Meeting of the Dudley Health and Wellbeing Board

Thursday 17th September, 2020 at 5.15pm,
on Microsoft Teams - click link to access the meeting

Agenda - Public Session
(Meeting open to the public and press)

17:15	1.	Apologies for absence
	2.	To report the appointment of any substitute members serving for this meeting of the Committee.
	3.	To receive any declarations of interest under the Members' Code of Conduct.
	4.	To confirm and sign the minutes of the meeting on 1st July, 2020, as a correct record.
17:20	5.	Election of Vice-Chair The Elected Members of the Board to elect a Vice-Chair for the municipal year.
17:25	6.	Covid 19 Outbreak Control Plan and Local Governance Arrangements – Bal Kaur (Pages 1-9)
17.45	7.	Covid 19 impact- Engagement Update- Julia Simmonds (Pages 10-11)
18:05	8.	Presentation on the Joint Strategic Assessment approach – Greg Barbosa
18:25	9.	The future of Commissioning in the Black Country and West Birmingham – Neill Bucktin (Pages 12-39)
18:45	10.	Development of the Dudley Integrated Care Provider (ICP) – Dudley Integrated Health and Care NHS Trust -Neill Bucktin (Pages 40-50)
19:05	11.	Dates of future meetings:- To be confirmed Please note the proposal to change the dates of the remaining two meetings. To be considered at the meeting

19:15 12. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).

Please note the following important information concerning the meeting:

- This meeting will be held virtually by using Microsoft Teams. The meeting will be held live via the Internet link.
- This is a formal Board meeting and it will assist the conduct of business if participants speak only when invited by the Chair.
- The Chair reserves the right to adjourn the meeting, as necessary, if there is any disruption or technical issues.
- All participants should mute their microphones and video feed when they are not speaking.
- Please remember to unmute your microphone and switch on your video feed when it is your turn to speak. Speak clearly and slowly into your microphone.
- Members of the public can view the proceedings by clicking on the link provided on the agenda.
- The Council reserves the right to record meetings. Recording/reporting is only permitted during the public session of the meeting.
- Information about the Council and our meetings can be viewed on the website **www.dudley.gov.uk**
- Any agendas containing reports with exempt information should be treated as private and confidential. It is your responsibility to ensure that information containing private and personal data is kept safe and secure at all times. Confidential papers should be securely disposed of. If you choose to retain the documents you should ensure that the information is securely stored and destroyed within six months.
- Elected Members can submit apologies by contacting Democratic Services: Telephone 01384 815238 or E-mail **Democratic.Services@dudley.gov.uk**

Distribution:
Members of the Dudley Health and Wellbeing Board:
Councillors N Barlow, R Buttery, S Ridney, L Taylor
H Ellis - Acting Director of Children's Services
M Williams – Deputy Chief Executive
M Bowsher – Director of Adult Social Care
B Kaur – Interim Director of Public Health and Wellbeing
P Davies –Interim Director of Housing
P Kingston – Independent Safeguarding Board Chairperson
Dudley GP Clinical Commissioning Group – Dr R Edwards and P Maubach
A Gray – Dudley CVS CEO
J Emery - Chair of Healthwatch Dudley
J Anderson – West Midlands Police
Operations Commander Matt Young – West Midlands Fire and Rescue Service
M Axcell – Dudley and Walsall Mental Health Partnership NHS Trust
G Love – MCP Representative (NHS Dudley CCG)
D Wake – CE Dudley Group NHS Foundation Trust
P Wall – Head of Strategic Planning (West Midlands Ambulance Service)

Officer Support:
K Jackson – Deputy Director of Public Health (DMBC)
J Simmonds – Service Manager – Strategic Partnership
N Bucktin – Director of Commissioning Dudley (CCG)
S Haywood – Head of Community Safety

Minutes of the Dudley Health and Wellbeing
Wednesday 1st July, 2020 at 4.00pm
Microsoft Teams Meeting

Present:

Councillor N Barlow (Chair)
Councillors R Buttery, S Ridney and L Taylor

Chief Supt. S Bourner (West Midlands Police); M Bowsher (Director of Adult Social Care); N Bucktin (Director of Commissioning – Clinical Commissioning Group (CCG); J Emery (Chair of Healthwatch Dudley); M Foster (Dudley and Walsall Mental Health Partnership NHS Trust); A Gray (Dudley Community Voluntary Service - Chief Executive Officer); S Haywood (Head of Community Safety), K Jackson (Deputy Director of Public Health/Head of Healthy Communities and Place), C Knowles (Interim Director of Children's Services); J Simmonds (Service Manager – Strategic Partnership) and Dr C Weiner (NHS Sandwell and West Birmingham CCG); S Griffiths (Democratic Services Manager) and L Jury (Democratic Services Officer).

Also in attendance:
M Abuaffan (Head of Adults and Older People's Public Health); G Barbosa (Intelligence Officer – Intelligence, Performance and Policy); S Brooks (Senior Account Manager – Communications and Public Affairs); B Johal (Public Health Manager – Health and Wellbeing – Healthy Communities and Place); L Jones (Health Improvement Practitioner, Children and Young People Public Health)

---

1. **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of M Axcell, P Davies, P Kingston and M Williams.

---

2. **Appointment of Substitute Member**

It was reported that M Foster had been appointed as substitute Member for M Axcell for this meeting of the Committee only.

---

3. **Declarations of Interest**

There were no declarations of interest from Members in accordance with the Members' Code of Conduct.

4. **Minutes**

Resolved

That the minutes of the meeting of the Board held on 4th December 2019, be approved as a correct record and signed.

5. **Welcome from the Chair**

In welcoming the Board Members to the meeting, reference was made to the turbulent months that had passed and the ongoing Covid situation and the many local people who had either suffered from the virus or had sadly lost their lives to Covid in the Borough. Acknowledgment was made to the tremendous support that carers, professionals and voluntary groups across the Board had provided during this time and the Chair proposed a minute silence in memory of those who had lost their lives and relay the message of thanks to those who had provided support.

6. **Election of Vice-Chair**

The resignation of the previous Vice-Chair, Dr Hegarty, was reported and it was requested that this item be deferred until the next meeting to allow Officers to identify and approach nominees.

Resolved

That the election of Vice-Chair be deferred to the next meeting of this Board.

7. **Updates from current strategy priorities - Impact and Post Covid plans:**

(a) Mitigating the Impact of Poverty Goal

The Board considered a report of the Deputy Director of Public Health updating Members on the work that had been undertaken to mitigate poverty in the Borough and the impact since the Covid 19 pandemic.

The Deputy Director of Public Health gave a brief outline of the work that had been undertaken prior to the pandemic to develop a whole system plan to mitigate the impact of poverty. The success of the first workshop that had been held was noted where the causes of poverty had been identified. The second workshop scheduled for April had been cancelled due to the current situation and work would have been undertaken to develop the system wide actions to focus on going forward.

It was noted that some work had been completed with residents looking at the insights and experiences of living with poverty and as a result of this work, a video had been produced and would have been presented at the April workshop.

It was stated that as the emergency unfolded, plans had changed and the focus had shifted to putting in place emergency measures to help mitigate the impact the pandemic was having on poverty and examples of these measures was reported, as set out in the report submitted.

Continuing, it was noted that the main concerns going forward were that poverty and inequality would be further exacerbated by the pandemic and lockdown so this would remain a key priority for the system and work would be undertaken to address these issues.

Going forward, focus would be given to re-establishing the whole systems work and the data that had already been collected and to continue with the emergency measures that were currently being put in place. Support from partners would be sought to identify the contribution they could make in order to mitigate poverty.

Arising from the report, a Member highlighted the difficulty in identifying all the families, children in particular, that would have fallen into the poverty bracket as the pandemic was still ongoing and it was anticipated that a very different picture of those in poverty would emerge.

Echoing the comments made, a Member made reference to the increase of children now on free school meals due to the number of families now in receipt of Universal Credit. It was suggested that contact be made with the Children's Team to identify all of the children who were now in receipt of free school meals and those who had not been registered prior to pandemic as this could provide important data on families who could be struggling going forward and the need to assess the assistance they may require.

In reply, the Interim Director of Children's Services, referred to the 'hidden harm' children within the Borough, being the young people that the authority was not aware of because they had not hit the Government criteria for being in schools during the pandemic. It was noted that the Department of Education (DfE) were requesting local authorities to prepare for a significant number of children coming to the attention of the authority, many of whom would be in the 'hidden harm' bracket and would have potentially hit the breadline threshold.

The Deputy Public Health Manager thanked members for the useful comments which would be taken into consideration in work going forward.

In response, the Chair acknowledged the work that had already been undertaken and the work that would be required going forward and echoing the comments made at the meeting, referred to the increased use of foodbanks and support parcels that had been delivered by voluntary groups during the pandemic which had highlighted the huge number of families that were struggling.

Key asks of the Board /wider system

- The Board considered and commented on the update given on mitigating the impact of poverty goal.

- The Board acknowledged and supported the different approach to the work on poverty that would likely be needed as we emerged from the Coronavirus pandemic into a new 'normal'.

(b) Healthy Weight Goal Update

The Board considered a report of the Health Improvement Practitioner, Children's and Young Peoples Public Health, on an update on the healthy weight goal.

In presenting the report, reference was made to the four groups of residents who had meet between September and November last year, comprising of fifty-six regular attendees who looked at the question 'what can we all do together to help people in Dudley Borough be healthy'. The groups each identified key issues and meet with commentators or experts who provided them with information about their priority issues. It was reported that eighteen group members had taken part in a further three hundred and forty conversations with members of their community and with the information the groups had gathered, a list of ten themes with recommendations were presented at a launch event in December 2019.

At the event, organisations and community workers worked together to action plan how the recommendations would be carried forward and it had been proposed to present this action plan to this Board at its March 2020 meeting, where the Board would have been asked to commit to ensure the delivery of the actions identified. A major risk that had been identified as a result of the pandemic was that momentum would stop and the actions would not be carried out and the community would lose trust in what had been achieved so far. It was noted that unfortunately, due to the pandemic, some of the momentum had been lost and due to the current climate, some of the work had been put on hold and some actions and recommendations may need to be adapted as life evolved to the new challenges created by Covid. The good communications between services, organisations and the Community Health Action meetings and the public was acknowledged which would provide a good base to build upon going forward.

The Public Health Manager, Children and Young People's Public Health, confirmed that the ten different thematic areas that had been identified as a result of the work undertaken with the community groups had been grouped by their theme areas and allocated to the appropriate department or strategic group who would be responsible for ensuring the momentum was kept going and delivered. It was proposed that the document be circulated to all Board members on the proposed allocations and Members be requested to feedback any comments to L Jones or B Johal.

Arising from the presentation, the Chair commented on a recent conversation that had taken place with regards to the rise in obesity within the borough as a result of the sedentary lifestyle that some people were leading during the pandemic and he stressed the importance of continuing to engage with the groups mentioned and the need to ensure that this important work was continued.

In response, a Member, stressed that those who had been more severely affected by Covid 19 had been the BAME community and also the very obese and whilst acknowledging the good report, it was stressed that clear actions and a timeline were needed to ensure that the work was taken forward and reference was made to the holistic work that had taken place within the Council during this pandemic. It was suggested that the positivity from this work be harnessed to take the work forward at pace. It was acknowledged that should a second wave of the pandemic or a new virus hit the borough, it would be greatly advantageous for the population to be in a healthier position.

In response, the Chair thanked the officers for the report and stated that the three strategic priorities presented were time critical and stressed the importance of keeping momentum with these items.

Key asks of the Board/wider system:

- The Board considered and commented on the update to the healthy weight goal.

- The document containing the ten thematic priority issues and recommendations referred to at the meeting, be circulated to the Board and Members be asked to feedback comments to L Jones and B Johal.

(c) Loneliness and Isolation

A report of the Public Health Manager, Adults and Older People, was submitted in relation to loneliness and isolation.

The Head of Adults and Older People's Public Health, presented the report and in doing so made reference to the community groups who had submitted bids for money for projects to reduce loneliness and isolation. It was reported that seventeen projects had been successful and funding had commenced on 11. The team responsible had kept in touch with the groups during lockdown and provided support via social media and work would commence when it was safe to do so.

It was noted that prior to lockdown, the Halesowen Business Investment District (BID) had won a bid which had been co-funded by the local authority, to develop a 'Friendly Bench' which was originally to be installed in the town centre in July but would now be deferred due to the current situation. Reference was made to the Good Neighbourhood Scheme, a be-friending scheme that previously was delivered by Age UK, however as Age UK (Dudley) had now closed, Public Health had taken over the co-ordination of the project until it was allocated to another provider and it was anticipated that it would be incorporated into a voluntary contract. Reference was also made to the 'Pleased To Meet You (PTMY) service which have extended their hours of operation and extended the age range in which they cover.

It was noted that Covid 19 had highlighted the impact of loneliness and isolation not only in people deemed as lonely but the whole population and the increased use of social media and the internet was acknowledged. It was reported that as a result of a meeting that had taken place recently, it had been agreed to come together in a wider network to include all community groups and other representatives to understand what had been learnt from the pandemic in terms of loneliness and isolation and how to capitalise on that learning, both positive and negative, and develop our services to reduce isolation and loneliness. The management of the network would be shared between other social care and health and wellbeing divisions.

In concluding, the key asks of the Board were presented, requesting that the Board, support the network approach, support the approach of the need to learn from the pandemic in terms of the positive aspects such as the utilisation of social media and the internet, how the pandemic negatively impacted on all sectors of the population, and market existing tools such as the Dudley Community Information platform (CI) and the Loneliness and Isolation training toolkit.

Arising from the presentation the Chair, acknowledged the amount of work that had been undertaken so far and special reference was made to the success of the 'Pleased To Meet You' contact line. The huge number of people isolated in their homes either due to their age or under lying health conditions during the pandemic was acknowledged and it was commented that had people been made more aware of the support network or organisations already in existence, they may have been of greater benefit. Reference was made to the social media campaigns that had highlighted services available but it was stressed that the authority needed to be mindful of the people who do not access to the internet, especially as Libraries had been closed during the pandemic, and it was requested that we ensure that information is shared through other channels .

