# (PUBLIC) Joint Health Commissioning Board

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| **Date:** | Tuesday 13 October 2020 | **Time:** | 1pm |
| **Venue:** | Virtual Microsoft Teams Meeting | **Room:** | n/a |
| **Chair:** | Dr Ruth Edwards, Dudley CCG | | |

## AGENDA

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

| Item | Time | Subject | Enc | Reason | Lead |
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| **1.** | | **INTRODUCTION** | | | |
| 1.1 | 1.00pm | **Welcome and Introductions** | | | |
| 1.2 | 1.01pm | **Apologies for absence** | | | |
| 1.3 | 1.02pm | **Declarations of Interest**<br>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 | | | |
| **2.** | | **MINUTES AND ACTIONS** | | | |
| 2.3 | 1.03pm | **Review of minutes and actions from previous meeting – 11 June 2020** | 1 | Approval | Chair |
| 2.2 | 1.08pm | **Action Log** | 2 | Approval | Chair |
| **3.** | | **QUALITY & PERFORMANCE** | | | |
| 3.1 | 1.10pm | **Quality Assurance Report** | 3 | Assurance | Sally Roberts |
| **4.** | | **FINANCE & SUSTAINABILITY** | | | |
| 4.1 | 1.20pm | **Finance Assurance Report** | 4 | Assurance | James Green |
| **5.** | | **PLACE COMMISSIONING** | | | |
| 5.1 | 1.30pm | **Place Commissioning Assurance Report** | 5 | Assurance | Matt Hartland |
| **6.** | | **SYSTEM COMMISSIONING** | | | |
| 6.1 | 1.40pm | **System Commissioning Assurance Report** | 6 | Assurance | Matt Hartland |



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| **7.** | | **INDIVIDUAL COMMISSIONING** | | | |
| 7.1 | 1.50pm | **Individual Commissioning Assurance Report** *(First meeting due 15 October 2020, report will come to 8 December meeting)* | | Assurance | Sally Roberts |
| **8.** | | **GOVERNANCE** | | | |
| 8.1 | 1.50pm | **Update on appointment of Vice Chair** | | Discussion | Mike Hastings |
| **9.** | | **RISK** | 8 | | |
| 9.1 | 2.00pm | **Risks Identified from this meeting** | | Assurance | Mike Hastings |
| **10.** | | **DATE OF NEXT MEETING** | | | |
| | 2.10pm | **8 December 2020 at 1pm via Teams** | | | |

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Working together for healthier futures

# PUBLIC JOINT HEALTH COMMISSIONING BOARD

**THURSDAY, 11 August 2020 AT 1PM VIA VIRTUAL TEAMS MEETING**

## M I N U T E S

### MEMBERS

| Name | Title | CCG |
|---|---|---|
| Dr Ruth Edwards | CCG Chair (Chair) | Dudley |
| Dr Salma Reehana | CCG Chair | Wolverhampton |
| Dr Anand Rischie | CCG Chair | Walsall |
| Dr Ian Sykes | CCG Chair | Sandwell and West Birmingham |
| Mr Paul Maubach | Accountable Officer | Black Country and West Birmingham CCGs |
| Mr Mike Abel | Lay Representative | Walsall |
| Mr James Green | Chief Finance Officer | Black Country and West Birmingham CCGs |
| Dr Karl Grindulis | Secondary Care Consultant Representative | Sandwell and West Birmingham |
| Ms Julie Jasper | Lay Member | Sandwell and West Birmingham |
| Ms Helen Mosley | Lay Representative | Dudley CCG |
| Ms Sally Roberts | Chief Nursing Officer | Black Country and West Birmingham CCGs |

### PARTICIPATING ATTENDEES

| Name | Title | CCG |
|---|---|---|
| Ms Laura Broster | Director of Communications | Black Country and West Birmingham CCGs |
| Mr Mike Hastings | Director of Technology and Operations | Black Country and West Birmingham CCGs |
| Mr Steven Marshall | Programme Director for Mental Health & Learning Disabilities | Black Country and West Birmingham CCGs |
| Ms Sara Saville | Head of Corporate Governance | Walsall |

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| **Ms Emma Smith** | **Governance Support Manager** | **Dudley** |
| **Ms Jodi Woodhouse** | **Acting Head of Corporate Governance** | **Sandwell and West Birmingham** |
| **Miss Manisha Patel** | **Senior Executive Assistant to the Black Country and West Birmingham Chairs** | **Black Country and West Birmingham CCGs** |

**APOLOGIES**

| Name | Title | CCG |
|---|---|---|
| **Ms Rachael Ellis** | **Deputy Accountable Officer** | **Black Country and West Birmingham CCGs** |
| **Mr Matthew Hartland** | **Deputy Accountable Officer** | **Black Country and West Birmingham CCGs** |
| **Mr Peter McKenzie** | **Corporate Operations Manager** | **Wolverhampton CCG** |

| JHCB/012 | DECLARATIONS OF INTEREST |
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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.

| JHCB/013 | MINUTES FROM THE LAST MEETING |
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The minutes of the Joint Health Commissioning Board held on the 11 June 2020 were approved as an accurate record.

| JHCB /014 | MATTERS ARISING FROM THE MINUTES |
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There were no matters arising from the minutes.

| JHCB /015 | COMMITTEE ACTION POINTS |
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All action points from the previous meeting were addressed in the action log which had been circulated in the pack.

| JHCB /016 | APPOINTMENT OF VICE CHAIR |
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Mr Hastings gave a verbal update on appointing a Vice Chair for the Joint Health Commissioning Board.

Following queries from the committee members around the credentials required for a Vice Chair, 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.

**Action:** Mr Hastings to bring update to next meeting.

| JHCB /017 | QUALITY ASSURANCE REPORT |
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Ms Roberts presented the Quality Assurance Report to the committee.

The paper provided an update by exception of quality and safety issues related to Black Country and West Birmingham CCGs (BCWB) activities reported in May 2020 and aimed to provide assurance related to the monitoring arrangements and actions taken.

Cancer performance remained a challenge following Covid 19. Work remained ongoing under restoration and recovery with clinical harm reviews being undertaken place with patients waiting over 104 days. A clinical specialist person had been looking at the harm reviews in each Trust. Best practice for harm reviews would also taking place in addition to existing processes.

Local place committee reports would contain information around serious incidents and looking at issues related to cancer harm.

Other areas in the report were around:

- Theatre utilisation including surgical capacity for cancer patients which was being looked at by Medical Directors through Clinical Reference Group prioritisation.
- Referral to Treatment – challenges remained in optometry and cancer.
- Diagnostics – significant challenges following Covid 19 particularly in endoscopy. Trusts were working together to develop Systemwide Restoration and Recovery plan and through the Clinical Reference Group Endoscopy Workstream. Discussions had taken place regarding the increasing of nurses in this area and looking at Primary Care, using at triage and validation and using correct referral forms.
- Mobile MRI and CT scanners had been sourced and used via external support.
- Mental Health and Learning Disabilities had merged on 1 April 2020 and were working well together. Both CQRMs have been kept in place.
- IAPT – Unfortunately the plans had not been met for performance and there were issues in Dudley and Walsall with the latter being issued with a contract performance notice.
- Learning Disabilities - There had been no direct admissions in last two months in Transforming Care Partnership (TCP). The TCP Board continued to meet regularly. There had been a challenge with a Sandwell response following a CQC visit which had now been lifted following an appropriate response.
- Mortality – SHIMI data was in the 'expected range'.
- Proactive work continued through the STP with Primary Care being fully engaged. The STP Clinical Leadership had established a COVID 19 -19 Review Group to allow the review of activity at each place and the sharing of learning across the STP.
- Mortality reviews were being undertaken in Care homes and in the community.
- Leader – additional support had been sourced for the current backlog and Ms Roberts had written to Trusts and providers minimum number of trained reviewers to complete at least two reviews each per year.
- There had been an increase in LD deaths following Covid 19, rapid review and information was provided in the report to give members assurance that this was being reviewed.
- Continuing Health Care (CHC) – There was a national back log due to Covid 19. All CHC teams had working extremely hard keeping in touch with vulnerable members of the community.
- Safeguarding – The four CCGs were working together with weekly sitreps taking place.
- PPE – Distribution centres were providing PPE not only to Primary Care but also to other areas.
- Care homes – As of today there were six homes with outbreaks which was being monitored and actively been dealt with
- Safe discharge arrangements and admittance will be shared with Trusts across the path in September.

Dr Rischie asked if there was any raw data for cancer waiting times, in particular around the data for ICS boundaries for Black Country and West Birmingham's 62 day wait and how this was interdependent with Trusts such as the QE and UHB. Would patients be repatriated to deal with this? Ms Roberts advised that the data was available and this was being looked at on a daily basis.

A query was made about flu and if levels of immunisation would be able to be achieved and that there might be a loss of income due to this especially as this was due in 4 weeks' time. There was a strategic flu plan that had been submitted and the primary care teams were working through further information that had bene received.

Ms Roberts offered to take back comments regarding CQC visits at a particularly difficult time on an already overstretched system to the monthly relationship meetings that went ahead.

Dr Reehana gave another view on the work around flu and CQC visits. She felt that the emphasis should remain on achieving the flu targets despite the challenges being faced at the moment. In Wolverhampton, Primary Care Networks (PCNs) were taking the lead and looking at resource requirements. Discussions had taken place with the CQC about other places to be used for flu vaccinations and this could be shared out of the meeting.

Ms Mosley thanked Ms Roberts and the team for the work that they were undertaking. She noted that on cancer the only reference to the independent sector was limited to Dudley, if there was a national contract for treating patients in Covid 19 free areas and if so was this happening across the Black Country? Ms Roberts said this was

using the provider networks and had been picked up through cancer board but there was limited capacity and resource. Uptake would be looked and and reported back. 2 – It was noted that there was a lack of provider representation at the STP Cancer Board and if this was being looked at. The Chair had written out to the Chief Executives about this but Ms Roberts did advise that calls were taking place weekly including Deputies and Chief Operating Officers so there were conversations were going on. 3 – With regards to flu, were there any areas that needed to be targeted more. Ms Roberts advised that they were but there were plans in place to target these patients.

Dr Grindulis commented that the report was well written but found the gravity of the situations described disappointing. He also asked why the recent letter from Simon Stevens had not been mentioned and to what extent targeting resources to respond to a potential second wave of COvid19 how this would limit the restotation work mentioned in the report. Ms Roberts said that the report had been written before the letter had come out and that the concerns were being looked at through various avenues including discussions at restoration and recovery groups in place about surgical capacity, diagnostics, Mental Health. The Trusts are looking at the impact of COVID 19 working on hot and cold sites, staff management and this would also be discussed on the STP calls. The capacity of beds was not being taking up but were closely monitored through the daily sitreps. The Chair suggested that information regarding recovery and restoration should be added to the report going forward.

Dr Sykes asked if the fact the NHS have had removed the block contract for all Independent Sector care would have an impact on recovery and restoration. Ms Roberts said that this was being looked at individually and discussed with the Chief Operating Officers.

Ms Jasper commended Ms Roberts on and full and excellent report. She asked what approach would be taken with regards to the flu campaign and what the Primary Care plan was for over 50s, targeting vulnerable people and how schools will be looked at with regards to testing kits and where this responsibility fell. Ms Roberts said that schools did fall with the local authority but the CCGs continued to observe what was going on. Ms Jasper said she was assured by this.

Ms Roberts also assured members that the transition between the PPE ordering between the local resource centre to E commerce was being monitored and that there was no plans to step down the hub until they were fully assured that this was working correctly.

**Action:** That future reports contained information on restoration and recovery.

**Resolution:** The report was received for assurance.

| JHCB /018 | FINANCE |
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Mr Green talked through the report and highlighted the below:

- 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 5 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 1to 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 19 response incurred in month 3, which has yet to be reimbursed, but is expected in month 4 as an allocation adjustment. COVID 19expenditure to month 2 totalling £9.133m was reimbursed in month 3.

- This leaves a balance of £9.159m for non-COVID 19-19 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.

Mr Green told members that since this report had been submitted he could now confirm that the top up payments and underlying budget top up for month 3 had been received for Dudley, Sandwell and West Birmingham and Wolverhampton. Walsall was still being scrutinised so top ups were still being awaited for them following submission of further requested information.

Mr Price thanked Mr Green for the report. He asked if there was a risk that the CCGs would be put under more financial pressure if there were further adjustments due to full reimbursements not being made. Mr Green said that he did not believe that to be the case. Mr Price also asked regarding running costs and the mention of 'non-cost'. Mr Green said that he did not have the detail currently and that he would look at this and advise outside of the meeting.

Mr Abel asked that Walsall Lay members would welcome further information regarding the tops up reimbursement for Walsall outside of the meeting.

Ms Mosley commented that there was a lot of detail supplied into the papers and asked if this level of reporting would continue to be produced for this meeting or if a more streamlined report could be produced instead. Mr Green said that he was happy to look into this and a more streamlined approach.

**Resolution:** The report was received for assurance.

| JHCB /019 | PLACE ASSURANCE REPORT |
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A verbal update was given by each Chair for each CCG.

