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

Date: Tuesday 8 September 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 – 14 July 2020**	1	Approval	Chair
2.		**GOVERNANCE**			
2.1	1.05pm	**JHCB Update Report**	2	Assurance	Mike Hastings
3.		**FINANCE**			
3.1	1.15pm	**Month 4 Finance Report**	3	Assurance	James Green
4.		**COVID 19 UPDATE**			
4.1	1.25pm	**COVID19 Prepardness and 2020 EPRR Core Standards Assessment Report August 2020**	4	Assurance	Jason Evans
5.		**DUDLEY MCP UPDATE**			
5.1	1.35pm	**Report of the Dudley Integrated Care Provider (ICP) Procurement Project Board**	5	Assurance	Neill Bucktin
6.		**TCP TRANSFER**			
6.1	1.45pm	**TCP Transfer Update**	6	For Information	Kathryn Hudson
7		**DATE OF NEXT MEETING** ***Tuesday 10 November 2020 at 1pm via Teams***			

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PUBLIC GOVERNING BODIES IN COMMON

Tuesday 11 JULY AT 1PM VIA VIRTUAL TEAMS MEETING

M I N U T E S

MEMBERS

Name	Title	CCG
Dr Ruth Edwards	CCG Chair (Chair)	Dudley CCG
Dr Salma Reehana	CCG Chair	Wolverhampton CCG
Dr Anand Rischie	CCG Chair	Walsall CCG
Dr Ian Sykes	CCG Chair	Sandwell and West Birmingham CCG
Mr Paul Maubach	Accountable Officer	Black Country & West Birmingham CCGs
Mr Mike Abel	Lay Representative	Walsall CCG
Dr Manir Aslam	GP Chair – System Commissioning Sub-Committee	Sandwell and West Birmingham CCG
Dr Ayez Ahmed	GP Governing Body Member	Sandwell and West Birmingham CCG
Mr Tony Allen	Lay Representative	Dudley CCG
Dr Mohammed Asghar	GP Governing Body Member	Wolverhampton CCG
Dr Harinder Baggri	GP Governing Body Member	Walsall CCG
Miss Rachel Barber	Lay Member for Patient and Public Involvement	Walsall CCG
Dr David Bush	GP Governing Body Member	Wolverhampton CCG
Mr James Green	Chief Finance Officer	Black Country & West Birmingham CCGs
Mr Karl Grindulis	Secondary Care Consultant Representative	Sandwell and West Birmingham CCG
Dr Priyanand Hallan	GP Governing Body Member	Sandwell and West Birmingham CCG
Dr Chris Handy	Lay Representative	Dudley CCG
Mr Matthew Hartland	Deputy Accountable Officer	Black Country & West Birmingham CCGs
Dr Tim Horsburgh	GP Governing Body Member	Dudley CCG
Mr Karl Grindulis	Secondary Care Consultant	Sandwell and West Birmingham CCG
Dr Rashi Gulati	GP Governing Body Member	Wolverhampton CCG
Ms Julie Jasper	Lay Representative	Sandwell and West Birmingham CCG
Mr Manjit Jhooty	Lay Representative	Walsall CCG
Mr Alan Johnson	Secondary Care Consultant Representative	Dudley CCG
Dr Manjit Kainth	GP Chair – System Commissioning Sub-Committee	Wolverhampton CCG
Ms Bal Kaur	Director of Public Health	Dudley MBC
Dr Amrit Khera	GP Governing Body	Walsall CCG
Dr Hammad Lodhi	GP Chair – System Commissioning Sub-Committee	Walsall CCG
Dr Mohit Mandiratta	GP Governing Body Member	Dudley CCG
Dr Parmjit Marok	GP Governing Body Member	Sandwell and West Birmingham CCG
Ms Therese McMahon	Lay Representative	Sandwell and West Birmingham CCG
Ms Helen Mosley	Lay Representative	Dudley CCG
Mr Jim Oatridge	Lay Representative	Wolverhampton CCG
Mr Peter Price	Lay Representative	Wolverhampton CCG

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Dr Rajshree Rajcholan	GP Chair – Quality and Performance Sub-Committee	Wolverhampton CCG
Ms Janette Rawlinson	Lay Representative	Sandwell and West Birmingham CCG
Ms Sally Roberts	Chief Nursing Officer	Black Country & West Birmingham CCGs
Dr Fiona Rose	GP Governing Body Member	Dudley CCG
Ms Helen Ryan	Lay Representative	Wolverhampton CCG
Dr Ravinder Sandhu	GP Governing Body Member	Walsall CCG
Mr Ranjit Sondhi	Lay Member, Vice Chair	Sandwell and West Birmingham CCG
Dr Joo Teoh	GP Chair – Quality and Performance Sub-Committee	Walsall CCG

PARTICIPATING ATTENDEES

Name	Title	CCG
Ms Laura Broster	Director of Communications	Black Country & West Birmingham CCGs
Mr Neil Bucktin	Managing Director – Dudley	Black Country & West Birmingham CCGs
Mr Andy Cave	Healthwatch Birmingham	Sandwell and West Birmingham CCG
Ms Tracy Cresswell	Healthwatch Wolverhampton	Wolverhampton CCG
Ms Jayne Emery	Healthwatch Dudley	Dudley CCG
Ms Alexia Farmer	Healthwatch Sandwell	Sandwell and West Birmingham CCGs
Mr Mike Hastings	Director of Technology and Operations	Black Country & West Birmingham CCGs
Ms Alison Hughes	Deputy Chief Officer – Quality	Sandwell and West Birmingham CCG
Mr Andrew Hughes	Change Director	Good Governance Institute
Mr Steven Marshall	Programme Director: Mental Health, Integration & Transformation	Black Country & West Birmingham CCGs
Mr Peter McKenzie	Corporate Operations Manager	Wolverhampton CCG
Ms Sophie Melton-Bradley	Consultant	Good Governance Institute
Ms Sara Saville	Head of Corporate Governance	Walsall CCG
Ms Emma Smith	Governance Support Manager	Dudley CCG
Ms Becky Wilkinson		Wolverhampton City Council
Ms Jodi Woodhouse	Acting Head of Corporate Governance	Sandwell and West Birmingham CCG
Ms Jane Woolley	Head of the Project Management Office	Wolverhampton CCG
Miss Manisha Patel	Senior Executive Assistant to the Black Country and West Birmingham Chairs	Black Country & West Birmingham CCGs

GBiC019/2020	WELCOME AND INTRODUCTIONS

Dr Edwards welcomed all attendees to the Public Governing Bodies in Common meeting and formally introduced herself as the new Chair of Dudley Clinical Commissioning Group.

Dr Edwards thanked the previous Chair Dr D Hegarty MBE for his hard work over the years and asked that this was noted and sent to Dr Hegarty.

GBiC020/2020	APOLOGIES FOR ABSENCE

Apologies were received from:

Mrs R Ellis	Deputy Accountable Officer	Black Country and West Birmingham CCGs
Dr J Darby	Clinical Executive	Dudley CCG
Ms H Mosley	Lay Member for Patient and Public Involvement	Dudley CCG
Dr N Asghar	Locality Lead (North)	Walsall CCG
Miss R Barber	Lay Member for Patient and Public Involvement	Walsall CCG
Dr S Kaul	Locality Lead (East)	Walsall CCG
Mr J Taylor	Healthwatch Sandwell	Sandwell and West Birmingham CCG
Mr L Trigg	Lay Member for Finance and Performance	Wolverhampton CCG
Mr D Watts	Wolverhampton Local Authority Representative	Wolverhampton CCG

GBiC021/2020	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.

All GP and Lay members declared an interest in item **3.4 Board Tenure.**

Mr Maubach advised that there should be an amendment to advise that he was 'Married to the Interim MD of **Dudley** Integrated Health & Care Partnership.

The Chair has confirmed that a review of the Declarations of Interest (DOI) checklist and any potential DOI from the agenda items has taken place.

GBiC022/2020	MINUTES FROM THE LAST MEETING

It was noted that Dr Bown had been referred to as Dr Brown in the attendance.

The minutes of the Governing Bodies in Common held on the 31 March 2020 were approved as an accurate record.

GBiC023/2020	MATTERS ARISING FROM THE MINUTES

There were no matters arising.

GBiC024/2020	INFRASTRUCTURE PLAN FOR LEARNING DIFFICULTIES AND AUTISM

Ms Carolan presented the report on behalf of Ms Hudson which gave a brief overview of the work being undertaken by the Transforming Care Partnership (TCP) team. TCP remained a national and regional priority and the infrastructure plan supported patients to move into less restrictive environments and community. The plan would show how it achieved its trajectories now and going forward. The plan had already been taken to the Transformation Care Programme Board which had attendees from different partner organisations including Local Authorities, Clinical Commissioning Groups, Single Mental Health Trust, Voluntary Sectors and had been agreed in principle. The potential savings that would be made as part of admission avoidance had been one of the key

parts of the work being undertaken by the team to stop admissions taking place. This had been undertaken very successfully in Quarter 1 and to continue the saving then the investment that had been requested was vital with the net cost being minimal.

Ms Rawlinson noted the good work being undertaken by the team. She noted that sustainability going forward would be hard to maintain and that financial modelling could fluctuate at any time. She felt that there was no context of how many patients were effected in this pathway and how effective we could be at helping with self-advocacy. Mrs Carolan said that the reports showed the figures regarding discharges and that during Covid, 14 patients had been discharged which had been recognised nationally. All patients had individual risk assessments and there was a whole population approach taken by 'one team' which was a huge step change. The team were proactive in their work.

Dr Sykes wanted to note what a fantastic job was being undertaken by Mrs Carolan and the team. He queried who had the ultimate responsibility lie for spec com patients so that it could be monitored regarding admissions. Mrs Carolan advised that a whole population approach was taken.

RECOMMENDATIONS:

- **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**
- **Support the options for investment to enable the infrastructure plan to be delivered within 2020/21**
- **Recognise the recurring costs of implementing the infrastructure plan and agree how those costs could potentially be supported from April 2021.**

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

GBiC025/2020	SHARED GOVERNANCE UPDATE

Mr Hastings and Mr McKenzie introduced this item.

A meeting had taken place with the members of the Audit Committee to move towards an aligned approach over the 4 CCGs to support a single risk management approach. The Audit chairs were asked to work with the individual managers to look to see if the risk lay at a local or system level. More detail would be taken to Audit committees for assurance.

A question was asked regarding responsibility for the risk logs and Mr McKenzie advised that the process of Chairs and local manager was a first step in the process being looked at and that the full detailed report that would be taken to the Audit Committees would include understanding and ownership.

Mr Grindulis asked if the terminology that had been used in the report could be looked at and clarified in the template particularly around the use of 'ratification' and 'for approval'. Mr McKenzie explained that all comments had been taken on Board and that the Terms of Reference (ToR) for the Joint Health Commissioning Board (JHCB) had been approved but had now been presented at this meeting for formal ratification.

Mr Oatridge queried that the quoracy in the document did not include a Chair being required to attend the meeting to ensure the meeting was quorate. Mr Hastings advised that this paper had been reviewed by the Accountable Officer, Chairs and the Management but would take the comments back to the Chairs to discuss quoracy.

Mr Maubach commented with regarding the ToR for the sub committees to the JHCB and that the schemes of delegation were sorted out. Mr McKenzie confirmed that the ToRs were out for comment and on the agenda for the next Public JHCB.

Mr McKenzie continued to talk about Standing Financial Instructions which were similar across the four CCGs but with different approaches. Work was being undertaken to look at this and come up with a common set of financial instructions and delegated limits, although this could not be fully completed until the full management of change had taken place. If they were changed they would need to go through NHSE processes due to constitutional change which could take up to 6 weeks although this could take longer due to Covid. This was a proposal to give each CCG operational sub delegation to identified individuals on behalf of named individuals. These people were listed within the document in 4.6 where this was applied.

The other items in the paper were an update from the Transition Board which would be addressed in more detail on the Private agenda of the GBiC, an update on the Transitional Oversight Group and a note that an urgent action had taken place for each CCG to give sign off authority to individual Audit and Governance Committee for the annual report.

Mr Sondhi asked if the standing instructions were so different that the changes needed to be made. Mr McKenzie said it was more around the fact that the descriptions were different and that it was better that they were the same including there were job titles that no longer in post referenced.

Ms Rawlinson felt that a line should be added to 4.6.5 to say that 'this was in line with current regular processes' to give assurance to the process.

Mr Price and Mr Grindulis queried if value thresholds would be need to be specified in respect of delegations. Mr McKenzie advised that there were slightly different limits but would circulate these to committee members so that this was clearer.

RECOMMENDATIONS:

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

- 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

- 4.6 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

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

- 6.4 For **all CCG Governing Bodies** to note this item for assurance (**Urgent Decisions Taken Under Emergency Powers)**

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

ACTION:
Mr McKenzie to send around threshold limit information for each CCG to all committee members.

Mr McKenzie to send out a 'clarifying' document to make clear the responsibilities of the delegated powers for Managing Directors as the wording is slightly different but the effect was the same.

GBiC026/2020	GGI GOVERNANCE ARRANGEMENTS

Ms Melton-Bradley and Mr Hughes gave a presentation to members following a governance review that had been undertaken across the 4 CCGs.

Ms Rawlinson praised the work that had been undertaken and felt that the weekly meetings that had taken place with the senior team had given a lot of assurance. Dr Edwards felt that communication had been very good.