In response, reference was made to the 2000 booklets that had been produced for vulnerable and older people and distributed to pharmacies and supermarkets during the pandemic, along with the Black Country Radio campaign and the paid for digital online presence, which had received great feedback.

In response, the Chair acknowledged the work that Communications and Public Affairs (CAPA) had undertaken to release information during the pandemic and he expressed his thanks to the team.

The Interim Director of Children's Services referring to the surveys that had been undertaken in Years 8 and 11 in schools, as set out in the report, commented on the return to school of all pupils in September and the anticipation that the authority would have a higher risk of children not going back into schools either electing to be home schooled or school refusers as a result of our young people feeling isolated, lonely and scared. The 'hidden harm' of the impact of Covid on young people was acknowledged and it was suggested that further surveys be undertaken in September to ascertain how young people were feeling coming out of lockdown and back into society having been so isolated for so long without any peer contact.

In response to the comments raised, the Head of Adults and Older People's Public Health assured Members that by having a network approach, this would enable the service to work across the whole age group which would include children and young people.

The Interim Director of Public Health commented that the authority was preparing to commission a special Covid 19 health related behaviour questionnaire that would go into schools in September 2020 and would build upon the bi-annually questionnaires that the authority already delivered. It was anticipated that this would help monitor what difference Covid had made and measure children's emotional health and wellbeing.

The Chair thanked the officers for their informative report and acknowledged the lessons learnt and the huge amount of work going forward.

Key asks of the Board/wider system:

- The Board considered and commented on the update relating to the loneliness and isolation goal.
- The key asks of the Board/wider system, as set out in the report submitted, be supported.

8. **Better Care Fund**

A joint report of the Director of Adult Social Care and the Director of Commissioning, Dudley Clinical Commission Group (CCG) was submitted, updating Members on the status and performance of the Dudley Integration and Better Care Fund (BCF) Plan 2019/2020.

In presenting the report, the Director of Adult Social Care commented on the requirement to report all of the quarters of the BCF and it was noted that this report covered the period up to 31st March 2020, pre-Covid, therefore, much of the data in the report bared little resemblance to the position today.

Reference was made to the heavy winter experienced in the borough during the months of January and February 2020, and reference was made to the struggle to meet the BCF targets in terms of discharges, which were reflected in the January and February data as set out in the report. The authority was tasked with coming together with the CCG and the Dudley Group of Hospitals, in agreeing a joint plan for the financial year which had now been completed and deployed. At the Integrated Care Executive, focus was now on the period post-September and specifically Pathway 3 beds, as described in the report submitted, and how this would work.

Continuing, the Director of Adult Social Care referred to the period following the data presented in the report, stating that as a system, the authority had worked incredibly effectively throughout the Covid period. There had been regular days of zero delayed transfers of care in recent weeks and the authority were able to provide support to the hospital, in the very difficult challenge they had to free up beds and particularly ventilator bed capacity, and as a result of the efforts made across primary care, acute care, social care, the voluntary system and our care providers, capacity was maintained at Russel's Hall hospital throughout the pandemic and that remained the case today. As a result, local residents had been able to access critical care when they needed it and there was ventilator bed stock available should it be necessary going forward.

It was noted that new arrangements for this year had been implemented and were working effectively and would be included in the next performance report submitted to the Board.

In this regard, the Director Commissioning CCG, reporting on the success of the discharge process, referred to the two main objectives within the BCF being, the prevention of unnecessary admissions to hospital or care homes and having an effective discharge process when people have been admitted to hospital. It was reported that there had been several areas where the service had been able to work effectively in achieving both objectives throughout the year but more importantly, during this challenging period. It was acknowledged that there were several lessons to be learnt from the Covid period both in terms of preventing admissions and improving discharge.

Some of the services that had been commissioned for the Dudley Group of Hospitals, had worked very effectively to prevent unnecessary admissions. Particular reference was made to the work undertaken from the clinical hub located in Brierley Hill's Health and Social Care Centre, and the teams that manage the discharge process across the CCG, the Council and the Dudley Group of Hospitals who have worked very effectively in enhancing the discharge pathways. It was noted that work would continue to build on that process particularly in terms of resetting the BCF plan for the remainder of the year and next year.

In response the Chief Executive Dudley Group of Hospitals NHS Trust, acknowledged the strong working relationship with the Council which had been further enhanced during the pandemic and reference was made to the seamless system working between the hospital, the community and social care which had really supported the hospitals proactive response to Covid in terms of keeping patient's safe and ensuring the right bed capacity was available to manage patient's safely during their stay. It was noted that up to two weeks ago, emergency attendance and admissions had stayed low, however, numbers were rising back to pre-Covid levels and availability of beds, which had been good over the last couple of months was now becoming challenging as attendances were rising. However, if the strong partnerships continued, it was anticipated that the difficulties would be manged.

The Chief Executive Dudley Group of Hospital NHS Trust took the opportunity to express her sincere thanks to all organisations across the sector who had supported the hospital during this difficult time. The support for the hospital from the general community across the Borough had been tremendous and had been greatly appreciated.

In response the Chair thanked the officers for their report and reiterated his thanks to the hospital and staff across the whole system who supported and adapted to the situation exceptionally well.

Resolved

That the content of the report and the assurance it provided, be noted.

---

8. **Covid Situation in Dudley Borough**

The Board considered a presentation from the Intelligence Manager (Intelligence, Performance and Policy) with regards to the current Covid 19 situation in Dudley Borough.

In presenting the information, the Intelligence Manager commented that the information had been produced for an earlier meeting so some of the information would have changed, however, only in a positive way.

The key points were summarised as follows:

- Laboratory confirmed Covid cases up to 22nd June 2020 – showed Dudley with a crude rate of 279 cases per 100,000 which favoured better in comparison to other urban authorities as stated on the slide. It was also noted that throughout the pandemic, Dudley had a lower rate of infection than our neighbouring authorities.

- Covid death occurrences recorded by the Office for National statistics – again Dudley had experienced the lowest number of deaths in the Black Country and this had continued with the number of deaths declining.

- Location of death occurrences – the majority of deaths in Dudley had peaked around the beginning of April and the majority had occurred in hospitals.

- Care homes in Dudley – As of 1st April 2020, 243 residents had tested positive (anticipated to be 280 to date) with 67 deaths (this number had risen very slightly to date). Again, it was noted that this figure had been much lower than figures in our neighbouring authorities and similar authorities in other areas. At present there was 1 care home that was currently experiencing an outbreak as opposed to 18 reported on 7th May. It was reported that every care home resident aged 65 and over had been tested and tests were being carried out on a regular basis.

- Number of Deaths at Dudley Group of Hospitals – it was important to note that the number of deaths in hospitals was not the same as the number of deaths in the Dudley Borough as there may have been patients from other areas in the hospital who had passed away. It was noted that deaths peaked towards the beginning of April 2020 and since then, there had been a downwards trajectory.

- Covid Deaths in Dudley Borough and by Wards – It was noted that the location of deaths was evenly distributed across the residential areas of the Borough. Although there was variation in the rate of deaths by ward within Dudley, the overall numbers of deaths in each ward was relatively low and there was no statistically significant difference in the death rate between wards. Wards with high death rates correlated to the locations where there were higher numbers of care homes and the majority of care homes were located in the less deprivation areas.

- Covid 19 app – The app had been collecting data throughout the pandemic and the app had been promoted by Communications and Public Affairs (CAPA) at the beginning of the lockdown. It had allowed people in the community to report if they had or had not experienced symptoms. Data had been downloaded on Dudley residents and residents within the Black Country throughout the pandemic to try to understand where there may be a spike. Since the onset of the app, the trajectory for all Local Authorities had been very good and it was noted that we were now probably at the lowest point we had been throughout the pandemic.

  This data would be closely monitored and would enable us to see if there were signs of a second wave, as had been seen in Leicester, and it would alert us before we experienced hospital admissions or any major outbreaks.

Reference was then made to information, which had not been included in the agenda, with regards to data on Pillar One testing, relating to NHS laboratories testing current samples, and Pillar Two testing, relating to all commercial and academic laboratories which were now also undertaking screening. The data had shown from the peak at the beginning of March 2020, there had been a downward trajectory and showed a shift from NHS laboratories undertaking testing to commercial and academic laboratories and it was anticipated that the number of positive tests would decrease. The number of testing had increased as testing had become more widely available and as only a small number of positive cases had come from an increased number of testing, this had been seen as a positive sign.

Arising from the presentation the Chair commented that the information presented demonstrated how exceptionally well Dudley had performed in comparison to some of its neighbouring authorities. However, he re-emphasised the importance to not become complacent, referring to the situation in Leicester and noting two reports that had been released today that showed another thirty-six potential areas for a second wave, with two of the areas in close proximity to Dudley.

In this regard, the Interim Director of Health and Wellbeing referred to the Outbreak reports, required by Local Authorities to support the situation, which had been circulate to Members separately to the agenda due to time constraints. Prior to presenting the report, thanks were expressed to the Intelligence Manager and his team who had been translating data into local situation reports which had been really useful in sighting any potential issues and obviously going forward, the data intelligence would become more important to help manage situations at a local level.

It was reported that a mandate had been released requiring local outbreak plans to be produced to support the test and tracing programme nationally. Two weeks ago, Dudley were requested to publish their outbreak plans by 1st July 2020 to meet the requirement. It was noted that the plans were 'work in progress' and what had been submitted was a public facing document and acknowledging the raft of operating procedures and policies that stood behind behind the plan. Reference was made to the huge amount of work that had been undertaken by the wider partnerships and it was noted that different levels of guidance and support were still awaited and the plan would then be adapted accordingly. A further requirement that had been dictated to the authority by the Government, was a governance structure with the introduction of a Covid 19 Health Protection Board, which would be chaired by the Director of Public Health and a Member-led Engagement Board, siting under the HWBB. It was reported that with agreement from partners outside of this meeting, but linked to this meeting, an Engagement Board had been introduced and had met yesterday, chaired by Councillor Barlow as chair of the HWBB. The purpose of the Board was to primarily lead on communication and community engagement and help build public confidence and assist the authority to manage communication and engagement at a much more local ward-base level.

The Covid 19 Health Protection Board had met twice and most of the organisations on the HWBB would have members present on that Board and it had been instrumental in helping shape the outbreak plan. The plan had been assured last week by a Regional Convenor operated by the Department of Health and Social care. It was noted that Dudley's plan had been given very positive feedback and the plans were seen as examples of good practice and had been shared widely across the region alongside Sandwell and Shropshire's plans. Dudley's plan was based on the positive work that was currently being undertaken to manage Covid in the borough.

In conclusion, the Interim Director of Health and Wellbeing informed Members that the plans would continue to be updated and built upon as the situation progressed.

The Chair thanked all Officers for their detailed and informative reports.

Resolved

(1) That, the current Covid situation in Dudley Borough, and the information relating to the Outbreak reports as presented, be noted.

---

9. **Dudley Health and Wellbeing Board Reset Proposal**

Members considered a joint report of the Head of Healthy Communities and Place and the Service Manager – Partnerships proposing a way forward to reset the strategic purpose of the Health and Wellbeing Board (HWBB) during Covid 19 recovery and restoration.

In presenting the report, the Head of Healthy Communities and Place reminded Members that as system leader, the Board had a set of core duties that related to the production of a process that gave us the joint strategic assessment and the joint Health and Wellbeing Strategic assessment. The Board also enabled and encouraged integration and engagement across the system, holding the system to account overall.

The current health and wellbeing strategy had three goals, which had been discussed earlier in this meeting, and four principles, as set out in the report, relating to the development of a new relationship with communities, focusing more on what agencies and communities could do for themselves, therefore, shifting the power base and working more as a partnership with them.

It was acknowledged that although the HWBB had not had a role during the emergency phase, moving forward into the recovery, it was considered to be an ideal time to revisit and identify the contribution that the Board could make going forward. In order to do this, a reassessment and review of the impact of Covid on the population's health overall was required, particularly looking at the positives and lessons that were learnt during the emergency period. It was noted that many positive stories of the way organisations had adapted and worked together had come to light and it was the intention to build on this and look also at issues that had not worked so well.

In conclusion, the Head of Healthy Communities and Place indicated that the HWBB would require assurance in terms of the local NHS re-organisation with regards to the local implementation plans constructed as a result of Covid, and would also require assurance in relation to the public protection priorities.

The Service Manager – Partnerships, then presented the emerging issues, as set out in the report, and in doing so made reference to the three current goals within the strategy, noting that although they appeared just as relevant as before the emergency, as people's lives and experiences had changed dramatically since the emergency, they may need to be reconfigured slightly. Reference was made to the co-production/community response, as set out in 4.2 of the report, noting the brilliant initiatives that had come from the communities themselves and the voluntary sector organisations and the opportunity now to learn from these experiences and embed them into the way we work moving forward.

Referring to the key asks of the Board/recommendations, as set out in the report, it was proposed to carry out a review of the impact of Covid, an issue that had already been discussed throughout this meeting, to take place across all parts of the system, to identify the impact and apply the learning from the Covid crisis and in doing so set up a Task and Finish group that would lead to the production of a report. As part of this process, the relevant partnership boards already in existence, would contribute to that report and it was anticipated that this would be completed in approximately six months.

As part of the review it was also proposed to set up a borough-wide conversation with the communities, voluntary sector and statutory organisations, using the coproduction approach, to share experiences and thoughts around what could be learnt in the context of the three health and wellbeing strategy goals, focusing on what went well and why, what not to continue with and how to do this together. It was acknowledged that many conversations with communities and organisations had already taken place with regards to this, however it was felt that by combining all of these into one big conversation, would be more beneficial and reduce the risk of reverting back to silo working as previously.