**Wolverhampton:**

Dr Reehana gave an ICP development update. A very productive meeting had been held with all stakeholders including the Local Authority, Primary Care etc to rethink priorities, look at new ways of working, health inequalities, Lucy Heath - Academy Director for the STP had agreed to work with Public Health to ratify this. The next meeting due to take place the following week would look at partnership arrangements. Red sites were still in place until the end of the financial year with monthly review of costs taking place at PCN Clinical Director meetings. Flu work was ongoing work within Primary Care utilising community pharmacy support, CQC help to hit targets. The Strategic Outbreak planning groups were looking to see if testing could be made available at the red sites. Merger discussions are ongoing until early September 2020.

**Walsall:**

Dr Rischie gave an update on the ICP response to Covid 19 but now looking at restoration through Walsall Together. There was a good representation through Primary Care and the Walsall Managing Director attending. The commitment remained for Red Site availability. It would be scaled down but could be increased in the winter if needed. Most practice sites were amber sites open for immunisations. Flu planning continued. There was limited time to train other healthcare professionals to flu immunisations even though there was finance available as resource would not be there so work would be at scale. Work continued with Public Health to target small businesses to work support businesses to help with Covid 19 prevention. Conversations were also taking place regarding merger discussions.

**Sandwell and West Birmingham:**

Dr Sykes gave an update on stakeholder engagement and assurance meetings. An update would be given in the private section of this meeting on urgent treatment centres for approval. All practices were open virtually and working on a PCN basis, operating green (closed to patients) / amber (acute care) / purple (planned care) and one red site had gone back to being a walk-in centre and was working well and to capacity. Sandwell and West Birmingham CCG had been rated 'Outstanding' in 2019 for self-care week saving nearly 2000 GP appointments and a reduce in prescribing costs of £30000. HR had completed 100% all risk assessments for staff by the deadline 31 July 2020. ICP updates were given for Sandwell and Perry Bar.

**Dudley:**

Dr Edwards updated that the main focus remained on the development of the ICP. Dudley Integrated Health and Care NHS Trust had become a formal organisation from the 1 April 2020. It hadn't had the full ICP contract yet but a full business case was due to be submitted by the end of September. There had been a number of issues with the acute trust but this was being worked on with the support from the STP and also Clinical Strategy Board and Partnership Board taking place. Work continued on flu and different ways of working to adapt during Covid 19.

**Resolution:** All updates were received for information.

| JHCB /020 | **PROPOSED TRANSFER OF COMMISSIONING ARRANGEMENTS TO BLACK COUNTRY HEALTHCARE** |
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Mr Marshall gave an update to the paper provided in the report. He did ask that it was noted that the line 'Additional investment for contribution to Non-Pay, Corporate Overheads & Other Pressures of £311k' had been repeated twice in error on the front sheet.

Conditional approval had been given at the July 2020 Private Governing Bodies in Common meeting dependent on final approval of the Joint Health Commissioning Board around the transfer of commissioning arrangements to Black Country Healthcare. The report also contained appendices on Quality, Finance and Contracting which had been requested.

It was noted that 14.8 staff would be affected by this and that there was a cost pressure to the CCGs on this transfer to the value of £611k which would be programme costs and not running costs.

This consisted 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 would be spread across the four CCGs and are fully mitigated in the CCGs financial plans.

Mr Maubach said that whilst he agreed with transfer of staff, there were a couple of things that he wanted to clarify around how this related to the Dudley ICP Contract. Dudley CCG had run a procurement process where this activity was part of the ICP contract even though the award not fully enacted and therefore couldn't be in two contracts. As such Dudley's arrangements would be slightly different with Dudley ICP subcontracting to Black Country Foundation Trust and Sandwell and West Birmingham, Walsall and Wolverhampton having a separate contract for the three CCGs. Mr Marshall said that this was mentioned in an appendix on page 105 in the pack.

A discussion arose around the wording of the recommendation in the report 'To seek final agreement for the proposed delegation of Commissioning and commissioned services for specialist Community LD Service to the Black Country Healthcare Foundation Trust.' Especially around the use of 'delegation'. The Chair suggested that

Mr Marshall and Mr Maubach to look at the rewording of this recommendation and send back to her for Chair's sign off outside of the meeting.

**Action:** Mr Marshall and Mr Maubach to reword the specific wording of the recommendation for sign off as a Chair's action.

**Resolution:** The report was approved pending the recommendation being approved as way of a Chairs action outside of the meeting.

***Note –*** *The Chair subsequently agreed the following wording: "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"*

| JHCB /021 | GOVERNANCE |
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Mr Hastings presented the paper for the Joint Health Commissioning Board Terms of Reference to set out that it will establish the following sub-committees:

- Finance and Sustainability Committee
- Individual Commissioning Assurance
- Quality and Performance Committees
- System Commissioning Committees
- Place Commissioning Committees (one for each Place to be known as the Place Committee
- Draft Terms of Reference for these sub-committees have been prepared for the Board to Approve

The Governance Teams had worked with the Executives and the TORs had been prepared with a lot of input, setting out committee responsibilities, reviewing priorities etc

Also included was a Governance diagram including information on place committees, 3 statutory committees and the next steps were to approve sub committees and then taken to each committee to look and then come back here if there were any further recommendations.

Dr Sykes had sent comments previously to Mr Hastings and added that it needed to be clarified if some of the meetings were bi monthly or monthly as both terms had been used in the programmes and terms of reference (TOR). The Chair asked if the comments would change the TOR or just minor detail. Mr Hastings advised that it was around detail but one of the comments would mean a change in constitution so this was being looked at.

Ms Mosley asked queried a few of the aesthetics of the aligned governance structure diagram.

Dr Grindulis spoke of the role of the secondary care clinicians at the committees and that they would add a valuable addition especially at Quality and Performance.

Mr Able asked if place-based committee meetings might come back with different comments so that would mean that they were not the same in each area. Mr Hastings advised that Managing Director were asked to keep standardisation, recommendations to each committee. The Chair said there was a need for consistency and uniformity.

The Chair said it was important to have more detail about what was delegated at local placed based level following a possible merger.

**Resolution:** The Terms Of Reference were approved for all sub committees.

| JHCB/022 | NEW RISKS IDENTIFIED AT THIS MEETING |
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There were no new risks identified at this meeting.

It was asked if a standing agenda item for Risk was added going forward.

Mr Hastings advised for assurance that there was a piece of work was being undertaken by the Governance Teams were reviewing all risks across all CCGs and at each committee.

**Action:** Risk to be added to the agenda as a standing agenda item going forward.

| JHCB/023 | DATE AND TIME OF NEXT MEETING |
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**Tuesday 13 October 2020 via Teams**

# PUBLIC JOINT HEALTH COMMISSIONING BOARD – OPEN ACTIONS

| No | Minute No | Description | Responsible | Date Agreed | Deadline | Update |
|---|---|---|---|---|---|---|
| 012 | JHCB /016 | Mr Hastings to bring a further update to next meeting regarding the appointment of a Vice – Chair for the Joint Health Commissioning Board | Mike Hastings | 11/08/20 | 01/10/20 | On 13 October 2020 Agenda |
| 013 | JHCB /017 | A Restoration and Recovery element to be added to the Quality Assurance Report going forward. | Sally Roberts | 11/08/20 | 01/10/20 | Will be added to reports going forward.<br>CLOSED |
| 014 | JHCB/020 | Mr Marshall and Mr Maubach to agree wording of recommendation regarding paper on Proposed Transfer of Commissioning Arrangements to Black Country Healthcare and then send to Chair for sign off as a Chair's action. | Steven Marshall/ Paul Maubach | 11/08/20 | ASAP | The below wording was signed off as a Chair's action on 02/09/20:<br>*"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"*<br>CLOSED |



| No | Minute No | Description | Responsible | Date Agreed | Deadline | Update |
|---|---|---|---|---|---|---|
| 015 | JHCB/022 | Risk to be added to the agenda as a standing agenda item going forward. | Manisha Patel | 11/08/20 | 01/10/20 | Has been added as a standing agenda item to agenda.<br>CLOSED |
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*Working together for healthier futures*

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

# JOINT HEALTH COMMISSIONING BOARD

**DATE OF MEETING:** 13th October 2020
**AGENDA ITEM:** 3.1

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| **TITLE OF REPORT:** | Quality Assurance Report |
| **PURPOSE OF REPORT:** | To provide evidence and assurance related to the management and monitoring of the clinical quality and safety of our providers, and where assurance cannot be provided to share mitigations or seek escalation from committee of further actions that may be required. |
| **AUTHOR(S) OF REPORT:** | Sally Roberts, Chief Nursing Officer<br>Sarah Quinton, Deputy Chief Nursing Officer |
| **MANAGEMENT LEAD/SIGNED OFF BY:** | Sally Roberts, Chief Nursing Officer, BCWB CCG's |
| **PUBLIC OR PRIVATE:** | *This report is intended for the public domain OR This report is confidential for the following reasons* |
| **KEY POINTS:** | • Increase in Covid19 Outbreaks in providers has been noted over recent weeks.<br>• IPC visits to Acute & MH providers have been conducted by each CCG to gain further assurance.<br>• There has been a significant impact on 104-day Cancer Pathway performance due to Covid19. The CCG is engaged with all acute providers in their clinical harm review processes in order to identify any physical or psychological harm caused by delays.<br>• Restoration and recovery plans are supporting an improved performance across cancer and elective pathways by the end of the year, Covid permitting.<br>• The report discusses agenda items discussed and debated at Quality and Performance Committee. |
| **RECOMMENDATION:** | To note the contents of the report and to be assured of the management and monitoring of the action taken to ensure quality of care and safety of our patients, identifying mitigations in place and agreeing any future actions to be taken. |
| **CONFLICTS OF INTEREST:** | None identified |
| **LINKS TO CORPORATE OBJECTIVES:** | |
| **ACTION REQUIRED:** | √ ☐ Assurance |
| **Possible implications identified in the paper:** | |
| Financial | x |
| Risk Assurance Framework | x |
| Policy and Legal Obligations | x |
| Equality & Diversity | x |
| Governance | x |



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**JOINT HEALTH COMMISSIONING BOARD – 13 OCTOBER 2020**
**QUALITY ASSURANCE REPORT**

## 1.0 Introduction

The BCWB CCG has established a Quality & Performance Committee accountable to the Joint Health Commissioning Board. This report provides an overarching update to the Joint Health Commissioning Board of the key areas of escalation and assurance relating to the quality and safety of services across the Black Country and West Birmingham CCGs. This over-arching quality report will provide information in the following areas:

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

A sub-committee structure has been developed to support the assurance and governance processes reporting into the Quality & Performance Committee, this was presented and approved in principal at the last meeting on 24th September 2020.

## 2.0 Provider Quality & Safety

2.1 **Serious Incidents & Never Events -** Monthly Serious Incident (SI) review panels occur in each place and these will report into a new system Learning Review Board which will be set up as a subcommittee of Quality & Performance Committee to ensure themes and trends are identified. Information will be triangulated e.g.: complaints, 'soft signs', quality matters etc in order to ensure learning is shared across the whole system and utilised to support quality improvement workstreams.

All four CCG's use the Datix system for Serious Incident reporting but these are not currently aligned, this makes it difficult to report in a consistent way at system level currently. There is a proposal in development to merge the Datix systems into one single system in order to allow more accurate and consistent reporting.

There have been no never events reported across the system from April 2020 to date.

**2.2 Clinical Harm Reviews Cancer Pathways -** Performance for cancer pathways remains challenging for all Trusts with Covid19 impacting on performance for 104 and 62 day waits. Assurance is sought by the CCG's relating to the actual or potential impact of harm to patients as a result of the delay.

Emerging themes and trends are related to delays due to patient choice and concerns related to Covid, access to diagnostics and reductions in productivity due to Covid safety measures. All are being mitigated through local processes.

**2.3 CQC Regulatory Activity -** Due to the covid-19 pandemic the CQC paused routine inspections (effective 16th March 2020 to date).

During July & August CQC have undertaken a series of Provider Collaborative Reviews (PCR's) with the specific aim of:

- Support providers across systems by sharing learning around the positive impact of partnership efforts, resulting in improved experiences and outcomes for those who have used services during the pandemic.
- Share the learning of approaches underway to support preparation for re-establishing services.
- To share learning with DHSC, providers and stakeholders at local and national levels in advance of any subsequent peaks and pre-winter 20/21, driving improvement.

Walsall CCG was one of the areas in the 11 STP's chosen across the country to participate in this process.

It is hoped that these reviews will help identify where provider collaboration has worked well to the benefit of people who use services. Sharing that learning will help drive further improvements across systems. The next cohort of PCR's will focus on Urgent & Emergency Care, specific STP's have not yet been identified.

**Dudley -** At the last inspection in 2019, Section 31 conditions were placed on the Trust in relation to the Emergency Dept. Currently only 1 condition remains relating to Triage Performance. In addition, diagnostics had been rated as inadequate, fortnightly reviews of the action plan continue with improvements in the leadership team being strengthened with appointment of a Matron, Clinical Director and Head of Imaging posts.