RESOLUTION:
Dudley CCG – Received the presentation for assurance.
Sandwell & West Birmingham CCG – Received the presentation for assurance.
Walsall CCG – Received the presentation for assurance.
Wolverhampton CCG – Received the presentation for assurance.

GBiC027/2020	CORPORATE OBJECTIVES

Mr Hastings presented the joint corporate objectives for assurance for members.

The Corporate Objectives for 2020-2021 have been reviewed and are now grouped into four main headings:
- Manage COVID incident
- Lead on Restoration and Recovery
- Prepare for System Reset (including CCG reset)
- Management of CCG functions/'business as usual'

The above objectives 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.

Dr Edwards noted that there were significant objectives identified.

Ms Wilkinson asked if the Local Authority could support the work.

Mr Sondhi praised the objectives and comprehensive work and asked if a comparison had been made against objectives for other CCGs. Mr Hastings thanked Mr Sondhi for his comments and said that this could be looked into.

Dr Edwards asked that it was recognised that the 'CCG reset' was within system reset and 'business as usual' was to continue the statutory arrangements

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

GBiC028/2020	BOARD TENURE

All lay members and clinical GPs declared an interest in this item and it was agreed that Mr Maubach would take up the chairing of this item to manage this.

Mr Grindulis asked why all terms of office were not referenced in the document. Mr Hastings said discussions had taken place and the approach in the paper was the one agreed on but took into consideration that there would be different views on this approach.

The members of the committee debated the length of tenure and comments included:

- Extensions for all members until 2022
- A review to keep extensions as they are at the moment
- The importance of lay as well as clinical members to be considered with regards to membership
- The impact of tenure should a merger take place and a potential new structure
- Tenures to be extended until 2021 after which a review would take place.

RECOMMENDATIONS:

1) **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.
2) **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.
3) **WALSALL CCG**
   1) It is **recommended** that the Governing Body extends the Lay Members contract until 31 March 2021.
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) 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.

Mr Maubach asked non-conflicted attendees if they supported the recommendation to extend all contracts at each CCG until 31 March 2021.

RESOLUTION:
Dudley CCG – Non-conflicted members agreed the recommendations outlined in the paper.
Sandwell & West Birmingham CCG – Non-conflicted members agreed the recommendations outlined in the paper.
Walsall CCG – Non-conflicted members agreed the recommendations outlined in the paper.
Wolverhampton CCG – Non-conflicted members agreed the recommendations outlined in the paper.

GBiC029/2020	COMMITTEE ASSURANCE REPORT

This paper was presented to the Governing Body in Common for assurance by Mr McKenzie.

The report set out the below 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

RECOMMENDATIONS:

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

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

GBiC029/2020	MONTH 2 FINANCE REPORT

Mr Green presented the paper on Month 2 Finance Report.

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 two of 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.

Mr Green addressed questions from members:

- Why Dudley and Wolverhampton had been focused on by NHS/I? This was to do with the balances and nationally they had focused on some areas which included these in the target areas for Dudley and Wolverhampton. It was hoped that this would be resolved and would be reimbursed at a later stage but had been listed as a risk.
- It was asked if there was any ongoing risk around the BACS payment referenced in the report and it was confirmed that this had been reimbursed and internal audit had been asked to review this as learning exercise. It was identified as a breakdown in transaction.
- A question was raised about the implications of exceeding the maximum cash balance? This is a target rather than a duty. Substantial advances were given by NHSE to support social care and the early discharge of patients into the CCG accounts. This did not coincide with the timings of claims. There was no issue with this but the CCGs aimed to get back on target regardless.
- There was a query regarding the increase in running costs and if there were any ramifications of people working from home. Running costs remained close with allocation being different to what was expected which was one of the variances. Overheads remained the same even though staff were working from home due to contracts and leases as they were fixed. There were no additional costs of staff working from homes other than support for staff eg desks, chairs and some IT equipment.
- Lines in all the accounts relating to oxygen and the need for covid patients needing this at home might need reviewing in future. There were no performance figures available at the moment but they would keep an eye on this.
- With Covid expenses being transferred to GMS contracts would there be an impact on financial modelling? Some Covid funding expenditure was expected through the STP route but would not be the same as had previously been received.

- Month 4 forecast that Primary Care had a deficit of £2.5m and there was reassurance that this would be covered and that there would be no reduction in funding for PC. The claims put in would recover the Covid related expenditure and the balance would balance up this area. It was expected that this would be reimbursed.

RECOMMENDATION:

- **The Governing Body in Common is asked to review and note the month 2 (May) 2020/21 reported position.**

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

GBiC029/2020	REVIEW OF THE WALSALL HEALTHCARE NHS TRUST FULL BUSINESS CASE FOR THE EMERGENCY DEPARTMENT AND ACUTE MEDICINE DEVELOPMENT

Mr Green presented a paper on the review of The Walsall Healthcare NHS Trust Full Business Case for the Emergency Department and Acute Medicine Development.

The work had been undertaken with various health organisational colleagues. Calculations had been undertaken and seemed reasonable in supporting Midland Metropolitan University Hospital. Capital funding was set at £36.2m. The full business case was still being finalised but would need support from the host CCG and STP before being submitted to NHSE/I. There were two outstanding issues 1- planning approval from the Local Authority and 2 – Construction costs within the £36.2m.

Members were asked if they would approve the writing of a letter of support but this would not say that the CCGs would underwrite any financial cost as this would be picked up by the Trust. If the recommendation was supported, it would be asked if the Chairs could be given delegated authority to sign off a letter once the outstanding issues had been resolved.

Mr Abel queried if the Executive Team were happy with the bed levels and activity. Mr Green said he had had meetings with senior members of West Midlands and the Trust and although all would not be in total agreement he was happy with the information that had been discussed.

Mr Grindulis felt that if Midland Metropolitan Hospital (MMH) had been on time there would not be this pressure on Walsall. Were there any lessons learnt from this? The ED was due to open in advance of MMH and there had been delays due to capital funding and delivering the business case. It was anticipated that the ED would be opening before MHH now.

There was a query raised regarding patient involvement within boarder areas. Ms Broster and Ms Salter-Scott advised that they would pick this up outside of the meeting to look into this.

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 14 July 2020, it is requested that delegated authority be provided to the joint chairs to issue the letter following receipt of the evidence.

RESOLUTION:
Dudley CCG – Received the paper for assurance and approved the recommendation to delegate authority to the Chairs for sign off letter on behalf of the Governing Body.
Sandwell & West Birmingham CCG – Received the paper for assurance and approved the recommendation to delegate authority to the Chairs for sign off letter on behalf of the Governing Body.
Walsall CCG – Received the paper for assurance and approved the recommendation to delegate authority to the Chairs for sign off letter on behalf of the Governing Body.

Wolverhampton CCG – Received the paper for assurance and approved the recommendation to delegate authority to the Chairs for sign off letter on behalf of the Governing Body.

GBiC029/2020	COVID RESPONSE ON ESTATES/WORKFORCE RISK ASSESSMENT INCLUDING BAME FOR ASSURANCE

Mr Evans gave an update on the Covid response on Estates/Workforce risk assessment including BAME. Mr Evans firstly clarified that the paper had been intended for the public domain and not the private one.

The paper was presented for assurance to show that the team continued to run 7 days a week with staff supporting locally and nationally test, track and trace system in preparation for a potential second wave. Daily Sitreps contained detailed updates which was sent out.

Most CCG staff were working from home with adequate equipment, individual risk assessments had been completed for staff by managers both in the CCG and Primary Care. Detailed risk assessment work has also been undertaken by the CCGs on considerations for Black, Asian and Minority Ethnic (BAME) staff.

With regards to Estates, there had been a number of changes to buildings to accommodate for social distancing and the safety of staff.

With regards to the provider response and preparedness, West Midlands Ambulance service remained the best performing service for provider and NHS111 in England. The acute providers had a challenging start to the Covid crisis but were in a strong position now. The CCG had put in a comprehensive support system in place.

Ms Rawlinson thanked Mr Evans for the weekly update reports and calls that were provided and asked if Healthwatch were included in the distribution list. Ms Salter-Scott was asked to look into this.

Mr Sondhi noted that risk mitigation should be looked at to reduce the disproportionality. Mr Evans said that this was being actively being looked at.

Mr Grindulis had a query around that providers were making use of NHS funded spaces. Mr Hartland confirmed that there had been a number of spaces to procure until June. Diagnostics had been utilised during this time but there had been issues including the need for CCGs to provide the staff for these spaces. He also confirmed that this continued to be looked at as part of the restoration work.

Dr Rischie asked for assurance that responses from Trusts would have a more collaborative response rather than patchy responses that had occurred at times. Mr Hartland said that this could be looked at through the restoration planning.

Ms Jasper asked if there were sufficient vaccines ahead of flu season and when they would take place. Ms Roberts advised that there was a regional strategic flu group was taking place, there would be an extension for over 50s and potentially to children's age of up to 12. Ms Roberts would also be chairing a flu group on a bimonthly basis. They had been advised that nationally there would be enough vaccines. Work was being done collaboratively to look at this and a update would be given.

Dr Hallan asked for awareness to be made about the effects of Covid which saw patients having long term effects and that it would be helpful. Dr Edwards advised that in Dudley that there was a multidisciplinary team looking at this.

RECOMMENDATION:

- **Note the paper for assurance.**

RESOLUTION:

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

GBiC029/2020	UPDATE FROM DUDLEY ICP PROCUREMENT PROJECT BOARD

Mr Bucktin gave an update from the Dudley ICP Procurement Project Board which had been given 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.

Highlighted points were:

- Regulator processes that needed to be undertaken. Following discussions with NHSE/I the Full Business Case will be submitted by 30 September 2020.
- Discussions had taken place with NHSE/I around the existing contract which was a standard NHS contract could be expanded to that ICP organisation had now been formed.
- 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.
- There were a number of STP meetings to look into this.

RECOMMENDATION:

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

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

GBiC030/2020	ANY OTHER BUSINESS

Mr Maubach asked the Board to acknowledge the hard work undertaken over the years by Mrs McArthur and Mrs Liggins and to wish them well on their impending retirement. This was seconded by the Chair and Board.

Dr Edwards proposed that there would no longer be an item for 'Any Other Business' on the agenda going forward. It was not conducive to give decisions on last minute items that were discussed at the end of the meeting. The committee agreed on this suggestion but wanted the option to raise any urgent items with the Chair prior to the meeting.

GBiC031/2020	DATE AND TIME OF NEXT MEETING

Tuesday 11 August 2020 via Teams

GOVERNING BODIES IN COMMON

DATE OF MEETING: 9 September 2020
AGENDA ITEM: 2.1

TITLE OF REPORT:	Joint Health Commissioning Board Update
PURPOSE OF REPORT:	To provide the Governing Bodies in Common an update from items discussed at the Joint Health Commissioning Board.
AUTHOR(S) OF REPORT:	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:	**Public** • Assurance Reports received from Finance, Quality and Place • Terms of Reference for Sub Committees were approved • Transfer of Commissioning Arrangements to Black Country Partnership was approved
RECOMMENDATION:	1) To note the update from the Joint Health Commissioning Board
CONFLICTS OF INTEREST:	
LINKS TO CORPORATE OBJECTIVES:	
ACTION REQUIRED:	☒ Assurance ☐ Approval ☐ For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	
Other Implications (e.g. HR, Estates, IT, Quality)	

1.0 INTRODUCTION

1.1 This report is to provide the Governing Bodies in Common with an update in terms of what has been discussed at its meeting on the 11 August 2020.

2.0 ITEMS DISCUSSED

2.1 Vice Chair Appointment

It was agreed that further discussion would take place outside the meeting with the lay members to agree a process for appointing a vice chair to the group. An update would be taken to the next meeting.

2.2 Quality Assurance Report

Sally Roberts, Chief Nurse, provided an update by exception of quality and safety issues relating to Black Country and West Birmingham CCGs activities in the last reporting period.(May 2020).

The report was noted for assurance.

2.3 Finance Assurance Report

James Green, Chief Finance Officer provided the JHCB with an update on month 3 (June) 2020/21 financial position. Mr Green reported that 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 that 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 3 the four CCGs have reported an in-year year-to-date deficit of £18.487m at ledger close. This includes £9.327m of expenditure directly related to the COVID-19response incurred in month 3, which has yet to be reimbursed, but is expected in month 4 as an allocation adjustment.COVID-19 expenditure to month 2 totalling £9.133m was reimbursed in month 3.

This leaves a balance of £9.159m for non-COVID-19expenditure that is over-and-above the allocation provided by NHSE/I, which the CCGs are also expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment per the guidance issued in May 2020. At the date of this report this has not yet been confirmed by NHSE/I.

The report was noted for assurance.

2.4 Place Commissioning Assurance Report

The Chairs of each CCG provided the Board with a verbal update following the Place Commissioning Committees that took place in July.

The updated were noted for assurance.

2.5 Proposed Transfer of Commissioning Arrangements to Black Country Healthcare

Mr Steven Marshall asked the JHCB for agreement for the proposed delegation of Commissioning and commissioned services for specialist Community LD Service to the Black Country Healthcare Foundation Trust.

