

DUDLEY INTEGRATED HEALTH AND CARE BOARD

TUESDAY 4 AUGUST 2020
VIRTUAL MEETING VIA MICROSOFT TEAMS
09.00 – 11.30

PUBLIC AGENDA

Item No	Agenda Item	Enclosure	Presented by	Time
1.	Chairman's Welcome	Verbal	Mr H Turner	09:00
2.	Apologies	Verbal	Mr H Turner	09:02
3.	Declarations of Interest	Verbal	Mr H Turner	09:03
4.	Minutes from the previous meeting held on 9 July 2020 for approval	Enclosure 1	Mr H Turner	09:05
5.	Action Register and Matters Arising	Enclosure 2	Mr H Turner	09:10
6.	Agenda for Part Two	Enclosure 3	Mr H Turner	
7.	Chief Executive's Report	Enclosure 4	Mr P Assinder	09:15
8.	Chair's Update	Verbal	Mr H Turner	09:25
9.	Covid 19 and Post Covid Services	Verbal	Mrs C Brunt	09:35
10.	Corporate Governance and Compliance			09:40
10.1	Report from Audit and Risk Committee	Enclosure 5	Mr D Gilbert	
10.2	Corporate Risk Register	Enclosure 6	Mr J Young	
11.	What Does Good Equal Opportunities Look Like?	Verbal	Mr P Singh	09:55
12.	Partnerships and Integration			10:25
12.1	Report from Primary Care Integration Committee	Enclosure 7	Dr G Solomon	
12.2	Primary Care Integration Committee Terms of Reference	Enclosure 8	Dr G Solomon	
13.	Quality & Safety			10:40
13.1	Assurance Report from Integrated Governance Committee	Enclosure 9	Ms V Little	
14.	Finance, Performance and Digital			10:50
14.1	Assurance Report from Integrated Governance Committee	Enclosure 10	Mr I Buckley	

Item No	Agenda Item	Enclosure	Presented by	Time
15. 15.1	Workforce & OD Assurance Report from Integrated Governance Committee	Enclosure 11	Mr M Evans	11:00
16. 16.1	Transaction and ICP Development Report from Transaction Committee	Enclosure 12	Mrs S Cartwright	11:10
17.	Any Other Business	Verbal	Mr H Turner	11:20
18.	Questions from the public	Verbal	Mr H Turner	11:25
19.	Date of next meeting: 1 September 2020, 09.30 – 12.00 Venue TBC			

DUDLEY INTEGRATED HEALTH AND CARE BOARD

MINUTES OF THE PUBLIC MEETING HELD ON 9 JULY 2020 VIA MICROSOFT TEAMS

Present:

Mr H Turner (HT) (Chair)	Chairman, Dudley IHC
Mr P Assinder (PA)	Interim Chief Executive, Dudley IHC
Mrs S Cartwright (SC)	Interim Director of Operations, Strategy and Partnerships, Dudley IHC
Mrs B Edgar (BE)	Interim Associate Director of People, Dudley IHC
Mrs C Brunt (CB)	Interim Director of Nursing & Allied Health Professionals, Dudley IHC
Mr M Gamage (MG)	Interim Director of Finance, Dudley IHC
Dr C Weiner (CW)	Interim Medical Director, Dudley IHC
Mr J Young (JY)	Board Secretary, Dudley IHC
Mr D Gilburt (DG)	Non-Executive Director, Dudley IHC
Mr M Evans (ME)	Non-Executive Director, Dudley IHC
Dr G Solomon (GS)	Non-Executive Director, Dudley IHC
Mr I Buckley (IB)	Non-Executive Director, Dudley IHC
Ms V Little (VL)	Non-Executive Director, Dudley IHC
Dr R Tapparo (RT)	Interim Associate Non-Executive Director
Dr G Love (GL)	Interim Associate Non-Executive Director

In Attendance:

Mrs H Codd (HC)	Engagement Manager, Dudley CCG
Mrs J Boothroyd (JB)	NHS Transformation Unit
Ms J Emery (JE)	Chief Officer, Healthwatch Dudley
Ms M Hawkins (MH)	General Practice Nurse, Pensnett Assessment Centre
Ms B Wakelam (BW)	Operations Manager, FutureProof Health Ltd

Minute Taker:

Miss K Weston (KW)	Interim Executive Assistant, Dudley IHC
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053/20. CHAIRMAN'S WELCOME

The Chair welcomed all present to the virtual July Board meeting.

The Chair commented that today is significant as it has been 100 days since the organisation Dudley Integrated Health and Care NHS (DIHC) was authorised as an NHS Trust. From April 1 2020 the Trust started running the Primary Care Mental Health (PCMH) and Improving Access to Psychological Therapies (IAPT) services, and also responded to the COVID19 outbreak by running the Pensnett Assessment Centre.

It was noted that the business case is currently being developed which has the support of NHSE/I, the CCG, and the Sustainability and Transformation Partnership (STP). The business case will be submitted at the end of September and the Trust is assured by NHSE/I that the case will be reviewed and risk assessed for the award of an Integrated Care Provider contract on April 1 2021. The Chair stated if awarded, the contract will be the first in the country and reflect a unique health care configuration.

Two engagement sessions were held on 30 June with GP colleagues around the Primary Care Integration Agreement. Feedback that has been received is positive and practices fully support this agreement which is a credible signal of clinical commitment.

The Chair acknowledged the work and achievements of the Executive and Non-Executive team, and provided a note of thank you to the PCMH and IAPT staff. HT also provided a note of thank you to partners including Primary Care, Black Country Healthcare NHS Foundation Trust, The Dudley Group NHS Foundation Trust and Dudley CCG who have been working for the last five years to support the award of an Integrated Care Provider contract.

The Trust has also engaged with other stakeholders and as an organisation will ensure that communication and engagement continues.

It was highlighted that the ICP model is consistent with what is quoted within the NHS Long Term Plan and the direction of the NHS reset plans. The Chair stated that it is important that the reasoning behind the development of the ICP is not forgotten, and that is to improve the health of population of Dudley.

054/20. EXPERIENCE OF PENNETT ASSESSMENT CENTRE – QUEENS NURSE

BW and MH were welcomed to the meeting to provide an overview of their experience at the Pensnett Assessment Centre.

BW stated that staff at the Pensnett Assessment Centre have appropriate Personal Protective Equipment (PPE) and there are appropriate operating procedures in place. BW provided a note of thank you to all staff who work at the centre for stepping up during these unprecedented times.

MH provided an overview of her positive experience working at the Pensnett Assessment Centre and explained that she feels very safe with all the relevant Standard Operating Procedures (SOPs) being in place. Staff and patients are protected as all PPE is available.

MH briefly explained patient experience when attending the centre and noted that with the recent introduction of a new IT application, there is now an option to remotely monitor patients at home.

MH stated that Quick Response (QR) codes have been developed which link to the relevant information to provide a non-contact method for directing patients to the right advice.

The Chair, on behalf of the Board, provided a note of thank you for the bravery of staff working at the centre and also formally congratulated MH on her Queens Nurse Award.

MH provided an overview of the IT application and how patients can be remotely monitored using an app.

ME provided a personal note of thank you for the work of MH and all colleagues and commented that it is great to understand that all staff and patients are kept safe at the centre. ME enquired what MH and colleagues are able to do provide to make the patient experience more bearable at these uncertain times. MH responded that each patient is treated as an individual and both patients and their families are supported with information around mental health support and support groups etc.

CB echoed comments and acknowledged how responsive the team at the centre have been to all patients and families. Staff at the centre have also contributed to research by supporting and inputting into the IT application and wanting to actively contribute to the national position. CB also commented that staff wear photo IDs to enable patients to visualise staff that are wearing PPE.

BW stated that the centre has reached out to Cambridge University to see if the Assessment centre can participate in their swabbing/sputum trials and are currently awaiting a response.

BW also commented that the centre are awaiting results from a patient feedback survey that was sent out a couple of weeks ago. Initial feedback that has been received from patients who have contacted their registered GP practice is that they felt safe, well looked after, treated with kindness and reassured after being seen by the Assessment centre staff. It was noted that part of the reassurance process especially for children is that all of the staff have "superhero" masks that cover their PPE in an effort to try and put them and their parents at ease during these difficult and stressful times.

The Chair stated that when it is possible to do so, the team will visit the Pensnett Assessment Centre and thank the staff for all of their hard work and bravery.

The Board noted the hard work of all of the staff involved at the Pensnett Assessment Centre.

055/20. APOLOGIES

The Chair welcomed JE to provide the Board with an overview of Healthwatch Dudley. [See AOB below]

No apologies noted for this meeting.

056/20. DECLARATIONS OF INTEREST

No declarations of interest noted in relation to items on today's agenda.

057/20. MINUTES FROM PREVIOUS MEETING HELD ON 2 JUNE 2020

The minutes were agreed as an accurate record of the meeting held on 2 June 2020.