**Walsall -** The Trust has a revised action plan from inspections going back to 2017 and progress is monitored by the CCG at the monthly CQRM meetings. CQC conducted an unannounced visit to Walsall in early September in ED. Overall positive improvement was noted from 2019. Key areas noted good knowledge of escalation of safeguarding and were impressed with the team commitment during COVID 19. Some gaps were identified in documentation of deteriorating patients and some gaps in staffing rotas – both of these areas are now being followed up by the Trust.

Maternity was also visited and also noted positive improvement since 2019. Highlighted improvement in incidents and learning, clear governance of the safety huddle and escalation points. Some issues were noted with out of date guidelines and an IV cupboard door open – pharmacist was restocking cupboard which was locked immediately.

**2.4** **Infection, Prevention & Control -** All 4 CCG's undertook IPC assurance visits to each of the Acute & MH providers during August to gain assurance that IPC measures were being adhered to. All of the visits identified no major issues relating to IPC compliance in any of the Trusts. At the time of the visits all trusts were compliant with following the PHE IPC guidance.

Over recent weeks there has been a number of outbreaks reported in acute providers, predominantly related to staff members. Currently there has been no impact on the delivery of services within the affected area. The CCGs have been actively involved in outbreak meetings and have conducted further assurance visits in conjunction with NHSE/I IPC lead.

**Care Homes** - There have been positive cases identified for Covid 19 across the system predominantly affecting staff. Visiting has been suspended again in all CCGs across the system as a precautionary measure. The CCG provided IPC training to all homes in May and is planning to roll out a virtual IPC refresher programme to reinforce standards required for PPE and IPC measures.

Further assurances have also been sought from Trusts in relation to the Care Home Admission & Discharge processes in relation to testing of Care Home residents. The CCG has developed a safe protocol for admissions and discharges and is in the process of agreeing with all Trusts.

**Legionnaires Disease Outbreak** - There has been a confirmed Legionnaire's Disease outbreak in the Sandwell area, with 11 identified cases from a variety of postcodes. Regular IMT meetings are taking place led by PHE with the CCG is in attendance. PHE are undertaking testing and tracing and have identified a possible cause a prohibition order has been issued and an investigation in underway. No further new cases have been identified.

**2.5** **Flu Vaccination -** The BCWB Strategic Flu Board has been meeting monthly and the Strategic Flu Plan has been submitted to NHSE/I for feedback. Each CCG has a local workstream in place to plan for the forthcoming flu season and these feed into the BCWB STP Strategic Flu Planning Group.

Plans for CCG staff vaccination are in place and communication for how to access a flu jab is in progress.

A working group has been established to develop system plans for the delivery of Covid Mass Vaccination when the vaccine becomes available. A call to action is being led by CNO and significant work is needed to ensure delivery, notwithstanding during winter, Christmas, flu season and Covid pandemic.

## 3.0 Safeguarding

Weekly safeguarding sitreps continue to be submitted to the Chief Nursing Officer detailing any immediate risks and mitigations. Designated Professionals from across the BCWB CCGs continue to ensure representation at the Safeguarding Adults National Network (SANN), the Regional Safeguarding Steering Group (RSSG), National Network Designated Health Professionals (NNDHP), Midlands Safeguarding Leads meetings and Regional meetings for CYPiC/LAC. The Designated nurse Professionals continue to support Providers, Named Professionals/Safeguarding Leads, informally and formally via supervision, ensuring our statutory responsibilities of this agenda are being met.

### 3.1 Safeguarding Assurance

**Dudley -** The DSAB & DSCB Boards and sub group are continuing their work virtually and the Dudley partnership Executive Group has continued to meet weekly during Covid.

**Sandwell** - Strategic Safeguarding Partnership meetings for adults and children continue to be held virtually, which includes work undertaken by the subgroups. Multiagency operational contingency meetings, which were convened during the COVID-19 pandemic period to share agency continuity plans and develop multi-agency surge and restoration plans, continue to take place.

Sandwell Children Services remains under DfE notice of inadequate LA children services and is subject to an improvement plan. There is CCG membership on the Improvement Board from both the Managing Director and Designated Nurse, these meetings continue to be held virtually.

**Walsall** - The Strategic Safeguarding Partnership meetings for adult and children continue to be held virtually, which includes work undertaken by the subgroups. An internal Safeguarding Audit was undertaken by CW Audit and an action plan devised to address areas of non-compliance in aspects of Adult and Child Safeguarding. All outstanding policies were submitted to the Integrated Assurance Operational Group (IAOG) for ratification in January 2020 however the process was not completed, therefore re submission has taken place in August 2020. Safeguarding is now a standard item on the agenda at CQRM and IAOG. The Quality and Safeguarding Items on the Walsall CCG Intranet will be updated by November 2020.

**Wolverhampton** - Strategic Safeguarding Partnership meetings for Adults, Children and Children and Young People in Care (CYPiC) continue to be held virtually. The Deputy Designated Nurse Safeguarding Children continues to lead on a WST Task and Finish Group relating to a potential surge in safeguarding referrals. An Independent Scrutineer has been appointed to deliver the WST Independent Scrutiny Mandate and is currently meeting with chairs and members of subgroups to gain a full picture of WST governance.

### 3.2 Looked After Children (LAC) / Children & Young People in Care (CYPiC)

**Dudley -** Current numbers: 635 Dudley Children Looked After and 149 CYPiC placed in Dudley. Majority of assessments are being completed virtually but there are some face to face reviews being completed and a risk assessment is completed prior to appointments being made.

**Sandwell -** The total is currently 885, of which 514 are placed out of borough. The LAC Health Team continue to undertake health assessments for those placed within a 50-mile radius of Sandwell.

There has been no significant increase in Unaccompanied Asylum-Seeking Children cases.

**Walsall** - The total number of Looked After Children is currently 683. The Looked After Children Health Team undertake assessments for those placed with a 20-mile radius of Walsall. The Looked After Children

Health Team have put together a restoration plan to return to working directly with children and young people. The proposal aims to restore Face-to-Face Health Assessments from Q3.

**Wolverhampton** – The current numbers of Children and Young People in Care is currently 576 of which 304 are placed out of the borough. WCCG received a letter from RWT informing of the temporary suspension of the CYPiC service to children outside of the City up to 50 miles, as of immediate effect. Risks have been added to the WCCG register, and discussions are in progress around remedial planning and mitigation of risk.

**3.3 SCR/SAR Reviews**

| | **Dudley** | **SWB** | **Walsall** | **Wolverhampton** |
|---|---|---|---|---|
| **Domestic Homicide Reviews (DHR's)** | 2 Awaiting feedback from Home Office | 5 in progress | 1 in progress | 1 on hold |
| **Child Safeguarding Practice Reviews (CSPR's)**<br>**Serious Case Reviews (SCR's)** | 2 cases being undertaken by former SCR process<br>1 Multi agency case review<br>2 referrals via CSPR | 4 SCR's<br><br>7CSPR's<br><br>3 learning reviews ongoing | Nil<br><br>1 learning review ongoing | Rapid review undertaken for 3/52 baby |
| **Safeguarding Adult Reviews (SAR's)** | 17 cases in total at different stages of review | 4 SAR's and 3 learning reviews ongoing | Nil ongoing<br>1 currently being scoped | 2 currently being scoped |

A Serious Case Review commissioned by Warwickshire Safeguarding Board was published on 4th September 2020. A number of learning points for agencies across both Walsall and Warwickshire have been identified and will be progressed by Walsall Safeguarding Partnership.

**3.4 Domestic Abuse -** IRIS is a national project which provides training and advice to GP's to combat domestic abuse. IRIS Advocate Educators are in place in Walsall, Dudley and Sandwell. Training continues to be rolled out.

In Wolverhampton the GP Domestic Violence Training and Support Project will continue until the end of March 2021, jointly funded by WCCG and the Safer Wolverhampton Partnership.

**3.5 Child Death Reviews -** Whilst data is not indicative of a rise in deaths it has been noted at the Black Country Child Death Overview Panel (CDOP) that a number of Sudden Unexpected Deaths in Childhood (SUDIC) cases across the Black Country identified co-sleeping/unsafe sleep as a factor. In response to this CDOP will be undertaking a Black Country wide safer sleep campaign.

**3.6 LeDeR -** The system has received 261 LeDeR notifications this year and has completed 177 reviews, with others in progress; at the time of the report 4 reviews are yet to be allocated. We are on target to achieve no backlog by the end of Dec, in line with NHSE expectation. There has been significant learning arising from the reviews and the local area leads will be hosting a system sharing event before the end of the year to share the key themes arising from the reviews. Areas of good practice have been identified and CNO has written to individual providers to extend appreciation and recognition of the care provided to individuals at the end of life. The Annual LeDeR Report has now been published and is accessible on all CCG websites

**3.7 Care Homes -** Two homes in Dudley currently suspended to admissions, one residential home has been escalated to a risk summit and there is extra support and monitoring is in place to ensure the safety of the residents, which includes extra support from the Enhanced Care Team and the GP practice who have increase the virtual ward rounds.

There are remedial actions in place following a recent CQC visit to a care home in Walsall.

## 4 Continuing Healthcare (CHC)

Discharge guidance issued in March 2020 suspended all new assessments and all patients were funded for their interim on-going health needs in line with the NHSE/I guidance from 19th March 2020 until 1st September 2020. Revised guidance for discharge and resumption of NHS CHC was issued by NHSE on 21st August 2020. This guidance required NHS CHC services to resume as of 1st September 2020 and that any deferred assessments were completed by 31st March 2021.

Fortnightly reporting to NHSE/I on backlog and new referrals has commenced and each CCG has now been notified by NHSE/I of additional funding allocated by DHSC to support the reduction of CHC backlog and D2A placements. We are expecting to achieve the reductions in backlogs in line with NHSE requirements and additional capacity has been identified to support this position.

## 5 Primary Care

CQC Inadequate Rated Practices:

There are currently 6 inadequate rated GP practices across BCWB, one in Dudley, one in Walsall and four in SWB, there are none in Wolverhampton. All practices have remedial plans in place and support for improvement is also in place.

**5.1** **Serious Incidents -** There are no new serious incidents reported in Primary care across this previous month.

**5.2** **Flu Vaccination -** Each CCG has a local working group developing plans to deliver the Flu Vaccination programme across BCWB.

There is a draft LIS to support additional activity for Primary care related to increased ambition and additional groups this year. Flu plans have supported expectation of achievement of national trajectories, although it is recognised this is not without challenge, especially when comparisons are made to last year's achievement. Focussed work through PCN directors and primary care leads is underway to support each place in achievement.

## 6 SEND

Covid 19 has presented challenges to the way in which SEND services operated and has undoubtedly added pressure to individual young people and families. At the start of lockdown, NHSE/I required the completion of a weekly SEND survey to be submitted on an STP rather than CCG basis. The purpose of the survey was to provide assurance and raise any concerns. In order to gain a clearer picture across the STP for SEND, weekly CCG Keeping in Touch meetings were held. This strengthened working relationships across the STP, provided a strategic view of SEND and supported improvements across the area. Although the weekly SEND survey has now ceased, the weekly meetings are still taking place as these provide the opportunity to share common concerns, disseminate the latest guidance and share good practice from respective areas.

Enhanced individual risk assessments were carried out jointly between education, health and care to ensure safe return to school. There are still unresolved issues in relation to Aerosol Generated Procedures carried out within schools which is a national issue and something that requires local and individual responses.

The legislation around providing services as part of an EHCP was relaxed to “best endeavours” to reflect the impact of Covid 19 on service delivery and this was lifted at the end of September.

The Shielded Patient List was also reviewed to ensure accuracy and to support return to school.

**6.1** **CYP Continuing Care/Complex Care Packages -** Continuing Care packages for the most vulnerable children & young people has required focused attention to ensure that the packages of care are maintained and monitored. In order to support these packages sourcing and adhering to guidance around PPE has been essential. Personal Health Budgets have provided an opportunity to support families to maintain packages of care in a flexible way and these have been used creatively.

## 7 PPE

The Personal Protective Equipment (PPE) Logistics Cell has been in operation since 25th March 2020 and to date the has serviced approximately 187 GPs across the Black Country and West Birmingham (BC&WB), delivering some 340,000 Surgical Face masks, 480,000 Aprons, 17,000 Visors, 14,000 Hand Sanitisers and 5400 boxes of gloves (58,400 pairs) amongst other items.

The PPE Cell has been key in delivering emergency PPE items and equipment to Care Homes throughout the BCWB and has supported Acute and Local Authority PPE requirements when required and continues to function from its base in Jubilee House, this is currently working alongside the online national portal arrangement now being put in place.