- NHSE/I had strongly recommended a single team across Commissioning and Provision in order to better serve patients in the Community
- Close collaborative working between Commissioners and Providers had evidenced patient benefits with the successful avoidance of admissions and a successful programme of hospital discharges over the past four months. There was now an opportunity to formalise the close working relationship, better serve patients and improve outcomes
- There was a two-phase approach – in the first phase only specialist Community LD services, the IST team and A&T beds will be delegated. The budgets for the complex areas of FTA, s.117,remaining inpatient beds and jointly funded placements will remain with the CCGs and operate in shadow form with the Trust until there is assurance on the part of the receiving organisation of the financial position and the ongoing uncertainties regarding FTA with NHSE are resolved
- A number of Commissioning Staff will TUPE transfer to the Provider receiving organisation
- Operationally excluded from the transfer/delegation are the West Birmingham arrangements
- The Joint Governing Bodies of the CCGs agreed in principle to the transfer at the Private meeting of the Joint Governing body which took place on the 14th July 2020
- As part of that same meeting it was agreed that final approval be delegated to the Joint Health Commissioning Board
- A business case has been developed to provide the Commissioning Board with full and robust detail to support that approval process.
- Included in the accompanying business case are the full TUPE

The Recommendation for the JHCB to agree the transfer of Commissioning responsibility to the provider and the accompanying TUPE considerations was approved

2.6 Terms of Reference for Sub Committees

Mike Hastings presented the subcommittee Terms of Reference, it was noted that these would develop and be reviewed as the meetings started to take place, however they were noted as a starter to get the Committees up and running.

The TOR were approved

2.7 New Risks identified from this meeting

No new risks were identified during the meeting.

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	**n/a**	
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)		

Working together for healthier futures

GOVERNING BODIES IN COMMON

DATE OF MEETING: 8 September 2020
AGENDA ITEM: 3.1

TITLE OF REPORT:	Finance Report Month 4 (July) 2020/21
PURPOSE OF REPORT:	To update the Governing Bodies in Common on the month 4 (July) 2020/21 financial position.
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 4 the four CCGs have reported an in-year year-to-date deficit of £14.226m at ledger close. This includes £10.394m of expenditure directly related to the COVID-19 response incurred, which has yet to be reimbursed, but pending NHSE/I approval, is expected in month 5 as an allocation adjustment. COVID-19 expenditure to month 2 for NHS Walsall CCG and month 3 for the other CCGs totalling £13.165m has been reimbursed to date. • This leaves a balance of £3.832m for non-COVID-19 expenditure that is over-and-above the allocation provided by NHSE/I, which the CCGs are also expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment per the guidance issued in May 2020. At the date of this report this has not yet been confirmed by NHSE/I. • Details have yet to be confirmed, but the CCGs are expecting to be requested to submit a full year forecast for 2020/21 during September 2020.
RECOMMENDATION:	The Governing Bodies in Common is asked to review and note the month 4 (July) 2020/21 reported position.
CONFLICTS OF INTEREST:	None identified
LINKS TO CORPORATE OBJECTIVES:	Maintain financial sustainability.
ACTION REQUIRED:	☐ Assurance

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 retrospective allocations to bring the month 4 year-to-date position to break-even had not yet been received. NHSE Have confirmed that months 5 & 6 will operate under the same terms as months 1 to 4, however the CCGs are awaiting guidance relating to months 7 to 12 and are unable to provide an accurate forecast position for the full year at this point. It is expected that each CCG will be required to submit a full year forecast return to NHSE/I during September 2020, but details have yet to be released.
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 the month 4 year-to-date position 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. It is expected that each CCG will be required to submit a full year forecast return to NHSE/I during September 2020, but details have yet to be released.

2.0 SUMMARY FINANCIAL POSITION AT MONTH 4 (JULY) 2020/21

2.1 As at month 3 the four CCGs have reported an in-year year-to-date deficit of £14.226m at ledger close. This includes £10.394m of expenditure directly related to the COVID-19 response incurred in month 4 not yet reimbursed. Excluding COVID-19 expenditure shows an in-year year-to-date deficit of £3.832m.

2.2 A forecast beyond month 4 year-to-date has not been provided as guidance is awaited for the period month 5-12. It is expected that each CCG will be required to submit a full year forecast return to NHSE/I during September 2020, but details have yet to be released.

2.3 Up to and including month 4 NHSE/I has processed retrospective allocations, which have fully reimbursed the COVID-19 expenditure incurred in months 1 to 3 for NHS Dudley CCG, NHS Sandwell & West Birmingham CCG and NHS Wolverhampton CCG and months 1 to 2 for NHS Walsall CCG. An adjustment was also made to clawback the SWB CCG underspend reported month 2 year-to-date.

2.4 The CCGs await confirmation from NHSE/I that a retrospective allocation totalling £14.226m will be processed in month 5 for the following:

- COVID-19 expenditure incurred in month 4:
  - NHS Dudley CCG £1.647m
  - NHS Sandwell & West Birmingham CCG £1.782m
  - NHS Wolverhampton CCG £1.142m
- COVID-19 expenditure incurred in months 3 to 4 for NHS Walsall CCG totalling £5.822m
- Non-COVID-19 expenditure incurred in month 4:
  - NHS Dudley CCG £1.189m
  - NHS Wolverhampton CCG £1k
- Clawback of Non-COVID-19 underspend in month 4 at NHS Sandwell & West Birmingham CCG of £2.619m
- Non-COVID-19 expenditure incurred in months 1-4 at NHS Walsall CCG totalling £5.261m.

2.5 Therefore, there is currently a risk that all four CCGS will not be able to report a break-even position until confirmation is received.

2.6 The financial position reported at month 4 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	706,952	706,952	-	706,952	706,952	-
Primary Care Co-Commissioning	69,196	69,196	-	69,196	69,196	-
Running Costs	8,146	8,146	-	8,146	8,146	-
Total In-year Revenue Resource Limit	784,294	784,294	-	784,294	784,294	-
Programme Expenditure						
Acute Services	386,202	378,510	7,692	386,202	378,510	7,692
Mental Health Services	87,751	89,817	(2,066)	87,751	89,817	(2,066)
Community Health Services	67,159	69,065	(1,906)	67,159	69,065	(1,906)
Continuing Care Services	36,569	40,869	(4,300)	36,569	40,869	(4,300)
Primary Care Services	96,080	97,788	(1,708)	96,080	97,788	(1,708)
Other Programme Services	31,281	41,276	(9,995)	31,281	41,276	(9,995)
Total Programme Expenditure	705,041	717,325	(12,283)	705,041	717,325	(12,283)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	70,700	72,251	(1,551)	70,700	72,251	(1,551)
Running Costs Expenditure						
Running Costs	8,552	8,944	(391)	8,552	8,944	(391)
Total CCG Expenditure	784,294	798,520	(14,226)	784,294	798,520	(14,226)
In-year Surplus / (Deficit) Reported	-	(14,226)	(14,226)	-	(14,226)	(14,226)
Retrospective Allocations to be Confirmed						
COVID-19	-	10,394	10,394	-	10,394	10,394
Non-COVID-19	-	3,832	3,832	-	3,832	3,832
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

2.7 See the attached report (appendix 1) for a breakdown of allocations, expenditure by area and by CCG.

2.8 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.

2.9 The Acute Services position is underspent by £7.692m to month 4 mainly due to the 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 COVID-19 expenditure not yet reimbursed of £844k to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date underspend of £8.536m.

2.10 The Mental Health Services position is overspent by £2.066m to month 4 mainly due to the allocation adjustment, additional complex care cases, additional learning disability packages of care and admissions and COVID-19 expenditure not yet reimbursed of £474k to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.592m.

2.11 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. However, the CCGs are currently preparing a MHIS plan for 2020/21, as part of a wider STP return requested by NHSE/I. Further detail will be provided in next month's report.

2.12 The Community Health Services position is overspent by £1.906m to month 4 mainly due to the allocation adjustment and COVID-19 expenditure not yet reimbursed of £85k to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.821m.

2.13 The Continuing Healthcare Services position is overspent by £4.300m to month 4 mainly due to the backdated 9.0% FNC uplift payment for 2019/20 confirmed during May 2020, which has been made as a one-off payment whereas the budgets are phased in a straight-line to match the NHSE/I allocation model, other new high cost packages of care and COVID-19 expenditure not yet reimbursed of £3.060m to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.239m.

2.14 The Primary Care Services position is overspent by £1.708m to month 4 mainly due to the impact of year-end under-accrual for prescribing that came about due to the increased prescriptions at the end of March 2020 as a result of the COVID-19 pandemic, prescribing and Category M in-year cost pressures as the CCGs were only given a 1.0% uplift by NHSE/I, procurement benefits not yet being realised relating to Oxygen Services, and COVID-19 expenditure not yet reimbursed of £475k to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.233m.

2.15 The Other Programme Services position is overspent by £9.995m to month 4, mainly due to a balancing adjustment to the allocation set by NHSE/I, ICP transaction costs (£0.6m), NHS 111 overspends and COVID-19 expenditure not yet reimbursed of £5.385m to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £4.610m.

2.16 The Primary Care Co-Commissioning position is overspent by £1.551m to month 4 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, the Kinver practice moving from Staffordshire & Seisdon CCG to Dudley CCG on 1 April 2020, rent reviews being lower than expected at SWB CCG and COVID-19 expenditure not yet reimbursed of £43k to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.507m.

2.17 The Running Costs position is overspent by £391k to month 4, mainly due to allocations being set at a lower level than the previously published allocations, which the CCGs believed they would need to spend in full, slippage of savings plans due the change management process being delayed due to the COVID-19 response, and COVID-19 expenditure not yet reimbursed of £27k to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £364k.

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 NHSE Have confirmed that months 5 & 6 will operate under the same terms as months 1 to 4, however the CCGs await guidance for months 7-12, 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. 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.

5.0 STATEMENT OF FINANCIAL POSITION

5.1 The Cash and Cash Equivalents balances reported in the Statement of Financial Position on page 13 of the report attached at Appendix 1 shows the closing ledger position, whereas the closing cash balance on page 14 of Appendix 1 shows the actual cash book balance. The difference is due to the timing of BACS runs and cheque clearances. At month 4 all CCGs are reporting a cash balance within the 1.25% maximum target.

5.2 Overall the receivables balance has reduced from £11.481m at month 3 to £9.809m at month 4. £6.110m is more than a year overdue. This mainly relates to the ongoing disputes with Walsall Healthcare NHS Trust (£1.941m) and Walsall Council (£2.921m). The Walsall Council dispute has since been resolved following close of the ledger, but credit notes have yet to be issued.

5.3 Overall the payables balance has increased from £6.832m at month 3 to £7.213m at month 4.

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 Bodies in Common:

- review and note the financial position reported at month 4 (July) 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 4; and
- note that financial reporting guidance for months 7 to 12 is due in September 2020 and an update will be provided to the Joint Health Commissioning Board, Governing Bodies in Common and Finance & Sustainability Committee once this has been received and reviewed.

James Green
Chief Finance Officer

APPENDICES

- Further detail regarding the financial position reported at month 4 is included within the attached report, including:

Page No.	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	Statement of Financial Position
6	Cash
7	Better Payment Practice Code
Appx 1	Summary Financial Performance – Individual CCGs

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 Tom Devonshire**	**18th August 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**	**20th August 2020**

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 4

Executive Summary Dashboard

Year-to-Date / 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	-	(2,836)	-	837	-	(11,083)	-	(1,143)	-	(14,226)
In-year Surplus / (Deficit) - Forecast	-	(2,836)	-	837	-	(11,083)	-	(1,143)	-	(14,226)
Underlying In-year Surplus / (Deficit)										
Underlying Cumulative Surplus / (Deficit)										
Efficiency										
Net Risk / Mitigation										
Mental Health Investment Standard										
Cash Limit - Year-to-Date	< 1.25%	0.1%	< 1.25%	0.3%	< 1.25%	0.0%	< 1.25%	0.4%	< 1.25%	0.2%
Better Payment Practice - NHS - Number - Year-to-Date	≥ 95%	100.0%	≥ 95%	97.0%	≥ 95%	96.4%	≥ 95%	98.7%	≥ 95%	97.9%
Better Payment Practice - NHS - Value - Year-to-Date	≥ 95%	100.0%	≥ 95%	99.8%	≥ 95%	99.5%	≥ 95%	99.8%	≥ 95%	99.8%
Better Payment Practice - Non-NHS - Number - Year-to-Date	≥ 95%	99.9%	≥ 95%	98.5%	≥ 95%	99.3%	≥ 95%	98.4%	≥ 95%	98.9%
Better Payment Practice - Non-NHS - Value - Year-to-Date	≥ 95%	100.0%	≥ 95%	98.9%	≥ 95%	98.8%	≥ 95%	98.6%	≥ 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

Against an allocation of £784.294m for month 4 year-to-date expenditure is reported to be £798.520m, giving a deficit of £14.226m. However, this includes month 4 expenditure directly relating to COVID-19 totalling £10.394m, which is due to be reimbursed in month 5 by way of a retrospective allocation adjustment. This leaves a balance of £3.832m for non-COVID-19 expenditure that is over-and-above the allocation provided by NHSE/I, which the CCGs are also expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment per the guidance issued in May 2020. At the date of this report this has not yet been confirmed by NHSE/I.

All four CCGs have achieved the cash target at month 4.

