overseeing the alignment of the CCGs; staff and other infrastructure.

2. Role

2.1 The Oversight Group will be responsible (on behalf of the Governing Bodies) for ensuring that the operational teams supporting these processes are progressing in line with agreed plans and objectives related to the transition. In fulfilling this role, the Group will:-

- Sign off and monitor progress against overall delivery plans
- Receive and discuss actions, by exception, to address issues with delivery
- Maintain an overview of risks to the delivery of the overall programme, including - where appropriate – details of risks relating to specific delivery plans.
- Make recommendations to the Governing Bodies where their action is required to progress delivery with agreed objectives.

3. Objectives

3.1 Within its overall role to support the CCG's Transition Programme the Oversight Group's objective is to ensure delivery of plans in the following areas:-

- **Single Commissioning Voice Formation –** To oversee the plans, with appropriate Stakeholder engagements for the development of a single commissioning voice. This will include the alignment of existing governance arrangements across the four CCGs and consideration of whether a formal merger is the most effective way to provide a single commissioning voice.
- **Alignment of CCG Staff Teams –** To oversee the continuing plans (including the formal management of change process) to bring the four CCGs' staff teams under the joint Executive Team.
- **System Restoration and Recovery –** To contribute to the "reset" element of the restoration and recovery plan from the Covid-19 Pandemic.

4. Accountability and Reporting Structure

4.1 The Oversight Group is undertaking its work on behalf of the CCGs' Governing Bodies and will report progress and make recommendations to the Governing Bodies when required.

4.2 Group will oversee the work of the Operational Group (and any sub-groups) supporting the overall transition programme. The Operational Group(s) will escalate issues to the Oversight Group for resolution when and if required.

5. Membership

5.1 The Oversight Group will be made up of the following members.

- The 4 CCG Chairs
- A Lay Member from each CCG
- Accountable Officer
- Deputy Accountable Officers
- Chief Finance Officer
- Chief Nursing Officer
- Director of Transformation and Transition (Transition SRO)

- Director of Technology and Operations

5.2 The PMO Lead and leads from the Operational Group (including Governance, HR and Communications and Engagement) will also attend as participating attendees.

5.3 One of the CCG Chairs will chair the Group and one of the Lay Members will act as deputy Chair. The Chair and Deputy Chair will be from different CCGs.

6. Quoracy

6.1 The following must be available to ensure quoracy:
- Chair or Deputy Chair
- Accountable Officer or Deputy Accountable Officer
- A Chair or lay representative from each CCG

6.2 Members will be able to nominate deputies to attend on their behalf if they notify the Chair of the meeting in advance.

7. Frequency of Meetings

7.1 The Group will meet monthly and may hold additional meetings if required.

8. Administration

8.1 The administration and secretarial support to the group will be provided.

9. Managing Conflicts of Interest

9.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The CCG is required to manage any conflicts of interest through a transparent and robust system. Meeting attendees are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.

9.2 It is imperative that CCGs ensures complete transparency in any decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the Chair must ensure the following information is recorded in the minutes; who has the interest, the nature of the interest and why it gives rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

9.3 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

9.4 In the event that the chair has a conflict of interest, the vice-chair will chair that part of the meeting.

9.5 Should the meeting not be quorate due to a conflict of interest, quoracy should be managed in line with the CCG's Conflict of Interest Policy.

10. Review Date of TOR

Last Review Date: June 2020
Next Review date: June 2021

AUDIT & GOVERNANCE COMMITTEES IN COMMON

TUESDAY 16 JUNE 2020 AT 10AM VIA MICROSOFT TEAMS

M I N U T E S

MEMBERS

Name		Title	CCG
Dr Chris Handy	CH	Lay Member	Dudley CCG
Dr Helen Mosley	HM	Lay Member	Dudley CCG
Mr Tony Allen	TA	Lay Member	Dudley CCG
Mr Alan Johnson	AJ	Secondary Care Clinician	Dudley CCG
Ranjit Sondhi	RS	Lay Member	Sandwell & West Birmingham CCG
Julie Jasper	JJ	Lay Member	Sandwell & West Birmingham CCG
Janette Rawlinson	JR	Lay Member	Sandwell & West Birmingham CCG
Karl Grindulis	KG	Secondary Care Clinician	Sandwell & West Birmingham CCG
Therese McMahon	TM	Lay Member	Sandwell & West Birmingham CCG
Peter Price	PP	Lay Member	Wolverhampton CCG
Jim Oatridge	JO	Lay Member	Wolverhampton CCG
Sue Mckie	SM	Lay Member	Wolverhampton CCG
Dean Cullis	DC	Independent Lay Member	Wolverhampton CCG
Manjit Jhooty	MJ	Lay Member	Walsall CCG
Mike Abel	MA	Lay Member	Walsall CCG
Rachel Barber	RB	Lay Member	Walsall CCG

PARTICIPATING ATTENDEES

Name		Title	CCG
Matthew Hartland	MGH	Deputy Accountable Officer	Black Country & West Birmingham CCG
James Green	JG	Chief Finance Officer	Black Country & West Birmingham CCG
Mike Hastings	MH	Director of Technology and Operations	Black Country & West Birmingham CCG
David Hughes	DH	Deputy CFO	Sandwell & West Birmingham CCG
Matthew West	MW	Financial Controller	Sandwell & West Birmingham CCG
Jodi Woodhouse	JW	Interim Head of Corporate Governance	Sandwell & West Birmingham CCG
James Smith	JS	Head of Financial Management	Dudley CCG
Emma Smith	ES	Governance Manager	Dudley CCG
Sarah Thomas	ST	Head of Financial Accounts	Walsall CCG
Michelle Gordon	MG	Deputy CFO	Walsall CCG
Sara Saville	SS	Head of Corporate Governance	Walsall CCG
Lesley Sawrey	LS	Deputy Chief Finance Officer	Wolverhampton CCG
Allan Kay	AK	Head of Financial Resources	Wolverhampton CCG
Peter McKenzie	PM	Corporate Operations Manager	Wolverhampton CCG
James A McLarnon	JM	Senior Audit Manager	Grant Thornton
John Gregory	JGr	Director	Grant Thornton
Mark Stocks	MS	Partner	Grant Thornton
Richard Walton	RW	Senior Manager	KPMG
Andrew Bostock	AB	Partner	KPMG
Joanna Watson	JW	Senior Manager	PwC

APOLOGIES

Name	Title	CCG
Les Trigg	Lay Member	Wolverhampton CCG
Paul Maubach	Accountable Officer	Black Country & West Birmingham CCG

It was noted that following further conversations with Paul Maubach this morning the paper that had been proposed with regards agenda item 7.0 should be withdrawn from the meeting today as it did not reflect the requirements that was intended for the paper. MH confirmed that the paper that had been created for today's meeting was based on the review that will be carried out by NHS England. Further discussion was needed with regards the decision making that had taken place.

JR asked for it to be minuted that she had not yet received the papers and TBG asked for it to be noted that she also had only just received the papers. This was due to the issues with the size of the documents being emailed. Any questions or areas for clarification would be picked up outside the meeting.

It was asked for it to be noted that not all members were presence from each CCG for the whole discussion. It was noted that Wolverhampton CCG would be attending at their time slot on the agenda. Members felt it was important that each CCG was present for the whole of the meeting in common and this would be addressed further outside of the meeting.

A&G/001	DECLARATIONS OF INTEREST
Declarations of interest were noted as they were attached to the agenda. It was noted that DC had not been included and this would be amended for future meetings.	
A&G/002	**DUDLEY CCG MINUTES FROM THE MEETING HELD ON THE 21 APRIL 2020**
Notes were approved and accepted. HM asked a question regarding the minutes and noted that it mentioned that the CCG was unsure what the impact would be in writing off the Trusts deficit and asked if there was an update on this? MGH and JG confirmed that there had been no further update received at present.	
A&G/003	**DUDLEY CCG ANNUAL REPORT & ACCOUNTS 2019/20**

Assurance Statement

"*At the time this Annual Report was approved, each Governing Body member declared the following: so far as they were aware, there was no relevant audit information of which the CCG's auditor was unaware that would be relevant for the purposes of their audit report, and they had taken all the steps that they ought to have taken as a member in order to make themselves aware of any relevant audit information and to establish that the CCG's auditor was aware of that information.*"

TA confirmed that all Governing Body members had confirmed this statement.

Internal Audit

TBG reported that overall significant assurance had been given to Dudley CCG in the Head of Internal Audit Opinion and no significant internal control issues have been identified. She confirmed that the reliance on Third Party Assurance had been included in this version and was pleased to be able to say that there were no control issues that had impacted on our overall opinion. All of the audit areas that were carried out have been full or significant assurance.

External Audit

JGr from External Audit reported that despite the challenging circumstance of remote working, overall everything had gone well. Grant Thornton were proposing an unqualified accounts opinion and unqualified Value for Money conclusion.

He asked for it to be noted that Grant Thornton did included an additional significant risk around Covid 19, however the pandemic hadn't actually impacted on the audit compared with the impact it could have had, should there have been significant illness on either side. It has impacted on the time taken to carry out the audit and they are still thinking through what these implication will be in relation to fees.

Within the report there is a section relating to Significant Matters Discussed and the proposed £8.2m payment to DGFT, which ended up not going ahead. JGr reflected that this was a general theme across the audits that had taken place this year and NHSE/I are increasingly monitoring on a system wide basis. However as all CCGs are still individual statutory bodies it was actually making life of the auditors quite complicated and leading to a lot of judgment calls around additional funding passing through the system.

The run up to the audit discussion had taken place regarding the prescribing accrual and the fact there was an increased level of uncertainly that had been made – the outcome was only trivial and the trend was consistent across all CCGs and this was reassuring. Therefore the accounts did not need to be amended.

Members of the Committee were in agreement. TA thanked the auditors and the finance teams for their hard work.

Letter of Representation
JG presented to the Committee the Letter of Representation which is for the Governing Body members to confirm to the external auditors all the things the CCG need to disclose to them to enable them to undertake the audit. If members were happy with the representations in the letter, then this would then be signed on behalf of the Audit Committee.

RESOLUTION:
Members confirmed they were in agreement with the contents of the letter.

Annual Report and Accounts
JG spoke to this item and confirmed that the Annual Report and Accounts were presented here today for formal approval by the Committee. Members had seen previous versions as draft. Members of Dudley CCG expressed sincere thanks to all those that have contributed to the production of this annual report. The Annual Report and Accounts would now be submitted to NHSE/I on the 25 June 2020.

RESOLUTION:
Dudley CCG Committee Members confirmed approval of the Annual Report and Accounts for 2019/20.

A&G/005	WALSALL CCG MINUTES FROM THE MEETING HELD ON THE 1 APRIL 2020 & 27 APRIL 2020

Notes were approved and accepted pending the amendment of JG asked for it to be noted in the minutes that he did attend the meeting.

A&G/006	WALSALL CCG ANNUAL REPORT & ACCOUNTS 2019/20

Assurance Statement
"At the time this Annual Report was approved, each Governing Body member declared the following: so far as they were aware, there was no relevant audit information of which the CCG's auditor was unaware that would be relevant for the purposes of their audit report, and they had taken all the steps that they ought to have taken as a member in order to make themselves aware of any relevant audit information and to establish that the CCG's auditor was aware of that information."

MJ confirmed that all Governing Body members had confirmed this statement.

Internal Audit
TBG reported that overall significant assurance had been given to Walsall CCG in the Head of Internal Audit Opinion and no significant internal control issues have been identified. The majority of the audit areas that were reviewed had been full or significant assurance, there were two moderate assurance reports, one in relation to safeguarding arrangements and the mandatory posts compliance and the other was a red rating on the DSP Toolkit and evidence that was due to be uploaded. She confirmed that the reliance on Third Party Assurance had been included in this version.

External Audit
JGr from External Audit reported that despite the challenging circumstance of remote working, overall everything has gone well. Grant Thornton are proposing an unqualified accounts opinion and unqualified Value for Money

conclusion. JGr reported that in the run up to the audit, discussion had taken place regarding the prescribing accrual and the fact there was an increased level of uncertainly that had been made – the outcome for Walsall was just above the level, however the trend was consistent across all CCGs and this was reassuring. Therefore the accounts did not need to be amended.

Letter of Representation
JG presented to the Committee the Letter of Representation which is for the Governing Body members to confirm to the external auditors all the things we need to disclose to them to enable them to undertake the audit. If members were happy with the representations in the letter, then this would then be signed on behalf of the Audit Committee.

RESOLUTION:
Members confirmed they were in agreement with the contents of the letter.

Annual Report and Accounts
JG spoke to this item and confirmed that the Annual Report and Accounts were presented here today for formal approval by the Committee. Members had seen previous versions as draft. Members of Walsall CCG expressed sincere thanks to all those that have contributed to the production of this annual report. The Annual Report and Accounts would now be submitted to NHSE/I on the 25 June 2020.

RESOLUTION:
Walsall CCG Committee Members confirmed approval of the Annual Report and Accounts for 2019/20.

A&G/007	SANDWELL AND WEST BIRMINGHAM CCG MINUTES FROM THE MEETING HELD ON THE 23 APRIL 2020

Notes were approved and accepted.

A&G/008	SANDWELL AND WEST BIRMINGHAM CCG ANNUAL REPORT & ACCOUNTS 2019/20

Assurance Statement
"At the time this Annual Report was approved, each Governing Body member declared the following: so far as they were aware, there was no relevant audit information of which the CCG's auditor was unaware that would be relevant for the purposes of their audit report, and they had taken all the steps that they ought to have taken as a member in order to make themselves aware of any relevant audit information and to establish that the CCG's auditor was aware of that information."

JJ confirmed that all Governing Body members had confirmed this statement.

Internal Audit
TBG reported that overall significant assurance had been given to Sandwell & West Birmingham CCG in the Head of Internal Audit Opinion and no significant internal control issues have been identified. The majority of the audit areas that were reviewed had been significant assurance, there were four reports that were given moderate assurance and they were covered in the body of the report. TBG confirmed that report on Third Party Assurances had been included in this version.

External Audit
AB from KMPG reported an unqualified accounts opinion and unqualified value for money conclusion. The report confirms the impact of Covid-19 and there was one link to the financial pressures in the next financial year. JJ thanked the auditors and the finance teams for their hard work.

Letter of Representation
JG presented to the Committee the Letter of Representation which is for the Governing Body members to confirm to the external auditors all the things we need to disclose to them to enable them to undertake the audit. If members were happy with the representations in the letter, then this would then be signed on behalf of the Audit Committee. JG confirmed there were a few typos that would be amended.

RESOLUTION:
Members confirmed they were in agreement with the contents of the letter.

Annual Report and Accounts
JG spoke to this item and confirmed that the Annual Report and Accounts were presented here today for formal approval by the Committee. Members had seen previous versions as draft. Members of Sandwell and West Birmingham CCG expressed sincere thanks to all those that have contributed to the production of this annual report. The Annual Report and Accounts would now be submitted to NHSE/I on the 25 June 2020.

RESOLUTION:
Sandwell & West Birmingham CCG Committee Members confirmed approval of the Annual Report and Accounts for 2019/20.

JR asked about how the CCGs are ensuring engagement with public for the AGMs and HM confirmed that JG and Laura Broster are engaging with the PPI Lay Members and there is a suitable plan in place.

A&G/009	WOLVERHAMPTON CCG MINUTES FROM THE MEETING HELD ON THE 28 APRIL 2020

Notes were approved and accepted.

A&G/010	WOLVERHAMPTON CCG ANNUAL REPORT & ACCOUNTS 2019/20

Assurance Statement
"At the time this Annual Report was approved, each Governing Body member declared the following: so far as they were aware, there was no relevant audit information of which the CCG's auditor was unaware that would be relevant for the purposes of their audit report, and they had taken all the steps that they ought to have taken as a member in order to make themselves aware of any relevant audit information and to establish that the CCG's auditor was aware of that information."

PP confirmed that all Governing Body members had confirmed this statement.

Internal Audit
JW from PWC presented the final report including the HIAO and confirmed there had been some minor changes since the April committee, one was in relation to the cyber security report which was delayed for a number of reasons including Covid-19. The report is in draft and since the last meeting the DSPT toolkit has been finalised and this is a medium risk.

External Audit
MS from Grant Thornton spoke to this report which makes reference that whilst the impact of Covid-19 in terms of the financial statements has not really been affected, it has impacted on the auditors being able to get the accounts across the line. He thanked the finance team for their support during this process. MS reported that overall significant assurance had been given to Wolverhampton CCG in the Head of Internal Audit Opinion and no significant internal control issues have been identified.

MS highlighted that the auditors always look closely at the management's ability to override controls and whilst there was no evidence of this, there was an ability for the finance team to self-authorise. Therefore there was a recommendation in the report to look into this further.

A couple of other areas of note were that some mismatches were identified when the Agreement of Balances assessment was carried out, these have been looked at in detail however and the Auditors were happy with how the CCG has accounted for them.

The four Black Country CCGs are increasingly working together to deliver joined up financial plans. Initial planning identified a system contracting gap of £84.4m. At the end of March 2020 the CCGs had a combined gap of £34m. Grant Thornton are satisfied that the CCGs have plans in place to manage the financial challenge for 2020/21 and to achieve their statutory target of breakeven.

DC noted that there was no management response documents in the report. JG confirmed that this will be looked at and rectified quickly.

Letter of Representation

JG presented to the Committee the Letter of Representation which is for the Governing Body members to confirm to the external auditors all the things we need to disclose to them to enable them to undertake the audit. If members were happy with the representations in the letter, then this would then be signed on behalf of the Audit Committee.

RESOLUTION:
Members confirmed they were in agreement with the contents of the letter.

Annual Report and Accounts
JG spoke to this item and confirmed that the Annual Report and Accounts were presented here today for formal approval by the Committee. Members had seen previous versions as draft. Members of Wolverhampton CCG expressed sincere thanks to all those that have contributed to the production of this annual report. The Annual Report and Accounts would now be submitted to NHSE/I on the 25 June 2020.

RESOLUTION:
Wolverhampton CCG Committee Members confirmed approval of the Annual Report and Accounts for 2019/20.

A&G/011	ANY OTHER BUSINESS

Further discussion took place regarding the AGM and how they will be managed virtually. JR suggested it would be useful to have something for the public explaining PCNs and she also suggested there was a need to start looking at our health inequalities and highlighting those in our reports more clearly.

RS confirmed arrangements have been made for those who do not have digital technology and they have been given the option to call in.

It was noted that it would be worth attending each other AGMs and JR emphasised the need to mention the high level of health inequalities in certain groups, and consider this being covered further especially in the light of covid and the impact that has had on certain groups of people.

A&G/012	NEXT MEETING

Date: 14 July 2020 (Further details to follow)

GOVERNING BODIES IN COMMON

DATE OF MEETING: 14 JULY 2020
AGENDA ITEM: 3.3

TITLE OF REPORT:	Joint Corporate Objectives 2020/21
PURPOSE OF REPORT:	To update on the CCGs joint corporate objectives in line with the agreed priorities
AUTHOR(S) OF REPORT:	Emma Smith, Governance Support Manager Mike Hastings, Director of Technology and Operations
MANAGEMENT LEAD/SIGNED OFF BY:	Matt Hartland, Deputy CEO
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	The Objectives for the CCG for 2020-2021 have been grouped into four main headings: • Manage COVID incident • Lead on Restoration and Recovery • Prepare for Reset (including CCG reset) • Management of CCG functions/'Business as usual' The report details how these are allocated across the organization during the Covid-19 major incident and into out recovery phase
RECOMMENDATION:	That the Board receive the report for assurance
CONFLICTS OF INTEREST:	None
LINKS TO CORPORATE OBJECTIVES:	All
ACTION REQUIRED:	☒ Assurance ☐ Approval ☐ For Information
Possible implications identified in the paper:	
Financial	Financial frameworks and regime are reviewed as part of the work programmes identified
Risk Assurance Framework	Risks for all programmes are recorded within each via the CCGs PMO
Policy and Legal Obligations	Policy and legal obligations are reviewed as part of the work programmes identified
Equality & Diversity	Equality Impact Assessments are carried out with appropriate programmes within this plan
Governance	The Management of Change programme is making recommendations on the appropriate governance arrangements during this period
Other Implications (e.g. HR, Estates, IT, Quality)	To be engaged as necessary throughout the work programmes

1.0 INTRODUCTION

1.1 At its meeting on the 31 March the Governing Bodies in Common approved the joint, high level, corporate objectives for the Black Country and West Birmingham CCGs. This was prior to the scale of the Covid response the CCG and system has been required to make, therefore priorities for the CCG have been redefined to reflect requirements of the pandemic.

