Thinking Differently

NHS Dudley Clinical Commissioning Group

DUDLEY CLINICAL COMMISSIONING GROUP

EXTRAORDINARY PUBLIC AGENDA

Thursday, 29 March 2018
2.00pm – 5.00pm
Boardroom, 3rd Floor, Brierley Hill Health & Social Care Centre,
Venture Way, DY5 1RU

QUORACY
Meetings of the governing body will be quorate when four elected GP clinical members and two other governing body members (one from the lay members or secondary care doctor and one from the Chief Accountable Officer, Chief Finance Officer or Chief Nurse are present, (provided that if the Chair is not present, then either the Accountable Officer or Chief Finance Officer must be present).

Time	Agenda Item	Attachment	Presented By
2.00pm	**1. Apologies**		
2.00pm	**2. Declarations of Interest** **2.1** To request members to disclose any interest they have, direct or indirect, in any items to be considered during the course of the meeting and to note that those members declaring an interest would not be allowed to take part in the consideration for discussion or vote on any questions relating to that item. **(Enclosed)** **2.2** This meeting will be held in public and will be recorded purely as an aide memoir for the minute taker to ensure an accurate transcript of the meeting, decisions and actions. Once the minutes have been approved the recording will be destroyed. All care is taken to maintain your privacy; however, as a visitor in the public gallery, your presence may be recorded. Should you contribute to the meeting during questions from the public, you agree to being recorded.		
2.05pm	**3.0 Public Voice** **3.1** Public Update	**Verbal**	Mrs L Broster
2.15pm	**4.0 Financial Plan** **4.1** Presentation of the Financial Plan for approval	**Enclosed**	Mr M Hartland
3.15pm	**5.0 Dudley CCG Constitution Changes - Final** **5.1** Dudley CCG Constitution - Final changes for approval for submission to NHS England	**Enclosed**	Mr M Hartland
3:55pm	**6.0 Date and Time of Next Meeting** Thursday 10 May 2018 1pm – 4pm 3rd Floor Boardroom, Brierley Hill Health and Social Care Centre		
	A Glossary of terms is included at the end of the papers		

Title	First Name	Surname	Job Title	Declarations of Interest
Mrs	Laura	Broster	Director of Communications & Public Insight	Director of Shrops Hire Solutions Ltd
Mrs	Caroline	Brunt	Chief Nurse	None
Mr	Neill	Bucktin	Director of Commissioning	Chairman of the Corporation, Heart of Worcestershire College Member of Managers in Partnership Director - North East Worcestershire Enterprises Ltd.
Mrs	Stephanie	Cartwright	Director of Organisational Development & Human Resources	In a personal relationship with Chief Executive Officer at Dudley CCG
Dr	Jonathan	Darby	Clinical Executive for Acute & Community Commissioning	Salaried GP at St Margaret's Well Surgery BBC Drama, Birmingham Director Manor Abbey Investments Non-Executive Director for the Royal Wolverhampton Hospitals NHS Trust Shareholder, Future Proof Health Limited (via practice shareholding)
Dr	Ruth	Edwards	Board Member Kingswinford, Amblecote & Brierley Hill Locality / Clinical Executive for Quality & Safety	GP Partner - AW Surgeries Shareholder, Future Proof Health Limited (via practice shareholding)
Mrs	Jayne	Emery	Chief Officer of Dudley Healthwatch	None
Dr	Richard	Gee	GP Engagement Lead	Appointed member of Dudley Group Foundation Trust Council of Governors
Dr	Purshotam Das	Gupta	Board Member Dudley & Netherton Locality	GP Partner at Links Medical Practice Member of Labour Party Shareholder, Future Proof Health Limited (via practice shareholding)
Dr	Christopher	Handy	Lay Member for Quality & Safety	Chief Executive, Accord Group Visiting Professor at Birmingham City University Board Member of: - Black Country LEP Board - Matrix - Redditch Co-operative Homes - Black Country Consortium - Walsall Housing Regeneration Agency - Direct Health - Eurohnet
Mrs	Deborah	Harkins	Chief Officer for Health & Wellbeing (Director of Public Health)	None
Mr	Matthew	Hartland	Chief Operating & Finance Officer	Director of Dudley Infracare Lift LTD Director of Whitbrook Management Company Member of Chartered Institute of Public Finance and Accountancy Interim Chief Strategic Finance Officer, Walsall CCG Interim Chief Strategic Finance Officer, Wolverhampton CCG