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 August 2020.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 4

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	706,952	706,952	-	706,952	706,952	-			
Primary Care Co-Commissioning	69,196	69,196	-	69,196	69,196	-			
Running Costs	8,146	8,146	-	8,146	8,146	-			
Total In-year Revenue Resource Limit	784,294	784,294	-	784,294	784,294	-	-	-	-
Programme Expenditure									
Acute Services	386,202	378,510	7,692	386,202	378,510	7,692			
Mental Health Services	87,751	89,817	(2,066)	87,751	89,817	(2,066)			
Community Health Services	67,159	69,065	(1,906)	67,159	69,065	(1,906)			
Continuing Care Services	36,569	40,869	(4,300)	36,569	40,869	(4,300)			
Primary Care Services	96,080	97,788	(1,708)	96,080	97,788	(1,708)			
Other Programme Services	31,281	41,276	(9,995)	31,281	41,276	(9,995)			
Total Programme Expenditure	705,041	717,325	(12,283)	705,041	717,325	(12,283)	-	-	-
Primary Care Co-Commissioning Expenditure									
Primary Care Co-Commissioning	70,700	72,251	(1,551)	70,700	72,251	(1,551)			
Running Costs Expenditure									
Running Costs	8,552	8,944	(391)	8,552	8,944	(391)			
Total CCG Expenditure	784,294	798,520	(14,226)	784,294	798,520	(14,226)	-	-	-
In-year Surplus / (Deficit) Reported	-	(14,226)	(14,226)	-	(14,226)	(14,226)	-	-	-
Retrospective Allocations to be Confirmed									
COVID-19	-	10,394	10,394	-	10,394	10,394			
Non-COVID-19	-	3,832	3,832	-	3,832	3,832			
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-	-	-	-

Key Messages

A year-to-date deficit of £14.226m has been reported at month 4. However, this includes expenditure directly relating to COVID-19 that has yet to be reimbursed totalling £10.394m at month 4 that has yet to be reimbursed. This leaves a balance of £3.832m to month 4 that the CCGs are expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment for the additional expenditure incurred (nb. SWB CCG is expecting to return the reported underspend - see next page) at month 4, per the guidance received in May 2020. At the date of this report this has not yet been confirmed by NHSE/I.

Total COVID-19 expenditure reported year-to-date at month 4 is £23.559m. Up to month 4 the CCGs were reimbursed for COVID-19 expenditure incurred and reported in months 1-3 (month 1-2 for NHS Walsall CCG) totalling £13.165m, leaving a balance of £10.394m, which is expected to be received during month 5.

See Appendix for a breakdown by individual CCG.

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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										
Total In-year Revenue Resource Limit	-	-	-	-	-	-	-	-	-	-
Programme Expenditure										
Acute Services	(167)	(167)	7,980	7,980	(274)	(274)	(124)	(124)	7,416	7,416
Mental Health Services	(687)	(687)	235	235	(1,374)	(1,374)	(240)	(240)	(2,066)	(2,066)
Community Health Services	(131)	(131)	(2,109)	(2,109)	227	227	106	106	(1,906)	(1,906)
Continuing Care Services	(999)	(999)	(905)	(905)	(1,939)	(1,939)	(457)	(457)	(4,300)	(4,300)
Primary Care Services	(177)	(177)	(1,013)	(1,013)	(889)	(889)	370	370	(1,708)	(1,708)
Other Programme Services	(369)	(369)	(2,759)	(2,759)	(6,052)	(6,052)	(814)	(814)	(9,995)	(9,995)
Total Programme Expenditure	(2,529)	(2,529)	1,429	1,429	(10,300)	(10,300)	(1,160)	(1,160)	(12,559)	(12,559)
Primary Care Co-Commissioning Expenditure										
Primary Care Co-Commissioning	(279)	(279)	(602)	(602)	(699)	(699)	29	29	(1,551)	(1,551)
Running Costs Expenditure										
Running Costs	(28)	(28)	(111)	(111)	(240)	(240)	(13)	(13)	(391)	(391)
Total CCG Expenditure	(2,836)	(2,836)	716	716	(11,238)	(11,238)	(1,143)	(1,143)	(14,502)	(14,502)
In-year Surplus / (Deficit)	(2,836)	(2,836)	837	837	(11,083)	(11,083)	(1,143)	(1,143)	(14,226)	(14,226)
Retrospective Allocations to be Confirmed										
COVID-19	1,647	1,647	1,782	1,782	5,822	5,822	1,142	1,142	10,394	10,394
Non-COVID-19	1,189	1,189	(2,619)	(2,619)	5,261	5,261	1	1	3,832	3,832
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-	-	-	-	-

Key Messages

A year-to-date deficit of £14.226m has been reported at month 4. However, this includes expenditure directly relating to COVID-19 totalling £10.394m to month 4 that has yet to be reimbursed. This leaves a balance of £3.832m that the CCGs are expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment for the additional expenditure incurred (nb. SWB CCG is expecting to return the reported underspend), per the guidance received in May 2020. 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. The CCGs will submit, as part of a STP return, their 2020/21 mental health plans in September 2020, so an update will be provided at this point. The expectation is for the MHIS to be met. 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 is mainly due to the balance to NHSE/I prospective allocation and the suspension of Independent Sector commissioning and 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 3	2,077,611	(1,379,946)	697,665	213,156	(143,960)	69,196	26,294	(18,148)	8,146	2,317,061	(1,542,054)	775,007
Allocations Received in Month 4:												
Retro Top-up Allocation COVID - M3 (DUD)		1,669	1,669			-			-	-	1,669	1,669
Retro Top-up Allocation COVID - M3 (SWB)		1,062	1,062			-			-	-	1,062	1,062
Retro Top-up Allocation COVID - M3 (WOL)		1,301	1,301			-			-	-	1,301	1,301
Retro Top-up Allocation NON-COVID - M3 (DUD)		3,446	3,446			-			-	-	3,446	3,446
Retro Top-up Allocation NON-COVID - M3 (WOL)		1,810	1,810			-			-	-	1,810	1,810
Sub-total Allocations Received in Month 4	-	9,288	9,288	-	-	-	-	-	-	-	9,288	9,288
Total Allocations at Month 4	2,077,611	(1,370,658)	706,953	213,156	(143,960)	69,196	26,294	(18,148)	8,146	2,317,061	(1,532,766)	784,295

Summary by CCG	DUD CCG			SWB CCG			WAL CCG			WOL CCG			BCWB CCGs		
	M3 YTD	M4	Total YTD	M3 YTD	M4	Total YTD	M3 YTD	M4	Total YTD	M3 YTD	M4	Total YTD	M3 YTD	M4	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	(309,204)	5,115	(304,089)	(519,694)	1,062	(518,632)	(287,411)	-	(287,411)	(263,637)	3,111	(260,526)	(1,379,946)	9,288	(1,370,658)
Delegated	(29,922)	-	(29,922)	(57,411)	-	(57,411)	(29,408)	-	(29,408)	(27,219)	-	(27,219)	(143,960)	-	(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	(343,278)	5,115	(338,163)	(583,995)	1,062	(582,933)	(320,625)	-	(320,625)	(294,156)	3,111	(291,045)	(1,542,054)	9,288	(1,532,766)
Total															
Programme	162,129	5,115	167,244	256,840	1,062	257,902	141,641	-	141,641	137,055	3,111	140,166	697,665	9,288	706,953
Delegated	14,644	-	14,644	27,986	-	27,986	13,764	-	13,764	12,802	-	12,802	69,196	-	69,196
Running Costs	1,794	-	1,794	3,232	-	3,232	1,555	-	1,555	1,565	-	1,565	8,146	-	8,146
Grand Total	178,567	5,115	183,682	288,058	1,062	289,120	156,960	-	156,960	151,422	3,111	154,533	775,007	9,288	784,295

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 the 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 Delegated Commissioning and Running Costs, nor reflect the Mental Health Investment Standard. Further guidance for months 5-12 is due July 2020. The BCWB CCGs set initial budgets for the four-month period, which agreed to the non-recurrently adjusted allocation position, as requested by NHSE/I.

During month 4 a retrospective allocation adjustment was processed in order to reimburse the three of the four CCGs for month 3 COVID-19 expenditure (£4.032m) and Non-COVID-19 expenditure (£5.256m). This gives a revised allocation for months 1-4 of £784.295m. NHS Walsall CCG is awaiting confirmation of the allocation to cover COVID-19 for month 3 and non-COVID-19 excess expenditure for month 1-3.

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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	-	-	-	-	-	-	327	327	359	-	-	-	327	327	359
Trade and Other Receivables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-current Assets	-	-	-	-	-	-	327	327	359	-	-	-	327	327	359
Current Assets															
Inventories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Trade and Other Receivables	3,316	3,342	4,782	52,634	53,622	7,721	33,559	36,605	12,380	31,209	31,208	2,910	120,718	124,777	27,793
Other Financial Assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Current Assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash and Cash Equivalents	(1,064)	(21)	16	148	52	72	5	3,269	88	83	216	159	(828)	3,516	335
Total Current Assets	2,252	3,321	4,798	52,782	53,674	7,793	33,564	39,874	12,468	31,292	31,424	3,069	119,890	128,293	28,128
Non-current Assets Held for Sale	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Assets	2,252	3,321	4,798	52,782	53,674	7,793	33,891	40,201	12,827	31,292	31,424	3,069	120,217	128,620	28,487
Current Liabilities															
Trade and Other Payables	(883)	(5,495)	(33,422)	(52,356)	(52,167)	(56,629)	(40,616)	(49,969)	(51,122)	(46,385)	(47,248)	(51,329)	(140,240)	(154,879)	(192,502)
Other Payables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Provisions	(543)	(543)	(549)	(13,039)	(13,030)	(13,447)	(73)	(14)	(14)	(566)	(568)	(571)	(14,221)	(14,155)	(14,581)
Borrowings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Financial Liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Current Liabilities	(1,426)	(6,038)	(33,971)	(65,395)	(65,197)	(70,076)	(40,689)	(49,983)	(51,136)	(46,951)	(47,816)	(51,900)	(154,461)	(169,034)	(207,083)
Net Current Assets / (Liabilities)	826	(2,717)	(29,173)	(12,613)	(11,523)	(62,283)	(7,125)	(10,109)	(38,668)	(15,659)	(16,392)	(48,831)	(34,571)	(40,741)	(178,955)
Total Assets less Current Liabilities	826	(2,717)	(29,173)	(12,613)	(11,523)	(62,283)	(6,798)	(9,782)	(38,309)	(15,659)	(16,392)	(48,831)	(34,244)	(40,414)	(178,596)
Non-current Liabilities															
Trade and Other Payables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Provisions	-	-	-	-	-	-	(14)	(106)	(106)	-	-	-	(14)	(106)	(106)
Borrowings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-current Liabilities	-	-	-	-	-	-	(14)	(106)	(106)	-	-	-	(14)	(106)	(106)
Assets less Liabilities	826	(2,717)	(29,173)	(12,613)	(11,523)	(62,283)	(6,812)	(9,888)	(38,415)	(15,659)	(16,392)	(48,831)	(34,258)	(40,520)	(178,702)
Finance by Taxpayers' Equity															
General Fund	826	(2,717)	(29,173)	(12,613)	(11,523)	(62,283)	(6,812)	(9,888)	(38,415)	(15,659)	(16,392)	(48,831)	(34,258)	(40,520)	(178,702)
Revaluation Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Donated Asset Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Government Grant Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Reserves	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Taxpayers' Equity	826	(2,717)	(29,173)	(12,613)	(11,523)	(62,283)	(6,812)	(9,888)	(38,415)	(15,659)	(16,392)	(48,831)	(34,258)	(40,520)	(178,702)

Key Messages
DUD - Variance between the Cash and Cash Equivalents balance above and the Closing Cash Balance on the next page is due to timing differences on two BACS runs for £1,125k & £68k
SWB - Variance between the Cash and Cash Equivalents balance above and the Closing Cash Balance on the next page is due to a timing difference on BACS/cheques
WAL - Variance between the Cash and Cash Equivalents balance above and the Closing Cash Balance on the next page is due to a timing difference on BACS/cheques
WOL - Variance between the Cash and Cash Equivalents balance above and the Closing Cash Balance on the next page due to timing differences on cheques

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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	7,007	128								
Total Inflows	80,384	48,259	39,147	50,359								
Total Cash Available	80,458	52,386	46,154	50,487	-	-	-	-	-	-	-	-
Total Outflows	(76,331)	(45,379)	(46,026)	(50,415)								
Balance C/Fwd	4,127	7,007	128	72	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	5.13%	13.38%	0.28%	0.14%								
NHS Sandwell & West Birmingham CCG												
Balance B/Fwd	72	67	21	52								
Total Inflows	111,524	70,500	65,500	63,500								
Total Cash Available	111,596	70,567	65,521	63,552	-	-	-	-	-	-	-	-
Total Outflows	(111,529)	(70,546)	(65,469)	(63,367)								
Balance C/Fwd	67	21	52	185	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	0.06%	0.03%	0.08%	0.29%								
NHS Walsall CCG												
Balance B/Fwd	97	319	1,001	3,522								
Total Inflows	73,327	43,273	44,565	44,520								
Total Cash Available	73,424	43,592	45,566	48,042	-	-	-	-	-	-	-	-
Total Outflows	(73,105)	(42,591)	(42,044)	(48,033)								
Balance C/Fwd	319	1,001	3,522	9	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	0.43%	2.30%	7.73%	0.02%								
NHS Wolverhampton CCG												
Balance B/Fwd	166	1,573	2,554	220								
Total Inflows	36,900	41,200	34,750	35,500								
Total Cash Available	37,066	42,773	37,304	35,720	-	-	-	-	-	-	-	-
Total Outflows	(35,493)	(40,219)	(37,084)	(35,591)								
Balance C/Fwd	1,573	2,554	220	129	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	4.24%	5.97%	0.59%	0.36%								
Black Country & West Birmingham CCGs												
Balance B/Fwd	409	6,086	10,583	3,922								
Total Inflows	302,135	203,232	183,962	193,879								
Total Cash Available	302,544	209,318	194,545	197,801	-	-	-	-	-	-	-	-
Total Outflows	(296,458)	(198,735)	(190,623)	(197,406)								
Balance C/Fwd	6,086	10,583	3,922	395	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	2.01%	5.06%	2.02%	0.20%								

Key Messages

The closing cash balance across the four CCGs is £0.395m which represents 0.2% of drawdown. As a result, BCWB CCG has fallen below the maximum cash balance of 1.25% and has therefore achieved the target at month 4. All NHS Trusts are being paid on a block arrangement and have received cash in time and at the value instructed by NHSE/I. Until the full month 5-12 guidance is received from NHSE/I the CCGs are unable to forecast cash flows to the end of the year.