2.0 CORPORATE OBJECTIVES 2020-2021

2.1 The Corporate Objectives for 2020-2021 have been reviewed and are now grouped into four main headings:

2.1.1 Manage COVID incident
2.1.2 Lead on Restoration and Recovery
2.1.3 Prepare for System Reset (including CCG reset)
2.1.4 Management of CCG functions/'business as usual'

2.2 Key priorities under each objective are:

Manage COVID incident

- Whilst the current major incident is live and in line with the CCGs statutory duties in regard to Emergency Preparedness, Resilience and Response, it is imperative that as a Category 2 Responder we adhere to our obligations as set out by NHSE/I (https://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf)
- 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

Lead on Restoration and Recovery

- The CCG is the leading with the STP the next phase of managing COVID, which is defined as the Restoration and Recovery programme. This aim to restore urgent and essential services safely and effectively, and develop a programme to ensure all services within the system are operating at 'pre-COVID' levels in a timely, safe manner.
- Facilitate system-wide response to service recovery

Prepare for System Reset (including CCG reset)

- The Black Country and West Birmingham will not deliver health and care in the same way post-COVID than we did before the pandemic. The system therefore needs to be prepared for the changes in the care model, workforce needs and organizational infrastructure to support the new ways of working, This will be developed as part of the Recovery programme
- The CCG will be required to change the way it operates to meet the needs of the System Reset described above. 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.

Management of CCG functions/'business as usual'

- Delivery of CCG statutory duties
- Implement revised governance arrangements
- Assurance of the system
- Development of quality and improvement framework for the system

3.0 NEXT STEPS

The above are being translated into personal objectives for Directors, and formal corporate objectives defined as part of the Board Assurance Framework for ongoing review by the Governing Body

4.0 RECOMMENDATION

4.1 The Board is requested to:

1) That the Board receive the report for assurance

GOVERNING BODIES IN COMMON

DATE OF MEETING: 14 JULY 2020
AGENDA ITEM: 3.4

TITLE OF REPORT:	Board Member Tenure – Black Country and West Birmingham CCGs
PURPOSE OF REPORT:	To approve the recommendation to extend current tenures of GB Members across the four CCGs.
AUTHOR(S) OF REPORT:	Emma Smith, Governance Manager, Dudley CCG Jodi Woodhouse, Interim Head of Corporate Governance, Sandwell and West Birmingham CCG Sara Saville, Head of Corporate Governance, Walsall CCG 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:	• The terms of office of a number of GP and Lay Governing Body members across the Black Country and West Birmingham CCGs are due to expire in the upcoming months. • The Black Country and West Birmingham Health and Care system is now moving into a key period of restoration and recovery recognising the impact of the ongoing Coronavirus Pandemic • The Governing Body is advised to secure continuity of leadership during this time of change and uncertainty and extend current contracts until the 31 March 2021
RECOMMENDATION:	**DUDLEY CCG** 1) It is **recommended** that those with a term of office expiring before the end of financial year are extended until the 31 March 2021. **SANDWELL & WEST BIRMIGNHAM CCG** 1) It is **recommended** that the Governing Body extends all contracts for GP Directors and Lay Members until 31 March 2021. **WALSALL CCG** 1) It is **recommended** that the Governing Body extends the Lay Members contract until 31 March 2021. **WOLVERHAMPTON CCG** 1) It is **recommended** that this candidate is appointed subject to confirmation from the local LMC that they have no objections to this approach. 2) It is **recommended** that Jim Oatridge OBE, whose Interim position on the Governing Body is coming to an end, is appointed to serve the remainder of Sue McKie's Term of office (which expires in 2022). 3) It is **recommended** that the Governing Body delays the elections for these positions and extends all contracts for GP Representatives until 31 March 2021.
CONFLICTS OF INTEREST:	All Governing Body Members referenced in this paper are conflicted and will be required to be excluded from a vote.
LINKS TO CORPORATE OBJECTIVES:	Objective 6: Develop effective system leadership and governance
ACTION REQUIRED:	☐ Assurance ☒ Approval ☐ For Information

Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	To maintain Clinical Leadership
Other Implications (e.g. HR, Estates, IT, Quality)	

1.0 INTRODUCTION

1.1 CCGs are required in law to have a Governing Body, made up of prescribed members including GP representatives from local practices, Lay Members with particular areas of expertise, Secondary Care representatives and Directors. The rules governing the appointment and terms of office of members of the Governing Bodies are set out in CCG Constitutions.

1.2 The terms of office of a number of GP and Lay Governing Body members across the Black Country and West Birmingham CCGs are due to expire in the upcoming months. If recruitment to these posts was to take place, either through elections or appointment dependent on the specific post, there would potentially be a need to induct new members to the Governing Bodies or a risk that key posts would be vacant. The Black Country and West Birmingham Health and Care system is now moving into a key period of restoration and recovery. Recognising the impact of the ongoing Coronavirus Pandemic has, and will continue to have on the context the CCGs are operating, both in terms of day to day operations and on the transition to becoming a single strategic commissioner within the Integrated Care System, this would create a significant risk that the key leadership role played by the Governing Body could be de-stabilised.

1.3 It is therefore recommended that relevant action is taken in each CCG to secure continuity of Governing Body leadership throughout this period of change until 31 March 2021. The detailed actions for individual CCGs to achieve this are set out below.

2.0 DUDLEY CCG

2.1 On the 1 July 2020 David Hegarty resigned from the Governing Body of Dudley CCG as Chair and as representative for Stourbidge, Wollescote and Lye Locality. A process to elect a new Chair has taken place and Dr Ruth Edwards was elected for a period of three years. The resignation of Dr Hegarty creates a vacancy for a GP Board member representing SWL Locality and a process for appointment has commenced.

2.2 The following table represents the current tenure end dates for the elected GP Governing Body Members of Dudley CCG. It is **recommended** that those with a term of office expiring before the end of financial year are extended until the 31 March 2021.

Name	Title	Tenure
GP Board Members		
Vacant	Board Member – Stourbridge, Wollescote and Lye	TBC
Dr M Mandiratta	Board Member – Halesowen & Quarry Bank	31/11/2020
Dr P D Gupta	Board Member – Dudley & Netherton	31/10/2020
Dr Ruth Edwards	Board Member – Kingswinford, Ambelcote and Brierley Hill	28/02/2021
Dr Fiona Rose	Board Member – Sedgley, Coseley and Gornal	31/03/2021

3.0 SANDWELL & WEST BIRMINGHAM CCG

3.1 The following table represents the current contract/tenure end dates for the Lay members and the elected Governing Body GP Directors at Sandwell and West Birmingham CCG. The current GP members commenced their posts on 1st December 2018 with a two-year contract. It is **recommended** that the Governing Body extends all contracts for Lay Members and GP Directors until 31 March 2021.

Name	Title	Tenure
Lay Members		
Julie Jasper	Lay Member	30/09/2020
Therese McMahon	Lay Member	30/09/2020
Ranjit Sondhi	Lay Member	30/09/2020
Janette Rawlinson	Lay Member	30/09/2020

Karl Grindulis	Lay Member	30/09/2020
GP Directors		
Parmjit Marok	Wbham GP Director	30/11/2020
Ayaz Ahmed	Sandwell GP Director	30/11/2020
Manir Aslam	Wbham GP Director	30/11/2020
Pri Hallan	Sandwell GP Director	30/11/2020
Ian Sykes	Chair of the CCG	30/11/2020

4.0 WALSALL CCG

4.1 The following table represents the tenure of the Patient & Public Involvement (PPI) Lay member which ends in January 2021. It is **recommended** that the Governing Body extends the Lay Members contract until 31 March 2021.

4.2

Name	Title	Tenure
Ms Rachel Barber	Lay member - PPI	08/01/2021

5.0 WOLVERHAMPTON CCG

5.1 There is currently a vacant position to represent the Vertical Integration practices. A By Election process was conducted, however no suitable candidates were nominated. The practices have subsequently identified a suitable candidate internally. It is **recommended** that this candidate is appointed subject to confirmation from the local LMC that they have no objections to this approach.

5.2 The following table represents the current contract/tenure end dates for the elected Governing Body GP Representatives at Wolverhampton CCG. It is **recommended** that the Governing Body delays the elections for these positions and extends all contracts for GP Representatives until 31 March 2021.

5.3 Sue McKie, the Lay Member for Patient and Public Involvement has submitted her resignation. Sue fulfils the statutory role on the Governing Body as a Lay Member with a knowledge of the local area. It is **recommended** that Jim Oatridge OBE, whose Interim position on the Governing Body is coming to an end, is appointed to serve the remainder of Sue McKie's Term of office (which expires in 2022).

Name	Title	Tenure
GP Members		
Salma Reehana	CCG Chair	31/10/2020
Mohammad Asghar	GP Representative (Primary Care Home 1)	31/10/2020
David Bush	GP Representative (Unity)	31/10/2020
Rashi Gulati	GP Representative (Primary Care Home 2)	31/10/2020
Manjit Kainth	GP Representative (Unity)	31/10/2020
Rajshree Rajcholan	GP Representative (Unity)	31/10/2020
VACANT	GP Representative (Vertical Integration)	31/10/2020
Lay Members		
Sue McKie	Lay Member Patient and Public Involvement	31/10/2022 (resigned with effect TBC)

6.0 RECOMMENDATIONS

6.1 DUDLEY CCG

1) ***(Governing Body GP's will have a direct conflict of interest in these decisions and should be excluded from the decision making process.)*** It is **recommended** that those with a term of office expiring before the end of financial year are extended until the 31 March 2021.

6.2 SANDWELL & WEST BIRMIGNHAM CCG

1) ***(Lay Members and GP Directors will have a direct conflict of interest in this decision and should be excluded from the decision making process.)*** It is **recommended** that the Governing Body extends all contracts for GP Directors and Lay Members until 31 March 2021.

6.3 WALSALL CCG

1) ***(Rachel Barber will have a direct conflict of interest in this decision and should be excluded from the decision making process.)*** It is **recommended** that the Governing Body extends the Lay Members contract until 31 March 2021.

6.4 WOLVERHAMPTON CCG

1) It is **recommended** that this candidate is appointed subject to confirmation from the local LMC that they have no objections to this approach.

2) ***(Jim Oatridge will have a direct conflict of interest in this decision and should be excluded from the decision making process.)*** It is **recommended** that Jim Oatridge OBE, whose Interim position on the Governing Body is coming to an end, is appointed to serve the remainder of Sue McKie's Term of office (which expires in 2022).

3) ***(GP Representatives will have a direct conflict of interest in this decision and should be excluded from the decision making process.)*** It is **recommended** that the Governing Body delays the elections for these positions and extends all contracts for GP Representatives until 31 March 2021.

Emma Smith, Governance Manager, Dudley CCG
Jodi Woodhouse, Interim Head of Corporate Governance, Sandwell and West Birmingham CCG
Sara Saville, Head of Corporate Governance, Walsall CCG
Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG
June 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)	**Mike Hastings**	

GOVERNING BODIES IN COMMON

DATE OF MEETING: 14 July 2020
AGENDA ITEM: 3.5

Title of Report:	Committee Assurance
Purpose of Report:	To set out details of the work of Governing Body Committees since the last meeting of the Governing Bodies on 31 March 2020
Author of Report:	Emma Smith, Governance Manager, Dudley CCG Jodi Woodhouse, Interim Head of Corporate Governance, Sandwell and West Birmingham CCG Sara Saville, Head of Corporate Governance, Walsall CCG Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG
Management Lead/Signed off by:	CCG Audit Committee, Primary Care Commissioning Committee and Remuneration Committee Chairs
Public or Private:	Public
Key Points:	This report sets out, for assurance, summaries of the meetings of the following Committees of the Governing Bodies: • Dudley CCG Audit and Governance Committee 19 March & 21 April 2020 • Sandwell and West Birmingham CCG Audit and Governance Committee, 19 March and 23 April 2020 • Walsall CCG Audit and Governance Committee, 1 April and 27 April 2020 • Wolverhampton Audit and Governance Committee, 28 April 2020 • Black Country and West Birmingham CCGs Remuneration Committees meeting in common, 14 May 2020 • Black Country and West Birmingham CCGs Audit Committees meeting in Common, 16 June 2020 • Black Country and West Birmingham CCGs Primary Care Commissioning Committee in Common, 23 June 2020
Recommendation:	**1) That the Governing Bodies receive the summary report for assurance** **2) That Sandwell and West Birmingham CCG Governing Body approve the closure of Risks QS05_19a and SC19_11c**
Conflicts of Interest:	There are no conflicts of Interest in relation to this report.
Links to Corporate Objectives:	6. Develop effective system leadership and governance 8. Comply with our statutory duties
Action Required:	☒ Assurance ☐ Approval ☐ For Information
Implications:	
Financial	There are no financial implications arising from this report
Assurance Framework	The Governing Body Committees support the Governing Body in managing the CCGs' Assurance Framework and the risks associated with it. The report is submitted in line with the Committees' Constitutional responsibility to report on their work to the Governing Body
Risks and Legal Obligations	

Equality & Diversity	There are no specific Equality and Diversity Implications arising from this report
Other	There are no other implications arising from this report.

GOVERNING BODIES IN COMMON – 14 JULY 2020
COMMITTEE ASSURANCE

1.0 BACKGROUND AND INTRODUCTION

1.1 The committees of each of the Black Country and West Birmingham CCGs are required to report on their activity to each ordinary meeting of the CCGs' Governing Bodies. In line with the decision made at the meeting of the Governing Bodies in Common on 31 March 2020 to suspend all but non-essential committee activity, the majority of CCG committees have not met since 31 March.

1.2 Assurance on CCG work to respond to the Covid-19 pandemic has been being provided through Governing Body assurance meetings in each CCG throughout May and June and through a meeting of the Joint Health Commissioning Board's membership in June. The Joint Health Commissioning Board and its sub-committees will begin a more regular cycle of meetings from next month, details of which will be reported to the Governing Bodies.

1.3 A number of essential committee meetings have taken place, including Audit Committee meetings to discharge the CCGs' responsibilities in relation to year end reporting and accounting, remuneration committees to discuss staffing matters and delegated responsibilities relating to Primary Care. This report includes details of the following meetings:-

- **Dudley CCG Audit and Governance Committee**, 19 March & 21 April 2020
- **Sandwell and West Birmingham CCG Audit and Governance Committee**, [DATE}
- **Walsall CCG Audit and Governance Committee** [DATE]
- **Wolverhampton Audit and Governance Committee**, 28 April 2020
- **Black Country and West Birmingham CCGs Remuneration Committees meeting in common**, 14 May 2020
- **Black Country and West Birmingham CCGs Audit Committees meeting in Common**, 16 June 2020
- **Black Country and West Birmingham CCGs Primary Care Commissioning Committee in Common**, 23 June 2020

2.0 DUDLEY CCG AUDIT AND GOVERNANCE COMMITTEE

2.1 The Committee met on the 19 March 2020 and discussed the following items of business:-

- **Annual Report and Accounts –** The Committee discussed a draft version of the CCG's Annual Report including the Annual Governance Statement for assurance
- **Information Governance –** The Committee received the end of year (Q4) IG Report, approved the CCGs Fair Processing Notice and received an update from the IG Steering Group
- **Freedom of Information Quarter 3 Report –** The Committee received the FOI Q3 report for assurance.
- **Combined Board Assurance Framework and Risk Register** – The Committee received the latest BAF & RR as at the 6 February 2020.
- **Draft Accounting Policies 2019/20 –** The Committee approved the Draft Accounting Policies for 2019/20
- **Corporate Registers -** The Committee received for assurance, the quarterly registers for Declarations of Interest, the Gifts and Hospitality and Procurement
- **Internal Audit Reports –** The Committee received the following final reports for assurance; Financial Systems, Financial Management and QIPP and Business Case Arrangements

- **External Audit –** The Committee received an update on the 2019/20 Audit Plan and the Informing Risk Assessment for assurance.
- **Counter Fraud** – The Committee received a update on the Anti-Fraud Progress Report 2019/20 for assurance.

2.2 The Committee met on the 21 April 2020 and discussed the following items of business:-

- **Annual Report and Accounts –** The Committee discussed the draft of the CCG's Annual Report and Accounts which had been submitted in draft form to NHS England. Members made comments for incorporation into the final version.
- **Draft Head of Internal Audit Opinion –** The Committee received and commented on the draft opinion.
- **Internal Audit Reports –** The Committee received the following final reports for assurance; Conflicts of Interest Management, Information Governance & Data Security and Assurance Framework Checklist
- **Counter Fraud Plan & Risk Assessment 2020/21 –** The Committee received the plan and risk assessment for 2020/21 from the CCG's Counter Fraud specialist for approval
- **Local Security Management Plan 2020/21 -** The Committee received the management plan for 2020/21 from the CCG's Local Security specialist for approval
- **ICC Risk Log –** The Committee received the current version of the Incident Control Centre Risk Register that has been enacted during Covid-19 for assurance.
- **Freedom of Information Quarter 4 Report –** The Committee received the FOI Q4 report for assurance.
- **Financial Transfer to Dudley Group NHS Foundation Trust –** The Committee received an update in relation to the proposed Financial Transfer to DGFT.

3.0 SANDWELL AND WEST BIRMINGHAM CCG AUDIT AND GOVERNANCE COMMITTEE

3.1 The Committee met on 19th March 2020 and discussed the following items of business:-

- **Internal Audit –** The committee received the following reports from the Internal Audit Team for assurance and discussion: Progress Report; Recommendation Tracking Report; Follow-up Audit of Partnership Arrangements; Board Assurance Framework Checklist.
- **Counter Fraud** - The committee received the following reports from the Counter Fraud Team for assurance and discussion: Progress Report; Provider Self Review Tool - Birmingham Community Healthcare, Provider Self Review Tool – Black Country Partnership, Provider Self Review Tool – Sandwell and West Birmingham Hospitals
- **Risk Registers** – The committee reviewed and updated the risk register and also reviewed the closure requested risks**. QS05_19a was recommended for closure subject to Governing Body approval (Appendix 1)**

3.2 The Committee held an extraordinary meeting on 23rd April 2020 and discussed the following business:-

- **Page Turn of Annual Accounts** – the committee discussed in detail the annual accounts
- **Governance around COVID-19 spend** – the committee received a verbal update from the Financial Controller for assurance
- **Risk Registers –** The committee received a report on risk updates during COVID -19 for assurance. The committee also reviewed the closure requested risks. **SC19_11c was recommended for closure subject to Governing Body approval. (Appendix 2)**

4.0 WALSALL CCG AUDIT AND GOVERNANCE COMMITTEE

4.1 The Committee met on 1 April 2020 and discussed the following items of business:-

- **Financial Focus –** The Committee received an update on the delayed introduction of the accounting standard IFRS 36
- **Equality and Diversity –** The Committee received a report from the Head of Corporate Governance which provided assurance on the CCGs compliance with the EDS2 Equality system.
- **Risk Management –** The Committee received a report which provided an update on the Board Assurance Framework and work to align risk management approach across the four CCGs.

- **Annual Report –** The Committee received an update on progress with the development of the CCG's Annual report.
- **Internal Audit –** The committee received reports outlining the draft Head of Internal Audit Opinion, progress with previous recommendations and final reports on Financial Management and Conflict of Interest Management
- **Counter fraud -** The committee received an update on the work of the CCG's counter fraud specialist, which included details of proactive work to address potential fraud in relation to COVID-19 and the CCG's fraud champion nomination
- **Local Security Management Specialist –** The Committee received an update from the CCG's Local Security Management Specialist on their work in line with the agreed plan.
- **External Audit Update –** The Committee received an update on progress with the audit of the CCG's final accounts.
- **Risk Review –** The committee reviewed risks in relation to the CCG's developing governance structures and the Data Protection and Security Toolkit
- **COVID-19 –** The Committee discussed the impact of the COVID-19 pandemic on ways of working, highlighting that there would be benefits in retaining some of the innovations introduced as a result.

4.2 The Committee also met on 27 April 2020 to review the CCG's draft final annual accounts. The committee passed their thanks on to staff involved in their preparation.

5.0 WOLVERHAMPTON CCG AUDIT AND GOVERNANCE COMMITTEE

5.1 The Committee met on 28 April and discussed the following items of business:-

- **Annual Report and Accounts –** The Committee discussed the draft of the CCG's Annual Report and Accounts which had been submitted in draft form to NHS England. Members made comments for incorporation into the final version.
- **COVID-19 Governance Arrangements –** The Committee received a report outlining action taken to ensure governance arrangements operated effectively during the pandemic including the suspension of the standing order requirement to hold meetings in public
- **Draft Head of Internal Audit Opinion –** The Committee received and commented on the draft opinion.
- **External Auditor Progress report –** The Committee received an update on progress with the audit of the CCG's accounts
- **Counter Fraud Annual Report –** The committee received the annual report from the CCG's Counter Fraud specialist
- **Internal Audit Contract –** The Committee met in private session to agree a 12 month extension to the contact with the CCG's external audit provider.

6.0 BLACK COUNTRY AND WEST BIRMINGHAM CCGS REMUNERATION COMMITTEES

6.1 The Remuneration Committees of the four CCGs met in common on 14 May 2020 and discussed the following items of business:-

- **Very Senior Manager (VSM) Pay Arrangements –** The Committees discussed matters relating to VSM pay arrangements and established a working group to develop proposals in advance of making a recommendation to the Governing Bodies in September.
- **On Call Policy –** The Committees approved a harmonised policy for On Call pay arrangements for staff across all four CCGs.

7.0 BLACK COUNTRY AND WEST BIRMINGHAM CCGS AUDIT COMMITTEES

7.1 The Audit Committees of the four CCGs met in Common on 16 June 2020 and signed off the annual report and accounts for each CCG in line with the powers delegated to the committees under urgent powers. The draft minutes are included on the agenda on the item on shared Governance

7.2 A further report to provide assurance on the operation of the CCG Incident Control Centre was deferred to allow it to feed into wider work to review decision-making arrangements during the pandemic.