It was recommended that this conversation, and the responses should form a key role of the work of the Forging the Future Strengthening Communities strand and the HWBB's role to hold the Dudley health and wellbeing system to account for its part in the responses emerging from this conversation. In this regard, it was noted that the Bishop of Dudley, in his capacity as aspiration lead for the stronger community's strand of Forging the Future, had offered to host that conversation and lead on this if the Board agreed that this would be appropriate.

In concluding, reference was made to the recommendations as set out in paragraphs 5.3 to 5.8 of the report, in relation to the proposal that the system continues to deliver the current strategic goals and apply the impact of Covid 19 based on the result of the borough wide conversation and set up a sub group to ensure a system wide response to the impact of Covid 19 on the BAME community. It was recommended that the findings and recommendations from the review be the focus of the 2021 Annual HWBB event, and the HWBB and partner agencies consider how the local response to widening health inequalities could be advanced.

It was suggested that an update on the following issues be presented for consideration at the next meeting: Governance Arrangements; Covid 19 Outbreak Management Plans; Test and Trace Programme and the Integrated Community Provider establishment and progress on the Dudley CCG.

Arising from the presentation, Chief Superintendent Bourner,referring to the Forging the Future, commented on the amount of work the Executive Board had undertaken on the seven aspirations and supported the recommendation to link the community strand work from Bishop Martin and the work that she had undertaken with the CEO of the Voluntary Sector and the Interim Director of Health and Wellbeing.

In response, the Chair agreed with the suggestions put forward to utilising the HWBB as much as possible and acknowledging the initiatives that had worked well during the emergency, which could be taken forward to help reshape services and increase engagement with the voluntary sector and the communities as they had proven their ability to adapt to the situation.

The Interim Director of Children's Services referring to the current strategy goals, commented on the concerns relating to the challenge going forward with regards to the emotional wellbeing and mental health in children and young people, as a result of the emergency, in particular with regards to loneliness and whether the three goals captured this worrying concern.

In response Councillor Ridney, echoing the comments made by the Interim Director of Children's Services, referred to the unknown quantity of children and young people that would have been badly affected by the emergency. It was anticipated that this will be a massive issue when the children return to school and the Board needed to recognise this and focus on this issue in the coming months and possibly years to come. A lot of children would have understood the impact of the crisis but to what extent and how they had been supported or not, would need to be assessed.

Councillor Buttery, commented on the importance to recognise the phenominal work that had been undertaken by Council officers with regards to ensuring that our vulnerable children and adults were kept safe during this emergency. However, the biggest concern now lay with the children that were not know to the authority. The children who may not have a great homelife but are kept on the right trajectory due to the interventions put in by schools, sports-clubs, etc that have not been operating through the pandemic. Specific reference was made to the Year 12 co-hort as it was noted that prior to Covid there had been no children out of education, employment or training (NEETS) and the concern for all these children and young people from all social backgrounds.

In reply, Councillor L Taylor highlighted the importance of getting children and young people back into sporting/leisure activities to combat physical and mental health issues. It was questioned what support had been given to the clubs/associations with regards to guidance on health and safety issues such as social distancing as reference was made to some football clubs that had now been reinstated who were disregarding social distancing and the concern that some parents may not feel comfortable sending their children back to such clubs.

In response, the Head of Community Safety referred to the information published on websites for businesses and other organisations returning to work during the Covid period. It was noted that a substantial amount of work had been undertaken by the Test and Track sub-group and the Interim Director of Health and Wellbeing proposed to pursue this issue and provide some support.

Key Ask of the Board/Recommendations

That the key asks of the Board/Recommendations as set out in paragraphs 5.2 to 5.8 of the report, be noted and approved.

10. **Violence Prevention Strategy**

A joint report of the Head of Healthy Communities and Place and the Head of Community Safety was submitted updating the Board on the Violence Prevention Strategy and the three priority violence goals for the Borough and to ratify the strategy.

In introducing the report, the Head of Community Safety reported that over the last 12 months, the Board had received updates on the outcomes of the development of the strategy. The final version was now presented to the Board for ratification subject to any amendments from this meeting, and two amendments which would be presented to the meeting.

The Head of Community Safety presented the background to the report, and in doing so acknowledged that addressing violence was not a single agency issue and was the culmination of many different issues and a strategic co-ordinated approach would be required that involved a range of stakeholders to affectively address the issues around violence and violence prevention. The strategy produced would be an over-arching framework that picked up several strands of work and an action plan would be developed.

It was noted that overwhelmingly, people had stated that feeling safe and living without fear of violence underpinned being able to live a good life and thrive. Therefore, strategy partners and the community have developed a vision for the Borough and the strategy around Dudley being a safe place and by working together, making it safer. Reference was then made to the three goals that had been identified through consultation, as set out in the report.

In referring to the strategy, attached as Appendix One to the report, specific reference was made to the impact of violence and the risk factors and an overview of the situation in Dudley in relation to Dudley Violence numbers. Dudley's impact areas were highlighted, noting that the areas were Brierley Hill and Central Dudley, and that specific focus would be given to these areas together with looking at issue's borough wide. Referring to page 40 of the report, summarising what the community had said, thanks were expressed to the community once again for their powerful contribution.

In concluding, the Head of Community Safety reported on the amendments to be made to the strategy and confirmed that an action plan would be produced shortly. It was noted that there was already an plan in place through the neighbourhood policing unit called the Four P's Plan, around protect, prevent, prepare and pursue and it was intended to duplicate actions in that plan around what was required to drive forward preventing and reducing violence in the Borough.

In response, Chief Superintendent Bourner thanked both officers for the hard work that they had put into producing the strategy, working closely with a wide range of partners, which had provided the borough with a clear foundation and consistent platform and a level of co-herence to really drive this issue forward together as a priority.

In response to the Chair's comments regarding the difficulties some people had experienced during the pandemic, specifically relating to difficult situations at home which they were unable to escape from, the Head of Community Safety reported on the work that had been undertaken during the lockdown by CAPA looking to reach people who could not get out of their homes and reference was made to post cards that had been put into food parcels and small business cards that had been put into prescription bags with regards to a single point of contact.

The Chair thanked the officers for their report and acknowledged the hard work that had been undertaken in producing the strategy and the work undertaken during the pandemic with regards to domestic violence.

Key asks of the Board/wider system:

That Board Members consider how they could contribute to the following goals:

- what they could do or were already doing that could be built upon as key organisations in the Borough;
- what could be done with the communities;
- what the communities could do for themselves;
- how they could identify vulnerability and what support they could offer.

11. **Dates of future meetings**

Thursday 17th September 2020
Wednesday 2nd December 2020
Wednesday 17th March 2021

Please note that these meeting will be undertaken on Microsoft Teams unless notified otherwise. All meetings to commence at 4.00pm.

The meeting ended at 5: 50pm

CHAIR

Dudley Health & Wellbeing

Longer, safer, healthier lives for all

DUDLEY HEALTH AND WELLBEING BOARD **Agenda Item no. 6**

DATE	**17th September 2020**
TITLE OF REPORT	**Covid 19 Outbreak Control Plan and Local Governance Arrangements**
Organisation and Author	**Karen Jackson- Head of Healthy Communities and Place** **Dudley Council**

1. Purpose

1.1. At the July 2020 Board meeting it was recommended that the Board receives an update on the governance arrangements, for the COVID-19 outbreak management plan and test and trace programme. This report updates the Board on the Dudley Covid-19 Outbreak Control Plan and Local Governance Arrangements and provides assurance to the Board that the plans and arrangements are fit for purpose, with clear accountability.

2. Background

2.1. The Dudley outbreak control plan has been developed to ensure that the Dudley Health and Care system continues to provide the system wide response needed to reduce the spread of COVID-19, to prevent and minimise the impact of a potential second wave and to mitigate the impact on the health and social care system, communities and local economy.

2.2. The plan details how we identify early and manage local outbreaks and how we will support high risk locations and vulnerable communities. The plan supports the NHS Test and Trace service - a central part of the government's Covid-19 recovery strategy.

.

2.3. The Test and Trace service includes four 'tools' to control the virus: test, trace, contain and enable, as set out in Figure 1.

2.4. This plan provides a robust mechanism for responding to Covid-19 outbreaks across a range of settings and issues. Figure 2 outlines the seven key themes.

Figure 1: Test and Trace Virus Control Tools

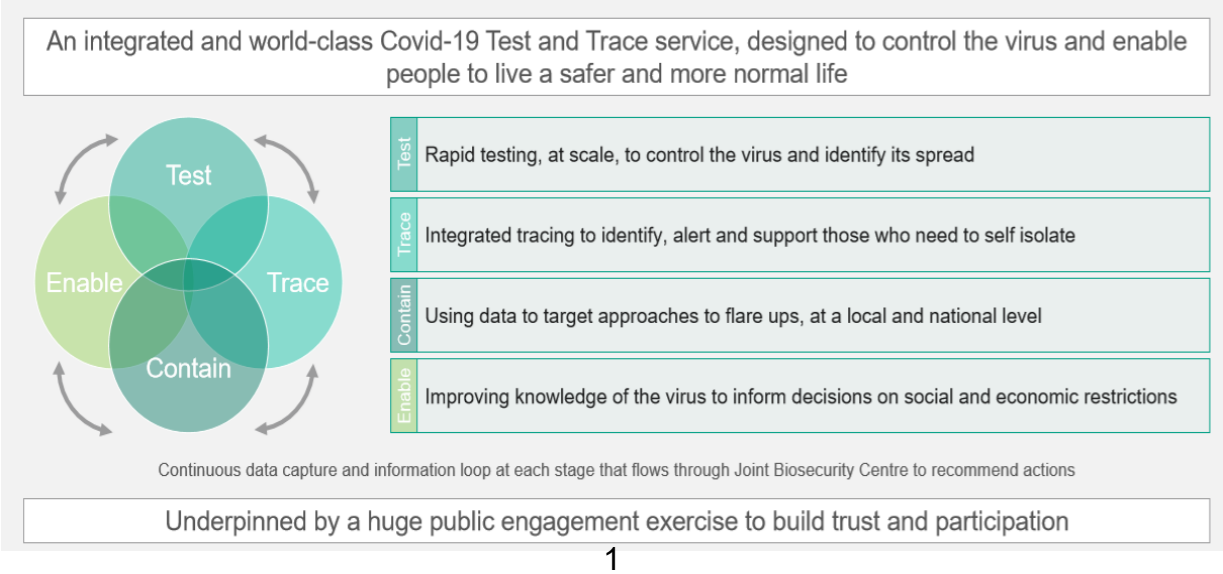
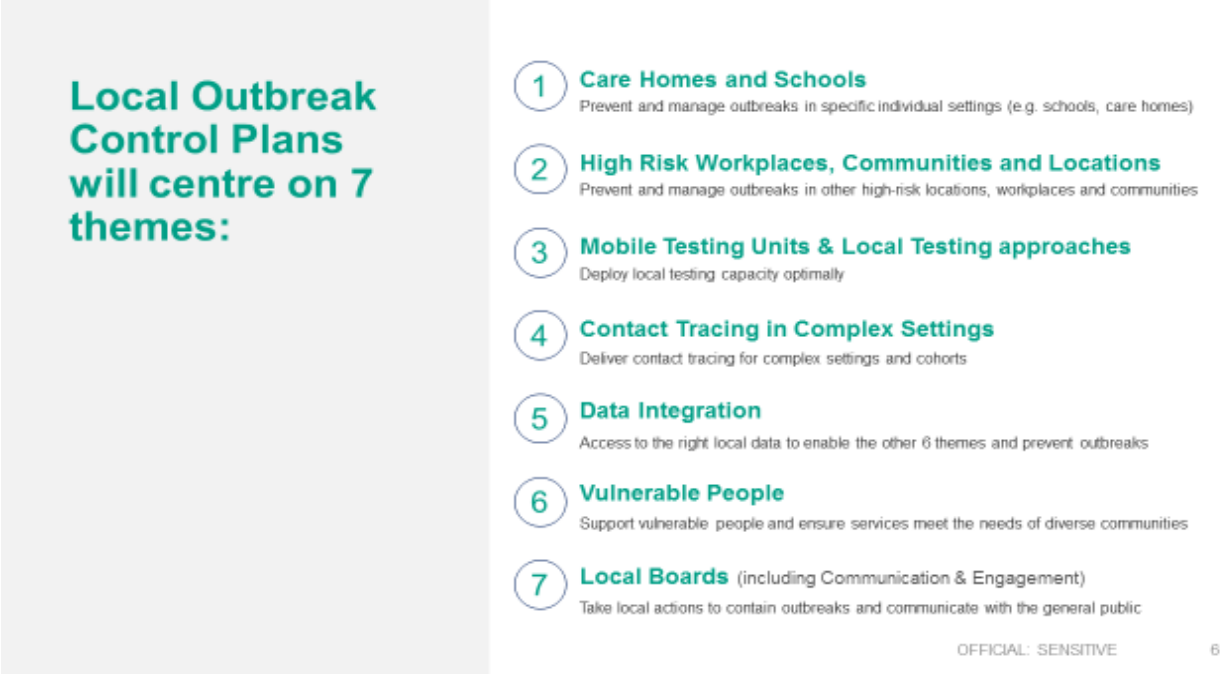
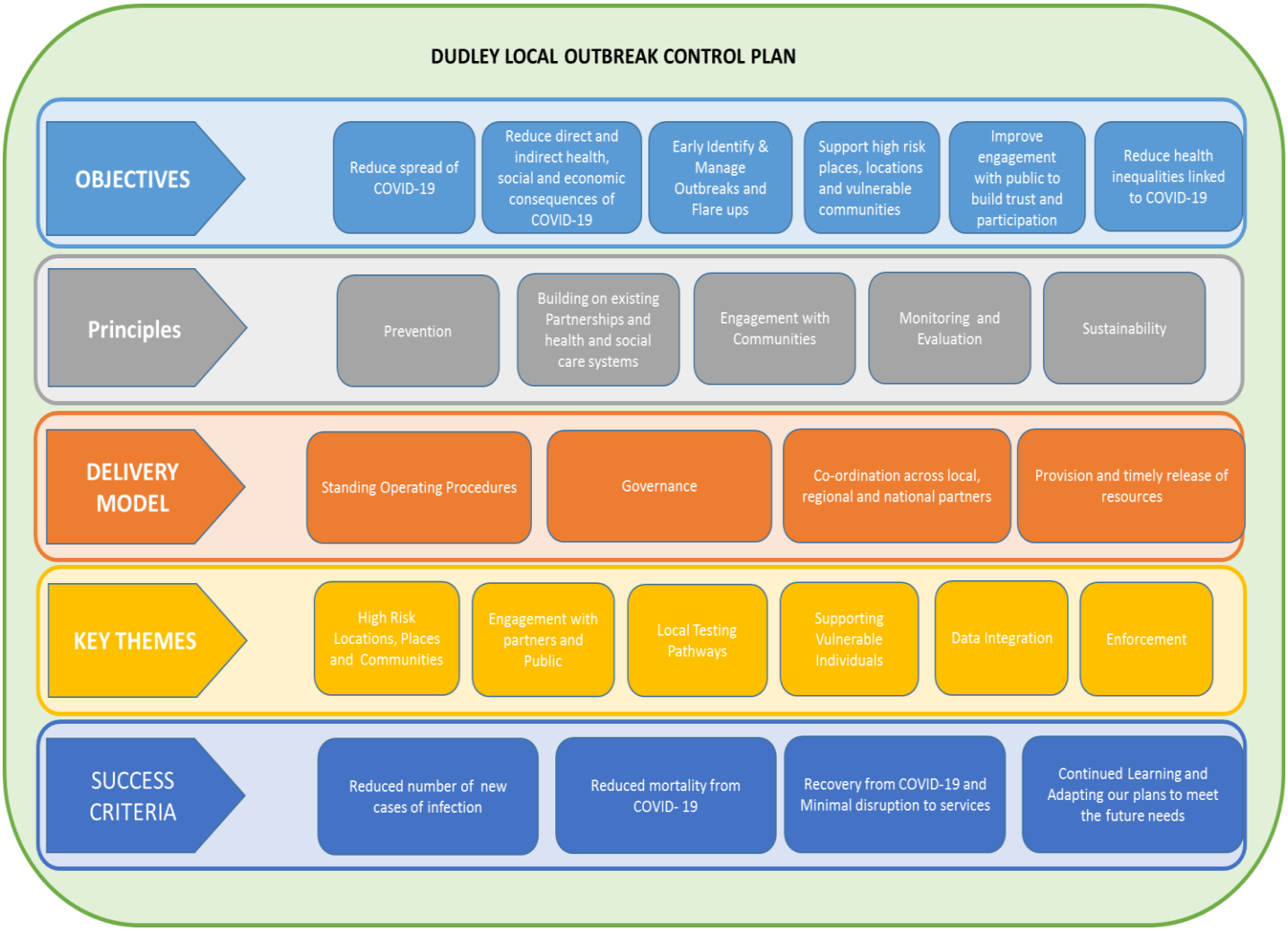