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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)	92	92	100.00%	920	916	99.57%	1,012	1,008	99.60%
Value £000s (In-month)	33,340	33,340	100.00%	11,718	11,711	99.94%	45,058	45,051	99.98%
Number (YTD)	708	708	100.00%	3,881	3,877	99.90%	4,589	4,585	99.91%
Value £000s (YTD)	152,075	152,075	100.00%	43,985	43,977	99.98%	196,060	196,052	100.00%
NHS Sandwell & West Birmingham CCG									
Number (In-month)	182	179	98.35%	2,003	1,978	98.75%	2,185	2,157	98.72%
Value £000s (In-month)	48,560	48,559	100.00%	17,270	17,191	99.54%	65,830	65,750	99.88%
Number (YTD)	1,183	1,148	97.04%	7,720	7,604	98.50%	8,903	8,752	98.30%
Value £000s (YTD)	250,723	250,127	99.76%	71,388	70,617	98.92%	322,111	320,744	99.58%
NHS Walsall CCG									
Number (In-month)	72	71	98.61%	1,984	1,977	99.65%	2,056	2,048	99.61%
Value £000s (In-month)	26,151	26,151	100.00%	17,115	17,041	99.57%	43,266	43,192	99.83%
Number (YTD)	689	664	96.37%	5,882	5,838	99.25%	6,571	6,502	98.95%
Value £000s (YTD)	135,762	135,115	99.52%	50,673	50,086	98.84%	186,435	185,201	99.34%
NHS Wolverhampton CCG									
Number (In-month)	56	54	96.43%	979	960	98.06%	1,035	1,014	97.97%
Value £000s (In-month)	24,339	24,210	99.47%	15,310	14,779	96.53%	39,649	38,989	98.34%
Number (YTD)	833	822	98.68%	3,764	3,704	98.41%	4,597	4,526	98.46%
Value £000s (YTD)	133,296	132,963	99.75%	51,783	51,053	98.59%	185,079	184,016	99.43%
Black Country & West Birmingham CCGs									
Number (In-month)	402	396	98.51%	5,886	5,831	99.07%	6,288	6,227	99.03%
Value £000s (In-month)	132,390	132,260	99.90%	61,413	60,722	98.88%	193,803	192,982	99.58%
Number (YTD)	3,413	3,342	97.92%	21,247	21,023	98.95%	24,660	24,365	98.80%
Value £000s (YTD)	671,856	670,280	99.77%	217,829	215,733	99.04%	889,685	886,013	99.59%

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

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 4

APPENDIX 1 - Summary Financial Performance for each CCG

NHS Dudley CCG

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	167,243	167,243	-	167,243	167,243	-
Primary Care Co-Commissioning	14,645	14,645	-	14,645	14,645	-
Running Costs	1,794	1,794	-	1,794	1,794	-
Total In-year Revenue Resource Limit	183,682	183,682	-	183,682	183,682	-
Programme Expenditure						
Acute Services	94,532	94,699	(167)	94,532	94,699	(167)
Mental Health Services	17,827	18,514	(687)	17,827	18,514	(687)
Community Health Services	13,393	13,523	(131)	13,393	13,523	(131)
Continuing Care Services	9,591	10,590	(999)	9,591	10,590	(999)
Primary Care Services	23,223	23,399	(177)	23,223	23,399	(177)
Other Programme Services	7,545	7,914	(369)	7,545	7,914	(369)
Total Programme Expenditure	166,110	168,639	(2,529)	166,110	168,639	(2,529)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	15,609	15,888	(279)	15,609	15,888	(279)
Running Costs Expenditure						
Running Costs	1,963	1,991	(28)	1,963	1,991	(28)
Total CCG Expenditure	183,682	186,518	(2,836)	183,682	186,518	(2,836)
In-year Surplus / (Deficit) Reported	-	(2,836)	(2,836)	-	(2,836)	(2,836)
Retrospective Allocations to be Confirmed						
COVID-19	-	1,647	1,647	-	1,647	1,647
Non-COVID-19	-	1,189	1,189	-	1,189	1,189
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 4

APPENDIX 1 - Summary Financial Performance for each CCG

NHS Sandwell & West Birmingham CCG

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	257,902	257,902	-	257,902	257,902	-
Primary Care Co-Commissioning	27,986	27,986	-	27,986	27,986	-
Running Costs	3,232	3,232	-	3,232	3,232	-
Total In-year Revenue Resource Limit	289,120	289,120	-	289,120	289,120	-
Programme Expenditure						
Acute Services	142,868	134,766	7,980	142,868	134,766	7,980
Mental Health Services	37,070	36,836	235	37,070	36,836	235
Community Health Services	25,351	27,460	(2,109)	25,351	27,460	(2,109)
Continuing Care Services	11,373	12,278	(905)	11,373	12,278	(905)
Primary Care Services	31,468	32,481	(1,013)	31,468	32,481	(1,013)
Other Programme Services	9,618	12,377	(2,759)	9,618	12,377	(2,759)
Total Programme Expenditure	257,748	256,198	1,429	257,748	256,198	1,429
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	27,986	28,588	(602)	27,986	28,588	(602)
Running Costs Expenditure						
Running Costs	3,386	3,497	(111)	3,386	3,497	(111)
Total CCG Expenditure	289,120	288,283	716	289,120	288,283	716
In-year Surplus / (Deficit) Reported	-	837	837	-	837	837
Retrospective Allocations to be Confirmed						
COVID-19	-	1,782	1,782	-	1,782	1,782
Non-COVID-19	-	(2,619)	(2,619)	-	(2,619)	(2,619)
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 4

APPENDIX 1 - Summary Financial Performance for each CCG

NHS Walsall CCG

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	141,641	141,641	-	141,641	141,641	-
Primary Care Co-Commissioning	13,763	13,763	-	13,763	13,763	-
Running Costs	1,555	1,555	-	1,555	1,555	-
Total In-year Revenue Resource Limit	156,959	156,959	-	156,959	156,959	-
Programme Expenditure						
Acute Services	76,802	76,921	(274)	76,802	76,921	(274)
Mental Health Services	15,921	17,295	(1,374)	15,921	17,295	(1,374)
Community Health Services	12,372	12,145	227	12,372	12,145	227
Continuing Care Services	8,621	10,560	(1,939)	8,621	10,560	(1,939)
Primary Care Services	21,187	22,075	(889)	21,187	22,075	(889)
Other Programme Services	6,738	12,790	(6,052)	6,738	12,790	(6,052)
Total Programme Expenditure	141,641	151,785	(10,300)	141,641	151,785	(10,300)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	13,763	14,462	(699)	13,763	14,462	(699)
Running Costs Expenditure						
Running Costs	1,555	1,795	(240)	1,555	1,795	(240)
Total CCG Expenditure	156,959	168,042	(11,238)	156,959	168,042	(11,238)
In-year Surplus / (Deficit) Reported	-	(11,083)	(11,083)	-	(11,083)	(11,083)
Retrospective Allocations to be Confirmed						
COVID-19	-	5,822	5,822	-	5,822	5,822
Non-COVID-19	-	5,261	5,261	-	5,261	5,261
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 4

APPENDIX 1 - Summary Financial Performance for each CCG

NHS Wolverhampton CCG

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	140,166	140,166	-	140,166	140,166	-
Primary Care Co-Commissioning	12,802	12,802	-	12,802	12,802	-
Running Costs	1,565	1,565	-	1,565	1,565	-
Total In-year Revenue Resource Limit	154,533	154,533	-	154,533	154,533	-
Programme Expenditure						
Acute Services	72,001	72,125	(124)	72,001	72,125	(124)
Mental Health Services	16,932	17,172	(240)	16,932	17,172	(240)
Community Health Services	16,043	15,937	106	16,043	15,937	106
Continuing Care Services	6,984	7,441	(457)	6,984	7,441	(457)
Primary Care Services	20,203	19,833	370	20,203	19,833	370
Other Programme Services	7,380	8,194	(814)	7,380	8,194	(814)
Total Programme Expenditure	139,543	140,702	(1,160)	139,543	140,702	(1,160)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	13,342	13,313	29	13,342	13,313	29
Running Costs Expenditure						
Running Costs	1,648	1,661	(13)	1,648	1,661	(13)
Total CCG Expenditure	154,533	155,676	(1,143)	154,533	155,676	(1,143)
In-year Surplus / (Deficit) Reported	-	(1,143)	(1,143)	-	(1,143)	(1,143)
Retrospective Allocations to be Confirmed						
COVID-19	-	1,142	1,142	-	1,142	1,142
Non-COVID-19	-	1	1	-	1	1
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

Working together for healthier futures

GOVERNING BODIES IN COMMON

DATE OF MEETING: 8 September 2020
AGENDA ITEM: 4.1

TITLE OF REPORT:	Covid-19 system resilience overview and 2020 Emergency Planning, Resilience and Response core standards assessment update
PURPOSE OF REPORT:	The purpose of this document is to provide an overview on the on-going 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 report also details the approach NHS England will be using for its annual review of the CCGs compliance against the national emergency, preparedness, resilience, and response (EPRR) core standards.
AUTHOR(S) OF REPORT:	Jason Evans: Acting Chief Officer, Integrated Urgent and Emergency Care Transformation Team.
MANAGEMENT LEAD/SIGNED OFF BY:	Matt Hartland, Deputy Accountable Officer
PUBLIC OR PRIVATE:	PUBLIC
KEY POINTS:	• The Governing Body can be assured on the depth and scope of pandemic resilience and infrastructure across the BC&WB CCGs and their commissioned NHS providers • The Governing Body to note the NHS England and Improvement deadline and programme of work being undertaken by the CCG to deliver the annual EPRR core standards assessment
RECOMMENDATION:	1) The Governing Body to be assured that via the BC&WB 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 daily to safely manage the local healthcare system 2) The Governing Body note the letter from NHSE/I issued on the 20 August 2020 detailing the EPRR annual assurance and winter planning process and the ongoing work by the CCGs to deliver a statement of assurance response by the 31 October 2020 deadline

CONFLICTS OF INTEREST:	No conflicts of interest identified
LINKS TO CORPORATE OBJECTIVES:	• Organisational Development • Quality and Safety
ACTION REQUIRED:	✓ Assurance ☐ ~~Approval~~ ✓ For Information
Possible implications identified in the paper:	
Financial	N/a
Risk Assurance Framework	N/a
Policy and Legal Obligations	CCG statutory responsibility as a Category 2 responder under the Civil Contingencies Acy 2004 to engage in the annual EPRR core standards assessment
Equality & Diversity	N/a
Governance	

1.0 INTRODUCTION

1.1 The purpose of this paper is to provide for the Governing Body with an overview of the on-going 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. This report acts as an addendum to previous COVID-19 reports issued in the Governing Body throughout 2020 and therefore needs to be read in conjunction with these. The Black Country and West Birmingham 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.

1.2 In regard to the EPRR annual assessment and winter planning process for 2020/21, the CCG received a letter from NHS England and Improvement (NHSE/I) on the 20 August 2020 (see appendix 1.) detailing the approach for this year. The letter requires BC&WB CCGs to submit a statement of assurance to NHSE/I regional head of EPRR by 31 October 2020. Further detail on this process can be found in section three of this report.

2.0 Ensuring Covid-19 capacity is retained as we enter Winter 2020 and on-going recovery

2.1 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 NHSE/I. 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 one and this can be easily stood-up again to more frequent meetings cycle if required.

2.2 The ICC also coordinates the information collation and publication of the BC&WB COVID-19 daily sitrep. The Sitrep is currently distributed daily to over a 120 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 two of COVID-19 infections / hospitalisations are emerging and mitigating actions will be stood-up accordingly. The daily report provides second wave COVID-19 forecasting via a suite of metrics including:

- predicted infections
- hospitalisations
- any Ventilator, O2+ and O2 bed requirements
- NHS 111/ Primary Care contacts
- Primary Care Red Centre contacts (at both place and aggregated STP levels)
- Local Authority outbreak escalation indicators (where available)

This forecasting includes high estimates based on the previous R0 infectivity rates along with a lower forecast which incorporates lower contact levels due to social distancing measures.

The STP is also currently engaged in a range of system dynamics modelling initiatives which incorporate demand and capacity flows building in potential COVID second wave estimations along with patient propensity to attend and productivity impacts of new COVID related hospital guidelines and protocols at the operational level. Once these are completed the system will be well placed to understand the pressures within the system and potential solutions in the COVID 19 paradigm. This work also links to working with local councils on outbreak planning and undertaking governance reviews on incidents.