Dr	David	Hegarty	CCG Chair / Board Member Stourbridge, Wollescote & Lye Locality	GP Partner - Wychbury Medical Group Director of DM Hegarty Ltd Council Member, West Midlands Clinical Senate Wife an employee of Central Midlands and Lancashire CSU Shareholder, Future Proof Health Limited (via practice shareholding) Shareholder with D C Corporation Ltd
Dr	Tim	Horsburgh	Clinical Executive for Primary Care & LMC Representative	Sessional GP - Netherton Health Centre. Member of the Local Medical Committee Clinical Lead for Partners in Paediatrics
Mrs	Julie	Jasper	Lay Member – Patient & Public Involvement	Lay Member - Sandwell and West Birmingham CCG Managing Director of Westland's Associates Ltd Member of CIPFA
Ms	Sue	Johnson	Deputy Chief Finance Officer	None
Mr	Daniel	King	Director of Membership Development & Primary Care	None
Dr	Rebecca	Lewis	Board Member Halesowen & Quarry Bank Locality	GP Partner – Feldon Practice Surgery Shareholder, Future Proof Health Limited (via practice shareholding)
Dr	Mohit	Mandiratta	Board Member Halesowen & Quarry Bank Locality	GP – Feldon Lane Surgery
Dr	Steve	Mann	Board Member Stourbridge, Wollescote & Lye Locality / Clinical Executive for MCP	GP Partner - Lion Health. Sister – Dr Rebecca Mann who provides the Paediatric Triage Service Shareholder, Future Proof Health Limited (via practice shareholding)
Mr	Paul	Maubach	Chief Executive Officer	Member of Dudley Health & Wellbeing Board Member of CIPFA Member of Managers in Partnership In a significant personal relationship with Director of OD & HR at Dudley CCG Interim Chief Executive Officer, Walsall CCG
Dr	Kiranmaya	Penumaka	GP Board Member, Dudley & Netherton Locality	GP Partner – Quarry Bank Medical Practice
Dr	Matthew	Read	Board Member Sedgley, Coseley & Gornal	GP Woodsetton Medical Practice Shareholder, Future Proof Health Limited (via practice shareholding)
Dr	Fiona	Rose	Board Member Sedgley, Coseley & Gornal	GP Castle Meadows Surgery
Dr	Ruth	Tapparo	GP Board Member and Clinical Executive Finance, Performance & Business Intelligence	GP Partner - Three Villages Medical Practice Shareholder, Future Proof Health Limited (via practice shareholding)
Mr	Steve	Wellings	Lay Member - Governance	Wife employed by Dudley MBC Housing Department One Niece employed by DGFT as a nurse Member of CIPFA

NHS
Dudley
Clinical Commissioning Group

DUDLEY CLINICAL COMMISSIONING GROUP BOARD

Date of Report: 29th March 2018
Report: CCG Financial Budgets for 2018/19
Agenda item No: 4.1

TITLE OF REPORT:	CCG Financial Budgets for 2018/19
PURPOSE OF REPORT:	To present baseline budgets for the financial year 2018/19
AUTHOR OF REPORT:	Mr J Smith, Head of Financial Management – Corporate Mr M Hartland, Chief Finance and Operating Officer
MANAGEMENT LEAD:	Mr M Hartland, Chief Finance and Operating Officer
CLINICAL LEAD:	Dr R Tapparo, Clinical Executive for Finance, BI & Performance
KEY POINTS:	• Paper presented to Finance, Performance and Business Intelligence Committee and Governing Body for approval • All NHSE Financial metric and business rules met • Planned Revenue Surplus £10,004,000 • QIPP/savings programme of £16,987,000 in 2018/19 • Financial risk of up to £5.55m across the portfolio of CCG managed budgets. Mitigations identified.
RECOMMENDATION:	The Committee/Governing Body is requested to approve the CCG budgets set out in the report.
FINANCIAL IMPLICATIONS:	See key points.
ACTION REQUIRED:	☐ Decision ✓ Approval ☐ Assurance

DUDLEY CCG FINANCIAL BUDGETS FOR THE PERIOD 1ST APRIL 2018 TO 31ST MARCH 2019

CONTENTS

APPENDICES

1. INTRODUCTION

This paper sets out the proposed budgets of Dudley CCG for 2018/19. It provides an overview of the resource environment for the NHS and outlines key financial targets the CCG must achieve, together with an assessment of the financial risks to the CCG.

The CCG has three financial statutory targets:-

- to achieve revenue breakeven or better
- to achieve capital breakeven against the capital resource limit
- to achieve a breakeven on the cash limit.