058/20. ACTION REGISTER AND MATTERS ARISING

Ref 006/20

DG stated that there is an Audit and Risk meeting scheduled on 20 July to review the Standing Orders and Standing Financial Instructions (SFIs) for the organisation. It is proposed that the consideration of the Scheme of Delegation and Conflicts of Interest policy is deferred until September to ensure the new proposals encompass the services that will be transferring to the organisation on 1 October. It was noted that the interim documents have been reviewed and will suffice until September. The Board were in agreement with this proposal and to close the current action.

Action: Standing Orders and SFIs to be presented to August Board for approval.

Action: Scheme of Reservation and Delegation and Conflicts of Interest Policy to be reviewed and presented to Board for approval in September.

Ref 039/20

CW stated that there are mechanisms that have been put in place nationally and through the Local Authority to identify local outbreaks of COVID cases. The local teams where outbreaks are identified are going out to individuals to counsel them around testing, and these teams are linked into the national system. The Public Health Team in the Local Authority are taking a lead on this piece of work and CW assured the Board that the Trust will work with the team over the next few months and into next year. It was agreed to close this action.

059/20. AGENDA FOR PART TWO

The Board noted the agenda for part two.

060/20. CHIEF EXECUTIVE REPORT

PA reported that the Trust continues to play an integral part in the Dudley COVID19 system response and

continues to act as a coordinator of services across the borough in Primary Care, Local NHS Providers and the Third Sector.

Guidance has been issued from the National Clinical Operations Lead regarding working practices as the NHS moves into the restoration and recovery phases of the COVID19 response. It was noted that the PCMH and IAPT services are continuing to be provided on a remote basis in line with this guidance.

The Care Quality Commission are to undertake formal reviews of 11 out of the 44 STPs to examine the COVID19 response and particularly focus on the interface between Health and Social Care. PA commented that his observation is that the Black Country and West Birmingham STP and particularly Dudley has been successful in responding to the pandemic.

Within the report is a list of lessons learnt from the COVID19 response, of which a number of these the Trust has contributed to. PA commented that it is important to acknowledge the transformational benefits of the COVID19 response as this will provide evidence to build into the full business case which will be submitted in October.

PA stated the phase three letter of the reset phase for NHS into the next financial year and beyond is due to be circulated by the Secretary of State at the end of July. It was noted that this will involve a different financial regime, however PA assured the Board that any future direction of travel for the NHS will include 'system first' as a main guiding principle and integrated care will be the direction of travel both nationally and regionally.

The Board has previously discussed how the Trust will accommodate future waves of staff moving into the organisation and growing as an employer, therefore the Executive Directors have been looking at the just culture model as this approach will offer an appropriate underpinning culture.

The model will involve a significant amount of work including a detailed training programme for the Board and the Board will be required to make a formal pledge in public. It was noted the model is consistent with the visions and values of the Trust and also academic evidence suggests that it is cost effective. The Board will receive more information regarding this over the next few months and it will form a significant part of the work at the People Committee.

PA highlighted that the Trust has received indication that the legal name change to Dudley Integrated Health and Care NHS Trust should take effect from 1 August 2020.

IB questioned how the Trust is scanning data to pick up the potential of a second COVID spike, and questioned if there are pre-set plans in place. PA responded that he is confident that Dudley is well placed to spot the trends and react accordingly. CW also commented that Public Health have a COVID Outbreak Response Plan and through their monitoring of local outbreaks will be monitoring the overall system. The Trust is linked in with regional teams and CW receives the number of admissions through to the intensive care units therefore there are surveillance mechanisms in place.

ME provided a note of support to take forward the just culture approach and confirmed that this will be part of the work for the People Committee. ME questioned under the key quantified benefits of such a 'just culture' whether number two should state 'decrease' rather than 'increase'. PA responded the consensus and view is an increase in incident reporting is a measure of the confidence of staff without fear of retribution.

PA formally congratulated Dr Ruth Edwards on the appointment of Chair for Dudley Clinical Commissioning Group.

The Board noted the Chief Executive Report.

061/20. CHAIRS UPDATE

HT made the Board aware that a meeting has been arranged with Dr Edwards as part of her induction to build on the relationships and objectives.

It was highlighted that a number of the team are occupied in Stakeholder meetings across the system to ensure that the engagement level is high as the Trust moves towards the full business case submission.

HT stated as the Trust moves through the restoration phase in conjunction with the communications team, HT has reached out to a number of partners with a view to meet with them virtually to build relationships, provide an update on the Trust and hear their views. An update is to be provided to the Board at the next meeting.

The Trust need to formally consider a response to the BAME issues in relation to COVID19, the risk for the Dudley population and staff and the equality agenda. The Trust has received a note from the region regarding their expectations which will be discussed and taken forward at the People Committee. It was noted that HT has been asked to be involved with creating a programme for Boards to develop their BAME Equality Culture with the Good Governance Institute.

The Trust has also agreed to sign up to the NeXT Director Programme which is designed to bring in a level of diversity to the Board and provide opportunities for development in a Non-Executive role. HT requested a piece of work is developed through the People Committee on how the organisation can reach out to the population and look at providing placements to individuals.

BE commented that as a matter of urgency the People Committee will be starting the outline framework for the Trust's Workforce Race Equality Scheme, this will include the outcomes stated by HT. BE also stated that the Trust has linked in with the National Inclusion Team.

The Board noted the verbal update from the Chair.

Action: People Committee to formalise a response to the BAME issues.

062/20. EXCEPTIONAL ITEMS

COVID19 Response

CB stated confirmation has been received from Dudley CCG to confirm that they will continue to work with the Trust to provide the Pensnett Assessment Centre until the end of the financial year, including the support for funding the facility. The CCG recognise the value that the centre provides to Primary Care and keeping patients and staff in Primary Care safe. CB commented that this is strongly supported by GPs as it has been discussed on system calls.

It was noted the activity is low at the centre however the clinical need is consistent. The COVID monies that is provided by the Government ends at the end of July therefore the Trust and CCG are looking at the staffing proportion to ensure that it is appropriate and cost effective from August. The Trust will ensure that the facility is kept in a position where it can be stepped up through winter pressures if required and there will be an affordable medical staffing model to enable the centre to continue being an all age facility.

CB commented that staff at the centre have been very receptive, and one of the doctors has been working very closely with the Clinical Hub to optimise the use of the service while there has been low activity and low clinical need in the population.

The Board noted the update on the COVID19 response.

People Committee Terms of Reference

HT stated that the Trust is on a journey to complete our governance structures and in September Quality and Finance will both be split from the Integrated Governance Committee into two separate committees.

The People Committee Terms of Reference (ToR) will absorb what is the current Primary Care workforce subgroup that has been meeting since late last year, and therefore the Primary Care workforce development plans will be taken forward at this committee including the support around the role reimbursement scheme that is currently being supported through the STP.

DG commented that on the quorum needs to be removed from page 3 of the ToR as on the following page there is a more detailed explanation on the quorum.

SC requested for a member of the communications and engagement team to be in attendance at the People Committee. The Board were in agreement and the ToR is to be updated to reflect this.

ME stated that these ToR are very detailed for a new People Committee and ME and BE will work with JY to ensure that the dates are in line with the governance structure. ME highlighted that on occasions there may be up to date data to the Board that has not been through the previous People Committee.

HT stated that the People Committee need to be assured on the latest data before it is presented to the Board and asked for monthly committee meetings to be considered in order to support this. Discussions to be held outside of the meeting to confirm monthly dates for this meeting.

RT commented that as a clinician, she was very impressed by reading the ToR and the investment that the Trust is putting into the population and the importance of the committee. RT commented regarding the use of abbreviations to ensure they are understandable within the document.

The Board approved the ToR following the above amendments. Discussions to be held regarding monthly dates for this meeting.

Report from Extraordinary Audit & Risk Committee

DG stated that there was a slight issue with closing the accounts for 19/20 which affected the year end surplus that was reported within the accounts, therefore it was necessary to have an extraordinary meeting to formally sign off the accounts. From the perspective of the Board, this was a technical issue that has been resolved and will not have an impact on the Trust's workings going forward.

DG commented that the Internal Auditors gave significant assurance regarding the systems of internal control that the Trust is inheriting. Both sets of Auditors provided a set of recommendations moving forward and MG is producing a single action plan with a colleague at BCH to ensure all recommendations are carried out.

The next Audit and Risk Committee is scheduled for 20 July to review the risk register.

It was noted that SC has shared an email from BCH regarding their Annual General Meeting on 3 September for Dudley and Walsall Mental Health Partnership Trust (DWMHPT) which the Trust will be a part of. SC is part of the planning group for this meeting and it was noted that it is planned to be a virtual meeting.

The Board noted the Extraordinary Audit & Risk Committee report.

Corporate Risk Register

It was noted that the team are continually reviewing the risks, and three of the five previous red risks have been approved at the Transaction Committee to be reduced in rating. The further two red risks are to be reviewed at the Integrated Governance Committee on 21 July with the intention for these to also be reduced.

JY assured the Board that there is an in depth review of the register scheduled on 20 July at the Audit and Risk Committee which will identify further improvements and clarification. JY also stated that work is continuing to develop the Board Assurance Framework and once this has been established it will build on the strong foundations that are in place on how the Trust is identifying the strategic objectives and any risks associated.