The Governing Body can be assured that using current data from the Sitrep it is confirmed that positive COVID-19 cases for the BC&WB system are low compared to first wave levels. Cases per 100,000 in August have been on the rise slightly week on week since the 12 July, but are now showing signs of improvement with 14 cases per 100,000 for week ending the 23 August vs 23 per 100,000 the previous week (See chart 1. below).

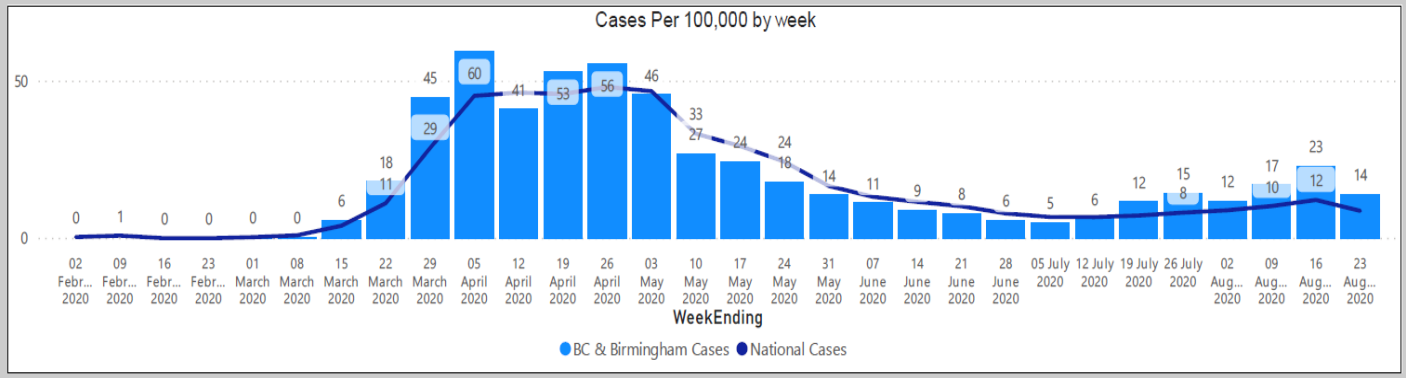

Chart 1. (*Chart denotes Black Country and West Birmingham cases only).

2.3 The Governing Body will however be aware that whilst cases for BC&WB CCGs are falling, there is an emerging dynamic with COVID-19 positive rates within the Birmingham City Council footprint which also affects areas of Sandwell Metropolitan Borough Council**.** New measures to keep the rate of COVID-19 infections reducing in Birmingham were implemented on the 26 August 2020. Following a meeting of the Government's Gold Command support has been given to the City Council's proposals to proceed with a series of enhanced measures, specifically around enforcement action against those who do not follow the Government rules. Much of the guidance in force at present is not legally enforceable, from the 26 August however a number of measures were changed to a position where people/businesses must comply and creates a legally enforceable obligation with the Council can apply if need be. BC&WB CCG executive leads are involved in the overview and response structure for this emerging dynamic. Current national and regional assessment of the response from the NHS to the rise in Birmingham COVID-19 cases are shown below:

- It was recognised that there is good control and oversight in place from the local team with full support from the Local Authority leadership.
- Given the improving epidemiological pattern then recommendation was to maintain both Birmingham City and Sandwell as areas of ENHANCED SUPPORT.
- Full support and backing should continue to be provided to the local teams with the activities/interventions that they are undertaking within the current LA powers.

2.4 In regard to the regional overview / response structures for COVID-19 outbreak management BC&WB CCGs executive attendance continues at the weekly regional Strategic Co-ordination Group (Police/Fire/Ambulance/Council and 3rd sector) and Tactical Co-ordination Group (Environment/Transport/utilities etc.). Membership of the SCG and TCG provide direct access to working groups for the following areas of response and planning:

- Ministry of Housing, Communities & Local Government's Resilience Emergencies Division
- Media Cell

3.0 EPRR annual assurance process and winter planning for 2020/21

3.1 Within the NHSE/I letter received on the 20 August 2020 (see Appendix 1.) they acknowledged that it was not appropriate to run the core standards assessment process as had been done in previous years. It was confirmed that the events of 2020 have tested all NHS organisation plans to a degree above and beyond that routinely achievable through exercises or assurance processes. However, they also confirmed there is still a statutory requirement to formally assure themselves of EPRR readiness of NHS organisations which did remain.

3.2 CCGs in England are therefore asked to submit a statement of assurance to the relevant NHS England and NHS Improvement regional head of EPRR by 31 October 2020. This statement must include:

1) The updated assurance position of any organisations that were rated partially or non-compliant in 2019/20
2) Assurance that all the relevant commissioners and providers of NHS-funded care have undertaken a thorough and systematic review of their response to the first wave of the COVID-19 pandemic, and a plan is in place to embed learning into practice
3) Confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for your system.

3.3 In summary BC&WB CCG are asked to ensure they have undertaken a comprehensive and thorough review of learning from the first wave of the COVID-19 pandemic, that you have a process to convert the learning into practice and those partially or non-compliant organisations in the 2019/20 assurance process report their updated compliance rating (using the 2019/20 assurance criteria). Work is now underway within CCGs to prepare this statement and it will be presented to the BC&WB CCGs Joint Health Commissioning Board in October 2020 for endorsement and approvals. Once the CCGs issue the statement to the regional NHSE/I team they will submit the overall statement of assurance for their area to the director of EPRR (national) by 31 December 2020.

4.0 RECOMMENDATIONS

1) The Governing Body to be assured that via the BC&WB CCGs 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 daily to safely manage the local healthcare system

2) The Governing Body note the letter from NHSE/I issued on the 20 August 2020 detailing the EPRR annual assurance and winter planning process and the ongoing work by the CCGs to deliver a statement of assurance response by the 31 October 2020 deadline

Jason Evans
Acting Chief Officer – Integrated Urgent & Emergency Care – West Midlands Region

5.0 APPENDICES

Appendix 1: EPRR Annual Assurance Letter

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Governance Teams	N/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Matt Hartland (Acting Accountable Emergency Officer)	27/08/20

Publications approval reference: 001559

NHS England and NHS Improvement
Skipton House
80 London Road
SE1 6LH

To: NHS Accountable Emergency Officers
NHS England and NHS Improvement:
Regional Directors
Regional Heads of EPRR
Regional Directors of Performance and Improvement
Regional Directors of Performance

20 August 2020

Dear colleague

Emergency preparedness, resilience and response (EPRR) annual assurance process and winter planning for 2020/21

We would like to thank you and your team for your outstanding leadership and support during these exceptional times and for the care delivered to patients. Our collective focus over recent years to improve and embed good robust, evidence-based and tested EPRR practice across the NHS has undoubtedly contributed to the system-wide response to COVID-19.

The events of 2020 have tested all NHS organisation plans to a degree above and beyond that routinely achievable through exercises or assurance processes. However, our statutory requirement to formally assure ourselves of EPRR readiness in our own organisation and the wider NHS remains.

We recognise that the detailed and granular process of previous years would be excessive while we prepare for a potential further wave of COVID-19, as well as upcoming seasonal pressures and the operational demands of restoring services. This letter sets out the amended process for 2020/21 which will focus on three areas:

1) progress made by organisations that were reported as partially or non-compliant in the 2019/20 process
2) the process of capturing and embedding the learning from the first wave of the COVID-19 pandemic
3) inclusion of progress and learning in winter planning preparations.

1. Progress of partially or non-compliant organisations

Organisations that were rated partially or non-compliant in the 2019/20 process will have undertaken a great deal of work through their action plans to address gaps. Much of this will have been carried out ahead of the COVID-19 pandemic which began in the UK in January 2020. The 2020/21 process seeks to understand their improved status.

2. The identification and application of learning from the first wave of the COVID-19 pandemic

The comprehensive and extensive response to the first wave of the COVID-19 pandemic has provided all health organisations with a unique opportunity to identify and embed lessons into EPRR practice. The 2020/21 process seeks to ensure that all NHS organisations have begun the process to systematically and comprehensively identify, learn and embed lessons to improve EPRR practice.

3. Incorporating progress and learning into winter planning arrangements

As in previous years there is also a wider programme of winter planning and assurance. This work will draw on existing processes, including this one, to supplement assurance conversations. The 2020/21 process seeks to ensure this learning is embedded in winter preparedness.

Action to take/next steps

All NHS organisations will already be undertaking reviews of their response to the first wave of COVID-19 and embedding learning into arrangements ahead of any possible second wave.

Clinical commissioning groups (CCGs)[1] are asked to submit a statement of assurance to the relevant NHS England and NHS Improvement regional head of EPRR by 31 October 2020.

This statement should include:

1) the updated assurance position of any organisations that were rated partially or non-compliant in 2019/20 (this may include the CCG itself)
2) assurance that all the relevant commissioners and providers of NHS-funded care have undertaken a thorough and systematic review of their response to the first wave of the COVID-19 pandemic, and a plan is in place to embed learning into practice
3) confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for your system.

Our regional head of EPRR will undertake structured conversations with CCGs as necessary to better understand their statements.

Our regions will submit their statement of assurance to the director of EPRR (national) by 31 December 2020.

This statement should include the same elements as the CCGs: an update on the 2019/20 partially or non-compliant organisations and the identification and embedding of learning through an appropriate process.

[1] CCGs hold local statutory functions. However, in many parts of the country CCGs have come together to operate as sustainability and transformation partnerships (STPs) or integrated care systems (ICSs). Where this is the case, the term CCG should also be read as STP or ICS. Local reporting for this process will be agreed with your regional head of EPRR.

Our national EPRR team will undertake conversations with each region in advance of preparing a national statement of assurance for the NHS England and NHS Improvement board and the Department of Health and Social Care (DHSC).

The annual EPRR assurance process traditionally places local health resilience partnerships (LHRPs) in a central role for local leadership. Given the planning nature of LHRPs and the current response position of the NHS, it is not considered appropriate for LHRPs to lead the assurance this year. We expect that LHRPs will maintain a critical role in future EPRR assurance processes, and outputs from the 2020/21 process will be shared with LHRP co-chairs at the appropriate time.

Summary

You are asked to ensure you have undertaken a comprehensive and thorough review of learning from the first wave of the COVID-19 pandemic, that you have a process to convert the learning into practice and those partially or non-compliant organisations in the 2019/20 assurance process report their updated compliance rating (using the 2019/20 assurance criteria).

Please note the following deadlines:

- 31 October 2020: statements of assurance are made to regional EPRR teams by CCGs
- 31 December 2020: regional EPRR teams submit their statement of assurance to the national EPRR team
- 28 February 2021: national EPRR team to have completed conversations with regional teams
- 31 March 2021: national EPRR assurance reported to the NHS England and NHS Improvement board and DHSC.

If you have any further queries, please do not hesitate to contact Stephen Groves or your regional head of EPRR.

Yours sincerely

Stephen Groves

Director of EPRR (National)

Daniel De Rozarieux

National Director of Elective and Emergency care and Operations and Performance

cc NHS England and NHS Improvement Business Continuity team
CCG Accountable Officers
CCG Clinical Leads
CSU Managing Directors
Clara Swinson, Director General for Global and Public Health, DHSC
Emma Reed, Director, Emergency Preparedness and Health Protection Policy Global and Public Health Group, Department of Health and Social Care
LHRP co-chairs

GOVERNING BODIES IN COMMON

DATE OF MEETING:8 September 2020
AGENDA ITEM: 5.1

TITLE OF REPORT:	Report of the Dudley Integrated Care Provider (ICP) Procurement Project Board
PURPOSE OF REPORT:	To note matters considered by the Project Board and approve a revision to its terms of reference
AUTHOR(S) OF REPORT:	Neill Bucktin – Dudley Managing Director
MANAGEMENT LEAD/SIGNED OFF BY:	Neill Bucktin – Dudley Managing Director
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	• Documentation to support the Integrated Support and Assurance Process (ISAP) and the Transaction Review to be submitted by 30 September 2020. • Existing Standard NHS contract to be extended and cover further services form 1 October 2020. • Sub-contract arrangements being agreed by Dudley Integrated Health and Care NHS Trust. • Dudley CCG staff to transfer to Dudley Integrated Health and care NHS Trust from 1 October 2020. • Existing terms of reference for the Project Board revised to reflect changes to roles and job titles.
RECOMMENDATION:	1. That the matters considered by the ICP Procurement Project Board be noted. 2. That the amended terms of reference be approved.
CONFLICTS OF INTEREST:	Those GP Board members who might enter into an Integration Agreement with Dudley Integrated Health and Care NHS Trust. Any GPs transferring to the employment of Dudley Integrated Health and Care NHS Trust.
LINKS TO CORPORATE OBJECTIVES:	Development of place based models of integrated care.
ACTION REQUIRED:	√ Assurance √ Approval ☐ For Information

Possible implications identified in the paper:	
Financial	None
Risk Assurance Framework	None
Policy and Legal Obligations	None
Equality & Diversity	None
Governance	None

1.0 PURPOSE OF REPORT

1.1 To note matters considered by the ICP Procurement Project Board and approve revisions to its terms of reference.

2.0 REGULATORY APPROVAL PROCESSES

2.1 The CCG and Dudley Integrated Health and care NHS Trust (DIHC) are due to submit documentation relating to the Integrated Support and Assurance process and the Transaction Review process by 30 September 2020. These processes which take place in parallel should take 3 months to complete, with the contract being fully mobilised by 1 April 2021.

