

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

Date: Tuesday 10 November 2020
Venue: Virtual Microsoft Teams Meeting
Chair: Dr Ruth Edwards, Dudley CCG

Time: 1pm
Room: n/a

AGENDA

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

Item	Time	Subject	Enc	Reason	Lead
1.		INTRODUCTION			
1.1	1.00pm	Welcome and Introductions			
1.2	1.01pm	Apologies for absence			
1.3	1.02pm	Declarations of Interest To request members to disclose any interest they have, direct or indirect, in any items to be considered during the course of the meeting and to note that those members declaring an interest would not be allowed to take part in the consideration for discussion or vote on any questions relating to that item			
1.4	1.03pm	Conflicts of Interest			
1.5	1.04pm	Review of minutes and actions from previous meeting – 8 September 2020 and Extraordinary meeting on 27 October 2020	<u>1</u>	Approval	Chair
1.6	1.10pm	Matters Arising			
2.		AO AND CHAIR UPDATE			
2.1	1.11pm	AO and Chair Verbal Update		Assurance	Paul Maubach/ Chair
3.		FINANCE			
3.1	1.20pm	Phase 3 Forecast Plan Submission Months 7 to 12 2020/21	<u>2</u>	Assurance and Approval	James Green
4.		GOVERNANCE			
4.1	1.50pm	Risk Management Update	<u>3</u>	Assurance	Mike Hastings
4.2	2.00pm	Update in Relation to the Post Application Merger Timeline and Key Duties	<u>4</u>	Assurance	Mike Hastings



5.		EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) CORE STANDARDS SELF-ASSESSMENT 2020/21			
5.1	2.15pm	NHS England & Improvement - Emergency Preparedness Resilience and Response (EPRR) Core Standards self-assessment 2020/21	<u>5</u>	Assurance	Matt Hartland
6.		ICP PROCUREMENT PROJECT BOARD			
6.1	2.25pm	Report of the Dudley Integrated Care Provider (ICP) Procurement Project Board.	<u>6</u>	Assurance	Neill Bucktin
7.		COMMITTEES ASSURANCE REPORTS			
7.1	2.35pm	Public Joint Health Commissioning Board Assurance Update Report	<u>7</u>	Assurance	Chair
7.2	2.40pm	Committees in Common Assurance Update Report	<u>8</u>	Assurance	Chairs of Audit and Governance/ Remuneration/ Primary Care Commissioning Committees in Common
8.		SUSTAINABILTY AND TRANSFORMATION PARTNERSHIP			
8.1	2.50pm	STP Report Update	<u>9</u>	Assurance	Paul Maubach
9.		RISK			
9.1	2.55pm	New Risks Identified			Chair
10.		DATE OF NEXT MEETING 12 January 2021 at 3pm via Teams			



**Governing bodies Held in common
Register of Interests**

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

			Member of BMA
			Treasurer, Local Medical Committee, Walsall.
Dr Harinder Baggri	CCG Clinical Executive Member, Modality GP Partner Berkley Practice	Walsall CCG	GP Partner, Kingfisher Berkley
			GP Partner, Walsall Modality has entered into long term partnership with Push Doctor
			Spouse is a salaried GP at Kingfisher Berkley
			Walsall Modality GP Partner
Dr Ian Sykes	chair of CCG	SWB CCG	British Medical Association Member
			Royal College of GP's Member
			Conservative Party Member
			Oakham Surgery Building Part owner of the Oakham Surgery building, which is rented out to YHP to provide General medical services, and from which I therefore receive an income
			Tividale Pharmacy receive a share of the profits generated at the Pharmacy
			Health Harmonie Health Harmonie rent a small space in the Oakham Surgery building.
			Patient at a member practice of the CCG
Dr J Teoh	Clinical Executive for Integrated Assurance	Walsall CCG	GP Partner at St Peters Surgery
			Spouse is a Clinical Advisor for NHS England and GP Partner at Sutton Coldfield Group Practice
Dr Jonathan Darby	Clinical Executive Acute & Community Commissioning	Dudley CCG	Birmingham Director Manor Abbey Investments Ltd
			Medical Advisor for BBC Drama,
			Salaried GP - St Margaret's Well Surgery
Dr Karlis Armands Grindulis	Secondary Care Consultant	SWB CCG	BMI Priory Hospital Birmingham Private Practice in Rheumatology at BMI Priory Hospital Birmingham
			Orchard School Oldbury Spouse is Chair of Governors
			The Feeding Clinic CIC Wife is director
			Babylon GP at Hand Son-in-law is a GP who undertakes sessional work for Babylon - GP at hand
Dr Manir Aslam	Governing Body GP Member	SWB CCG	Broadway Health Centre Birmingham GP Partner
			SWBHT Wife is a consultant
			Broadway property company limited Director - BPC owns the building in which the practice is situated
			Broadway Health limited Director - provider of primary medical services
Dr Manjit Kainth	Governing Body GP Member	Wolverhampton CCG	Private GP at Nuffield Health
			Director at Unity PCN
Dr Masood Ahmed	Chief Medical Officer	Black Country and West Birmingham CCG's	Director of LISN Ltd.
			Non-Executive Director of Lavanya Plus Ltd.
Dr Mohammad Asghar	Governing Body GP	Wolverhampton CCG	GP and Director Health and Beyond Ltd.
			Member of Wolverhampton LMC
Dr Mohit Mandiratta	GP Board Member	Dudley CCG	GP Partner at Feldon Practice (with partner based shareholding in Futureproof)
			Partner is an employee of Sandwell and West Birmingham NHS Trust
Dr Nasir Asghar	Chair of North Locality, Clinical Advisor for Medicines Management & Urgent Care	Walsall CCG	A Partner at Pinfold Medical has independent interests in Walsall Alliance and Waldoc
			AQP Minor Surgery Contract held by Pinfold Medical
			Senior Partner, Pinfold Medical, GMS Practice
			Shareholder in Walsall Alliance GP Federation
			Shareholder OurNet Health Services
			Unpaid Trustee of a UK charity - iGive
			Walsall North PCN Clinical Director
Dr Parmjit Marok	Governing Body GP Member	SWB CCG	Rotton Park Medical Centre GP Partner and manager - RPMC is part of ICOF PCN (not a member of the board)
			Royal College of GP's Member
			NHS England GP appraiser - Appraising local GP's

			Health Education England Training Program director across west midlands with responsibility for Quality, Prescribing and Patient Safety
			ICOF Primary Care Network Member
			Health Education England - West Midlands Deanery GP Trainer - Training junior doctors in the West Midlands Deanery
			Dr Inderjit Marok - GP Partner and Rotton Park Medical Centre and governing body member SWB CCG and SWB IT Sponsor (until end 2018), member of ICOF PCN) Father - GP Partner and Rotton Park Medical Centre and governing body member SWB CCG and SWB IT Sponsor (until end 2018), member of ICOF PCN)
			Jaginder Marok - Practice Nurse at Rotton Park Medical Centre Mother
Dr Priyanand Hallan	Governing Body GP Member	SWB CCG	Scott Arms Medical Centre involved in a new primary care development Scott Arms Medical Centre that is under development.
			Practice Development LTD director of Practice Development LTD which provides non-GMS medical services and Aesthetic medicine
			Providers 4 Health PCN Member
			Great Barr PCN Member
			Parkhouse Surgery Partner at Parkhouse Surgery, providing GMS services
Dr Purshotam Das Gupta	Board Member Dudley & Netherton Locality	Dudley CCG	GP Partner at Links Medical Practice
			Shareholder, Future Proof Health Limited (via practice shareholding)
Dr R Sandhu	Locality Lead West	Walsall CCG	Clinical Director for West One Walsall PCN
			Director of RheumDoc
			GP Partner Modality Partnership – Kingfisher Berkley Practice
			Medical Director, Modality Walsall Division
			Spouse is Consultant Rheumatologist, RHH
Dr Rajshree Rajcholan	WCCG GP Lead for Quality and Safety Governing Body Member	Wolverhampton CCG	None
Dr Rashi Gulati	Governing Body Member	Wolverhampton CCG	Husband is a Consultant at Royal Wolverhampton Trust
Dr Ruth Edwards	Chair of CCG	Dudley CCG	Shareholder, Future Proof Health Limited (via practice shareholding)
			GP Partner - AW Surgeries
Dr Salma Reehana	Chair of the Governing Body	Wolverhampton CCG	Member of BMA
			Fellow of RCGP
			Member of MDU
			Member of FSRH
			Mr Manjt Jhooty, Director of Health & Beyond is Governing Body Lay Member for Audit and Governance at Walsall CCG
			Practice is part of Primary Care Home 2 and partners have lead roles in the organisation
Some of my partners within Health & Beyond are also part of WDL which manages Showell Park and AMPS Practice. I have no links directly with Showell Park.			
			Board Member - Accord Housing Group
			Director - Matrix Global Holdings LLtd.
Dr Sandeep Kaul	Governing Body Board Member Locality Lead: East Clinical Advisor Mental Health	Walsall CCG	BMA Member
			Clinical Director Walsall East 1 Primary Care Network
			GP Partner at Leamore Medical Centre (Harden) and New Road Health Centre (Brownhills). Both GMS. My GP Partners are family members (Father, Mother and Wife)
			LMC Committee Member
			Parents are directors in a private Ltd company providing nursing care to elderly residents in a nursing home in Walsall
			Shareholder and Company Director for OurNet Health Services Ltd
			Shareholder in ACEPAY Ltd: providing care in nursing home owned by family
			Shareholder in LATON Ltd leasing property to ACEPAY Ltd
			Shareholder in Walsall Alliance GP Federation

Dr Tim Horsburgh	Clinical Executive for Primary Care & LMC Representative	Dudley CCG	Clinical Executive for Primary Care
			Clinical Lead for SWITCH
			Clinical Lead GP MCP
			Designated Medical Officer Dudley CCG
			Secretary for Dudley LMC
Emma Smith	Governance Support Manager	Dudley CCG	Vice Chair/Governor at Netherton Park Nursery
Geraint Griffiths-Dale	Walsall Managing Director	Black Country and West Birmingham CCG's	Fellow of CIPFA
			Member of CIPFA
Helen Mosley	Lay Member	Dudley CCG	Interim Communications Consultant - University Hospital Coventry and Warwickshire NHS Trust
			Voluntary Director, Wyre Community Land Trust
Helen Ryan	Practice Manager Representative Governing Body Member	Wolverhampton CCG	My Practice, Penn Manor Medical Centre is now fully integrated with the Royal Wolverhampton Trust
James Green	Chief Financial Officer	Black Country and West Birmingham CCG's	Oxford Biomedica PLC Small shareholding in Oxford Biomedica PLC
			Registered patient at The Northway Medical Centre (Dudley CCG)
Janette Rawlinson	Lay Member	SWB CCG	Just Real Solutions Principal Consultant
			SCVO (sandwell council for Voluntary Organisations) and BVSC (Birmingham Voluntary Service Council) Clients of Just Real Solutions - Consultancy Work
			CRUK (Cancer Research UK) Stratified Medicine Programme Board Lay Governance Member
			NCRAS Clinical Reference Group (National Cancer Registration and Analysis Service) Member of RICCR working group- (Review of Informed consent cancer registry)
			Macmillan User Reference Group Member – Horizons Survivorship Study
			British Thoracic Oncology Group Advocate at conferences, clinical trials, annual meetings and Steering Group Member(Apr 2017)
			Society of Cardiothoracic Surgery Patient Advocate
			NHS England Member of Clinical Expert Group (lung cancer) and LC Screening Advisory Group
			European Respiratory Society Speaker at annual congress on lung screening, member of screening group
			University of Birmingham PPI Member for medical school, speaker at UG Genomics session
			EORTC - European Organisation for Research and Treatment of Cancer Speaker at 3rd international survivorship summit and Patient Days Workshop
			Takeda Speaker at industry workshop
			ECCO - European Cancer Organisation Speaker at resolution passing summit, Vienna
			European Lung Foundation Member of Patient Advisory Group (lung cancer) and cross patient advisory group
			Roy Castle Lung Cancer Foundation Advocate / Fundraiser, member of patient literature review panel
			Grant Thornton Attend Non-Exec directors trainer sessions
Jayne Emery	Chief Officer of Dudley Healthwatch	External	Employee of Dudley CVS which holds contracts funded by Dudley CCG
			Utility Regulator, Belfast – Independent Chair of the Audit Committee and Freedom of Information Appeal person
Jim Oatridge	Interim Deputy Governing Body	Wolverhampton CCG	

OBE	Chair		WRAP, Banbury – Trustee and Chair of Audit Committee of the Charity
			GPS Solihull, a large GP partnership in Solihull providing largely NHS primary care services. Position of independent board member and chair of remuneration committee.
			University of Wolverhampton, Board member and Chair of Audit and Risk Committee.
			Fellow, Chartered Institute of Public Finance and Accountancy, London.
			Fellow, Chartered Institution of Water and Environmental Management, London.
			Chartered Member, Society for the Environment, London
			Chartered Member, Chartered Institute of Public Relations, London
			Member, Water Conservators Livery Company, London.
			Freeman, City of London Corporation
CIWM, Northampton – Independent Chair of the Audit and Risk Committee..			
Jodi Woodhouse	Head of Corporate Governance	SWB CCG	Partner is employed at Ramsay Healthcare
John Taylor	Chair - Healthwatch Sandwell	External	Director John Taylor Consultancy
			Trustee, Heart of England Community Funds
			Presiding Justice Magistrates Courts
			Member of the Lord Chancellors Advisory Committee
			Volunteer, Oxfam
			Previous chair, Healthwatch Walsall
			Chair, Healthwatch Sandwell
Consultant, CQC and Healthwatch England			
Julie Jasper	Lay member - Audit	SWB CCG	Member of CIPFA
			Westlands Associates Ltd. Managing Director
			Rowley View Nursery School I am Chair of Governors (this is an unpaid position)
Laura Broster	Director of Communications & Public Insight	Black Country and West Birmingham CCG's	Director of Shrops Hire Solutions Ltd
Manisha Patel	Senior Executive Assistant	Black Country and West Birmingham CCG's	None
Manjit Jhooty	Lay Member for Audit & Governance	Walsall CCG	Green Monkey Drink Ltd
			Health And Beyond Ltd and Health Beyond Partnership - Shareholder and Managing Partner in Wolverhampton GP practices
			HSL - Director - Director Director/ Management consultancy activities other than financial management tor – Shareholder
			Jhoots Group Ltd Director – Shareholder Holding Company for Jhoots Companies
			Jhoots Healthcare Ltd Director – Shareholder Pharmacies across England
			Jhoots Lets Ltd Director – Shareholder Residential letting organisation
			Jhoots Pharmacy Ltd and Jhoots Chemist Ltd Director – Shareholder Pharmacies across England
			Medepos Ltd - Director Epos Provider for Pharmacy
			NAPC – Council Member
			Pasab Ltd t/a Jhoots Pharmacy, Director – Shareholder, Pharmacies across England
			Walsall Economic Board – Vice Chair
			Walsall Housing Group View Board – Board Member
			Walsall Local Integration Partnership Board
			Wolverhampton CCG –Chair Of CCG Dr. S. Reehana Known to me as she is also a partner in Health and Beyond Partnership
			Health and Beyond Property Ltd.
Matrix Global Holding – Holding Company for external investment			
MIS Global Holdings LTD (12682667)			

			KARAKORAM WELLBEING CENTRES LIMITED (12682551) – Global wellbeing Centre’s
			KARAKORAM SKINCARE LIMITED (12682667)
			KARAKORAM INNOVATION LIMITED (12683004)
			KARAKORAM TECHNOLOGIES LIMITED (12684550)
			OCTOPWS INNOVATION LIMITED (12614804) – Project management solution
			KARAKORAM GLOBAL HOLDINGS LIMITED (12679959)
			STARFISH LABS HOLDINGS LIMITED (12590528) Software Development and APPs solution
			HAFREN SCIENTIFIC LTD (06769895 – Non-Executive Director – Oil and Gas solutions
			TECH SYSTEMZ LIMITED (09665597) IT solutions Company
			BHNC LTD. (04791219) – Property Holdings Company
Matthew Hartland	Deputy Accountable Officer	Black Country and West Birmingham CCG's	Director of Dudley Infracare Lift LTD
			Director of Infracare (Walsall and Wolverhampton)
			Limited Director of Whitbrook Management Company
			Member of Chartered Institute of Public Finance and Accountancy
Michelle Carolan	Sandwell Managing Director	Black Country and West Birmingham CCG's	Daughter employed at SWB CCG in Quality team
Mike Abel	Lay Member Commissioning	Walsall CCG	Chair, Director Chuckery Festival
			Chair. Chuckery NHW
			Partner works for Black Country Healthcare NHS Foundation Trust
Mike Hastings	Director of Technology and Operations	Black Country and West Birmingham CCG's	Governing Body Member, Wolverhampton Voluntary Sector Council.
			Vice Chair, City of Wolverhampton College Board of Governors
Neill Bucktin	Dudley Managing Director	Black Country and West Birmingham CCG's	Director, North East Worcestershire Enterprises Ltd
			Member of Managers in Partnership
			Non-Executive governor and Chairman of the Corporation, Heart of Worcestershire College (A general further education college which provides services for young people with special educational needs and disabilities of the sort commissioned from time to time by the CCG.)
Paul Maubach	Accountable Officer	Black Country and West Birmingham CCG's	Chief Accountable officer at all 4 CCG's within Black Country and West Birmingham
			Member of CIPFA
			Member of Managers in Partnership
			Married to Director of Operations, Strategy and Partnerships, Dudley Integrated Health & Care
Paul Tulley	Wolverhampton Managing Director	Black Country and West Birmingham CCG's	None
Peter McKenzie	Corporate Operations Manager	Wolverhampton CCG	Wife is Staff Nurse at the University Hospital North Midlands Trust
Peter Price	Independent Lay Member	Wolverhampton CCG	Chartered Institute of Public Finance and Accountancy - member
			Housing Group Plus - appointed as interim Chair of the Care Plus which is a subsidiary of Housing Plus.
Pip Mayo	West Birmingham Managing Director	Black Country and West Birmingham CCG's	None
Rachael Ellis	Deputy Accountable Officer	Black Country and West Birmingham CCG's	Parachute Healthcare Ltd. Director of Parachute Healthcare LTD (specialist consultant in urgent and emergency care
			National Ambulance Commissioners Network Chair of the National Ambulance Commissioners Network
			NHS Clinical Commissioners Board Member of the Board as the NACN representative
Rachel Barber	Lay member - Public & Patient Participation Involvement	Walsall CCG	A2Dominion Industry Advisor
			Justice of the Peace
			Non-Executive Director – Homes Board, Housing Plus



			Onward Housing NED
			Sister in law is a Health Care Assistant at Wolverhampton Eye Infirmary
			North Wales Police Joint Audit Committee Chair
Ranjit Sondhi	Lay member, CCG Vice Chair	SWB CCG	Hope Projects Birmingham Trustee
			National Citizens UK Trustee
			Nishkam Health Project Board Member
			Sampad Chairman
			Birmingham and Solihull CCG Wife is Non-Executive Director
			Guide dogs for the Blind Board Member
Rebecca Willetts	Clinical Lead for Integration, Older Adults and GP Education	Dudley CCG	GP Partner at Wychbury Medical group
			Shareholder in Future Proof Health (shares held via Wychbury Medical group~)
Rhod Mitchell	Co-Opted Independent Member, chair of Western Birmingham JCC	SWB CCG	Paradigm Hospitality Ltd Director
			The Liberty Collection Ltd Director
Sally Roberts	Chief Nursing Officer	Black Country and West Birmingham CCG's	Member of NMC
Sara Saville	Head of Corporate Governance	Walsall CCG	Daughter Staff Nurse at Royal Wolverhampton NHS Trust
			Member of MIP Union
			Sister Nurse at County Hospital
			State Registered Podiatrist
Sue McKie	Lay Member for Patient and Public Involvement	Wolverhampton CCG	None
Therese McMahon	Lay Member	SWB CCG	None
Tony Allen	Lay Member	Dudley CCG	BRIO Leisure
			Director - TNL Consulting Ltd
			Inclusion Housing
			Mastercall Healthcare Out of Hospital
			Non Executive Director - Shrewsbury & Telford NHS Trust
William Leslie Trigg	Governing Body Lay Member	Wolverhampton CCG	Member/Director – The Rural Enterprise Academy Financial Director (Trustee) – Uttoxeter Learning Trust



PUBLIC GOVERNING BODIES IN COMMON

TUESDAY 8 SEPTEMBER AT 1PM VIA VIRTUAL TEAMS MEETING

M I N U T E S

MEMBERS

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

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

PARTICIPATING ATTENDEES

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

GBiC033/2020	WELCOME AND INTRODUCTIONS
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Dr Edwards welcomed all attendees to the Public Governing Bodies in Common meeting.