## 8 RECOMMENDATION

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

# JOINT HEALTH COMMISSIONING BOARD

**DATE OF MEETING: 13th October 2020**
**AGENDA ITEM: 4**

| | |
|---|---|
| **TITLE OF REPORT:** | Finance Report Month 5 (August) 2020/21 |
| **PURPOSE OF REPORT:** | To update the Joint Health Commissioning Board on the month 5 (August) 2020/21 financial position for the four Black Country & West Birmingham CCGs. |
| **AUTHOR(S) OF REPORT:** | James Smith, Deputy Chief Finance Officer, NHS Dudley CCG<br>David Hughes, Deputy Chief Finance Officer, NHS Sandwell & West Birmingham CCG<br>Michelle Gordon, Deputy Chief Finance Officer, NHS Walsall CCG<br>Lesley Sawrey, Deputy Chief Finance Officer, NHS Wolverhampton CCG<br>Thomas Devonshire, STP Finance |
| **MANAGEMENT LEAD/SIGNED OFF BY:** | James Green, Chief Finance Officer, Black Country & West Birmingham CCGs |
| **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.<br>• The draft financial plan submitted included a net surplus of £4.5m across the four CCGs.<br>• 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.<br>• 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.<br>• The temporary financial regime introduced for months 1 to 4 has been extended until September 2020 (month 6) and a Phase 3 financial regime is being introduced for months 7 to 12.<br>• NHSE/I released the system financial envelope for months 7 to 12 for the Black Country & West Birmingham STP on 16th September 2020 and held a briefing on 17th September 2020. The expectation from NHSE/I is for the STP to live within this financial envelope and break-even for the 2020/21 financial year. Individual organisations are permitted to report surpluses/deficits providing the overall position breaks-even. The STP is required to submit its forecast plan for 2020/21 on 5th October 2020 and individual organisations will submit their plans on 22nd October 2020, although in total they must agree to the headline figures submitted in the STP return. The CCGs are currently reviewing the values within the system financial envelope and the corresponding guidance to understand the impact on current forecast assumptions and to ensure the adjustments included within the overall envelope value agree to expectations, in particular around the Mental Health Investment Standard (MHIS), running costs, primary care co-commissioning, block payments to NHS providers, system development funding (SDF) and other expenditure. |



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|---|---|
| | • As at month 5 the four CCGs have reported an in-year year-to-date deficit of £5.080m at ledger close. This includes £3.945m 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 6 as an allocation adjustment. COVID-19 expenditure incurred to month 4 of £23.560m has been reimbursed to date.<br>• This leaves a balance of £1.135m 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. |
| **RECOMMENDATION:** | The Joint Health Commissioning Board is asked to review and note the month 5 (August) 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 September 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 5 year-to-date position to break-even had not yet been received.<br><br>The STP is required to submit its forecast plan for 2020/21 on 5th October 2020 and individual organisations will submit their plans on 22nd October 2020, although in total they must agree to the headline figures submitted in the STP return. The CCGs are currently reviewing the values within the system financial envelope and the corresponding guidance to understand the impact on current forecast assumptions and to ensure the adjustments included within the overall envelope value agree to expectations, in particular around the Mental Health Investment Standard (MHIS), running costs, primary care co-commissioning, block payments to NHS providers, system development funding (SDF) and other expenditure. The CCGs are unable to provide an accurate forecast position for the full year at the time of writing this report. |
| 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 5 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, but it is expected that this will be the case. |
| 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. |

**JOINT HEALTH COMMISSIONING BOARD – 13 OCTOBER 2020**
**FINANCE REPORT MONTH 5 (AUGUST)**

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## 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. This has since been extended by 2 months until September 2020, meaning that months 1 to 6 are covered by the above regime, as per the guidance received in August 2020.

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:

1.5.0 impacts of the block contracting arrangements with NHS Trusts and Foundation Trusts;
1.5.1 national contracting of acute services from independent sector;
1.5.2 suspension of non-contract activity invoicing; and
1.5.3 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 Due to the extension of the above regime, there is currently no requirement for CCGs to forecast past the current month and the CCGs are therefore only reporting on the year-to-date position.

1.8 During September, confirmation has been received that there will be an extension of the financial regime until the end of the year and the STP is required to submit its forecast plan for months 7 to 12 2020/21 on 5th October 2020 and individual organisations will submit their plans on 22nd October 2020, although in total they must agree to the headline figures submitted in the STP return.

1.9 There are a number of changes to the temporary financial regime and the CCGs are currently reviewing the values within the system financial envelope that has been released, and the corresponding guidance, in order to understand the impact on current internal forecast assumptions and to ensure the adjustments included within the overall envelope value agree to expectations, in

particular around the Mental Health Investment Standard (MHIS), running costs, primary care co-commissioning, block payments to NHS providers, system development funding (SDF) and other expenditure.

## 2.0 SUMMARY FINANCIAL POSITION AT MONTH 5 (AUGUST) 2020/21

2.1 As at month 5 the four CCGs have reported an in-year year-to-date deficit of £5.080m at ledger close. This includes £3.945m of expenditure directly related to the COVID-19 response incurred in month 5 not yet reimbursed. Excluding COVID-19 expenditure not yet reimbursed shows an in-year year-to-date deficit of £1.135m.

2.2 A forecast beyond month 5 year-to-date has not been provided as CCGs are not able to produce an accurate full year forecast due to the uncertainty following month 6 where the temporary financial regime is due to end. Each CCG will be required to submit a full year forecast return to NHSE/I during October 2020, and this will be brought to the Joint Health Commissioning Board in October.

2.3 Up to and including month 5 NHSE/I has processed retrospective allocations, which have fully reimbursed the COVID-19 expenditure incurred in months 1 to 4 for all CCGs. An adjustment was also made to clawback the SWB CCG underspend reported month 4 year-to-date.

2.4 The CCGs await confirmation from NHSE/I that a retrospective allocation totalling £5.080m will be processed in month 6 for the following:

2.4.0 COVID-19 expenditure incurred in month 5:
- 2.4.0.0 NHS Dudley CCG £1.327m
- 2.4.0.1 NHS Sandwell & West Birmingham CCG £0.528m
- 2.4.0.2 NHS Walsall CCG £1.434m
- 2.4.0.3 NHS Wolverhampton CCG £0.656m

2.4.1 Non-COVID-19 expenditure incurred in month 5:
- 2.4.1.0 NHS Dudley CCG £0.255m
- 2.4.1.1 NHS Walsall CCG £0.923m
- 2.4.1.2 NHS Wolverhampton CCG totalling £1.003m

2.4.2 Clawback of Non-COVID-19 underspend in month 5 at NHS Sandwell & West Birmingham CCG of £1.046m.

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 5 is summarised in the following table.

Table: Summary Financial Position for BCWB CCGs in Total

| Area of Spend | Year-to-date | | | Forecast to Month 5 | | |
|---|---|---|---|---|---|---|
| | Plan £000s | Actual £000s | Fav / (Adv) £000s | Plan £000s | Forecast £000s | Fav / (Adv) £000s |
| Total In-year Revenue Resource Limit | 990,483 | 990,483 | - | 990,483 | 990,483 | - |
| Programme Expenditure | | | | | | |
| Acute Services | 474,822 | 473,005 | 1,817 | 474,822 | 473,005 | 1,817 |
| Mental Health Services | 111,051 | 112,505 | (1,454) | 111,051 | 112,505 | (1,454) |
| Community Health Services | 85,917 | 85,620 | 297 | 85,917 | 85,620 | 297 |
| Continuing Care Services | 49,168 | 49,830 | (661) | 49,168 | 49,830 | (661) |
| Primary Care Services | 120,820 | 121,311 | (491) | 120,820 | 121,311 | (491) |
| Other Programme Services | 49,096 | 52,253 | (3,157) | 49,096 | 52,253 | (3,157) |
| Total Programme Expenditure | 890,876 | 894,524 | (3,648) | 890,876 | 894,524 | (3,648) |
| Primary Care Co-Commissioning Expenditure | | | | | | |
| Primary Care Co-Commissioning | 88,851 | 90,016 | (1,165) | 88,851 | 90,016 | (1,165) |
| Running Costs Expenditure | | | | | | |
| Running Costs | 10,756 | 11,023 | (267) | 10,756 | 11,023 | (267) |
| Total CCG Expenditure | 990,483 | 995,564 | (5,080) | 990,483 | 995,564 | (5,080) |
| In-year Surplus / (Deficit) Reported | - | (5,080) | (5,080) | - | (5,080) | (5,080) |
| Retrospective Allocations to be Confirmed | | | | | | |
| COVID-19 | - | 3,945 | 3,945 | - | 3,945 | 3,945 |
| Non-COVID-19 | - | 1,135 | 1,135 | - | 1,135 | 1,135 |
| 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 £1.817m to month 5 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 £0.701m to month 5. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date underspend of £2.518m.

2.10 The Mental Health Services position is overspent by £1.454m to month 5 mainly due to the allocation adjustment, additional complex care cases, additional learning disability packages of care and admissions, increase in s117 packages and COVID-19 expenditure not yet reimbursed of £0.181m to month 5. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.273m.

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 to be submitted on the 21st September 2020, as part of a wider STP return requested by NHSE/I. At the time of writing this report NHSE/I released the system financial envelope for months 7-12, which include an adjustment to provide CCGs with additional allocation in order to meet the MHIS requirement. The CCGs are currently reviewing these numbers to ensure they match the forecast plans in order to fund the MHIS.

2.12 The Community Health Services position is underspent by £0.297m to month 5 mainly due to the underperformance of non-NHS Community contracts, inclusion of 18/19 non-recurrent spend in Walsall CCG's budget for 19/20 and the over-allocation of Community Health budget at Dudley CCG. This is partially offset by COVID-19 expenditure not yet reimbursed of 0.054m. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date underspend of £0.351m.

2.13 The Continuing Healthcare Services position is overspent by £0.661m to month 5 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 and COVID-19 expenditure not yet reimbursed of £0.842m to month 5. Excluding



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COVID-19 expenditure not yet reimbursed gives a year-to-date *underspend* of £0.181m. Underspend due to CHC assessments being suspended at month 5.

2.14 The Primary Care Services position is overspent by £0.491m to month 5 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, increased prescribing costs at Wolverhampton CCG driven by price opposed to activity and COVID-19 expenditure not yet reimbursed of £9k to month 5. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £0.482m.

2.15 The Other Programme Services position is overspent by £3.157m to month 5, mainly due to a balancing adjustment to the allocation set by NHSE/I, ICP transaction costs (£0.6m), overspend against the NEPTS contract at Wolverhampton CCG and COVID-19 expenditure not yet reimbursed of £2.087m to month 5. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.067m.

2.16 The Primary Care Co-Commissioning position is overspent by £1.165m to month 5 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, increased list size at Walsall CCG, Primary Care cost pressures & rent reviews being lower than expected at SWB CCG and COVID-19 expenditure not yet reimbursed of £22k to month 5. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.143m.

2.17 The Running Costs position is overspent by £0.267m to month 5, 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 £51k to month 5. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £0.216m.

## 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 30th September 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/I do not require the CCGs to report on the delivery of efficiency schemes for months 1-6; updated guidance is expected for months 7-12.

## 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 6.

4.2 However, as reported in section 2, the CCGs are yet to receive confirmation that the net additional expenditure across the four 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.

4.3 A further risk is emerging in respect of the allocations for the second six months of the financial year and work is underway across the STP to assess the challenge. Rates of expenditure in the second half of the year are expected to be higher (particularly in providers) and as resources such as the COVID fund have been allocated at an STP level, organisations will be required to agree the distribution of those resources. This could see a deficiency in the amount of resource required by the CCGs in order to break even. An update will be given to members in October.

## 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.

5.2 At month 5, the cash balance at Walsall CCG was not within the 1.25% target; this was due to over-forecasting cash drawdown requirements in relation to the payment of local authority COVID claims (£400k) and s117 invoices (£200k). All other CCGs are reporting a cash balance within the 1.25% maximum target.

**5.3** Overall, the receivables balance has increased from £9.809m at month 4 to £11.058m at month 5. £6.126m is more than a year overdue. This mainly relates to the ongoing disputes with Walsall Healthcare NHS Trust (£1.941m), Walsall Council (£2.921m) and the overpayment of GMS premises reimbursement (£704k). The Walsall Council dispute has since been resolved following close of the ledger, but credit notes have yet to be issued.

5.4 Overall, the payables balance has increased from £7.213m at month 4 to £7.633m at month 5.

## 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 Joint Health Commissioning Board:

**7.1.0** review and note the financial position reported at month 5 (August) 2020/21; and

**7.1.1** 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 5.

**James Green**
**Chief Finance Officer**

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## APPENDICES

7.1.2 Further detail regarding the financial position reported at month 5 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 |



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**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** | **17th September 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** | **29th September 2020** |

**The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 5**

**Executive Summary Dashboard**

| Year-to-Date / Forecast to Month 5 | 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 | - | (1,582) | - | 518 | - | (2,357) | - | (1,659) | - | (5,080) |
| In-year Surplus / (Deficit) - Forecast | - | (1,582) | - | 518 | - | (2,357) | - | (1,659) | - | (5,080) |
| Underlying In-year Surplus / (Deficit) | | | | | | | | | | |
| Underlying Cumulative Surplus / (Deficit) | | | | | | | | | | |
| Efficiency | | | | | | | | | | |
| Net Risk / Mitigation | | | | | | | | | | |
| Mental Health Investment Standard | | | | | | | | | | |
| Cash Limit - Year-to-Date | < 1.25% | 0.5% | < 1.25% | 0.1% | < 1.25% | 1.9% | < 1.25% | 0.9% | < 1.25% | 0.2% |
| Better Payment Practice - NHS - Number - Year-to-Date | ≥ 95% | 100.0% | ≥ 95% | 97.4% | ≥ 95% | 96.3% | ≥ 95% | 98.4% | ≥ 95% | 98.0% |
| Better Payment Practice - NHS - Value - Year-to-Date | ≥ 95% | 100.0% | ≥ 95% | 99.8% | ≥ 95% | 99.6% | ≥ 95% | 99.7% | ≥ 95% | 99.8% |
| Better Payment Practice - Non-NHS - Number - Year-to-Date | ≥ 95% | 99.9% | ≥ 95% | 98.6% | ≥ 95% | 99.1% | ≥ 95% | 98.7% | ≥ 95% | 99.0% |
| Better Payment Practice - Non-NHS - Value - Year-to-Date | ≥ 95% | 100.0% | ≥ 95% | 98.8% | ≥ 95% | 98.2% | ≥ 95% | 98.8% | ≥ 95% | 98.9% |

| **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 £990.485m for month 5 year-to-date expenditure is reported to be £995.564m, giving a deficit of £5.080m. However, this includes month 5 expenditure directly relating to COVID-19 totalling £3.945m, which is due to be reimbursed in month 6 by way of a retrospective allocation adjustment. This leaves a balance of £1.135m 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.