2.2 DIHC have now produced an initial Full Business Case (FBC) which has been shared with partners for comments and will be considered by their Stakeholder Forum on 16 September 2020, prior to submission on 30 September.

3.0 EXTENSION OF EXISTING NHS STANDARD CONTRACT

3.1 Since 1 April 2020 the Trust has held a contract for the provision of IAPT and Primary Mental Health Care, as well as the COVID – 19 primary care Red Centre. A proposal has been considered by NHS England and NHS Improvement in relation to the extension of this contract to include:-

- provision of primary medical services to the patients of the High Oak practice;
- CCG commissioning activities.

3.2 From a regulatory perspective, at the time of preparing this report, these were due to be the subject of a self-certification exercise by the Trust in prior to submission to NHS England and NHS Improvement for information.

4.0 SUB-CONTRACT ARRANGEMENTS

4.1 The Trust will hold two material sub-contracts with Dudley Group NHS Foundation Trust and Black Country Healthcare NHS Foundation Trust. These are currently the subject of negotiation between the respective parties. The original bid for the ICP contract set out the arrangements and the range of services to be sub-contracted. Any changes to this arising from sub-contract negotiations will need to be verified by the CCG and the Council to ensure that the integrity of the integrated care model is maintained.

5.1 TRANSFER OF CCG STAFF

5.2 As indicated above, a number of CCG commissioning activities are due to transfer to the Trust on 1 October 2020. These include staff involved in the following areas:-

- NHS Continuing Healthcare and Intermediate Care
- Pharmaceutical Public Health
- Commissioning, including primary care commissioning
- Quality and safety
- Finance
- Contracting
- Communications and Engagement
- Clinical leadership

5.3 This is designed to provide the Trust with some of the capacity and capability to manage the Whole Population Budget.

5.4 A consultation process is taking place under the TUPE regulations to support this transfer.

6.0 ICP PROCUREMENT PROJECT BOARD – TERMS OF REFERENCE

6.1 The Board's terms of reference have been amended to reflect changes to job titles and roles. These are attached as Appendix 1 for approval.

7.0 RECOMMENDATIONS

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

7.2 That the amended terms of reference for the ICP Procurement Project Board be approved.

Neill Bucktin
Dudley Managing Director
August 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)		

Appendix 1

NHS
Dudley
Clinical Commissioning Group

Dudley Integrated Care Provider (ICP) Procurement Project Board

Terms of Reference – Version 2.6

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
V2.0	January 2017	First draft of TOR
V2.1	January 2017	Formatted in to CCG Standard formatting
V2.2	March 2018	Revision to Membership – CCG Non Executive Director
V2.3	May 2018	Slight amends following NHSE revision of Constitution
V2.4	September 2018	Revision to Membership – to add Chief Nurse
V2.5	November 2019	Slight amends following NHSE revision

REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
Taps Mtemechani	?? January 2017	Commissioning Manager	V2.0
Emma Smith	13 January 2017	Governance Support Manager	V2.1
Neill Bucktin	21 March 2018	Director of Commissioning	V2.2
Emma Smith	08 May 2018	Governance Support Manager	V2.3
Neill Bucktin	September 2018	Director of Commissioning	V2.4
Neill Bucktin	November 2019	Director of Commissioning	V2.5

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE
V2.1	Governing Body	March 2017
V2.2	Governing Body	May 2017
V2.3	MCP Project Board	June 2018
V2.4	MCP Project Board	October 2018
V2.5	MCP Project Board	November 2019

NB: The version of this policy posted on the intranet must be a PDF copy of the approved version.

Please note that any changes to these Terms of Reference must be done in line with the Terms of Reference Development Guidance. Changes must be agreed at Committee and ratified through the Governing Body. The Governance Team must be included in any revision to ensure that the statutory duties are unaffected and in line with the CCG's Constitution.

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ICP Procurement Project Board – Terms of Reference

1. Introduction & Purpose

1.1 The ICP Procurement Project Board (the 'Project Board) is established in accordance with paragraph 6.7.1(e) of NHS Dudley Commissioning Group's constitution and is a formal Committee of the Governing Body.

1.2 The CCG's Governing Body has delegated authority to the Project Board to take all decisions regarding the Integrated care Provider r (ICP) procurement except the decision to commence procurement and to award the contract.

2. Membership

Members:

2.1 The Board will be chaired by the Dudley Managing Director and the membership comprise:

-
- Chief Finance Officer (Vice Chair)
- Chief Nurse
- Director of Communications
- CCG Non-Executive Director
- Patient representative(s)
- Dudley MBC representatives (of adult social care and public health)

Participating Attendees:

2.2 The following will be in attendance:-

- Mills and Reeves (legal advisers)
- Good Governance Institute (governance advisers)
- Deloitte (financial advisers)
- Members of the Project Team, Programme Lead and Work stream Leads

2.3 Work streams will be established for the following areas as necessary by the appropriate leads:-

- Commissioning – Dudley Managing Director
- Finance – Finance Manager (Commissioning)
- Outcomes Framework – Head of Intelligence
- Information Governance – Governance Support Manager
- Information Technology – Head of Information Technology
- Patient and Public Engagement – Director of Communications

2.4 Work stream leads will report to the Project Team and a programme plan will be developed and maintained by the Programme Lead t(Commissioning Manager – Community Services and New Care Model to reflect the above work streams.

3. Secretary

3.1 A named individual will be responsible for supporting the Chair in the management of the Project Board's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

4. Quorum

4.1 Meetings of the Project Board will be deemed quorate when at least four members are present, one of which must be either the designated chair or vice-chair . Decisions will be made on the basis of a simple majority.

5. Frequency and notice of meetings

5.1 The Project Board will normally meet on a monthly basis. No unscheduled or rescheduled meetings will take place without members having at least one week's notice of the date. The agenda and supporting papers will be circulated to all members at least five working days before the date the meeting will take place.

5.2 A schedule of meetings will be produced and agreed in advance for the planned duration of the project but with ad-hoc flexibility to ensure that any key decisions are taken without prejudicing the agreed timeline of the project.

5.3 The Project Board reserves the right to call a meeting at any time if an urgent matter arises.

6. Authority

6.1 The Project Board is authorised by the Governing Body to investigate any activity within its terms of reference.

6.2 The Project Board, via the chair, will report to the CCG Governing Body. The Project Board will have responsibility for the Project Team.

7. Remit, duties and responsibilities

7.1 The Project Board will have the following responsibilities:

a. To ensure the procurement of a ICP in line with CCG's strategic intentions
b. To develop a procurement plan that reflects the CCG's intentions and the requirements of regulators in particular NHSE, NHSI and the CQC
c. To ensure that the implementation of the plan enables the procurement process to comply with relevant legislation
d. To ensure that the implementation of the plan enables the procurement process to comply with requirements of the regulators including the Integrated Support and Assurance Process
e. To ensure that good project governance arrangements are in place including appropriate work streams, leadership, risk management and reporting
f. To ensure that all relevant stakeholders are involved appropriately in the project
g. To ensure that a communications plan is developed and implemented
h. To ensure that the project is appropriately resourced and led
i. To ensure that the project procures, receives and acts upon expert external advice and support
j. To take appropriate opportunities to influence the design nationally of relevant policies and processes relating to the development of new care models
k. To report to the CCG Governing Body in a timely way and that risks to delivery of the project are identified and mitigations proposed

8. Managing Conflicts of Interest

8.1 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.

8.2 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

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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.

8.3 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.

8.4 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.

9. Review of Committee effectiveness

9.1 The Project Board will annually self-assess and report to the Governing Body on its performance in delivery of these terms of reference.

9.2 These terms of reference will be reviewed at least annually to ensure they remain fit for purpose.

10. Confidentiality

10.1 Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the committee unless the Chair indicates otherwise. Members, representative or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

11. General Data Protection Regulations (GDPR) and Data Protection Act (DPA) 2018

11.1 Committee members will give due regard to the responsibilities of Dudley CCG to comply with Data Protection legislation including GDPR and DPA 2018.

12. Freedom of Information Act 2000

12.1 All papers are subject to the Freedom of Information Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the Committee membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

Working together for healthier futures

GOVERNING BODY IN COMMON

DATE OF MEETING: 8 September 2020
AGENDA ITEM: 6.1

TITLE OF REPORT:	Change in Commissioning Arrangements for Specialist LD Community Services
PURPOSE OF REPORT:	To update Governing Body members on progress with the transfer of commissioning responsibility from BCWB CCGs to BCHFT.
AUTHOR(S) OF REPORT:	Vic Middlemiss, Head of Contracting & Procurement, Wolverhampton CCG
MANAGEMENT LEAD/SIGNED OFF BY:	Steven Marshall – Programme Director Mental Health, Integration and Transformation
PUBLIC OR PRIVATE:	This report is intended for the **public** domain
KEY POINTS:	• The BCHFT Board of Directors has approved the business case for the transfer of commissioning responsibility for LD/ autism services • This follows approval made by the BCWB Joint Health Commissioning Board earlier in August • The TUPE consultation process for transferring staff can therefore commence as planned on 1st September • A considerable amount of work has been undertaken by BCH to help ensure a smooth transition for the transferring staff • The transfer of the LD commissioning function requires a number of fundamental amendments to be made to the contract between BCHFT and BCWB CCGs. A contract variation is being completed accordingly. • A proposal has just been issued to BCHFT for the Dudley Integrated Healthcare Provider sub-contract arrangements • There are no outstanding issues or concerns and the risks highlighted are sufficiently mitigated.
RECOMMENDATION:	The Governing Body is asked to:- • **Receive** and **discuss** this report. • **Note** the approval from both the Joint Health Commissioning Board and the BCH Board of Directors to commission the entirety of the pathway of care for LD services from BCHFT • **Note** the continuing progress of joint activity to achieve the 1st October start date, in particular commencement of the TUPE process.
CONFLICTS OF INTEREST:	None identified

LINKS TO CORPORATE OBJECTIVES:	• Improving the quality and safety of the services we commission • Reducing Health Inequalities across the Black Country and West Birmingham area • System effectiveness • Delivery within our financial envelope
ACTION REQUIRED:	☐ Assurance ☐ Approval X For Information
Possible implications identified in the paper:	
Financial	Full financial consideration was presented to the Joint Health Commissioning Board in August, as part of the business case. As stated there is a cost pressure to the CCGs on this transfer to the value of £611k. This consists of: • The transfer of the non-recurrently funded Transformation team of £253k • The need to continue with the Commissioning for West Birmingham place and ongoing admin support for the SRO of £47k • Additional investment for contribution to Non Pay, Corporate Overheads & Other Pressures of £311k These total cost pressures will be spread across the four CCGs and are fully mitigated in the CCGs financial plans
Risk Assurance Framework	
Policy and Legal Obligations	This move is entirely in line with the national TCP agenda
Equality & Diversity	Full QIA and EQIA are being prepared by the receiving organisation
Governance	The CCGs cannot delegate fully their statutory duties. This is recognised and accounted for in the proposed contract modification with the Provider. Jointly developed Contracting, Financial and Quality principles will act as formal 'Documents Relied On' with associated contractual obligations

1.0 BACKGROUND

1.1 In July 2020, the Governing Body in Common (private) was provided with an overview of work being undertaken to develop a business case to delegate commissioning responsibility from BC&WB CCGs to Black Country Healthcare NHS FT for community specialist LD services for people with learning disabilities and/or autism.

1.2 One of the main drivers for this was the challenge from the NHSE/I Regional Team that there are too many people with learning disabilities and/or autism in a restrictive in-patient environment than is planned, or clinically appropriate across our region. It was recognised that as a system, we continue to underperform against the set national targets to reduce reliance on inpatient provision and we are falling short in our commitment to the citizens of the Black Country.

1.3 The recommendations were supported to:

- agree the delegation/transfer in principle
- delegate final decision making to the Joint Health Commissioning Board (JHCB)

1.4 The business case was subsequently presented to JHCB on 11th August 2020. The business case set out a two phased approach. This is to give additional assurance, allow BCHFT to become familiar with the funding arrangements (outlined in phase two below) and ensure all joint decision-making processes are fully embedded.

1.4.1 Phase one will encompass the transfer of commissioning and case-management staff and the CCGs' commissioned specialist community LD services (for both adult and children and young people) and A&T provision. Target date for completion of the Phase 1 transition is 1st October 2020.

1.4.2 The second phase proposes the transfer of responsibility for Black Country Funded Transfer Agreements (FTA), fully and jointly funded inpatient beds and community packages and the jointly funded s117 arrangements between CCGs and Local Authorities. Initially this phase will occur in shadow form (for 12 – 18 months); at the end of the shadow period the intention is to transfer the resource in totality.

1.5 The board was asked to agree to the transfer of commissioning responsibility to the BCHFT and the accompanying TUPE considerations. Approval was given subject to wording changes in the recommendation. This was amended subsequent to the meeting (to be agreed via Chair's action) as follows:

"That the Joint Health Commissioning Board agree to commission the entirety of the pathway of care for LD services from BCHFT, excluding at this point in time the more complex areas of FTA, s.117 and jointly funded packages. For Dudley, these activities will be commissioned through the ICP contract at the point at which that contract is enacted."