Figure 2: Key Themes of the Outbreak Control Plan



2.5. An overview of the plan is provided is figure 3.

Figure 3: Overview of the Outbreak Control Plan



3. Key Points

Governance Arrangements:

3.1. Dudley's Director of Public Health (DPH) has responsibility to produce the Local Outbreak Control Plan. The DPH in consultation with key partners has put in place governance arrangements to oversee the development, implementation, delivery and monitoring of the plan (figure 4)

3.2. The success of local governance relies on good relationships and integration with national, regional and local partners and schemes, and good communication and engagement with the public.

3.3. The DPH chairs a multi-agency COVID-19 Health Protection Board (previously COVD-19 Incident Management Programme) which oversees the development of the plan. The Board works closely with the Local Resilience Forum, Strategic Co-ordinating Groups and a new Member led public-facing Engagement Board to implement the plan.

3.4. The Engagement Board leads on developing a robust plan to overview communications and undertake public engagement to build trust and participation..

3.5. The Board has overseen the development of a communication and engagement strategic framework, which supports PHE's communication strategy. Implementation is being supported by multiagency communication and engagement working groups

3.6. A communications media protocol has been developed across all partners to coordinate and align partner communications on COVID. It outlines how partners will manage and respond to the media should a local outbreak occur, ensure there is a system in place for agreeing joint statements where appropriate and enables system wide proactive response to support the three key strategies outlined within the local outbreak plan:

3.6.1. Amplify the national campaign, including the NHS Test and Trace messaging, through local channels with tailored messages for key audiences
3.6.2. Establish clear understanding of the Dudley Local Outbreak Plan among key stakeholders
3.6.3. Ensure rapid response is achieved in the event of local outbreak

3.7. An engagement implementation plan has been developed which aims to

3.7.1. Engage with the right people in the right way at the right time
3.7.2. Provide opportunities for continued dialogue with partners and communities
3.7.3. Focus on collaboration so that partners and communities have ownership of the messages and the communication channels
3.7.4. Ensure that messages resonate with the key audiences

3.7.5. Utilise a broad and deep range of existing local channels, communication routes and relationships.

3.8. The 3 strategies to engagement are:

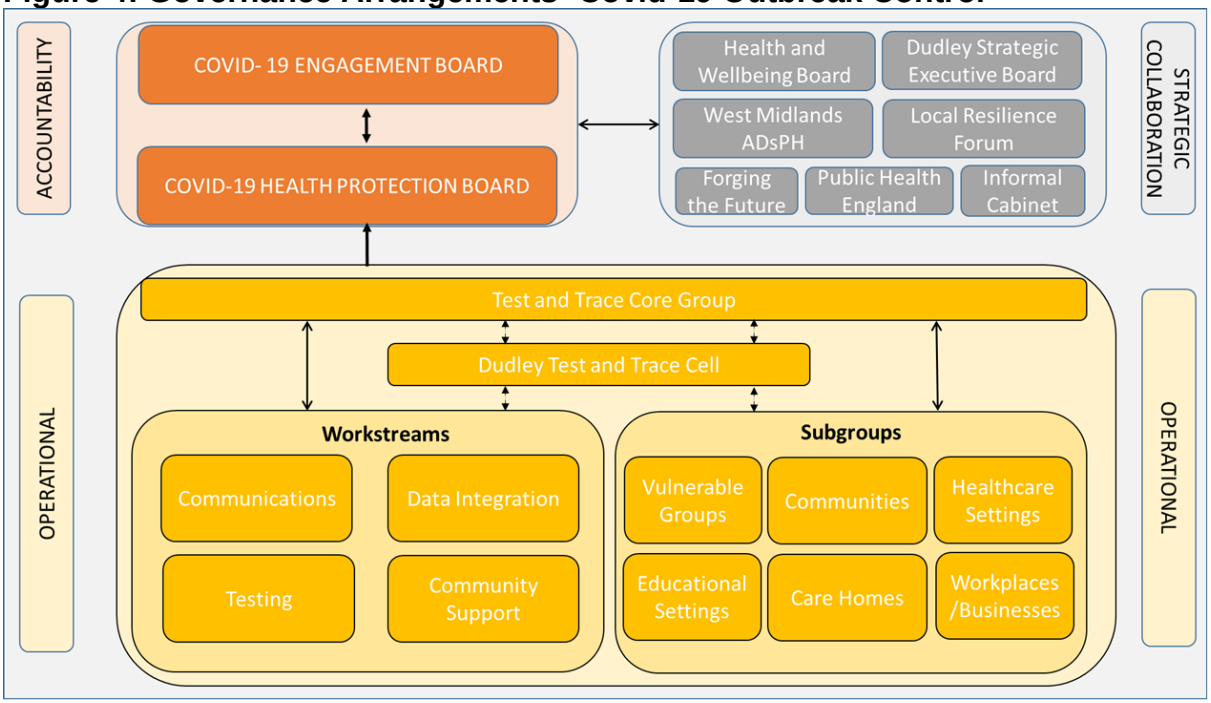
- **Covid community champions** - anyone in the community. The person that everyone knows and trusts or someone who wants to help. People sign up to be a Champion, receive the latest advice and guidance, then share with anyone in their community. Champions also let the council know what is and isn't working.
- **Key influencers –** people respected by the specific target audience - to add power and impact to messages for these audiences. They may be asked to provide a quote, a short video/ voice message etc. to be used through various communication channels.
- **Work with existing groups and networks** - to ascertain what they think about COVID-19 and the T&T process. What are the barriers to people adhering to the guidance and how can we counter these? What messages and communication channels would be most effective?

3.9. A public facing data dashboard has been developed which is updated weekly. This provides information on the impact of COVID-19 locally and is aimed to demonstrate transparency and reassure the public and foster trust.

3.10. Monitoring of the programme is overseen by these Boards. Associated risks are reported to the Boards on a regular basis.

3.11. The plan and governance arrangements are continually reviewed and adapted as the local situation changes, in line with national guidance, engagement and consultation with local people and communities

Figure 4: Governance Arrangements- Covid-19 Outbreak Control



3.12. Six multi agency sub-groups have been established to cover all identified high risk settings. The sub-groups have built on our experience and learning of working with settings like care homes, workplaces, communities and educational settings. These subgroups are supported by various workstreams including data integration, workforce development, testing, engagement and communication

3.13. The Test and Trace Core Group develops the outbreak control plan and oversees and supports operational delivery of the programme, identifying, monitoring and escalating risks as required.

3.14. The Test and Trace Cell delivers the local response to the national test and trace programme

3.15. The key responsibilities of the Boards and groups in the local governance system are listed in figure 5.

Figure 5:

Board / Group	Responsibilities
COVID-19 HWWB Engagement Board (multi-agency group)	• To ensure that the Test and Trace response is delivering the right interventions to protect the health and wellbeing of citizens • To develop a communication and engagement strategic plan in relation to covid-19 and the test and trace programme • To promote communication and engagement using co-productive approaches with the stakeholders relating to the response to Covid19 and the Test and Trace programme. • To enable coordination of strategic and proactive covid-19 messaging across council and partners (this does not include operational/crisis messaging where autonomy needs to be maintained within each organisation • To ensure effective communication and engagement with high risk and vulnerable people and communities in relation to Covid-19 and the Test and Trace programme • To adopt proactive/preventative communications as well as reactive communications to control outbreaks • To maintain links and collaboration with neighbouring local authorities and wider system messaging at regional and national level • To agree public facing data dashboard and narrative for Dudley • To provide the Health and Wellbeing Board and Cabinet with updates as required
COVID-19 Health Protection Board (Multi-agency Group)	• Oversee the development and delivery of the local outbreak control plan • Put in place measures across the local health and social care economy to provide resources for its implementation • Monitor data and intelligence to assure that the rate of the infection is going down and identify priorities for local response. Identify local hotspots and develop plans to contain the spread of infection.

	• Identify local hotspots and develop a strategy to contain the spread of infection • Work with elected members to support the implementation of local outbreak controls across the borough. • Identify and escalate issues and risks relating to Test and Trace. • Provide regular updates to the Health and Wellbeing Board (HWBB) Engagement Board • Oversee actions to reduce the impact of COVID-19 on Health Care settings, care homes, schools, vulnerable communities, workplace and other settings
Test and Trace Core Group	• Development of the local outbreak control plan • Oversee the operational delivery of the outbreak control plan • Identify issues and risks regarding the delivery of the outbreak plan and put measures in place to address them • Facilitate the work of the subgroups for the delivery of the plan • Monitor and escalate risk
Test and Trace Sub-groups for high risk places, communities and locations (multi-agency groups)	• Identifying high risk places, locations and communities • Identify/map key partners/ organisations for their locations, places and communities • Identify relevant guidance for their locations, places and communities • Provide support to settings to implement preventative measures and early identification of outbreaks and complex situations • Develop SOPs for their locations, places and communities • Identify scenarios from outbreak plans and define priority areas for action and associated plans. • Identify resources including staffing to support plans for their locations, places and communities • Identify training needs • Identify and review risks and own the resolution of risks and issues where assigned. • Notifying LA / PHE of any outbreaks and situations • Develop and implement communication and engagement plans
Dudley Test and Trace Cell	• Deliver the local response to the national test and trace programme • Provide a 7 day service • Work with subgroups and partners to ensure that all steps in the SOPs are completed • Maintain a record of all activities • Escalate issues and risks to the Core Group

3.16. The local COVID response is supported by a local authority test and trace service support grant from the government. The purpose of the grant is to provide support to local authorities in England towards expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19. The Chief Executive and Chief Internal Auditor of each of the recipient authorities are required to sign and return a declaration to this effect.

4. Assurance.

4.1. Stress testing of the plan provides further assurance. The overall plan was tested on 6th August 2020. All key partners took part in the stress test and test observers included representation from the Local Resilience Forum (LRF). (Figure 6)

Figure 6:

Observers	Participants
Portfolio Holder – Health and Wellbeing Shadow Portfolio Holder – Health and Wellbeing West Midlands Fire Service representing LRF	The Dudley Group NHS Foundation trust Black Country NHS Foundation Trust Black Country Healthcare NHS Foundation Trust DCVS PHE NHS Dudley CCG West Midlands Police Dudley Council – Health and Wellbeing (Public Health, Environmental Health team), Children Services, Adult Social Care, Communications and Public Affairs, Dudley Test and Trace Cell.

4.2. Key Strengths, risks and learning were identified from the test:

Key Strengths:

- Good leadership from the Director of Public Health at the Incident Management Team (IMT)
- Good partnership working and support at the IMT
- Engagement and Communications are key strengths of the plan

Key Risks:

- Workforce: There is over reliance on public health from partners for the response to COVID.
- Testing: Currently Dudley has the lowest testing uptake rates. Further work is required to improve testing and develop a system which is effective, efficient, equitable, accessible and acceptable to public.
- Data: Though data flows have improved, further strengthening of data integration in a timely fashion is needed at national, regional and local levels.