Walsall CCG missed their efficiency of cash target in month 5 as a result of over-forecasting cash drawdown requirements in relation to payment of local authority COVID claims (£400k) and S117 invoices (£200k). All other CCGs have met the cash limit target of 1.25%.

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 which has been extended until month 6 (September). However, the CCGs have received notification of the system financial envelopes for months 7-12, as issued by NHSE/I, and are currently reviewing these compared to the internal view of the allocation required in order to meet the MHIS target and cover the overall forecast for 2020/21. Further detail will be provided in the month 6 report. NHSE/I confirmed their expectation is for each system to live within the system financial envelopes and break-even overall, although surpluses and deficits at an organisational level will be permitted. The STP will submit its 2020/21 forecast plan on 5th October and system partners are currently working plans up in order to review and discuss ahead of the submission deadline.

**The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 5**

**Summary Financial Performance**

| Area of Spend | Year-to-date | | | Forecast to Month 5 | | |
|---|---|---|---|---|---|---|
| | Plan £000s | Actual £000s | Fav / (Adv) Variance £000s | Plan £000s | Forecast Outturn £000s | Fav / (Adv) Variance £000s |
| Revenue Resource Limit | | | | | | |
| Programme | 893,806 | 893,806 | - | 893,806 | 893,806 | - |
| Primary Care Co-Commissioning | 86,495 | 86,495 | - | 86,495 | 86,495 | - |
| Running Costs | 10,182 | 10,182 | - | 10,182 | 10,182 | - |
| Total In-year Revenue Resource Limit | 990,483 | 990,483 | - | 990,483 | 990,483 | - |
| Programme Expenditure | | | | | | |
| Acute Services | 474,822 | 473,005 | 1,817 | 474,822 | 473,005 | 1,817 |
| Mental Health Services | 111,051 | 112,505 | (1,454) | 111,051 | 112,505 | (1,454) |
| Community Health Services | 85,917 | 85,620 | 297 | 85,917 | 85,620 | 297 |
| Continuing Care Services | 49,168 | 49,830 | (661) | 49,168 | 49,830 | (661) |
| Primary Care Services | 120,820 | 121,311 | (491) | 120,820 | 121,311 | (491) |
| Other Programme Services | 49,096 | 52,253 | (3,157) | 49,096 | 52,253 | (3,157) |
| Total Programme Expenditure | 890,876 | 894,524 | (3,648) | 890,876 | 894,524 | (3,648) |
| Primary Care Co-Commissioning Expenditure | | | | | | |
| Primary Care Co-Commissioning | 88,851 | 90,016 | (1,165) | 88,851 | 90,016 | (1,165) |
| Running Costs Expenditure | | | | | | |
| Running Costs | 10,756 | 11,023 | (267) | 10,756 | 11,023 | (267) |
| Total CCG Expenditure | 990,483 | 995,564 | (5,080) | 990,483 | 995,564 | (5,080) |
| In-year Surplus / (Deficit) Reported | - | (5,080) | (5,080) | - | (5,080) | (5,080) |
| Retrospective Allocations to be Confirmed | | | | | | |
| COVID-19 | - | 3,945 | 3,945 | - | 3,945 | 3,945 |
| Non-COVID-19 | - | 1,135 | 1,135 | - | 1,135 | 1,135 |
| In-year Surplus / (Deficit) to be Confirmed | - | - | - | - | - | - |

**Key Messages**

A year-to-date deficit of £5.080m has been reported at month 5. However, this includes expenditure directly relating to COVID-19 that has yet to be reimbursed totalling £3.945m at month 5 that has yet to be reimbursed. This leaves a balance of £1.135m to month 5 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 5, 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 5 is £27.505m. Up to month 5 the CCGs were reimbursed for COVID-19 expenditure incurred and reported in months 1-4 totalling £23.560m, leaving a balance of £3.945m, which is expected to be received during month 6.
See Appendix for a breakdown by individual CCG.

**The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 5**

**Summary Financial Performance - Variances to YTD and Forecast to Month 5 Plan by CCG**

| Area of Spend | Favourable / (Adverse) Variance to YTD and Forecast Plan (to Month 5) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | (162) | (162) | 1,868 | 1,868 | 138 | 138 | (61) | (61) | 1,783 | 1,783 |
| Mental Health Services | (773) | (773) | 4 | 4 | (265) | (265) | (419) | (419) | (1,454) | (1,454) |
| Community Health Services | 174 | 174 | 76 | 76 | 54 | 54 | (7) | (7) | 297 | 297 |
| Continuing Care Services | (677) | (677) | 12 | 12 | 186 | 186 | (182) | (182) | (661) | (661) |
| Primary Care Services | 704 | 704 | (494) | (494) | (417) | (417) | (284) | (284) | (491) | (491) |
| Other Programme Services | (585) | (585) | (1,029) | (1,029) | (938) | (938) | (605) | (605) | (3,157) | (3,157) |
| Total Programme Expenditure | (1,319) | (1,319) | 437 | 437 | (1,242) | (1,242) | (1,558) | (1,558) | (3,682) | (3,682) |
| Primary Care Co-Commissioning Expenditure | | | | | | | | | | |
| Primary Care Co-Commissioning | (215) | (215) | 39 | 39 | (853) | (853) | (136) | (136) | (1,165) | (1,165) |
| Running Costs Expenditure | | | | | | | | | | |
| Running Costs | (48) | (48) | 8 | 8 | (262) | (262) | 34 | 34 | (267) | (267) |
| Total CCG Expenditure | (1,582) | (1,582) | 484 | 484 | (2,357) | (2,357) | (1,659) | (1,659) | (5,114) | (5,114) |
| In-year Surplus / (Deficit) | (1,582) | (1,582) | 518 | 518 | (2,357) | (2,357) | (1,659) | (1,659) | (5,080) | (5,080) |
| Retrospective Allocations to be Confirmed | | | | | | | | | | |
| COVID-19 | 1,327 | 1,327 | 528 | 528 | 1,434 | 1,434 | 656 | 656 | 3,945 | 3,945 |
| Non-COVID-19 | 255 | 255 | (1,046) | (1,046) | 923 | 923 | 1,003 | 1,003 | 1,135 | 1,135 |
| In-year Surplus / (Deficit) to be Confirmed | - | - | - | - | - | - | - | - | - | - |

**Key Messages**

A year-to-date deficit of £5.080m has been reported at month 5. However, this includes expenditure directly relating to COVID-19 totalling £3.945m to month 5 that has yet to be reimbursed. This leaves a balance of £1.135m 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 retrospective allocation adjustment has not yet been confirmed by NHSE/I.

Primary Care Co-Commissioning and Running Cost prospective allocations received for months 1-5 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. However, the CCGs have received notification of the system financial envelopes for months 7-12 as issued by NHSE/I and are currently reviewing these compared to the internal view of the allocation required in order to meet the MHIS target and cover the overall forecast for 2020/21. Further detail will be provided in the month 6 report. 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 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 |
| Allocations Received in Month 5: | | | | | | | | | | | | |
| Transfer Month 5 Programme allocation from central reserve | | 173,100 | 173,100 | | | - | | | - | - | 173,100 | 173,100 |
| Transfer Month 5 delegated allocation from central reserve | | | - | | 17,758 | 17,758 | | | - | - | 17,758 | 17,758 |
| Transfer Month 5 Running Costs allocation from central reserve | | | - | | | - | | 2,192 | 2,192 | - | 2,192 | 2,192 |
| Prospective Month 5 Programme Non-recurrent Adjustment | | (470) | (470) | | | - | | | - | - | (470) | (470) |
| Prospective Month 5 delegated Non-recurrent Adjustment | | | - | | (459) | (459) | | | - | - | (459) | (459) |
| Prospective Month 5 running costs Non-recurrent Adjustment | | | | | | | | (155) | (155) | - | (155) | (155) |
| Month 4 Retro Top-up Allocation signed off COVID | | 9,273 | 9,273 | | | - | | | - | - | 9,273 | 9,273 |
| Month 4 Retro Top-up Allocation signed off Non COVID | | 4,951 | 4,951 | | | - | | | - | - | 4,951 | 4,951 |
| | | | - | | | - | | | - | - | - | - |
| Sub-total Allocations Received in Month 5 | - | 186,854 | 186,854 | - | 17,299 | 17,299 | - | 2,037 | 2,037 | - | 206,190 | 206,190 |
| Total Allocations at Month 5 | 2,077,611 | (1,183,804) | 893,807 | 213,156 | (126,661) | 86,495 | 26,294 | (16,112) | 10,183 | 2,317,061 | (1,326,577) | 990,485 |

| Summary by CCG | DUD CCG | | | SWB CCG | | | WAL CCG | | | WOL CCG | | | BCWB CCGs | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M4 YTD | M5 | Total YTD | M4 YTD | M5 | Total YTD | M4 YTD | M5 | Total YTD | M4 YTD | M5 | Total YTD | M4 YTD | M5 | 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 | (304,089) | 42,619 | (261,470) | (518,632) | 63,466 | (455,167) | (287,411) | 45,892 | (241,519) | (260,526) | 34,878 | (225,649) | (1,370,658) | 186,854 | (1,183,804) |
| Delegated | (29,922) | 3,661 | (26,261) | (57,411) | 6,997 | (50,415) | (29,408) | 3,441 | (25,968) | (27,219) | 3,201 | (24,019) | (143,960) | 17,299 | (126,662) |
| Running Costs | (4,152) | 449 | (3,704) | (6,890) | 808 | (6,082) | (3,806) | 389 | (3,417) | (3,300) | 391 | (2,909) | (18,148) | 2,037 | (16,112) |
| Total Non-recurrent | (338,163) | 46,729 | (291,435) | (582,933) | 71,270 | (511,663) | (320,625) | 49,722 | (270,904) | (291,045) | 38,469 | (252,576) | (1,532,766) | 206,189 | (1,326,577) |
| Total | | | | | | | | | | | | | | | |
| Programme | 167,244 | 42,619 | 209,863 | 257,902 | 63,466 | 321,368 | 141,641 | 45,892 | 187,533 | 140,166 | 34,878 | 175,044 | 706,953 | 186,854 | 893,807 |
| Delegated | 14,644 | 3,661 | 18,305 | 27,986 | 6,997 | 34,983 | 13,764 | 3,441 | 17,205 | 12,802 | 3,201 | 16,003 | 69,196 | 17,299 | 86,495 |
| Running Costs | 1,794 | 449 | 2,243 | 3,232 | 808 | 4,040 | 1,555 | 389 | 1,944 | 1,565 | 391 | 1,956 | 8,146 | 2,037 | 10,183 |
| Grand Total | 183,682 | 46,729 | 230,411 | 289,120 | 71,270 | 360,390 | 156,960 | 49,722 | 206,682 | 154,533 | 38,469 | 193,002 | 784,295 | 206,189 | 990,484 |

**Key Messages**

During the period 1 April to 30th September 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 1-5 on a prospective basis 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 1-5 allocations do not reflect the published allocations for Delegated Commissioning and Running Costs, nor reflect the Mental Health Investment Standard. However, the CCGs have received notification of the system financial envelopes for months 7-12 as issued by NHSE/I and are currently reviewing these compared to the internal view of the allocation required in order to meet the MHIS target and cover the overall forecast for 2020/21. Further detail will be provided in the month 6 report.

During month 5, the allocation for months 5-6 was transferred to the four CCGs totalling £383.932m, of which £191.966m relates to month 5. In addition, a retrospective allocation adjustment was processed in order to reimburse the four CCGs for month 4 COVID-19 expenditure (£9.273m) and Non-COVID-19 expenditure (£4.951m). This gives a revised allocation for months 1-5 of £990.485m. As there is no forecast requirement from NHSE/I this month the table above reflects the month 5 YTD allocation only.