8.0 BLACK COUNTRY AND WEST BIRMINGHAM CCGS PRIMARY CARE COMMISSIONING COMMITTEES

8.1 The Primary Care Commissioning Committees of the four CCGs met in common on 23 June 2020 and discussed the following items of business:-

- **Use of Emergency Powers –** The Committees received a verbal report for assurance that summarised how decision making in relation to powers delegated to the committees had operated during the pandemic.
- **Primary Care Operational Group –** The Committees approved a harmonised set of terms of reference for operational groups in each CCG to support the operation of the delegated commissioning arrangements for Primary Care.
- **Risk Registers –** The Committees received a summary of each committee's risk register to identify common themes for management across the four committees at system level and an outline approach to managing risks based at place. It was agreed that the committee chairs would meet to agree a final approach.
- **Application to close Central Clinic Branch Site (Sandwell and West Birmingham CCG) –** The Sandwell and West Birmingham Primary Care Commissioning Committee approved an application to close a Branch surgery
- **CCG Frameworks –** The Committees agreed recommendations to progress the development of Performance Outcome frameworks in each CCG.
- **SWB CCG Amended Primary Care Commissioning Framework (PCCF) for 20/21 –** Further to the wider report the Sandwell and West Birmingham Primary Care Commissioning Committee approved an amended commissioning framework.
- **Assurance reports –** The Committees considered assurance reports on digital arrangements,, finance, quality, the STP Training Hub as well as the work of the Primary Care Operational Groups.
- **Private session –** The Committees met in private to discuss reports from the Estates Team.

9.0 RECOMMENDATION

9.1 The Governing Bodies should receive the report for assurance.

Emma Smith, Governance Manager, Dudley CCG
Jodi Woodhouse, Interim Head of Corporate Governance, Sandwell and West Birmingham CCG
Sara Saville, Head of Corporate Governance, Walsall CCG
Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG

QS05_19a	Description	BSOL CCG does not have a designated lead for Adult Safeguarding and there is a risk that this could affect the safety of our patients belonging to West Birmingham practices.		
Old Reference	**Initial Probablity (1-5)**	**Initial Impact (1-5)**	**Initial Risk Grading**	**Corporate Objectives**
	4	4	**16**	S1 - Partnerships with Other Commissioners
Opened	**Current Probability**	**Current Impact**	**Current Risk Grading**	**Committee**
20/05/2019	1	1	**1**	**Q&S - Michelle Carolan**

Reviewed

24/02/2020

Initial Risk Level

I - High (16+)

Current Risk Level

C - Very Low (1-3)

Status

Open - On BAF

Closure Requested

☑

Closure Reason

Mitigated

Closure Approved

☐

Closure Approved Date

Closure Rules

Approval Required from GB

Responsibility

Eileen Welch

ID

344

Controls

20/05/2019 - No control for SWB CCG

Rating Tracker

Gaps in Controls

20/5/2019 - BSOL CCG have stated that limited controls are currently in place to ensure CCG has an effective process in place. Operationally, no dedicated resource to track, co-ordinate and analyse the responses within the existing structures. Operational; delivery of tracking, co-ordinated monitoring and timely analysis of cases.

Internal Assurances

20/05/2019 - Regular updates via Safeguarding Assurance Group

External Assurances

20/05/2019 - BSOL CCG Internal monitoring and reporting structure into the Safeguarding Assurance Group, escalating by exception through to Quality and Safety Committee. Meeting held on 13.3.2019. Operational lead and associated resource to be identified as part of Nursing & Quality re-structure - in progress.

Gaps in Assurances

20/05/2019 - although work is being absorbed by other members of the team there is a freeze on recruiting to posts until after the restructure.

Actions and Updates

20/05/2019 - The safeguarding assurance group in may were made aware of 2 risks that are on BSOL CCG's risk register. The risks are as follows:
- •There is a risk in that we have no co-ordinated response to managing enquiries delegated to the CCG. Adults with care and support needs who are in need of protection (Care Act 2014, section 42 Enquiries and delegated enquiries – process to determine what actions are necessary to safeguard an adult)."
- •Statutory processes relating to Deprivation of Liberty (DoLs) standards may not be consistently applied by all providers because effective systems and processes are not in place".

BSOL CCG provides adult safeguarding under the MOU for our West Birmingham member practices. The lack of resource is a risk for SWB CCG and its west Birmingham practices.
Update from BSOL states: Part of reviewing structures. Plans to mitigate. working through employment issues for ensuring a) dedicated administrative resource – band 3/4 resource is identified within the quality and nursing directorate to track and progress section 42 enquiries and complex cases. B) dedicated safeguarding adults/ mental capacity act operational professional oversight of cases.
17/06/2019 - Risk Reviewed, Adult SG resource I is yet to be identified at BSOL CCG. BSOL CCG are not compliant with statutory requirement for adult Safeguarding. Chief Nurse is now appointed and in post and the restructure will now commence. Remains the same
09/08/2019 - Risk Reviewed, Chief Nurse for BSOL CCG now in post and has met with Deputy Chief Officer for SWB CCG. Awaiting progress update. Remains the same
21/10/2019 - recruitment to the post is currently underway. Remains the same
16/12/2019 - Diane Rowden, Head of Safeguarding at Birmingham & Solihull is overseeing adults safeguarding, remains the same
24/02/2020 - Risk Reviewed, Post has now been appointed into and all functions are now covered. Risk fully mitigated. Closure requeusted.

Page 63 of 117
Return To Agenda

SC19_11c	Description	Due to urgent transition of the 111 service (SC11_19b) there is an opportunity to redesign the service spec to integrate 111&999. timesclaes and lack of suitable providers mean there is a risk of a contract award without open procurement.		
Old Reference	**Initial Probablity (1-5)**	**Initial Impact (1-5)**	**Initial Risk Grading**	**Corporate Objectives**
	4	4	**16**	S5 - Integrated Urgent and Emergency Care
Opened	**Current Probability**	**Current Impact**	**Current Risk Grading**	**Committee**
	1	1	**1**	**SCR - Angela Poulton**

Reviewed	Controls	Actions and Updates
12/03/2020	Significant IU&EC Team staffing time, legal advice and resources have gone in to securing an alternative provider for the service and capitalising on the opportunity to commission a joint 999/111 service for 2020-2025. Regular updates including legal updates, options appraisals and impact statements have been delivered to S&WB CCG Governing body & West Midlands CCG AO's throughout the process. 12/02/2020 - Inline with Regulation 92 of PCR 2015 legal challenge must be submitted within 30 days	Risk identified during Governing Body review of Board Assurance Framework and risks against Strategic Aims. SCR committee ownership identfied. 15th May 19 – Meeting called by Care UK following their Board decision to not seek an extension to the current contract. Care UK preference is for an alternative provider to be found and mutually agree and early exit. 2 Caveats - All staff must be TUPE'd and New Provider to take on Nav Point. 31st May –Confidential talks with WMAS CEO take place for them to be the step-in provider. 9th June - Significant consultation and work has taken place with CCGs legal advice partner. As this is new ground-breaking healthcare redesign, that responds to factual local learning and emerging policy, it does carry a level of risk and the legal advice rates the risk as small to medium. 28th June – Agreement reached on transfer of 111 to WMAS 8th July - Options appraisal on future commissioning routes and legal analysis circulated to West Midlands CCG AO's 9th August Letter to Care UK to confirm CCG has secured the early transfer of the service to WMAS on the 5th November. 16th August - West Midlands CCG AO informed in writing that legal advice has been sought in respect of compliance with The Public Contract Regulations, specifically the regulations which allow for a direct award where services can only be supplied by one economic operator. 17th October - West Midlands CCG AO informed in writing that temporary Contract created that includes a bespoke mechanism to monitor actual costs on a monthly basis. This has been developed to retain the agreed financial principle; where monies are not utilised during mobilisation, they will be returned to Commissioners. 5th November – WMAS step-in as service provider for West Midlands NHS 111/CAS. Further work on the development of the 999/111 service specification and contract vehicle on-going 9th December – Draft service specification issued to all CCGs for comment. Deadline for feedback is 20th December 8th January 2020 - Final draft to be issued to CCGs and WMAS week ending 17th January 2020 16/01/2020 - risk reviewed. Spec to be brough to SCR when in final draft form. Remains the same 13/02/2020 - Risk Reviwed, – Following an update today it was agreed to dowgrade this risk to probability 2 and impact 2 12/03/2020 - Risk Reviewed. Spec reviewed at previous committee and the committee felt that it was a robust spec. Committee are happy with the transition of the service to an integrated model and direct award to the provider. Inline with Regulation 92 of PCR 2015 legal challenge must be submitted within 30 days. This time has now passed and therefore risk of legal challenge has elapsed. Reduced to 1 Closure Requested.
Initial Risk Level		
I - High (16+)		
Current Risk Level	**Rating Tracker**	
C - Very Low (1-3)		
Status		
Open - On BAF		
Closure Requested	**Gaps in Controls**	
☑	No Gaps in Controls identified.	
Closure Reason		
Mitigated		
Closure Approved	**Internal Assurances**	
☐	Monthly updates to GB from SRO Rachael Ellis.	
Closure Approved Date	Updates also issued on a frequent basis to West Midlands Alliance member CCGs and STP leads	
Closure Rules	**External Assurances**	
Approval Required from GB	NHS Midlands lead sits on weekly Transition Board	
Responsibility		
Rachael Ellis	**Gaps in Assurances**	
ID	29/10/19 - None Identified	
361		

Page 64 of 117

Return To Agenda

GOVERNING BODIES IN COMMON

DATE OF MEETING: 14 JULY 2020
AGENDA ITEM: 4.1

TITLE OF REPORT:	Finance Report Month 2 (May) 2020/21
PURPOSE OF REPORT:	To update the Governing Body on the month 2 (May) 2020/21 financial position reported.
AUTHOR(S) OF REPORT:	James Smith, Deputy Chief Finance Officer, NHS Dudley CCG David Hughes, Deputy Chief Finance Officer, NHS Sandwell & West Birmingham CCG Michelle Gordon, Deputy Chief Finance Officer, NHS Walsall CCG Lesley Sawrey, Deputy Chief Finance Officer, NHS Wolverhampton CCG Thomas Devonshire, STP Finance
MANAGEMENT LEAD/SIGNED OFF BY:	James Green, Chief Finance Officer
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	• 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. • The draft financial plan submitted 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. • Guidance was received in May 2020 confirming a new temporary financial regime would be put in place for months 1 to 4 as a minimum with CCGs expected to break-even. • As at month 2 the four CCGs have reported an in-year year-to-date deficit of £12.401m at ledger close. This includes £9.133m of expenditure directly related to the COVID-19 response. Since the ledger hard close, NHSE/I has confirmed that this will be reimbursed, leaving £3.268m of additional expenditure, over-and-above the prospective allocation confirmed in May, yet to be received as a retrospective allocation adjustment. • NHSE/I are still reviewing NHS Dudley CCG and NHS Wolverhampton CCG in particular. The additional expenditure above allocation and not directly relating to COVID-19 reported by these two CCGs totals £3.7m for month 2.
RECOMMENDATION:	The Governing Body in Common is asked to review and note the month 2 (May) 2020/21 reported position.
CONFLICTS OF INTEREST:	None identified
LINKS TO CORPORATE OBJECTIVES:	Maintain financial sustainability
ACTION REQUIRED:	**X** Assurance ☐ Approval ☐ For Information

Possible implications identified in the paper:	
Financial	Under the temporary financial regime covering April to July 2020 inclusive, it is expected that CCGs will break-even and be reimbursed for any additional expenditure over-and-above the prospective allocations calculated by NHS England & NHS Improvement. At the date this report was written, confirmation of the additional retrospective allocations had not yet been received for NHS Dudley CCG and NHS Wolverhampton CCG. The CCGs are awaiting guidance relating to months 5 to 12 and are unable to provide an accurate forecast position for the full year at this point.
Risk Assurance Framework	Financial risks are incorporated into the CCGs' risk registers.
Policy and Legal Obligations	The CCGs have a range of key statutory duties relating to finance, which they are legally responsible for delivering. The main duties include ensuring administration, programme and capital expenditure do not exceed the amounts specified in directions. The CCGs are unable to confirm whether or not month 2 year-to-date and/or month 4 forecast will exceed the allocations until confirmation is received from NHS England & NHS Improvement as to whether or not the full amount of additional expenditure reported will be offset by an additional retrospective allocation adjustment.
Equality & Diversity	There are no direct equality and diversity implications contained within, or impacted by, this report. However, Equality Impact Assessments are completed for individual efficiency schemes and other workstreams that have an impact on the CCGs' financial positions.
Governance	No specific governance implications identified.

1.0 INTRODUCTION

1.1 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.

1.2 The draft financial plan submitted included a net surplus of £4.5m across the four CCGs, reduced from the £26.7m surplus included in the Long Term Plan submission made in January 2020, reflecting the majority of the contract gap between in-system CCGs and providers. In order to achieve a surplus of £4.5m and meet the NHS Commissioner Business Rules and other planning requirements, such as holding a 0.5% contingency and increasing the investment into mental health services at 1.7% over-and-above programme allocation growth, the CCGs included an efficiency requirement of £111.1m with £34.8m of this unidentified.

1.3 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, including the Payment by Results (PbR) process being suspended until the end of July at the earliest. It was made clear that the revised financial regime and service changes in response to COVID-19 would have an impact on individual CCG financial positions and affordability of positions against allocations.

1.4 Following this announcement, NHSE/I released updated guidance on 14th May 2020 regarding 2020/21 budget setting and planning and confirmed that during months 1 to 4 (April to July) 2020, it was expected that CCGs were to break-even on an in-year basis and to achieve this CCG allocations will be non-recurrently adjusted by NHSE/I to reflect actual levels of expenditure.

1.5 The BCWB CCGs received a non-recurrent prospective adjustment to allocation to reflect the expected monthly expenditure based on the month 11 (February) 2019/20 year-to-date position reported by each CCG, adjusted for the:

- impacts of the block contracting arrangements with NHS Trusts and Foundation Trusts;
- national contracting of acute services from independent sector;
- suspension of non-contract activity invoicing; and
- range of growth assumptions for non-NHS expenditure as determined by NHSE/I.

1.6 Actual expenditure is being reviewed by NHSE/I on a monthly basis and a retrospective non-recurrent adjustment is expected to cover reasonable variances between actual expenditure and the expected monthly expenditure (i.e. the CCGs will then report a break-even year-to-date positon).

1.7 Guidance relating to budget setting and financial reporting for months 5 to 12 is due to be issued during July 2020 and until this is received the CCGs are only required to report a forecast position to the end of month 4.

2.0 SUMMARY FINANCIAL POSITION AT MONTH 2 (MAY) 2020/21

2.1 As at month 2 the four CCGs have reported an in-year year-to-date deficit of £12.401m at ledger close. This includes £9.133m of expenditure directly related to the COVID-19 response. Since the ledger hard close, NHSE/I has confirmed that this will be reimbursed, leaving £3.268m of additional expenditure, over-and-above the prospective allocation confirmed in May, yet to be received as a retrospective allocation adjustment.

2.2 The financial position reported at month 2 is summarised in the following table.

Table: Summary Financial Position for BCWB CCGs in Total

Area of Spend	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit						
Programme	345,259	345,259	-	690,518	690,518	-
Primary Care Co-Commissioning	34,598	34,598	-	69,196	69,196	-
Running Costs	4,073	4,073	-	8,146	8,146	-
Total In-year Revenue Resource Limit	383,930	383,930	-	767,860	767,860	-
Programme Expenditure						
Acute Services	192,636	189,583	3,053	385,270	375,344	9,925
Mental Health Services	42,447	43,854	(1,407)	84,894	87,675	(2,781)
Community Health Services	33,699	34,070	(371)	67,400	68,174	(774)
Continuing Care Services	16,602	20,179	(3,577)	33,205	37,705	(4,500)
Primary Care Services	46,709	49,338	(2,629)	93,415	98,576	(5,161)
Other Programme Services	13,166	18,407	(5,241)	26,335	33,574	(7,239)
Total Programme Expenditure	345,259	355,432	(10,172)	690,518	701,049	(10,531)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	34,598	36,462	(1,864)	69,196	71,783	(2,587)
Running Costs Expenditure						
Running Costs	4,073	4,437	(364)	8,146	8,923	(777)
Total CCG Expenditure	383,930	396,331	(12,401)	767,860	781,755	(13,894)
In-year Surplus / (Deficit) Reported	-	(12,401)	(12,401)	-	(13,894)	(13,894)
Retrospective Allocations to be Confirmed						
COVID-19 Reimbursement	-	9,133	9,133	-	9,133	9,133
Additional Expenditure	-	3,268	3,268	-	4,761	4,761
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

2.3 See the attached report for a breakdown of allocations, expenditure by area and by CCG.

2.4 The reported position for Acute, Mental Health and Community Services includes the block payments made to the NHS Trusts and Foundation Trusts as calculated and instructed by NHSE/I.

2.5 The overspend is mainly due to COVID-19 related expenditure, which it has been confirmed by NHSE/I will be reimbursed via an allocation adjustment in month 3. This totals £9.133m across the four CCGs.

2.6 The CCGs await confirmation that the full £3.268m expenditure will be funded via a retrospective non-recurrent allocation adjustment in month 3. NHSE/I are currently reviewing Dudley CCG and Wolverhampton CCG additional expenditure which totals £3.691m. This is currently at risk until confirmation is received.

2.7 The Acute Services position is underspent by £3.053m year-to-date due to additional allocation received compared to the CCGs internal plan even after accounting for the suspension of Independent Sector, which NHSE/I is commissioning nationally, and NCA invoicing. This position includes £2.204m of direct COVID-19 expenditure, which is being reimbursed. Excluding this expenditure gives a year-to-date underspend of £5.257m.

2.8 The Mental Health Services position is overspent by £1.407m year-to-date due to the allocation adjustment, additional complex care cases and COVID-19 expenditure of £756k. Excluding COVID-19 expenditure gives a year-to-date overspend of £652k. Guidance for the Mental Health Investment Standard (MHIS) is expected to be received in July 2020. The CCGs are unable to confirm at this point whether the MHIS requirement will be met as allocations received to date do not cover this level of expenditure and the block payments instructed to be paid to mental health providers have been uplifted at 2.8%, which is lower than the MHIS uplift.

2.9 The Community Health Services position is overspent by £371k year-to-date including COVID-19 expenditure of £320k. Excluding COVID-19 expenditure gives a year-to-date overspend of £51k.

2.10 The Continuing Healthcare Services position is overspent by £3.577m year-to-date mainly due to a backdated 9% FNC uplift payment for 2019/20 confirmed during May 2020 (one-off payment,

whereas the budgets are phased straight-line per the NHSE/I month 1-4 allocation and expenditure budget model) and COVID-19 expenditure of £1.179m. Excluding COVID-19 expenditure gives a year-to-date overspend of £2.398m.

2.11 The Primary Care Services position is overspent by £2.629m year-to-date mainly due to prescribing only being given a 1.0% uplift by NHSE/I and COVID-19 expenditure of £139k. Excluding COVID-19 expenditure gives a year-to-date overspend of £2.490m.

2.12 The Other Programme Services position is overspent by £5.241m year-to-date mainly due to a balance to the allocation set by NHSE/I and COVID-19 expenditure of £3.978m. Excluding COVID-19 expenditure gives a year-to-date overspend of £1.263m. A 0.5% contingency is usually held within Other Programme Services in-line with planning requirements, however, this is not required by NHSE/I during the temporary financial regime.

2.13 The Primary Care Co-Commissioning position is overspent by £1.864m year-to-date mainly due to the allocations being set at a lower level than the published allocations, which the CCGs believed they would need to spend in full, as well as COVID-19 expenditure of £420k. Excluding COVID-19 expenditure gives a year-to-date overspend of £1.445m.

2.14 The Running Costs position is overspent by £364k year-to-date mainly due to the allocations being set at a lower level than the published allocations, which the CCGs believed they would need to spend in full, as well as COVID-19 expenditure of £138k. Excluding COVID-19 expenditure gives a year-to-date overspend of £226k.

3.0 EFFICIENCIES

3.1 The draft financial plan submitted included a net surplus of £4.5m across the four CCGs, reduced from the £26.7m surplus included in the Long Term Plan submission made in January 2020, reflecting the majority of the contract gap between in-system CCGs and providers. In order to achieve a surplus of £4.5m and meet the NHS Commissioner Business Rules and other planning requirements, such as holding a 0.5% contingency and increasing the investment into mental health services at 1.7% over-and-above programme allocation growth, the CCGs included an efficiency requirement of £111.1m with £34.8m of this unidentified.

3.2 Due to the implementation of a temporary financial regime in response to the COVID-19 pandemic it will not be possible, certainly in the short-term, for the CCGs to implement and deliver the identified savings plans in the majority of instances. NHSE/I guidance states that the revised financial regime and service changes in response to COVID-19 will have an impact on individual CCG financial positions and affordability of positions against allocations and that the during the period 1st April 2020 to 31st July 2020, they expect CCGs to break-even on an in-year basis. In order to achieve this, actual expenditure will be reviewed on a monthly basis and a retrospective non-recurrent adjustment will be actioned for reasonable variances between actual expenditure and the expected monthly expenditure.