C103 – when this risk was first introduced, it was at the height of the COVID outbreak; as rates are decreasing the impact of this risk has been agreed to be reduced.

T102 – it was noted COVID19 is not currently affecting available resources to deliver the ICP transactions however this risk will be reflected if there is a second peak.

T047 – the team has maintained excellent communication and engagement with patients, public and staff therefore this risk was agreed to be reduced.

HT commented that the next step for the team is to look at populating an effective BAF.

The update regarding the Corporate Risk Register was noted by the Board.

064/20. QUALITY AND SAFETY

Report from Integrated Governance Committee

VL reported that the overall governance framework is being developed which was looked at by the committee. An approach was received to structure the quality reporting alongside a set of indicators of data items that will support this within a quality dashboard which is also being developed.

VL commented that the value of any quality indicators that are reported is reliant on the quality of the data sources operational systems that support it.

It was noted that staff are currently working on ensuring the Trust has a robust incident reporting and management system.

VL highlighted that safeguarding assurance is provided via a Service Level Agreement (SLA) with BCH, and CB has undertaken a focussed piece of work regarding future safeguarding provision.

CW reemphasised the importance of safeguarding processes to ensure that all concerns and issues are addressed within a timely manner.

JY assured the Board that under the digital programme, there is a work stream that is specifically looking at the development of the Business Intelligence and information systems which is heavily linked into the quality assurance processes. JY also assured the Board that there is clinical involvement from both CB and CW on this piece of work and also regarding the incident management system.

VL commented that quality of services is not just around data, it is a matter of culture and therefore the approach to a just culture model is a very important component to ensure all services are at the highest quality. HT stated that the link between the Quality Committee and People Committee is very important and the Trust has ensured that a Non-Executive Director sits on both of these committees to ensure that

both committees receive full assurance.

It was noted that no concerns were raised at the committee and VL confirmed that there are no issues to escalate.

The Quality and Safety report from the Integrated Governance Committee was noted by the Board.

065/20. FINANCE, PERFORMANCE AND DIGITAL

Report from Integrated Governance Committee

IB reported that there are no issues to escalate to the Board and that the Trust is awaiting confirmation of the financial regime moving forwards.

MG stated that the committee were made aware that the average waiting time for IAPT currently is seven days although there are a significant amount of people who are being seen between zero to one days due to the online service that is being provided.

It was noted that the digital strategy will be presented to the Integrated Governance Committee on 21 July and the outcome will be shared at the next meeting.

The Finance, Performance and Digital report from the Integrated Governance Committee was noted by the Board.

066/20. WORKFORCE AND OD

Report from Integrated Governance Committee

ME reported that the focus has been around safety of staff and the Board were assured that there are no issues in relation to staff accessing testing and in relation to the COVID19 risk assessments, there are no staff identified within the high risk category.

The ToR for the People Committee were presented to the committee, and following today's discussions further work will be carried out to finalise agreement of the frequency for this meeting.

ME acknowledged that a piece of work is to be undertaken around the KPI's in relation to the SLA to confirm what information needs to be provided to committee and Board, and the timings to receive this information.

BE stated that BCH have carried out 2,000 antibody tests out of a possible 3,000 staff and Trust is waiting to receive the analysis of the outcome of the tests to confirm the percentage of the workforce who have antibodies.

The Workforce and OD report from the Integrated Governance Committee was noted by the Board.

Latest KPIs/BAME Risk Assessment Summary

The KPIs and BAME Risk Assessment summary report is presented to the Board for assurance.

VL flagged that both level three safeguarding training compliance for adults and children is RAG rated as red and asked if this could be looked into. VL also raised that safeguarding guidance has changed in response to COVID19 and therefore it is important that staff are provided with refresh training to be up to date.

BE responded that the higher level training is carried out face to face and due to COVID19 the training

had to be put on hold. BE assured the Board that conversations are taking place with BCH regarding reinstating this training safely and CB also added that this is an area of focus to ensure all staff are compliant.

CW stated that the quality of training that staff undertake is critical to patient safety and staff culture. CW commented COVID19 has disrupted normal working circumstances however it is important to ensure all staff are appropriately trained, up to date and have knowledge to respond appropriately.

It was noted that SC and CB have recently met with the team leaders of PCMH and IAPT who presented a more compliant picture than what is presented to Board. SC stated that the teams have raised that they do not feel they are able to get access to the appropriate training and this has been raised with the Director of Partnerships at BCH. It was noted SC also has an Executive Call with BCH next week where this will be raised.

IB enquired if the number of temporary staff that the Trust are employing could be included on the dashboard.

Following a question raised by DG, BE stated that the conclusions to draw from the report are the risk assessments for BAME staff have been undertaken and team leaders are expected to revisit the assessments to understand if any personal circumstances have changed. It was noted no trend has been established however risk assessments will be reviewed and managed appropriately moving forward. No staff have been redeployed to a lower risk area.

GS enquired about the position regarding staff appraisals. BE responded that from recent data received, the Trust are currently at around 90% compliance with appraisals. It was noted that the national instruction that BCH followed was that appraisals were on hold and that any back log that may impact on pay progression needs to be managed locally, and organisations have until the end of August to reinstate the appraisal process. SC is encouraging the teams to carry out staff appraisals, and it was noted that there has been an increase during June.

The Board noted the KPIs/BAME Risk Assessment Summary Report.

Action: Update to be provided on staff training compliance at the next meeting.

067/20. TRANSACTION AND ICP DEVELOPMENT

Report from Transaction Committee

SC reported that the committee reviewed the revised Integration Agreement at the Transaction Committee. As referenced earlier within the meeting, the two GP events were held on 30 June and it was noted a huge amount of the GP population were represented at both events. There has been positive feedback with no concerns have been raised in regards to the content of the agreement.

The Head of Membership Development and Primary Care for Dudley CCG will be attending all of the Primary Care Network (PCN) Clinical Directors (CD) meetings this month to discuss the agreement in more detail. The Trust has asked for the agreements to be signed by the end of August which will feed into the business case submission at the end of September.

SC commented that the Stakeholder Forum ToR and Communications and Engagement ToR were agreed at the last committee meeting.

It was noted that the committee received an update regarding incremental expansion and SC stated from 1 October 2020 the Trust will be looking at providing the High Oak contract which expires at the end of

September and the transfer of Dudley CCG staff, with the potential for children's services transferring at a later date.

An up to date position on the business case was discussed at the committee, and it has been agreed that the business case will be informally submitted to NHSE/I at the end of September with the Board agreeing formal submission on 7 October. NHSE/I colleagues have indicated that they will prioritise the business case to ensure that the contract is awarded by 1 April 2021 which will also see the completion of the Integrated Support and Assurance Processes (ISAP).

From a governance and engagement perspective, a timeline of key dates leading up to the submission of the business case has been shared with partners. The business case will be shared with partners in draft form on 31 July and SC assured the Board that the team are on track to complete this.

SC made the Board aware that it has been agreed that the system risks resulting from the implementation of the ICP will be managed through the Dudley Partnership Board.

The Board noted the Transaction Committee report.

068/20. ANY OTHER BUSINESS

JE provided an overview of the work of Healthwatch Dudley. Healthwatch is an independent body that was formed out of the Health and Social Care Act on 1 April 2013. The organisation is funded by the Department of Health and commissioned locally by Dudley MBC.

Healthwatch have links with the voluntary sector and community groups, and run a number of engagement events to capture experiences and views. Healthwatch also help people to navigate the complaints process and have the power to enter and view therefore can go into premises to get a patient's experience which can be in a GP practice, care homes or in a hospital etc.

Healthwatch has been on the ICP journey for the last five years and are very keen to continue to engage with the Trust moving forwards.

BE raised that BCH as an organisation have set up a condolence page and it was suggested that the Trust expresses condolences through this page. It was agreed for BE to take this forward.

It was noted that there was a suggestion from the Non-Executive Directors to meet with DGFT's Non-Executive Directors however a Board to Board with DGFT was held on 26 June which postponed this meeting. Following the Board to Board there has been an invitation to reinstate the Non-Executive meeting which the Board were supportive of. A conversation is to be held with the CEO of DGFT to confirm the agenda for this meeting.

GL raised that clinicians are receiving invitations to engage with DGFT which is helpful, and the Trust can help ensure that there is consistent messaging.

It has been requested that communications to GPs is sent out by the Trust, and the PCN CDs are currently discussing with their practices to confirm if this is something they would like the Trust to do on their behalf.

The Board will be regularly with regards to the latest engagement and developments.

Action: BE to explore how to contribute to the BCH condolence page.

069/20. QUESTIONS FROM THE PUBLIC

The Chair asked if JE had any questions or observations of the Board meeting.

JE stated that the meeting was very interesting and that the Board has provided assurance around the governance arrangements to ensure the organisation is fit for purpose to move forward.

070/20. BOARD REFLECTIONS

In summary the Board reflected on the meeting and stated that there was appropriate and positive challenge and contribution from all Board members, it was helpful for the Non-Executives to lead on the assurance reporting and the board papers were concise.