1.5 The business case was then presented at the BCHFT Board of Directors Meeting on 26th August 2020 and also approved. The Chair of that meeting gave a lot of positive feedback on how the system has worked together in the midst of all the challenges in recent months to produce such a high quality proposal.

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1.6 Specific detail on the TUPE process, operational arrangements, contracting requirements and finance are outlined in the subsequent sections where the key 'next steps' are summarised.

2.0 TUPE PROCESS AND OPERATIONAL ARRANGEMENTS

2.1 The approval from both organisations enables the TUPE consultation process to commence, as per the staff transfer arrangements for Phase One. The 30 day process will start on 1st September with a joint meeting with all affected staff, chaired by Michelle Carolan as TCP Senior Responsible Officer. The option of individual staff meetings will then be made available by request.

2.2 A considerable amount of planning has taken place within BCPFT in preparation for receiving transferred staff, led by the Divisional Director for LD and CYPF and closely supported by the Head of Autism and Learning Disabilities for BC&WB CCGs. 'Safe landing' meetings are taking place on a weekly basis as part of that detailed planning and to help alleviate staff concerns. A detailed induction pack is being put together along with a robust plan and it is anticipated that these will aid the consultation process. Staff will undertake both a corporate and division based induction to help ensure the transfer occurs as seamlessly as possible IT equipment and training requirements are also being proactively considered as part of this process.

2.3 Specific operational arrangements in regard to West Birmingham are excluded from the Phase 1 transfer/ delegation arrangements due to levels of complexity which will require further detailed work. In the interim period, it is intended that a half time commissioning post (0.5 WTE of Band 8a) will be assigned to support the West Birmingham Place as a dedicated resource for LD/Autism. This is part of the £611k cost pressure, recognised by the JHCB in approving the business case and referenced in the finance implications section of the paper.

3.0 CONTRACTING ARRANGEMENTS

3.1 As stated with the business case, the transfer of the LD requires a number of fundamental amendments to be made to the contract. The basis of these amendments is the change of roles between commissioner and provider i.e. the enhanced role BCHFT will acquire post transfer and conversely the reduced role remaining with the CCGs.

3.2 The contractual changes described will be enacted by way of a contract variation to the TCP/LD contract agreement. The variation will also document the specific financial impact. The revised contract will recognise the ongoing statutory duties the CCGs will maintain on transfer and how these will be discharged, ensuring that appropriate finance and quality oversight is maintained.

3.3 The quality, finance and contracting principles, jointly developed by CCG and Trust colleagues, were all appended to the business case. It is intended for all three sets of principles to be designated as 'Documents Relied On' in the contract agreement Collectively they set out the shift in responsibilities with the contracting principles in particular recognising and clarifying the CCGs' statutory duties post 1st October 2020. The contracting principles are attached to the paper as Appendix 1.

3.4 The joint Contracting and Performance working group is continuing to meet and will oversee completion of the Contract Variation documentation. Information will be extracted from the business case with regard to the service description, finance details and agreed principles. The variation will also include the agreed set of performance KPIs which are due to be finalised in the coming weeks.

3.5 As part of the planning process, changes associated with the development of the Dudley Integrated Healthcare Provider (DIHC) arrangements have been given due consideration. From 1st April 2021, Dudley CCG will contract for a comprehensive Learning Disability and Autism service from DIHC, who will sub-contract these services directly to BCHFT. The other three CCGs and DIHC will work together closely to ensure both contracts align and are managed under the same governance framework. This arrangement is dependent on Dudley CCG and the DIHC completing the Integrated Support and Assurance Process and the Transaction Review Process so that the national Integrated Care Provider Contract can be awarded.

3.6 At the time or writing this report a sub-contract proposal had just been issued from Dudley CCG to BCHFT and this is being evaluated.

4.0 FINANCE

4.1 The financial requirements for Phase One have all been completed, although the financial schedule will be updated after the TUPE process to convert planned into actual figures. BCH and CCG finance teams have started to map out requirements for Phase Two which involves developing a draft plan.

5.0 RISKS

5.1 Clarification of CCG and Trust responsibility post transfer is expected to be a key issue. This has been mitigated by the joint development of Contracting Principles (Appendix 1), which very explicitly defines these responsibilities.

5.2 There is some risk of differing methodologies of funding packages of care between localities. The working assumption is that on transfer nothing will change. Future modifications in joint decision making will be part of a standardisation approach across Black Country.

5.3 The service budget transferred may be insufficient to standardise the service specifications. This will be resolved as part of ongoing CCG & Provider service funding discussions, utilising the contracting and performance framework as the primary mechanism for resolution.

5.4 Investment into LD Services may not be secured, preventing resource being used in totality across the Black Country. This will mitigated through the sub-contract between BCHFT and DIHC, ensuring consistency and alignment with the CCG contracting arrangements.

6.0 RECOMMENDATIONS

The Governing Body is asked to:-

- **Receive** and **discuss** this report.
- **Note** the approval from both the Joint Health Commissioning Board and the BCH Board of Directors to commission the entirety of the pathway of care for LD services from BCHFT
- **Note** the continuing progress of joint activity to achieve the 1st October start date, in particular commencement of the TUPE process.

Vic Middlemiss
Head of Contracting and Procurement
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		
Public/ Patient View		
Finance Implications discussed with Finance Team	Andrea Hadley	27.08.20
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	Peter McKenzie	24.08.20
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)	**Vic Middlemiss**	**28.08.20**

Contracting Principles

Introduction

This document sets out the core principles agreed by Black Country and West Birmingham CCGs (the Commissioners) and Black Country Healthcare NHS Foundation Trust (the Provider) for the provision of a comprehensive Learning Disability and Autism service. Where Black Country is stated in the document, this excludes West Birmingham.

The document is formatted into four sections:

- General principles
- Specific Trust responsibilities (post transfer)
- Specific CCG responsibilities (post transfer)
- Joint responsibilities (post transfer)

Specific finance and quality oversight principles are presented earlier in Appendices A and B.

1. General Principles

The scope of this document:

1.1 Pertains to the proposed transfer of CCG commissioning and case management staff resource and associated budgets for adult, children and young people Learning Disability and Autism services.

1.2 Assumes the transfer is undertaken in two phases as follows:

Phase	Scope
1	The transfer of Black Country commissioning and case-management staff and the CCGs' commissioned specialist community LD services (for both adult and children and young people). Target date for Phase 1 is 1 October 2020.
2	The second phase involves the proposed transfer of responsibility for Black Country Funded Transfer agreements (FTA), fully and jointly funded inpatient Beds and Community packages and jointly funded s117 arrangements between CCGs and Local Authorities. The scope of this programme of work excludes LD CHC funding arrangements. Initially this will occur in shadow form (for 12 – 18 months); at the end of the shadow period the intention is to transfer the resource in totality.

1.3 Links to the national plan for Transforming Community Partnerships – *Building the Right Support* and adheres to the nine core (service user based) principles set out in this plan.

1.4 Phase 1 applies to the Black Country TCP footprint; that is Wolverhampton, Walsall, Dudley CCG areas and the Sandwell catchment of Sandwell & West Birmingham CCG. LD commissioning in West Birmingham will transfer at a later date due to the complexity of current arrangements.

1.5 Incorporates the impending changes associated with the development of the Dudley Integrated Healthcare Provider (DIHC) arrangements. Dudley CCG will

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be named as a commissioner to the contract for the period 1 Oct 20 to 31 March 21. From 1st April 21 Dudley CCG will be varied out of the contract. The remaining 3 BC CCGs will commission collectively with BCHFT whilst Dudley CCG will contract for a comprehensive Learning Disability and Autism service from DIHC. DIHC will sub-contract these services directly to BCHFT. To ensure operational consistency the contracting working group/ LD Steering Group will work closely with the three commissioners and DIHC to ensure both contracts align and are managed under the same governance framework. The above is dependent on Dudley CCG and the DIHC completing the Integrated Support and Assurance Process and the Transaction Review Process so that the national Integrated Care Provider Contract can be awarded. Therefore, the Contracting working group will work closely with DIHC and Dudley CCG colleagues to ensure contracts are developed conforming with the outcome of the business case submission.

1.6 The contractual changes described will be enacted by way of a Contract Variation to the current TCP/LD contract agreement.

2. Specific Trust responsibilities (post transfer)

2.1 The Trust will be the employer of the commissioning and case management staff from 1 October 2020, for the staff who TUPE transfer.

2.2 The provider will assume full clinical ownership of the entire Black Country in scope cohort of people who require specialist health services. The commissioning and case management operational processes associated with the LD and autism cohort will transfer as they currently exist and will be placed within the organisational governance structure of BCHFT unchanged in Phase 1. Engagement with all parties will take place post Phase 1 to agree standardised processes for Phase 2.

2.3 In conjunction with the transfer of commissioner workforce will be the devolvement of a number of responsibilities:

- Ownership of the commissioning budget associated with the LD and autism cohort (for both adult and, children and young people)
- Delivery of the planned Black Country TCP discharge trajectories (excl. West Birmingham) from 1st October 2020.
- Development of future clinical operating model and associated mobilisation plan
- Reporting of outcome and performance measures in line with agreed KPIs varied into the contract on the 1st October 2020 (and subsequently), including providing evidence that activity undertaken on behalf of the CCG is efficient, effective and economic and supports reducing inequalities. This links directly to quality oversight and the principles/ responsibilities detailed in Appendix A.
- Ensuring that the commissioning and case management activity is compliant with -
    - Standing Rules on treatment and patient choice
    - Procurement regulations, including:-

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        - Requirements to ensure procurement under Public Contract Regulations improves the social, environmental and economic wellbeing of the area and
        - Requirement that conflicts of interest are avoided
    - The Public Sector Equality Act
- Supporting the CCG in meeting its duties under the Freedom of Information Act.

2.4 The Provider will contribute to the strategic planning process, including the production of a commissioning plan, preparation of the Joint Strategic Needs Assessment, production of the Joint Health and Wellbeing Strategy, the Better Care Fund Plan and other planning requirements as set out from time to time by NHS England. In so doing, the Provider will promote integration and reduce inequalities.

2.5 The Provider will carry out a number of commissioning related activities. This will include:-

- The provision of new services in response to an identified need or a national requirement.
- The review and redesign of services as part of QIPP/ CIP requirements and associated programmes.

2.6 The Provider will attend and provide advice, as necessary, at any meetings designed to support the CCG's governance arrangements.

2.7 The Provider will contribute to a number of statutory partnerships and co-operate with other public bodies. This will include attendance at meetings and the provision of information to support partnership activities.

2.8 Overall, the Provider will be responsible for a number of activities which support the commissioning process or are similar to activities traditionally carried out by the CCG. In doing so and where relevant, the Provider will operate in accordance with the National Health Service Commissioning Board (NHS England) and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 and the statutory powers/duties in the relevant Acts.

3 Specific CCG responsibilities (post transfer)

3.1 The CCGs recognise and accept that there is a degree of risk associated with the transfer, particularly in respect to the change in responsibilities detailed in Section 2. In response, the CCGs fully commit to a collaborative approach to resolve issues and to utilise the contracting and performance framework as the primary mechanism for resolution. This includes an option for re-negotiation of the financial envelope where the Trust can evidence an increase in costs post transfer.

3.2 In entering this agreement, it should be noted that:

- The statutory role of the CCGs remains unchanged.

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- The CCGs are not prevented from exercising their statutory functions.
- The CCGs are not absolved of their responsibility to exercise their statutory functions.

3.3 The CCGs have a continuing role for the duration of the contract in relation to their duties and powers. This will include periodic health needs assessments and the production of commissioning plans which in turn may necessitate a subsequent variation to the contract.

3.4 In managing the commissioning cycle, the CCGs will draw, in part, upon information held by the provider to inform their processes. This will include information to support the assessment of need.

3.5 Whilst the CCGs retain their statutory duty to "arrange", this activity is not exclusive to the CCGs. It will be open to the Provider to similarly "arrange" provision through the use of sub-contracts and other mechanisms to meet its contractual obligations but in doing so it is acting to facilitate the provision of services under the contract and not to commission those services. The statutory duty is the CCGs' alone. In doing so, whilst not acting as a commissioner, the provider may follow a process not dissimilar to the commissioning cycle.

3.6 Other specifics:

- The CCGs will retain FTA responsibility, fully and jointly funded inpatient Beds and Community packages and jointly funded s117 arrangements between CCGs and Local Authorities until the shadow period (referenced in 1.2) ends (subject to joint agreement). At that point the funding transfer will complete in totality.

4 Joint responsibilities (post transfer)

The parties will:

4.1 Agree a set of outcomes and targets which BCHFT will be expected to deliver. These will be developed by the Contracting and Performance Management Working Group and documented within the contract agreement. BCHFT will report on these measures and they will be monitored via the Black Country LD Contract Review and Quality monitoring forums (CRMs/ CQRMs).

4.2 Develop an annual work plan and jointly agree a Service Development Improvement Plan (SDIP) and Data Quality Improvement Plan (DQIP). It is intended that the SDIP and DQIP are developed and agreed by 31 December 2020.

4.3 Attend NHSE escalation meetings (as required) and jointly undertake preparation and subsequent follow up and actions.

4.4 Jointly agree a shadow monitoring process for the Funding Transfer Agreements (FTAs), fully and jointly funded inpatient Beds and Community packages and jointly funded s117 arrangements between CCGs and Local Authorities (as per Phase 2 described in Section 1.2).

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