The CCG is also expected to comply with the Public Sector Payment Policy (also known as the Better Payment Practice Code) which requires the CCG to pay 95% of valid invoices within 30 days of their receipt or the receipt of goods or services (whichever is the later) unless other payment terms have been agreed.

The CCG is also required to ensure that cash balances at month-end are within 1.25% of the cash requested and drawn down from NHS England.

The November 2017 Budget announced additional NHS revenue funding of £1.6 billion for 2018/19, which will increase funding for emergency & urgent care and elective surgery. In addition, for other core frontline services such as mental health and primary care, the Department of Health & Social Care is making a further £540 million available through the Mandate over the coming financial year.

It is the CCG's responsibility to ensure we deliver the best possible health service within the funds available.

The financial plan builds upon the 'Delivering the Forward View' and additional supporting technical guidance issued jointly by NHS England and NHS Improvement in February 2018. The guidance sets out how these funds will be distributed and the expectations on commissioners and outlined a number of must do's which will form the basis of the five year financial plan.

- Maintain financial balance – return the system to aggregate financial balance which will include providers continuing to deliver efficiency savings informed by the Lord Carter provider productivity work programme. CCGs will be expected to deliver savings by tackling unwarranted variation in demand through the implementation of the Right Care programme.

- National Standards – get back on track with access standards for A&E, Referral to Treatment and the 62 day cancer waiting target.

- Learning Disabilities – develop local plans to transform care for people with learning disabilities.

- Achieve Mental Health Investment Standard – this means that the CCG must invest additional funds in the provision of Mental Health Services of at least the percentage growth that has been provided in its allocation uplift.

- Primary Care investments ensuring the commitment in the 2018/19 GP Forward View are met.

- Set realistic activity plans for growth in emergency care.

2. FINANCIAL OVERVIEW

The CCG's revenue start point baseline in 2018/19 is £489.2m. This consists of £440.6m core CCG funding; £41.8m for the procurement of primary care and £6.8m running costs. Despite what has been a more challenging year for the CCG, Dudley CCG is expected to meet its planned surplus of £11.0m in 2017/18 and carry this forward into 2018/19. As explained above, the CCG has used

current refreshed guidance from NHS England to plan anticipated resource increases within this plan.

The budget book presented to the Committee and Governing Body identifies a balanced financial plan for 2018/19, with plans to achieve a surplus of £10.0m in 2018/19. This is in line with the control total set by NHS England and utilises £1.0m draw down of historic surpluses carried forward. It also reflects NHS England requirements in respect of key planning assumptions and business rules.

The context within which the CCG will need to operate financially will be challenging, requiring effective reinvestment, caution and prudence. Stringent controls on expenditure and performance management will be required in order to ensure the CCG resources are directed to services providing maximum quality and value. For this reason a stringent financial framework will continue to operate in 2018/19 that embeds focus on the financial impact of all decisions made throughout the organisation.

3. FINANCIAL FRAMEWORK

The 2018/19 financial year will be a more challenging financial year for the CCG, and the NHS as a whole, due to the changes placed upon CCG's to support national and local NHS operational planning changes in the form of supporting Sustainability and Transformation Plans (STPs); transformation commitments of cancer services; the continuing transfer of funding to Dudley MBC for the Better Care Fund; the protection of mental health services to maintain the Mental Health Investment Standards; increasing pressure and demand on acute and primary care services; Procurement and implementation of the Multi-Speciality Community Provider (MCP); increasing Intermediate and Continuing Healthcare demand; risks relating to QIPP delivery and pressures on running costs due to new structures and both local and national priorities.

The Finance, Performance and Business Intelligence Committee and Commissioning Development Committee have agreed a number of actions to reduce the financial risk moving forward, such as return to 'invest to save' principles for developments and service change; the development of an investment/disinvestment' prioritisation tool for all services and the adoption of some financial recovery techniques including a robust efficiency plan.

Focus on the financial impact of all decisions made throughout the organisation will continue to be made by empowering commissioners and budget holders. Expanding commissioners and budget holders authority to commit resources, in line with budgets approved by the Governing Body in this Budget Book, is the approach. This will be supported, however, by robust performance monitoring and reporting at all levels of the organisation.

A key factor in implementing the financial governance model was the redefinition of the framework in which the CCG operates including the 'streamlining' of approval processes to enable commissioners/budget holders to commit resources and make the required service changes as efficiently as possible. The Scheme of Delegation empowers commissioners/budget holders to take full responsibility for their portfolio. Budgets by Budget Holder can found in Appendix 8.