GBiC034/2020	APOLOGIES FOR ABSENCE
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Apologies were received from:

Name	Title	CCG
Mrs Racheal Ellis	Deputy Accountable Officer	Black Country and West Birmingham CCGs
Dr Jonthan Darby	Clinical Executive	Dudley CCG
Dr Nasir Asghar	Locality Lead (North)	Walsall CCG
Dr Harinder Baggrri	GP Governing Body Member	Walsall CCG
Dr Sandeep Kaul	Locality Lead (East)	Walsall CCG
Ms Sue McKie	Lay Member	Wolverhampton CCG
Mr Peter Price	Lay Representative	Wolverhampton CCG
Mr David Watts	Wolverhampton Local Authority Representative	Wolverhampton CCG

GBiC034/2020	DECLARATIONS OF INTEREST
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Members were asked to disclose any conflict of interest they may have, direct or indirect, in any of the items to be considered during the course of the meeting and to note that those Members declaring an interest would not be allowed to take part in the consideration or discussion or vote on any questions relating to that item.

GBiC035/2020	MINUTES FROM THE LAST MEETING
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The following amendments were noted:

- In Sandwell and West Birmingham CCG all lay members' titles are Lay Member not lay representatives.
- Ms H Mosley was not present at the meeting.
- Page 8 of PDF document p8 pdf - bullet point above 'recommendations' should read 'until April 2021'
- Page 5 of PDF should read – 'He queried where did the ultimate responsibility for specialised commission lie for spec com patients so that it could be monitored regarding admissions.'
- Ms Becky Wilkinson's job title was confirmed as Wolverhampton Local Authority Representative.
- The date for the next meeting was incorrect and should be Tuesday 10 November 2020.

The minutes of the Governing Bodies in Common held on the 14 July 2020 were approved as an accurate record with the above amendments made.

GBiC036/2020	MATTERS ARISING FROM THE MINUTES
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There were no matters arising.

GBiC037/2020	ACCOUNTABLE OFFICER UPDATE
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Mr Maubach gave an update on the current situation regarding Covid 19 due to significant changes that had taken place during last week. There had also been a substantial increase in the number of calls taken by NHS 111 pertaining to concerns around Covid 19 though data was still being awaited regarding the number of calls which had translated into confirmed cases.

Mr Maubach reassured the Governing Bodies in Common (GBiC) members that meetings were taking place at both a local and STP level. There were also daily situation reports. He reiterated the need for the public to remain diligent and adhere to the regulations outlined by the Government to protect themselves and their families.

The Health Service Journal had produced an article on acute collaboration in the Black Country. Mr Maubach confirmed that the STP had received communication from NHS England and this was being looked at that the STP was actively engaging with the Trusts around this especially with guidance around moving into an Integrated Care Systems. Further updates would be brought back to the Governing Bodies.

Ms Broster further assured the GBiC members that the CCGs continues to promote messages regarding regular hand washing and were also incorporating this as part of the flu campaign targeting both adults and children.

Mr Maubach also introduced Dr Masood Ahmed as the new Chief Medical Officer for the Black Country and West Birmingham CCGs. Dr Ahmed would also take on the role of Chief Clinical Officer with responsibility for the digital agenda.

RESOLUTION:

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

GBiC038/2020

JOINT HEALTH COMMISSIONING BOARD UPDATE

Mr Hastings presented the Joint Health Commissioning Board update paper for assurance.

This included updates on:

Public meeting

- Vice Chair Appointment – Lay members to agree a process for the appointment of the vice chair
- Quality Assurance Report – An exception report was received by committee
- Finance Assurance Report – The CCGs are awaiting confirmation from NHSE/I that a balance of £9.2m for non Covid 19 expenditure above the allocation will be reimbursed
- Place Commissioning Assurance Report – Verbal updates on the July committees were presented
- Proposed Transfer of Commissioning Arrangement to Black Country Healthcare – There was approval to transfer the commissioning responsibility to the provider and the accompanying TUPE considerations
- Terms of Reference for Sub Committees – The TOR for the subcommittees were all approved

Private meeting

- Sandwell UTC – There was approval to proceed with the transfer of the walk-in-activity and associated finances
- West Birmingham UTC – There was approval to extend the current contract
- Non-Obstetric Ultrasound Service- There was approval with the recommendation presented in the paper
- There were no new risks identified by the JHCB

It was asked that the use of acronyms was minimised in reports in order for the understanding of terms to be easier.

Ms Barber asked if a review of the Joint Health Commissioning Board had been undertaken such as the one that had taken place at the Primary Care Commissioning in Common. Mr Hasting said it hadn't but he would be happy to take the comments on board and asked Ms Barber if they could talk more outside of the meeting.

Recommendations: To note the update from the Joint Health Commissioning Board.

RESOLUTION:

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

Mr Green gave an update on the month 4 finance report.

He advised the Finance and Sustainability (F&S) Committee met on the 27 August 2020 for the first time. A number of reports were received at the meeting. The key statements were listed in the report as 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 5th March 2020.
- The draft financial plan submitted included a net surplus of £4.5m across the four CCGs.
- With the need for the NHS to focus its efforts on the COVID-19 pandemic, NHSE/I issued a letter on 17th March 2020 confirming that the operational planning process had been stood down.
- Guidance was received in May 2020 confirming a new temporary financial regime would be put in place for months 1 to 4 as a minimum with CCGs expected to break-even.
- As at month 4 the four CCGs have reported an in-year year-to-date deficit of £14.226m at ledger close. This includes £10.394m of expenditure directly related to the COVID-19 response incurred, which has yet to be reimbursed, but pending NHSE/I approval, is expected in month 5 as an allocation adjustment. COVID-19 expenditure to month 2 for NHS Walsall CCG and month 3 for the other CCGs totalling £13.165m has been reimbursed to date.
- This leaves a balance of £3.832m for non-COVID-19 expenditure that is over-and-above the allocation provided by NHSE/I, which the CCGs are also expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment per the guidance issued in May 2020. At the date of this report this has not yet been confirmed by NHSE/I.
- Details have yet to be confirmed, but the CCGs are expecting to be requested to submit a full year forecast for 2020/21 during September 2020.

Since the writing of the report, it had now been confirmed that the £14.2m had been received making a break even for all four CCGs at the end of Month 4.

All CCGs had achieved the Better Practice Target. The final 6 months of the regime still remained at risk.

Ms Jasper the Chair of the Finance and Sustainability Committee spoke of the good session that had taken place. She would be writing out to GP members to ask for expressions of interest for a Vice-Chair. She said that the Governing Bodies should be assured of the robust work taking place.

Ms Rawlinson said that given the changes that had happened during Covid if there was room for modification of resources to deal with this. Mr Green said that they would look at this but were constrained by the financial regime and that each request and pressure would need to be looked at.

Mr Sondhi asked why the month 4 financial reports for the four CCGs totals were very different and how would this be explained. Mr Green said that £13million had been reimbursed. Walsall had only received a month's reimbursement. The query had been raised by NHSE for Walsall that the non-recurrent income that had previously not been received and the calculations made at NHSE had not taken this into account. The teams had worked together and had now been rectified.

Recommendation: The Governing Bodies in Common is asked to review and note the month 4 (July) 2020/21 reported position.

RESOLUTION:

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

Mr Evans presented the report in 2 parts for information and assurance.

It contained an overview of ICC activity, cases and system resilience at various escalation points. Staff continued to work dynamically and especially with regards to Sandwell and West Birmingham CCG at the moment. It was

asked that it was noted that it had been mentioned in the news that there had been difficulty in availability of pillar 2 testing which was for the general public, but this had not been an issue in the region. The Governing Bodies have to sign off the Emergency Planning and Preparedness and Assurance self-assessment. This is usually an extremely comprehensive assessment, but NHSE have taken a more pragmatic style this year due to Covid 19. The CCGs are asked to submit a statement of assurance which includes an updated position on any organisation that was rated partially or non compliant in 19/20. Walsall NHS Trust were partially assured last year but work is ongoing with the Trust around this and that once this has been completed a letter would be required to this affect to meet the deadline of 31 October.

Ms Rawlinson asked if other areas in the Black Country would be following suit with the establishment of a telephone line introduced in Birmingham to feedback about organisations not following guidelines and also if there were any implications of the abolishment of Public Health England and the establishment of the new organisation and if this would impact any of the work being undertaken by the team. Mr Evans advised that that he was aware of the line but was not aware currently of this being rolled out throughout the rest of the Black Country. He also said that he was not aware of any changes affecting the team at the moment but was in regular contact with the regional team.

A query was raised to if there was a lead EPRR CCG, Mr Evans advised that Ms Ellis was the CCG Lead but as she was currently on sick leave this was being picked up by Mr Hartland. It was suggested that this was picked up outside of the meeting with Mr Maubach and the Governance Leads.

Mr Sondhi asked if due to the rapidly changing situation would there be daily calls again for senior managers. Mr Evans advised that this would be discussed at the meeting that would be taking place today.

Recommendations:

1. The Governing Body to be assured that via the BC&WB coordinating ICC there remains in place robust surge monitoring, escalation triggers and EPRR governance. This is underpinned with a network of very senior executive partners which if required will meet daily to safely manage the local healthcare system
2. The Governing Body note the letter from NHSE/I issued on the 20 August 2020 detailing the EPRR annual assurance and winter planning process and the ongoing work by the CCGs to deliver a statement of assurance response by the 31 October 2020 deadline

RESOLUTION:

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

GBiC041/2020

TCP TRANSFER UPDATE

Mr Marshall gave a further update at on the Transforming Care Partnership Transfer following the last Governing Bodies in Common meeting in July 2020.

The transfer had been agreed in principle at the August Joint Health Commissioning Board following a change of wording of the recommendation which was agreed by Chairs action and now read:

“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”

This was also approved at the BCHFT on the 26 August 2020. A consultation period had now started on 1 September 2020 with a planned move from the 1 October 2020. The members were asked to note that this had gone through all the relevant Boards and processes.

RECOMMENDATIONS:

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

RESOLUTION:

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

GBiC042/2020**UPDATE FROM DUDLEY ICP PROCUREMENT PROJECT BOARD**

Mr Bucktin gave an update from the Dudley ICP Procurement Project Board.

With effect from the 1 October 2020, the existing contract held by the ICP would be extended to cover for additional areas of responsibilities such as the provision for Primary Care services including High Oak practice in Dudley and some CCG responsibilities. The consultation period was currently taking place prior to the TUPE period of some staff and Mr Bucktin was having 1:1s with them. It was anticipated the transfer would take place on the 1 October 2020.

There were some intensive negotiations taking place with the Trust and their material sub-contractors (Dudley Group Foundation Trust and Black Country Foundation Trust) which were proving to be quite challenging. A number of STP level meetings had taken place to try and assist with this.

Work was on track to enter regulatory processes on 30 September which included the submission of the full business case by the Trust and the CCG submission of all their documents. Also included in the pack was a revised TOR for the project board.

Mr Maubach asked that his thanks was noted for the whole team and in particular Mr Bucktin for the work they had been doing to manage this situation. He also made reference to the reasoning behind the need for STP level meetings taking place. It was around the challenge by Dudley Groups around their own submission made two years ago including the transfer which they had agreed to. This was putting significant pressure on Mr Bucktin and his team to help to try and resolve this and he asked the committee members to note and recognise the risk because of this.

It was agreed that a lessons learnt exercise would be beneficial. There had been public and patient engagement for this which had shown support for the ICP so the delay was frustrating. Some delay had been down to new appointments within the Trust and a lack of understanding regarding the decisions that had been made previously by their organisation which was now impacting on a system wide basis.

It was confirmed that the ICP would be the first in the country and also that any risks identified were noted at the project board.

RECOMMENDATION:

1. That the matters considered by the ICP Procurement Project Board be noted.
2. That the amended terms of reference be approved.

RESOLUTION:

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG – Received the paper for assurance and approved the amended terms of reference.

GBiC048/2020**DATE AND TIME OF NEXT MEETING**

Tuesday 10 November 2020 at 1pm

EXTRAORDINARY PUBLIC GOVERNING BODIES IN COMMON

TUESDAY 27 OCTOBER AT 1PM VIA VIRTUAL TEAMS MEETING

MINUTES

MEMBERS

Name	Title	CCG
Dr Ruth Edwards	CCG Chair (Chair)	Dudley CCG
Dr Chris Handy	Lay Representative	Dudley CCG
Dr Tim Horsburgh	GP Governing Body Member	Dudley CCG
Mr Alan Johnson	Secondary Care Consultant Representative	Dudley CCG
Dr Mohit Mandiratta	GP Governing Body Member	Dudley CCG
Ms Helen Mosley	Lay Representative	Dudley CCG
Dr Rebecca Willetts	GP Board Member	Dudley CCG
Dr Ian Sykes	CCG Chair	Sandwell and West Birmingham CCG
Dr Syed Ahmed	GP Governing Body Member	Sandwell and West Birmingham CCG
Dr Manir Aslam	GP Chair – System Commissioning Sub-Committee	Sandwell and West Birmingham CCG
Dr Karl Grindulis	Secondary Care Consultant Representative	Sandwell and West Birmingham CCG
Dr Priyanand Hallan	GP Governing Body Member	Sandwell and West Birmingham CCG
Ms Julie Jasper	Lay Representative	Sandwell and West Birmingham CCG
Dr Parmjit Marok	GP Governing Body Member	Sandwell and West Birmingham CCG
Ms Therese McMahon	Lay Representative	Sandwell and West Birmingham CCG
Ms Janette Rawlinson	Lay Representative	Sandwell and West Birmingham CCG
Mr Ranjit Sondhi	Lay Member, Vice Chair	Sandwell and West Birmingham CCG
Dr Anand Rischie	CCG Chair	Walsall CCG
Mr Mike Abel	Lay Representative	Walsall CCG
Dr Nasir Asghar	Locality Lead (North)	Walsall CCG
Miss Rachel Barber	Lay Member for Patient and Public Involvement	Walsall CCG
Mr Manjit Jhooty	Lay Representative	Walsall CCG
Dr Joo Teoh	GP Chair – Quality and Performance Sub-Committee	Walsall CCG
Dr Salma Reehana	CCG Chair	Wolverhampton CCG
Dr Mohammed Asghar	GP Governing Body Member	Wolverhampton CCG
Dr Joseph Burnett	GP Governing Body Member	Wolverhampton CCG
Dr David Bush	GP Governing Body Member	Wolverhampton CCG
Dr Manjit Kainth	GP Chair – System Commissioning Sub-Committee	Wolverhampton CCG
Ms Sue McKie	Lay Member	Wolverhampton CCG

Mr Jim Oatridge	Lay Representative	Wolverhampton CCG
Mr Peter Price	Lay Representative	Wolverhampton CCG
Mr Les Trigg	Lay Member for Finance and Performance	Wolverhampton CCG
Mr Paul Maubach	Accountable Officer	Black Country & West Birmingham CCGs
Mr James Green	Chief Finance Officer	Black Country & West Birmingham CCGs

PARTICIPATING ATTENDEES

Name	Title	CCG
Dr Jonathan Bowen	West Birmingham GP	Sandwell and West Birmingham
Ms Laura Broster	Director of Communications	Black Country & West Birmingham CCGs
Ms Michelle Carolan	Managing Director - Sandwell	Black Country & West Birmingham CCGs
Mr Geraint Griffiths	Managing Director – Walsall	Black Country & West Birmingham CCGs
Mr Mike Hastings	Director of Technology and Operations	Black Country & West Birmingham CCGs
Mr Peter Warrener	Director of HR	Black Country & West Birmingham CCGs
Ms Tracy Cresswell	Healthwatch Wolverhampton Manager	Healthwatch Wolverhampton
Ms Jayne Emery	Healthwatch Dudley – Chief Officer	Healthwatch Dudley
Mr John Taylor	Healthwatch Sandwell Chair	Healthwatch Sandwell
Ms Mandy Poonia	Healthwatch Walsall Chair	Healthwatch Walsall
Mr Peter McKenzie	Corporate Operations Manager	Wolverhampton CCG
Mr Rhod Mitchell	Co-opted independent member West Birmingham	Sandwell and West Birmingham
Ms Jayne Salter-Scott	Head of Engagement	Sandwell and West Birmingham
Mr Martin Stevens	Head of Business and Contract Performance	Sandwell and West Birmingham
Ms Jodi Woodhouse	Acting Head of Corporate Governance	Sandwell and West Birmingham CCG
Ms Jane Woolley	Head of PMO	Wolverhampton CCG
Miss Manisha Patel	Senior Executive Assistant to the Black Country and West Birmingham Chairs	Black Country & West Birmingham CCGs

GBiC049/2020	WELCOME AND INTRODUCTIONS
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Dr Edwards welcomed all attendees to the Public Governing Bodies in Common meeting.

GBiC050/2020	APOLOGIES FOR ABSENCE
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Apologies were received from:

Name	Title	CCG
Mrs Racheal Ellis	Deputy Accountable Officer	Black Country and West Birmingham CCGs
Mr Matthew Hartland	Deputy Accountable Officer	Black Country & West Birmingham CCGs
Ms Sally Roberts	Chief Nursing Officer	Black Country & West Birmingham CCGs
Mr Tony Allen	Lay Representative	Dudley CCG
Dr Jonthan Darby	Clinical Executive	Dudley CCG
Dr Fiona Rose	GP Governing Body Member	Dudley CCG
Ms Emma Smith	Governance Support Manager	Dudley CCG
Ms Bal Kaur	Director of Public Health	Dudley MBC
Mr Jason Evans	Acting Chief Officer for Integrated Urgent & Emergency Care, West Midlands Region	Sandwell and West Birmingham CCG
Dr Harinder Baggrri	GP Governing Body Member	Walsall CCG
Dr Sandeep Kaul	Locality Lead (East)	Walsall CCG
Dr Hammad Lodhi	GP Chair – System Commissioning Sub-Committee	Walsall CCG
Dr Ravinder Sandhu	GP Governing Body Member	Walsall CCG
Ms Sara Saville	Head of Corporate Governance	Walsall CCG
Ms Sue McKie	Lay Member	Wolverhampton CCG
Mr Peter Price	Lay Representative	Wolverhampton CCG
Dr Rajshree Rajcholan	GP Chair – Quality and Performance Sub-Committee	Wolverhampton CCG
Mr John Denley	Head of Public Health	Wolverhampton City Council
Mr David Watts	Wolverhampton Local Authority Representative	Wolverhampton City Council

GBiC051/2020	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.

GBiC052/2020	CONFLICTS OF INTEREST
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Following a query, it was established that the Chairs were not conflicted to discuss the GP Membership Outcome Vote agenda item.

There were no conflicts of interests declared.

GBiC053/2020	GP MEMBERSHIP OUTCOME VOTE
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The Chair started by saying that members would by now all be aware that following the recent vote and a 98% turnout, that GPs had voted in agreement for a merger of all CCGs with a result of 98% average. She thanked the

Interoperability Group for all their hard work from and the input from other teams. The Chair particularly thanked Ms Jane Woolley as the Head of PMO, Ms Jayne Salter Scott – Head of Engagement and Dr Masood Ahmed – Chief Medical Officer for their hard work in the production of documentation and engagement respectively.

Mr Hastings presented the paper and gave a brief overview of the work that had been undertaken by the Interoperability Group since the start of July 2020 after the Governing Bodies in Common (GBIC) had agreed to establish a Project Management team consisting of leads from HR, Communications, Engagement, Governance, Primary Care, and Finance. The programme has been supported by the Head of PMO, with the Director of Technology and Operations as the Executive Lead to co-ordinate this work.