**The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 5**

**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 | - | - | - | - | - | - | 306 | 327 | 359 | - | - | - | 306 | 327 | 359 |
| Trade and Other Receivables | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Non-current Assets | - | - | - | - | - | - | 306 | 327 | 359 | - | - | - | 306 | 327 | 359 |
| Current Assets | | | | | | | | | | | | | | | |
| Inventories | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Trade and Other Receivables | 31,746 | 3,316 | 4,782 | 53,024 | 52,634 | 7,721 | 35,681 | 33,559 | 12,380 | 26,805 | 31,209 | 2,910 | 147,256 | 120,718 | 27,793 |
| Other Financial Assets | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Current Assets | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Cash and Cash Equivalents | 374 | (1,064) | 16 | 191 | 148 | 72 | 691 | 5 | 88 | 335 | 83 | 159 | 1,591 | (828) | 335 |
| Total Current Assets | 32,120 | 2,252 | 4,798 | 53,215 | 52,782 | 7,793 | 36,372 | 33,564 | 12,468 | 27,140 | 31,292 | 3,069 | 148,847 | 119,890 | 28,128 |
| Non-current Assets Held for Sale | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Assets | 32,120 | 2,252 | 4,798 | 53,215 | 52,782 | 7,793 | 36,678 | 33,891 | 12,827 | 27,140 | 31,292 | 3,069 | 149,153 | 120,217 | 28,487 |
| Current Liabilities | | | | | | | | | | | | | | | |
| Trade and Other Payables | (30,519) | (883) | (33,422) | (54,793) | (52,356) | (56,629) | (43,125) | (40,616) | (51,122) | (42,051) | (46,386) | (51,329) | (170,488) | (140,241) | (192,502) |
| Other Payables | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Provisions | (498) | (543) | (549) | (13,240) | (13,039) | (13,447) | (73) | (73) | (14) | (533) | (566) | (571) | (14,344) | (14,221) | (14,581) |
| Borrowings | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Financial Liabilities | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Current Liabilities | (31,017) | (1,426) | (33,971) | (68,033) | (65,395) | (70,076) | (43,198) | (40,689) | (51,136) | (42,584) | (46,952) | (51,900) | (184,832) | (154,462) | (207,083) |
| Net Current Assets / (Liabilities) | 1,103 | 826 | (29,173) | (14,818) | (12,613) | (62,283) | (6,826) | (7,125) | (38,668) | (15,444) | (15,660) | (48,831) | (35,985) | (34,572) | (178,955) |
| Total Assets less Current Liabilities | 1,103 | 826 | (29,173) | (14,818) | (12,613) | (62,283) | (6,520) | (6,798) | (38,309) | (15,444) | (15,660) | (48,831) | (35,679) | (34,245) | (178,596) |
| Non-current Liabilities | | | | | | | | | | | | | | | |
| Trade and Other Payables | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Provisions | - | - | - | - | - | - | (14) | (14) | (106) | - | - | - | (14) | (14) | (106) |
| Borrowings | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Liabilities | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Non-current Liabilities | - | - | - | - | - | - | (14) | (14) | (106) | - | - | - | (14) | (14) | (106) |
| Assets less Liabilities | 1,103 | 826 | (29,173) | (14,818) | (12,613) | (62,283) | (6,534) | (6,812) | (38,415) | (15,444) | (15,660) | (48,831) | (35,693) | (34,259) | (178,702) |
| Finance by Taxpayers' Equity | | | | | | | | | | | | | | | |
| General Fund | 1,103 | 826 | (29,173) | (14,818) | (12,613) | (62,283) | (6,534) | (6,812) | (38,415) | (15,444) | (15,660) | (48,831) | (35,693) | (34,259) | (178,702) |
| Revaluation Reserve | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Donated Asset Reserve | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Government Grant Reserve | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Reserves | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Taxpayers' Equity | 1,103 | 826 | (29,173) | (14,818) | (12,613) | (62,283) | (6,534) | (6,812) | (38,415) | (15,444) | (15,660) | (48,831) | (35,693) | (34,259) | (178,702) |

**Key Messages**

**DUD:** £148k variance between SOFP & Cash Flow Statement caused by timing differences of transactions.
**SWB:** £101k variance between SOFP & Cash Flow Statement caused by timing differences of transactions.
**WAL:** £3k variance between SOFP & Cash Flow Statement caused by timing differences of transactions.

**The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 5**

**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 | 72 | | | | | | | |
| Initial Drawdown (+ve) | 80,384 | 48,259 | 39,147 | 50,359 | 45,973 | | | | | | | |
| Other Inflows (+ve) | - | - | - | - | - | | | | | | | |
| Outflows (-ve) | (76,331) | (45,379) | (46,026) | (50,415) | (45,819) | | | | | | | |
| Balance C/Fwd | 4,127 | 7,007 | 128 | 72 | 226 | - | - | - | - | - | - | - |
| C/Fwd as % of B/Fwd+Drawdown | 5.13% | 13.38% | 0.28% | 0.14% | 0.49% | | | | | | | |
| NHS Sandwell & West Birmingham CCG | | | | | | | | | | | | |
| Balance B/Fwd | 72 | 67 | 21 | 52 | 185 | | | | | | | |
| Initial Drawdown (+ve) | 111,524 | 70,500 | 65,500 | 63,500 | 62,500 | | | | | | | |
| Other Inflows (+ve) | - | - | - | - | 2,269 | | | | | | | |
| Outflows (-ve) | (111,529) | (70,546) | (65,469) | (63,367) | (64,864) | | | | | | | |
| Balance C/Fwd | 67 | 21 | 52 | 185 | 90 | - | - | - | - | - | - | - |
| C/Fwd as % of B/Fwd+Drawdown | 0.06% | 0.03% | 0.08% | 0.29% | 0.14% | | | | | | | |
| NHS Walsall CCG | | | | | | | | | | | | |
| Balance B/Fwd | 97 | 319 | 1,001 | 3,522 | 9 | | | | | | | |
| Initial Drawdown (+ve) | 59,046 | 37,800 | 35,000 | 36,600 | 36,800 | | | | | | | |
| Other Inflows (+ve) | 14,281 | 5,473 | 9,565 | 7,920 | 5,372 | | | | | | | |
| Outflows (-ve) | (73,105) | (42,591) | (42,044) | (48,033) | (41,487) | | | | | | | |
| Balance C/Fwd | 319 | 1,001 | 3,522 | 9 | 694 | - | - | - | - | - | - | - |
| C/Fwd as % of B/Fwd+Drawdown | 0.54% | 2.63% | 9.78% | 0.02% | 1.89% | | | | | | | |
| NHS Wolverhampton CCG | | | | | | | | | | | | |
| Balance B/Fwd | 166 | 1,573 | 2,554 | 220 | 83 | | | | | | | |
| Initial Drawdown (+ve) | 36,900 | 41,200 | 34,750 | 35,500 | 35,300 | | | | | | | |
| Other Inflows (+ve) | | | | | | | | | | | | |
| Outflows (-ve) | (35,493) | (40,219) | (37,084) | (35,637) | (35,048) | | | | | | | |
| Balance C/Fwd | 1,573 | 2,554 | 220 | 83 | 335 | - | - | - | - | - | - | - |
| C/Fwd as % of B/Fwd+Drawdown | 4.24% | 5.97% | 0.59% | 0.23% | 0.95% | | | | | | | |
| Black Country & West Birmingham CCGs | | | | | | | | | | | | |
| Balance B/Fwd | 409 | 6,086 | 10,583 | 3,922 | 349 | | | | | | | |
| Initial Drawdown (+ve) | 287,854 | 197,759 | 174,397 | 185,959 | 180,573 | | | | | | | |
| Other Inflows (+ve) | 14,281 | 5,473 | 9,565 | 7,920 | 7,641 | | | | | | | |
| Outflows (-ve) | (296,458) | (198,735) | (190,623) | (197,452) | (187,218) | | | | | | | |
| Balance C/Fwd | 6,086 | 10,583 | 3,922 | 349 | 1,345 | - | - | - | - | - | - | - |
| C/Fwd as % of B/Fwd+Drawdown | 2.11% | 5.19% | 2.12% | 0.18% | 0.74% | | | | | | | |

**Key Messages**

**WAL:** Cash target missed in month 5 as a result of over-forecasting cash drawdown requirements in relation to payment of local authority COVID claims (£400k) and S117 invoices (£200k).
**BCWB**: Overall the four CCGs met the cash target for month 5 with a closing balance of 0.74% compared to the target of 1.25%

**The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 5**

**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) | 62 | 62 | 100.00% | 1,235 | 1,235 | 100.00% | 1,297 | 1,297 | 100.00% |
| Value £000s (In-month) | 29,417 | 29,417 | 100.00% | 10,937 | 10,937 | 100.00% | 40,354 | 40,354 | 100.00% |
| Number (YTD) | 770 | 770 | 100.00% | 5,116 | 5,112 | 99.92% | 5,886 | 5,882 | 99.93% |
| Value £000s (YTD) | 181,492 | 181,492 | 100.00% | 54,922 | 54,914 | 99.99% | 236,414 | 236,406 | 100.00% |
| **NHS Sandwell & West Birmingham CCG** | | | | | | | | | |
| Number (In-month) | 169 | 169 | 100.00% | 1,785 | 1,765 | 98.88% | 1,954 | 1,934 | 98.98% |
| Value £000s (In-month) | 48,016 | 48,016 | 100.00% | 15,049 | 14,812 | 98.43% | 63,065 | 62,828 | 99.62% |
| Number (YTD) | 1,352 | 1,317 | 97.41% | 9,505 | 9,369 | 98.57% | 10,857 | 10,686 | 98.42% |
| Value £000s (YTD) | 298,740 | 298,143 | 99.80% | 86,438 | 85,430 | 98.83% | 385,178 | 383,573 | 99.58% |
| **NHS Walsall CCG** | | | | | | | | | |
| Number (In-month) | 63 | 60 | 95.24% | 1,061 | 1,044 | 98.40% | 1,124 | 1,104 | 98.22% |
| Value £000s (In-month) | 25,252 | 25,237 | 99.94% | 11,243 | 10,700 | 95.17% | 36,494 | 35,936 | 98.47% |
| Number (YTD) | 752 | 724 | 96.28% | 6,943 | 6,882 | 99.12% | 7,695 | 7,606 | 98.84% |
| Value £000s (YTD) | 161,014 | 160,352 | 99.59% | 61,915 | 60,786 | 98.18% | 222,929 | 221,137 | 99.20% |
| **NHS Wolverhampton CCG** | | | | | | | | | |
| Number (In-month) | 121 | 117 | 96.69% | 910 | 908 | 99.78% | 1,031 | 1,025 | 99.42% |
| Value £000s (In-month) | 24,741 | 24,652 | 99.64% | 14,211 | 14,178 | 99.77% | 38,952 | 38,830 | 99.69% |
| Number (YTD) | 954 | 939 | 98.43% | 4,674 | 4,612 | 98.67% | 5,628 | 5,551 | 98.63% |
| Value £000s (YTD) | 158,037 | 157,615 | 99.73% | 65,994 | 65,232 | 98.85% | 224,031 | 222,847 | 99.47% |
| **Black Country & West Birmingham CCGs** | | | | | | | | | |
| Number (In-month) | 415 | 408 | 98.31% | 4,991 | 4,952 | 99.22% | 5,406 | 5,360 | 99.15% |
| Value £000s (In-month) | 127,426 | 127,322 | 99.92% | 51,440 | 50,627 | 98.42% | 178,865 | 177,948 | 99.49% |
| Number (YTD) | 3,828 | 3,750 | 97.96% | 26,238 | 25,975 | 99.00% | 30,066 | 29,725 | 98.87% |
| Value £000s (YTD) | 799,283 | 797,602 | 99.79% | 269,269 | 266,362 | 98.92% | 1,068,552 | 1,063,963 | 99.57% |

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

**The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 5**

**APPENDIX 1 - Summary Financial Performance for each CCG**

## NHS Dudley CCG

| Summary | Year-to-date | | | Forecast to Month 5 | | |
|---|---|---|---|---|---|---|
| | Plan £000s | Actual £000s | Fav / (Adv) Variance £000s | Plan £000s | Forecast Outturn £000s | Fav / (Adv) Variance £000s |
| Revenue Resource Limit | | | | | | |
| Programme | 209,862 | 209,862 | - | 209,862 | 209,862 | - |
| Primary Care Co-Commissioning | 18,306 | 18,306 | - | 18,306 | 18,306 | - |
| Running Costs | 2,243 | 2,243 | - | 2,243 | 2,243 | - |
| Total In-year Revenue Resource Limit | 230,411 | 230,411 | - | 230,411 | 230,411 | - |
| Programme Expenditure | | | | | | |
| Acute Services | 118,163 | 118,325 | (162) | 118,163 | 118,325 | (162) |
| Mental Health Services | 22,605 | 23,378 | (773) | 22,605 | 23,378 | (773) |
| Community Health Services | 17,051 | 16,877 | 174 | 17,051 | 16,877 | 174 |
| Continuing Care Services | 12,512 | 13,189 | (677) | 12,512 | 13,189 | (677) |
| Primary Care Services | 28,735 | 28,031 | 704 | 28,735 | 28,031 | 704 |
| Other Programme Services | 9,357 | 9,942 | (585) | 9,357 | 9,942 | (585) |
| Total Programme Expenditure | 208,423 | 209,742 | (1,319) | 208,423 | 209,742 | (1,319) |
| Primary Care Co-Commissioning Expenditure | | | | | | |
| Primary Care Co-Commissioning | 19,549 | 19,764 | (215) | 19,549 | 19,764 | (215) |
| Running Costs Expenditure | | | | | | |
| Running Costs | 2,439 | 2,487 | (48) | 2,439 | 2,487 | (48) |
| Total CCG Expenditure | 230,411 | 231,993 | (1,582) | 230,411 | 231,993 | (1,582) |
| In-year Surplus / (Deficit) Reported | - | (1,582) | (1,582) | - | (1,582) | (1,582) |
| Retrospective Allocations to be Confirmed | | | | | | |
| COVID-19 | - | 1,327 | 1,327 | - | 1,327 | 1,327 |
| Non-COVID-19 | - | 255 | 255 | - | 255 | 255 |
| In-year Surplus / (Deficit) to be Confirmed | - | - | - | - | - | - |