Key Learnings:

- Strengthen the interface between local and regional structures
- Additional stress testing to be organised to build on this exercise. This will be delivered at a range of forums including the Health Protection Board and Test and Trace subgroups.
- Ensuring that there is recognition that this is a system wide plan.

4.3. Work is on-going to mitigate the identified risks and implement the key learnings. Further stress tests are to be planned on specific aspects of the plan and for specific high-risk settings.

4.4. The plan is currently being refreshed to take account of the learning and updates in the national guidance and local situation.

4.5. The Regional Convener team has reviewed Dudley's plan and are assured that it is fit for purpose and an example of good practice.

4.6. The Health and Adult Care Scrutiny Committee have a programme of sessions during September to December 2020 to examine Dudley's whole systems response to covid-19.

5. Escalation

5.1. Response phases for Covid 19 have been identified for local areas- red amber or green (figure 7). Each local authority defines their own trigger points. Dudley has divided "green" to include a pre-amber stage as our baseline rates are relatively low. Local Authorities and Public Health England ensure status is monitored on a daily basis. The standard levels set nationally are reported weekly as red, amber or green.

5.2. Local Authority triggers response and escalation before moving to Red using the WM Command and Control process for activation.

5.3. The roles of the Boards are identified at the different stages of response in figure 8.

Figure 7: Response Phases

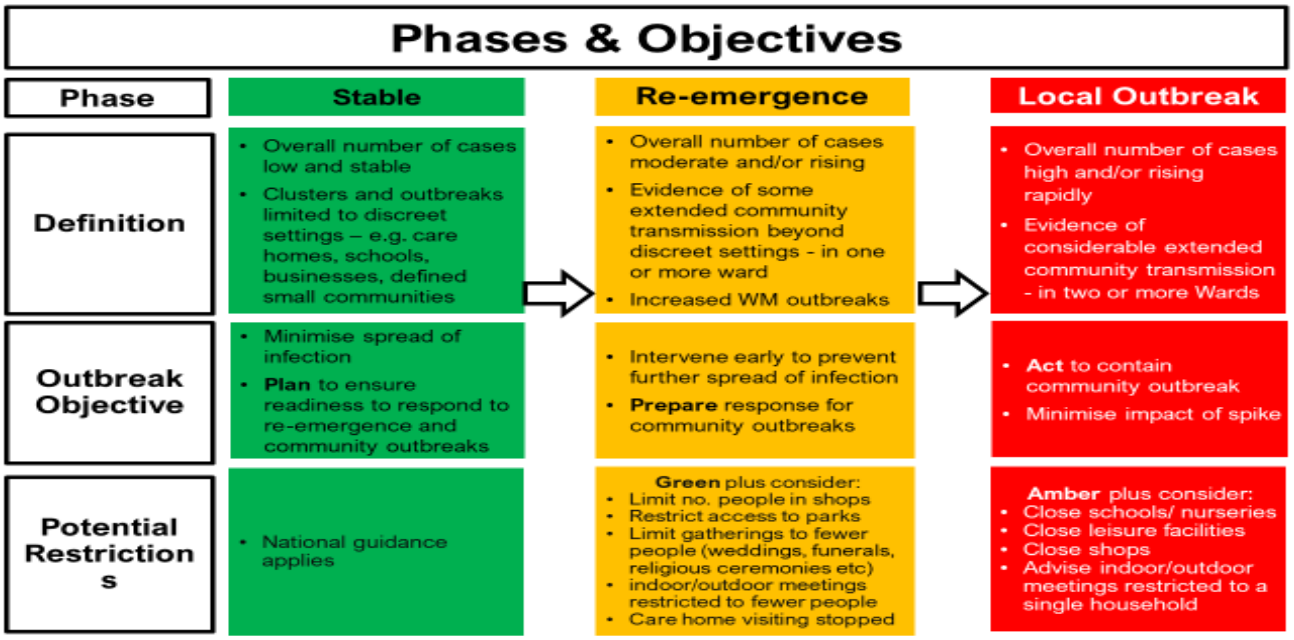
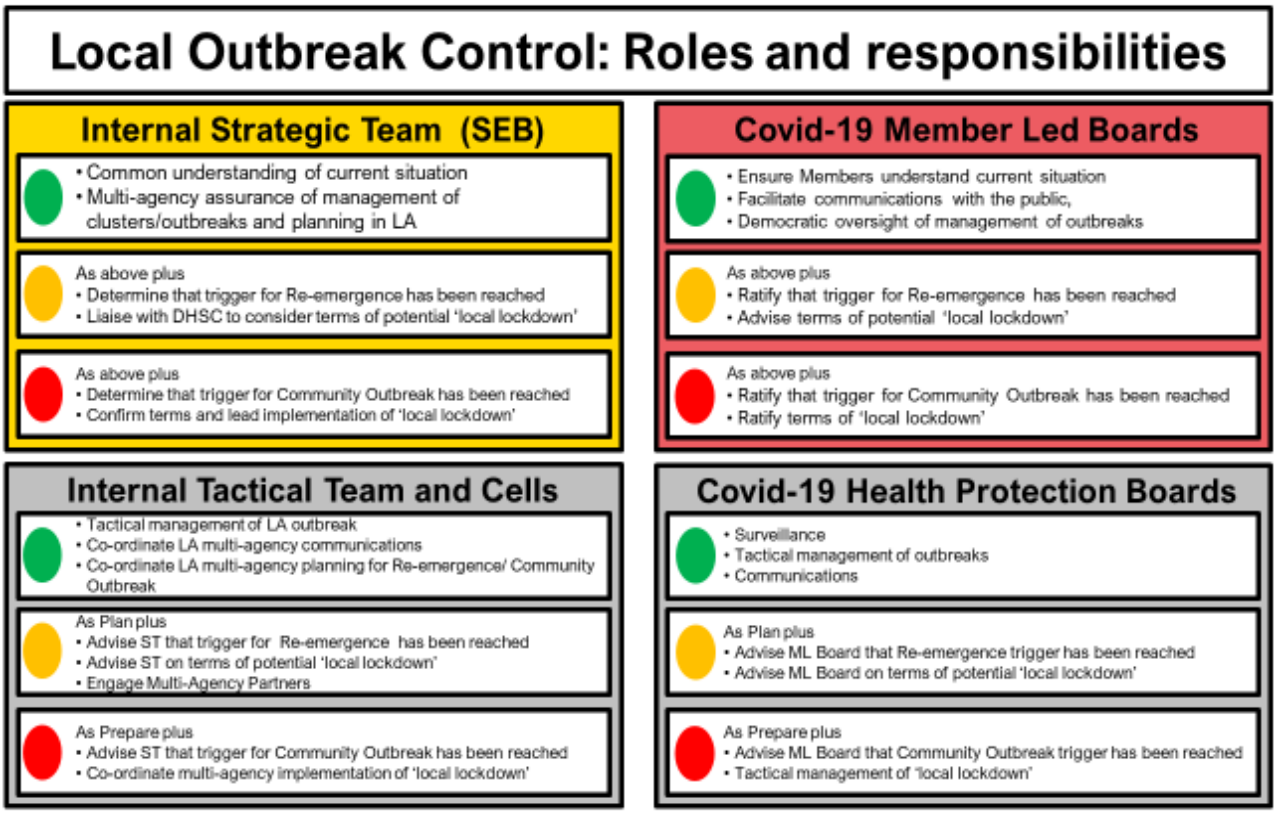


Figure 8:



6. Key Asks of the Board/Recommendations

6.1. The Health and Wellbeing Board is asked to note and comment on the contents of the report.

Dudley Health & Wellbeing

Longer, safer, healthier lives for all

FLASH REPORT TEMPLATE **Agenda Item no. 7**

Alliance/Board: Update on Community Engagement re COVID 19	
Presented by: Julia Simmonds	
Date: 17th September, 2020	
Something to Celebrate/Share:	**Need some support from H&WB Board:**
During the first phase of the Covid crisis emphasis was on getting the key messages out to the borough. Post lockdown the focus is on engaging communities in continuing to prevent the spread of the virus by: • Providing opportunities for continued dialogue with partners and communities to collect stories and capture successes • Focussing on collaboration so that partners and communities have ownership of the messages and the communication channels • Ensuring that messages resonate with the key audiences • Using feedback from this change in approach to inform communications going forward. 3 key strands are being used: 1. **Covid community champions** - can be anyone in the community. People sign up to be a Champion, receive the latest advice and guidance, then share with anyone in their community, however they want. Champions also let the council know what is and isn't working. 2. **Key influencers –** people respected by the target audience to add power and impact to messages for these audiences. 3. **Work with existing groups and networks** - to ascertain what they think about COVID-19 and T&T process. The Covid Community Engagement Group has been established to co-ordinate this activity focussed on key priority groups: • BAME communities • Single mothers with young children • People aged 65 plus • People aged 18-24 years old • 25 – 64 year olds in work • Teenagers	• Commitment to continue to work differently with communities as we did during the lockdown period eg less red tape, more flexible systems, more trust between statutory and voluntary sector • Co-ordination at strategic level with the work of the Forging the Future Strengthening Communities strand • Sign up as Covid Community Champions

• Taxi drivers • Faith leaders • Roma community • GRT families on traveller sites	
Major Concerns/Risk:	**Top actions to do next:**
• The return of schools and colleges, particularly the increase risk this poses for town centres and transport • Maintaining individual's adherence to guidelines through the winter months, particularly around test and trace. • That statutory organisations will revert back to their traditional way of working with communities and the voluntary sector by assuming control rather than working in collaboration	• Continue to build relationships with communities and learn from what they are telling us • Launch the Covid Community Champions programme • Use the information from communities to inform the local communication campaigns

Dudley Health & Wellbeing

Longer, safer, healthier lives for all

DUDLEY HEALTH AND WELLBEING BOARD **Agenda Item no. 9**

Date	**17th September 2020**
Title of Report	**The Future of Commissioning in the Black Country and West Birmingham**
Organisation and Author	**Neill Bucktin – Dudley Managing Director – Black Country and West Birmingham Clinical Commissioning Groups**
Purpose	**To consider a proposal to merge the Black Country and West Birmingham Clinical Commissioning Groups (CCGs) and create a single CCG for the Black Country and West Birmingham.**
Background	**1. The NHS Long Term Plan published in January 2019 and latterly the "Phase 3" letter issued by NHS England regarding the restoration of services at the current stage of the COVID-19 pandemic, both made clear the intention to have a "single commissioning voice" for each Sustainability and Transformation Partnership/Integrated Care System. This means, in effect, establishing a single CCG for the Black Country and West Birmingham.** **2. This report and the accompanying presentation advises the Board of the current position in relation to progressing this and potential issues for Dudley.**
Key Points	**1. The Black Country and West Birmingham CCGs are engaging with GPs and other stakeholders about a proposal to establish a single CCG for the Black Country and West Birmingham as described in the NHS Long Term Plan.** **2. This builds on work that has already taken place to create a single management structure serving 4 CCGs, including the appointment of a single Accountable Officer and a Dudley Managing Director.** **3. There are a number of benefits associated with having an organisation that can exert influence at scale. However, there are a number of potential concerns to be addressed.** **4. In addressing these it is important to note that Dudley would have a local based management team led by the Managing Director and a local decision-making committee – the Dudley Commissioning Committee – which would**

	include representation from Council and Healthwatch colleagues.
Emerging issues for discussion	**The report identifies a number of potential benefits and concerns that are worthy of further discussion.**
Key asks of the Board/wider system	**That the position in relation to the development of a single CCG for the Black Country and West Birmingham be noted.**
Contribution to H&WBB key goals: • **Healthy weight** • **Reducing loneliness & isolation** • **Reducing impact of poverty**	**These goals are all identified within the Joint Health and wellbeing Strategy. The development of local strategies, in conjunction with partners, would be a key responsibility for the Dudley Commissioning Committee referred to in the report.**
Contribution to Dudley Vision 2030	**The Commissioning Committee would be expected to continue to support the local NHS contribution to the Dudley vision and other partnership arrangements.**

Contact officer details:-

Neill Bucktin – Dudley Managing Director – Black Country and West Birmingham CCGs

neill.bucktin@nhs.net

1.0 PURPOSE OF REPORT

1.1 To consider a proposal to create a single Clinical Commissioning Group (CCG) for Sandwell and West Birmingham.

2.0 BACKGROUND

2.1 The NHS Long Term Plan published in January 2019 and latterly the "Phase 3" letter issued by NHS England regarding the restoration of services at the current stage of the COVID-19 pandemic, both made clear the intention to have a "single commissioning voice" for each Sustainability and Transformation Partnership/Integrated Care System. This means, in effect, establishing a single CCG for the Black Country and West Birmingham.

2.2 This report and the accompanying presentation advises the Board of the current position in relation to progressing this and potential issues for Dudley.

3.0 DEVELOPMENT OF THE CCGs IN THE BLACK COUNTRY AND WEST BIRMINGHAM

3.1 Given the direction of travel described in the NHS Long Term Plan some initial stakeholder engagement took place in late 2019/early 2020. The output form this emphasised:-

- the opportunity to exert greater influence as a single statutory body;
- the need to maintain effective clinical leadership;
- concerns about the complexity of governance arrangements for 4 separate CCGs trying to work together;
- the need to recognise differences;
- the need to retain effective local relationships with our local government partners, the wider public sector and voluntary sector organisations.

3.2 Alongside this engagement, the 4 organisations have taken steps to operate jointly through:-

- creating a set of governance arrangements whereby the governing bodies meet "in common" with a supporting sub-structure, including a place based Commissioning Committee with Council and Healthwatch representation;
- appointing Paul Maubach as the single Accountable Officer for the 4 CCGs;
- establishing a single Senior Leadership Team with a Managing Director for each "place";
- developing a single management structure for all 4 CCGs.