A full engagement process had been undertaken and the report could be found in appendix one.

Each individual practice was asked to vote during the 13 October 2020 to 15 October 2020 period on the following question *“Do you support the merger of Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton Clinical Commissioning Groups to become a single Black Country and West Birmingham Clinical Commissioning Group?”*

The process was run by Civica to show a clear and transparent process and as stated by the Chair previously, the result showed a very high response rate from the four CCGs with 98% (204) of member practices in the four CCGs voting. There was an overwhelming majority to proceed (average 90%) with each CCG agreeing to the proposal (in accordance with their constitution), accordingly meaning the vote is passed.

Mr Hastings said that should committee members agree the recommendations here today, that there would be more work to be undertaken including the writing up of a new constitution, membership, functional responsibilities and ODS codes. Programmes plans with these work areas were already being worked on in anticipation.

The recommendations were as below:

- Agree that Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG and Wolverhampton CCG should merge to form a single new Black Country and West Birmingham CCG from 1 April 2021.
- Agree that an application is to be submitted to NHSE/I on 28 October 2020 to create the new Black Country and West Birmingham CCG.
- That the post application process commences from the 1st November 2020 and all tasks aligned and required to this process are developed and completed by 1st April 2020.

The Chair asked if there were any questions or comments that committee members would like to ask.

Mr Abel advised that there had been some issues in Walsall CCG around attendance for this meeting. However, all GPs had been polled and 3 GPs in addition to the Walsall Chair agreed to the recommendations. The Chair also advised that she had been sighted on the correspondence and was satisfied that Walsall had been responded with regards to quoracy.

Ms Mosley congratulated everyone on the great outcome. She asked if correspondence had been sent out to stakeholders and partners in addition to staff correspondence. Ms Broster advised that communications had gone out to BSOL and Partners, STP Partners, letters had gone from the AO and CMO to the LMC, GPs and CCG staff, included in stakeholder new including patients and public participation groups. If recommendations were agreed a press release would be sent out tonight which had been approved by NHSE/I.

Mr Johnson congratulated the team on the result. He asked if it had been identified which practices that had not voted for the merger and what action would be taken to address this. The Chief Medical Officer advised that information was available from Civica on how individual practice representatives had voted, this could be used to engage with practices to understand the reasons they had not supported the merger. A number of Governing Body Members highlighted that they felt the way individual practices had voted should be kept confidential to maintain the integrity of the process. It was noted that this information had not been shared by the Chief Medical Officer and, given the strength of feeling would not be used in this way in the future. It was also noted that it would be clarified that the process for any future similar voting arrangements would be made clear in the future.

Mr Sondhi commented that it was important to work with all practices and not to ignore minority votes as the statistics in the paper showed a 25% no vote in Sandwell. Ms Rawlinson added that there might have been some complacency in Sandwell as a vote in Sandwell and West Birmingham had taken place previously. She raised concerns around correspondence that had been sent from Birmingham partners that did not really understand the working being undertaken so it might be worth working with GPs and these partner organisations to build relations.

Ms Barber wanted to raise that that this was a huge and fantastic result. She said that a lot of constructive feedback had been received and wanted to make sure that this was addressed and responded to and asked if a plan could be made to look at this.

As the Chair of the Sandwell and West Birmingham, Dr Sykes commented that sometimes there had been issues previously with engaging some Sandwell practices but on a positive point a vote 18 months ago asking them if they wanted to work alongside Black Country colleagues had less agreement than what had been received this time round. He also advised that he had reached out to GP members in the stakeholder letter that they were welcome to either contact himself or Dr Ahmed if they had any concerns.

A question was raised if information could be made available around voting under the Freedom of Information (FOI) Act. Mr McKenzie advised that individual voting preference results would be likely to be exempt under FOI as Personal Information in accordance with FOI legislation.

It was reinstated that it was important that developing the new constitution following the comments with GP members was imperative and the Chair advised that the all four Chairs wanted to carry on building relations going forward.

The Chair thanked committee members for their honesty and openness in their comments at the meeting today. She agreed with the comment from Mr Price that the question around maintaining confidentiality around how practices had voted should be looked at as a learning exercise.

Each Chair to sign off the recommendations on behalf of their respective CCGs:

- The Chair of the Governing Bodies in Common and Chair of Dudley CCG – agreed.
- Dr Sykes Chair of Sandwell and West Birmingham CCG – agreed.
- Mr Abel (acting as Chair on behalf of Dr Rischie) Walsall CCG – agreed.
- Dr Reehana Chair of Wolverhampton CCG – agreed.

Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG, Wolverhampton CCG – Received the paper for approval and assurance and agreed that:-

- **Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG and Wolverhampton CCG should merge to form a single new Black Country and West Birmingham CCG from 1 April 2021.**
- **An application is to be submitted to NHSE/I on 28 October 2020 to create the new Black Country and West Birmingham CCG.**
- **The post application process commences from the 1st November 2020 and all tasks aligned and required to this process are developed and completed by 1st April 2020.**

GBiC053/2020

DATE AND TIME OF NEXT MEETING

Tuesday 10 November 2020 at 1pm

PUBLIC GOVERNING BODIES IN COMMON – OPEN ACTIONS

No	Minute No	Description	Responsible	Date Agreed	Deadline	Update
001	GBiC038/20	Joint Health Commissioning Board Update Ms Barber asked if a review of the Joint Health Commissioning Board had been undertaken such as the one that had taken place at the Primary Care Commissioning in Common.	Mike Hastings	08/09/20	08/09/20	08/09/20 – Mike Hastings agreed to take this up outside of the meeting. Closed
002	GBiC040/20	Covid19 Preparedness And 2020 EPRR Core Standards Assessment Report August 2020 A query was raised to if there was a lead EPRR CCG, Mr Evans advised that Ms Ellis was the CCG Lead but as she was currently on sick leave this was being picked up by Mr Hartland.	Governance Leads	08/09/20	08/09/20	08/09/20 - It was agreed that this was picked up outside of the meeting with Mr Maubach and the Governance Leads. Closed



GOVERNING BODIES IN COMMON

DATE OF MEETING: 10 November 2020
AGENDA ITEM: 3.1

TITLE OF REPORT:	Phase 3 Forecast Plan Submission Months 7 to 12 2020/21
PURPOSE OF REPORT:	To update the Governing Bodies on the Phase 3 forecast plan submission for months 7 to 12 2020/21.
AUTHOR(S) OF REPORT:	Thomas Devonshire, STP Finance
MANAGEMENT LEAD/SIGNED OFF BY:	James Green, Chief Finance Officer
KEY POINTS:	<p>Months 7 to 12 Forecast Plan Submission</p> <ul style="list-style-type: none"> NHSE/I released the system financial envelope for the Black Country & West Birmingham STP on 16th September 2020 with an expectation that the STP is 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 has submitted its draft forecast plan for months 7 to 12 2020/21 on 5th October 2020 and a final version on 20th October 2020. Individual organisations submitted their plans on 22nd October 2020. Through detailed forecasting and discussions and challenge it became apparent that the STP is unable to live within the NHSE/I system envelope due to a number of issues and errors within the allocations. These total £27.130m and the STP has submitted a forecast plan in-line with this value. The forecast deficit for the four CCGs in total is £6.811m against the allocation set by NHSE/I of £1.135bn. The reasons for the deficit are: <ul style="list-style-type: none"> £2.0m Digital Pathology cost pressure across the four CCGs; £3.2m Error in NHSE/I allocation relating to GP premises rebates at NHS Walsall CCG; and £1.6m DIHC cash shortfall funded by the CCGs.
RECOMMENDATION:	The Governing Bodies are asked to note the decision of the Finance & Sustainability Committee to approve the forecast plan submission and approve the upload of budgets to the ledger for months 7 to 12.
CONFLICTS OF INTEREST:	None identified
LINKS TO CORPORATE OBJECTIVES:	Maintain financial sustainability.
ACTION REQUIRED:	x Assurance x Approval
Possible implications identified in the paper:	
Financial	<p>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 6 year-to-date position to break-even had not yet been received, but are expected during month 7. Confirmation is expected on, or by, 30th November 2020.</p> <p>The STP has submitted its revised forecast plan for months 7 to 12 2020/21 on 20th October 2020 and individual organisations will submitted their detailed forecast plans on 22nd October 2020. CCGs have calculated a deficit of £6.811m</p>

	for months 7 to 12 against an allocation set by NHSE/I for the period. There are specific reasons for this deficit position as highlighted in the summary that are recognised by NHSE/I. If there is any allocation adjustment received in recognition of part, or all, of these issues then the deficit will reduce accordingly, assuming no other risks materialise over the coming months.
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 6 year-to-date position will exceed the allocations until confirmation is received from NHSE/I 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 and the allocation will be received in month 7. Confirmation is expected by, or on, 30 th November 2020. The months 7 to 12 forecast is for a £6.811m deficit, although this is dependent on the management of the net risk position and the impact of any risk-share arrangements being actioned in-year.
Equality & Diversity	There are no direct equality and diversity implications contained within, or impacted by, this report. However, Equality Impact Assessments are completed for individual efficiency schemes and other workstreams that have an impact on the CCGs' financial positions.
Governance	No specific governance implications identified.

1.0 INTRODUCTION

- 1.1 As reported in the monthly financial position reports to this committee, the four Black Country & West Birmingham CCGs have been unable to report a full year forecast for 2020/21 as a temporary financial regime was put in place for months 1-6 in response to the COVID-19 pandemic.
- 1.2 The CCGs have reported a year-to-date deficit of £11.877m including £6.427m of expenditure directly related to the COVID-19 response not yet reimbursed. The CCGs expect this to be reimbursed by, or on, 30th November 2020, but have yet to receive confirmation from NHSE/I that the full amount will be reimbursed.
- 1.3 On 16th September 2020, NHSE/I released the system financial envelope for the Black Country & West Birmingham STP (see section 2.0) with an expectation that the STP is 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.
- 1.4 The STP submitted its draft forecast plan for months 7 to 12 2020/21 on 5th October 2020 (see section 3.0) and a revised and final forecast plan on 20th October 2020 (see section 4.0). Individual organisations have submitted their more detailed forecast plans on 22nd October 2020, which agree to the headline figures submitted in the revised STP return.
- 1.5 The STP Directors of Finance have discussed implementing ways to tackle the deficit and associated risk-share arrangement as well as a monthly assurance process to ensure reported forecasts are robust and any risks to, or improvements to, the forecast are discussed and dealt with appropriately (see sections 5.0 and 6.0).
- 1.6 Further detail of the CCG's months 7 to 12 forecast plans are provided in section 7.0.

2.0 NHSE/I SYSTEM FINANCIAL ENVELOPE

- 2.1 During September 2020 NHSE/I issued a financial envelope for the STP for months 7 to 12 2020/21 with a breakdown for each organisation. A break-even position has been modelled for CCGs by NHSE/I and the allocation for this totals £1.134bn. Over-and-above this three separate funds have been confirmed, as follows, bringing the total system envelope to £1.301bn:
 - System Growth Fund £20.391m
 - System Top-up Fund £68.922m
 - System COVID-19 Fund £76.877m.
- 2.2 In addition to the system envelope NHSE/I also modelled additional potential income for Trusts and the CCG expenditure that flows to other systems. The net of this is £413.508m and therefore the total assumed funding for the STP is £1.714bn.

Table 1: Assumed System Funding Months 7-12 2020/21

	Total M7-12 £000s
CCG Allocations	1,158,249
CCG NR Adjustments to Model Breakeven	(23,584)
Revised Allocations	1,134,665
Total Growth Funding	20,391
System Top-Up Funding / Non-Recurrent Allocation Adjustment	68,922
Covid Funding	76,877
Total System Envelope Funding	1,300,855
In addition to the envelope funding above, systems are also assumed to receive the below funding:	
Provider block income from CCGs outside of the system	233,999
Provider block income from Specialised Commissioning hubs	100,640
Provider block income from Direct Commissioning Regional Offices	19,631
Assumed provider income from outside of system - other (non-block income)	125,745
Total provider income from outside of the system	480,015
CCG block expenditure to providers outside of the system	(66,507)
Total Assumed Funding Available for System Consumption	1,714,363

- 2.3 The organisations within the STP have prepared forecasts for the period and there are a number of discrepancies when comparing back to the NHSE/I model, which relate to specific issues with income and allocation assumptions included by the NHSE/I national team that the regional team recognise as legitimate reasons for the gap. These are referred to in more detail within the following sections.

3.0 DRAFT STP SUBMISSION 5TH OCTOBER 2020

- 3.1 The STP submitted a draft forecast plan for months 7 to 12 on 5th October 2020, which totalled a £52.561m deficit across the STP after the inclusion of the three system-level funds for Top-up, Growth and COVID-19.
- 3.2 At this point no agreement had been reached as to the allocation of COVID-19 and Growth system funds across organisations, so these were left within NHS Sandwell & West Birmingham CCG's position as the CCG is deemed to be the host for the system. The following table summarises the draft forecast plan submission.

Table 2: Summary of Draft Deficit Forecast Plan Months 7 to 12 2020/21

	Allocation / Income	Non-COVID Expend.	COVID Expend.	Surplus / (Deficit) pre- System Funds	Top-up Funding	COVID-19 Funding	Growth Funding	Surplus / (Deficit) pre- System Funds
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
CCGs	1,134,665	(1,155,318)	(23,284)	(43,937)	181	76,877	20,391	53,512
Providers	1,163,451	(1,278,673)	(59,593)	(174,814)	68,741	-	-	(106,073)
STP	2,298,116	(2,433,991)	(82,876)	(218,751)	68,922	76,877	20,391	(52,561)

- 3.3 A significant increase in staff, agency and bank costs was one of the main drivers of the gap, as was a list of issues/errors with the NHSE/I allocation process, which are detailed in the following section.

4.0 FINAL STP SUBMISSION 22ND OCTOBER 2020

- 4.1 Following the draft submission the Directors of Finance across the STP organisations held a number of meetings to discuss issues impacting on, and improvements to, the forecast plan and the allocation of system funds across the CCG and provider organisations.
- 4.2 A number of issues were identified by system partners, which the STP continues to discuss with NHSE/I, as legitimate reasons as to why there was a gap compared to the NHSE/I modelled envelope. These issues totalled £27.130m and are summarised in the following table.

Table 3: Recognised Issues/Errors Contributing to Forecast Plan Gap Months 7 to 12 2020/21

		Value of Issues / Errors
		£000s
CCGs	GP Rebate 2019/20 - Shortfall in CCG Allocation	(3,210)
	Digitisation of Pathology	(2,000)
	CCG Funding of DIHC Cash Shortfall	(1,600)
CCGs		(6,810)
SWBH	Other Income Shortfall incl. Taper Relief Previously Agreed	(4,310)
DGFT	Other Income Shortfall e.g. Lower Education Income	(2,040)
RWH	Other Income Shortfall	(3,800)
WHT	Other Income Shortfall incl. NHSE/I Error	(3,870)
WMAS	Expansion to Accommodate Add'l Regional Activity	(6,300)
Providers		(20,320)
STP		(27,130)

- 4.3 Initially the providers agreed to include a 1% efficiency target (against pay costs) and the CCGs included a 1% efficiency target against 'discretionary' expenditure (e.g. Continuing Care and Prescribing). This reduced the forecast plan gap from £52.561m to £37.001m.
- 4.4 However, the STP has gone further than this by including an additional efficiency totalling £9.870m to bring the overall STP forecast plan gap to match the £27.130m of known issues/errors.
- 4.5 The System Growth and COVID-19 Funds have been allocated to organisations to match the bottom-line position to the known issues/errors value for each organisation highlighted in the previously table. The following table summarises the final forecast plan submission for months 7 to 12 2020/21:

Table 4: Summary of Final Deficit Forecast Plan Months 7 to 12 2020/21

	Allocation / Income	Non-COVID Expend.	COVID Expend.	Surplus / (Deficit) pre-System Funds	Top-up Funding	COVID-19 & Growth Funding	Surplus / (Deficit) inc. System Funds
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
DUD CCG	258,278	(267,762)	(4,790)	(14,274)	0	12,728	(1,546)
SWB CCG	433,146	(431,553)	(4,068)	(2,475)	-	-	(2,475)
WAL CCG	232,228	(242,775)	(5,426)	(15,973)	0	14,504	(1,468)
WOL CCG	211,013	(214,766)	(3,000)	(6,753)	0	5,432	(1,320)
CCGs	1,134,665	(1,156,855)	(17,284)	(39,474)	-	32,664	(6,810)
BCH	97,993	(98,788)	(2,270)	(3,065)	2,830	235	(0)
DIHC	1,589	(3,114)	(653)	(2,178)	254	1,924	-
SWBH	253,637	(278,713)	(16,102)	(41,178)	23,427	13,441	(4,310)
DGFT	196,244	(207,426)	(7,800)	(18,982)	8,957	7,985	(2,040)
RWH	314,892	(341,689)	(6,434)	(33,231)	13,236	16,195	(3,800)
WHT	130,116	(152,328)	(12,600)	(34,812)	16,810	14,132	(3,870)
WMAS	162,885	(169,551)	(13,734)	(20,400)	3,408	10,692	(6,300)
Providers	1,157,356	(1,251,610)	(59,593)	(153,847)	68,922	64,605	(20,320)
STP	2,292,021	(2,408,466)	(76,876)	(193,321)	68,922	97,269	(27,130)

- 4.6 See sections 5.0 and 6.0 for the approach the STP will take to tackle the deficit, the risk share arrangements discussed and agreed, and the monthly assurance process that will be put in place so the STP, and each system partner, will follow to ensure an appropriate level of challenge occurs to assure each other that forecasts are robust and the risk share arrangement is followed.
- 4.7 See section 7.0 for further detail regarding the CCGs' forecast plan submissions.

5.0 STP APPROACH TO TACKLING THE DEFICIT AND RISK SHARE

- 5.1 The organisations within the STP agreed to submit deficit plans equal to the technical errors identified in the M7-12 allocations issued by NHSE. Previous sections of this report have set out the value for each organisation.
- 5.2 In agreeing the distribution of COVID & Growth funds across the STP it was recognised that the forecast expenditure submitted by each organisation to deliver Phase 3 Recovery and deal with COVID pressures could vary significantly throughout the next six months. Therefore, it was agreed that all organisations would enter into an arrangement which sees a collective effort to improve the financial position where possible.
- 5.3 The arrangement will seek to accommodate pressures above plan for any organisation(s) who incur higher levels of spend through recycling any unspent resources from organisations which spend less than planned. This agreement has been based on a set of draft principles, which continue to be further developed and refined:-
- Everyone will work together to minimise the overall STP gap to target;
 - All agree to an open book approach with a peer review process agreed and managed through the deputies group;
 - Organisations are starting from different places and have different pressures and so any allocations need to consider actual expenditure as well as planned;
 - All expenditure to be considered together with no differentiation between COVID and Non-COVID;
 - All accept that there are some pressures that cannot be mitigated by individual organisations and so these need to be recognised and taken into account in any risk share; and
 - If an organisation is ahead of the agreed plan then this will be returned to the STP for re-allocation.
- 5.4 The risk share arrangement will operate in the following way:-
- Should any organisation improve on their individual plan, this will be offered back to the STP for redistribution as follows;
 - The first call on any improvement in the position will be organisations who are performing adversely against organisational October deficit plans;
 - The second call, subject to all organisations at least delivering against October deficit plans, will be a redistribution across all organisations; and
 - No organisation will report a surplus position until all organisations have delivered break-even.
- 5.5 At the time of writing this report, the details of the risk share arrangement are still under development. Once the draft is finalised it will be shared with members for approval.

6.0 MONTHLY ASSURANCE PROCESS

- 6.1 An important part of this arrangement is that all partners agree to provide robust assurance to each other regarding the financial performance on a monthly basis. The proposal is being developed through the Deputy DoF/CFO group which will then undertake the necessary analysis & assurance process prior to reporting through to the STP Directors of Finance Group.
- 6.2 The STP DoFs Group will then consider the report along with any recommendations for the redistribution of resources. In summary the process will cover the following steps:-
- Organisations to share monthly return (can be PFR/non-ISFE or something bespoke);
 - Bridge analysis to be provided to explain any variances;
 - Triangulation of reported expenditure and balance sheet analysis to identify where accrual levels may be 'out-of-the-ordinary';
 - Detailed analysis of Pay expenditure, reconciled to the WTE and headcount of each organisation;
 - Peer review process to take place by the end of the following month; and
 - Monthly adjustments to allocation levels where necessary.