**The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 5**

**APPENDIX 1 - Summary Financial Performance for each CCG**

## NHS Sandwell & West Birmingham CCG

| Summary | Year-to-date | | | Forecast to Month 5 | | |
|---|---|---|---|---|---|---|
| | Plan £000s | Actual £000s | Fav / (Adv) Variance £000s | Plan £000s | Forecast Outturn £000s | Fav / (Adv) Variance £000s |
| Revenue Resource Limit | | | | | | |
| Programme | 321,368 | 321,368 | - | 321,368 | 321,368 | - |
| Primary Care Co-Commissioning | 34,983 | 34,983 | - | 34,983 | 34,983 | - |
| Running Costs | 4,040 | 4,040 | - | 4,040 | 4,040 | - |
| Total In-year Revenue Resource Limit | 360,390 | 360,390 | - | 360,390 | 360,390 | - |
| Programme Expenditure | | | | | | |
| Acute Services | 170,483 | 168,580 | 1,868 | 170,483 | 168,580 | 1,868 |
| Mental Health Services | 46,103 | 46,099 | 4 | 46,103 | 46,099 | 4 |
| Community Health Services | 33,798 | 33,722 | 76 | 33,798 | 33,722 | 76 |
| Continuing Care Services | 15,121 | 15,110 | 12 | 15,121 | 15,110 | 12 |
| Primary Care Services | 40,347 | 40,842 | (494) | 40,347 | 40,842 | (494) |
| Other Programme Services | 14,647 | 15,676 | (1,029) | 14,647 | 15,676 | (1,029) |
| Total Programme Expenditure | 320,500 | 320,029 | 437 | 320,500 | 320,029 | 437 |
| Primary Care Co-Commissioning Expenditure | | | | | | |
| Primary Care Co-Commissioning | 35,585 | 35,546 | 39 | 35,585 | 35,546 | 39 |
| Running Costs Expenditure | | | | | | |
| Running Costs | 4,306 | 4,297 | 8 | 4,306 | 4,297 | 8 |
| Total CCG Expenditure | 360,390 | 359,872 | 484 | 360,390 | 359,872 | 484 |
| In-year Surplus / (Deficit) Reported | - | 518 | 518 | - | 518 | 518 |
| Retrospective Allocations to be Confirmed | | | | | | |
| COVID-19 | - | 528 | 528 | - | 528 | 528 |
| Non-COVID-19 | - | (1,046) | (1,046) | - | (1,046) | (1,046) |
| In-year Surplus / (Deficit) to be Confirmed | - | - | - | - | - | - |

**The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 5**

**APPENDIX 1 - Summary Financial Performance for each CCG**

## NHS Walsall CCG

| Summary | Year-to-date | | | Forecast to Month 5 | | |
|---|---|---|---|---|---|---|
| | Plan £000s | Actual £000s | Fav / (Adv) Variance £000s | Plan £000s | Forecast Outturn £000s | Fav / (Adv) Variance £000s |
| Revenue Resource Limit | | | | | | |
| Programme | 187,533 | 187,533 | - | 187,533 | 187,533 | - |
| Primary Care Co-Commissioning | 17,204 | 17,204 | - | 17,204 | 17,204 | - |
| Running Costs | 1,944 | 1,944 | - | 1,944 | 1,944 | - |
| Total In-year Revenue Resource Limit | 206,681 | 206,681 | - | 206,681 | 206,681 | - |
| Programme Expenditure | | | | | | |
| Acute Services | 96,116 | 95,978 | 138 | 96,116 | 95,978 | 138 |
| Mental Health Services | 21,284 | 21,549 | (265) | 21,284 | 21,549 | (265) |
| Community Health Services | 15,221 | 15,167 | 54 | 15,221 | 15,167 | 54 |
| Continuing Care Services | 12,694 | 12,509 | 186 | 12,694 | 12,509 | 186 |
| Primary Care Services | 27,049 | 27,466 | (417) | 27,049 | 27,466 | (417) |
| Other Programme Services | 15,168 | 16,106 | (938) | 15,168 | 16,106 | (938) |
| Total Programme Expenditure | 187,532 | 188,775 | (1,242) | 187,532 | 188,775 | (1,242) |
| Primary Care Co-Commissioning Expenditure | | | | | | |
| Primary Care Co-Commissioning | 17,204 | 18,057 | (853) | 17,204 | 18,057 | (853) |
| Running Costs Expenditure | | | | | | |
| Running Costs | 1,944 | 2,206 | (262) | 1,944 | 2,206 | (262) |
| Total CCG Expenditure | 206,681 | 209,037 | (2,357) | 206,681 | 209,037 | (2,357) |
| In-year Surplus / (Deficit) Reported | - | (2,357) | (2,357) | - | (2,357) | (2,357) |
| Retrospective Allocations to be Confirmed | | | | | | |
| COVID-19 | - | 1,434 | 1,434 | - | 1,434 | 1,434 |
| Non-COVID-19 | - | 923 | 923 | - | 923 | 923 |
| In-year Surplus / (Deficit) to be Confirmed | - | - | - | - | - | - |

**The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 5**

**APPENDIX 1 - Summary Financial Performance for each CCG**

## NHS Wolverhampton CCG

| Summary | Year-to-date | | | Forecast to Month 5 | | |
|---|---|---|---|---|---|---|
| | Plan £000s | Actual £000s | Fav / (Adv) Variance £000s | Plan £000s | Forecast Outturn £000s | Fav / (Adv) Variance £000s |
| Revenue Resource Limit | | | | | | |
| Programme | 175,043 | 175,043 | - | 175,043 | 175,043 | - |
| Primary Care Co-Commissioning | 16,003 | 16,003 | - | 16,003 | 16,003 | - |
| Running Costs | 1,956 | 1,956 | - | 1,956 | 1,956 | - |
| Total In-year Revenue Resource Limit | 193,002 | 193,002 | - | 193,002 | 193,002 | - |
| Programme Expenditure | | | | | | |
| Acute Services | 90,061 | 90,122 | (61) | 90,061 | 90,122 | (61) |
| Mental Health Services | 21,059 | 21,478 | (419) | 21,059 | 21,478 | (419) |
| Community Health Services | 19,847 | 19,854 | (7) | 19,847 | 19,854 | (7) |
| Continuing Care Services | 8,841 | 9,022 | (182) | 8,841 | 9,022 | (182) |
| Primary Care Services | 24,689 | 24,973 | (284) | 24,689 | 24,973 | (284) |
| Other Programme Services | 9,924 | 10,530 | (605) | 9,924 | 10,530 | (605) |
| Total Programme Expenditure | 174,421 | 175,978 | (1,558) | 174,421 | 175,978 | (1,558) |
| Primary Care Co-Commissioning Expenditure | | | | | | |
| Primary Care Co-Commissioning | 16,513 | 16,649 | (136) | 16,513 | 16,649 | (136) |
| Running Costs Expenditure | | | | | | |
| Running Costs | 2,068 | 2,034 | 34 | 2,068 | 2,034 | 34 |
| Total CCG Expenditure | 193,002 | 194,661 | (1,659) | 193,002 | 194,661 | (1,659) |
| In-year Surplus / (Deficit) Reported | - | (1,659) | (1,659) | - | (1,659) | (1,659) |
| Retrospective Allocations to be Confirmed | | | | | | |
| COVID-19 | - | 656 | 656 | - | 656 | 656 |
| Non-COVID-19 | - | 1,003 | 1,003 | - | 1,003 | 1,003 |
| In-year Surplus / (Deficit) to be Confirmed | - | - | - | - | - | - |

# JOINT HEALTH COMMISSIONING BOARD

**DATE OF MEETING:** 5 October 2020
**AGENDA ITEM:** 5

| | |
|---|---|
| **TITLE OF REPORT:** | Place Commissioning Assurance Report |
| **PURPOSE OF REPORT:** | To update the Board on items discussed at each Place Committee |
| **AUTHOR(S) OF REPORT:** | Managing Directors<br>Matthew Hartland, Deputy Chief Executive |
| **MANAGEMENT LEAD/SIGNED OFF BY:** | Matthew Hartland, Deputy Chief Executive Officer |
| **PUBLIC OR PRIVATE:** | Public |
| **KEY POINTS:** | Place Committees met during September 2020<br>Key issues raised across the four Committees were:<br>• Updates on COVID-19<br>• ICP progress<br>• Governance, including membership and delegation<br>• Updates on CCG merger<br>• Restoration and Recovery<br>• CCG structures<br>• FLU plans<br>• Local commissioning and contracting decisions |
| **RECOMMENDATION:** | To note for assurance |
| **CONFLICTS OF INTEREST:** | None specifically for this paper. COI issues managed at each Committee |
| **ACTION REQUIRED:** | ☒ Assurance<br>☐ Approval<br>☐ For Information |
| **Possible implications identified in the paper:** | |
| Financial | |
| Risk Assurance Framework | |
| Policy and Legal Obligations | |
| Equality & Diversity | |
| Governance | |



Return to Agenda

**JOINT HEALTH COMMISSIONING BOARD – 13 OCTOBER 2020**
**PLACE COMMISSIONING ASSURANCE REPORT**

---

## 1.0 INTRODUCTION

1.1 Each CCG continues to hold an Assurance Committee in advance of the adoption of revised governance arrangements. This paper provides an update to JHCB of items discussed at each Committee since the last Board.

## 2.0 DUDLEY

2.1 The Committee met on 18 September 2020

2.2 The Committee received an update on the Dudley response to COVID-19 and the restoration and recovery process. The Committee noted the steps being taken by secondary care to reinstate services, issues in relation to the Primary Care Standard Operating Procedure and the resumption of NHS Continuing Healthcare assessments. It was agreed that there was a need to maintain effective messaging in relation to primary care being "open for business".

2.3 The Committee received an update on the progress with the ICP contract mobilisation process. This has been the subject of a separate report to the governing bodies in common.

2.4 The Committee has approved a revision to the existing Dudley CCG NHS funded gamete retrieval and cryopreservation policy following legal advice that the existing policy was discriminatory. The revised policy makes cryopreservation available to any patient receiving NHS treatment which affects fertility. The future intention is to agree a single harmonised policy across the Black Country and West Birmingham.

2.5 The Committee received an update on the engagement process for the potential merger of the Black Country and West Birmingham CCGs.

## 3.0 WOLVERHAMPTON

3.1 The Committee met on 15 September.

3.2 The Terms of Reference for the committee were received. The JHCB would consider any comments on the Terms of Reference made by committee members at its next meeting. It was noted that, as part of the merger conversation, there were continuing discussions about the responsibilities and decision-making powers of the proposed local Health Boards.

3.3 A local assurance report was presented. This included an update on service restoration and recovery. A request was made for further information on planning for any risks in relation to the supply of medicine after the end of the transition period following the UK's exit from the European Union.

3.4 The committee received an update on the development of the Wolverhampton Integrated Care Partnership. A meeting of the ICP Board had been held in August. A Partnership Agreement document had been agreed in principle and work was progressing on the development of the ICP work programme.

3.5 An update was provided on engagement in relation to the CCG merger proposals. The formal conversation period had ended and discussions were continuing to address key issues raised, in particular around the future governance arrangements.

3.6 The committee received a Finance Report, an Integrated Performance, Quality and Safety Assurance Report and a report on Public and Patient Engagement and Communication activities.

3.7 The committee received a report and presentation regarding options for the provision of the Urgent Treatment Centre service after March 2021. The committee gave its support in principle to the preferred option presented, subject to further details to be provided in advance of a recommendation being made to the Joint Health Commissioning Board.

3.8 Finally, the committee received a report on the flu plan for winter 2020.

## 4.0 WALSALL

4.1 The Committee met on 15 September.

4.2 The majority of the meeting focussed on discussing the proposed Walsall locality structure and its relationship with the corporate structure. It was noted that the team will continue to be based locally at Jubilee House and will support the emerging PCNs, relationships with the local authority and wider partners, and support the future development of Walsall Together into an ICP.

4.3 An update was given on consultation meetings with external partners as part of the proposals for future commissioning arrangements across the Black Country and West Birmingham. It was noted that the CCG had received positive feedback from Director of Public Health, Director of Adult Social Care, Chair of the Walsall Health and Wellbeing Board and the chair of the Overview and Scrutiny Committee, HealthWatch, One Walsall (umbrella organisation for the voluntary and community sector) and Walsall Healthcare. All organisations welcomed the locality structure to provide continuity and a single point of contact

4.4 The Chair updated on the latest local COVID numbers and updated on the primary care restoration planning. It was noted that there were local and national concerns regarding GP appointments and there was confirmation that all local practices were offering face to face appointments supplemented by telephone and video consultations. It was agreed to work with HealthWatch and the LMC to engage with patients to assess the impact of remote appointments and ensure those who needed face to face consultations were able to receive them.