It is important for the Governing Body to recognise however, that with responsibility comes accountability. Management of a portfolio's total financial position will continue to be delegated to the commissioner/budget holder and where appropriate responsible clinical lead. In addition, commissioners/budget holders will be responsible for the delivery of all QIPP and service change initiatives within their portfolio, and all performance and KPI's metrics for such services. To aide this, a list of Contracts by lead commissioner has been constructed and can be found in Appendix 9

Commissioners/budget holders/clinical leads have been aligned with finance staff and other CCG staff who provide an enabling function.

A key change to the CCG's scheme of delegation and approvals process was necessary for the purposes of managing conflicts of interests whilst the CCG continues to develop and procure the MCP and is implemented within the financial framework for 2018/19.

The CCG has aligned its corporate objectives into three distinct areas - MCP Procurement; Core CCG Functions (business as usual); and Primary Care / MCP Development – and budget holder allocations and responsibility reflect this change. This will continue into 2018/19 but it is expected that this will change during the year as the MCP procurement reaches its next stage.

Appropriate committees will be required to approve plans for the forthcoming year for each portfolio. This should include: detailed budget plans and spend profiles; QIPP/service change programme for the year; Investment/disinvestment/decommissioning plans; plans for improvements in Constitution requirements and quality improvements. When these are approved, the implementation of schemes to deliver the plan will be approved with a significantly reduced process as long as the proposal is within predetermined tolerances.

The framework requires increased focus on QIPP delivery. Commissioners, budget holders and clinical leads are responsible, and will be held to account for the delivery of all QIPP schemes. In 2018/19 this will continue to include providers where appropriate. The scope of the current QIPP challenge programme is to be expanded. It is proposed to utilise the day to challenge commissioners and linked finance staff collectively on all financial, QIPP, performance (and potentially quality issues) within their portfolio.

4. FINANCIAL PLAN 2018/19

4.1 Sources of Funding

The CCG will receive the majority of its funding from NHS England in the form of a resource limit. Appendix 1 provides a summary regarding the composition of the total resource limit the CCG is planning on receiving in 2018/19 and is summarised in the following table:

CCG PROGRAMME ALLOCATION	*Total Budget (£000's)*
CCG Starpoint 2017/18 Programme Resource Allocation	413,004
1.99% Growth 18/19	8,236
GP Access Fund	1,923
Impact of Market Rent	807
IR Changes	1,028
HRG4 Changes	787
Additional Funding as per Planning Guidance	3,533
Paramedic Rebanding	153
HSCN	154
Anticipated 17/18 Surplus cfwd	10,964
TOTAL 2018/19 PROGRAMME ALLOCATION	**440,589**

CCG RUNNING COST ALLOCATION	*Total (£000's)*
CCG Starpoint 2017/18 Running Cost Allocation	6,762
HSCN	5
Impact of Market Rent	5
Running Cost Reduction	(27)
TOTAL 2018/19 RUNNING COST ALLOCATION	**6,745**

PRIMARY CARE CO-COMMISSIONING ALLOCATION	*Total Budget (£000's)*
CCG startpoint 2017/18 Primary Care Co-commissioning Allocation	41,058
1.93% Growth 18/19	784
CCG RESOURCE LIMIT 2018/19 : PRIMARY CARE CO-COMMISSIONING	**41,842**

TOTAL CCG RESOURCE LIMIT 2018/19	**489,176**
PLANNED EXPENDITURE	**479,172**
SURPLUS / (DEFICIT)	**10,004**

NHS England published notional 5 year allocations for specialised services in 2016/17 at a local population (CCG) level. For Dudley in 2018/19 this shows £86.2m resulting in a total population budget of £575.4m. It is important for the Board to note however that **£489.2m** is the sum delegated to the CCG and is the statutory sum to be spent in 2018/19.

£	Detail
413.0m	National resource allocation set by NHS England for programme (commissioning) expenditure.
4.9m	Additional Allocation Adjustments as follows : £1,923k increase for GP Access, £807k increase for the impact of market rent, £1,028k increase for IR changes and £787k increase for HRG4 Changes. With Non recurrent Allocations for Paramedic Rebanding of £153k and GP HSCN network funding of £154k
3.5m	Additional funding received to fund realistic levels of emergency activity in plans, the additional elective activity necessary to tackle waiting lists and transformation commitments for cancer services and primary care
8.2m	1.99% Growth funding on programme resource allocation for 2018/19.
41.8m	National Resource Allocation set by NHS England for Primary Care Commissioning expenditure
11.0m	Projected surplus carried forward from 2017/18
6.8m	National resource allocation set by NHS England for administration (running cost) expenditure.
489.2m	**Total Funding 2018/19**
86.2m	National resource allocation set by NHS England for Specialised Services expenditure.
575.4m	**Total 'Place Based' Funding**

The financial plan submitted has been prepared taking into account NHS England specific business rules and assumptions around growth and inflation for 2018/19 and these are summarised in the table below.