3.3 The CCGs await guidance for months 5-12, but for now, NHSE/I do not require the CCGs to report on the delivery of efficiency schemes.

4.0 RISK

4.1 NHSE/I has paused the collection of risks to the financial position and any potential mitigations to offset these whilst the NHS responds to the COVID-19 pandemic, which includes an expectation that CCGs will deliver a break-even position in months 1 to 4.

4.2 However, as reported in section 2, the CCGs are yet to receive confirmation that the net additional expenditure across the 4 CCGs compared to the prospective allocation will be received as a retrospective allocation, other than that the direct COVID-19 expenditure, which will be reimbursed. It is expected that it will be received and all four CCGs will report break-even, but until confirmation is received there is a risk that NHSE/I do not reimburse the full amount expected.

4.3 NHSE/I are still reviewing NHS Dudley CCG and NHS Wolverhampton CCG in particular. The additional expenditure above allocation and not directly relating to COVID-19 reported by these two CCGs totals £3.7m for month 2.

5.0 STATEMENT OF FINANCIAL POSITION

5.1 Due to the temporary financial arrangements and an error leading to a recall of BACs payments before the month-end close, the CCGs, other than Sandwell & West Birmingham CCG, are reporting a cash balance over the 1.25% maximum target.

5.2 Further detail regarding receivables and payables will be provided at month 3.

6.0 BETTER PAYMENT PRACTICE CODE

6.1 CCGs are required to pay 95% or more of invoices, in number and in value, within the agreed terms of payment, or within 30 days, whichever is shorter.

6.2 Each CCG has met the Better Payment Practice Code (BPPC) in-month and year-to-date.

7.0 RECOMMENDATION

7.1 It is recommended that the Governing Body in Common:

- review and note the financial position reported at month 2 (May) 2020/21;
- note that the CCGs are awaiting confirmation from NHSE/I as to whether or not a retrospective allocation will be received that will effectively mean a break-even position will be reported for month 2; and
- note that financial reporting guidance for months 5 to 12 is due in July 2020 and an update will be provided to the Governing Body in Common once this has been received and reviewed.

James Green
Chief Finance Officer

APPENDICES

- Further detail regarding the financial position reported at month 2 is included within the attached report, including:

Page	Description
1	Executive Summary Dashboard
2	Summary Financial Performance
3	Summary Financial Performance - Variances to YTD and Forecast to Month 4 Plan by CCG
4	Allocations
5	Financial Performance - Acute Services
6	Financial Performance - Mental Health Services
7	Financial Performance - Community Health Services
8	Financial Performance - Continuing Healthcare Services
9	Financial Performance - Primary Care Services
10	Financial Performance - Primary Care Co-commissioning
11	Financial Performance - Other Programme Services
12	Financial Performance - Running Costs
13	Statement of Financial Position
14	Cash
15	Receivables
16	Payables
17	Better Payment Practice Code
Appx 1	Financial Position – Dudley CCG
Appx 2	Financial Position – Sandwell & West Birmingham CCG
Appx 3	Financial Position – Walsall CCG
Appx 4	Financial Position – Wolverhampton 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	**James Green, James Smith, David Hughes, Michelle Gordon, Lesley Sawrey**	**26th June 2020**
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)	**James Green**	**6th July 2020**

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 2

Executive Summary Dashboard

Forecast / Forecast to Month 4	DUD CCG		SWB CCG		WAL CCG		WOL CCG		BCWB CCGs	
	Target £000s / %	Actual £000s / %	Target £000s / %	Actual £000s / %	Target £000s / %	Actual £000s / %	Target £000s / %	Actual £000s / %	Target £000s / %	Actual £000s / %
Key Headline Figures										
In-year Surplus / (Deficit) - Year-to-date	-	(6,174)	-	488	-	(4,084)	-	(2,631)	-	(12,401)
In-year Surplus / (Deficit) - Forecast	-	(3,251)	-	133	-	(6,058)	-	(4,719)	-	(13,894)
Underlying In-year Surplus / (Deficit)										
Underlying Cumulative Surplus / (Deficit)										
Efficiency										
Net Risk / Mitigation										
Mental Health Investment Standard										
Cash Limit - Year-to-Date	< 1.25%	13.4%	< 1.25%	0.0%	< 1.25%	2.3%	< 1.25%	6.0%	< 1.25%	5.1%
Better Payment Practice - NHS - Number - Year-to-Date	≥ 95%	100.0%	≥ 95%	96.5%	≥ 95%	96.1%	≥ 95%	99.0%	≥ 95%	97.8%
Better Payment Practice - NHS - Value - Year-to-Date	≥ 95%	100.0%	≥ 95%	100.0%	≥ 95%	99.5%	≥ 95%	100.0%	≥ 95%	99.9%
Better Payment Practice - Non-NHS - Number - Year-to-Date	≥ 95%	100.0%	≥ 95%	98.3%	≥ 95%	98.9%	≥ 95%	98.2%	≥ 95%	98.8%
Better Payment Practice - Non-NHS - Value - Year-to-Date	≥ 95%	100.0%	≥ 95%	98.6%	≥ 95%	98.2%	≥ 95%	100.0%	≥ 95%	99.0%

RAG Rating	
Not achieving financial duty/target (and remedial action unlikely to result in achievement)	R
There is a risk that financial duty/target will not be achieved	A
Achieving financial duty/target	G

Key Messages

The four CCGs have received a prospective allocation for months 1-2 totalling £383.930m. Against this expenditure is reported to be £396.332m, giving a deficit of £12.401m. However, this includes expenditure directly relating to COVID-19 totalling £9.133m. It has been confirmed, following hard close of the ledger, by NHSE/I that this will be reimbursed during month 3. This leaves a balance of £3.268m, which the CCGs are expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment. At the date of this report this has not yet been confirmed by NHSE/I.

The forecast deficit to month 4 is £13.894m. However, this includes expenditure directly relating to COVID-19 totalling £9.133m, this leaves a balance of £5.236m, which the CCGs are expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment. It is likely this value will change each month and that NHSE/I will only adjust for actual expenditure reported in-month/year-to-date.

3 of the 4 CCGs have been unable to achieve the cash target at month 2. The change in financial regime and prospective adjustments to allocations are the main reason for this, although Wolverhampton CCG's high cash balance being due to a payment error for which BACs payments had to be recalled towards the end of the month. The month 3 position is expected to improve.

All four CCGs have achieved the BPPC target in-month and year-to-date for NHS and non-NHS invoices both in terms of volume and value.

Underlying position, efficiency, net risk and MHIS data is not being collected by NHSE/I during the new temporary financial regime months 1-4, but this may change for months 5-12 for which guidance is expected in July 2020.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 2

Summary Financial Performance

Area of Spend	Year-to-date			Forecast to Month 4			Risk-adjusted Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Net (Risk) / Mitigation £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit									
Programme	345,259	345,259	-	690,518	690,518	-			
Primary Care Co-Commissioning	34,598	34,598	-	69,196	69,196	-			
Running Costs	4,073	4,073	-	8,146	8,146	-			
Total In-year Revenue Resource Limit	383,930	383,930	-	767,860	767,860	-	-	-	-
Programme Expenditure									
Acute Services	192,636	189,583	3,053	385,270	375,344	9,925			
Mental Health Services	42,447	43,854	(1,407)	84,894	87,675	(2,781)			
Community Health Services	33,699	34,070	(371)	67,400	68,174	(774)			
Continuing Care Services	16,602	20,179	(3,577)	33,205	37,705	(4,500)			
Primary Care Services	46,709	49,338	(2,629)	93,415	98,576	(5,161)			
Other Programme Services	13,166	18,407	(5,241)	26,335	33,574	(7,239)			
Total Programme Expenditure	345,259	355,432	(10,172)	690,518	701,049	(10,531)	-	-	-
Primary Care Co-Commissioning Expenditure									
Primary Care Co-Commissioning	34,598	36,462	(1,864)	69,196	71,783	(2,587)			
Running Costs Expenditure									
Running Costs	4,073	4,437	(364)	8,146	8,923	(777)			
Total CCG Expenditure	383,930	396,331	(12,401)	767,860	781,755	(13,894)	-	-	-
In-year Surplus / (Deficit) Reported	-	(12,401)	(12,401)	-	(13,894)	(13,894)	-	-	-
Retrospective Allocations to be Confirmed									
COVID-19 Reimbursement	-	9,133	9,133	-	9,133	9,133			
Additional Expenditure	-	3,268	3,268	-	4,761	4,761			
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-	-	-	-

Key Messages

The four CCGs have received a prospective allocation for months 1-2 totalling £383.930m. Against this expenditure is reported to be £396.332m, giving a deficit of £12.401m. However, this includes expenditure directly relating to COVID-19 totalling £9.133m. It has been confirmed, following hard close of the ledger, by NHSE/I that this will be reimbursed during month 3. This leaves a balance of £3.268m, which the CCGs are expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment. At the date of this report this has not yet been confirmed by NHSE/I.

The forecast deficit to month 4 is £13.894m. However, this includes expenditure directly relating to COVID-19 totalling £9.133m, this leaves a balance of £4.761m, which the CCGs are expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment. It is likely this value will change each month and that NHSE/I will only adjust for actual expenditure reported in-month/year-to-date.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 2

Summary Financial Performance - Variances to YTD and Forecast to Month 4 Plan by CCG

Area of Spend	Favourable / (Adverse) Variance to YTD and Forecast Plan (to Month 4)									
	DUD CCG		SWB CCG		WAL CCG		WOL CCG		BCWB CCGs	
	YTD £000s	FOT £000s	YTD £000s	FOT £000s	YTD £000s	FOT £000s	YTD £000s	FOT £000s	YTD £000s	FOT £000s
Revenue Resource Limit										
Programme	-	-	-	-	-	-	-	-	-	-
Primary Care Co-Commissioning	-	-	-	-	-	-	-	-	-	-
Running Costs	-	-	-	-	-	-	-	-	-	-
Total In-year Revenue Resource Limit	-	-	-	-	-	-	-	-	-	-
Programme Expenditure										
Acute Services	(744)	2,567	3,758	7,598	274	284	(236)	(524)	3,053	9,925
Mental Health Services	(874)	(1,632)	509	965	(62)	(346)	(981)	(1,768)	(1,407)	(2,781)
Community Health Services	379	757	(662)	(1,354)	165	232	(253)	(409)	(371)	(774)
Continuing Care Services	(1,079)	(838)	(1,203)	(1,755)	(229)	(98)	(1,066)	(1,810)	(3,577)	(4,500)
Primary Care Services	(1,608)	(2,943)	(472)	(1,253)	(537)	(935)	(12)	(31)	(2,629)	(5,161)
Other Programme Services	(1,376)	(435)	(992)	(3,267)	(3,221)	(4,235)	348	698	(5,241)	(7,239)
Total Programme Expenditure	(5,301)	(2,524)	939	935	(3,610)	(5,098)	(2,200)	(3,844)	(10,172)	(10,531)
Primary Care Co-Commissioning Expenditure										
Primary Care Co-Commissioning	(745)	(503)	(369)	(599)	(353)	(696)	(397)	(789)	(1,864)	(2,587)
Running Costs Expenditure										
Running Costs	(127)	(224)	(82)	(203)	(121)	(264)	(34)	(86)	(364)	(777)
Total CCG Expenditure	(6,174)	(3,251)	488	133	(4,084)	(6,058)	(2,631)	(4,719)	(12,401)	(13,894)
In-year Surplus / (Deficit)	(6,174)	(3,251)	488	133	(4,084)	(6,058)	(2,631)	(4,719)	(12,401)	(13,894)
Retrospective Allocations to be Confirmed										
COVID-19 Reimbursement	2,998	2,998	1,616	1,616	2,405	2,405	2,114	2,114	9,133	9,133
Additional Expenditure	3,175	252	(2,104)	(1,749)	1,679	3,653	517	2,605	3,268	4,761
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-	-	-	-	-

Key Messages

A year-to-date deficit of £12.401m and forecast deficit of £14.369m have been reported at month 2. However, this includes expenditure directly relating to COVID-19 totalling £9.133m. It has been confirmed, following hard close of the ledger, by NHSE/I that this will be reimbursed during month 3. This leaves a balance of £3.268m and £3.268m, which the CCGs are expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment. At the date of this report this has not yet been confirmed by NHSE/I.

Primary Care Co-Commissioning and Running Cost prospective allocations received for months 1-4 are lower than the previously published allocations, hence the overspends reported against these areas. Guidance is expected around the Mental Health Investment Service (MHIS) target, so expenditure reported is not currently reflective of the original planning requirement to spend an additional 1.7% + programme allocation growth compared to 2019/20 outturn. Continuing care expenditure is higher than the allocation provided as an allocation adjustment for the backdated FNC uplift (9%) has yet to be received. COVID-19 expenditure is the other main reason for the overspends reported. Underspends against Acute for SWB CCG is mainly due to the balance to NHSE/I prospective allocation and the suspension of NCA invoicing.

Allocations

Description	Programme			Delegated			Running Costs			Total		
	Recurrent £000s	Non-recurrent £000s	Total £000s	Recurrent £000s	Non-recurrent £000s	Total £000s	Recurrent £000s	Non-recurrent £000s	Total £000s	Recurrent £000s	Non-recurrent £000s	Total £000s
Total Allocations at Month 1	2,077,611	(415)	2,077,196	213,156	(67)	213,089	26,294	-	26,294	2,317,061	(482)	2,316,579
Allocations Received in Month 2:												
Trf 8 Months Programme to Central Reserve	-	(1,384,798)	(1,384,798)	-	-	-	-	-	-	-	(1,384,798)	(1,384,798)
Prospective 4 Months Programme Adjustment	-	(1,880)	(1,880)	-	-	-	-	-	-	-	(1,880)	(1,880)
Trf 8 Months Delegated to Central Reserve	-	-	-	-	(142,060)	(142,060)	-	-	-	-	(142,060)	(142,060)
Prospective 4 Months Delegated Adjustment	-	-	-	-	(1,833)	(1,833)	-	-	-	-	(1,833)	(1,833)
Trf 8 Months Running Costs to Central Reserve	-	-	-	-	-	-	-	(17,529)	(17,529)	-	(17,529)	(17,529)
Prospective 4 Months Running Costs Adjustment	-	-	-	-	-	-	-	(619)	(619)	-	(619)	(619)
Sub-total Allocations Received in Month 2	-	(1,386,678)	(1,386,678)	-	(143,893)	(143,893)	-	(18,148)	(18,148)	-	(1,548,719)	(1,548,719)
Total Allocations at Month 2	2,077,611	(1,387,093)	690,518	213,156	(143,960)	69,196	26,294	(18,148)	8,146	2,317,061	(1,549,201)	767,860

Summary by CCG	DUD CCG			SWB CCG			WAL CCG			WOL CCG			BCWB CCGs		
	M1 YTD	M2	Total YTD	M1 YTD	M2	Total YTD	M1 YTD	M2	Total YTD	M1 YTD	M2	Total YTD	M1 YTD	M2	Total YTD
Recurrent															
Programme	471,333	-	471,333	776,534	-	776,534	429,052	-	429,052	400,692	-	400,692	2,077,611	-	2,077,611
Delegated	44,566	-	44,566	85,397	-	85,397	43,172	-	43,172	40,021	-	40,021	213,156	-	213,156
Running Costs	5,946	-	5,946	10,122	-	10,122	5,361	-	5,361	4,865	-	4,865	26,294	-	26,294
Total Recurrent	521,845	-	521,845	872,053	-	872,053	477,585	-	477,585	445,578	-	445,578	2,317,061	-	2,317,061
Non-recurrent															
Programme	-	(312,202)	(312,202)	(415)	(518,909)	(519,324)	-	(289,816)	(289,816)	-	(265,751)	(265,751)	(415)	(1,386,678)	(1,387,093)
Delegated	-	(29,922)	(29,922)	(67)	(57,344)	(57,411)	-	(29,408)	(29,408)	-	(27,219)	(27,219)	(67)	(143,893)	(143,960)
Running Costs	-	(4,152)	(4,152)	-	(6,890)	(6,890)	-	(3,806)	(3,806)	-	(3,300)	(3,300)	-	(18,148)	(18,148)
Total Non-recurrent	-	(346,276)	(346,276)	(482)	(583,143)	(583,625)	-	(323,030)	(323,030)	-	(296,270)	(296,270)	(482)	(1,548,719)	(1,549,201)
Total															
Programme	471,333	(312,202)	159,131	776,119	(518,909)	257,210	429,052	(289,816)	139,236	400,692	(265,751)	134,941	2,077,196	(1,386,678)	690,518
Delegated	44,566	(29,922)	14,644	85,330	(57,344)	27,986	43,172	(29,408)	13,764	40,021	(27,219)	12,802	213,089	(143,893)	69,196
Running Costs	5,946	(4,152)	1,794	10,122	(6,890)	3,232	5,361	(3,806)	1,555	4,865	(3,300)	1,565	26,294	(18,148)	8,146
Grand Total	521,845	(346,276)	175,569	871,571	(583,143)	288,428	477,585	(323,030)	154,555	445,578	(296,270)	149,308	2,316,579	(1,548,719)	767,860

Key Messages

During the period 1 April to 31 July 2020, NHSE/I expect CCGs to break-even on an in-year basis and to achieve this, CCG allocations have been non-recurrently adjusted for months 1-4 to reflect the NHSE/I modelled expected expenditure based on:

- Block contracting arrangements with NHS Trusts and Foundation Trusts;
- National contracting of acute services from independent sector;
- Month 11 YTD 2019/20 expenditure prorated on a straight-line basis for a full year effect plus NHSE/I growth assumptions for non-NHS expenditure.

The NHSE/I allocation and expenditure model has been reviewed for all four CCGs and it is apparent that the month 1-4 allocations do not relfect the published allocations for Delegate Commissioning and Running Costs, nor reflect the Mental Health Investment Standard. Further guidance for months 5-12 is due July 2020.

The BCWB CCGs have set budgets for the four-month period, which agreed to the non-recurrently adjusted allocation position, as requested by NHSE/I.

Actual expenditure will be reviewed on a monthly basis and a retrospective non-recurrent adjustment will be actioned for reasonable variances between actual expenditure and the expected monthly expenditure.

Financial Performance - Acute Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Acute Services								
Sandwell and West Birmingham Hospitals NHS-T	45,142	45,142	0	0.0%	90,282	90,282	(0)	(0.0%)
The Dudley Group NHS-FT	44,224	45,275	(1,051)	(2.4%)	88,448	90,551	(2,102)	(2.4%)
The Royal Wolverhampton NHS-T	39,034	39,042	(8)	(0.0%)	78,068	78,084	(16)	(0.0%)
Walsall Healthcare NHS-T	27,467	27,453	15	0.1%	54,936	54,909	26	0.0%
West Midlands Ambulance Service NHS-FT	9,682	9,546	136	1.4%	19,366	19,059	307	1.6%
Other NHS Providers	17,917	17,718	199	1.1%	35,834	35,436	398	1.1%
BMI	309	32	277	89.7%	590	65	525	89.0%
Nuffield	420	(16)	436	103.8%	842	(16)	858	101.9%
Ramsay	1,764	0	1,764	100.0%	3,527	0	3,527	100.0%
Other Independent Sector Providers	1,191	956	235	19.7%	2,383	2,121	262	11.0%
Non-contract Activity	3,731	158	3,573	95.8%	7,462	345	7,117	95.4%
Other Acute Expenditure	1,755	4,278	(2,523)	(143.8%)	3,531	4,509	(978)	(27.7%)
Total Acute Services	192,636	189,583	3,053	1.6%	385,270	375,344	9,925	2.6%

Key Messages

The Acute Services position is underspent by £3.053m year-to-date due to additional allocation received compared to the CCGs internal plan even after accounting for the suspension of Independent Sector, which NHSE/I is commissioning nationally, and NCA invoicing. This position includes £2.204m of direct COVID-19 expenditure, which is being reimbursed. Excluding this expenditure gives a year-to-date underspend of £5.257m.

Financial Performance - Mental Health Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Mental Health Services								
Black Country Healthcare NHS-FT - MH	22,148	23,066	(919)	(4.1%)	44,294	46,124	(1,830)	(4.1%)
Black Country Healthcare NHS-FT - LD	2,407	2,437	(30)	(1.3%)	4,815	4,875	(60)	(1.3%)
Black Country Healthcare NHS-FT - IAPT	458	458	0	0.0%	917	917	0	0.0%
Other NHS Providers	8,596	7,691	905	10.5%	17,192	15,366	1,826	10.6%
Independent Sector Providers	1,978	1,883	96	4.8%	3,956	3,962	(6)	(0.1%)
Complex Cases	2,100	1,951	150	7.1%	4,200	4,055	144	3.4%
Non-contract Activity	853	535	318	37.2%	1,704	1,154	550	32.3%
Other Mental Health & LD Expenditure	3,906	5,833	(1,926)	(49.3%)	7,816	11,222	(3,406)	(43.6%)
Total Mental Health Services	42,447	43,854	(1,407)	(3.3%)	84,894	87,675	(2,781)	(3.3%)

Key Messages

The Mental Health Services position is overspent by £1.407m year-to-date due to the allocation adjustment, additional complex care cases and COVID-19 expenditure of £756k. Excluding COVID-19 expenditure gives a year-to-date overspend of £652k.