7.0 CCG FORECAST PLAN MONTHS 7 TO 12 SUBMISSION 22ND OCTOBER 2020

- 7.1 Each individual organisation submitted a detailed financial forecast plan on 22nd October 2020, all of which agreed to the bottom-line position for each organisation as set out in section 4.0 above.
- 7.2 The forecast plan deficit for months 7 to 12 for the four CCGs in total is £6.810m against the allocation set by NHSE/I of £1.135bn. The reasons for the deficit are:
- £2.0m Digital Pathology cost pressure across the four CCGs;
 - £3.2m Error in NHSE/I allocation relating to GP premises rebates at NHS Walsall CCG; and
 - £1.6m DIHC cash shortfall funded by the CCGs.
- 7.3 Therefore the total forecast plan deficit for the financial year is also £6.811m, providing the COVID-19 and non-COVID-19 expenditure of £11.877m at month 6 is received as an allocation adjustment in month 7.
- 7.4 Each CCG has included the following in their forecast plans:
- Meet the Mental Health Investment Standard Target (MHIS) for 2020/21;
 - Meet the Better Care Fund (BCF) minimum contribution target;
 - Include the revised block payment values to providers within and outside of the STP;
 - Efficiencies as discussed and agreed with the other Directors of Finance across the STP; and
 - Quantified risks and mitigations.
- 7.5 The following table summarises the four CCGs' forecast plan submissions, including a breakdown by programme area, totalling the £6.811m deficit submitted (allowing for a rounding difference).

Table 5: CCGs' Forecast Plan Submission Months 7 to 12 2020/21

	DUD CCG	SWB CCG	WAL CCG	WOL CCG	Total
	£'000	£'000	£'000	£'000	£'000
NHSE/I Core Allocation	235,657	388,043	214,518	200,338	1,038,556
Delegated Allocation	22,283	42,665	21,586	20,011	106,545
Running Cost Allocation	2,973	5,061	2,681	2,433	13,148
NHSE/I Allocation Adj.	(2,635)	(2,623)	(6,557)	(11,769)	(23,584)
Sub-total	258,278	433,146	232,228	211,013	1,134,665
SDF Confirmed	-	1,772	214	17,316	19,302
System Funds Allocated to CCGs	12,728	-	14,505	5,432	32,665
System Funds Distributed to Trusts	-	133,525	-	-	133,525
Total In-Year allocation	271,006	568,443	247,349	233,761	1,320,559
Expenditure					
Acute	144,408	332,642	115,031	117,141	709,221
Mental Health	28,262	65,977	26,914	24,530	145,683
Community	20,182	32,410	18,989	22,318	93,899
Continuing Care	14,627	17,514	12,494	8,642	53,278
Primary Care	28,216	48,717	33,259	29,786	139,978
Other Programme	9,628	25,773	17,571	10,058	63,030
Primary Care Co-Commissioning	24,256	42,665	21,867	20,011	108,799
Total Programme Costs	269,579	565,697	246,125	232,487	1,313,888
Running Costs	2,973	5,222	2,692	2,595	13,482
Contingency	-	-	-	-	-
Total Costs	272,552	570,919	248,817	235,082	1,327,370
Surplus / (Deficit)	(1,546)	(2,476)	(1,468)	(1,321)	(6,811)
Net Efficiency Savings					
Efficiencies	928	1,592	1,036	905	4,461
% of Recurrent Notified Resource	0.34%	0.28%	0.42%	0.39%	0.34%

Nb. The System Funds Distributed to Trusts value of £133.525m is included within Expenditure, so nil financial impact on the deficit position for SWB CCG.

- 7.6 The CCGs have also quantified a range of risks and mitigations. Across the four CCGs the gross risk value is £17.078m, partially offset by gross mitigations of £4.578m, giving a net risk of £12.500m as

shown in Table 6. The most significant risk to the CCGs' forecast for months 7 to 12 is prescribing due to the volatility in month-by-month expenditure coupled with any impact due to any significant localised second wave of the COVID-19 pandemic. The next most significant risk is in relation to individual packages of care as it is difficult to calculate a reliable estimate of the financial impact on clearing a backlog of assessments.

Table 6: Material Risks (Net of Mitigations)

	Total £'000
Backlog of assessments in CHC	(1,250)
Impact on prescribing over winter months	(8,500)
WMAS NEPTS contract pressure	(950)
Sub-total	(10,700)
Other (Various)	(1,800)
Total	(12,500)

7.7 Therefore, the CCGs have submitted a risk-adjusted deficit of £19.311m when added to the forecast plan deficit of £6.811m, as shown in Table 7 below. The CCGs will continue to identify further mitigations to offset risks that may crystallise prior to the year-end.

Table 7: Risk-adjusted Deficit

	DUD CCG £'000	SWB CCG £'000	WAL CCG £'000	WOL CCG £'000	Total £'000
Risk-adjusted Position					
Surplus / (Deficit)	(1,546)	(2,476)	(1,468)	(1,321)	(6,811)
Risks	(6,750)	(3,828)	(4,500)	(2,000)	(17,078)
Mitigations	-	3,828	-	750	4,578
Sub-total Net Risks/Mitigations	(6,750)	-	(4,500)	(1,250)	(12,500)
Risk Adjusted Surplus/(Deficit)	(8,296)	(2,476)	(5,968)	(2,571)	(19,311)

8.0 NEXT STEPS

- 8.1 The STP awaits any further feedback from NHSE/I, but pending this:
- The STP will refine the monthly assurance process and implement for future months;
 - The risk-share arrangements will be actioned as required; and
 - The four CCGs will upload budgets into the ledger for months 7 to 12 to match the submission on 22nd October 2020.

9.0 RECOMMENDATION

- 9.1 It is recommended that the Governing Bodies in Committee:
- review and note the financial forecast plan submission for months 7 to 12 2020/21; and
 - approve the budgets for months 7 to 12 pending the impact of any risk-share arrangements and feedback from NHSE/I.

James Green
Chief Finance Officer

APPENDICES

- None

REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	James Green James Smith David Hughes Michelle Gordon Lesley Sawrey Tom Devonshire	22nd October 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	22nd October 2020

BLACK COUNTRY AND WEST BIRMINGHAM CCG GOVERNING BODIES IN COMMON

DATE OF MEETING: 10 NOVEMBER 2020
AGENDA ITEM: 4.1

TITLE OF REPORT:	Risk Update – Governing Body Assurance Framework
PURPOSE OF REPORT:	To update the Governing Bodies on the development of Shared Risk Management arrangements across the four CCGs and to agree the establishment of a Shared Assurance Framework
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:	<ul style="list-style-type: none"> As part of the development of aligned governance arrangements, the CCGs' Committees, including the Joint Health Commissioning Board and its sub-committees are developing their arrangements for managing risks. This have involved reviewing risks from the existing CCG risk registers to determine whether they should be managed at System or individual Place. The outcome of the work so far has been used to develop an Draft Shared Assurance Framework to assess the risk to the CCGs' Shared Corporate Objectives
RECOMMENDATION:	<p>That the Governing Bodies:-</p> <ul style="list-style-type: none"> Note the on-going work on risk management Discuss and agree the Draft Shared Governing Body Assurance Framework and identify any further sources of assurance required.
CONFLICTS OF INTEREST:	There are no conflicts of interest associated with this report.
LINKS TO CORPORATE OBJECTIVES:	This report sets out a proposed approach to understanding and managing the risks associated with achieving the CCGs' shared Corporate Objectives.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Approval <input type="checkbox"/> For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	This paper introduces a Draft Shared Assurance Framework for the CCGs
Policy and Legal Obligations	
Equality & Diversity	
Governance	



GOVERNING BODIES IN COMMON – 10 NOVEMBER 2020

RISK UPDATE – GOVERNING BODY ASSURANCE FRAMEWORK

1.0 INTRODUCTION

- 1.1 The Governing Body Assurance Framework or Board Assurance Framework (BAF) is a key component of the CCGs' risk management arrangements. It supports the Governing Bodies in understanding the high level risks to the CCG's Corporate Objectives.
- 1.2 As part of the move to aligned Governance arrangements, the four CCGs agreed shared Corporate Objectives at the July 2020 Meeting in Common. This paper provides a proposed approach to the development of a shared BAF to assess the risks to achieving these objectives. This builds on the programme of work outlined at the July meeting to develop an approach to risk management through the aligned governance arrangements

2.0 CURRENT ASSURANCE FRAMEWORK ARRANGEMENTS

- 2.1 Each of the four CCGs has an existing approach to managing their BAF as part of their wider risk management strategies as follows:-
 - **Dudley** – Oversight of 'Red' Risks scoring 16 and above and risks allocated to the Governing Body
 - **Sandwell and West Birmingham** – Oversight of Risks scoring or initially assessed at 16 and above
 - **Walsall** – Oversight of Risks to identified Corporate Objectives and Red risks across Committee risk registers
 - **Wolverhampton** – Oversight of Risk to Corporate Objectives, linked to relevant identified Corporate and Committee Risk profiles.
- 2.2 All of these arrangements have been supported by the management of risk through the CCGs' Committee structures in line with the relevant risk management strategies. As these arrangements are becoming aligned it would not be appropriate to continue with individual approaches to the BAF, particularly given the differences in the way it is currently managed.

3.0 UPDATE ON RISK MANAGEMENT ARRANGEMENTS

- 3.1 The Governance Team have been working with Committee Chairs and Management leads to develop a single approach to risk management across the four CCG through the new Governance arrangements. This has included work to review existing risks across the CCGs to align those to be managed through both the new System level committees and Place based groups.
- 3.2 Full details of this work are being reported to the Audit and Governance Committees' meeting in Common, including details of how this is contributing to the development of risk profiles for the new committees and the development of a proposal for a single Risk Management Strategy for the new merged CCG.

4.0 PROPOSED ALIGNED ASSURANCE FRAMEWORK

- 4.1 As the work outlined above is still in progress, it is recommended that the Governing Bodies adopt an interim approach to the development of a BAF. The proposed approach is that the Governing Bodies consider an assessment of the risks associated with the achievement of the agreed shared objectives

produced by the management team based on the work completed thus far through the developing risk management arrangements. An initial draft is attached at Appendix 1.

- 4.2 As the committees continue to assess the risks associated with their areas of work, these identified risks can be added to the framework to provide the Governing Bodies with further assurance on the linkage between the high level management of risk and wider risk management arrangements throughout the CCGs.
- 4.3 The Governing Bodies should consider if this provides an initial level of assurance and identify what further assurance will be required in the future.

5.0 RECOMMENDATIONS

That the Governing Bodies:-

- **Note the on-going work on risk management**
- **Discuss and agree the Draft Shared Governing Body Assurance Framework and identify any further sources of assurance required.**

Peter McKenzie
Corporate Operations Manager, Wolverhampton CCG

APPENDICES

Draft Shared Governing Body Assurance Framework

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	Report Author	
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	Mike Hastings	

Draft Shared Governing Body Assurance Framework

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

Draft Shared Governing Body Assurance Framework

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

Draft Shared Governing Body Assurance Framework

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

GOVERNING BODIES IN COMMON

DATE OF MEETING: 10th November 2020
 AGENDA ITEM: 4.2

TITLE OF REPORT:	Merger Progress Update
PURPOSE OF REPORT:	To provide the Governing Bodies in Common with an update in relation to the post application merger timeline and key duties.
AUTHOR(S) OF REPORT:	BCWB Interoperability Group
MANAGEMENT LEAD/SIGNED OFF BY:	Mike Hastings, Director of Technology and Operations, Black Country & West Birmingham CCGs.
PUBLIC OR PRIVATE:	Public
KEY POINTS:	Timetable for key tasks NHSE/I approval letter (due by 11th October 2020)
RECOMMENDATION:	The board is asked to note the information within the paper for assurance and information.
CONFLICTS OF INTEREST:	GBIC Chairs and GP members have been affected by the outcome of the vote and the merger of the CCGs, but not directly by the details within this paper.
LINKS TO CORPORATE OBJECTIVES:	This proposal links to all 8 corporate objectives: 1. Develop strong engagement and involvement arrangements with our public and partners 2. Maintain financial sustainability 3. Continue to improve quality, safety and performance of commissioned services 4. Implement place based care models across the system 5. Develop a Black Country and West Birmingham integrated care system 6. Develop effective system leadership and governance 7. Continue to invest in and develop infrastructure (e.g. estates, workforce and digital) 8. Comply with our statutory duties
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information



Possible implications identified in the paper:	
Financial	Timeline for tasks and impact on team capacity
Risk Assurance Framework	None from this paper
Policy and Legal Obligations	None from this paper
Equality & Diversity	None from this paper
Governance	None from this paper

1.0 INTRODUCTION

- 1.1 On the 27th October 2020, the formal outcome of the GP Membership vote was shared with the Governing Bodies in Common.
- 1.2 The members of the meeting supported the recommendations that:
- Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG and Wolverhampton CCG should merge to form a single new Black Country and West Birmingham CCG (BCWB) from 1st April 2021.
 - That an application is to be submitted to NHSE/I on 28th October 2020 to create the new Black Country and West Birmingham CCG.
 - That the post application process commences from the 1st November 2020 and all tasks aligned and required to this process are developed and completed by 1st April 2021.
- 1.3 The formal application was submitted to NHSE/I on the 28th October 2020.
- 1.4 On the 3rd November 2020, members of the BCWB Senior Leadership Team and NHSE/I regional team held a formal application panel meeting to discuss the application submission, the outcome of the vote and the merger process to date.
- 1.5 The CCG will receive a formal letter from NHSE/I to confirm:
- The outcome of the application submission;
 - The feedback from the panel meeting and
 - Any application documents/strategies that are stated as “Special Conditional Documents” (i.e. required after application and/or documents submitted that require additional information).

The letter will indicate the date by which these “Special Conditional Documents” will require submission (this could be any time period up to 1st April 2021 and will be individual based i.e. one document could require submission by 31st December 2020 and another by 12th February 2021).

The letter from NHSE/I is expected **by 11th November 2020.**

2.0 POST APPLICATION PROCESS

- 2.1 Following receipt of the letter, the PMO will begin to develop the implementation plans with each of the work stream areas and will work closely with the nominated leads from each area to ensure that all milestones / tasks are captured, so they may be monitored to ensure that the merger remains on track and that the “Special Conditional Documents” are submitted in line with the stated NHSE/I timelines.
- 2.2 The post application stage will run from 1st November 2020 to 1st April 2021 and will comprise of all the tasks to support the mobilisation of the new organisation leading up to the merger date; The tasks for post-merger (2nd April 2021 onwards) will also be developed to ensure that all elements are captured.
- 2.3 The PMO will aim to develop the remaining plans by 14th December 2020, once the Management of Change (MOC) consultation period has been completed.

- 2.4 By having well developed detailed plans for post application (and post-merger), we will be able to move more swiftly to commence the processes necessary, before the merger due date and then on the 1st April 2021 (merger date) we will have in place the required structures and process, which will help to minimise any concerns or reduce the negative impacts associated with such a major change (of this level) and ensure a smooth transition to the new CCG.
- 2.5 After 2nd April 2021, there will still be work that will require completion on behalf of the four individual CCGs as part of the close down of those organisations. This will include the preparation of four sets of accounts (estimated by the end of May 2021); performance activity reporting to year end (estimated by the end of June 2021); and there will also be the requirement to publish four annual reports for the pre-existing CCGs.

3.0 TIMETABLE

- 3.1 The below shows the key milestones from November 2020 (post application) until April 2021 and in Appendix One.

Task	Start Date	End Date
November 2020		
NHSE/I panel presentation	03 November 2020	03 November 2020
CCG will be notified by NHSE/I regional mergers teams of the outcome of their merger application	06 November 2020	11 November 2020
Due diligence process started (preparing of staff and property (assets and liabilities)	01 November 2020	30 November 2020
TUPE consultation preparation commences	01 November 2020	30 November 2020
Formal staff consultation period for the management of change (MOC)	09 November 2020	08 December 2020
CCGs to confirm in writing to the regional merger team the information governance preparations made/planned for the new CCG (e.g. Caldicott Guardian) and the information governance arrangements for the existing CCGs, notably records retention - as per the IG checklist	01 November 2020	15 January 2021
NHSE/I notified government banking service (RBS), HMRC and IBM, on request, CCG to notify with bank account they use for the new CCG and other actions	10 November 2020	27 November 2020
Draft Constitution submitted to NHSE/I	13 November 2020	13 November 2020
New CCG Vision and Values etc... Developed	16 November 2020	15 January 2021
Plan for ESR changes Developed	25 November 2020	01 December 2020
December 2020		
SBS merger plan completed	07 December 2020	07 December 2020

Task	Start Date	End Date
CCGs to provide to regions to send on to national finance team VPD (virtual private database) numbers and number of employees linked to each VPD for payroll purposes, VAT & PAYE Numbers and Primary and Secondary Designated Responsible Owners (DRO) for SharePoint	01 December 2020	18 December 2020
Approval of Draft Constitution by Members	01 December 2020	23 December 2020
Appointment Process for Chair	01 December 2020	23 December 2020
Notified to NHS England of Chair Appointment	28 December 2020	31 December 2020
Final Constitution submitted to NHSE/I	31 December 2020	31 December 2020
January 2021		
AO position confirmed by Chair and GBIC (TUPE or new recruitment)	04 January 2021	08 January 2021
Any remaining Special Conditional Documents are to be submitted	29 January 2021	29 January 2021
CCGs to submit evidence to region for formal checkpoint review of conditions of merger and risks	01 January 2021	22 January 2021
Constitution completed taking into account NHSE/I advice	01 January 2021	26 February 2021
Recruitment to Governing Body Positions	01 January 2021	26 February 2021
New CCG Vision and Values Agreed & Communicated	18 January 2021	21 January 2021
February 2021		
AO nominated for new CCG submitted by CCGs to regional teams (for NHSE/I Chief Exec approval)	19 February 2021	19 February 2021
March & April 2021		
Written assurance from AO to regional mergers team of conditions of merger being satisfied and due diligence undertaken to underpin staff and property transfer schemes	01 March 2021	05 March 2021
Final authorisation by regional director notified to CCGs	15 March 2021	19 March 2021
CCG to notify key stakeholders of the merger being finally approved prior to 1st April	20 March 2021	23 March 2021
New CCG website and first day arrangements in place, including ratification of the new CCG Constitution and new CCG policies	01 April 2021	01 April 2021
New delegation agreement for commissioning of primary medical services to be signed and returned to NHS England and the signed delegation agreement to be inserted in the new constitution and published on the CCG website.	01 April 2021	01 April 2021

4.0 NEXT STEPS

- The CCG will await the NHSE/I formal outcome letter and confirmation of the special conditional document requirements and the required submission dates.
- Work will commence on the development of the post application programmes plans for the work streams areas.

5.0 RECOMMENDATION(s)

- 1) The board is asked to note the information within the paper for assurance and information.