The Board were asked to be mindful of the need to present discussions in a way that was clear and helpful to members of the public for future meetings in preparation for the public being able to have a greater presence at our Board meetings at the appropriate time.

It was noted that if safe to do so, the Trust will look at holding the August Board meeting in public.

PA raised that this week saw the 72 year anniversary of the NHS and on a couple of occasions CW has taken the opportunity to talk about Aneurin Bevans missing part of the jigsaw which was the delivery of fully integrated care within the NHS. Since the Board previously met two milestones have been achieved which are the two engagement events with GPs across Dudley and the ICP clinical model being shared with partners. PA noted a public thank you to the team who have gone the extra mile to get the two milestones achieved over the past couple of weeks.

071/20. DATE OF NEXT MEETING

4 August 2020, 09:00 – 11:30

Dudley Integrated Health and Care NHS Public Board

Open Action Register



Ref	Date Raised	Action	Action Lead	Due Date	Update
058/20	09/07/2020	Standing Orders and SFI's to be presented to August Board for approval.	MG	Aug-20	Standing Orders and SFI's have been agreed at Audit & Risk Committee. Propose to defer to September Board for formal approval.
061/20	09/07/2020	People Committee to formalise a response to the BAME issues.	BE	Aug-20	
066/20	09/07/2020	Update to be provided on staff training compliance at the next meeting.	BE	Aug-20	
068/20	09/07/2020	BE to explore how to contribute to the BCH condolence page.	BE	Aug-20	
058/20a	09/07/2020	Scheme of Reservation and Delegation and Conflicts of Interest Policy to be reviewed and presented to Board for approval in September.	MG	Sep-20	

DUDLEY INTEGRATED HEALTH AND CARE BOARD

TUESDAY 4 AUGUST 2020
VIRTUAL MEETING VIA MICROSOFT TEAMS
12:00 – 13:00

PRIVATE AGENDA

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3.	Declarations of Interest	Verbal	Mr H Turner	
4.	Minutes from previous meeting held on 9 July 2020	Enclosure 1	Mr H Turner	
5.	Action Register and Matters Arising	Enclosure 2	Mr H Turner	
6.	Reflections from Part One	Verbal	Mr H Turner	
7.	Full Business Case Update - Technical Activities - Engagement Activities	Enclosure 3 Enclosure 4	Mrs S Cartwright	12:10
8.	Incremental Expansion Business Case Approval - High Oak - CCG Transfers - Local Improvement Schemes	Enclosure 5 Enclosure 6 Enclosure 7	Mrs S Cartwright	12:30
9.	Any Other Business	Verbal	Mr H Turner	13:00
10.	Date of next meeting: 1 September 2020, 12.30 – 13.30 Venue TBC			

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Chief Executive's Report
PURPOSE OF REPORT:	Board update on current issues
AUTHOR OF REPORT:	Paul Assinder
KEY POINTS:	<ol style="list-style-type: none"> 1. Note the change of name 2. Summarises DIHC's role in the Dudley systems Covid-19 response. 3. Note the celebration of First 100 days 4. Notes consultation arrangements for Black Country commissioning 5. Notes progress on the Full Business Case 6. Records Stakeholder meetings
RECOMMENDATION:	The Board is asked to note the report
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	No
TITLE OF REPORT:	Chief Executive's Report
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Report of the Chief Executive to the Board of Directors

4th August 2020

1. Amendment to Establishment Order of the Trust

I am delighted to report that '*UK Government Statutory Instrument (Establishment amendment) Order 2020/768 article 2*' has been approved by Parliament and formally amends the official name of our organisation from Dudley & Walsall Mental Health Partnership NHS Trust to **Dudley Integrated Health and Care NHS Trust**.

By agreement with the Regulator, all relevant nomenclature and branding will change with effect from 1st August 2020.

2. Covid 19 System response

The Trust continues to play a full and active part in the Dudley system's response to Covid 19, through operation of the Pensnett Respiratory Assessment Centre, participation in the highly successful Clinical Hub model, which acts as a single access route for local patients and importantly, as a key coordinator of care across the Borough, linking primary & secondary NHS care with the local authority and voluntary sector service offerings.

As the national effort now moves into a secondary 'recovery' phase, the Trust is working closely with local providers to maximise the pace at which lost activity due to the Covid 19 response can be recovered.

Colleagues will recall that the Trust has participated in both STP and national exercises to learn the lessons of the Dudley Covid 19 response and in particular to capture innovations in local service provision. We await formal feedback from these exercises but (at the time of writing this report) were anticipating the imminent receipt of the so called 'Phase 3' letter from the Secretary of State, which is expected to set broad direction of travel for the wider NHS from April 2021. It is our confident expectation that this will confirm the 'system first' approach to service integration at place level that is the cornerstone of our business case.

Finally, the Board will be delighted to note that at an extraordinary meeting of the Dudley MBC Council on 23rd July, staff in the National Health Service, public health, adult social care, children's services, bereavement services and voluntary sector workers serving the people of the Dudley Borough during the Covid-19 Pandemic, have been granted the symbolic but prestigious honour of Freedom of the Borough of Dudley.

3. Dudley Integrated Health and Care NHS Trust – the first 100 days

On Thursday 9th July, our Trust celebrated the first hundred days of its existence and Chair Harry Turner invited colleagues to reflect on our significant achievements since we were formed on 1st April:

- We are already running three services
 - Dudley Talking Therapies

- Primary Care Mental Health
 - The Pensnett Respiratory Assessment Centre
- Our business case is progressing and will be submitted at the end of September as planned.
 - We are on course to be awarded the integrated care provider contract on April 1st 2021.
 - The Dudley Primary Care Integration agreement has been shared with GPs and almost all practices have said they will sign up to it.
 - We have recruited a highly experienced board of directors and established a comprehensive governance structure

These are significant achievements and the Chair thanked all colleagues and system partners who have helped us come so far in our first 100 days.

We have also listened to and involved stakeholders including Healthwatch Dudley, voluntary organisations and patients. It is this joint effort which has helped us achieve so much in such a short time.

Dudley is leading the Country in developing a unique model of primary care and community services integration and our approach remains absolutely consistent with and is indeed quoted in, the NHS long term plan.

Moreover, as Harry reminds us, we are doing this to improve the health of the people of Dudley.

4. Future commissioning arrangements for the Black Country and West Birmingham CCGs

Work is progressing on the harmonising of commissioning processes for the 4 Black Country CCGs. The Board will be aware that as a direct result of such changes a number of local Dudley CCG functions will revert to ourselves during the course of 2020/21.

Whilst for the Dudley Borough, local commissioning arrangements have been clearly confirmed relevant authorities are consulting over arrangements for Sandwell and West Birmingham. Indeed, two virtual stakeholder meetings have been arranged to discuss the future commissioning arrangements covering the Black Country and West Birmingham CCGs on:

30th July 2pm for Sandwell (joining details: Swbccg.engagement@nhs.net or 0121 612 1447)

4th August 11am for West Birmingham (joining details: Swbccg.engagement@nhs.net or 0121 612 1447)

5. Full Business Case for award of the Dudley Integrated Care Contract on 1st April 2021

The Trust remains on course for the award of the first ICP contract in April 2021. In the past month two key milestones have been met, namely the issuing to key sub contract partners of draft terms for negotiation of such sub contracts and secondly the completion on 31st July, of a first draft FBC for consideration by system partners. We remain on course to submit the FBC to the Regulator in September, as planned.

6. Stakeholder Relations

During the past month, the Chair and I have held highly successful discussions with the following key stakeholders:

16 th July	Jayne Emery, Dudley Health Watch
16 th July	Matt Bowsher, Director of Adult Social Care, Dudley MBC
16 th July	Cllr. Dave Tyler, Chair Dudley MBC Health and Adult Social Care Scrutiny Committee
20 th July	Dr Ruth Edwards Chair & Neill Bucktin, MD, Dudley CCG
22 nd July	Andy Gray, Chief Executive, Dudley Council for Voluntary Services
24 th July	Cllr. Nick Barlow, Cabinet Member for Health and Adult Social Care Dudley MBC and Chair Dudley Health & Wellbeing Board
29 th July	James Morris, MP for Halesowen and Rowley Regis

The Board will be pleased to note that system support for the Trust and integrated care across the Borough remains extremely high.

PA Assinder

CEO

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Audit & Risk Committee Assurance Report
PURPOSE OF REPORT:	The report summarises the key points and decisions made at Audit Committee in July 2020
AUTHOR OF REPORT:	Matthew Gamage – Interim Director of Finance Jim Young – Interim Head of Quality and Governance
DATE OF MEETING:	20 th July 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report captures the key points and decisions made at Audit Committee in July 2020 • There are no issues for escalation to the Board
RECOMMENDATION:	<ul style="list-style-type: none"> • That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input checked="" type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Audit & Risk Committee

Date of meeting: 20th July 2020 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee reviewed the standing orders and SFIs and recommended some changes to be brought to Board for approval
- The committee agreed that the scheme of delegation would be reviewed at the Audit Committee in September prior to any new services transferring to DIHC
- The terms of reference have been updated to reflect minor changes requested in April and have been reformatted using the HFMA template and guidance. These changes were approved by the committee
- The committee reviewed and approved the proposed Policy Development Plan
- The committee reviewed the entire corporate risk register and were assured on its content including the addition of a new risk. C-104; the need to develop the Trust Board Assurance Framework was recognised and support identified to accelerate this piece of work
- The committee received the annual audit letter for Dudley and Walsall Mental Health Partnership NHS Trust
- A draft Internal Audit Plan was received for approval which proposed a number of reviews covering the minimum audit requirements and some enhanced assurance regarding organisation preparedness, continuing healthcare and data quality.
- An internal update report was received by committee which confirmed an internal audit plan had been drafted and that following agreement of the plan by the committee, terms of reference for each audit will be agreed with executive and senior management
- A verbal update was received from CW audit regarding the development of the counter fraud plan. This will be brought back to the next committee meeting.