Business Rule	CCG	Specialised commissioning	Public Health	Other direct commissioning
Minimum cumulative/ historic underspend	1%	0%	0%	1%
Minimum in-year financial position	All commissioners are required as a minimum to break even, subject to prior agreement of drawdown of historic underspends (see below)			
Contingency	Minimum 0.5%			
Non-recurrent spend	N/a	N/a	N/a	N/a
Admin costs	Remain within admin allocation	N/a	N/a	N/a
Quality premium	Must be applied to programme spend	N/a	N/a	N/a
Specialised co-commissioning	Joint working gain share		N/a	N/a
Commissioner financial plans must triangulate with activity plans and agreed contracts, and with provider financial plans				
Transparency obligations met regarding information on source and use of Marginal Rate Emergency Threshold and Readmissions credits etc. to relevant stakeholders				
National policy commitments met (e.g. mental health investment standard, better care fund contributions, £3 per head primary care investment)				

The default position for all CCGs is the delivery of an in year break even position each year, subject to the agreement of any drawdown of prior year surpluses. In addition CCGs are required to maintain a minimum cumulative 1% underspend in 2018/19. The cumulative underspend must be

the higher of 1% and the amount carried over from the previous financial year, subject to the approval of any drawdown.

Typically the cumulative underspend will be funded through the return of the carry forward from the previous year, and will not need to be created from the current year's allocation.

There is one significant change from previous years. The CCG has historically retained its contingency uncommitted and for 2017/18 had to apply the same principle to 0.5% of the 1% Non Recurrent reserve. Business rules for this planning period state that there is no requirement for any portion of the CCG's allocation to be spent non-recurrently in 2018/19, and further there is no requirement for a risk reserve to be held. CCGs will still be required to set aside 0.5% of their allocation as a contingency and to demonstrate through the assurance process that they have adequate mitigations including deployment of their contingency to cover any risks to delivery of their plan.

Outlined in the next section are the proposed budgets for the CCG for 2018/19.

4.2 Financial Structure 2018/19

Financial management and reporting within the CCG has been on a 'divisional' basis reflecting key CCG responsibilities.

Currently the main areas (categorised as per NHSE requirements) are:-

1. Acute Services – to reflect expenditure on Acute Commissioning, Planned and Urgent care, mostly with NHS and independent providers.
2. Mental Health – to reflect the commissioning of Mental Health; Learning Difficulties; and Dementia services
3. Primary Care Development – to reflect investment in membership support of Dudley GP member practices including GP access funds.
4. Drugs and GP Prescribing – to reflect GP prescribing and drugs spend; and medicines management and support.
5. Intermediate and Continuing Healthcare - to reflect expenditure on continuing healthcare and intermediate care services. This includes both personal health budgets and payments to independent providers.
6. Community Services - to reflect the commissioning of Community and Children's Services
7. Other – to reflect Safeguarding expenditure; property costs for commissioned services; Better Care Fund transfer for Social Care Services; Reserves and Investments such as the contingency reserve, Risk reserve and target surplus for 2018/19.
8. Corporate Services – this represents the running costs of the CCG and contains the majority of CCG staff and establishment costs plus charges from the Commissioning Support Unit (CSU). In 2018/19 this budget equates to £21.86 per head of the CCG population.
9. Primary Care – this represents the delegated responsibility of the CCG for the commissioning of Primary Care services to reflect GP Contract payments; Rent Reimbursements and Local Enhanced Services

In 2018/19 the delegation of responsibility for financial decision-making and performance to lead clinicians will continue. The detail of the disaggregation of budgets to this level will be finalised when the finance and activity information from associate CCGs has been received.

In addition, during 2018/19 the CCG will categorise commissioning expenditure between Multispecialty Community Provider (MCP) and non-MCP and utilise the year as a shadow year prior to the MCP contract being awarded and commencing.

4.3 Planned Expenditure

In deriving the expenditure plan for 2018/19 the CCG initially used the planning assumptions adopted by the STP which underpins the financial strategy submitted as part of the approved STP plan. Subsequent to the production of this strategy, NHS England released an additional £600m nationally following the autumn statement. The additional funding was accompanied by a series of detailed planning assumptions associated with acute activity which have replaced the previously approved STP plans. The key assumptions relating to expected growth and inflation are shown below.