Guidance for the Mental Health Investment Standard (MHIS) is expected to be received in July 2020. The CCGs are unable to confirm at this point whether the MHIS requirement will be met as allocations received to date do not cover this level of expenditure and the block payments instructed to be paid to mental health providers have been uplifted at 2.8%, which is lower than the MHIS uplift.

Financial Performance - Community Health Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Community Health Services								
Black Country Healthcare NHS-FT	4,469	4,120	349	7.8%	8,939	8,235	704	7.9%
Sandwell and West Birmingham Hospitals NHS-T	5,436	5,435	1	0.0%	10,873	10,871	3	0.0%
The Dudley Group NHS-FT	4,595	4,595	(0)	(0.0%)	9,190	9,190	(0)	(0.0%)
The Royal Wolverhampton NHS-T	6,703	6,670	34	0.5%	13,408	13,340	68	0.5%
Walsall Healthcare NHS-T	5,320	5,219	101	1.9%	10,642	10,418	224	2.1%
Other NHS Providers	478	231	248	51.8%	957	460	496	51.9%
Independent Sector Providers	638	637	1	0.1%	1,276	1,275	1	0.1%
Hospices	745	1,042	(297)	(39.9%)	1,488	2,083	(595)	(39.9%)
Intermediate Care	1,347	1,299	49	3.6%	2,696	2,593	103	3.8%
Non-contract Activity	-	-	-	-	-	-	-	-
Other Community Expenditure	3,966	4,822	(856)	(21.6%)	7,931	9,710	(1,778)	(22.4%)
Total Community Health Services	33,699	34,070	(371)	(1.1%)	67,400	68,174	(774)	(1.1%)

Key Messages

The Community Health Services position is overspent by £371k year-to-date including COVID-19 expenditure of £320k. Excluding COVID-19 expenditure gives a year-to-date overspend of £51k.

Financial Performance - Continuing Healthcare Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Continuing Healthcare Services								
Continuing Healthcare - Adult Fully Funded	9,106	10,243	(1,137)	(12.5%)	18,211	19,533	(1,322)	(7.3%)
Continuing Healthcare - Adult Fully Funded - PHB	1,637	1,775	(138)	(8.4%)	3,272	3,499	(227)	(6.9%)
Continuing Healthcare - Adult Joint Funded	104	719	(615)	(591.5%)	209	1,439	(1,230)	(588.6%)
Continuing Healthcare - Adult Joint Funded - PHB	583	583	-	-	1,167	1,167	-	-
Continuing Healthcare - Children's	569	630	(60)	(10.6%)	1,138	1,163	(25)	(2.2%)
Continuing Healthcare - Children's - PHB	84	88	(5)	(5.6%)	168	178	(9)	(5.5%)
Funded Nursing Care	3,721	5,324	(1,603)	(43.1%)	7,443	9,073	(1,630)	(21.9%)
Continuing Care Assessment & Support	798	816	(18)	(2.3%)	1,596	1,653	(57)	(3.6%)
Total Continuing Healthcare Services	16,602	20,179	(3,577)	(21.5%)	33,205	37,705	(4,500)	(13.6%)

Key Messages

The Continuing Healthcare Services position is overspent by £3.577m year-to-date mainly due to a backdated 9.0% FNC uplift payment for 2019/20 confirmed during May 2020 and COVID-19 expenditure of £1.179m. Excluding COVID-19 expenditure gives a year-to-date overspend of £2.398m.

The NHSE/I allocation model included an adjustment for the 2019/20 FNC rate settlement (9.0%) and the 2.0% additional price growth in 2020/21, but the payment is a one-off whereas the budgets are phased in a straight-line to match the NHSE/I allocation model, causing the variance at month 2 and the difference in the run rate against FNC when comparing month 4 forecast to month 2 year-to-date.

Financial Performance - Primary Care Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Primary Care Services								
Central Drugs	13,793	14,417	(624)	(4.5%)	27,585	29,080	(1,495)	(5.4%)
Oxygen	442	445	(3)	(0.7%)	884	903	(19)	(2.1%)
Prescribing	25,032	27,533	(2,501)	(10.0%)	50,062	54,673	(4,611)	(9.2%)
Medicines Management Clinical Team	674	688	(15)	(2.2%)	1,348	1,395	(47)	(3.5%)
Other	106	104	2	1.9%	213	213	-	-
Sub-total Drugs and GP Prescribing	40,046	43,187	(3,140)	(7.8%)	80,093	86,265	(6,172)	(7.7%)
GP IT	903	966	(63)	(7.0%)	1,806	1,797	9	0.5%
GP Forward View	1,800	1,487	314	17.4%	3,601	3,031	570	15.8%
Primary Care Network	148	147	1	0.7%	297	297	-	-
Enhanced Services	1,376	1,351	24	1.8%	2,753	2,745	8	0.3%
Out of Hours	921	872	49	5.3%	1,842	1,744	98	5.3%
Other Primary Care	1,514	1,327	187	12.3%	3,024	2,698	326	10.8%
Sub-total Other Primary Care Services	6,662	6,151	511	7.7%	13,322	12,312	1,010	7.6%
Total Primary Care Services	46,709	49,338	(2,629)	(5.6%)	93,415	98,576	(5,161)	(5.5%)

Key Messages

The Primary Care Services position is overspent by £2.629m year-to-date mainly due to prescribing only being given a 1.0% uplift by NHSE/I and COVID-19 expenditure of £139k. Excluding COVID-19 expenditure gives a year-to-date overspend of £2.490m.

Financial Performance - Primary Care Co-commissioning

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Primary Care Co-commissioning								
General Practice - GMS	25,772	22,774	2,998	11.6%	51,543	46,598	4,945	9.6%
General Practice - PMS	241	395	(154)	(63.8%)	727	795	(68)	(9.4%)
Other List-Based Services (APMS incl.)	1,037	2,100	(1,063)	(102.5%)	1,831	3,195	(1,364)	(74.5%)
Premises cost reimbursements	2,455	3,354	(899)	(36.6%)	4,910	6,641	(1,731)	(35.3%)
Primary Care NHS Property Services Costs - GP	1,045	894	150	14.4%	2,091	1,743	348	16.6%
Other premises costs	15	295	(280)	(1,843.3%)	30	597	(567)	(1,867.6%)
Enhanced services	2,237	2,837	(600)	(26.8%)	4,475	5,656	(1,181)	(26.4%)
QOF	1,891	2,512	(621)	(32.8%)	3,781	4,997	(1,216)	(32.2%)
Other - GP Services	(205)	1,300	(1,505)	735.8%	(410)	1,561	(1,970)	480.7%
Delegated Contingency	109	-	109	100.0%	218	-	218	100.0%
Total Primary Care Co-commissioning	34,598	36,462	(1,864)	(5.4%)	69,196	71,783	(2,587)	(3.7%)

Key Messages

The Primary Care Co-Commissioning position is overspent by £1.864m year-to-date mainly due to the allocations being set at a lower level than the published allocations, which the CCGs believed they would need to spend in full, as well as COVID-19 expenditure of £420k. Excluding COVID-19 expenditure gives a year-to-date overspend of £1.445m.

Financial Performance - Other Programme Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Other Programme Services								
MSMG	240	203	37	15.4%	479	406	73	15.2%
NEPTS	1,100	1,119	(19)	(1.7%)	2,199	2,218	(18)	(0.8%)
NHS Property Services and CHP Charges	1,198	1,608	(410)	(34.2%)	2,394	2,321	73	3.0%
Reablement	1,788	2,420	(632)	(35.3%)	3,576	4,138	(562)	(15.7%)
Better Care Fund	5,174	5,174	(0)	(0.0%)	10,348	10,348	(0)	(0.0%)
Vanguard - MCP	-	-	-	-	-	-	-	-
Safeguarding	451	407	44	9.8%	903	832	71	7.8%
Other Expenditure	3,983	5,267	(1,284)	(32.2%)	7,971	9,146	(1,174)	(14.7%)
Reserves	(1,876)	2,209	(4,085)	217.8%	(3,753)	4,165	(7,918)	211.0%
Contingency 0.5%	1,108	-	1,108	100.0%	2,218	-	2,218	100.0%
Total Other Programme Services	13,166	18,407	(5,241)	(39.8%)	26,335	33,574	(7,239)	(27.5%)

Key Messages

The Other Programme Services position is overspent by £5.241m year-to-date mainly due to a balance to the allocation set by NHSE/I and COVID-19 expenditure of £3.978m. Excluding COVID-19 expenditure gives a year-to-date overspend of £1.263m. A 0.5% contingency is usually held within Other Programme Services in-line with planning requirements, however, this is not required by NHSE/I during the temporary financial regime.

Financial Performance - Running Costs

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Running Costs								
Pay	3,187	3,326	(139)	(4.4%)	6,376	6,752	(376)	(5.9%)
CSU Re-charge	474	444	30	6.4%	947	912	34	3.6%
NHS Property Services and CHP Charges	135	109	26	19.5%	270	218	52	19.3%
Other Non-pay	276	559	(282)	(102.1%)	553	1,040	(487)	(88.1%)
Total Running Costs	4,073	4,437	(364)	(8.9%)	8,146	8,923	(777)	(9.5%)

Key Messages

The Running Costs position is overspent by £364k year-to-date mainly due to the allocations being set at a lower level than the published allocations, which the CCGs believed they would need to spend in full, as well as COVID-19 expenditure of £138k. Excluding COVID-19 expenditure gives a year-to-date overspend of £226k.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 2

Statement of Financial Position

	DUD CCG			SWB CCG			WAL CCG			WOL CCG			BCWB CCGs		
	Current Month £000s	Prior Month £000s	2019/20 £000s	Current Month £000s	Prior Month £000s	2019/20 £000s	Current Month £000s	Prior Month £000s	2019/20 £000s	Current Month £000s	Prior Month £000s	2019/20 £000s	Current Month £000s	Prior Month £000s	2019/20 £000s
Non-current Assets															
Property, Plant & Equipment	-			-			360			-			360	-	-
Trade and Other Receivables	-			-			-			-			-	-	-
Total Non-current Assets	-	-	-	-	-	-	360	-	-	-	-	-	360	-	-
Current Assets															
Inventories	-			-			-			-			-	-	-
Trade and Other Receivables	3,560			2,744			37,752			26,239			70,295	-	-
Other Financial Assets	-			51,753			-			-			51,753	-	-
Other Current Assets	-			-			-			-			-	-	-
Cash and Cash Equivalents	6,266			18			995			2,554			9,833	-	-
Total Current Assets	9,826	-	-	54,515	-	-	38,747	-	-	28,793	-	-	131,881	-	-
Non-current Assets Held for Sale	-			-			-			-			-	-	-
Total Assets	9,826	-	-	54,515	-	-	39,107	-	-	28,793	-	-	132,241	-	-
Current Liabilities															
Trade and Other Payables	(5,408)			(12,763)			(46,128)			(44,081)			(108,380)	-	-
Other Payables	-			-			-			-			-	-	-
Provisions	(543)			(13,047)			(14)			-			(13,604)	-	-
Borrowings	-			-			-			-			-	-	-
Other Financial Liabilities	-			(39,590)			-			-			(39,590)	-	-
Total Current Liabilities	(5,951)	-	-	(65,400)	-	-	(46,142)	-	-	(44,081)	-	-	(161,574)	-	-
Net Current Assets / (Liabilities)	3,875	-	-	(10,885)	-	-	(7,395)	-	-	(15,288)	-	-	(29,693)	-	-
Total Assets less Current Liabilities	3,875	-	-	(10,885)	-	-	(7,035)	-	-	(15,288)	-	-	(29,333)	-	-
Non-current Liabilities															
Trade and Other Payables	-			-			-			-			-	-	-
Provisions	-			-			(106)			-			(106)	-	-
Borrowings	-			-			-			-			-	-	-
Other Financial Liabilities	-			-			-			-			-	-	-
Other Liabilities	-			-			-			-			-	-	-
Total Non-current Liabilities	-	-	-	-	-	-	(106)	-	-	-	-	-	(106)	-	-
Assets less Liabilities	3,875	-	-	(10,885)	-	-	(7,141)	-	-	(15,288)	-	-	(29,439)	-	-
Finance by Taxpayers' Equity															
General Fund	3,875			(10,885)			(7,141)			(15,288)			(29,439)	-	-
Revaluation Reserve	-			-			-			-			-	-	-
Donated Asset Reserve	-			-			-			-			-	-	-
Government Grant Reserve	-			-			-			-			-	-	-
Other Reserves	-			-			-			-			-	-	-
Total Taxpayers' Equity	3,875	-	-	(10,885)	-	-	(7,141)	-	-	(15,288)	-	-	(29,439)	-	-

Key Messages
No prior month SoFP provided as no requirement to report to NHSE/I or internally at month 1. The 2019/20 audited SoFP will be included from month 3 onwards.
Further detail around the receivables and payables is included on the next two pages of this appendix.
The high cash balance at Wolverhamtpon CCG was due to a payment error leading to a recall of BACs payments at the end of the month, which will be resolved in month 3.

Cash

	Apr-20 £000s	May-20 £000s	Jun-20 £000s	Jul-20 £000s	Aug-20 £000s	Sep-20 £000s	Oct-20 £000s	Nov-20 £000s	Dec-20 £000s	Jan-21 £000s	Feb-21 £000s	Mar-21 £000s
NHS Dudley CCG												
Balance B/Fwd	74	4,127										
Total Inflows	80,384	48,259										
Total Cash Available	80,458	52,386	-	-	-	-	-	-	-	-	-	-
Total Outflows	(76,331)	(45,379)										
Balance C/Fwd	4,127	7,007	-	-	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	5.13%	13.38%										
NHS Sandwell & West Birmingham CCG												
Balance B/Fwd	72	67										
Total Inflows	111,524	70,500										
Total Cash Available	111,596	70,567	-	-	-	-	-	-	-	-	-	-
Total Outflows	(111,529)	(70,546)										
Balance C/Fwd	67	21	-	-	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	0.06%	0.03%										
NHS Walsall CCG												
Balance B/Fwd	97	319										
Total Inflows	73,327	43,273										
Total Cash Available	73,424	43,592	-	-	-	-	-	-	-	-	-	-
Total Outflows	(73,105)	(42,591)										
Balance C/Fwd	319	1,001	-	-	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	0.43%	2.30%										
NHS Wolverhampton CCG												
Balance B/Fwd	166	1,573										
Total Inflows	36,900	41,200										
Total Cash Available	37,066	42,773	-	-	-	-	-	-	-	-	-	-
Total Outflows	(35,493)	(40,219)										
Balance C/Fwd	1,573	2,554	-	-	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	4.24%	5.97%										
Black Country & West Birmingham CCGs												
Balance B/Fwd	409	6,086										
Total Inflows	302,135	203,232										
Total Cash Available	302,544	209,318	-	-	-	-	-	-	-	-	-	-
Total Outflows	(296,458)	(198,735)										
Balance C/Fwd	6,086	10,583	-	-	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	2.01%	5.06%										

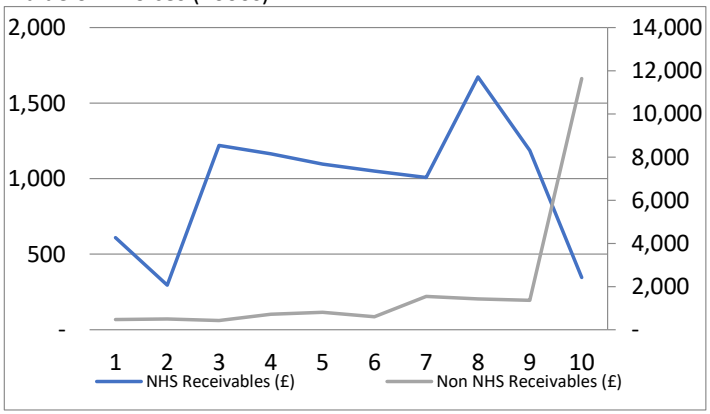
Key Messages

Across the 4 CCGs the closing cash balance is £10.583m, representing 5.06% of cash available. The target closing cash balance is a maximum of 1.25%. Due to the changes in financial regime and allocations it has proven difficul to manage the short-term cashflow position in order to meet the target, but it is expected to improve in month 3. The high cash balance at Wolverhampton CCG is because of a recall of BACs payments at the end of month 2. All NHS-Ts are being paid on a block arrangement and have received cash in time and at the value instructed by NHSE/I. A forecast has not been provided to the end of month 4 and will be provided in the month 3 report. Until month 5-12 guidance is received from NHSE/I the CCGs are unable to forecast beyond month 4.

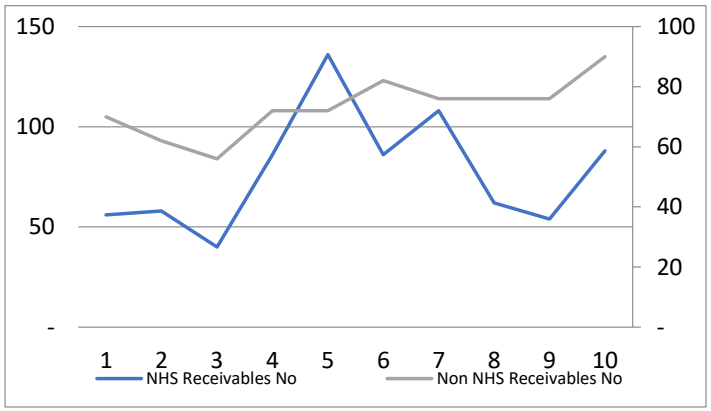
Receivables

	Not Yet Due £000s	Overdue (Days) 0-30 £000s	31-60 £000s	61-90 £000s	91-120 £000s	121-180 £000s	181-360 £000s	Over 360 £000s	Sub-total £000s	Total £000s
NHS Dudley CCG										
NHS	30	-	65	32	-	-	-	-	97	127
Non-NHS	7	32	488	7	-	-	-	34	561	568
Total	37	32	553	39	-	-	-	34	658	695
NHS Sandwell & West Birmingham CCG										
NHS	62	879	1,482	4	-	38	8	1	2,412	2,474
Non-NHS	33	8	150	(27)	45	12	95	122	405	438
Total	95	887	1,632	(23)	45	50	103	123	2,817	2,912
NHS Walsall CCG										
NHS	25	-	29	4	-	-	-	1,941	1,974	1,999
Non-NHS	10	25	535	1,567	250	27	805	3,288	6,497	6,507
Total	35	25	564	1,571	250	27	805	5,229	8,471	8,506
NHS Wolverhampton CCG										
NHS	-	-	-	-	-	-	-	-	-	-
Non-NHS	41	328	15	51	-	157	17	-	568	609
Total	41	328	15	51	-	157	17	-	568	609
Black Country & West Birmingham CCGs										
NHS	117	879	1,576	40	-	38	8	1,942	4,483	4,600
Non-NHS	91	393	1,188	1,598	295	196	917	3,444	8,031	8,122
Total	208	1,272	2,764	1,638	295	234	925	5,386	12,514	12,722

Value of Invoices (£000s)



Volume of Invoices



Key Messages

SWB

Of the 122K due over 360 days, 111K relates to Modality.

WAL

WCCG - Receivable invoices > 360 days relate to the ongoing disputes with Walsall Healthcare NHS-T and Walsall Council

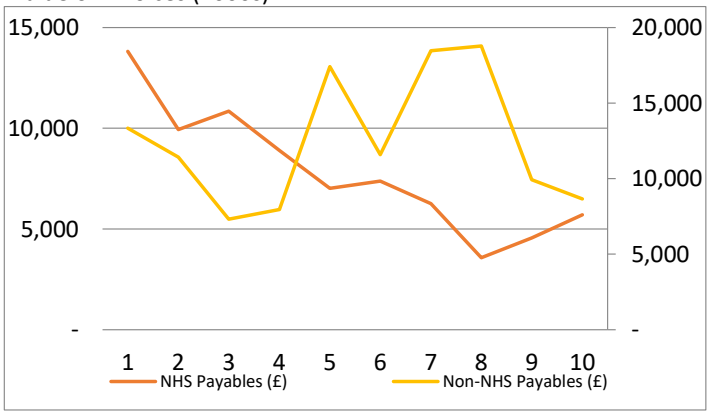
WOL

Split will be provided month 3 onwards.