Decisions made by the Committee

- Approval of the revised terms of reference and approved the draft internal audit plan
- Approval of the proposed Policy Development Plan

	<ul style="list-style-type: none"> • Agreement to add new risk C-104 to the corporate risk register
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<ul style="list-style-type: none"> • New risk C-104 added to corporate risk register • BAF development to be accelerated
Items/Issues for referral to other Committees	<p>The Policy Development Plan was also submitted to the Integrated Governance Committee for information</p>

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Corporate Risk Register
PURPOSE OF REPORT:	To present the risks rated as red – having a score of 15 or higher - on the Corporate Risk Register to the Board for discussion, to provide assurance that the risks are being appropriately managed and to approve any proposed changes.
AUTHOR OF REPORT:	Jim Young, Interim Head of Quality & Governance
DATE OF MEETING:	09 July 2020
KEY POINTS:	<ul style="list-style-type: none"> • The result of the most recent changes to the risk register has resulted in there being no red-rated risks • The Audit & Risk Committee reviewed the entire corporate risk register at its July meeting and were assured on its content; comment was made with regards to T-007 which was felt to require maintaining as a red risk until the transaction was complete or nearly complete • As a result, T-007 has already been reviewed and proposed for an increase in likelihood from 2 to 3; this will result in a red-rating of 15 • In addition, all other Transaction Committee risks are currently being reviewed and any further changes will be proposed to the August Transaction committee meeting • Audit & Risk Committee also approved the addition of a new risk C-104 following previous discussions at Board
RECOMMENDATION:	For the Board to: <ul style="list-style-type: none"> • be assured by the processes in place to manage the corporate risk register • approve the increase in rating for T-007 • note the addition of new risk C-104
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Dudley Integrated Health and Care - Risk Register

STEP 1 - IDENTIFY											STEP 2 - EVALUATE							STEP 3 - PLAN												
Date Last Reviewed	Date of next review	Ref	Risk Category/type	COVID-19	Committees (integrated Governance joined until 1 Jul 2020)						Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Action Deadline	Target Risk Rating			Status
				Audit and risk	Remuneration	Int. gov. - Q&S	Int. gov. - F, P & D	Workforce & OD	Transaction	(L)likelihood Score		(I)Impact Score	Risk Rating (L x I)	(L)likelihood Score	(I)Impact Score	Risk Rating			(L)likelihood	(I)Impact Score	Risk Rating (L x I)									
27/07/2020	31/08/2020	T-007	Strategic	●	✗	✗	✗	✗	✗	✓	Steph Cartwright	Risk to go live and completion of the business case due to the requirement to complete full service and financial models and lack of clarity on service redesign, including the services earmarked to transfer from DGFT and the workforce skills required to deliver the change in pathways.	This will impact on contract go live and thereby resulting in reputational damage mitigated by seeking to agree a delay to the published timeline with the CCG and Regulators and securing the resources from the CCG and/or external sources to undertake separation/transaction activities.	3	5	15	Clinical Advisory Groups in place to oversee clinical modelling, reporting to Clinical Strategy Group which is being refreshed. Clinical Service modelling is being carried out in the development of the Full Business Case. Weekly partners meeting in place to oversee the transaction. Constructive dialogue has commenced on the sub contract and due diligence required. Engagement with PCNs to develop workforce at PCN level is progressing very well with a joint workforce development plan being developed between the PCNs and community services.	Weak - Yellow	3	5	15	↗	Treat	The Clinical Strategy Board is being reconvened in July and will meet on a fortnightly basis for the next three months. Financial modelling is currently being completed in preparation for sharing with all partners. Business case to be shared with partners and a walkthrough session planned for 19/08/20	Steph Cartwright	19/08/2020	2	4	8	Pending rating change
20/07/2020	01/09/2020	C-104	Operational	●	✓	✗	✗	✗	✗	✗	Paul Assinder	Risk of legal action as a result of decisions made in response to COVID-19	Potential financial penalties and/or adverse media attention	3	3	9	Decisions log being maintained regarding key COVID-related decisions Decisions log entries aligned with CCG process to ensure all relevant information is captured	Strong - Green	3	3	9	New	Treat	Reiterate to the exec team the need to discuss and capture key decisions Update decisions log on a regular basis Implement robust approval / 'mini business case' process for incremental expansion	Jim Young	31/08/2020	2	3	6	Open

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Primary Care Integration Committee
PURPOSE OF REPORT:	To update the Board following the inaugural meeting of the Primary Care Integration Committee
AUTHOR OF REPORT:	Daniel King, Head of Primary Care, Dudley CCG
DATE OF MEETING:	4 August 2020
KEY POINTS:	<p>The Primary Care Integration Committee held its inaugural meeting on the 15th July 2020</p> <p>The Primary Care Integration Committee</p> <ul style="list-style-type: none"> • Agreed its Terms of Reference • Approved the final version of the Primary Care Integration Agreement (as considered and previously approved by the Transaction Committee and the CCG Procurement Board) • Received an update on the next steps for following up the Primary Care Integration Agreement at Primary Care Network (PCN) meetings in July and August • Received and approved the work plan for 2020/21. The work plan is focussed on the key areas that need to be achieved prior to 1st October 2020 in support of the business case. • Agreed the format for project updates to be provided to the Committee in relation to delivering the work plan. • Agreed the principles to be applied to financial decision making • Agreed that a risk register would be established and considered at the next meeting of the Committee
RECOMMENDATION:	The Board are asked to note the key points from the inaugural meeting of the Primary Care Integration Committee for assurance.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Primary Care Integration Committee

Date of meeting: 15 July 2020 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

1. Background

The Primary Care Integration Committee (PCIC) has been established to manage the interface between the Trust's delivery of the Dudley ICP Contract and the participation of those GP practices (who are party to the ICP Integration Agreement with the Trust) (GP Practices) with regards to the integrated delivery of the services for which they are each responsible.

The PCIC met for its inaugural meeting on the 15th July to agree its Terms of Reference, its transitional work programme in advance of assuming its full range of responsibilities, the way in which it will manage financial decisions, and an update on the key work undertaken to date on the Primary Care Integration Agreement.

2. Primary Care Integration Committee – Terms of Reference

The Committee approved the Terms of Reference and it was agreed for these to be taken to Board on 4 August for formal sign off.

3. Primary Care Integration Agreement

The Primary Care Integration Agreement between General Practice and DICH is fundamental to enable DICH to discharge its contractual responsibilities under the ICP Contract and deliver the ICP model of care

The Committee received the Primary Care Integration Agreement that has been agreed by the Transaction Committee and the CCG Procurement Project Board. The Committee received a copy of the presentation made to GPs at an event in July, proposed next steps in respect of engaging General Practice at Primary Care Networks (PCNs) meetings, and the process and timescale in respect of 'sign up' by General Practice. The Committee agreed to receive feedback from PCN meetings and update in the level of 'sign up' at its next meeting. It was noted that the level of 'sign up' was expected to surpass the minimum level required by the procurement, with 41/43 practices expected to sign.