4.5 An update of the flu plan was received and discussed. Planning for flu clinics in practices has commenced and PCN's are developing plans on how they can support immunising residents of all our residential and care homes.

4.6 Patient engagement – Members discussed engagement with patients and public and agreed to continue the discussion at the next meeting.

## 5.0 WEST BIRMINGHAM

5.1 The Committee met on Thursday 17 September.

5.2 The Committee received Terms of Reference. It was recognised that there will be nuances of membership as the scheme of delegation evolves. The committee also discussed the need for clarity on short and long term governance. This included the addition of a rep from Birmingham and Solihull CCG to the membership.

5.3 Members elected the Vice Chair a process for Deputy Clinical Chair in the interim. The Committee also discussed clinical representation at the Committee and move to PCN representation as the Committee evolves.

5.4 The Committee received an update on risk management. All risks have been reviewed with a briefing paper to be presented to Audit and Governance meeting.

5.5 A quality and performance assurance report was received and discussed.

5.6 A verbal report in relation to COVID 19 was provided:

5.7 The Committee also received an update on ICP Governance.

## 6.0 SANDWELL

6.1 Sandwell Place Commissioning committee met on Thursday 17th September.

6.2 The Sandwell Flu Plan was discussed by the committee and received for assurance. Key points discussed included: clinical safety of pharmacy administration of flu jabs during Covid; vulnerable patients; direct notifications of vaccinations from Pharmacy to GP, and CCG staff vaccination ambitions.

6.3 The committee received a verbal update on the governance of the CCG's and the commencement of many of the formal committee meetings during September. The committee agreed that it would be

sensible to receive local updates at each meeting for finance and quality whilst being mindful not to create duplication between system and place committees.

6.4 The committee received a verbal quality update from the Chief Nursing Officer for assurance. The committee noted the positive work around LeDer reviews and outstanding practice demonstrated by two Sandwell Care Homes that had formally been recognised by the CCG's Chief Nursing Officer.

6.5 The committee received a verbal update regarding the Sandwell ICP and the key messages from their latest meeting. Slides shown during the ICP meeting would be shared with the committee for information.

6.6 The Committee received a Patient and Public Engagement Report for assurance.

**6.7** The Committee discussed governance including membership and delegation. This would be discussed further next month.

## 7.0 RECOMMENDATION

**7.1** Joint Health Commissioning Board is asked to note the above for assurance.

**Matthew Hartland**
**Deputy Chief Executive Officer**

# JOINT HEALTH COMMISSIONING BOARD

**DATE OF MEETING:** 13 October 2020
**AGENDA ITEM:** 6

| | |
|---|---|
| **TITLE OF REPORT:** | System Commissioning Assurance Report |
| **PURPOSE OF REPORT:** | To update and provide assurance to the Board on commissioning across the Black Country & West Birmingham system. |
| **AUTHOR(S) OF REPORT:** | Matthew Hartland, Deputy chief Executive Officer |
| **MANAGEMENT LEAD/SIGNED OFF BY:** | Matthew Hartland, Deputy Chief Executive Officer |
| **PUBLIC OR PRIVATE:** | Public |
| **KEY POINTS:** | The Committee does not meet until November 2020.<br><br>In advance of Committee, the paper updates the Board on:<br>• Contracting Intentions 2021/22<br>• Acute Services<br>• Mental Health, Learning Disabilities and Autism<br>• Urgent & Emergency Care<br>• Adult Critical Care |
| **RECOMMENDATION:** | To note the paper for assurance. |
| **CONFLICTS OF INTEREST:** | None |
| **ACTION REQUIRED:** | ☒ Assurance<br>☐ Approval<br>☐ For Information |
| **Possible implications identified in the paper:** | |
| Financial | |
| Risk Assurance Framework | |
| Policy and Legal Obligations | |
| Equality & Diversity | |
| Governance | |



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**JOINT HEALTH COMMISSIONING BOARD – 13 OCTOBER 2020**
**SYSTEM COMMISSIONING ASSURANCE REPORT**

## 1 INTRODUCTION

1.1 The System/Strategic Committee meets for the first time in November. This report provides an update to Board on items within the remit of the Committee for which more detail will be presented and discussed when the Committee meets.

## 2. CONTRACTING INTENTIONS 2021/22

2.1 CCGs have historically issued commissioning intentions on 30 September. However, due to the suspension of usual contracting and financial rules in the current year, and uncertainty regarding such frameworks for next year, the CCGs have not published commissioning intentions but have instead written to key NHS partners within the STP with notification of our contracting intentions for 2021/22.

2.2 The Contracting Intentions state that we will commission and contract in line with the principles agreed by the STP in the development of our Restoration Plan, namely:

- We retain resilience to respond to the current COVID pandemic;
- We provide the safest and most effective care possible;
- We do everything we can to minimise non-COVID excess mortality and morbidity;
- We support the vulnerable in our community;
- We maximise our ability to address the inequalities in health in our population;
- We restore our ability to meet the NHS constitution standards;
- We help our staff recover from managing the pandemic and its consequences on mental health and wellbeing;
- The positive improvements we make during the pandemic are evaluated, improved upon and implemented across our whole system; and intended improvements will be accelerated;
- We implement a new population-based financial regime that supports our new ways of working and our approach to ICPs working together within our ICS;
- Our new ICS delivers materially better quality and outcomes and has a more resilient infrastructure and is better governed

2.3 Our Contracting Intentions also state that our aim is to move to a contractual position in line with our Strategic Plan ambitions to commission based on a 'whole population' model. This would be based on our System and Place model across the system and reflect eight 'population groupings':

- at Place level
  - five Integrated Care Partnerships/Providers;
- at System level:
  - a 'lead provider' model for Mental Health, Learning Disabilities and Autism
  - a collaborative approach to Acute care provision;
  - regional and local urgent and emergency care services, including 111/999 services, urgent treatment centres and out of hours primary care services.

2.4 To achieve this we are establishing a development programmes for each ICP to allow co-design and co-production of the most appropriate service and governance model for each Place. This is already well developed for some ICP's, so we will utilise this where we are able.

2.5 We will also utilise currently established infrastructure to support the move to new contacting models for system portfolios, ie a lead provider model for Mental Health and Learning Disabilities and greater acute collaboration.

2.6 The full plan will be presented to the Committee in November

## 3. MENTAL HEALTH, LEARNING DISABILITIES & AUTISM

3.1 Phase 1 of the transfer of Learning Disability & Autism resource from the CCGs to Black Country Healthcare was completed successfully on 1 October 2020. Phase 2, which includes more complex areas will follow when more clarity is received regarding certain external arrangements and the CCGs/Trust have agreed required operating practices for the remaining responsibilities to be transferred.

## 4. ACUTE SERVICES

4.1 As described above, our Strategic Plan describes the ambition for greater provider collaboration of our Acute/Community providers in the Black Country and West Birmingham.

4.2 We will be establishing a similar development programme, working with providers, to support the ambition of greater collaboration prior to the new financial year.

## 5. URGENT AND EMERGENCY CARE

5.1 As the host for the Regional Urgent and Emergency Care Team, we continue to support a number of innovations and service improvements across the Region, alongside managing our contracts with West Midlands Ambulance Service for 111 and 999 services.

5.2 The team also provides support to our CCGs on local issues in relation to urgent and emergency care, in addition to leading the COVID Incident Room for our STP.

5.3 As a system we are currently planning to implement '111 First' by December 2020. The NHS 111 First programme is a national initiative aimed at reducing walk-in or 'unheralded' traffic into Emergency Departments by enabling direct booking into Emergency Departments for callers to NHS 111. The Committee will oversee implementation from a commissioner perspective, however an STP Programme Board has been established reporting to the STP Urgent & Emergency Care Board

## 6. CRITICAL CARE – ADULT

6.1 A review of Adult Critical Care provision has been undertaken by NHSEI which has resulted in a number of recommendations being made. These recommendations relate to an expansion of ACC provision to enable elective work to recommence alongside responding to further COVID surges.

6.2 NHSEI have asked that the recommendations be responded to and delivered at a sub-regional level. For the Black Country & West Birmingham this means working with Birmingham and Solihull CCG to create a plan for Birmingham, the Black Country and Solihull.

6.3 A Collaborative is being brought together which includes representatives from both CCGs and from each of the Acute Trusts. The Critical Care Network for the area also participate.

6.4 Testing work has been completed to assess the deliverability of the growth projections set out by NHSEI. This has confirmed that the acute trusts have the collective potential to deliver on both an expansion to baseline provision and surge capacity but to realise this will require additional support in relation to workforce and capital expenditure. These requirements have been disclosed to NHSEI and a response is awaited

## 7. RECOMMENDATION

7.1 The Board is asked to note this report for assurance

**Matthew Hartland, Deputy Chief Executive Officer**



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# JOINT HEALTH COMMISSIONING BOARD

**DATE OF MEETING:** 13 October
**AGENDA ITEM:** 9.1

| | |
|---|---|
| **TITLE OF REPORT:** | Risk Update |
| **PURPOSE OF REPORT:** | To update the Board on work to align risks across the Black Country and West Birmingham CCGs |
| **AUTHOR(S) OF REPORT:** | **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:** | • Work is underway to align risk management arrangements across the four CCGs. This includes identifying risks from existing risk registers that need to be considered a system and place level.<br>• The JHCB Committees will considering how to manage risks identified as being under their purview throughout October and November. This will include escalating any risks to the JHCB as appropriate.<br>• The JHCB should also consider any new risks identified through the meeting.<br>• The risk alignment work will be used to support the development of an assurance framework for Governing Bodies at their next meeting. |
| **RECOMMENDATION:** | **That the JHCB:**<br>• **Note the on-going work by committees on risk management**<br>• **Identify any risks for inclusion on the JHCB Risk Register from the discussion at the meeting** |
| **CONFLICTS OF INTEREST:** | There are no identified Conflicts of Interest |
| **LINKS TO CORPORATE OBJECTIVES:** | Risks may be identified that impact on the achievement of all of the Corporate Objectives |
| **ACTION REQUIRED:** | X Assurance<br>☐ Approval<br>☐ For Information |
| **Possible implications identified in the paper:** | |
| Financial | |
| Risk Assurance Framework | This paper highlights the work to develop the Risk Assurance Framework |
| Policy and Legal Obligations | |
| Equality & Diversity | |
| Governance | The Risk Assurance Framework is supported by work throughout the Governance structure |



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**JOINT HEALTH COMMISSIONING BOARD – 13 OCTOBER 2020**
**RISK UPDATE**

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## 1.0 INTRODUCTION

1.1 In order to provide assurance to the CCGs' Governing Bodies that it is effectively delivering the duties delegated to it, the Joint Health Commissioning Board (JHCB) should identify and effectively manage the risks to it achieving its objectives. This will support the Governing Bodies in establishing their own Governing Body Assurance Frameworks.

1.2 To support the JHCB in this work, the Governance Team have been working with appropriate leads and the Board Committees to develop an approach to managing risks in an aligned way. This will support the Committees in establishing their own risk registers and in escalating risks to the Board for its own Risk Register.

## 2.0 DEVELOPMENT OF COMMITTEE RISK REGISTERS

2.1 In order to deliver the Black Country and West Birmingham CCGs shared objectives there needs to be an aligned approach to managing risk across the system. This needs to reflect the complexity of the assurance arrangements across both the commissioning functions delegated to the JHCB and through non-commissioning functions and statutory committees working in common.

2.2 The Governance team has been working with committee leads to map how risks identified through the CCGs' old governance arrangements should be managed across the new governance arrangements. In particular highlighting which risks should be managed at a system level (including risks identified individually in each CCG that could be consolidated) and which will continue to be managed at a Place level.

2.3 This work is taking place throughout October and November as the committees begin to meet and will support the committees in identifying any risks that need to be escalated to the JHCB for management. Any risks identified through this process will be highlighted at the Board's next meeting.

## 3.0 JHCB Risk Register

3.1 In addition to the risks identified through the work of the committees, the JHCB should identify any risks from the discussion at the meeting in relation to its areas of responsibility. This will then be used to develop both a risk register for the next meeting of the JHCB and to support the development of the Governing Body Assurance Frameworks at the next meeting of the CCG Governing Bodies.

## 4.0 RECOMMENDATION(s)

1) **Note the on-going work by committees on risk management**
2) **Identify any risks for inclusion on the JHCB Risk Register from the discussion at the meeting**

**Peter McKenzie**
**Corporate Operations Manager, Wolverhampton CCG**

## REPORT SIGN-OFF CHECKLIST

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

| | **Details/ Name** | **Date** |
|---|---|---|
| Clinical View | N/a | |
| Public/ Patient View | N/a | |
| Finance Implications discussed with Finance Team | 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 | Peter McKenzie – Report Author | October 2020 |
| Other Implications (Medicines management, estates, HR, IM&T etc.) | N/a | |
| Any relevant data requirements discussed with CSU Business Intelligence | N/a | |
| **Signed off by Report Owner (Must be completed)** | **Mike Hastings** | |