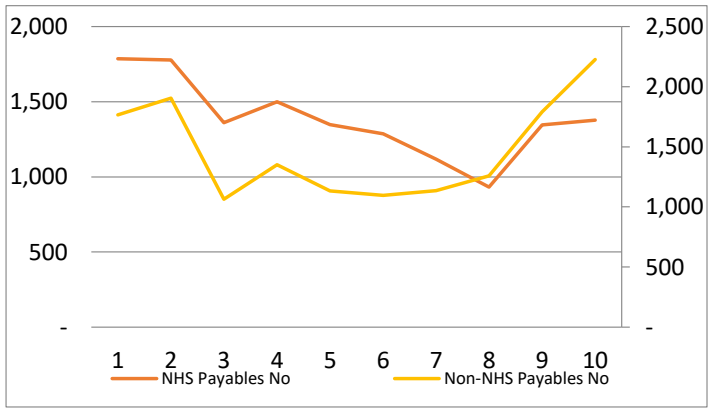
Payables

	Not Yet Due £000s	Overdue (Days) 0-30 £000s	31-60 £000s	61-90 £000s	91-120 £000s	121-180 £000s	181-360 £000s	Over 360 £000s	Sub-total £000s	Total £000s
NHS Dudley CCG										
NHS	29	75	18	-	-	1	-	-	94	123
Non-NHS	(58)	80	(1)	19	-	(4)	(16)	-	78	20
Total	(29)	155	17	19	-	(3)	(16)	-	172	143
NHS Sandwell & West Birmingham CCG										
NHS	1,027	187	205	(18)	(151)	-	-	-	223	1,250
Non-NHS	1,759	32	984	(242)	-	-	-	-	774	2,533
Total	2,786	219	1,189	(260)	(151)	-	-	-	997	3,783
NHS Walsall CCG										
NHS	793	289	5	3	-	-	-	509	806	1,599
Non-NHS	2,542	17	13	18	-	(15)	16	(3)	46	2,588
Total	3,335	306	18	21	-	(15)	16	506	852	4,187
NHS Wolverhampton CCG										
NHS	-	-	-	-	-	-	-	-	-	-
Non-NHS	1,057	3,819	894	114	626	-	-	-	5,453	6,510
Total	1,057	3,819	894	114	626	-	-	-	5,453	6,510
Black Country & West Birmingham CCGs										
NHS	1,849	551	228	(15)	(151)	1	-	509	1,123	2,972
Non-NHS	5,300	3,948	1,890	(91)	626	(19)	-	(3)	6,351	11,651
Total	7,149	4,499	2,118	(106)	475	(18)	-	506	7,474	14,623

Value of Invoices (£000s)



Volume of Invoices



Key Messages

WAL

WCCG - Payable invoices > 360 days relate to the ongoing disputes with Walsall Healthcare NHS-T and Walsall Council

WOL

Split will be provided month 3 onwards.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 2

Better Payment Practice Code

	NHS Payables Invoices			Non-NHS Payables Invoices			Total Payables Invoices		
	Paid	Paid Within Target	% Paid Within Target	Paid	Paid Within Target	% Paid Within Target	Paid	Paid Within Target	% Paid Within Target
NHS Dudley CCG									
Number (In-month)	134	134	100.00%	801	801	100.00%	935	935	100.00%
Value £000s (In-month)	29,188	29,188	100.00%	10,208	10,208	100.00%	39,396	39,396	100.00%
Number (YTD)	497	497	100.00%	1,861	1,861	100.00%	2,358	2,358	100.00%
Value £000s (YTD)	89,783	89,783	100.00%	20,828	20,828	100.00%	110,611	110,611	100.00%
NHS Sandwell & West Birmingham CCG									
Number (In-month)	474	460	97.05%	1,850	1,810	97.84%	2,324	2,270	97.68%
Value £000s (In-month)	53,324	53,296	99.95%	19,678	19,497	99.08%	73,002	72,793	99.71%
Number (YTD)	743	717	96.50%	3,580	3,520	98.32%	4,323	4,237	98.01%
Value £000s (YTD)	151,108	151,037	99.95%	37,847	37,308	98.58%	188,955	188,345	99.68%
NHS Walsall CCG									
Number (In-month)	193	187	96.89%	1,411	1,400	99.22%	1,604	1,587	98.94%
Value £000s (In-month)	26,319	26,226	99.65%	11,353	11,286	99.41%	37,672	37,512	99.58%
Number (YTD)	509	489	96.07%	2,931	2,900	98.94%	3,440	3,389	98.52%
Value £000s (YTD)	83,307	82,860	99.46%	23,001	22,577	98.16%	106,308	105,437	99.18%
NHS Wolverhampton CCG									
Number (In-month)	182	179	98.35%	1,167	1,142	97.86%	1,349	1,321	97.92%
Value £000s (In-month)	29,318	29,318	100.00%	13,535	13,535	100.00%	42,853	42,853	100.00%
Number (YTD)	593	587	98.99%	1,875	1,842	98.24%	2,468	2,429	98.42%
Value £000s (YTD)	84,099	84,099	100.00%	19,673	19,673	100.00%	103,772	103,772	100.00%
Black Country & West Birmingham CCGs									
Number (In-month)	983	960	97.66%	5,229	5,153	98.55%	6,212	6,113	98.41%
Value £000s (In-month)	138,149	138,028	99.91%	54,774	54,526	99.55%	192,923	192,554	99.81%
Number (YTD)	2,342	2,290	97.78%	10,247	10,123	98.79%	12,589	12,413	98.60%
Value £000s (YTD)	408,297	407,779	99.87%	101,349	100,386	99.05%	509,646	508,165	99.71%

Key Messages	**RAG Rating**
The BPPC has been achieved by all 4 CCGs both in-month (May 2020) and year-to-date (April to May 2020).	G = Achieved/Above 95% Target
	R = Below 95% Target

APPENDIX 1 - Summary Financial Performance - NHS Dudley CCG

Summary Financial Position

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit						
Programme	79,566	79,566	-	159,131	159,131	-
Primary Care Co-Commissioning	7,322	7,322	-	14,645	14,645	-
Running Costs	897	897	-	1,794	1,794	-
Total In-year Revenue Resource Limit	87,785	87,785	-	175,570	175,570	-
Programme Expenditure						
Acute Services	46,930	47,673	(744)	93,859	91,292	2,567
Mental Health Services	8,181	9,055	(874)	16,362	17,995	(1,632)
Community Health Services	7,056	6,676	379	14,111	13,354	757
Continuing Care Services	3,847	4,927	(1,079)	7,695	8,532	(838)
Primary Care Services	10,672	12,281	(1,608)	21,345	24,287	(2,943)
Other Programme Services	2,880	4,256	(1,376)	5,760	6,195	(435)
Total Programme Expenditure	79,566	84,867	(5,301)	159,131	161,655	(2,524)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	7,322	8,067	(745)	14,645	15,148	(503)
Running Costs Expenditure						
Running Costs	897	1,024	(127)	1,794	2,018	(224)
Total CCG Expenditure	87,785	93,959	(6,174)	175,570	178,821	(3,251)
In-year Surplus / (Deficit) Reported	-	(6,174)	(6,174)	-	(3,251)	(3,251)
Retrospective Allocations to be Confirmed						
COVID-19 Reimbursement	-	2,998	2,998	-	2,998	2,998
Additional Expenditure	-	3,175	3,175	-	252	252
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

Detailed Expenditure Position

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Acute Services						
Sandwell and West Birmingham Hospitals NHS-T	-	-	-	-	-	-
The Dudley Group NHS-FT	36,177	37,228	(1,051)	72,354	74,456	(2,102)
The Royal Wolverhampton NHS-T	1,266	1,274	(8)	2,531	2,547	(16)
Walsall Healthcare NHS-T	70	58	12	140	117	23
West Midlands Ambulance Service NHS-FT	2,076	2,020	56	4,151	4,040	112
Other NHS Providers	4,201	4,002	198	8,401	8,005	396
BMI	-	-	-	-	-	-
Nuffield	42	-	42	84	-	84
Ramsay	1,383	0	1,383	2,766	-	2,766
Other Independent Sector Providers	381	338	43	762	607	155
Non-contract Activity	597	50	547	1,194	100	1,094
Other Acute Expenditure	738	2,703	(1,965)	1,476	1,421	55
Total Acute Services	46,930	47,673	(744)	93,859	91,292	2,567
Mental Health Services						
Black Country Healthcare NHS-FT - MH	4,741	5,626	(885)	9,482	11,253	(1,770)
Black Country Healthcare NHS-FT - LD	993	1,056	(62)	1,987	2,111	(124)
Black Country Healthcare NHS-FT - IAPT	-	-	-	-	-	-
Other NHS Providers	1,047	135	911	2,093	270	1,823
Independent Sector Providers	18	18	(0)	36	36	(0)
Complex Cases	-	-	-	-	-	-
Non-contract Activity	37	0	37	74	1	73
Other Mental Health & LD Expenditure	1,345	2,219	(874)	2,690	4,323	(1,633)
Total Mental Health Services	8,181	9,055	(874)	16,362	17,995	(1,632)

APPENDIX 1 - Summary Financial Performance - NHS Dudley CCG

Community Health Services						
Black Country Healthcare NHS-FT	1,020	665	354	2,040	1,331	709
Sandwell and West Birmingham Hospitals NHS-T	40	38	1	80	77	3
The Dudley Group NHS-FT	4,509	4,509	(0)	9,017	9,018	(0)
The Royal Wolverhampton NHS-T	177	139	37	353	279	75
Walsall Healthcare NHS-T	2	2	-	5	5	-
Other NHS Providers	45	35	10	90	70	20
Independent Sector Providers	32	31	1	64	63	1
Hospices	134	139	(5)	268	278	(11)
Intermediate Care	697	710	(13)	1,395	1,408	(13)
Non-contract Activity	-	-	-	-	-	-
Other Community Expenditure	400	406	(6)	799	826	(26)
Total Community Health Services	7,056	6,676	379	14,111	13,354	757
Continuing Healthcare Services						
Continuing Healthcare - Adult Fully Funded	2,568	3,191	(623)	5,136	5,443	(307)
Continuing Healthcare - Adult Fully Funded - PHB	222	266	(45)	443	488	(45)
Continuing Healthcare - Adult Joint Funded	-	-	-	-	-	-
Continuing Healthcare - Adult Joint Funded - PHB	-	-	-	-	-	-
Continuing Healthcare - Children's	104	83	21	208	174	35
Continuing Healthcare - Children's - PHB	28	28	0	56	56	1
Funded Nursing Care	735	1,141	(406)	1,470	1,940	(470)
Continuing Care Assessment & Support	190	217	(26)	381	432	(51)
Total Continuing Healthcare Services	3,847	4,927	(1,079)	7,695	8,532	(838)
Primary Care Services						
Central Drugs	343	385	(42)	686	770	(84)
Oxygen	130	123	7	261	261	-
Prescribing	8,936	10,529	(1,593)	17,872	20,857	(2,985)
Medicines Management Clinical Team	150	131	19	299	272	27
Other	-	-	-	-	-	-
Sub-total Drugs and GP Prescribing	9,559	11,168	(1,609)	19,119	22,160	(3,042)
GP IT	245	304	(59)	491	451	40
GP Forward View	331	272	59	661	603	59
Primary Care Network	-	-	-	-	-	-
Enhanced Services	427	404	23	853	830	23
Out of Hours	-	-	-	-	-	-
Other Primary Care	110	133	(23)	221	243	(23)
Sub-total Other Primary Care Services	1,113	1,113	1	2,226	2,127	99
Total Primary Care Services	10,672	12,281	(1,608)	21,345	24,287	(2,943)
Primary Care Co-commissioning						
General Practice - GMS	6,479	6,604	(125)	12,958	13,210	(252)
General Practice - PMS	100	99	1	201	201	-
Other List-Based Services (APMS incl.)	15	13	2	31	31	-
Premises cost reimbursements	743	752	(9)	1,486	1,508	(22)
Primary Care NHS Property Services Costs - GP	61	78	(18)	121	121	-
Other premises costs	3	-	3	6	6	-
Enhanced services	-	-	-	-	-	-
QOF	23	23	0	47	47	-
Other - GP Services	(103)	497	(600)	(205)	24	(228)
Delegated Contingency	-	-	-	-	-	-
Total Primary Care Co-commissioning	7,322	8,067	(745)	14,645	15,148	(503)
Other Programme Services						
MSMG	-	-	-	-	-	-
NEPTS	-	-	-	-	-	-
NHS Property Services and CHP Charges	(33)	451	(484)	(66)	28	(94)
Reablement	-	-	-	-	-	-
Better Care Fund	-	-	-	-	-	-
Vanguard - MCP	-	-	-	-	-	-
Safeguarding	-	-	-	-	-	-
Other Expenditure	2,913	3,805	(892)	5,826	6,167	(341)
Reserves	-	-	-	-	-	-
Contingency 0.5%	-	-	-	-	-	-
Total Other Programme Services	2,880	4,256	(1,376)	5,760	6,195	(435)

APPENDIX 1 - Summary Financial Performance - NHS Dudley CCG

Running Costs						
Pay	658	659	(1)	1,316	1,327	(11)
CSU Re-charge	136	140	(4)	271	286	(15)
NHS Property Services and CHP Charges	22	28	(7)	44	63	(19)
Other Non-pay	81	197	(115)	163	341	(178)
Total Running Costs	897	1,024	(127)	1,794	2,018	(224)

Performance Against STP NHS Provider Contracts

	Year-to-date			Forecast to Month 4		
Detailed Expenditure	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
STP NHS Providers						
Black Country Healthcare NHS-FT	6,754	7,347	(593)	13,509	14,695	(1,186)
Sandwell and West Birmingham Hospitals NHS-T	40	38	1	80	77	3
The Dudley Group NHS-FT	40,686	41,737	(1,051)	81,371	83,474	(2,103)
The Royal Wolverhampton NHS-T	1,442	1,413	29	2,885	2,826	59
Walsall Healthcare NHS-T	72	61	12	145	122	23
West Midlands Ambulance Service NHS-FT	2,076	2,020	56	4,151	4,040	112
Total STP NHS Providers	51,070	52,616	(1,546)	102,141	105,233	(3,092)

APPENDIX 2 - Summary Financial Performance - NHS Sandwell & West Birmingham CCG

Summary Financial Position

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit						
Programme	128,605	128,605	-	257,210	257,210	-
Primary Care Co-Commissioning	13,993	13,993	-	27,986	27,986	-
Running Costs	1,616	1,616	-	3,232	3,232	-
Total In-year Revenue Resource Limit	144,214	144,214	-	288,428	288,428	-
Programme Expenditure						
Acute Services	71,434	67,675	3,758	142,867	135,269	7,598
Mental Health Services	18,535	18,026	509	37,070	36,105	965
Community Health Services	12,676	13,338	(662)	25,351	26,705	(1,354)
Continuing Care Services	5,686	6,889	(1,203)	11,373	13,128	(1,755)
Primary Care Services	15,734	16,206	(472)	31,468	32,720	(1,253)
Other Programme Services	4,540	5,532	(992)	9,080	12,347	(3,267)
Total Programme Expenditure	128,606	127,667	939	257,210	256,275	935
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	13,993	14,362	(369)	27,986	28,585	(599)
Running Costs Expenditure						
Running Costs	1,616	1,698	(82)	3,232	3,435	(203)
Total CCG Expenditure	144,214	143,726	488	288,428	288,295	133
In-year Surplus / (Deficit) Reported	-	488	488	-	133	133
Retrospective Allocations to be Confirmed						
COVID-19 Reimbursement	-	1,616	1,616	-	1,616	1,616
Additional Expenditure	-	(2,104)	(2,104)	-	(1,749)	(1,749)
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

Detailed Expenditure Position

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Acute Services						
Sandwell and West Birmingham Hospitals NHS-T	44,183	44,183	0	88,365	88,365	(0)
The Dudley Group NHS-FT	6,778	6,778	0	13,557	13,557	0
The Royal Wolverhampton NHS-T	516	518	(2)	1,032	1,034	(2)
Walsall Healthcare NHS-T	1,586	1,583	3	3,173	3,170	3
West Midlands Ambulance Service NHS-FT	3,774	3,659	115	7,548	7,317	231
Other NHS Providers	10,530	10,530	(0)	21,060	21,060	0
BMI	277	0	277	555	0	555
Nuffield	10	0	10	21	0	21
Ramsay	381	0	381	761	0	761
Other Independent Sector Providers	100	(0)	100	200	(0)	200
Non-contract Activity	3,068	42	3,026	6,137	114	6,023
Other Acute Expenditure	230	382	(153)	460	652	(193)
Total Acute Services	71,434	67,675	3,758	142,867	135,269	7,598
Mental Health Services						
Black Country Healthcare NHS-FT - MH	5,974	5,971	3	11,949	11,946	3
Black Country Healthcare NHS-FT - LD	800	800	0	1,601	1,601	(0)
Black Country Healthcare NHS-FT - IAPT	458	458	0	917	917	0
Other NHS Providers	7,222	7,218	4	14,444	14,440	4
Independent Sector Providers	262	196	67	525	392	133
Complex Cases	1,691	1,439	253	3,383	2,897	485
Non-contract Activity	278	0	278	557	0	557
Other Mental Health & LD Expenditure	1,848	1,943	(96)	3,695	3,913	(217)
Total Mental Health Services	18,535	18,026	509	37,070	36,105	965

APPENDIX 2 - Summary Financial Performance - NHS Sandwell & West Birmingham CCG

Community Health Services						
Black Country Healthcare NHS-FT	3,450	3,455	(5)	6,899	6,904	(5)
Sandwell and West Birmingham Hospitals NHS-T	5,378	5,378	(0)	10,757	10,757	0
The Dudley Group NHS-FT	86	86	0	173	173	0
The Royal Wolverhampton NHS-T	24	24	0	47	47	0
Walsall Healthcare NHS-T	58	58	0	116	116	0
Other NHS Providers	343	104	239	687	209	478
Independent Sector Providers	-	-	-	-	-	-
Hospices	37	37	(0)	74	74	0
Intermediate Care	266	287	(21)	532	550	(18)
Non-contract Activity	-	-	-	-	-	-
Other Community Expenditure	3,033	3,908	(875)	6,066	7,875	(1,809)
Total Community Health Services	12,676	13,338	(662)	25,351	26,705	(1,354)
Continuing Healthcare Services						
Continuing Healthcare - Adult Fully Funded	2,172	2,172	-	4,343	4,343	-
Continuing Healthcare - Adult Fully Funded - PHB	918	918	-	1,836	1,836	-
Continuing Healthcare - Adult Joint Funded	37	584	(547)	74	1,168	(1,094)
Continuing Healthcare - Adult Joint Funded - PHB	583	583	-	1,167	1,167	-
Continuing Healthcare - Children's	49	49	-	99	99	-
Continuing Healthcare - Children's - PHB	46	46	-	93	93	-
Funded Nursing Care	1,488	2,155	(668)	2,976	3,643	(668)
Continuing Care Assessment & Support	393	380	12	785	778	7
Total Continuing Healthcare Services	5,686	6,889	(1,203)	11,373	13,128	(1,755)
Primary Care Services						
Central Drugs	13,183	13,766	(583)	26,365	27,778	(1,413)
Oxygen	136	155	(19)	271	304	(33)
Prescribing	249	249	1	499	498	1
Medicines Management Clinical Team	196	182	14	392	392	0
Other	-	-	-	-	-	-
Sub-total Drugs and GP Prescribing	13,764	14,352	(588)	27,527	28,972	(1,445)
GP IT	370	325	45	741	671	70
GP Forward View	615	615	0	1,229	1,229	-
Primary Care Network	-	-	-	-	-	-
Enhanced Services	276	270	6	553	559	(6)
Out of Hours	640	580	60	1,280	1,160	120
Other Primary Care	69	64	4	137	129	8
Sub-total Other Primary Care Services	1,970	1,855	116	3,940	3,748	192
Total Primary Care Services	15,734	16,206	(472)	31,468	32,720	(1,253)
Primary Care Co-commissioning						
General Practice - GMS	9,134	8,499	635	18,268	18,047	221
General Practice - PMS	141	135	6	526	272	254
Other List-Based Services (APMS incl.)	263	852	(589)	282	693	(411)
Premises cost reimbursements	984	989	(5)	1,967	1,921	46
Primary Care NHS Property Services Costs - GP	607	596	11	1,215	1,182	33
Other premises costs	12	12	-	24	24	-
Enhanced services	1,546	1,556	(10)	3,093	3,078	15
QOF	1,167	1,112	55	2,333	2,197	136
Other - GP Services	67	611	(544)	134	1,171	(1,037)
Delegated Contingency	72	-	72	144	-	144
Total Primary Care Co-commissioning	13,993	14,362	(369)	27,986	28,585	(599)
Other Programme Services						
MSMG	-	-	-	-	-	-
NEPTS	711	730	(19)	1,422	1,441	(18)
NHS Property Services and CHP Charges	835	814	21	1,670	1,604	65
Reablement	-	-	-	-	-	-
Better Care Fund	3,702	3,702	(0)	7,403	7,403	(0)
Vanguard - MCP	-	-	-	-	-	-
Safeguarding	218	219	(1)	437	430	7
Other Expenditure	(176)	67	(243)	(351)	130	(481)
Reserves	(1,476)	-	(1,476)	(2,953)	1,339	(4,292)
Contingency 0.5%	726	-	726	1,453	-	1,453
Total Other Programme Services	4,540	5,532	(992)	9,080	12,347	(3,267)

APPENDIX 2 - Summary Financial Performance - NHS Sandwell & West Birmingham CCG

Running Costs						
Pay	1,445	1,543	(98)	2,891	3,115	(224)
CSU Re-charge	116	94	23	233	202	31
NHS Property Services and CHP Charges	54	61	(7)	109	119	(10)
Other Non-pay	-	-	-	-	-	-
Total Running Costs	1,616	1,698	(82)	3,232	3,435	(203)