AUTHOR(S) OF REPORT:

Jane Woolley: Head of PMO, Wolverhampton CCG

Peter McKenzie: Corporate Operations Manager, Wolverhampton CCG

November 2020

APPENDICES:

Appendix One: Timeline Diagram

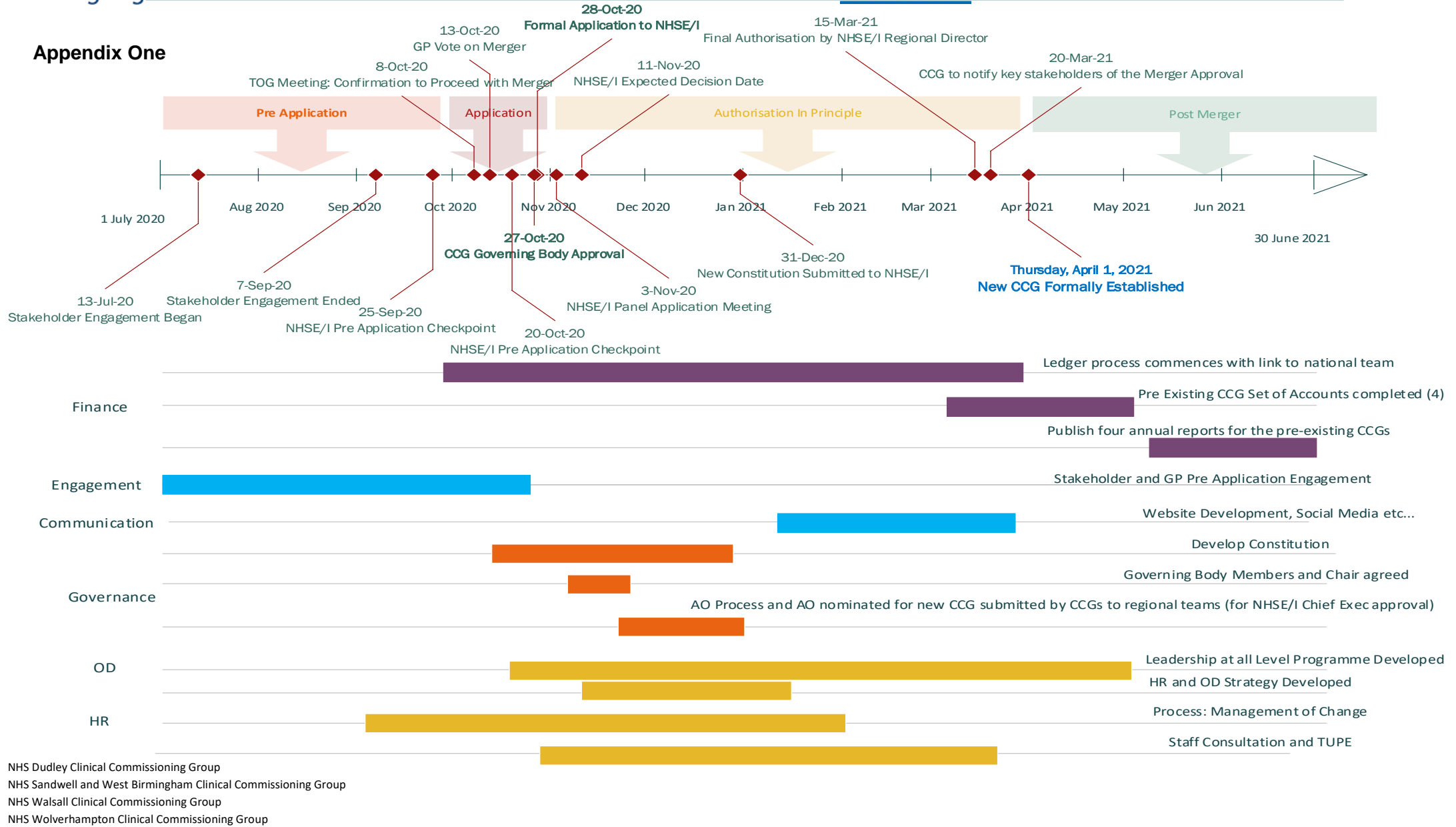
REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	Not required for this paper	N/A
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Governance Teams		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	Mike Hastings	2nd November 2020

BCWB Merger Timeline July 2020 – June 2021

Appendix One



GOVERNING BODIES IN COMMON

DATE OF MEETING: 10th November 2020
AGENDA ITEM: 5.1

TITLE OF REPORT:	NHS England & Improvement - Emergency Preparedness Resilience and Response (EPRR) Core Standards self-assessment 2020/21
PURPOSE OF REPORT:	This report provides the Governing Bodies assurance of the Black Country and West Birmingham CCG's and their NHS commissioned providers' compliance against the 2020/21 NHS England and Improvement EPRR core standards self-assessment.
AUTHOR(S) OF REPORT:	Tally Kalea - Commissioning Operations Manager Jason Evans – Acting Chief Officer, Integrated Urgent & Emergency Care
MANAGEMENT LEAD/SIGNED OFF BY:	Matt Hartland – Deputy Chief Officer & Accountable Emergency Officer
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<ul style="list-style-type: none"> All Black Country and West Birmingham CCG's are compliant against 2020/21 national EPRR core standards process All locally commissioned NHS providers are compliant against the same standards and process Learning from wave one of the COVID-19 pandemic has been integrated into the CCGs second wave response and Winter Plans
RECOMMENDATION:	<ol style="list-style-type: none"> In accordance with the dear colleague letter from Steven Grove the National Director for EPRR on the 20 August 2020, the Governing Bodies be assured of the Black Country and West Birmingham CCGs' preparations and planning for the COVID-19 pandemic, Winter response and 2020/21 EPRR Core Standards. The Governing Bodies also be assured that all its locally commissioned NHS providers are substantially compliant against the 2020/21 EPRR Core Standards process.
CONFLICTS OF INTEREST:	NA
LINKS TO CORPORATE OBJECTIVES:	<ul style="list-style-type: none"> CCG's Duty to Respond Compliance against national EPRR standards
ACTION REQUIRED:	x Assurance
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	



1.0 INTRODUCTION

- 1.1 All Clinical Commissioning Groups (CCGs) are defined as Category 2 Responders under the Civil Contingencies Act 2004 (CCA), meaning they have a duty to cooperate in the event of a major incident with the Category 1 responders (i.e. Police Service, Fire and Rescue Service, Emergency Ambulance service etc), aid in the recovery process of such an incident and also have in place robust business continuity plans. In addition to meeting these legislative duties, CCGs are also required to comply with guidance and framework documents, including but not limited to:
- NHS England Emergency Planning Framework 2015
 - NHS England Core Standards for Emergency Preparedness, Resilience and Response 2015
 - NHS England (Operating Framework) Everyone Counts: Planning for Patients 2015/16
- 1.2 To assess CCGs preparedness in discharging these duties and their responsibilities under the Health and Social Care Act 2012, they must comply with the annual NHS England Core Standards Assessment for Emergency Preparedness, Resilience and Response (EPRR). The EPRR Core Standards provide a consistent and detailed suite of requirements and a platform for assurance.
- 1.3 NHS England and Improvement (NHSE/I) recognise that the detailed and granular process of previous years would be excessive whilst the NHS responds to the COVID-19 pandemic, as well as upcoming winter pressures and the operational demands of restoring services. This being the case, the dear colleague letter from Steven Grove the National NHSE/I Director for EPRR on the 20 August 2020 (**Appendix 1**), confirmed an amended process for 2020/21 which will focus on three areas:
1. progress made by NHS Category 1 and 2 responders that were reported as partially or non-compliant in the 2019/20 process
 2. confirmation that all NHS organisations had captured and embedded learning from the first wave of the COVID-19 pandemic
 3. confirmation that all NHS organisations had prepared a robust winter plan
- 1.4 As CCGs are Category 2 responders, they are also required to undertake annual reviews of their NHS provider organisations. This year's review mirrors the approach outlined in the NHSE/I letter referenced above and Black Country and West Birmingham CCGs (BCWB CCG) therefore also sought assurance from the systems NHS providers, the findings of which are summarised in the next section of this report.

2.0 FINDINGS AGAINST THE 2020/21 EPRR ASSESSMENT PROCESS

- 2.1 All four of the BCWB CCG's reported themselves to NHSE/I as being fully compliant for the 2019/20 core standards assessment. Therefore, as detailed in the NHSE/I letter no further core standards assessment or evidence is required by the national EPRR regulatory team.

- 2.2 As required within the letter from Steven Grove, BCWB CCG needed only to engage with one of its commissioned providers to assess their EPRR readiness and resilience. All other Acute, Mental Health, Emergency Ambulance and NHS 111 providers were already fully or substantially compliant. Walsall Healthcare NHS Trust were this exception. The BCWB CCG leads therefore engaged with the trust to seek assurance and review their work plan. Evidence shows that they have made significant progress in their remedial work and their own Governing Body has now accepted a rating of fully assured for their 2020/21 EPRR core standards rating.
- 2.3 The Governing Body can also be assured that all key lessons from the first wave of the COVID-19 pandemic have been built into the current response and planning for a second wave. Considerable leadership, business intelligence and outbreak response are in place system wide, with robust governance in place for escalation triggers, information management, decision making and staff and public communications.
- 2.4 Significant and ongoing winter planning across the BCWB CCGs has been undertaken and the Governing body can be assured that this has been in partnership with wider STP leaders, working alongside NHS providers and local councils. Flu planning and COVID-19 outbreak management work is collectively being led through regular multi-agency GOLD meetings. This strategic oversight is linked to established BCWB CCG business continuity plans and In and Out of Hours executive escalation procedures as part of on-going EPRR policies.
- 2.5 To meet the 23 October deadline as specified in the Steven Grove correspondence, a letter of assurance has been issued by BCWB CCG to NHSE/I for approval (**Appendix 2**). The letter confirms that BCWB CCG's have all met the three required compliance measures for the 2020/21 EPRR core standards assessment.

3.0 RECOMMENDATIONS

- 1) In accordance with the dear colleague letter from Steven Grove the National Director for EPRR on the 20 August 2020, the Governing Bodies be assured of the Black Country and West Birmingham CCGs preparations and planning for the COVID-19 pandemic, Winter response and 2020/21 EPRR Core Standards.
- 2) The Governing Bodies also be assured that all its locally commissioned NHS providers are substantially compliant against the 2020/21 EPRR Core Standards process.

Tally Kalea - Commissioning Operations Manager
Jason Evans – Acting Chief Officer, Integrated Urgent & Emergency Care

APPENDICES

Appendix 1 – 2020/21 EPRR Annual Assurance Letter from NHSE

Appendix 2 – BCWB CCG EPRR Assurance Response letter

REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Governance Teams	Matt Hartland	21 October 2020
Other Implications (EPRR compliance)	Jason Evans	21 October 2020
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)		

Publications approval reference: 001559

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

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

20 August 2020

Dear colleague

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

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

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

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

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

1. Progress of partially or non-compliant organisations

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

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

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

3. Incorporating progress and learning into winter planning arrangements

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

Action to take/next steps

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

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

This statement should include:

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

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

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

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

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

OFFICIAL

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

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

Summary

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

Please note the following deadlines:

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

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

Yours sincerely

Stephen Groves

Director of EPRR (National)

Daniel De Rozarieux

**National Director of Elective and
Emergency care and Operations
and Performance**

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

Matt Hartland
Accountable Emergency Officer
Black Country & West Birmingham
CCGs

23 October 2020

Ash Canavan
Regional Head of Emergency Preparedness,
Resilience and Response
NHS England & NHS Improvement (Midlands)

Dear Ash,

Re: Emergency Preparedness, Resilience and Response (EPRR) annual assurance process and winter planning for 2020/21

In accordance with the dear colleague letter from Steven Grove the National Director for EPRR on the 20 August 2020, please receive this letter as assurance in relation to Black Country and West Birmingham CCGs (BCWB CCGs) preparations and planning for the COVID-19 pandemic, Winter response and 2020 EPRR Core Standards.

As required within the letter I can confirm that BCWB CCGs have undertaken a comprehensive and thorough review of learning from the first wave of the COVID-19 pandemic, and this learning continues to inform our CCG and STP response. Furthermore, I can provide confirmation that key learning identified as part of this process is actively informing wider winter preparedness activities for our system.

I can also verify that following internal audit and support from the regional NHS England and Improvement EPRR team, all BCWB CCGs remain substantially compliant to the 2019/20 national EPRR core standards. Regarding our NHS commissioned providers, my CCG EPRR leads have assurance from them all that they currently retain their substantial/fully assured EPRR core standards status as reported in 2019/20. As you will be aware, the only provider to mark themselves as partially compliant in the 2019/20 EPRR core standards assessment was Walsall Healthcare NHS Trust. I can confirm that their planned remedial work and reviews by this provider have been completed and their Governing Body has accordingly revised their EPRR rating to substantially compliant. Finally and for your information, please see enclosed the BCWB CCGs Governing Body report on this EPRR assurance work which will be received for approval at the next meeting on the 10 November 2020.

I trust this letter provides you with the required level of detail requested in the national letter and should you seek further information please do not hesitate to contact me.

Yours Sincerely,



Matt Hartland
Accountable Emergency Officer
Deputy CEO, Black Country & West Birmingham CCGs



GOVERNING BODIES IN COMMON

DATE OF MEETING: 10 November 2020
AGENDA ITEM: 6.1

TITLE OF REPORT:	Report of the Dudley Integrated Care Provider (ICP) Procurement Project Board.
PURPOSE OF REPORT:	To note matters considered by the Project Board.
AUTHOR(S) OF REPORT:	Neill Bucktin – Dudley Managing Director.
MANAGEMENT LEAD/SIGNED OFF BY:	Neill Bucktin – Dudley Managing Director.
PUBLIC OR PRIVATE:	This report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> Existing contractual arrangements for Dudley Integrated Health and Care NHS Trust extended from 1 October 2020. Dudley Integrated Health and Care NHS Trust's Full Business Case submitted to NHS England/NHS Improvement. Timeline for Integrated Support and Assurance Process (ISAP) awaited. Sub-Contract arrangements between Dudley Integrated Health and Care NHS Trust and Dudley Group NHS Foundation Trust are still to be agreed.
RECOMMENDATION:	That the matters considered by the Dudley ICP Procurement Project Board be noted.
CONFLICTS OF INTEREST:	<p>Those GP Board members who might enter into an Integration Agreement with Dudley Integrated Health and Care NHS Trust.</p> <p>Any GPs employed by Dudley Integrated Health and Care NHS Trust.</p>
LINKS TO CORPORATE OBJECTIVES:	Development of place based models of integrated care.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Approval <input type="checkbox"/> For Information
Possible implications identified in the paper:	
Financial	None
Risk Assurance Framework	None
Policy and Legal Obligations	None



Equality & Diversity	None
Governance	None

GOVERNING BODIES IN COMMON – 10 NOVEMBER 2020
REPORT OF THE DUDLEY INTEGRATED CARE PROVIDER (ICP) PROCUREMENT PROJECT BOARD

1.0 PURPOSE OF REPORT

1.1 To note matters considered by the Dudley ICP Procurement Project Board.

2.0 EXISTING CONTRACTUAL ARRANGEMENTS

2.1 Dudley Integrated Health and Care NHS Trust's existing contractual arrangements have been extended with effect from 1 October 2020, such that the Trust is now contracted to provide primary medical services to the patients of the High Oak practice and a number of Local Improvement Schemes. In addition a number of CCG staff and clinical leads had their employment transferred to the Trust to enable the carrying out of a number of commissioning activities.

2.2 Work is taking place separately to populate the main ICP contract which will be held by the Trust with effect from 1 April 2021, subject to completion of the regulatory processes.

3.0 REGULATORY PROCESSES

3.1 The Trust's Full Business Case (FBC) has been approved by its Board and submitted to NHS England/NHS Improvement for the Transaction Review process. The Project Board has reviewed the FBC, including the proposed clinical model, to confirm that it meets the original objectives of the procurement.

3.2 Discussions have taken place with NHS England/NHS Improvement regarding Check Point 2 of the Integrated Support and Assurance Process (ISAP) which is intended to assess the conduct of the procurement process. The CCG is now in a position to make the necessary submissions to begin this process which is expected to last 3 months. A timeline is now awaited for this.

4.0 SUB-CONTRACT ARRANGEMENTS

4.1 It is Dudley Integrated Health and Care NHS Trust's intention to have two material sub-contractors – Black Country Healthcare NHS Foundation Trust for mental health and learning disability services and Dudley Group NHS Foundation Trust for a number of out-patient services.

4.2 Whilst agreement has been reached with Black Country Healthcare NHS Foundation Trust, at the time of writing this report, agreement has not been reached with Dudley Group NHS Foundation Trust. This may require resolution by the respective Chief Executives and the CCG Chief Executive and an update will be provided at the meeting.

5.0 RECOMMENDATION

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

Neill Bucktin
Dudley Managing Director

GOVERNING BODIES IN COMMON

DATE OF MEETING: 10 November 2020
AGENDA ITEM: 7.1

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



GOVERNING BODIES IN COMMON – 10 October 2020

JOINT HEALTH COMMISSIONING BOARD UPDATE

1.0 INTRODUCTION

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

2.0 ITEMS DISCUSSED

2.1 Quality Assurance Report

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

Highlighted areas included:

- Provider Quality
- Safeguarding
- CHC
- Primary Care
- Special Educational Needs and Disabilities
- PPE

It was noted that whilst this report was contained significant information that it was still a developing paper.

The Chief Nurse informed members of the good news that two members of her team Ms Beverly Morris and Ms Molly Henriques-Dillon had been awarded with MBEs.

The report was noted for assurance.

2.2 Finance Assurance Report

The Chief Finance Officer (CFO) provided the JHCB with an update on month 5 (June) 2020/21 financial position.

As at month 5 the four CCGs have reported an in-year year-to-date deficit of £5.080m at ledger close. This included £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. Since the production of the report, The CFO confirmed that the £5m had now been reimbursed and there was no longer a deficit.

CCGs were 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. Each CCG had met the Better Payment Practice Code (BPPC) in-month and year-to-date.

The report was noted for assurance.

2.3 Place Commissioning Assurance Report

The Deputy Accountable Officer presented the paper on Place Commissioning Assurance Report and advised that during September 2020 that the below key issues were raised across the four Committees:

- Updates on COVID-19
- ICP progress
- Governance, including membership and delegation
- Updates on CCG merger
- Restoration and Recovery
- CCG structures
- FLU plans
- Local commissioning and contracting decisions

The report was noted for assurance.

2.4 System Commissioning Assurance Report

The Deputy Accountable Officer advised that the first System Commissioning Assurance Meeting was not due to take place until November 2020 and so in advance of the meeting updated committee members on the below areas:

- Contracting Intentions 2021/22
- Acute Services
- Mental Health, Learning Disabilities and Autism
- Urgent & Emergency Care
- Adult Critical Care

The report was noted for assurance.

2.5 Individual Commissioning Assurance Report

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

An update would be given at the 8 December 2020 JHCB Meeting.

The Committee received the verbal update.

2.6 Governance – Update on Appointment of Vice Chair

The Director of Technology and Operations advised that in line with Terms of Reference, Mr Mike Abel, Lay Representative for Walsall and been nominated and thus appointed as the Vice Chair for this meeting.

The verbal update was noted for assurance.

2.7 Wolverhampton Urgent Treatment Centre

The Managing Director of Wolverhampton CCG presented a paper to the private session outlining a recommendation for the future commissioning arrangements for the Co-located Urgent Treatment Centre at New Cross Hospital.

The recommendation was approved in principle, with the Managing Director, Chair and Lay Representative of Wolverhampton CCG being given delegated authority to sign off the final commissioning arrangements,

2.8 Risks

The Director of Technology and Operations presented a paper updating the Board on work to develop risk registers for the Board and its Committees. A number of risks identified at the meeting will be added to the risk register.

The report was noted for assurance.