	<p>4. Primary Care Integration Committee Work Plan</p> <p>The Committee approved a work plan that will be delivered with clinical support being provided from DIHC and CCG staff; with shared objectives and work plans for individual staff members agreed with the CCG.</p> <p>The Committee requested that PCN workforce development plans prepared as part of the PCN Directed Enhanced Service (DES) were shared with the Committee in order to provide assurance that they were aligned and supported by the DIHC clinical model.</p> <p>The work plan was produced in consultation and agreement with DIHC executive team, CCG clinical and management leads for primary care and PCN Clinical Directors.</p> <p>5. Financial Principles</p> <p>The Committee approved a paper setting out the financial principles to be applied to the following areas</p> <ul style="list-style-type: none"> • Primary Care Network DES • Practice Engagement Scheme • Local Improvement Schemes (LIS) • Other Primary Care Integration Activities <p>The Committee agreed</p> <ul style="list-style-type: none"> • Primary Care Network budgets to be established • Primary Care Network Manager to have budget holder responsibility • Monthly budget reports to be provided to PCN Clinical Director and PCN manager • PCN budget information to be reported to Finance Committee and Primary Care Integration Committee • PCIC make recommendations to the Board regarding any decisions which have a financial impact for the Trust. • Due to conflicts of interest GPs should not participate in any decision making regarding the Practice Engagement Scheme and Local Incentive Scheme funding.
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • Terms of Reference for the Committee were approved • The Committee approved the Primary Care Integration Committee Work Plan • The Committee approved a paper setting out the financial principles to be applied to the following areas; Primary Care Network DES, Practice Engagement Scheme, Local Improvement Schemes (LIS) and Other Primary Care Integration Activities

**Implications for the
Corporate Risk Register
or the Board Assurance
Framework (BAF)**

No specific implications identified within the meeting

**Items/Issues for referral
to other Committees**

None identified

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Primary Care Integration Committee Terms of Reference
PURPOSE OF REPORT:	To request approval for the Terms of Reference (ToR) for the recently established Primary Care Integration Committee (PCIC)
AUTHOR OF REPORT:	Jim Young – Interim Head of Quality & Governance Dan King - Head of Membership Development & Primary Care, Dudley CCG
DATE OF MEETING:	10 August 2020
KEY POINTS:	<ul style="list-style-type: none"> • The Integration Agreement between General Practice and DIHC is fundamental to enable DIHC to discharge its contractual responsibilities • During the development of the Integration Agreement it was identified that there needed to be a robust governance process within the Trust for its management and development that enabled a clear role and contribution from Primary Care, mainly via the Primary Care Network Clinical Directors (PCN CDs) • Following discussion it was identified that this would be best served by the creation of an additional Committee, the Primary Care Integration Committee • Terms of Reference (ToR) have been produced to clearly define the function of the Committee, ensuring that it is aligned with the other Committees already established and recognises conflicts of interest • The ToR have previously been approved by the Trust Board in June, subject to some amendments which have now been made • The revised version has recently been approved at the inaugural meeting of the PCIC
RECOMMENDATION:	That the Board formal approve the Primary Care Commissioning Committee Terms of Reference
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input type="checkbox"/>

Terms of Reference

Primary Care Integration Committee

1 Constitution of the Committee

- 1.1 The Board (**Trust Board**) of Dudley Integrated Health and Care NHS (the operating name of Dudley and Walsall Mental Health Partnership NHS Trust pending its statutory change of name and referred to as the Trust in these terms of reference) has resolved to constitute a Primary Care Integration Committee (**PCIC**). PCIC will manage the interface between the Trust's delivery of the Dudley ICP Contract and the participation of those GP practices (who are party to the ICP Integration Agreement with the Trust) (**GP Practices**) with regards to the integrated delivery of the services for which they are each responsible.
- 1.2 PCIC reports directly to the Trust Board. PCIC has no functions other than those specifically delegated in these Terms of Reference.
- 1.3 PCIC may establish such sub-committees and working groups to report to it as it considers appropriate.

2 Purpose

The purpose of PCIC is to:

- 2.1 set the strategy:
 - 2.1.1 for the championing of the ICP model of care;
 - 2.1.2 to raise awareness of the ICP model of care at GP practice level;
 - 2.1.3 to promote service transformation at GP practice level; and
 - 2.1.4 for the integration and development of primary care in the Trust and thereafter to review the success or otherwise of that strategy;
- 2.2 to review and consider the effective role of the primary care networks (**PCNs**) including the way in which the Trust and PCNs mutually agree to deliver the PCN DES requirements on an annual basis;
- 2.3 determine the strategy for engaging with the GP Practices over the delivery of Local Improvement Schemes (**LISs**);

- 2.4 have responsibility for engaging the PCNs, the GP Practices and any other providers of primary medical services in Dudley who are not party to the Integration Agreement in respect of all of the above; and
- 2.5 provide assurance to the Trust Board as to how:
 - 2.5.1 the Integration Agreement between the Trust and the GP Practices is managed; and
 - 2.5.2 ICP resources are being used to support the provision of primary care services in Dudley and realise the integration activities and goals as set out in the Integration Agreement.

3 Duties

The PCIC shall be responsible for:

- 3.1 the oversight, coordination and development of the Primary Care Operating Model within the ICP Clinical Operating Model which includes setting strategy, taking decisions and/or making recommendations to the Trust Board (where decision making in relation a specific issue rests with the Trust Board) and considering the effectiveness of issues in connection with:
 - 3.1.1 the way in which the PCNs and the Trust will meet the requirements of the PCN service specifications commissioned by NHS England as Directed Enhanced Services (**PCN DES**);
 - 3.1.2 the way in which the Trust's integrated care teams are configured and operating within each PCN in accordance with the relevant service specification and ICP Clinical Operating Model;
 - 3.1.3 the terms of the Integration Agreement between the Trust and GP Practices including reviewing and updating the schedules in the Integration Agreement specifically in in relation to the:
 - (a) ICP Clinical Operating Model and the Primary Care Operating Model;
 - (b) PCNs;
 - (c) the Trust's Estates Strategy;
 - 3.1.4 determining the way in which LIS schemes are provided by the Trust;
 - 3.1.5 determining the way in which the Trust will discharge its responsibilities for managing the integration of the provision of primary medical services for the population of Dudley registered patients registered with the Trust's delivery of the Dudley ICP Contract;
 - 3.1.6 developing the Trust's strategy and plans for moving towards operating 'fully integrated' general practice(s); and
 - 3.1.7 evaluating and recommending developments to the Primary Care Operating Model and making recommendations about the development of the wider

ICP Clinical Model, particularly those that directly relate to the improvement in the provision of primary care;

- 3.1.8 developing a process for the receiving of information reports and analysis of the Dudley Quality Outcome for Health (**DQOFH**) indicators;
- 3.1.9 reviewing the achievement by the GP Practices and PCNs of the requirements of the Integration Agreement;
- 3.1.10 considering any performance, quality, patient safety and improvement related issues identified by the Trust's assurance and performance systems in respect of the delivery of the primary care elements of the Dudley ICP Contract and the Integration Agreement, with a view to identifying solutions and/or providing guidance and/or support to address the issue(s);
- 3.1.11 considering and assisting in identifying any risks arising in the delivery of primary care services and provide support and guidance to manage any such risk;
- 3.1.12 identifying any opportunities for the shared learning and the sharing of best practice;
- 3.1.13 developing and overseeing the process for the transition of the GP Practices from being partially-integrated with the Trust to being fully-integrated into the Trust;
- 3.1.14 developing and overseeing the process for fully-integrated practices that wish to exercise their right to return to delivering services under their GP Contract and becoming a partially-integrated Dudley general practice;
- 3.1.15 determining the approach and/or providing guidance as to how to respond to any notifications from a GP Practice or the Trust about failure to perform obligations in accordance with the Integration Agreement, and providing strategic support to resolve performance issues, which may include agreeing a remedial action plan;
- 3.1.16 dealing with any alleged wilful default by a Practice or the Trust in accordance with the Integration Agreement, and working with relevant parties to resolve the matter, and as necessary authorising the Trust to issue a notice to terminate a GP Practice's participation in the ICP and its part in the Integration Agreement;
- 3.1.17 carrying out an annual review of the operation of the Integration Agreement for general practice and identifying and progressing any appropriate variations that may be needed to the form of the Integration Agreement from time to time;
- 3.1.18 making recommendations to the Board over the allocation of resources to the GP Practices to implement/ support programme initiatives;
- 3.1.19 developing, implementing and thereafter monitoring of an engagement scheme for GP Practices to come into effect as from 1st April 2021;

- 3.1.20 to receive and recommend draft investment plans for the delivery of services provided under the Integration Agreement and the Primary Care Operating Model;
- 3.1.21 acting as the conduit between the Trust and the Black Country and West Midlands clinical commissioning groups (**CCGs**) on matters relating to primary care support and development provided by the CCGs;
- 3.1.22 engaging with the PCNs to consider the appropriate delivery models for PCN DESs and LISs in accordance with Schedule 19 of the Integration Agreement.

4 Powers

- 4.1 In connection with its purpose and functions PCIC is:
 - 4.1.1 authorised by the Trust Board to investigate and take decisions in respect of any activity, to seek any information it requires from any officer of the Trust, and to invite any employee to provide information by request at a meeting of PCIC to support its work, as and when required;
 - 4.1.2 expected, by the Trust Board, to make recommendations to the Trust Board, where relevant, in respect of those matters for which PCIC does not have decision making authority;
 - 4.1.3 authorised by the Trust Board to secure attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary, including whatever professional advice it requires (as advised by the Executive Lead of the PCIC and / or the Trust Secretary).
- 4.2 All members of staff are directed to co-operate with any relevant request made by PCIC.