Performance Against STP NHS Provider Contracts

	Year-to-date			Forecast to Month 4		
Detailed Expenditure	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
STP NHS Providers						
Black Country Healthcare NHS-FT	10,683	10,685	(2)	21,366	21,368	(2)
Sandwell and West Birmingham Hospitals NHS-T	49,561	49,561	(0)	99,122	99,122	(0)
The Dudley Group NHS-FT	6,865	6,865	0	13,729	13,729	0
The Royal Wolverhampton NHS-T	540	542	(2)	1,080	1,081	(2)
Walsall Healthcare NHS-T	1,644	1,641	3	3,289	3,286	3
West Midlands Ambulance Service NHS-FT	3,774	3,659	115	7,548	7,317	231
Total STP NHS Providers	73,067	72,952	115	146,134	145,903	230

APPENDIX 3 - Summary Financial Performance - NHS Walsall CCG

Summary Financial Position

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit						
Programme	69,618	69,618	-	139,236	139,236	-
Primary Care Co-Commissioning	6,882	6,882	-	13,763	13,763	-
Running Costs	778	778	-	1,555	1,555	-
Total In-year Revenue Resource Limit	77,277	77,277	-	154,554	154,554	-
Programme Expenditure						
Acute Services	38,401	38,127	274	76,801	76,517	284
Mental Health Services	7,961	8,023	(62)	15,921	16,267	(346)
Community Health Services	6,148	5,983	165	12,298	12,066	232
Continuing Care Services	4,272	4,501	(229)	8,544	8,642	(98)
Primary Care Services	10,594	11,131	(537)	21,188	22,123	(935)
Other Programme Services	2,241	5,462	(3,221)	4,484	8,719	(4,235)
Total Programme Expenditure	69,617	73,227	(3,610)	139,236	144,334	(5,098)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	6,882	7,235	(353)	13,763	14,459	(696)
Running Costs Expenditure						
Running Costs	778	899	(121)	1,555	1,819	(264)
Total CCG Expenditure	77,277	81,361	(4,084)	154,554	160,612	(6,058)
In-year Surplus / (Deficit) Reported	-	(4,084)	(4,084)	-	(6,058)	(6,058)
Retrospective Allocations to be Confirmed						
COVID-19 Reimbursement	-	2,405	2,405	-	2,405	2,405
Additional Expenditure	-	1,679	1,679	-	3,653	3,653
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

Detailed Expenditure Position

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Acute Services						
Sandwell and West Birmingham Hospitals NHS-T	720	720	-	1,440	1,440	-
The Dudley Group NHS-FT	382	382	-	764	764	-
The Royal Wolverhampton NHS-T	6,325	6,323	2	12,649	12,647	2
Walsall Healthcare NHS-T	25,421	25,421	-	50,843	50,843	-
West Midlands Ambulance Service NHS-FT	1,993	2,028	(35)	3,986	4,021	(35)
Other NHS Providers	3,186	3,185	1	6,373	6,371	2
BMI	-	-	-	-	-	-
Nuffield	-	(16)	16	-	(16)	16
Ramsay	-	-	-	-	-	-
Other Independent Sector Providers	259	4	255	518	288	230
Non-contract Activity	66	66	-	131	131	-
Other Acute Expenditure	49	14	35	97	28	69
Total Acute Services	38,401	38,127	274	76,801	76,517	284
Mental Health Services						
Black Country Healthcare NHS-FT - MH	5,307	5,344	(37)	10,613	10,676	(63)
Black Country Healthcare NHS-FT - LD	613	581	32	1,227	1,163	64
Black Country Healthcare NHS-FT - IAPT	-	-	-	-	-	-
Other NHS Providers	128	138	(10)	255	255	-
Independent Sector Providers	1,698	1,669	29	3,395	3,534	(139)
Complex Cases	28	88	(60)	56	310	(254)
Non-contract Activity	-	(42)	42	-	-	-
Other Mental Health & LD Expenditure	187	245	(58)	375	329	46
Total Mental Health Services	7,961	8,023	(62)	15,921	16,267	(346)

APPENDIX 3 - Summary Financial Performance - NHS Walsall CCG

Community Health Services						
Black Country Healthcare NHS-FT	-	-	-	-	-	-
Sandwell and West Birmingham Hospitals NHS-T	18	18	-	37	37	-
The Dudley Group NHS-FT	-	-	-	-	-	-
The Royal Wolverhampton NHS-T	237	241	(4)	474	481	(7)
Walsall Healthcare NHS-T	5,260	5,159	101	10,521	10,297	224
Other NHS Providers	60	61	(1)	120	121	(1)
Independent Sector Providers	-	-	-	-	-	-
Hospices	192	280	(88)	383	558	(175)
Intermediate Care	239	145	94	478	344	134
Non-contract Activity	-	-	-	-	-	-
Other Community Expenditure	142	79	63	285	228	57
Total Community Health Services	6,148	5,983	165	12,298	12,066	232
Continuing Healthcare Services						
Continuing Healthcare - Adult Fully Funded	2,790	2,611	179	5,580	5,209	371
Continuing Healthcare - Adult Fully Funded - PHB	497	590	(93)	993	1,175	(182)
Continuing Healthcare - Adult Joint Funded	67	135	(68)	135	271	(136)
Continuing Healthcare - Adult Joint Funded - PHB	-	-	-	-	-	-
Continuing Healthcare - Children's	271	297	(26)	542	547	(5)
Continuing Healthcare - Children's - PHB	9	14	(5)	19	29	(10)
Funded Nursing Care	578	804	(226)	1,156	1,307	(151)
Continuing Care Assessment & Support	60	50	10	119	104	15
Total Continuing Healthcare Services	4,272	4,501	(229)	8,544	8,642	(98)
Primary Care Services						
Central Drugs	267	266	1	534	532	2
Oxygen	145	117	28	289	236	53
Prescribing	8,143	8,692	(549)	16,285	17,192	(907)
Medicines Management Clinical Team	177	224	(47)	355	429	(74)
Other	-	-	-	-	-	-
Sub-total Drugs and GP Prescribing	8,732	9,299	(567)	17,463	18,389	(926)
GP IT	159	209	(50)	318	419	(101)
GP Forward View	325	314	11	650	627	23
Primary Care Network	74	73	1	149	149	-
Enhanced Services	547	552	(5)	1,094	1,103	(9)
Out of Hours	281	292	(11)	562	584	(22)
Other Primary Care	476	392	84	952	852	100
Sub-total Other Primary Care Services	1,862	1,832	30	3,725	3,734	(9)
Total Primary Care Services	10,594	11,131	(537)	21,188	22,123	(935)
Primary Care Co-commissioning						
General Practice - GMS	3,758	3,795	(37)	7,515	7,589	(74)
General Practice - PMS	-	-	-	-	-	-
Other List-Based Services (APMS incl.)	759	759	-	1,518	1,518	-
Premises cost reimbursements	728	735	(7)	1,457	1,463	(6)
Primary Care NHS Property Services Costs - GP	377	377	-	755	755	-
Other premises costs	-	-	-	-	-	-
Enhanced services	691	676	15	1,382	1,367	15
QOF	701	701	-	1,401	1,401	-
Other - GP Services	(169)	192	(361)	(339)	366	(705)
Delegated Contingency	37	-	37	74	-	74
Total Primary Care Co-commissioning	6,882	7,235	(353)	13,763	14,459	(696)
Other Programme Services						
MSMG	-	-	-	-	-	-
NEPTS	-	-	-	-	-	-
NHS Property Services and CHP Charges	276	223	53	551	450	101
Reablement	1,775	2,407	(632)	3,550	4,112	(562)
Better Care Fund	-	-	-	-	-	-
Vanguard - MCP	-	-	-	-	-	-
Safeguarding	111	66	45	222	158	64
Other Expenditure	479	557	(78)	961	1,173	(212)
Reserves	(400)	2,209	(2,609)	(800)	2,826	(3,626)
Contingency 0.5%	-	-	-	-	-	-
Total Other Programme Services	2,241	5,462	(3,221)	4,484	8,719	(4,235)

APPENDIX 3 - Summary Financial Performance - NHS Walsall CCG

Running Costs						
Pay	443	448	(5)	885	940	(55)
CSU Re-charge	81	70	11	162	143	19
NHS Property Services and CHP Charges	59	19	40	118	37	81
Other Non-pay	195	362	(167)	390	699	(309)
Total Running Costs	778	899	(121)	1,555	1,819	(264)

Performance Against STP NHS Provider Contracts

	Year-to-date			Forecast to Month 4		
Detailed Expenditure	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
STP NHS Providers						
Black Country Healthcare NHS-FT	5,920	5,925	(5)	11,840	11,839	1
Sandwell and West Birmingham Hospitals NHS-T	738	738	-	1,477	1,477	-
The Dudley Group NHS-FT	382	382	-	764	764	-
The Royal Wolverhampton NHS-T	6,562	6,564	(2)	13,123	13,128	(5)
Walsall Healthcare NHS-T	30,681	30,580	101	61,364	61,140	224
West Midlands Ambulance Service NHS-FT	1,993	2,028	(35)	3,986	4,021	(35)
Total STP NHS Providers	46,276	46,217	59	92,554	92,369	185

APPENDIX 4 - Summary Financial Performance - NHS Wolverhampton CCG

Summary Financial Position

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit						
Programme	67,470	67,470	-	134,941	134,941	-
Primary Care Co-Commissioning	6,401	6,401	-	12,802	12,802	-
Running Costs	782	782	-	1,565	1,565	-
Total In-year Revenue Resource Limit	74,654	74,654	-	149,308	149,308	-
Programme Expenditure						
Acute Services	35,872	36,108	(236)	71,742	72,266	(524)
Mental Health Services	7,770	8,751	(981)	15,540	17,308	(1,768)
Community Health Services	7,820	8,073	(253)	15,640	16,049	(409)
Continuing Care Services	2,796	3,862	(1,066)	5,593	7,403	(1,810)
Primary Care Services	9,708	9,720	(12)	19,415	19,446	(31)
Other Programme Services	3,505	3,157	348	7,011	6,313	698
Total Programme Expenditure	67,471	69,671	(2,200)	134,941	138,785	(3,844)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	6,401	6,798	(397)	12,802	13,591	(789)
Running Costs Expenditure						
Running Costs	782	816	(34)	1,565	1,651	(86)
Total CCG Expenditure	74,654	77,285	(2,631)	149,308	154,027	(4,719)
In-year Surplus / (Deficit) Reported	-	(2,631)	(2,631)	-	(4,719)	(4,719)
Retrospective Allocations to be Confirmed						
COVID-19 Reimbursement	-	2,114	2,114	-	2,114	2,114
Additional Expenditure	-	517	517	-	2,605	2,605
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

Detailed Expenditure Position

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Acute Services						
Sandwell and West Birmingham Hospitals NHS-T	239	239	-	477	477	-
The Dudley Group NHS-FT	887	887	-	1,774	1,774	-
The Royal Wolverhampton NHS-T	30,927	30,927	-	61,855	61,855	-
Walsall Healthcare NHS-T	390	390	-	780	780	-
West Midlands Ambulance Service NHS-FT	1,840	1,840	-	3,681	3,681	-
Other NHS Providers	-	-	-	-	-	-
BMI	32	32	-	35	65	(30)
Nuffield	368	-	368	738	-	738
Ramsay	-	-	-	-	-	-
Other Independent Sector Providers	451	614	(163)	903	1,226	(323)
Non-contract Activity	-	-	-	-	-	-
Other Acute Expenditure	738	1,179	(441)	1,499	2,408	(909)
Total Acute Services	35,872	36,108	(236)	71,742	72,266	(524)
Mental Health Services						
Black Country Healthcare NHS-FT - MH	6,125	6,125	-	12,250	12,250	-
Black Country Healthcare NHS-FT - LD	-	-	-	-	-	-
Black Country Healthcare NHS-FT - IAPT	-	-		-	-	
Other NHS Providers	200	200	-	400	400	-
Independent Sector Providers	-	-	-	-	-	-
Complex Cases	381	424	-	761	848	-
Non-contract Activity	537	577	-	1,073	1,153	-
Other Mental Health & LD Expenditure	527	1,425	-	1,056	2,657	-
Total Mental Health Services	7,770	8,751	-	15,540	17,308	-

APPENDIX 4 - Summary Financial Performance - NHS Wolverhampton CCG

Community Health Services						
Black Country Healthcare NHS-FT	-	-	-	-	-	-
Sandwell and West Birmingham Hospitals NHS-T	-	-	-	-	-	-
The Dudley Group NHS-FT	-	-	-	-	-	-
The Royal Wolverhampton NHS-T	6,266	6,266	-	12,533	12,533	-
Walsall Healthcare NHS-T	-	-	-	-	-	-
Other NHS Providers	30	30	-	60	60	-
Independent Sector Providers	606	606	-	1,212	1,212	-
Hospices	382	586	-	763	1,172	-
Intermediate Care	145	156	-	291	291	-
Non-contract Activity	-	-	-	-	-	-
Other Community Expenditure	391	429	-	781	781	-
Total Community Health Services	7,820	8,073	-	15,640	16,049	-
Continuing Healthcare Services						
Continuing Healthcare - Adult Fully Funded	1,576	2,269	-	3,152	4,538	-
Continuing Healthcare - Adult Fully Funded - PHB	-	-	-	-	-	-
Continuing Healthcare - Adult Joint Funded	-	-	-	-	-	-
Continuing Healthcare - Adult Joint Funded - PHB	-	-	-	-	-	-
Continuing Healthcare - Children's	145	200	-	289	344	-
Continuing Healthcare - Children's - PHB	-	-	-	-	-	-
Funded Nursing Care	920	1,224	-	1,841	2,182	-
Continuing Care Assessment & Support	155	169	-	311	339	-
Total Continuing Healthcare Services	2,796	3,862	-	5,593	7,403	-
Primary Care Services						
Central Drugs	-	-	-	-	-	-
Oxygen	31	50	-	63	102	-
Prescribing	7,703	8,063	-	15,406	16,126	-
Medicines Management Clinical Team	151	151	-	302	302	-
Other	106	104	-	213	213	-
Sub-total Drugs and GP Prescribing	7,991	8,368	-	15,984	16,743	-
GP IT	128	128	-	256	256	-
GP Forward View	530	286	-	1,060	572	-
Primary Care Network	74	74	-	148	148	-
Enhanced Services	126	126	-	253	253	-
Out of Hours	-	-		-	-	
Other Primary Care	859	738	-	1,714	1,474	-
Sub-total Other Primary Care Services	1,717	1,352	-	3,431	2,703	-
Total Primary Care Services	9,708	9,720	-	19,415	19,446	-
Primary Care Co-commissioning						
General Practice - GMS	6,401	3,876	-	12,802	7,752	-
General Practice - PMS	-	161	-	-	322	-
Other List-Based Services (APMS incl.)	-	476	-	-	953	-
Premises cost reimbursements	-	878	-	-	1,749	-
Primary Care NHS Property Services Costs - GP	-	(157)	-	-	(315)	-
Other premises costs	-	283	-	-	567	-
Enhanced services	-	605	-	-	1,211	-
QOF	-	676	-	-	1,352	-
Other - GP Services	-	-	-	-	-	-
Delegated Contingency	-	-	-	-	-	-
Total Primary Care Co-commissioning	6,401	6,798	-	12,802	13,591	-
Other Programme Services						
MSMG	240	203	-	479	406	-
NEPTS	389	389	-	777	777	-
NHS Property Services and CHP Charges	120	120	-	239	239	-
Reablement	13	13	-	26	26	-
Better Care Fund	1,472	1,472	-	2,945	2,945	-
Vanguard - MCP	-	-	-	-	-	-
Safeguarding	122	122	-	244	244	-
Other Expenditure	767	838	-	1,536	1,676	-
Reserves	-	-	-	-	-	-
Contingency 0.5%	382	-	-	765	-	-
Total Other Programme Services	3,505	3,157	-	7,011	6,313	-

APPENDIX 4 - Summary Financial Performance - NHS Wolverhampton CCG

Running Costs						
Pay	641	676	-	1,284	1,370	-
CSU Re-charge	141	140	-	281	281	-
NHS Property Services and CHP Charges	-	-	-	-	-	-
Other Non-pay	-	-	-	-	-	-
Total Running Costs	782	816	-	1,565	1,651	-

Performance Against STP NHS Provider Contracts

	Year-to-date			Forecast to Month 4		
Detailed Expenditure	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
STP NHS Providers						
Black Country Healthcare NHS-FT	6,125	6,125	-	12,250	12,250	-
Sandwell and West Birmingham Hospitals NHS-T	239	239	-	477	477	-
The Dudley Group NHS-FT	887	887	-	1,774	1,774	-
The Royal Wolverhampton NHS-T	37,193	37,193	-	74,388	74,388	-
Walsall Healthcare NHS-T	390	390	-	780	780	-
West Midlands Ambulance Service NHS-FT	1,840	1,840	-	3,681	3,681	-
Total STP NHS Providers	46,674	46,674	-	93,350	93,350	-

Return To Agenda

GOVERNING BODIES IN COMMON

DATE OF MEETING: 14 July 2020
AGENDA ITEM: 4.2

TITLE OF REPORT:	Review of the Walsall Healthcare NHS Trust Full Business Case for the Emergency Department and Acute Medicine Development
PURPOSE OF REPORT:	To review the FBC and seek approval from the Governing Bodies in Common to provide a letter of support to the Walsall Healthcare NHS Trust
AUTHOR(S) OF REPORT:	James Green, Chief Finance Officer
MANAGEMENT LEAD/SIGNED OFF BY:	James Green, Chief Finance Officer
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	• The report details the outcome of the review of the FBC including for the strategic context, economic case, commercial/financial case and the management case • The outcome of the review recommends support for the FBC subject to receipt of some outstanding information (detailed).
RECOMMENDATION:	1. The Governing Bodies in Common support the FBC and authorise a letter of support to be provided to the Trust. 2. In the event that all of the outstanding information is not received in time for the meeting on the 14th July 2020, it is requested that delegated authority be provided to the joint chairs to issue the letter following receipt of the evidence.
CONFLICTS OF INTEREST:	None identified.
LINKS TO CORPORATE OBJECTIVES:	The proposed development supports achievement of a range of CCG and STP corporate objectives including the Midland Metropolitan Hospital development, wider urgent and emergency care strategic objectives and supports the wider Place and NHS Plan agendas.
ACTION REQUIRED:	For Assurance and Approval
Possible implications identified in the paper:	
Financial	Implications for the Trust
Risk Assurance Framework	Implications for the Trust
Policy and Legal Obligations	Implications for the Trust
Equality & Diversity	Implications for the Trust
Governance	Implications for the Trust
Other Implications (e.g. HR, Estates, IT, Quality)	Implications for the Trust

1.0 Introduction

This report summarises the review of the Walsall Healthcare NHS Trust (WHCT) Full Business Case (FBC) for the Emergency Department and Acute Medicine Development on the Walsall Manor Hospital site and seeks approval from the Governing Bodies in Common to provide a letter of support for the FBC as part of our governance responsibilities and the NHSE/I approvals process.

The Black Country and West Birmingham STP Partnership Board will also be asked to support the FBC subject to the decision of the Governing Bodies in Common.

The review was undertaken by members of the Estate, Finance and Informatics teams reporting to the Chief Finance Officer and the report is based on Version 0.12 of the FBC. No changes are expected in the final version due during July 2020 other than for some further minor amendments and the addition of the following key evidence:

- Planning approval expected during early July 2020; and
- Confirmation of the Guaranteed Maximum Price expected on 10th July 2020.

An update on confirmation of both the above and any other material changes to the final document will be provided at the meeting.

This report is presented to the meeting prior to the availability of the final version to avoid delays in the review and approvals process due to the challenging timescales involved to ensure the development can be completed in the Summer of 2022 in line with the Midland Metropolitan Hospital (MMH) development.

2.0 Background

The proposed development has been viewed as a high priority by the WHCT and by commissioners for a number of years and was ranked as a high priority in the STP estate strategy and submission for national (STP Wave Four) capital funding in July 2018.

The application was successful and the past 18 months have been spent developing this business case and supporting operational models as part of the wider STP strategic objectives. The Outline Business Case was supported by NHSE/I earlier this year and the FBC reflects the recommendations from NHSE/I.

The proposed development is viewed as essential to support the wider redesign of urgent and emergency care services including the impact of the development of the MMH.

3.0 Full Business Case Review

The review follows the flow of the FBC which has been produced in line with the Five Case Model. This report focusses on headline areas and does not cover all sections in detail.

3.1 Strategic Context

The FBC demonstrates that the planned development is a key driver to support delivery of the Black Country and West Birmingham strategic plan 2019-24 and underpinning STP strategies including for example the STP clinical strategy, the Walsall urgent care strategy, the Walsall Together programme and the STP estates strategy.

These in turn support delivery of the NHS Long Term Plan, building on other national strategic foundations including for example the five year forward view, transforming urgent and emergency care services in England and Getting it Right First Time.

The FBC and supporting programme of work demonstrate a collaborative approach to the development of the service model and Emergency Department design. Walsall CCG, the Walsall Together Partnership, patients & carers and other key stakeholders are actively involved in the project and the model and design are in line with the Walsall and wider STP objectives to develop an integrated tiered operating model which has at its core a focus on addressing the wider determinants of health.