Planning Assumptions 2018/19			
Allocation Growth			
Programme	1.99%		
Running Costs	-0.40%		
Delegated Primary Care	1.93%		
Activity Growth Assumptions			
Acute Sector Growth		***Other Sector Growth***	
GP Referrals	0.80%	Mental Health	2.00%
Other Referrals	4.60%	Learning Disabilities	4.16%
Elective Total	3.60%	Community Services	3.50%
Daycase	4.20%	Ambulance Services	4.39%
Elective	0.30%	Primary Care (Excl Prescribing)	1.93%
Non Electives Total	2.30%	Prescribing	4.93%
Non Electives 0 day Los	7.30%	Continuing Care	8.00%
Non Electives 1+ day Los	1.00%		
Outpatients Total	4.90%		
1st Outpatients	6.40%		
Follow Up Outpatients	4.10%		
A&E	1.10%		
Tariff Inflation	2.10%		
Tariff Efficiency	-2.00%		

The budgets contained in this paper represent planned expenditure to maintain services and invest in agreed priorities set out in the CCG's Strategic Plan. Detailed budgets are shown in Appendices 2a. A budget summary is shown below.

	WTE Budget	*Pay Budget (£000's)*	*Non Pay Budget (£000's)*	*Income Budget (£000's)*	*Total Budget (£000's)*
Commissioning					
Acute Services		-	243,665	(17)	243,648
Mental Health Services	-	-	40,640	-	40,640
Primary Care Development	1.30	56	3,820	-	3,876
Drugs And GP Prescribing	5.00	372	54,686	(198)	54,859
Intermediate & Continuing Healthcare	17.65	548	22,950	-	23,498
Community Services	-	-	32,663	(369)	32,293
Other Commissioning	5.80	588	31,194	(12)	31,771
Surplus Target	-	-	10,004	-	10,004
TOTAL COMMISSIONING	**29.75**	**1,564**	**439,622**	**(597)**	**440,589**
Running Costs					
Corporate Services	83.65	4,960	1,785	-	6,745
TOTAL RUNNING COSTS	**83.65**	**4,960**	**1,785**	**-**	**6,745**
Primary Care Co-Commissioning					
GP Contract		-	26,671	-	26,671
QOF		-	168	-	168
Local Enhanced Services		-	6,356	-	6,356
Premises		-	4,818	-	4,818
Other		-	3,829	-	3,829
TOTAL PRIMARY CARE CO-COMMISSIONING	**-**	**-**	**41,842**	**-**	**41,842**
TOTAL	**113.40**	**6,524**	**483,249**	**(597)**	**489,176**

4.3.1 Acute Services

As at 26 March 2018, the CCG has met the NHSE/NHSI requirement to sign contract variations with providers where the CCG acts as host commissioner. Budgets within this plan are based on latest negotiated positions with providers however may be subject to slight change. All offers meet 2018/19 NHSE growth requirements. The CCG is yet to agree contracts where it acts as an associate, however latest offers are included in the plan.

4.3.2 Mental Health Services

CCGs are required to meet the Mental Health Investment Standard (MHIS) which stipulates an increase in planned expenditure above 2017/18 levels equivalent to the growth in allocation each year which is 2.8% in the case of Dudley CCG. The detailed analysis which supports the MHIS is shown in Appendix 3 with the summary information shown below.

	Programme Growth	2017/18 Outturn	2018/19 Plan	Growth in MH Spend	MHIS Achieved	Additional investment required to achieve MHIS
Mental Health Investment Standard (including LD & Dementia)	2.8%	50,681	52,099	2.8%	Y	-
Mental Health Investment Standard (excluding LD & Dementia)	2.8%	34,211	38,634	12.9%	Y	-

Mental Health contracts have been agreed and the budget book reflects such contract values. In 2018/19 the contract with Dudley and Walsall Mental Health Partnership NHS Trust will be a block contract. This provides both the CCG and Trust with some financial certainty in the lead up to a new MCP model from 1 April 2019 whilst allowing both organisations to focus on developing the new care model.

4.3.3 Primary Care Development

The CCG intends to continue to invest in primary care initiatives within its control to ensure national and local initiatives are delivered, predominantly focussed on implementing the GP Forward View.

The CCG baseline budget includes an allocation of £6 per weighted patient (£1.92m) to support the provision of extended evening and weekend access in line with GP Forward View (GPFV) requirements. This allocation is being invested in 2018/19 to commission an additional 30 minutes per week of extended access per 1,000 weighted patients, on a locality basis, ensuring that General Practice Services are available 7 days a week including Bank Holidays.