5 Membership and quorum

Membership

- 5.1 Members of PCIC will be appointed by the Trust Board.
- 5.2 The membership of PCIC, subject to paragraph 5.3, shall include the following individuals in post for the time being:
 - 5.2.1 the Trust Director of Nursing, AHPs and Quality;
 - 5.2.2 the Trust Medical Director;
 - 5.2.3 the Director of Operations, Strategy and Partnerships; and
 - 5.2.4 two Non-Executive Directors (NED) of the Trust Board
 - 5.2.5 the Trust's two Associate GP Non-Executive Directors;

- 5.2.6 the six Dudley PCN Clinical Directors;
- 5.3 A person who is a member of a GP Practice or other general practice that has an overall CQC rating of inadequate and/or being in special measures is not eligible to be a member of PCIC.
- 5.4 The following officers and individuals are entitled to attend meetings of PCIC and receive the PCIC meeting papers:
- 5.4.1 the Trust Manager with responsibility for primary care;
 - 5.4.2 the Trust's pharmacy lead;
 - 5.4.3 the Trust's finance lead with responsibility for primary care;
 - 5.4.4 the Trust's Associate Director People;
 - 5.4.5 a practice manager nominated by the PCNs; and
 - 5.4.6 one representative of the LMC, as nominated by the LMC.
- 5.5 Other individuals who are non-PCIC members may be invited to attend and assist the PCIC as appropriate, to support particular items being considered and discussed.
- 5.6 The Trust Board shall appoint the Non-Executive Director PCIC members as respectively the Chair and Vice-Chair of PCIC.
- 5.7 In the absence of the PCIC Chair or if the PCIC Chair is conflicted and it is determined the Chair should not participate in any meeting or agenda item, the Vice-Chair will chair the meeting/ the relevant part of the meeting.
- 5.8 If the PCIC Chair or Vice Chair are both absent or conflicted from participation in any meeting or agenda item, the Trust's Chair may nominate another member of the PCIC to chair a meeting in whole or part for so long as the PCIC Chair or Vice Chair are both absent from or conflicted from participation
- 5.9 Members are expected to attend at least two thirds of PCIC meetings in each year and will be required to provide an appropriate explanation to the PCIC Chair if they fail to do so.
- 5.10 Members are able to attend PCIC meetings in person or by live, uninterrupted telephone or other electronic means. Members in attendance by electronic means will count towards the quorum.
- 5.11 The Trust Secretary, or their designated deputy, will act as the PCIC Secretary. The PCIC Secretary, or a suitable alternative agreed in advance with the Chair of PCIC, will attend all meetings of PCIC.
- 5.12 Where members of the PCIC are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the Trust Secretary and provide a deputy.

- 5.13 All members of PCIC will receive training and development support before or promptly after joining PCIC and on a continuing basis to ensure their effectiveness as members, supported by the process of annual appraisal, as agreed by the Trust Board.
- 5.14 An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of PCIC to the Trust Board.

Quorum

- 5.15 The quorum necessary for the transaction of business will be 6 PCIC members which must include:
 - 5.15.1 the PCIC Chair or Vice-Chair or another PCIC member whom the Trust's Chair has appointed to be acting Chair in accordance with paragraph 5.8;
 - 5.15.2 at least three PCN Clinical Directors; and
 - 5.15.3 at least 2 Executive Directors of the Trust one of whom must hold a clinical role.
- 5.16 A duly convened meeting of PCIC at which a quorum is present will be competent to exercise all of any of the PCIC's purpose and functions.
- 5.17 The PCIC shall seek to make decisions on a consensus basis. However, where a consensus cannot be reached decisions shall be taken by simple majority and in the event of a split decision the PCIC Chair shall have a casting vote.
- 5.18 Where the PCIC cannot reach a decision by consensus and it falls to the PCIC Chair to use his/her casting vote, the PCIC Chair may in the alternative refer the matter to the Trust Board for determination.
- 5.19 If, in the course of conducting PCIC business, the PCIC Chair identifies an issue with:
 - 5.19.1 the operation of the PCIC;
 - 5.19.2 the approach of any PCIC member or officer in attendance to participation in the business of PCIC; or
 - 5.19.3 the performance of any general practice or PCN which has not been or is not being resolved through the guidance and/or direction of PCICthe PCIC Chair may refer such matter to the Trust Board for further consideration.

6 Reporting and Accountability

- 6.1 The PCIC Chair will report formally to the Trust Board on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.
- 6.2 The Terms of Reference will be reviewed by PCIC and approved by the Trust Board on a minimum basis of every year.

7 Committee Administration

Frequency of meetings and papers

- 7.1 The PCIC shall meet at least once every two months.
- 7.2 The PCIC Chair may at any time convene additional meetings of the PCIC either:
 - 7.3 to consider business that requires urgent attention; and/or
 - 7.4 following a request from at least three members of PCIC.
- 7.5 The agenda will be set in advance by the PCIC Chair, with the Trust Secretary.
- 7.6 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, will be made available to each member of PCIC, no less than 7 working days before the date of the meeting in electronic form. Supporting papers will be made available no later than 5 working days before the date of the meeting.
- 7.7 Where an urgent meeting of the PCIC is called, the notice period for the meetings and timeframe for circulation of papers shall be as notified by the PCIC Chair.
- 7.8 PCIC papers will be submitted using the Trust's corporate front sheet.

Conflicts of Interest and other policies

- 7.9 All members of the PCIC must adhere to and comply with any and all relevant Trust policies; including, without limitation, those relating to the management of conflicts of interest and anti-bribery.
- 7.10 The PCIC Chair will at the beginning of each meeting, establish the existence of any conflicts of interest, ensure they are recorded in the minutes accordingly and a decision taken as to how to manage, if necessary, such conflicts of interest during that meeting. Should the PCIC Chair have an interest then the Vice-Chair will make the determination as to how to manage that interest.
- 7.11 In relation to any declared conflicts of interest, the Trust Secretary will ensure the following information is recorded in the minutes:
 - 7.11.1 who has the interest;
 - 7.11.2 the nature of the interest and why it gives rise to a conflict;
 - 7.11.3 the items on the agenda to which the interest relates;
 - 7.11.4 how the conflict was managed, including whether the relevant PCIC member was:
 - (a) required to leave the meeting for that item;
 - (b) permitted to remain but take no part in the discussion nor vote;

- (c) permitted to participate in any discussion but refrain from voting; or
- (d) permitted to participate in any discussion and vote; and

7.11.5 confirmation that, for the agenda item giving rise to the conflict, the conflict was managed as intended and in accordance with the relevant Trust policy.

8 Review

8.1 PCIC will review its effectiveness and compliance with these Terms of Reference once per year, and report the outcome of this review to the Board.

Procedural control statement:

Date approved: [INCLUDE DATE]

Approved by: Board of Directors

Review date: [INCLUDE DATE]

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Integrated Governance Committee Assurance Report – Quality & Safety
PURPOSE OF REPORT:	The report summarises the key points and decisions regarding the Quality & Safety aspects of the Integrated Governance Committee held in July 2020.
AUTHOR OF REPORT:	Caroline Brunt – Interim Director of Nursing, AHPs and Quality
DATE OF MEETING:	4 August 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report captures the key points in relation to the Quality & Safety aspects of the Integrated Governance Committee • Quality indicator data does not identify any areas of concern • The Committee were assured on the approaches being taken to further develop the Trust governance and assurance processes • There are no issues for escalation to the Board
RECOMMENDATION:	<ul style="list-style-type: none"> • That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Integrated Governance Committee – Quality & Safety

Date of meeting: 21st July 2020 (via Microsoft Teams)

Significant risks/issues for escalation	<i>The Integrated Governance Committee were assured on the quality indicators and associated discussions and noted that there are no immediate emerging concerns that require escalation.</i>
Key issues/matters discussed at the Committee	<ul style="list-style-type: none"> • The quality indicator data was assuring with no identify areas of concern or emerging themes and no Serious Incidents or formal complaints reported in month. • Quality data has been expanded under the BCH SLA to cover safeguarding within the IAPT & PCMH services. The detail associated to the activities and alerts reported were being discussed with service leads to ensure oversight, operational and organisational learning • The Director of Nursing is working with BCH & CCG to ensure safeguarding is a priority area for expansion with DIHC committing resources to underpin this area of practice as the organisation develops. • Detail regarding safeguarding proposed model was well received and supported by the Committee. • An update was given on a number of areas of governance; policy and procedural suite development and procurement of an incident management system • Recent engagement with CQC regarding proposed service transfers were positive and supportive • Infection Control and Prevention and Health & Safety issues including organisational winter preparation and Covid 19 response were highlighted and assurance received.
Decisions made by the Committee	Approval of the structured approach proposed to progress the areas of governance development identified
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified within the meeting
Items/Issues for referral to other Committees	None identified

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Integrated Governance Committee – Finance, Performance and Digital
PURPOSE OF REPORT:	The report summarises the key points and decisions regarding the Finance, Performance and Digital aspects of the Integrated Governance Committee held in July 2020.
AUTHOR OF REPORT:	Matthew Gamage – Interim Director of Finance
DATE OF MEETING:	4 th August 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report captures the key points in relation to the finance, performance and digital aspects of the Integrated Governance Committee • There are no issues for escalation to the Board
RECOMMENDATION:	<ul style="list-style-type: none"> • That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Integrated Governance Committee – Finance, Performance and Digital