The FBC demonstrates that the planned development forms a critical element of the wider urgent and emergency care operating model and addresses future projected demand, including strategic alignment with the current development and impact of the MMH planned for completion during the Summer of 2022.

It is also important that this development is completed for the Summer of 2022 to provide capacity to manage the projected changes in patient flow from the MMH development in addition to the wider increase in demand and to implement the new operational model.

The review included a detailed assessment of the activity calculations contained within the FBC. This included a review of the national and local growth trends and of the planning assumptions associated with the redirection of activity resulting from merger and relocation of Sandwell and West Birmingham Hospitals plus associated inpatient implications. The conclusion is that the estimates within the business case are prudent and within the ranges expected due to the opening of MMH.

The FBC demonstrates that the development will also address a range of supporting drivers for change agreed with commissioners and reflected in the business case. These include for example a new flexible workforce model, a design to address the lack of essential clinical adjacencies associated with the emergency front door; the existing inadequate and sub-standard physical accommodation; and the need to direct and control all unscheduled attendances through a single front door.

The FBC details an ambitious workforce model with a net increase of 127 whole time equivalent staff across all relevant clinical and support services. The model is designed to support the new models of care and includes a range of new roles and skillsets based on best practice evidence and guidance issued by professional bodies. There is a detailed summary workforce plan included as an appendix.

3.2 Economic, Commercial and Financial Case

The FBC details the robust option appraisal process undertaken prior to selection of the preferred option and involving the appropriate stakeholders. Walsall CCG supported the option selected as a result of this process.

The capital cost of £36.197m is in line with the agreed STP capital funding allocation resulting from the successful STP Wave Four capital bid. However, confirmation of the Guaranteed Maximum Price (GMP) agreed with Interserve Construction Ltd will not be received until 10th July 2020 and an update will be provided at the meeting.

The FBC and supporting work programme demonstrates that the P22 procurement process was correctly selected as the most appropriate procurement route for the development. This followed a review of the available procurement routes and the formal procurement process, following which Interserve Construction Ltd were selected.

The review included an assessment of the capital and revenue financial modelling contained within the FBC. The conclusion is that the capital model is reasonable subject to confirmation of the GMP and that the revenue elements of the business case represent a plausible assessment of the change in activity flows resulting from the MMH development, together with the impact of general activity projections.

It should be noted however that the CCG is unable to under-write the financial aspects of the development including the growth in overall bed capacity as this is the responsibility of the Trust. The Trust will also be responsible through their capital programme for any additional capital spend associated with any works to re-provide car parking capacity impacted by the development and highlighted by the planners.

A submission for Full Planning Approval was submitted for the development on 27th March 2020 with approval originally expected in July 2020. Recent discussions with the Local Authority have resulted in the issue of two Section 106 notices, one requiring an archaeological survey of the car park area (footprint of the development) and the second requiring an updated travel plan (due to reductions in parking). The timing of these notices could result in only conditional approval being received in July 2020 and full approval not being received until a later date.

3.3 Management Case

The FBC demonstrates that appropriate project management and general governance arrangements are in place to develop, manage and deliver the new Emergency Department and associated service model transformation. Commissioners and other key stakeholders are included and engaged in the development process. The FBC and appendices include a summary of the risk management strategy and detailed formal risk assessments and the risk register.

The planned timescales for the delivery programme (with phases 1 to 3 completed by November 2022, including the main clinical facilities being operational for the Summer of 2022) are considered to be achievable subject to NHSE/I and Department of Health approval of the FBC by October 2020 or other unforeseen delays including any ongoing impact of the Covid 19 epidemic.

The benefits realisation plan demonstrates a range of specific, quantitative benefits in addition to the wider system benefits referenced in the FBC and are in line with the wider strategic objectives.

4.0 Conclusions

The following conclusions are subject to confirmation of planning approval, the Guaranteed Maximum Price being within the STP capital financial allocation and any other material changes made to the final version of the case between the date of this report and the Governing Bodies in Common meeting on the 14th July 2020.

The development of the Emergency Department and Acute Medicine Development on the Walsall Manor Hospital site is essential to support achievement of a range of CCG and STP strategic objectives; particularly to support the impact of the MMH development.

The business case review undertaken by the CCG team has found that the FBC is a robust document; it is the product of a collaborative development process involving all key stakeholders; and that the facilities are essential to supports the new clinical models and pathways we need to develop.

The activity and financial elements of the case are considered to be a plausible assessment of the changes in demand and activity flow; however it should be noted that it will be the responsibility of the Trust to under-write the financial aspects of the development.

5.0 Recommendations

Subject to receipt of the outstanding planning approval, compliant GMP and following assurance that there have been no other material changes to the final FBC, it is recommended that:

1) The Governing Bodies in Common support the FBC and authorise a letter of support to be provided to the Trust.

2) In the event that all of the outstanding information is not received in time for the meeting on the 14th July 2020, it is requested that delegated authority be provided to the joint chairs to issue the letter following receipt of the evidence.

James Green
Chief Finance Officer
7th July 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
Finance Implications discussed with Finance Team	**James Green**	**7 July 2020**
Clinical View	**Included in the Business Case development process (Walsall CCG lead)**	**Throughout the BC development process**
Public/ Patient View		
Quality Implications discussed with Quality and Risk Team		
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 the Governance Team	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**James Green**	**7 July 2020**
Any relevant data requirements discussed with CSU Business Intelligence	**James Green**	**7 July 2020**
Signed off by Report Owner (Must be completed)	**James Green**	**7 July 2020**

GOVERNING BODIES IN COMMON

DATE OF MEETING: 14 JULY 2020
AGENDA ITEM: 5.1

TITLE OF REPORT:	Black Country and West Birmingham CCGs COVID-19 Preparedness: Governance, Staff and Estates
PURPOSE OF REPORT:	The purpose of this document is to provide an overview on the preparedness and response of the Black Country and West Birmingham CCGs (BC&WB CCGs) to the COVID-19 pandemic and the potential for a second wave of the virus. The focus of the paper is particularly in regard to incident governance, risk assessments of CCG staff and considerations on office space/remote working.
AUTHOR(S) OF REPORT:	Jason Evans - Deputy Chief Officer for Integrated Urgent & Emergency Care, West Midlands Region
MANAGEMENT LEAD/SIGNED OFF BY:	Matt Hartland – Deputy Accountable Officer Black Country and West Birmingham Clinical Commissioning Groups
PUBLIC OR PRIVATE:	This report is intended for the private domain
KEY POINTS:	• This document acts as an addendum to the governance and response report issued in March 2020 and therefore needs to be read in conjunction with that report. • The Black Country system can consider itself well prepared for a second wave of COVID-19 infection and has in place well established surveillance, mitigations and resolutions to the many challenges which afflicted the local NHS system in the first wave COVID-19 pandemic.
RECOMMENDATION:	To note this paper for assurance.
CONFLICTS OF INTEREST:	None
LINKS TO CORPORATE OBJECTIVES:	All
ACTION REQUIRED:	☒ Assurance ☐ Approval ☐ For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	

Working together for healthier futures

Black Country and West Birmingham CCGs COVID-19 Preparedness: Governance, Staff and Estates

July 2020

NHS Dudley Clinical Commissioning Group
NHS Sandwell and West Birmingham Clinical Commissioning Group
NHS Walsall Clinical Commissioning Group
NHS Wolverhampton Clinical Commissioning Group

Return To Agenda

1. Summary

The purpose of this document is to provide an overview on the preparedness and response of the Black Country and West Birmingham CCGs (BC&WB CCGs) to the COVID-19 pandemic and the potential for a second wave of the virus. The focus of the paper is particularly in regard to incident governance, risk assessments of CCG staff and considerations on office space/remote working.

This document acts as an addendum to the governance and response report issued in March 2020 and therefore needs to be read in conjunction with that report. The Black Country system can consider itself well prepared for a second wave of COVID-19 infection and has in place well established surveillance, mitigations and resolutions to the many challenges which afflicted the local NHS system in in the first wave COVID-19 pandemic.

2. BC&WB CCGs Incident Coordination Centre

2.1 Governance and Reporting

In February 2020 BC&WB CCGs enacted their EPRR processes and established a Black Country wide Incident Coordination Centre (ICC) which continues to operate and co-ordinate the response to COVID-19 under its agreed governance arrangements. The ICC operates 8am to 5pm Monday to Friday and 8am to 4pm Saturday and Sunday, as directed by NHS England. The ICC operates to a robust PMO structure and Risk/Issues & Action Plan. The ICC team also continue to have assigned to it a Military Aid to Civilian Agency (MACA) staff.

Currently the GOLD COVID-19 Major Incident Planning Meetings occur weekly; in previous months and during the height of the wave 1 of COVID-19 these meetings were daily. There has seen excellent system wide engagement, partnership working and participation throughout wave 1 and this can be easily stood-up again to more frequent meetings cycle if required.

The ICC also coordinates the information collation and publication of the COVID-19 daily sitrep. The Sitrep is currently distributed daily to over a 100 senior provider executives and system partners. Via the metrics and thresholds used within COVID-19 daily sitrep the escalation triggers and surge plan forecasting will indicate if a wave 2 of COVID-19 infections / hospitalisations are emerging and mitigating actions will be stood-up accordingly.

CCG executive attendance also continues at the twice weekly regional Strategic Co-ordination Group (Police/Fire/Ambulance/Council and 3rd sector) and Tactical Co-ordination (TCG) Environment/Transport/utilities etc.). Membership of the SCG and TCG provide direct access to working groups for the following areas of response and planning:

- PPE Working Group
- Mortality Planning (mortuary site / task force)
- Vulnerable People Group
- Retail Reopening Task & Finish Group
- Transport Group / West Midlands Combined Authority
- Regional Testing Cell
- Voluntary Sector / National Emergencies Trust
- Recovery Coordinating Group / Economic Recovery

3. CCG Business functions, staff and estates

CCG staff continue to be redeployed to other areas of the system as required. The CCG's have in past months had over half of its staff deployed to front line services, either supporting delivery or supporting the redesign of pathways to respond to COVID-19. A program of work to re-align staff if applicable to non-COVID-19 response is under daily review as is the establishment of the agile working group to ensure best practice and technology are implemented across the CCGs.

3.1 Individual staff risk assessments

The Black Country CCGs and local Public Health teams have worked together to develop a system-wide tool that supports individuals and line managers to undertake risk assessments during COVID-19. The tool considers an employee's risk factors in relation to their workplace and personal characteristics. This allows for appropriate risk mitigation based on individual circumstances and is being used in both NHS and non-NHS settings. The CCG has also undertaken for all staff an individual's risk assessment proforma, which allows employers to keep a record of the staff member's COVID-19 risk assessment. In summary:

- The tool has been shared for utilisation across the STP
- The civil service has adopted it and it has been recognised by NHS Employers as best practice

Detailed risk assessment work has also been undertaken by the CCGs on considerations for Black, Asian and Minority Ethnic (BAME) staff. This has also built on the response and considerations to the May 2020 letter from Liam Byrne, Shadow Major for the West Midlands on BAME issues. The CCG also continues to support Primary Care to implement staff risk assessments and undertaken detailed considerations for their workforce and particularly those from BAME communities. This has now been completed by every practice in the Black Country and West Birmingham area. If risk determines that an individual cannot work in a patient facing environment, then each employer has made arrangements to reduce that risk to the individual through role and/or environment change(s).

3.2 CCG Estates

The Estates Team are working on two distinct elements of COVID recovery these are primary care estate and CCG administration accommodation. In regard to primary care the CCG team is working closely with the two NHS property companies and responding to the best choices of estate utilisation. For CCG staff administration accommodation most staff successfully continue to observe Director's request to work from home wherever possible and only access the office accommodation when absolutely necessary. The Executive team do recognise however that a small number of staff do need to intermittently access office premises so the estates team are currently rolling out the following programme to make the offices as safe as possible and compliant with social distancing guidance. Works completed to date:

- Distancing and advisory signage has been installed to adhere to 2m distancing wherever possible and flagging pinch points where additional cautionary measures are required
- Mask and hand sanitiser stations are in place
- Office floor plans have been drawn up to identify a limited number of workstations that can be used whilst maintaining 2m distancing and all other workstations have been taped off to prevent accidental use
- At Kingston House the booking system has been adapted to the reduced available desks and by instruction to staff to only attend site if they are able to make a confirmed booking, numbers are controlled and detailed records of who attends and when will be automatically recorded. The booking system also controls meeting rooms and indicates new reduced safe capacities. The system also ensures that every asset can only be used once in each day ensuring the evening cleaning takes pace between users

Works in progress:

- Staff listings have been obtained to add all staff and all sites to the booking system by mid-July. This will allow the same level of control and record keeping currently in place at Kingston House to be affected across the whole CCGs administration estate

By insisting staff only access site when a confirmed booking is completed, managers are able through the electronic self-service booking system to mandate bookers acknowledge terms and conditions of their booking. Using this approach, the estates team can upload any required data and instructions such as risk assessments, fire safety actions and first aid instructions specific to the site they are booking under these terms and conditions.

The CCGs will also be able to update and change the data/ instructions as changing circumstances dictate. New users to the booking system will be directed to tried and tested online system training and will be able to access 1 to 1 support via the internal Optispace support team if they encounter difficulties.

4. Provider Response and Preparedness

4.1 West Midlands Ambulance Service

NHS 111/999 services continue to be busy and over normal forecast levels, however, demand for urgent and emergency care services did fall significantly over early months of the COVID-19 pandemic. Measures are now in place to continue recruitment and return to business as usual footing for all aspects of the Trust (i.e. restarting training and development). 999 demand has remained reasonably stable throughout the COVID-19 pandemic and whilst demand is above previous year and forecast, the planning and redeployment of staff and vehicles has resulted in continued nationally leading performance which is expected to continue.

4.2 Primary Care

Primary Care has proved significantly resilient in the first wave of COVID-19 and continues to operate services in line with national guidance. Since 27th March COVID-19 Hot Sites continue to operate and manage total triaged patients who are displaying COVID-19 symptoms and require assessment/treatment in Primary Care. Patients are seen in one location whilst patients who are unwell but not displaying COVID-19 symptoms can be cared for at an Amber Site within their Primary Care Network.

Clinical sign off for each Hot Site service delivery is overseen by representatives from the Executive Team including the Chief Nurse. All local provisions via Red Sites is under regular review to ensure utilisation and demand modelling are suitable and sufficient. Demand for these sites is falling but can easily be flexed for increased demand if required.

4.3 Community and Care Homes

Daily oversite and monitoring of numerous metrics for community and care homes continues and this is analysed and published within the COVID-19 sitrep. Swabbing and testing of Care Home workers continues both the national scheme via CQC and through the local CCG scheme to ensure effective care for patients and maximum effect of returning staff to work as soon as possible. Daily support and monitoring are now well established via CCG place-based staff teams and close working between all organisations and agencies continues.

5. Acute providers

Continuous liaison on preparedness for a second wave of COVID-19 and restoration and recovery continues across the system. Surge and escalation planning within each provider and the wider Black Country health and social care system is in place and working exceptionally well. All hospital trusts (including the Mental Health Trust) provided regular assurances of extensive and comprehensive plans which have been implemented and refined in managing the pressures and challenges of the first wave of COVID-19. The daily sitrep report remains a major component in providing this assurance including the reporting of ventilator capacity which is reported daily closely monitored at several checkpoints during the day. There is also good collaborative working across the Trusts to support each other with mutual aid.

A resent review by the CCGs of the acute providers (inc of the Mental Health Trust) statement of preparedness for a potential second wave of COVID-19 does provide assurance. All providers confirm a robust and experienced command and control structure remains in place which had applied lessons learnt throughout the pandemic but also in the future. The structure that the Trusts implemented ensures that staff are briefed on a weekly basis as well as Trust Board Members and Non-Executives. Decisions are logged and recorded by the strategic, tactical, community and corporate decision-making cells.

6. Next Steps

- The Governing Body can be assured that via the coordinating ICC there remains in place robust surge monitoring, escalation triggers and EPRR governance. This is underpinned with a network of very senior executive partners which if required will meet on a daily basis to safely manage the local healthcare system
- The CCGs have coordinated a comprehensive program of organisational and individual staff risk assessments (inclusive of BAME risk factors) and the Governing Body can be assured that its CCG administrative and primary care workforce are taking all steps necessary to protect themselves and patients.
- The BC&WB CCGs ICC continues close liaison with NHS Providers, Regional NHSE and National intelligence leads and enables the CCGs to react rapidly to any recommendations / actions which may result from a second wave of the COVID-19 pandemic.

GOVERNING BODIES IN COMMON

DATE OF MEETING: 14 JULY 2020
AGENDA ITEM: 6.1

TITLE OF REPORT:	Report of the Dudley Integrated Care Provider (ICP) Procurement Project Board
PURPOSE OF REPORT:	To advise the governing bodies in common of matters considered by the ICP Procurement Project Board
AUTHOR(S) OF REPORT:	Mr N Bucktin – Dudley Managing Director
MANAGEMENT LEAD/SIGNED OFF BY:	As above
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	• The ICP Procurement Project Board has delegated authority to take all decisions in relation to the ICP procurement process with the exception of the decisions to beginning the procurement and awarding the contract. • Following discussions with NHSE/I the Full Business Case will be submitted by 30 September 2020. • Proposals have been made to extend the scope of the existing limited contract to cover a number of additional services. • The proposed extension will include the transfer of CCG staff to the ICP to provide the capacity and capability to carry out certain commission activities.
RECOMMENDATION:	That the matters considered by the ICP Procurement Project Board be noted.
CONFLICTS OF INTEREST:	Any GP governing body member, intending to sign an Integration Agreement with the ICP.
LINKS TO CORPORATE OBJECTIVES:	The ICP is designed to deliver integrated place based care.
ACTION REQUIRED:	✓ Assurance ☐ Approval ☐ For Information
Possible implications identified in the paper:	
Financial	None
Risk Assurance Framework	None
Policy and Legal Obligations	The ICP fulfils the CCG's statutory duty to support the integration of care
Equality & Diversity	The ICP is designed to address health inequalities
Governance	None

1.0 INTRODUCTION

1.1 The ICP Procurement Project Board has delegated authority to take all decisions in relation to the ICP procurement process with the exception of the decisions to beginning the procurement and awarding the contract.

1.2 This report sets out matters considered by the Project Board.

2.0 REGULATORY PROCESSES

2.1 The ICP was established as a legal entity on 1 April 2020 – the Dudley Integrated Health and Care NHS Trust – holding a standard NHS contract for a limited range of services.

2.2 Before the full national Integrated Care Provider contract can be awarded, Checkpoint 2 of the Integrated Support and Assurance Process (ISAP), which assures the way in which the procurement has been conducted, must be completed. In addition, the transaction is subject to the Transaction Review process.

2.3 These processes have been put on hold during the COVID - 19 response. However, following discussions with NHSE/I, it has been agreed that this process can recommence and the relevant submissions, including the Full Business Case, can be submitted by 30 September 2020.

3.0 DEVELOPMENT OF EXISTING CONTRACT ARRANGEMENTS

3.1 As a NHS Trust, the ICP currently holds a contract for the provision of psychological therapies and primary mental health care. It is proposed to extend this as part of a gradual mobilisation process, prior to the award of the full ICP contract from 1 April 2020.

3.2 This extension would involve the ICP contract including:-

- Primary Medical Services for the High Oak Practice
- Local Improvement Schemes
- Community children's services
- NHS Continuing Healthcare and Intermediate Care Team and the associated budget
- Pharmaceutical Public Health Team and the associated GP prescribing budget
- Other CCG activities

3.3 This is currently the subject of consideration by NHSE/I. The proposed start date would be 1 October 2020 for all the above with the exception of children's services which would commence on 1 December 2020.

4.0 CCG STAFF TRANSFER

4.1 As indicated above, the procurement was based on the transfer of a number of CCG activities from the CCG to the ICP, in order to give it the capacity and capability to carry out a complex set of tasks linked to the management over a 10 year period of its Whole Population Budget. These activities include:-

- Commissioning, including the commissioning of primary care
- NHS Continuing Healthcare and Intermediate Care
- Pharmaceutical Public Health
- Finance
- Contracting

4.2 Staff and resources associated with these areas of activity will transfer whilst maintaining a close working relationship with CCG colleagues, consistent with the more collegiate approach to contract management and delivery required from the ICP and the CCG.

4.3 The staff involved have been identified and it is intended that they will transfer under TUPE arrangements. This matter has been considered separately by the HR and Remuneration Committee.

5.0 RECOMMENDATION

5.1 That the matters considered by the ICP Procurement Project Board be noted.

Neill Bucktin
Dudley Managing Director
June 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	Not applicable	
Public/ Patient View	Not applicable	
Finance Implications discussed with Finance Team	Not applicable	
Quality Implications discussed with Quality and Risk Team	Not applicable	
Equality Implications discussed with CSU Equality and Inclusion Service	Not applicable	
Information Governance implications discussed with IG Support Officer	Not applicable	
Legal/ Policy implications discussed with Governance Teams	Not applicable	
Other Implications (Medicines management, estates, HR, IM&T etc.)	Not applicable	
Any relevant data requirements discussed with CSU Business Intelligence	Not applicable	
Signed off by Report Owner (Must be completed)	Neil Butler	