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

REPORT SIGN-OFF CHECKLIST

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

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

GOVERNING BODIES IN COMMON

DATE OF MEETING: 10 November 2020
AGENDA ITEM: 7.2

TITLE OF REPORT:	Committees Update
PURPOSE OF REPORT:	To provide the Governing Bodies in Common with an assurance report relating to the Audit & Governance Committee meetings that have taken place at a local level in September 2020, the Remuneration Committees in Common and the Primary Care Commissioning Committees in Common
AUTHOR(S) OF REPORT:	Emma Smith, Governance Manager, Dudley CCG Jodi Woodhouse, Interim Head of Corporate Governance, Sandwell and West Birmingham CCG Sara Saville, Head of Corporate Governance, Walsall CCG Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG Steve Stanier, HR & OD Lead
MANAGEMENT LEAD/SIGNED OFF BY:	Mike Hastings, Director of Technology and Operations
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	The report summarises the key issues discussed at: <ul style="list-style-type: none"> • The local CCG Audit & Governance Committee meetings held during September 2020, • The Remuneration Committees in Common meeting held on the 29th September 2020, • The Primary Care Commissioning Committees in Common meeting held on the 28th August and the 27th October 2020.
RECOMMENDATION:	<p><u>Audit & Governance Committees in Common</u></p> <ol style="list-style-type: none"> 1. The Governing Body members for <u>Dudley CCG</u> are asked to approve the closure of Risks 10, 36, 84, 112, 148, 157 & 164 as outlined in the appendix. 2. The Governing Body members for <u>Sandwell & West Birmingham CCG</u> are asked to approve the closure of Risks SC19_11a and SC02_19a as outlined in the appendix. <p><u>Remuneration Committees in Common</u></p> <ol style="list-style-type: none"> 3. The Governing Bodies are asked to receive the update from the Remuneration and HR Committees in Common, for assurance noting the decisions taken under delegated authority. <p><u>Primary Care Commissioning Committees in Common</u></p> <ol style="list-style-type: none"> 4. To note the report for assurance
CONFLICTS OF INTEREST:	None identified
LINKS TO CORPORATE OBJECTIVES:	<ol style="list-style-type: none"> 6. Develop effective system leadership and governance 8. Comply with our statutory duties
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Approval <input type="checkbox"/> For Information



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

1.0 INTRODUCTION

The report summarises the key issues discussed at:

- The local Audit & Governance Committees meetings that were held during September 2020,
- The Remuneration Committee in Common meeting held on the 29th September 2020,
- The Primary Care Commissioning Committees in Common meeting held on the

2.0 LOCAL AUDIT & GOVERNANCE COMMITTEES

DUDLEY CCG – 15 SEPTEMBER 2020

2.1 Board Assurance Framework & Risk Register

2.1 The Committee received the Board Assurance Framework & Risk Register which had been reviewed as part of the development of a joint register across the four CCGs. The Committee noted the proposed changes which included the closure of 18 risks (7 of which require governing body approval today). The changes are outlined in **Appendix 1**. The remaining risks on the risk register have been assigned to place or system committees and will form part of the committee risk registers moving forward.

RECOMMENDATION: The Governing Body members for Dudley CCG are asked to approve the closure of Risks 10, 36, 84, 112, 148, 157 & 164 as outlined in the appendix.

2.2 Audit Committee Annual Report

The Committee received the annual report for 2019/20 and is attached for assurance in **Appendix 2**.

2.3 Internal Audit

The Committee received the following internal Audit reports for assurance:

- Updated Internal Audit Work Plan 20/21 was **approved**
- Progress and Recommendation Tracking Report was noted for **assurance**
- Internal Audit Joint Working Protocol (CWAS & PWC) was noted for **assurance**
- Briefing Paper – Public Sector Internal Audit Standards during Covid 19 was noted for **assurance**

2.4 External Audit

The Committee received the external Annual Audit Letter was noted for **assurance**.

2.5 Other Issues

The Audit & Governance Committee considered and **received updates and assurance** in respect of:

- NHS Key Development Briefing Update – July and August 2020 was noted for **information**
- Monitoring Compliance with Prime Financial Policies was noted for **assurance**

SANDWELL & WEST BIRMINGHAM CCG – 22 SEPTEMBER 2020

2.6 Internal Audit

The Committee received the following reports for **assurance**:

- DSP Toolkit Phase 2 report
- Collaborative Payments report
- Follow up of Cyber Security Audit report
- Joint working Protocol for Black Country and West Birmingham CCG's
- Briefing Paper – Public Sector Internal Audit Standards during Covid 19
- Recommendation Tracking Report

The Committee received and **approved** the updated internal audit plan for 2020/21 subject to minor changes.

2.7 Security Management

The Committee received and **approved** the Security Management Workplan 2020/21

2.8 Counter Fraud

The Committee received the following reports for **assurance**:

- Annual Counter Fraud Report, including annual self-review tool
- Provider Fraud Self Review Tool Report – BMI Healthcare Ltd. 2018/19
- Provider Fraud Self Review Tool Report – InHealth Ltd. 2018/19
- Provider Fraud Self Review Tool Report – Marie Stopes International 2018/19

2.9 Risk Registers

The Committee received the report that was part of a larger piece of work to align existing risks across the four Black Country and West Birmingham CCG's, to the new governance structure. The recommendations included the closure of 11 risks, 2 of which are subject to Governing Body approval.

2.10 The Committee approved the closure of 9 risks and recommended that Governing Body approve the closure of 2 risks in **Appendix 3**. The remaining risks on the risk register have been assigned to place or system committees and will form part of the committee risk registers moving forward.

RECOMMENDATION: The Governing Body members for Sandwell & West Birmingham CCG are asked to approve the closure of Risks SC19_11a and SC02_19a as outlined in the appendix.

WALSALL CCG – 17 SEPTEMBER 2020

2.11 Compliance report

The Committee received the compliance report that set out an update on information governance including the Data Security and Protection Toolkit which was submitted in March 2020. There are a number of outstanding issues in obtaining the toolkit evidence from Walsall Hospital Trust who provide the IT service. The committee approved the TOR for the IG Steering Group which is established in collaboration with the other CCGs across the Black Country and West Birmingham.

The CCG has received a far lower number of FOI requests (approx. 50%) and has remained compliant with the responses. The CCG has also maintained compliance with the complaints process and there are currently no complaints with the ombudsman.

The Committee received an overview of the interim risk management arrangements. All the four CCGs in the Black Country are conducting an exercise to track the existing risks from prior committees to establish if they should be owned at system or place level or be closed. The table of risks detailed that out of the 73 risks, 23 were identified for consideration at the Walsall Commissioning Committee, 30 at system level and 20 were closed.

2.12 Internal Audit

The Committee received the following internal audit reports for assurance:

- Internal audit tracker report
- Updated work plan
- Joint working protocol between CW Audit and PricewaterhouseCoopers
- Briefing paper – conformance with public sector internal audit standards during the corona virus pandemic
- Data Security and Protection Toolkit – this highlighted the requirement to obtain the outstanding evidence from WHT
- Assurance Framework – Category A
- Annual Counter Fraud Report - approved
- Security Management Work plan 2020 – approved

2.13 External Audit

The Committee received the annual audit letter which was noted for assurance.

2.14 Risk Register

The Committee reviewed the risk register and supported the closure of the GDPR risk and the management of the risk management arrangements at a system level. There was a new risk for consideration at the system level that there is a risk that details of risk management are lost during the handover of the risks from previous registers.

WOLVERHAMPTON CCG – 22 SEPTEMBER 2020

2.15 External Audit

The Committee received the Annual Audit Letter, which summarised the Audit Findings report, for Assurance.

2.16 Counter Fraud

The Committee received and approved the Annual Counter Fraud Plan

2.17 Local Security Management

The Committee received and approved the Annual Local Security Management Plan

2.18 Internal Audit

The Committee received and approved the Annual Internal Audit Work Plan. A Joint Working protocol between the four CCGs Internal Auditors and the final report from the review of Cyber Security conducted during 2019/20 were received for assurance.

2.19 Risk Register/ Governing Body Assurance Framework

The Committee received a report providing details of work to align risk registers across the four CCGs and to identify risks to be managed at System and Place for assurance.

2.20 Compliance Report

The Committee received a report providing an update on Information Governance and Freedom of Information act compliance for assurance.

2.21 Committee Annual Report

The Committee received and approved its Annual Report, which is attached at **Appendix 4** for information.

2.22 Compliance with Prime Financial Policies

The Committee received reports on Losses and Special Payments, Breaches of Standing Orders and details of receivables/payables over £10,000 and 6 months old for assurance.

3.0 REMUNERATION COMMITTEES IN COMMON

SALARY SACRIFICE LEASE CAR SCHEME

3.1 The Committee's received a paper from the Chief Finance Officer. The paper referred to the existing car lease scheme which is currently running at Sandwell and West Birmingham CCG, and made a recommendation to extend the scheme across the BCWB CCG's

3.2 The scheme will be restricted to low emission cars, the level of emissions will be reviewed regularly but initially will be 120g/km CO2 emissions.

3.3 The Committees agreed to extend the scheme to Dudley, Walsall and Wolverhampton CCGs.

CYCLE TO WORK SCHEME

3.4 The Committees received a paper from the Managing Director of Wolverhampton CCG. The paper detailed the procurement process that had taken place and recommended the award of the salary sacrifice scheme to Vivup (SME HCI Limited) as the provider of a cycle to work scheme for the staff of the four BC&WB CCGs.

- 3.5 The Committees approved the Cycle to Work Scheme in principle, however wanted assurance on risks to the organisation should staff take up the scheme but not use the bike for work purposes, and whether a disclaimer could be created that protects the organisation should an employee have an accident to or from work.
- 3.6 Answers have been provided to both these questions and all four CCGs are assured and have approved the scheme.

MANAGEMENT OF CHANGE POLICY

- 3.7 The Committees reviewed the Management of Change Policy, which provides a framework for the implementation of a single organisation structure for the BCWB CCGs, and there has been extensive consultation with the Joint Staff Side and with the wider workforce.
- 3.8 The Committees approved the policy, subject to a request that the wording be strengthened around whether the Management of Change goes into 21/22 financial year.

AGILE WORKING POLICY

- 3.9 The Committee's reviewed the Agile Working Policy which provides the employment policy framework for the new way of working and complements other activities in the CCG to sustain this new way of working.
- 3.10 The Committees approved the policy with a review after 12 months.

RECOMMENDATION: The Governing Bodies are asked to receive the update from the Remuneration and HR Committees in Common, for assurance noting the decisions taken under delegated authority.

4.0 PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

- 4.1 The Primary Care Commissioning Committees of the four CCGs met in Common on 28 August 2020 and discussed:-
- **Committee Effectiveness** – Areas for improvement following a survey of committee members were identified including reporting arrangements, the development of a single risk register and how decisions were recorded.
 - **Chairs Action** – an update on actions taken by the Committees Chairs to review the operation of Covid 'Red sites' was reported
 - **Risk Register** – An approach to developing a single shared risk register for the committees was outlined, the Committee Chairs agreed to meet outside of the meeting to progress this work.
 - **Practice Merger (Wolverhampton)** – The Wolverhampton Committee agreed to a proposed merger between Hill Street Surgery and Grove Medical Practice (Health and Beyond)
 - **Extended Access (Wolverhampton)** – The Wolverhampton Committee agreed changes to the service specification for Extended Access to reflect restraints and demands associated with Covid
 - **Primary Care Framework** – An update was provided on Commissioning arrangements for Primary Care Frameworks and enhanced services across the four CCGs. The Committees supported specific recommendations in each CCG that supported a common approach to payments to practices in line with 2019/20 performance.
 - **Primary Care Finance** – Details of financial performance for Primary Care in each CCG were reported. The committees noted that a revised financial regime was in place due to Covid and asked for further details of the risk of not breaking even to be reported in future reports
 - **Restoration and Recovery** – A Verbal update was provided on progress with restoration and recovery plans in each of the four CCGs
 - **Quality and Safety** – Details of Quality and Safety activities in Primary Care were reported, including updates on CQC inspections, Serious Incident, Provision of Personal Protective Equipment and Immunisation arrangements. It was also noted that the format of the report was being reviewed by Quality Teams to ensure consistency in the metrics reported.
 - **Training Hub** – An update was provided on the work of the STP Primary Care Training Hub
 - **Primary Care Operational Groups** – The four PCOGs updated the committees on their work. The groups continue to work to refine how they report into the group

- **Estates Report** – An update was provided on progress with estates development across the four CCGs.
- **Flu Pan** – Verbal Assurance was provided on progress with flu planning and it was agreed an update would be included in the Quality Report in the future
- **Falsified Medicines Directive** – The Committees supported a proposal to establish a working group to explore options for the CCGs to respond to the requirements of the directive to avoid false medicinal products entering the legal supply
- **Private Session** – The committees met in private to discuss confidential matters. This included estates and quality issues and matters relating to individual practices in Wolverhampton and Walsall.

4.2 The Committees also met on 27 October and discussed:

- **Chairs Action** – An Update was provided on Chairs actions taken in relation to Covid Red Sites and the Flu Local Incentive Scheme in each CCG.
- **Risk Register** – The Committees agreed the first iteration of a shared risk register following work by the Chairs to identify common risks. They also received assurance on how PCOGs would support the committees in managing risks identified at Place
- **Dudley Quality Outcomes for Health Framework** – The Dudley Committee agreed changes to the Framework in response to changes to the national QOF requirements in line with the principles agreed when the Framework was established.
- **Digital Assurance** – The Committees were updated on progress with the implementation of a number of Digital Projects, including a number that impacted Primary Care. The Committees asked that future reporting focussed on projects in Primary Care
- **Finance** – An Update on financial performance, including revised arrangements through Covid and the associated reimbursement arrangements was provided.
- **Restoration and Recovery** – An update was provided on this programme of work in Primary Care
- **Quality and Safety** – The update on Primary Care Quality issues across the also included an update on flu planning. It was also reported that the work to develop a revised reporting approach had been delayed
- **Training Hub** – An update was provided on the work of the STP Primary Care Training Hub
- **GP Forward View** – An update was provided on progress with the CCGs shared strategy to deliver the Forward View Priorities. It was noted that it was intended that the strategy would be revised to reflect the further close working between the CCGs.
- **Primary Care Operational Groups** – The four PCOGs updated the committees on their work since the last Committee meeting
- **Estates Report** – An update was provided on progress with estates development across the four CCGs.
- **Private Session** - The committees met in private to discuss confidential matters. This included estates issues including changes in the process for some payment arrangements in Wolverhampton and updates on matters relating to individual practices in Wolverhampton and Walsall discussed previously.

5.0 **RECOMMENDATIONS**

Audit & Governance Committees in Common

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

Remuneration Committees in Common

3. The Governing Bodies are asked to receive the update from the **Remuneration and HR Committees in Common**, for assurance noting the decisions taken under delegated authority.

Primary Care Commissioning Committees in Common

4. To note the report for assurance

Emma Smith, Governance Manager, Dudley CCG

Jodi Woodhouse, Interim Head of Corporate Governance, Sandwell and West Birmingham CCG

Sara Saville, Head of Corporate Governance, Walsall CCG

Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG

September 2020

REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	n/a	
Public/ Patient View	n/a	
Finance Implications discussed with Finance Team	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	Governance Leads	September 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)	Governance Leads	September 2020

ID	Risk Description	Accountable Committee	P	I	Initial Risk Score (PxI) Score before any controls are in place.	(R) P	(R) I	Residual Risk Score (PxI) Score	Action	COMMENTS
10	There is a risk that the health and social care economy will fail to engage and work together to implement required service changes	Policy & Commissioning	4	4	16	3	3	9	Closure	CLOSURE: It is proposed that this risk is closed by the Committee as this is a very high level risk. Its validity is questioned given the general requirement for the CCG to work effectively with a number of partners bodies – NHS, local government and others – to discharge its responsibilities. Closure of this risk will require Governing Body approval as it forms part of the Board Assurance Framework.
36	There is a risk that commissioning activities do not support achievement of the Quality Premium	Policy & Commissioning	4	4	16	3	4	12	Closure	CLOSURE: It is proposed that this risk is closed by the Committee as the risk is that Quality Premium targets, many of which are outside the direct control of the CCG, are not met resulting in a loss of planned income. This is more from a financial perspective and will probably be captured in an overarching risk for the finance committee. Closure of this risk will require Governing Body approval as it forms part of the Board Assurance Framework.
84	There is a risk that failure to control costs and deliver significant QIPP savings will put the future sustainability of the CCG at risk	Finance & Investment	4	4	16	4	4	16	Closure	CLOSURE: It is proposed that this risk is closed by the Committee due to the new financial regime (covid-19) there is currently no QIPP requirement. This will be reviewed following latest guidance from NHSE and may be considered as a joint risk going forward. Closure of this risk will require Governing Body approval as it forms part of the Board Assurance Framework.
112	There is a risk that Governance arrangements between organisations (that are party to the STP) are either insufficient or inconsistent. This may lead to inadequate governance and insufficient transparency which could create unintended financial risk, inconsistent decision making or misalignment of strategic direction and implementation.	Governing Body	4	4	16	4	4	16	Closure	CLOSURE: It is proposed to close this risk and a new risk created to reflect the current situation of the Governing Body jointly across the four CCGs. Closure of this risk will require Governing Body approval as it forms part of the Board Assurance Framework.
148	There is a risk that the financial pressure on local providers will put pressure on the CCG in delivering its financial & performance targets	Finance & Investment	5	4	20	3	4	12	Closure	CLOSURE: It is proposed that this risk is closed by the Committee due to the new financial regime (covid-19) local providers are on a block contract. This will be reviewed following latest guidance from NHSE and may be considered as a joint risk going forward. Closure of this risk will require Governing Body approval as it forms part of the Board Assurance Framework.
157	There is a financial risk that the CCG is unable- deliver a 20% reduction in CCG administration costs by 2020/21 in line with those made by NHS England and NHS Improvement through the joint working initiative that key business delivery-and the future sustainability of the CCG may be adversely affected.	Finance & Investment	4	4	16	3	4	12	Closure	CLOSURE: It is proposed that this risk is closed by the Committee as the CCG is currently going through the Change Management process and once this is completed the risk will be mitigated. This includes ICP staff TUPE. Closure of this risk will require Governing Body approval as it forms part of the Board Assurance Framework.
164	There is a risk that the urgent care system will not be sufficiently equipped to manage patient flow throughout the winter period. Activity in ED has increased 4.48% in year and bed based services both inside and outside hospital are under considerable pressure.	Integrated Assurance	4	4	16	4	3	12	Closure	CLOSURE: The urgent care system is currently managing patient flow. Closure of this risk will require Governing Body approval as it forms part of the Board Assurance Framework.

AUDIT & GOVERNANCE COMMITTEE

Date of Report: 15 September 2020

Report: Audit & Governance Committee Annual Report 2019/20

Agenda item No: 3.0

TITLE OF REPORT:	Audit & Governance Committee Annual Report 2019/20
PURPOSE OF REPORT:	To present a draft Audit & Governance Committee Annual Report 2019/20 for approval by the Audit & Governance Committee.
AUTHOR OF REPORT:	Mrs E Smith, Governance Support Manager
MANAGEMENT LEAD:	Mr James Green, Chief Finance Officer
CLINICAL LEAD:	n/a
KEY POINTS:	<ul style="list-style-type: none"> • Audit & Governance Committee Annual Report 2019/20 presented for consideration and approval. • Report prepared in accordance with the HFMA Audit & Governance Committee handbook guidance, taking into account the work undertaken by the Committee throughout the financial year. • Committee members requested to provide feedback. • Final report to be presented to the Board at its meeting in November to provide assurance that the Audit & Governance Committee has fulfilled its responsibilities during 2019/20.
RECOMMENDATION:	1) The Audit & Governance Committee is requested to consider and approve the Audit & Governance Committee Annual Report 2019/20
FINANCIAL IMPLICATIONS:	None
WHAT ENGAGEMENT HAS TAKEN PLACE:	None
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision ✓ Approval Assurance

NHS DUDLEY CLINICAL COMMISSIONING GROUP (CCG)
Audit & Governance Committee Annual Report 2019/20

Background

The Audit & Governance Committee is established under Governing Body delegation with approved terms of reference that are aligned with the *NHS Audit Committee Handbook* published by HFMA in June 2014. These terms of reference were reviewed and updated by the Committee on the 19 September 2019.

The CCG Governing Body has delegated specific responsibilities to the Audit & Governance Committee in its Constitution, as follows:

- Approve the group's operational scheme of delegation that underpins the group's 'overarching scheme of reservation and delegation' as set out in its constitution.
- Approve the group's annual report and annual accounts.
- Approve the group's counter fraud and security management arrangements.
- Approve the group's risk management arrangements.
- Approve a comprehensive system of internal control, including budgetary control, which underpins the effective, efficient and economic operation of the group.
- Approve the group's arrangements for business continuity
- Approve arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data.

The Committee consists of three lay members (one of whom is chair) and the secondary care doctor. It has met five times during the financial year 2019/20 and has discharged its responsibilities for scrutinising the management of risk and controls which affect all aspects of the organisation's business.

Principal review areas

Governance, risk management and internal control

The Committee has reviewed the Annual Governance Statement to ensure it reflects the committee's view on the CCG's system of internal control. It has sought assurance from the Head of Internal Audit Opinion, has received regular updates during the year from external audit and received other appropriate independent assurances in order to gain a view of the CCG's system of internal control. The Committee considers that the governance statement is consistent with the Committee's view on the CCG's system of internal control and can be supported by the Board.