Further GPFV allocations are anticipated in 2018/19 to support the continued rollout of online consultation solutions for general practice, and to provide training on signposting and document management for administrative and clerical staff in practices. These allocations are expected to be confirmed by NHS England early in the new financial year.

The CCG will also, from its own resources, commit £1.50 per patient in 2018/19 to provide non-recurrent transformational support to general practices in line with the requirements of the GPFV. This funding will be used to support key aspects of the MCP care model.

4.3.4 Drugs and GP Prescribing

Forecast PPA prescribing data at month 9, has been used as the basis for the 2018/19 baseline with an adjustment for the removal of the 'No Cheaper Stock Obtainable (NCSO) cost pressure reported in 2017/18 forecast figures. Net inflation and ONS growth of 3.79% has been applied with a further £3.33m identified as a QIPP target. Expansion of the Prescription Ordering Direct team and additional investment in the Practice Based Pharmacists along with a detailed work plan produced by Medicines Management team is intended to ensure the target is achieved.

4.3.5 Continuing Healthcare

Budget figures in the financial plan are based on growth including provider inflationary uplifts of 8%. This reflects the growth we have seen recently but still presents a risk if growth increases. The CCG will also continue to roll out Personal Health Budgets in line with national policy, with new clients expected in addition to the full year effect of clients who started receiving their budgets in 2017/18.

4.3.6 Community Services

The CCG has contracted with Dudley Group FT to provide a similar level of activity that the plan for 2017/18 provided. This reflects the requirement for the expected provision of community services at a level in excess of current activity delivery.

4.3.7 Other Commissioning and Reserves

In support of the financial planning assumptions made in the CCG's financial plan, under mandate from NHS England the CCG is required to create a 0.5% contingency reserve and is to remain uncommitted at the start of the financial year and used to mitigate any risks that materialise during the year. The CCG is no longer required to retain a non-recurrent spend reserve, however the impact of planning guidance activity increases above the funding received has resulted in the utilised of the reserve with the balance used to create a risk reserve.

Further analysis of other spend can be found in Appendix 2a, which includes the charge the CCG will receive for the premises costs associated with commissioned services space that are owned and maintained by NHS Property Services and Community Health Partnerships (in relation to LIFT buildings).

The planned surplus for 2018/19 is £10.0m, equating to 2.3% of recurrent revenue resource. This is in line with the control total set by NHS England and utilises £0.96m draw down of historic surpluses carried forward.

4.3.8 Corporate Services

This reflects corporate functions managed within the running cost allowance given to CCGs of £21.86 per head of population. 'Running costs' include any costs incurred that are not a direct payment for the provision of healthcare or healthcare related services, including all costs associated with the corporate and operational management of the CCG. These costs will be closely monitored against target. Appendix 2a illustrates the planned running costs for the CCG for 2018/19 which are based on current structures, adjusted for the impact of organisational change already incurred where appropriate. The agreed contract value for services to be purchased from NHS Greater East Midland and Arden Commissioning Support Unit (CSU) is also included in full.

The running cost budget for the CCG will be utilised in full in 2018/19 and has the potential to see financial pressure. Mitigations against such pressure include the application of an additional 3.5% cost improvement target across all departmental pay and non pay budgets and ensuring all appropriate expenditure related to programme projects is charged against the correct programme allocation.

4.3.9 Primary Care Co-commissioning

The CCG acquired delegated responsibility for the co-commissioning of Primary Care services from NHS England on 1 April 2015. Growth of 1.93% has been applied to the 2017/18 allocation with net inflation and ONS growth being applied to contracts in the absence of final agreement of the national GP contract for 2018/19, with any remaining balance being reinvested in Primary Care initiatives throughout the year. These initiatives consist in the main of former value proposition developments that have been proven to support Primary Care productivity, the schemes include the roll out of

Prescribing Ordering Direct (POD) service and the enhances Practice Based Pharmacy (PBP) scheme that will provide additional pharmacist support to general practice.

The Dudley Quality Outcomes for Health Framework (DQOFH), has been implemented in full for the financial year 2018/19, with indicator values at a CCG and practice level having been calculated on a bottom-up basis, replacing the previous pilot programme which based financial values upon historic practice income. This new way of providing primary care for patients with long term conditions in Dudley replaces the national Quality and Outcomes Framework and Learning Disabilities Directed Enhanced Service, as well as the CCG Local Improvement Schemes for the management of specific long term conditions.