3.3 The governing bodies have now agreed to take the further step of considering a merger to create a single statutory body.

4.0 POTENTIAL BENEFITS

4.1 An organisation that can operate at scale can deliver a number of potential benefits including:-

- greater ability to exert leverage, hold acute hospital services to account and create more integrated provision;
- opportunity to address unwarranted service variations;
- addressing common health inequalities;
- management of financial risk;
- reduce duplication and management costs.

5.0 CONCERNS

5.1 Nevertheless, there are concerns and risks associated with this development that have been articulated by partners and GPs. These are addressed below:-

a) The organisation will be centralised and remote

Dudley will have its own locally based team and Managing Director, responsible to the Dudley Commissioning Committee. The Committee will include local representation and have a GP majority. It will be responsible for working with the Council and other partners, developing our Primary Care Networks and managing the Integrated Care provider (ICP) contract.

b) We don't want our Primary Care Networks to disappear

These are part of a national contractual arrangement. They are also critical to the operating model for the ICP – Dudley Integrated Health and Care NHS Trust.

c) Clinically led influence, control and decision-making will be lost

Dudley GPs will be represented at every level – governing body and Dudley Commissioning Committee – retaining their representation and a clinical majority.

d) Dudley CCG has performed well historically – we don't want that to be lost

All 4 CCGs are rated as "good". There is no reason why that cannot be maintained and the local management and decision-making arrangements are designed to support that.

e) We've developed the Dudley Integrated Health and Care NHS Trust – we don't want that to be lost

The STP is committed to each place having an integrated care model. Dudley's is now at an advanced stage. It will be fully in place by 1 April 2021. This represents a significant commitment by the CCG. It also "locks in" significant commissioning and management resource for the Dudley population.

f) Dudley's money will be spent elsewhere

The current level of spend in each place will be retained. Dudley will manage its own budgets and plans through the Commissioning Committee. Dudley will have a say on how resources are committed through its governing body representatives.

6.0 STAKEHOLDER ENGAGEMENT AND NEXT STEPS

6.1 During July and August 2020, a number of events have taken place across the Black Country and West Birmingham, including an event for Dudley partners on 4 August 2020. These concluded on 7 September and a report on these will be considered by the 4 CCGs.

6.2 Should the CCGs decide to proceed a vote of the GP membership will take place in early Autumn 2020. If this is in favour of merger a report and application will be submitted to NHS England/Improvement with a view to the organisation being established from 1 April 2021.

7.0 RECOMMENDATION

7.1 That the position in relation to the development of a single CCG for the Black Country and West Birmingham be noted.

7.2 That a further report be considered in due course.

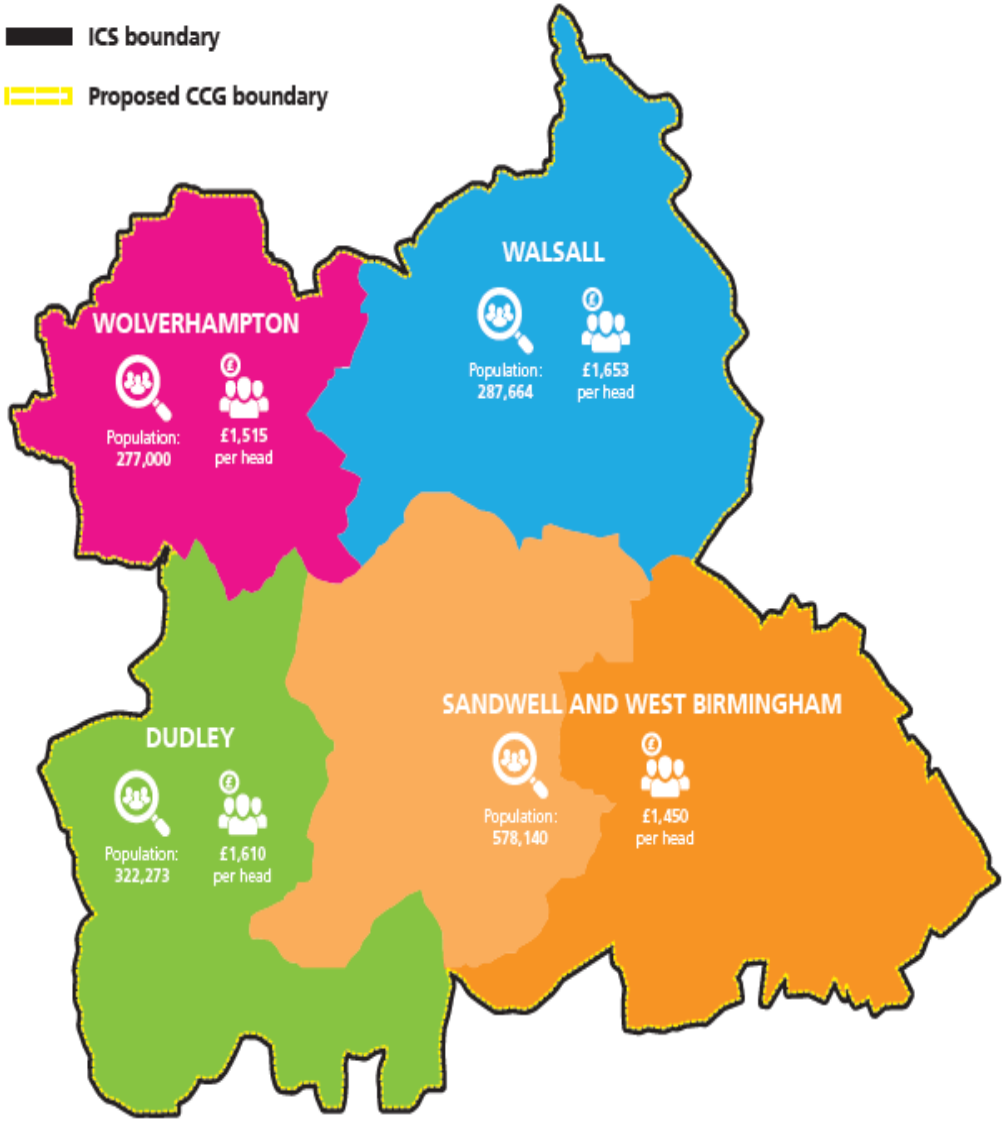
Neill Bucktin
Dudley Managing Director – Black Country and West Birmingham CCGs

August 2020

Working together for healthier futures

re of Commissioning in the Black Country
t Birmingham

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



About this conversation

- This conversation is jointly led by the four NHS Clinical Commissioning Groups (CCGs).
- Collectively we are considering the future of commissioning arrangements across the Black Country and West Birmingham.
- We are inviting views from key stakeholders.

NHS Context

- Clear expectation that there will typically be a single commissioner for each STP/ICS. Further emphasised in “Phase 3” letter.
- Each STP to become an Integrated Care System (ICS) by April 2021.
- Within each ICS, integrated care to be further developed building on the Vanguard experience – the Dudley Integrated Health and Care NHS Trust.
- Different role for CCGs. More collaborative. Working with providers to make best use of resources and improve population health. Support to partner with others including local government. Support for GPs and community services.

Right task at the right population level

ICS whole system working

Overarching strategy and strategic priorities.

Clinical Services Strategy and care model core requirements, SOPs where required

Consistent clinical standards, guidelines and thresholds (e.g. diabetes pathway), health and care together

Outcomes framework and population health management capability for all population levels – feeds ICS, ICPs, PCNs

Single commissioner with bilateral contracts with providers, ensuring consistency of standards, core pathways, outcomes across all areas

ICP place working

Partnership of providers, health and care, district / local level partnership working incorporating wider determinants of health to improve health outcomes

Local Delivery structures to implement CIP / QIPP / transformation in line with ICS priorities

Operational liaison, local system coordination, aggregation and support for PCNs

PCN neighbourhood working

Integrated care provision in local teams, populations based on GP lists

Local relationships across NHS, range of providers, voluntary sector, building community assets

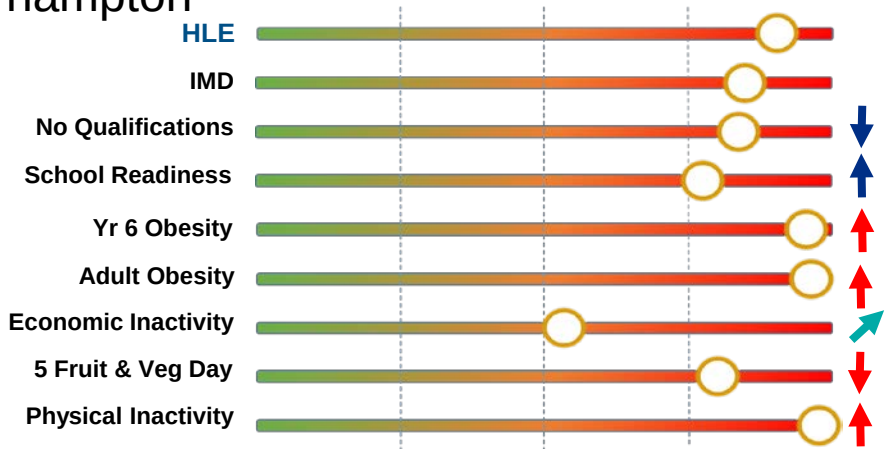
Proactive case management

Predictive / anticipatory care

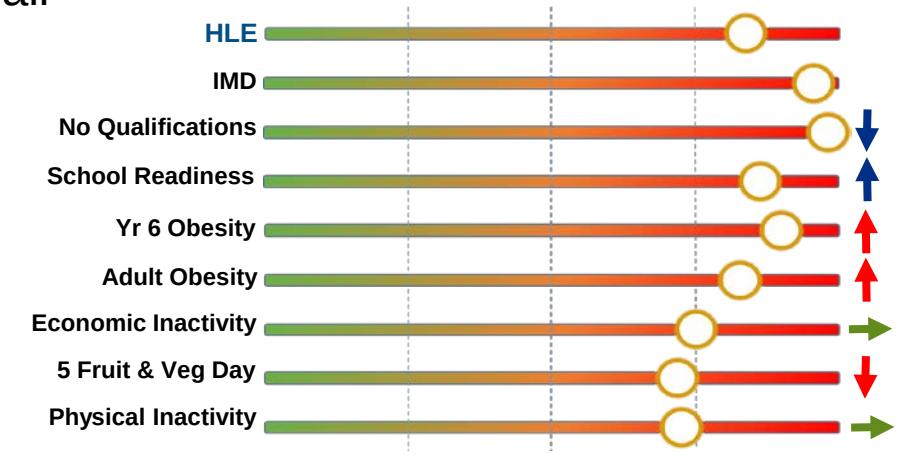
Local implementation to meet specific population needs

Population Health Management
Our shared long-term agenda

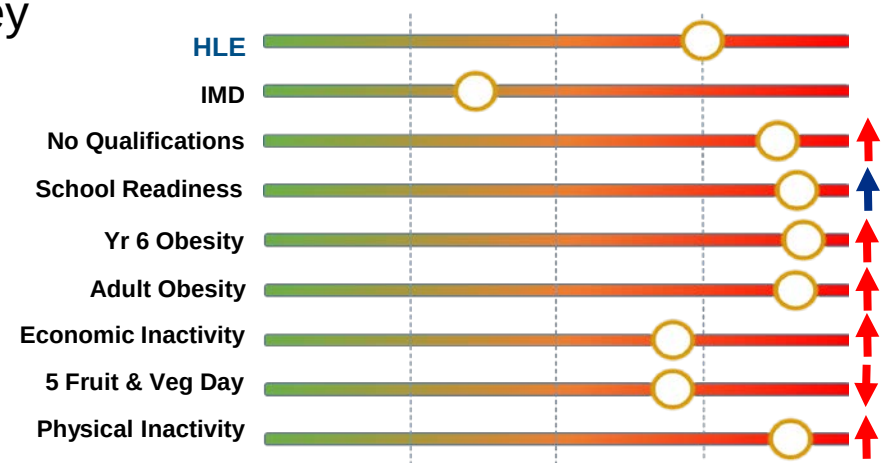
Wolverhampton



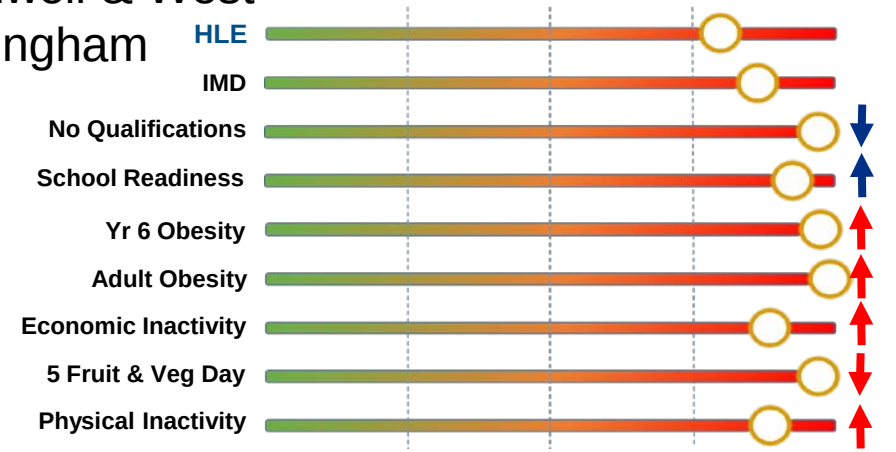
Walsall



Dudley



Sandwell & West Birmingham



All predictors have been arranged to the same polarity so red is worst and green best. The bars depict centiles 1 to 100. Predictors are arranged in order of influence in the model. Arrows show trend.