The CCG has continued to actively manage its Board Assurance Framework and Risk Register in accordance with the revised Risk Management Strategy and Policy.

Internal Audit's assessment of the Assurance Framework 2019/20 gave an **overall assessment of A** which confirms that an Assurance Framework has been established to meet the requirements of the 2019/20 Annual Governance Statement (AGS) and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

Information Governance (IG)

Under its delegated responsibility for information governance (IG), the Committee has received reports and updates from Arden & Greater East Midlands CSU information governance team.

The Audit & Governance Committee oversees the progress of the Data Security and Protection Toolkit and despite organisations being given until September due to the impact of Covid-19, Dudley CCG submitted a "Standards met" toolkit within the original deadline of the 31 March 2020.

IG training on line is incorporated into the CCGs mandatory training matrix and as at the 31 March 2020, 98% of staff were compliant. This continues to be monitored by a member of the Business Support Team.

The CCG's governance team, supported by its IG Service provider, continue to be involved in identifying solutions to allow the sharing of data across organisational boundaries to support the integration of services.

This work has increased as more integrated working is undertaken and the development of a single management team progresses.

The Information Governance Steering Group (IGSG) is a sub-committee of the Audit & Governance Committee which in turn reports to the Governing Body. The IGSG oversees the information governance processes, systems and practice across the CCG and ultimately provides the Audit & Governance Committee with assurance that the organisation is compliant with and is managing any risks to compliance. The IGSG has met three times during April 2019/20. With the focus moving towards a single management team, it is proposed that these Steering Groups become a Black Country wide meeting with the three other CCGs.

Internal Audit

Throughout the year the Committee has worked effectively with CW Audit Services as its internal audit service provider. A total of 230 days were included in the plan and no additional days were required during 2019/20. In total 11/15 audits were undertaken, with four providing full assurance, six significant assurance and the Assurance Framework being rated A.

The CCG was given significant assurance overall with no internal control concerns.

Three audits Safeguarding, MCP and CSU Arrangements, were deferred to early 2020/21 due to the proposed changes of the single management structure impacting on the ability for the audits to be carried out effectively.

The Committee has placed great emphasis on the findings of internal audit and timely implementation by management of actions to address these findings. Any delays in management responses or implementation of recommendations be brought to its attention so that it can seek assurances from management.

External Audit

The Committee received the report from Grant Thornton as its external auditor on its audit findings for the year ended 31 March 2019 at its meeting on 16 June 2020. The auditors issued an Unqualified Regularity Opinion and confirmed that the CCG had proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources (Value for Money Conclusion) noting there were no internal control weaknesses to report, no adjusted misstatements, no unadjusted misstatements or misclassifications.

The Committee has reviewed and agreed the external audit plan for 2019/20.

Financial Reporting

The Committee was advised by Internal Audit that it was able to report full assurance following its review of Financial Management and Financial Systems and significant assurance for QIPP Delivery.

The Committee received regular assurances in respect of the Annual Report and Accounts preparation. This included a detailed timetable and progress report; consideration of the content of the Annual Report; update and approval of the Accounting Policies; and progress on audit matters.

The Committee has reviewed the draft Annual Report and Accounts for 2019/20 and received the audited Annual Report and Accounts for consideration and approval at its meeting on the 16 June 2020. This was the Black Country and West Birmingham CCGs first Committees in Common meeting.

Management

The Committee has continued to challenge the assurance process during the year and has requested and received assurance reports from CCG management and various other sources both internally and externally throughout the year.

Other matters worthy of note

Within its wide remit, the Audit & Governance Committee's agenda is considerable. Some of the matters it has considered routinely or as required by circumstances are listed below:

- Agreed the anti-fraud plan 2019/20 and received updates throughout the year.
- Regularly monitored compliance with the prime financial policies including monitoring consultancy spend and approving changes to the operational Scheme of Delegation.
- Received regular reports on Freedom of Information Requests (FOIs)

- Received updates in relation to Business Continuity and EPRR
- Moved to the new model constitution and governance handbook which were approved by NHS England in January 2020
- Received a regular policies update and approved relevant policies such as:
 - Business Continuity Policy & Plan
 - Health & Safety Policy
 - IG Policy
 - Risk Management Framework
 - Conflicts of Interest Policy
- Continued to assess the implications of the Statutory Guidance from NHS England with regards Conflicts of Interest and ensuring it is implemented and incorporated into the CCG induction and integration programme.

Effectiveness of the Audit Committee

The Committee has been active during the year in carrying out its duty in providing the CCG Board with assurance that it is an effective committee with regular reports to Board outlining matters considered and approved under delegated authority.

Value for Money

An assessment has been made of the cost of the operation and administration of the Committee throughout the year. This is based upon the attendance of individuals as shown in the attached appendix. The cost is calculated based on the average hourly cost of each individual at an estimated 3 hours per Committee (CSU and external organisations are excluded). The notional cost for 2019/20 is £12,108 and based upon the outcomes achieved by the Committee as described above, this has been viewed as an effective use of public funds.

Looking Forward

The end of the financial year saw an unprecedented impact on the way the CCG functioned on a daily basis. Covid-19 has changed the way the CCG works as an organisation and there have been many challenges with how governance functions during this pandemic and moving forward to further joint working. With the implementation of the single management team and further management of change process across the Black Country and West Birmingham, the committees are now working towards having Committees in Common.

In looking forward to 2020/21 and developing its work-plan, the Audit & Governance Committee will build on the good progress that has been made over the last 12 months and the internal auditors are already working together to establish a joint approach to assurance.

Conclusion

In conclusion, the Committee is of the opinion that this annual report is consistent with the draft governance statement, Head of Internal Audit opinion, and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

AUDIT COMMITTEE ATTENDANCE 2019/20

NAME	ROLE	02/05/2019	22/05/2019	18/07/2019	12/12/2019	19/03/2020
VOTING						
Mrs Helen Mosley	Non-Executive Director – PPI	✓	✓	✓	-	✓
Mr Tony Allen	Non-Executive Director – Governance & Vice-Chair	-	✓	✓	✓	-
Mr Chris Handy	Non-Executive Director – Quality & Safety	✓	✓	✓	✓	✓
Dr Alan Johnson	Secondary Care Doctor (Lay Member)	✓	✓	✓	✓	✓
NON VOTING						
Mr Matthew Hartland	Chief Operating & Finance Officer	✓	✓	✓	✓	✓
Dr Ruth Tapparo	Clinical Executive for Finance & Performance <i>*Left the Governing Body 1 July</i>	-	✓			
Mr James Smith	Head of Financial Management (Corporate)	✓	✓	✓	✓	✓
Mr Brendan Forde	Senior Finance Manager – Accounting & Control <i>* Left the CCG</i>	✓	✓	✓		
Mrs Emma Smith	Governance Support Manager	✓	✓	✓	✓	✓
Mr Paul Maubach	Chief Accountable Officer	✓	✓	-	-	-
Mrs L Broster	Head of Communications & Public Insight	✓	-	-	✓	✓
Information Governance		-	-	✓	-	✓
External Audit		✓	✓	✓	✓	✓
Internal Audit		✓	✓	✓	✓	✓
Local Counter Fraud		✓	-	✓	-	-

SC19_11a	Description	If the Integrated Care Partnerships do not deliver increased efficiencies (finance and Quality) through integration during 2021, this will have a negative impact on service delivery, patient experience and financial strategy for next year.		
Old Reference	Initial Probability (1-5)	Initial Impact (1-5)	Initial Risk Grading	Corporate Objectives
	4	4	16	S2 - Support the establishment of Integrated Provider Partnerships
Opened	Current Probability	Current Impact	Current Risk Grading	Committee
	1	1	1	SCR - Angela Poulton
Reviewed	Controls		Actions and Updates	
20/08/2020	Financial Management, responsive commissioning where necessary, Quality control and strident performance monitoring by the CCG.		Risk identified during Governing Body review of Board Assurance Framework and risks against Strategic Aims. SCR committee ownership identified. 12/12/19 - Risk reviewed, no change 16/01/2010 - Risk Reviewed. Committee discussed he risk and what level of control the SCR committee has in mitigation the risk. Further understanding required. Lisa Maxfield to be invited to next meeting to discuss alliance work and how SCR committee keep informed of the progress being made. No change currently 13/02/2020 - Risk Reviewed, Lisa Maxfield has been invited to attend the next meeting in March to discuss Integrated Care Partnerships. A discussion will also be had at that time about how to mitigate the risk 12/03/2020 - Risk Reviewed. SCR committee feel that there is no evidence that this is a risk at the current time. 20/08/2020 - Risk recommended for closure by SCR in february owing to the fact that SCR committee had no influence over ICP development and could not mitigate risk. Recommendation to close risk on basis that ICP risks to be identified through MD's at their respective place committees 22/09/2020 - Risk Reviewed at audit committee, closure reommeded to Governing body	
Initial Risk Level				
1 - High (16+)				
Current Risk Level	Rating Tracker			
C - Very Low (1-3)				
Status				
Open - On BAF				
Closure Requested	Gaps in Controls			
<input checked="" type="checkbox"/>	CCG do not singularly control the development and maturity of either ICP.			
Closure Reason				
Entered in Error				
Closure Approved	Internal Assurances			
<input checked="" type="checkbox"/>	Executive representation on Both ICP boards. Healthy lives partnership fortnightly meetings chaired by an independent chair.			
Closure Approved Date				
22/09/2020				
Closure Rules	External Assurances			
Approval Required from GB	Independent chair for both ICP boards. ICS is mandated and ICP's will make up ICS (in conjunction with Black country places)			
Responsibility				
Sharon Liggins	Gaps in Assurances			
ID	ICP's do not report to SCR.			
359				

SC02_19a	Description	Because of a decision made by Governing Body to support SWBHT to withdraw services from Halcyon Midwifery Led Centre and close the facility without prior service user engagement, the CCG are at risk of Legal challenge and potential reputational damage.		
Old Reference	Initial Probability (1-5)	Initial Impact (1-5)	Initial Risk Grading	Corporate Objectives
	4	4	16	S4 - Review / Performance Monitor, take corrective actions /
Opened	Current Probability	Current Impact	Current Risk Grading	Committee
07/02/2019	1	1	1	SCR - Angela Poulton
Reviewed	Controls		Actions and Updates	
20/08/2020	14/03/2019 - WHN have been invited to engage with CCG through the Maternity Voices Partnership. 20/08/2020 - MVP went live in August and have had meetings with LMS.		07/02/2019 - Risk Discussed by SCR and added to the risk register. Communication received citing CCG's legal duty to involve and engage with service users. Meeting arranged however was cancelled due to last minute changes to meeting terms. Update from JSS required. 28/02/2019 - There were 2 meetings in February - 7th Feb with the Women's Health Network and another 13th February with Malcolm Alexander and the Women's Health Network. There was discussion around the decision re Halcyon and other issues/concerns. It has been agreed that the CCG will work with the WHN in the coming months to work through issues raised and seek to make any changes in service provision where appropriate as a response. Propose risk I reduced to 2x2 SCR to discuss 14/03/2019 - Risk Reviewed, There have been 2 meetings held in February - 7th Feb with the Women's Health Network and senior members of the CCG and another 13th February with Malcolm Alexander (Chair of Healthwatch and Public Involvement Association - HAPIA) and the Women's Health Network and senior members of the CCG. AO channelled the meeting to focussing those present to raise the issues, discuss them and if Halcyon presents itself as the solution then this can be discussed. It has been agreed that the CCG will identify specific resources to work with the WHN to consider their concerns/issues and where agreed that a response is required any necessary actions will be implemented. The WHN have been invited to engage with the CCG through the Maternity Voices Partnership. An action plan will be drawn up over the coming months, and this process will commence at the meeting with local women and their representatives scheduled for April. The intention is to engage the WHN and secure their agreement to the action plan developed and there is the view that the risk needs to remain on the register until the plan has been delivered. Risk reduced due to communication between parties. 2x3 04/04/2019 - The first meeting of the Maternity Voices Partnership has been held, further update required regarding risk from Engagement team. Remains the same 09/05.2019 - Risk Reviewed, SERG are having conversations and exploring options for alternative use of the space. Jayne Salter-Scott updated the committee around the risk of legal challenge and it is considered that this element is no longer a risk to the CCG. The risk around reputational damage to the CCG remains somewhat. MVP continue to engage with the community who raised a dispute over the closure or Halcyon, despite huge efforts no one has come forward to take responsibility for the lease costs. SERG will continue to explore options and update to SCR. As one element of the risk has been identified as no longer posing a risk the risk is being reduced to 2x2 13/06/2019 - Risk Reviewed, MVP work is ongoing Remains the same 18/07/2019 - Risk Reviewed, Remains the same 12/09/2019 - Risk Reviewed, committee agreed that the duty to engage with the public was weighed with the duty to protect the public purse and had extensive information on its utilisation to support the decision. The case was also supported fully by Sandwell Health and Wellbeing Board. Remains the same currently. 10/10/2019 - Following the Maternity Voices Partnership paper received today (item 5.7) this will mitigate some of this risk. Following discussion, it was agreed that the risk should remain unchanged at this stage 14/11/2019 - The advert is out for the Chair of the Maternity Voices Partnership and procurement advisors in Arden & Gem CSU are reviewing the best way to procure. Risk to remain the same 12/12/2019 - Risk Reviewed, The Maternity Voices Partnership procurement is underway, and the service will launch from 1st April 2020. The CCG will request an action plan from the successful organisation from the point at which they commence the service. Once the action plan is received, this risk can be closed 16/01/2020 - risk reviewed, no change 13/02/2020 - AP advised that there will be a Maternity Voice Partnership operating from 1st April 2020. It was agreed not to close this risk until the Partnership have agreed a workplan.	
Initial Risk Level				
I - High (16+)				
Current Risk Level	Rating Tracker			
C - Very Low (1-3)	14/03/2019 - Risk Reduced 2x3 09/05/2019 - Risk reduced to 4			
Status				
Open - On BAF				
Closure Requested	Gaps in Controls			
<input checked="" type="checkbox"/>	20/08/2020 - no gaps in controls			
Closure Reason				
Mitigated				
Closure Approved	Internal Assurances			
<input checked="" type="checkbox"/>	07/02/2019 - CCG have sought advice from its legal services provider. 14/03/2019 - CCH have held 2 meetings with concerned parties and have agreed on steps to move forward. 20/08/2020 - MVP have had meeting with LMS			
Closure Approved Date				
22/09/2020				
Closure Rules	External Assurances			
Approval Required from GB	07/02/2019 - SWBHT presented statistics of usage of the centre to the CCG that show very little use of service. 12/09/2019 - decision was fully supported by Sandwell Health and Wellbeing Board			
Responsibility				
Jayne Salter - Scott	Gaps in Assurances			
ID	20/08/2020 - no gaps in assurances			
334				

ANNUAL REPORT

Audit and Governance Committee

2019/2020



DOCUMENT STATUS:	Final
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AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
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1.0	22.09.2020	Final Version for Governing Body

REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
Audit and Governance Committee	22 September 2020	0.1

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RELATED DOCUMENTS

These documents will provide additional information:

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1. Introduction

1.1 This report provides an overview of the work of the CCG's Audit and Governance Committee during the 2019/20 financial year. This committee is the CCG's statutory Audit Committee, appointed in line with the Health and Social Care Act 2012 and its primary purpose, as defined in its terms of reference, is:-

"...to provide the governing body with an independent and objective view of the group's systems, information and compliance with laws, regulations and directions governing the group. It will deliver this remit in the context of the group's priorities, as they emerge and develop, and the risks associated with achieving them..."

1.2 In order to achieve this core purpose, the committee's terms of reference also set out detailed descriptions of specific duties and responsibilities required of it, which are undertaken as the committee meets throughout the year. These terms of reference are incorporated into the Clinical Commissioning Group's Constitution and published on the Group's website.

1.3 This report includes an assessment of how effective the committee has been in achieving its core purpose through meeting the duties and responsibilities in the terms of reference during the year. The evidence contained in this report will be shared with the CCG's Governing Body and also will be used to support the development of the organisations' Annual Governance Statement.

1.4 The committee had four scheduled meetings during the financial year:

- 23 April 2019
- 30 July 2019
- 3 December 2019
- 25 February 2020

As part of the process of signing off the CCG's Annual Report, Financial Statements and reports from the External Auditors the committee also held an additional meeting on 21 May 2019. Details of the attendance at all of these meetings are enclosed at Appendix 1 for information.

1.5 The committee, in line with its constitutional terms of reference, is chaired by the CCG's Lay Member for Audit and Governance and is made up of other Lay Members who serve on the Governing Body, including the Lay Member for Finance and Performance and an independent member.

1.6 All of the members of the committee have significant experience of financial, audit and governance and risk management matters. The committee considers that its independent make up is vital to ensuring that it discharging its duties in an appropriate way. The members aim to act as a 'critical friend' to the CCG's management team, providing challenge where required to ensure that robust systems of control are maintained.

2. Discharge of Duties during 2019/2020

2.1 As highlighted above, the Audit and Governance Committee has a key role in the CCG's Governance arrangements as its statutory Governing Body audit committee. As part of its role, it is charged with a number of specific duties by the Governing Body. These are listed in full in Appendix 2, but as part of its on-going review of effectiveness, the committee has chosen to group these duties into the following themes:-

- Internal Audit
- External Audit
- Governance
- Assurance/ Risk Management and Internal Control
- Accounting Matters

2.2 Details are set out below of the work undertaken by the committee during the year that give a picture of how these duties have been met. The Committee would usually produce this report at the end of the financial year however, due to the ongoing Coronavirus pandemic usual CCG business has been disrupted and this report has been consequential delayed.

Internal Audit

2.3 One of the committee's key areas of responsibility is to oversee the work of the CCG's Internal Auditors. This includes agreeing the annual plan of work and monitoring progress against it. The CCG's Internal Audit services are provided by PriceWaterhouseCoopers (PwC), who attend each of the committee's meetings to report on their work.

2.4 The committee agreed the work plan for year at their May meeting, having discussed a draft version at the April meeting. The plan was risk assessed against the CCG's Governing Body Assurance work and identified work on Equality and Diversity, Finance, Delegated Commissioning, Cybersecurity, Continuing Healthcare, Brexit Planning, Conflicts of Interest, Information Governance and HR/Restructuring. It also included follow up to previous Audit Recommendations made throughout the year.

2.5 Updates on progress with the plan have been provided by PwC at each meeting, including proposed changes to the plan. The planned scope of the review of Brexit preparations was amended following developments in national progress and the planned review of HR was postponed in response to the ongoing programme of work to bring the staffing teams of the Black Country and West Birmingham CCGs together.

2.6 As part of their updates, PwC provided details of completed reviews during the year. This has included a number of reviews from the 2018/19 Audit Plan, including reviews of delegated commissioning, risk management, Data Protection Act and Stakeholder Engagement the review of Finance received in July, Equality and Diversity, Delegated Commissioning in December and Conflicts of Interest and Continuing Healthcare in February. The committee reviewed the findings and management action plans from each of these reviews as the reports were completed. This included details of recommended changes to processes relating to waivers and clearer recording of the CCG's approach to engaging with GP practices.

- 2.7 The Annual Plan is used to produce the Head of Internal Audit's Opinion, which forms a key part of the CCG's Annual Reporting requirements. The committee received a draft of the Opinion in April, which was 'Generally Satisfactory with some improvements required'. The final opinion was given as 'Satisfactory', the highest possible rating, reflecting the assurance provided by the Internal Audit Team during the year.
- 2.8 Other items considered by the committee from the Internal Auditors included the Audit Charter and a number of pieces of 'thought leadership, including details of learning from other areas where CCGs were working together and the risks and opportunities this presented.

External Audit

- 2.9 As in previous years, the CCG's External Auditors Grant Thornton reported on their work to the committee throughout the year. This primarily focussed on their work in April and May to provide the External Audit of the CCG's 2018/19 Accounts, giving a progress update in April and the final External Audit report in May. As part of the discussion around the External Audit Report, the committee commented on the level of detail required to be signed by members of the Governing Body.
- 2.10 The External Audit work for 2018/19 was completed by the provision of the External Audit letter in July and Grant Thornton provided an update on progress with the 2019/20 Audit at the December and February committee meetings. This included details of the initial Risk Assessment for the External Audit at the February meeting.