Date of meeting: 21st July 2020 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee received the finance and performance report related to the period April to June 2020
- The Trust is reporting a break even position for the period.
- National block funding arrangements are in place during April to July 2020. For the period April to June 2020 the Trust will receive £2.14m income to cover the £2.14m expenditure incurred
- Better Payment Practice code was achieved in June for NHS payments but not achieved for non NHS payments
- The IAPT access performance has improved significantly in June with 91.19% of the monthly target being achieved.
- IAPT recovery has also improved during June with 47.27% of people who have completed treatment entering recovery.
- Activity at the Pensnett Assessment Centre has reduced further to an average of 7 per day during the month of June 2020.
- The committee approved the Digital Strategy
- The committee received an update from the Digital Strategy Group which covered the following;
 - A digital user group is being established
 - EMIS templates are being developed with the Primary Care Mental Health Team
 - IT project support has been established to support the safe landing of High Oak Surgery and CCG staff on the 1st October
 - Work is being undertaken to quantify the benefits of the digital strategy within the full business case for the ICP contract
 - An urgent piece of work is being undertaken to ensure the DIHC intranet is available after the 1st August when the current site ends

Decisions made by the Committee

- The Committee was approved the Digital Strategy
- The Committee were assured by the finance and performance report

**Implications for the
Corporate Risk Register
or the Board Assurance
Framework (BAF)**

No specific implications identified

**Items/Issues for referral
to other Committees**

None identified

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Integrated Governance Committee – Workforce & OD
PURPOSE OF REPORT:	The report summarises the key points and decisions regarding the Workforce & OD aspects of the Integrated Governance Committee held in July 2020.
AUTHOR OF REPORT:	Bev Edgar – Interim Associate Director of People
DATE OF MEETING:	4 th August 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report captures the key points in relation to the Workforce & OD aspects of the Integrated Governance Committee • The Committee were assured on the approaches being taken to keep staff safe both now and with regards to future transfers of staff • There are no issues for escalation to the Board
RECOMMENDATION:	<ul style="list-style-type: none"> • That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Integrated Governance Committee – Workforce & OD

Date of meeting: 21 July 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	<ul style="list-style-type: none"> • Update on guidance for the NHS workforce in relation to Covid 19 and testing and RA completion • Updated KPIs for the IHC Services with further discussion to ensure mandatory training rates improve and access to ESR facilitated for NEDs • Detail on national resources available to enable the IHC to develop its WRES and DES as the IHC prepares to create a draft set of objectives and a more detailed plan to the People Committee in August. Agreed this will be developed in collaboration with staff and involve new staff transferring in post October 2020. • Update on proposed TUPE planning – more detail to follow at the People Committee in August but agreed to request RA data associated with each transfer of staff • Consideration to be given to hold face to face meetings with staff where possible but unlikely to be able to achieve safe distancing at present. Assurance given that the Microsoft Teams meetings would continue on a monthly basis with CCG staff,
Decisions made by the Committee	<ul style="list-style-type: none"> • The People Committee ToR were previously approved subject to some minor amendments being made
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified within the meeting
Items/Issues for referral to other Committees	None identified

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Transaction Committee held on 10 th June 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at Transaction Committee on 14 th July 2020
AUTHOR OF REPORT:	Stephanie Cartwright Director of Operations, Strategy and Partnerships
DATE OF MEETING:	4 th August 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report summarises the key points and decisions regarding Dudley IHC transactions and the work towards award of the ICP contract • The Board are asked to note the terms of reference have been agreed for the weekly ICP Development Team meeting and the HR Collaborative Steering Group • It has been agreed with NHSI that the full business case for the award of the ICP contract will be submitted on 30th September 2020 with anticipation of award of contract on 1st April 2021. A timeline and milestone plan has been agreed up to the submission date of the full business case. • There is an ongoing issue of engagement with key activities from Dudley Group NHS Foundation Trust, particularly IT input (from Terraforma as IT provider) into the DIHC Safe Landing Group. • The DIHC Communications and Engagement Strategy has been approved. • Due diligence requirements for associated transfer of services were agreed. • Plans for submission of cases for incremental expansion to NHSI were agreed.
RECOMMENDATION:	To note the contents of this report.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None that are not already declared.
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Transaction Committee

Date of meeting: 14th July 2020 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The Terms of Reference were approved for DIHC Development Team. This team meets weekly to oversee the work required on completion of the full business case and associated work with incremental expansion.
- The Terms of Reference were approved for DIHC HR & Staff Engagement Collaborative Steering Group. This group has been in place throughout the development of the ICP and has recently refreshed its terms of reference to reflect DIHC now being in place as an organisation. This group is split into two parts, the first part with HR leads from across the system and the second part with staff side representatives. The group meets on a monthly basis.
- The committee received an update on the production of the full business case for the award of the ICP contract. The committee noted the system discussions that are being led by the Chair of the Black Country and West Birmingham STP around areas of concerns raised with regards to the award of the ICP contract to DIHC. These discussions will continue whilst issues are being resolved and DIHC are taking forward any required actions to resolve concerns. Work is progressing well on content development of the full business case, and the draft full business case will be circulated to partners and stakeholders on 31st July 2020 and a month of engagement on feedback on the content will follow throughout August and into early September. The final full business case will be submitted informally to NHSI on 30th September 2020 and formally submitted on 7th October 2020 following approval by the DIHC Board. Areas requiring more intense further development are the clinical, workforce and financial models and the committee received assurance that plans are in place for completion of all of these areas. The business case will include reference to system restoration plans and also reference to any earlier transfers of services that will have already taken place. All outstanding areas relating to the procurement (following bid evaluation) have either been addressed with the CCG or will be addressed in the full business case.
- The committee received an update on incremental expansion and it was confirmed that a proposed list of

services for transfer into DIHC ahead of the award of the ICP contract has been agreed with the CCG subject to the associated case work being developed. This includes the APMS contract at High Oak Surgery, the Primary Care Local Improvement Schemes, the transfer of assigned CCG staff and services and children's services from Black Country Healthcare NHS Foundation Trust and Shropshire Community Trust. A self-certification assurance process had been developed to be shared with Transaction Committee, but this has been superseded by guidance received from NHSI the day before Transaction Committee took place. An updated template to reflect the recently received NHSI guidance will be produced to provide assurance on the transfer of the services as part of incremental expansion. The case for transfer of High Oak APMS contract, the Primary Care Local Improvement Schemes and the transfer of assigned CCG staff and services will be submitted to NHSI on 31st July 2020 for approval and will be submitted for approval by the DIHC Board on 4th August 2020. It has been subsequently agreed since the committee meeting that the case for transfer of children's services will be submitted to NHSI on 21st August 2020 for approval and will be submitted to the DIHC Board for approval on 1st September 2020. It should be noted that partners who currently provide the transferring services are working closely with the DIHC team on completion of these cases.

- Transaction Committee approved the proposed due diligence requirements for the production of the full business case and the associated incremental transfer of services described above.
- Transaction Committee discussed some areas of concern with regard to partner engagement and attendance by partners at key meetings to be able to maintain progress. Particular concern was raised with regard to lack of attendance at the Safe Landing Group by colleagues from Terraforma who are the IT provider for all of the services transferring into DIHC, and attendance from Dudley Group NHS Foundation Trust at Stakeholder Forum, which is the formal engagement mechanism with system partners on the progress of the full business case and incremental expansion prior to award of the ICP contract. Transaction Committee asked for engagement to be discussed at Stakeholder Forum and if participation continued to be a concern it would be raised directly via Chief Executive to Chief Executive communication.
- A Communications and Engagement Strategy had been produced during the development of the ICP stages and this has now been updated to reflect the creation of DIHC as an organisation. The Committee approved the strategy whilst noting that further work will be completed on the strategy as the organisation progresses.

	<ul style="list-style-type: none"> • The committee reviewed the governance plan, activities, associated timelines and milestones required for the submission of the full business case and these were agreed. A copy of the summary plan is attached to this paper for information for the Board. • The committee received an update on the Transaction and System risk registers and agreed recommended changes to risk scores accordingly. The committee noted the system risk workshop that is being led by the Good Governance Institute to ensure all system risks and their impact on partners is captured. Feedback on this work will be given to the system meetings being led by the STP and also to Stakeholder Forum on 22nd July 2020. The committee noted the agreement by Dudley Partnership Board to manage system risks.
Decisions made by the Committee	<ul style="list-style-type: none"> • Approval of the terms of reference for DIHC ICP Development Team. The Development Team will report to Transaction Committee. • To approve the terms of reference for the DIHC HR and Staff Side Collaborative Steering Group. This group will report to Transaction Committee. • Approval of proposed due diligence requirements for the production of the full business case and the associated incremental transfer of services. • Approval of the refreshed DIHC Communications and Engagement Strategy. • Agreement to submit cases for incremental expansion on the transfer of High Oak APMS contract, CCG aligned staff and services, and Primary Care Local Improvement Schemes to NHSI on 31st July 2020 and to the DIHC Board for approval on 4th August 2020. • NB. Subsequent to the committee meeting and following further discussion with NHSI, agreement to submit the case for incremental expansion on the transfer of children's services from Black Country Healthcare NHS Foundation Trust and Shropshire Community Trust to NHSI on 21st August 2020 and to the DIHC Board for approval on 1st September 2020.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified within the meeting; agreed amendments will be made.
Items/Issues for referral to other Committees	None identified

[illegible]

[illegible]