The advantages of scale

- Greater commissioning leverage in holding acute services to account and creating more integrated provision
- Opportunity to address unwarranted variation across secondary, community and primary care services
- Opportunity to address common health inequalities – those that already exist and those that have been exposed by COVID19
- Greater ability to manage financial and other risks which might leave a single organisation exposed
- Reduction in duplication and management costs

Progress so far

- Appointment of a single Accountable Officer serving four separate statutory bodies
- Establishment of a single senior management team led by the Accountable Officer
- Creation of governance arrangements to facilitate co-ordinated decision-making
- Shared learning disseminated across all CCGs
- Single co-ordinated response to COVID19, using the advantages of scale, effective decision-making and rapid execution
- Single approach to Restoration, Recovery and Reset.

Dudley's strengths

- Strong local relationship with primary care which has enabled a number of innovative developments.
- Maturing Primary Care Networks as a basis for sustaining and developing primary care.
- Effective relationships with partners as a means of integrating services and addressing the wider determinants of health and health inequalities.
- Partnership model embedded through the Dudley Integrated Health and Care NHS Trust.

Key tasks for Dudley

- Supporting the continued development of Dudley Integrated Health and Care NHS Trust
- Supporting the continued development of our Primary Care Networks
- Continue to develop strong local relationships with partners
- Creating a strong “sense of place”
- Sharing learning with and learning from our Black Country and West Birmingham colleagues
- Make use of the advantages of scale to deliver change for our population.

Addressing your concerns 1

The organisation will be centralised and remote

- Dudley will have its own team led by Neill Bucktin as the Managing Director. This team will be responsible for supporting the development of our Primary Care Networks, managing the ICP contract with Dudley Integrated Health and Care NHS Trust and working with the Council. The team will be based here in Dudley and report to Dudley's own Commissioning Committee.

Addressing your concerns 2

We have 6 functioning Primary Care Networks in Dudley, we don't want them to disappear

- Primary Care Networks will continue to exist as part of the national GMS contract. They are not affected by this proposal.
- They will provide a fundamental building block of our arrangements – developing primary care, providing representation on our Dudley Commissioning Committee, working with Dudley Integrated Health and Care NHS Trust to integrate services and provide a sustainable future for primary care.

Addressing your concerns 3

Clinically led influence, control and decision-making will be lost

- Dudley GPs will be represented on the Governing Body
- Dudley will have its own local Commissioning Committee, supported by the Managing Director and the Dudley team. Like the existing Governing Body, this will have a clinical majority and each PCN will elect a representative to serve on it.
- The Committee will have responsibility for managing the key areas of PCN development, ICP accountability, local partnership working and allocation of local resources

Addressing your concerns 4

Our CCG has performed well historically, we don't want to lose that

- All 4 CCGs are rated as "good". There is no reason why this level of performance cannot continue. Our place based arrangements are designed to support this.

Addressing your concerns 5

We've developed the Dudley Integrated Health and Care NHS Trust, this might be lost

- The STP is already committed to each place having its own integrated care model. Dudley's is at an advanced stage. The contract will be extended from 1 October 2021 and fully mobilised by 1 April 2021 for a period of up to 15 years. This represents a real commitment on the part of the CCG, now and for the future.

Addressing your concerns 6

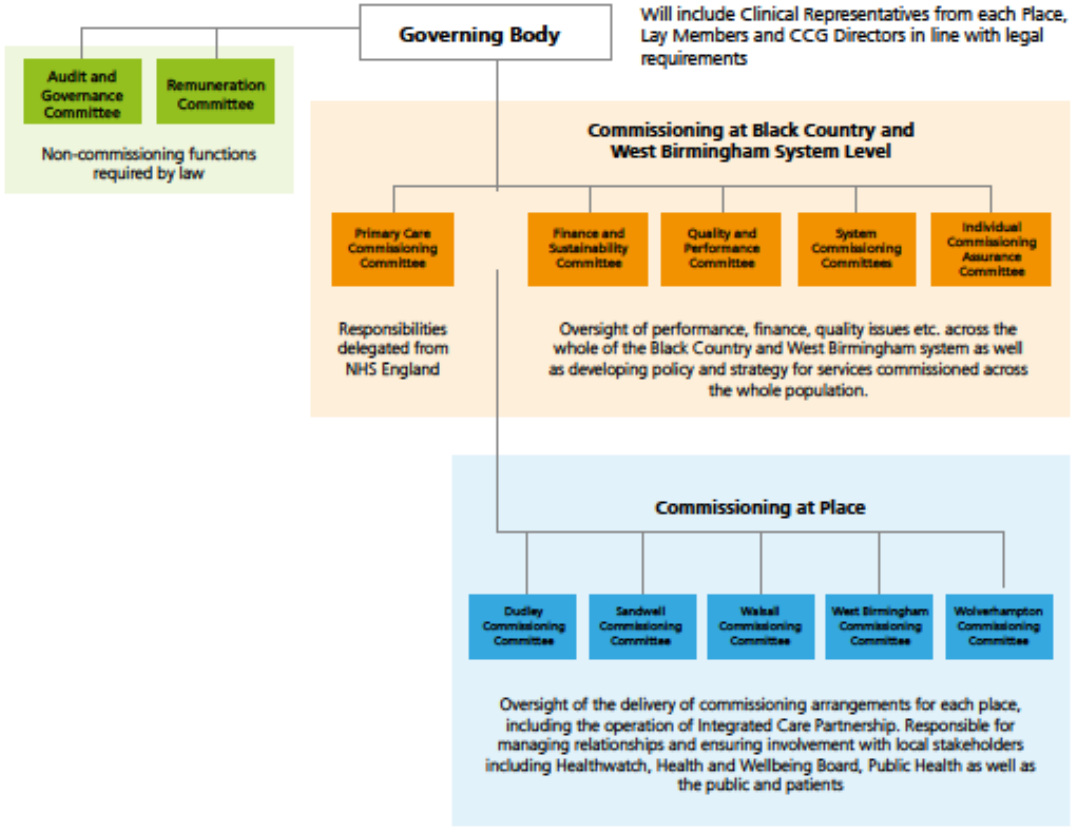
Dudley's money will be spent elsewhere

- It's worth establishing some principles
  - the current level of resource in each place will be retained
  - future decisions about resource allocation will be based on need
  - Dudley will have a say through our governing body representatives
  - the resource allocation process will be open and transparent
  - Dudley Commissioning Committee will manage its own budgets and plans
- In the past, all 4 CCGs have benefitted from mutual financial support in various ways. These benefits will continue in a single organisation

A strong Dudley voice – governance, management and accountability

- Single Governing Body – Dudley representation within a clinical majority
- Dudley Commissioning Committee – dealing with local issues – ICP accountability, PCN development, population health management.
- Representative – elected by you from the GP membership
- Local management – local Managing Director, local management team, based in Dudley, focussed on our system.

System coordination and power with local influence and relationships



If there is support to merge we would:

- create a model for patient and public engagement, working with local people and partners to ensure it is fit for purpose
- The governance structure would be streamlined and transparent on where decisions were made and how local places could influence decisions
- Have clinical leadership and involvement at every level

Dudley Commissioning Committee - responsibilities

- Development of Dudley commissioning strategy
- Management of Dudley actions to address health inequalities, including population health management
- Management of Dudley Integrated Health and Care NHS Trust's contract
- Management of Dudley's budgets
- Approval of service developments
- Management of "QIPP" efficiency schemes

- Management of primary care development strategy.
- Management of the relationship with the Council, the Police, Dudley CVS and voluntary sector organisations
- Approving the CCG's input to the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy through the Health and Wellbeing Board
- Approving joint commissioning strategies including Better Care Fund and "Section 75" arrangements
- Management of local communications and engagement with patients, public and other stakeholders

An update on stakeholder engagement

- **Phase 1** - conducted in October 2019, was designed to establish the views of stakeholders within each CCG around the future form of the CCGs within an ICS.
- **Phase 2** - conducted during February and March 2020. Feedback on the initial listening exercise and explored what our members, staff and wider stakeholders thought of the governance model for the Black Country and West Birmingham CCGs.

Next steps - We are now seeking views on a proposal to change the future of commissioning for the Black Country and West Birmingham and to merge our four CCGs. Stakeholders can share their views by reading our conversation document and completing and online survey from **Monday 20 July 2020 to Monday 7 September 2020.**

The conversation document and survey have been shared with GP members and they are also available on our CCG websites.

Virtual events will also be held to discuss our proposals, ask questions and invite comments as well as suggestions.

Next steps towards creating a single organisation

Launch of a conversation with stakeholders and our GP Membership on Monday 20th July

→

Transition Oversight Group (with reps from the Governing Bodies) to receive feedback and decide if they wish to proceed to a vote of our GP Membership (08/10/20)

→

Our membership will vote on submitting an application to NHS England and Improvement

↓

NHSE/I decide on approval for merger in October 2020

→

Final decision publicly announced at the next Governing Body in Common Meeting (27/10/2020)

→

Based on NHSE/I decision, mobilise plan to formalise bringing CCGs together by April 2021

To summarise…..

Operating at scale with local control and influence brings benefits

Clinical leadership is paramount – GP majorities at governing body and local levels – elected by you

Local management, decision-making and accountability – your elected GPs on a Dudley Commissioning Committee controlling local resources

Focus on PCNs, ICP, effective partnerships – to deliver benefits to patients

No reduction in resources

Any questions?

Working together for healthier futures

re of Commissioning in the Black Country
t Birmingham

For further discussions please contact:

Neill Bucktin, Dudley Managing Director – neill.Bucktin@nhs.net

Dudley Health & Wellbeing

Longer, safer, healthier lives for all

DUDLEY HEALTH AND WELLBEING BOARD **Agenda Item no. 10**

DATE	**17th September 2020**
TITLE OF REPORT	**Development of the Dudley Integrated Care Provider (ICP) – Dudley Integrated Health and care NHS Trust**
Organisation and Author	**Dudley Clinical Commissioning Group** **Neill Bucktin- Dudley Managing Director**
Purpose	**To consider the current position in relation to the development of Dudley Integrated Health and Care NHS Trust – Dudley's Integrated Care Provider (ICP)**
Background	**The Board have received previous reports on the development of the ICP.** **Plans are now in place for the ICP to be fully operational from 1 April 2021.** **This report provides an update on progress with meeting the 1 April 2021 deadline.**
Key Points	**1. A comprehensive procurement process has been conducted to commission an ICP.** **2. The ICP organisation has now been established as a NHS body, with full governance arrangements and holding a NHS Standard Contract.** **3. The regulatory approval processes now require completion so that the full ICP contract can be in place from 1 April 2021**
Emerging issues for discussion	**The mobilisation of the ICP contract presents further opportunities for addressing health inequalities.**
Key asks of the Board/wider system	**That the current position in relation to the development of the Dudley Integrated Care provider – Dudley Integrated Health and care NHS Trust – be noted.**
Contribution to H&WBB key goals: • **Healthy weight** • **Reducing loneliness & isolation** • **Reducing impact of poverty**	**The ICP will be commissioned to meet a set of health and care outcomes. These relate to the Board's key goals.**

Contribution to Dudley Vision 2030	**The ICP will be commissioned to meet a set of health and care outcomes. In particular, the ICP is incentivised to work with other organisations that contribute towards the wider determinants of health and well-being and meet the Dudley Vision 2030.**

Contact officer details:-

Neill Bucktin – Dudley Managing Director, Black Country and West Birmingham CCGs

Neill.bucktin@nhs.net

1.0 PURPOSE OF REPORT

1.1 To provide an update on the development of Dudley Integrated Health and Care NHS Trust – the Dudley Integrated Care Provider (ICP).

2.0 BACKGROUND

2.1 Previous reports have considered the development of the ICP.
Plans are now in place for the ICP to be fully operational from 1 April 2021.
This report provides an update on progress with meeting the 1 April 2021 deadline**.**

3.0 DEVELOPMENT OF ORIGINAL PROPOSALS

3.1 Following NHS England's publication of its Five Year Forward View in 2014, NHS bodies were invited to submit proposals to become "Vanguards" for the development of potential new models of care.

3.2 With the support of the Council, the CCG submitted a bid and was successful in being designated a Vanguard in March 2016. The proposal was to create a "Multi-Specialty Community Provider" (MCP) designed to integrate a number of health and care services within a single organisation. The terminology was subsequently changed to Integrated care Provider (ICP). This proposal was consistent with the statutory responsibilities of the CCG, the Council and the Health and Wellbeing Board as follows:-

- **CCG's duty to promote integration** – Section 14Z1 of the NHS Act 2006- "each CCG has a statutory duty to exercise its functions with a view to securing that health services are provided in an integrated way"…;

- **Council's responsibilities to promote integration of care and support with health services** – Section 3 of the Care Act 2014 – "a local authority must exercise its functions…with a view to ensuring the integration of care and support provision with health provision and health related provision…"

- **Health and Wellbeing Board's duty to encourage integrated working** - Section 195 of the Health and Social Care Act 2012 – "a Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner".

3.3 As part of its involvement in the national Vanguard Programme, Dudley was able to contribute to the development of national policy for this area, including the "emerging care model and contract framework" published in July 2016.

4.0 MAIN FEATURES

4.1 From January 2016, during the period leading up to the production of the framework, the CCG began a process of dialogue and engagement with patients

and the public on the concept of this type of service delivery model. As a result of this three themes emerged:-

Access – people wanted to make sure they had rapid access to services when required;

Continuity – people valued continuity of care – "only telling their story once" – particularly where they had an ongoing need for treatment due to a long term condition;

Co-ordination – ensuring that where patients are in contact with more than one service, their care is co-ordinated effectively.

4.2 As a result of this, work took place to develop a service model that reflected these principles. The proposal created envisaged an organisation having responsibility for:-

- all community based physical health services for adults and children;
- all NHS commissioned mental health services;
- all NHS commissioned learning disability services;
- a number of out-patient services related mainly to the treatment of long term conditions;
- direct access tests and investigations;
- NHS Continuing Health Care and Intermediate Care;
- some Council commissioned public health services – including substance misuse, sexual health, health visiting, Family Nurse Partnership, school health advisers, wellness services;
- primary medical (GP) services;
- some voluntary sector services;
- adult social care services - to be potentially phased in over time, subject to the criteria agreed previously by the Council.