Governance

- 2.11 Much of the committee's work to maintain an overview of the CCG's Governance arrangements has been delivered through consideration of the development of the CCG's Annual Governance Statements. The draft 2018/19 Statement was considered in April and the final statement was received in May as part of the Annual Reporting arrangements. Work on the 2019/20 Statement has included a review of the contents of the statement in December and an Assessment of the CCG's Compliance with the UK Corporate Governance Code as best practice in February.
- 2.12 In response to areas of development identified in previous years, the committee have considered feedback from other relevant forums throughout the year. This has included the CCG's Governing Body and the Joint Commissioning Committee established by the four Black Country and West Birmingham CCGs. In February, a more detailed report on the CCGs' plans to align their Governance arrangements following the appointment of a Single Accountable Officer and Management Team across the four CCGs. This highlighted plans to delegate responsibilities for commissioning functions to the Joint Committee (re-named the Joint Health Commissioning Board) supported by sub-committees for functions such as Quality and Performance Assurance and Finance.
- 2.13 Other work under this theme has included the committee's annual review of whistleblowing arrangements, the re-appointment of an independent committee member and consideration of the committee's 2018/19 Annual Report. The committee have also continued with their programme of continuous improvement, by reflecting on an assessment against a Healthcare Finance Management Association checklist for Audit Committees in July.

Assurance/ Risk Management and Internal Control

- 2.14 The committee has responsibility for maintaining an overview of the CCG's risk management arrangement. As previously, this has included quarterly updates on the development of the CCG's Governing Body Assurance Framework (GBAF), which articulates risks to the CCG achieving its corporate objectives. The committee has been able to endorse the work undertaken to develop the GBAF and subsequently recommended it on to the Governing Body for detailed comment and consideration. The committee has also maintained an overview of the management of risks by the CCG's other committees throughout the year.
- 2.15 The committee has instigated a programme of 'deep dives' into the domains of the GBAF which have been reported on throughout the year. These have involved table top reviews of the risks associated with each domain at either committee, Team or programme level to ensure that all risks have been appropriately identified, assessed and managed. During the year Domains relating to Primary Care and the development of the Integrated Care Alliance were discussed.
- 2.16 The ongoing development of risk management arrangements continued throughout the year. The committee were updated on work with committees to undertake an assessment of the risk appetite and approach to treatment of each risk and the Governing Body's review of the GBAF in line with the 2019/20 Operating Plan. In recognition of a key area of risk, the committee considered a report in April on Cybersecurity and have planned further work aligned with an Internal Audit review into this area of work.
- 2.17 Other work to support the CCG's wider system of Internal Control included regular updates from the CCG's Counter Fraud and Local Security Management Specialists. These updates highlighted progress against agreed programmes of work. No significant issues were identified throughout the year.

Accounting Matters

- 2.18 The committee has a statutory responsibility in relation to reviews of the CCG's arrangements for meeting its annual accounting and reporting duties. Draft and final Annual Accounts for 2018/19 were reviewed in April and May in line with nationally defined timescales. Later in the year the Chief Finance Officer provided details of the interim submission of Accounts to NHS England at Month 9 and updated the committee on the plan to produce the final accounts for 2019/20.
- 2.19 The committee's Terms of Reference also give it the responsibility to maintain an overview of specific aspects of the CCG's financial governance arrangements. In the discharge of this duty, the Chief Finance Officer has provided reports at each regular meeting on special payments, losses and the use of waivers and or breaches of the CCG's Detailed or Prime Financial Policies and an overview of receivables and payables greater than £10,000 and over 6 months old. The committee gained assurance that arrangements in relation to these areas was robust with no significant issues identified.

3. Review of Effectiveness

- 3.1 The committee would usually conduct a review of its own effectiveness. Due to the pressures associated with the Coronavirus pandemic it has not been possible to undertake this work this year. The committee will continue to consider how to ensure it remains effective throughout the year,

4. Conclusions

- 4.1 The committee believes that the evidence set out above demonstrates to the Governing Body that it has effectively met the requirements of its terms of reference. In particular, the committee's enhanced role in risk management has enabled it to continue to seek and provide assurance to the Governing Body around the systems of internal control in a way that is making a demonstrable difference to the way the CCG operates.
- 4.2 The committee's work will continue to be important as the CCG continues its programme of collaboration with the other Black Country and West Birmingham CCGs throughout the next year, including consideration of the proposed merger of the CCGs. This will include working closely with the equivalent committees in the other CCGs through programmes of meetings in common where appropriate.
- 4.3 Finally, the committee would like to acknowledge the contributions to the CCG of both Tony Gallagher, who retired as the CCG's Director of Finance at the end of March 2020 and Dr Helen Hibbs MBE who served as the CCG's Accountable Officer until December 2019. The committee thanks both of them for their dedication and support for the committee's work during their time with the CCG.

Appendix 1 – Attendance at Meetings

Attendee		Meetings Attended (of those required)	Notes
Committee Members	Peter Price (Chair)	5 of 5	
	Les Trigg	5 of 5	
	Dean Cullis	5 of 5	
	Jim Oatridge	5 of 5	
CCG Staff	James Green (Chief Finance Officer)	4 of 5	
	Tony Gallagher (Director of Finance)	3 of 5	
	Peter McKenzie (Corporate Operations Manager)	4 of 5	
	Allan Kay (Head of Financial Resources)	5 of 5	
External Attendees	Joanna Watson (Senior Manager, PwC)	2 of 5	
	Neil Mohan (Senior Manager LCFS, PwC)	2 of 4	
	Shaun Grayson (LSMS, CWAS)	2 of 2	
	Jim McLarnon (Audit Manager, Grant Thornton)	4 of 5	
	Mark Stocks (Audit Partner, Grant Thornton)	5 of 5	
	Reena Bajaj (Internal Audit Manager, PwC)	2 of 2	
	Alison Breadon (Head of Internal Audit, PwC)	2 of 5	

Drs Helen Hibbs (Chief Officer) and Salma Reehana (CCG Chair) attended the May 2019 meeting.

1. Appendix 2 - AGC Duties (Extract from TOR)

The AGC is accountable to the group's governing body and its remit is to provide the governing body with an independent and objective view of the group's systems, information and compliance with laws, regulations and directions governing the group. It will deliver this remit in the context of the group's priorities, as they emerge and develop, and the risks associated with achieving them.

The AGC shall critically review the group's financial reporting and internal control principles and ensure that an appropriate relationship with both internal and external auditors is maintained.

The specific duties required of the AGC are:

- i) reviewing the group's adherence to the principles of good governance (constitution 4.5);
- ii) monitoring the group's performance in delivering:
 - (a) the duty to act effectively, efficiently and economically (constitution 5.2.3);
 - (b) its general financial duties as regards expenditure not exceeding allotments and use of resources, both total and specified types, not exceeding specified amounts (constitution 5.3.1 - 5.3.3);
- iii) monitoring the group's performance in delivering the duties relating to:
 - (a) acting consistently with the promotion of a comprehensive health service and the mandate issued for each financial year by the Secretary of State to NHS England (constitution 5.1.2(a));
 - (b) obtaining appropriate advice as part of processes for potential or actual changes to commissioning arrangements (constitution 5.2.9(b)).
- iv) reviewing the reasonableness of any decision to suspend Standing Orders and considering reports on any suspension of Standing Orders at any meeting (SO 3.9) and any non-compliance with Prime Financial Policies, scrutinising any proposed changes thereto and determining any referring action or ratification (PFP 1.2.1);
- v) reviewing the group's arrangements to manage all risks and receive appropriate assurance thereon through an integrated governance framework;
- vi) satisfying itself that there is an effective internal audit service (PFP3) and adequate arrangements for countering fraud (PFP4), reviewing the work and findings of the external auditors and approving any changes to the provision of delivery of assurance services to the group (PFP3.4(b));
- vii) reviewing the annual report and financial statements before submission to the governing body and the group; and
- viii) scrutinising any proposed changes to Prime Financial Policies (PFP 1.5.1).

Integrated governance, risk management and internal control

The AGC will review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the group's activities that support the achievement of the group's objectives.

The AGC will be responsible for reviewing and approving the group's overall strategy for Risk Management and reporting to the Governing Body on its effectiveness.

Its work will dovetail with that of the other Governing Body committees, which the group has established in order to seek assurance that robust arrangements are in place for

- Financial and performance management arrangements;
- Effective arrangements for commissioning healthcare services (including those delegated from NHS England in respect of Primary Care); and
- monitoring clinical quality to ensure patient safety.

Each of the committees has a specific role in these areas and monitor and manage the risks associated with these areas on behalf of the Governing Body. The AGC will review the arrangements in place to support this and in particular, will review the adequacy and effectiveness of:

- all risk and control related disclosure statements, (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the group;
- underlying assurance processes, including the work of the other committees of the governing body, that indicate the degree of achievement of group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification;
- policies and procedures for all work related to fraud and corruption as set out in Secretary of State's directions and as required by NHS Protect.

In carrying out this work the AGC will primarily utilise the work of internal audit, external audit and other assurance functions but will not be limited to these sources.

It will also seek reports and assurances from those working for and providing services to the group as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the AGC's use of an effective assurance

framework to guide its work and that of the audit and assurance functions that report to it.

Internal audit

The AGC will ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to AGC, the Accountable Officer and the group. This will be achieved through:

- consideration of the provision of the internal audit service, its cost and any questions of resignation and dismissal;
- review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
- considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise use of audit resources;
- ensuring that the internal audit function is adequately resourced and has appropriate standing within the group;
- an annual review of the effectiveness and the level of satisfaction with the services of internal audit;
- approval of the internal audit charter.

External audit

The AGC will review the work and findings of the external auditors and consider the implications of their reports and any management responses to their work. This will be achieved by:

- consideration of the performance of the external auditors, as far as the rules governing the appointment permit;
- discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy;
- discussion with the external auditors of their local evaluation of audit risks and assessment of the group and associated impact on the audit fee;
- a review of all external audit reports including the report to those charged with governance, agreement of the annual audit letter before its submission to the group and work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Other assurance functions

The AGC shall review the findings of other significant assurance functions, both internal and external, including regulators and inspectors, and consider the implications for the governance of the group. The AGC will approve any changes to the provision or delivery of assurance services to the group (PFP 3.4(b)).

The AGC has full authority to commission any reports or surveys it deems necessary to help it fulfill its obligations, with the necessary funding to be agreed with the Chief Finance Officer by the AGC's Chair.

Counter fraud

The AGC shall satisfy itself that the group has adequate arrangements in place for countering fraud, including the need to work effectively with NHS Protect, approve the counter fraud work plan and review the outcomes of counter fraud work (PFP 4.2 – 4.3).

Management

The AGC shall, as appropriate, request and review reports giving positive assurances or identifying risks from senior managers and those responsible for providing services to the group on the overall arrangements for governance, risk management and internal control

Financial reporting

The AGC shall monitor the integrity of the financial statements of the group and any formal announcements relating to the group's financial performance.

The committee shall ensure that the systems for financial reporting to the group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the group.

The AGC shall review the annual report and financial statements before submission to the governing body and the group, focusing particularly on:

- wording in the governance statement and other disclosures relevant to the terms of reference of the AGC ;
- changes in, and compliance with, accounting policies, practices and estimation techniques;
- unadjusted mis-statements in the financial statements;
- significant judgements in preparing of the financial statements;
- significant adjustments resulting from the audit;
- agreement of the letter of representation before it is signed, on behalf of the governing body; and
- qualitative aspects of financial reporting.

GOVERNING BODIES IN COMMON

DATE OF MEETING: 10 November 2020

AGENDA ITEM: 8.1

TITLE OF REPORT:	STP Board Summary Feedback Report
PURPOSE OF REPORT:	The purpose of this report is to provide a brief update of key matters and messages.
AUTHOR(S) OF REPORT:	Alastair McIntyre - Portfolio Director, Healthier Futures Partnership (STP)
MANAGEMENT LEAD/SIGNED OFF BY:	Paul Maubach – Accountable Officer Black Country and West Birmingham CCGs/STP Senior Responsible Officer
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<ul style="list-style-type: none"> • Quarterly System Review Meeting 11th September • People Board 17th October • STP Board 24th September • Clinical Leadership Group 10th Sept
RECOMMENDATION:	To note the contents of the report.
CONFLICTS OF INTEREST:	None identified
LINKS TO CORPORATE OBJECTIVES:	
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Approval <input type="checkbox"/> For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	
Other Implications (e.g. HR, Estates, IT, Quality)	



SUMMARY OF THE KEY MEETINGS:

1.0 STP Quarterly Review meeting 11th September 2020

- 1.1. NHSE/I hold quarterly reviews with each STP/ICS system.
- 1.2. The Black Country and West Birmingham system was represented by the CEOs of the NHS providers, the STP Independent Chair, STP lead, Portfolio Director, Nursing and planning leads.
- 1.3. NHSE/I hold the system to account for progress on implementing our phase 2 plan (restoration) and to understand issues arising from our phase 3 (recovery) plan (NHS) and to understand the progress made by the system in readiness for being designated as an Integrated Care System later in 2020/21.
- 1.4. System restoration the work done by the system in responding to the Covid Pandemic was recognised, especially as our system had been one of the most challenged systems in the first wave.
- 1.5. System recovery, we discussed Essential Services; Diagnostics (endoscopy), breast screening, 52ww and Demand and Capacity modelling. We were encouraged to do more to recover ahead of any second wave and winter demand.
- 1.6. Our system had made a finance submission on 5th October and finance colleagues were asked to continue conversations outside the meeting to understand the system position given that the financial allocations for the second half of the year had not been issued by NHSE/I national before the meeting.
- 1.7. Readiness for ICS Designation
- 1.8. We shared a draft slide deck indicating how we met the minimum requirements for an ICS and a draft system development plan. NHSE/I stressed they are keen to support integration and assist systems realise their ambitions. The system confirmed its collective desire to seek ICS designation in November 2020.
- 1.9. *Note a jointly signed letter and supporting slide deck was submitted on 30th September. We await the outcome of the application.*

2.0 People Board 17th October

- 2.1 The BCWB People Board has replaced the LWAB as the single point for planning and organising workforce strategies across the BCWB System. Alan Duffell, HRD from Royal Wolverhampton Trust chairs the board. There is representation from all BCWB Providers and the CCGs, HEE and local authority.
- 2.2 The board chair represents the BCWB system at the NHS E/I regional people board.
- 2.3 The BCWB People Board has agreed 5 priority areas for this year
 - Improving workforce supply – group chaired by Catherine Giffiths
 - Improving Education and Training- group chaired by Sarah Southall
 - Improving Workforce flexibility/consistency - group chaired by James Fleet
 - Improving Workforce Support - group chaired by Frieze Mahmood
 - Improving Leadership and Culture - group chaired by Ashi Williams
- 2.4 The group has a programme to develop and report workforce metrics and these will be included in a system integrated performance report [there is joint work with NHSE/I on producing a single report/ one version of the truth].
- 2.5 The board had an
 - update on the people plan and heard that we are in the ‘middle of the pack’ requiring moderate support on the detail in our plan implementation;
 - an update on the development of the collaborative bank
 - received presentations on challenges on BCWB AHPs and an update on seasonal flu vaccination

3.0 STP Board 24th Sept

Babylon - The Board received a presentation from Sultan Mahmood on the Babylon Sultan explained to the board that during COVID, the way care was delivered had needed to change. RWT had worked with a service user innovation group was established to share their views about attending virtual appointments and a digital approach would be beneficial.

After discussions with Babylon, a COVID care 19 app was created on 9 April 2020. The app goes through a person's symptoms and directs them to a physical service if necessary. This is currently being trialled in Wolverhampton GP Practices and community services. However, a partnership with Babylon is being suggested as a way forward and the following areas are currently being considered:

- Patient Experience,
- Delivery of Care,
- Co-ordination of care
- Cost and Value.

An STP wide group was agreed to be established and any proposals to go through the STP Digital Board.

3.1 Psychologically Safe Service Programme

The Board received a presentation on this national programme and acknowledged the STO was in the first cohort. A short survey was completed by board members and a detailed report will be sent the approach is based on 13 years of research with Newcastle University, and a redacted report will be sent to Board members by way of evidence. There will then follow in October / November and December three workshops with the board as part of board development.

3.2 People Plan

The people plan was presented and noted as having been submitted on time as required by NHSE/I. It was noted that more work would be required and the People Board were to look at this.

3.3 Living Wage Paper

A paper was presented which asked 'What would the implementation of the real living wage look like across the system?' Following discussion the board agreed that more work should be done with any comments to be submitted and a paper to be brought back in 2021.

3.4 Strategy Unit Presentation of findings COVID-19

The board received a short presentation from the Strategy Unit on their work on findings of response to COVID-19 was received.

3.5 Clinical Leadership Group 10th Sept

3.6 CLG received presentations on

- Midlands diagnostic Recovery Board from Paul Harrison
- The BCWB Restoration and Recovery Plan from Matt Hartland
- STP Flu plan from Sally Roberts
- Adult Critical Care Network gave an update (Pip Mayo)
- Imaging and Diagnostics from Anthony Nicholls
- And received an Ophthalmology update from Jonathan Odum and David Carruthers.

3.7 There are also fortnightly meetings of a Clinical Reference Group sub group to the CLG to resolve issues arising from the restoration and recovery planning

4.0 Programme Delivery Working Group

4.1 To note this group now meets bi monthly in the same month as an STP board meeting.

4.2 At the September 2020 meeting the group were updated as follows.

4.3 **Restoration and Recovery: Matt Hartland** The first draft of the Phase 3 restoration and recovery submission was sent on 01 September. A further submission was made on 21/09.

4.4 **Primary Care: Sarah Southall**

The Primary Care project manager gave an update on the GPFV programme. Funding was expected shortly for General Practice Forward View. An update on the GP Fellowship scheme was provided, 14 of 28 Fellowships recruited to, and the remaining 14 to be recruited in 2021.

The training hub has developed a three-tiered approach; first tier is a generic approach offering generic job role information, job descriptions and signposting. The second tier offers ambassador roles and networking opportunities. The third tier is support for practices recruiting to roles e.g. the physician associate role.

4.5 **BCWB STP Academy: Lucy Heath.** Lucy gave an introduction to the Academy and the draft work plan for the next 6 months. The purpose for the academy is to support the Black Country and West Birmingham to become a thriving Integrated Care System, including having population health management capability at PCN, place and system level. The academy will also support priorities around prevention and health inequalities

Priorities for next 6 months were stated as:

Recruit the Academy Team (6 team members)

Develop 4 core networks; Analytical; Evaluation: Quality Improvement; Information Governance

4.5.1 Support existing and develop new clinical networks

4.5.2 Develop a portfolio of population health management projects;

- Early diagnosis in cancer
- Reducing health inequalities in diabetes care access and outcomes

4.5.3 Amplifying patient preferences through shared decision making for people living with advanced chronic illness.

4.6 **Estates Programme: Chris Rowlands.** An overview of the CCG office moves was presented to the group. More information available on request.

4.7 **Personalised Care: Andrea Smith.** NHS England have now recruited regional Patient Activation Measure mentors (PAM mentors). The Personalised Care Team has developed an online training package for personalised support and health coaching, dates have gone live on Eventbrite. There is also a dedicated programme for care homes.

4.8 **Urgent and Emergency Care: Jason Evans**

4.8.1 West Midlands Ambulance Service continue to deliver strongly across the West Midlands. It was noted that call abandonment rate is good; 0.1% of all calls. 999 and 111 call centres are due to merge – They will be the first in the country to do so.

4.8.2 UEC board meets monthly and is focussed on Winter planning and mobilisation of the '111 First' programme which looks to divert patients away from ED.

4.9 **Cancer: Harvir Singh** There is a focus as part of Restoration and Recovery in addressing the increased waiting list sizes. In particular Endoscopy waiting lists (62 day & 104 day wait). Cancer board is meeting monthly.

4.10 **Innovation and Adoption: Karen Morrey** Five bids were submitted against the remote monitor fund but we were not successful with any bid.

Name: Alastair McIntyre

Job Title: Portfolio Director, Healthier Futures Partnership (STP)