4.3 The integration of health and social care and the inclusion of social care within the scope of services is a key component of the care model. Already, social workers have been actively involved in the development of Multi-Disciplinary Teams and this work will continue. As elected members will be aware, the Council had previously agreed that adult social care services would only be included within the scope of services once an agreed set of criteria were met. These were as follows:-

- the service can be transferred at a decreased cost to the Council;
- transfer of services can be affected within both regulatory and statutory requirements;
- modelling demonstrates improved outcomes for the people of Dudley;
- the services in question will adapt to decreasing resources throughout the contract period or taper;
- the transfer will not decrease income to the Council in the form of either VAT and/or client contributions.

4.4 The Council will apply these tests to adult social care services at regular intervals, to assess whether they should be phased into the scope of the ICP. In

addition, the CCG will conduct its own risk assessment in relation to each potential transfer before agreeing to its inclusion. Any transfer will be subject to final agreement with the successful bidder. Until such time as this takes place the ICP will be expected to align itself with social care services and this will be a requirement of the contract.

4.5 The ICP would be responsible for these services by receiving the "Whole Population Annual Payment" (in effect making this a fixed price contract). Elected members may wish to note that this is net of the CCG's BCF contribution to the Council which will remain a direct transfer from the CCG to the Council as required nationally. In some instances, rather than providing services directly, the ICP could choose to sub-contract (e.g. with voluntary sector bodies).

4.6 The contract held will be longer in terms of duration than historically has been the case (10 years with an option to extend for 5 years), to encourage investment in "up-stream" activities designed to support prevention and demand management.

4.7 The traditional activity based contract payment mechanism would be ceased with an element of the contractual payment (now agreed as 10%) linked to the delivery of a set of outcomes through an outcomes framework, consistent with those developed locally for use in the existing GP contract . In effect, ensuring the entire system was working towards the same outcome measures.

4.8 The financial mechanism would be further enhanced through the agreement of "gain/loss" share arrangements between the CCG, the ICP and other parts of the system. This would be designed to facilitate appropriate behaviour, such as taking action to reduce unnecessary emergency admissions, with the CCG, the Council and the ICP sharing any resultant gain or loss.

5.0 ROLE OF PRIMARY CARE

5.1 The ICP model has the potential to create a different set of contractual arrangements with GPs for the first time since 1948, the intention being to base the integration and co-ordination of service delivery around the registered list of general practice. This can happen in two ways:-

- partial integration – where practices retain their existing independent contractor status and enter into a voluntary integration agreement with the ICP;

- full integration – where practices relinquish their existing contracts and have a different relationship with the ICP – perhaps as employees.

5.2 In both cases general practice would have a significant role in service delivery and change and any potential ICP contract holder would need to generate the support and confidence of primary care.

6.0 PROSPECTUS, SERVICE SCOPE AND OUTCOMES FRAMEWORK

6.1 Discussions took place locally regarding the characteristics of the potential ICP organisation and the form it might take, focusing on the need for good

governance; public accountability; the role it would play in the local health and care economy; its role as a "corporate citizen"; and its behaviour as a good employer. These were reflected in a prospectus.

6.2 In addition, work took place regarding the Outcomes Framework led by the CCG and supported by the Council's Public Health team. This was also the subject of specialist external support to test out the local thinking.

6.3 The Prospectus, Service Scope (see 4.2 above) and Outcomes Framework were the subject of a further engagement process from July to September 2016 and formally agreed by the CCG Governing Body in September 2016.

7.0 CASE FOR SERVICE CHANGE

7.1 It is worth reminding ourselves of the underlying case for change from service, outcomes and financial perspectives.

7.2 The Dudley population faces significant challenges in terms of:-

- the growing burden of disease affecting a frail elderly population;
- the complex nature of presenting conditions with patients having multiple physical health, mental health and social care needs;
- the demands that this places on the health and care system in general and on general practice in particular, at a time when the workforce is strained.

7.3 Managing this demand requires continuity of care for those with long term conditions and co-ordination of care for those with the most complex needs with the support of a sustainable primary care system where demand first manifests itself. The ICP care model provides the mechanism for addressing this set of circumstances and this was demonstrated at Checkpoint 1 of the Integrated Support and Assurance Process (see paragraph 9.0 below).

7.4 The ICP care model is based upon the delivery of a set of health outcomes and the impact of this in terms of improving the healthy life expectancy of the population Hs been modelled. In meeting the contracted outcomes framework, the ICP has the potential, within 5 years, to increase healthy life expectancy by 1.38 years, equivalent to 440,430 extra years of healthy life expectancy for the whole Dudley population.

8.0 PROCUREMENT PROCESS AND GOVERNANCE

8.1 It was agreed that the nature, scope and scale of change required would necessitate a full procurement process and arrangements were put in place to enable this.

8.2 A Project Board and Project Team were established with a membership consisting of both CCG and Council representatives. Both bodies had access to further specialist support on areas including procurement, legal advice, governance advice, finance and clinical issues. In order to address potential conflict of interest issues created by the involvement of GPs both as CCG Governing Body members and key players in the service delivery model, the CCG agreed that the Project Board would have delegated authority to deal with

all matters relating to the procurement with the exception of the decisions to begin the procurement and ultimately award the contract.

8.3 The Project Board was mindful of the lessons arising from the collapse of the Uniting Care contract in Cambridgeshire and Peterborough following a flawed procurement exercise. This had been the subject of reports from NHS England and an enquiry by the Public Accounts Committee. The recommendations from the relevant reports were reviewed and the procurement's position in relation to them noted, in order to ensure they had been addressed.

9.0 REGULATORY APPROVALS

9.1 The Uniting Care contract collapse resulted in NHS England and NHS Improvement developing a process to ensure procurements of this nature were properly managed – the Integrated Support and Assurance Process (ISAP). This consists of 4 stages:-

- Early Engagement – should the process be applied?
- Check Point 1 – has the procurement been set up properly?
- Check Point 2 – has the procurement been conducted properly?
- Check Point 3 – is the contract ready to commence?

9.2 Early Engagement and Check Point 1 were completed in November 2016 and March 2017 respectively. It should be noted that this is an assurance process that applies to the NHS only and the first line of assurance should come from the CCG Governing Body. However, Council colleagues may take some comfort from the fact that the CCG is required to complete this process satisfactorily before the contract can commence. Checkpoint 2 will commence with a submission due to be made by 30 September 2020. The specific "lines of enquiry" that will be addressed at Checkpoint 2 are:-

- Are there clear clinical transformational benefits?
- Have legal risks been identified and mitigated?
- Is the governance and management appropriate?
- Are the contracted services financially sustainable?
- Is there an appropriate provider structure, financial capacity, governance and capability to transform and deliver?
- Is the procurement and contract documentation appropriate?
- In the event of provider failure, are contingency plans in place?

9.3 There is a further set of regulatory approvals required in relation to the Dudley Integrated Health and Care NHS trust itself as described in paragraph 11.0 below.

10.0 PRE-QUALIFICATION PROCESS

10.1 Prior to publication of the contract notice, a market engagement event took place in January 2017 involving 69 interested suppliers - both potential main contractors and sub-contractors. This was followed by a period during which potential contract holders were given the opportunity to engage with primary care in recognition of the issues identified at 5.0 above.

10.2 The original contract notice was published on 9 June 2017 with potential bidders invited to complete a Pre-Qualification Questionnaire (PQQ) before proceeding to the next stage. A qualifying bid was submitted by a consortium involving Dudley Group NHS Foundation Trust (DGFT), Dudley and Walsall Mental Health Partnership NHS Trust (DWMHPT), Birmingham Community Services NHS Foundation Trust (BCNHSFT), Black Country Partnership NHS Foundation Trust (BCPNHSFT) and the local GP Collaborative.

11.0 ORGANISATIONAL FORM

11.1 The prospectus set out the expectations in terms of the style and characteristics of the organisation from which the CCG and Council wished to commission services. The intention being to establish an organisation which:-

- had strong local roots;
- contributed to the wider health and care economy;
- was an employer of choice;
- displayed a set of governance arrangements which recognised the role that primary care played in the creation of a MCP and gave credence to public sector values including local accountability;
- recognised its role as a corporate citizen and placed an emphasis on “social value”.

11.2 The original bid submitted at the Pre-Qualification Stage was based on the establishment of a community interest company as the means of achieving this. However, it soon became apparent that this would create VAT implications resulting in monies intended to be spent on the provision of care being spent on VAT. Therefore, it was considered that the creation of a NHS body was the best route to establishing a suitable organisational entity.

11.3 Dudley Integrated Health and Care NHS Trust has now been established as the NHS body that will hold the Integrated Care Provider contract. This organisation, as part of the regulatory process, will be subject to a Transaction Review to assess its capability of holding the contract. This review takes place as part of the ISAP Checkpoint 2.

12.0 COMPETITIVE DIALOGUE

12.1 The agreed process for conducting the procurement was one of “competitive dialogue” where commissioner and bidder discussed the proposal submitted to the point where the commissioner was satisfied that the bidder was clear on what was required and was in a position to make a final submission for evaluation.

12.2 A single bidder was therefore invited to participate in dialogue and this began in early September 2017. Dialogue meetings covered the following areas:-

- service model
- outcomes
- organisational form
- finance

- IT/IG
- contract and mobilisation

12.3 Dialogue concluded at the end of March 2018 and the bidder was invited to submit its final tender.

13.0 EVALUATION

13.1 Evaluation of the bid was conducted by a team of staff from both the CCG and the Council. In addition, external advisers contributed to the evaluation as follows:-

- advice in relation to clinical aspects including outcomes framework – Commissioning Outcomes Based Incentivised Contracts (COBIC)
- clinical advice – Dr S Mitchell (senior GP – Sandwell and West Birmingham CCG)
- legal advice to CCG – Mrs R Vandrill, Partner - Mills and Reeve
- legal advice to Council - Weightmanns
- governance advice – Mr D Grayson – Good Governance Institute
- financial advice – Ms K Eaves – independent financial adviser

Internal clinical advice was provided by:-

- Mrs C Brunt – Chief Nurse - Dudley CCG
- Dr R Gee – GP Engagement Lead - Dudley CCG
- Dr D Jenkins – Specialist in Pharmaceutical Public Health – Dudley CCG
- Ms D Harkins – Chief Officer - Health and Wellbeing (Director of Public Health) - Dudley MBC
- Ms K Jackson – Deputy Director of Public Health - Dudley MBC
- Dr M Abu Affan - Consultant in Public Health Medicine - Dudley MBC
- Mrs B Kaur – Consultant in Public Health – Dudley MBC

14.0 CURRENT POSITION

14.1 The need to create a suitable organisation to hold the ICP contract and the impact of responding to the COVID – 19 pandemic has led to considerable delays to the process. Nevertheless, a number of actions have taken place during the past 12 months that have enabled the development to reach a point where full mobilisation of the ICP provision of primary care contract can be achieved.

14.2 Dudley Integrated Health and Care NHS Trust was established on 1 April 2020 and since that time it has held a standard NHS contract for the delivery of a small range of mental health services. The organisation has a chair, non-executive directors and an interim senior leadership team.

14.3 In order to extend the capacity and capability of the organisation, prior to taking on responsibility for the full range of services, proposals have been submitted to NHS England and NHS Improvement to increase the scope of services delivered through the existing contract from 1 October 2020. The services involved would be as follows:-

- primary care “local improvement schemes”, currently commissioned form general practice;
- provision of primary care services for the High Oak practice population;
- a number of commissioning activities currently carried out by the CCG with the associated TUPE transfer of staff and resource.

14.4 A separate submission will be made with a view to responsibility for the provision of children’s services to transfer at a date to be agreed after 1 October 2020.

14.5 The next stage in the process is completion of the regulatory approval requirements described above – the Integrated Support and Assurance Process (ISAP) and the associated Transaction Review. Documentation for these will be submitted by 30 September 2020. The process lasts 3 months. This will provide sufficient time to enable the contract to commence by 1 April 2020.

15.0 GOVERNANCE AND ACCOUNTABILITY

15.1 The CCG and the Council have in place a Section 75 Agreement governing their relationship as co-commissioners of the ICP. This enables Council resources for Council commissioned services to transfer into the ICP’s Whole Population Budget and the ICP contract. A Joint CCG/Council Group will be established under the terms of the agreement to have oversight of the operation of the contract with the ICP, reporting to the CCG governing body and the Council Cabinet respectively. This will start to meet in “shadow” form in the coming months.

16.0 RESPONDING TO COVID-19 AND ADRESSING HEALTH INEQUALITIES

16.1 Whilst there is a clear requirement to ensure all appropriate regulatory and governance arrangements are addressed, it is useful to be mindful of some of the fundamental issues that the ICP is designed to address through its unique contractual arrangements.

16.2 COVID-19 has further exposed some of the underlying health inequalities that exist in Dudley. The ICP contract provides a mechanism for addressing these in a number of ways:-

- bringing services together, including general practice, as a means of providing a co-ordinated response to areas of need;
- having a clear focus on health and care outcomes with all parts of the system contractually responsible for meeting the same set of evidence based outcome measures;
- identifying those areas, such as housing and employment, where the ICP needs to work in conjunction with other organisations to deal with the wider determinants of health and wellbeing.

16.3 The role of children’s services in this is critical. These services will be delivered by a single outcomes driven provider, presenting opportunities to integrate and co-ordinate these in a novel manner. This provides a mechanism for addressing issues such as school readiness and emotional health which are important areas for tackling wider inequalities.

17.0 RECOMMENDATION

17.1 That the current position in relation to the development of the Dudley Integrated Care provider – Dudley Integrated Health and care NHS Trust – be noted.