5.0 LONG TERM FINANCIAL VIEW 2018/19 - 2022/23

The CCG originally received its 5 year allocations on 8 January 2016. Firm allocations have been received from NHS England for 2016/17, 2017/18 and 2018/19, with indicative allocations for 2019/20 and 2020/21.

Local assumptions have been made around allocations for 2021/22 and 2022/23

Key points to note are:

- The formula on which allocations are based remains unchanged, but base data has been updated.
- Populations are at October 2015 list size with predicted ONS growth for the next 5 years.
- Revised allocations are to ensure no CCG in England is more than 5% away from their target core allocation. NHS England deem within 5% to be 'reasonable and within appropriate statistical boundaries to conclude that an area is appropriately funded to meet health need'.
- There has been included a 'sparsity adjustment' for remote areas
- 'Place based' allocations are included, noting formula-based notional allocations for specialised services
- Revised formula for primary care, based on estimate of stratified workload per GP
- Running cost target not reduced by 5%, but rebased.

The table below from NHS England identifies the allocations, and associated metrics, for the 5 years indicated by NHS England. To note these tables have not been updated to reflect the additional allocation received as per the refreshed planning guidance however the growth assumptions remain the same. Further details of the CCG's Sources and Applications statement for 2017/18 to 2020/21 is included in Appendix 5.

CCG	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Allocation £k	390,386	404,961	413,004	421,211	429,967	445,707
Allocation per capita £		1,280	1,302	1,324	1,347	1,392
Growth		3.7%	2.0%	2.0%	2.1%	3.7%
per capita growth		3.4%	1.7%	1.7%	1.8%	3.3%
Target £k		418,305	425,468	432,505	440,376	455,726
Target per capita £		1,322	1,341	1,359	1,380	1,423
Opening DfT		-2.9%	-2.5%	-2.2%	-1.9%	-1.7%
Closing DfT	-3.6%	-3.2%	-2.9%	-2.6%	-2.3%	-2.2%

Primary Medical	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Allocation £k	38,241	39,863	40,596	41,380	42,556	44,158
Allocation per capita £		126	128	130	133	138
Growth		4.2%	1.8%	1.9%	2.8%	3.8%
per capita growth		4.0%	1.5%	1.6%	2.5%	3.4%
Target £k		40,567	41,692	42,851	44,114	45,751
Target per capita £		128	131	135	138	143
Opening DfT		-1.9%	-1.0%	-1.9%	-2.8%	-2.9%
Closing DfT	-2.6%	-1.7%	-2.6%	-3.4%	-3.5%	-3.5%

Specialised	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Allocation £k	74,090	79,398	82,837	86,180	89,674	93,824
Allocation per capita £		251	261	271	281	293
Growth		7.2%	4.3%	4.0%	4.1%	4.6%
per capita growth		6.9%	4.0%	3.7%	3.7%	4.3%
Target £k		77,582	80,942	84,206	87,620	91,672
Target per capita £		245	255	265	275	286
Opening DfT		3.1%	3.1%	3.1%	3.1%	3.1%
Closing DfT	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%

Total Programme	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Allocation £k	502,718	524,223	536,437	548,771	562,197	583,689
Allocation per capita £		1,657	1,691	1,725	1,762	1,823
Growth		4.3%	2.3%	2.3%	2.4%	3.8%
per capita growth		4.0%	2.0%	2.0%	2.1%	3.5%
Target £k		536,453	548,102	559,562	572,110	593,148
Target per capita £		1,696	1,728	1,758	1,792	1,853
Opening DfT		-2.0%	-1.6%	-1.4%	-1.2%	-1.1%
Closing DfT	-2.7%	-2.3%	-2.1%	-1.9%	-1.7%	-1.6%

Running Costs	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Allocation £k	7,647	6,789	6,762	6,735	6,710	6,686

Population	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Population projection	315,497	316,363	317,279	318,213	319,179	320,151
Population growth		0.3%	0.3%	0.3%	0.3%	0.3%

Key headlines from the above are:

- The CCG has received a slightly higher core growth percentage than neighbouring CCGs due to the population impact on the allocation formula (2.0% in 2018/19)
- Growth has remained the same at 2.0% in 2018/19.
- Distance from target reduced from 2.9% in 2017/18 to 2.6% below target in 2018/19. This then reduces further to 2.2% in 2020/21
- Primary care allocation growth of 1.9% in 2018/19, increasing to 3.8% in 2020/21
- Primary care distance from target begins 2018/19 at -3.4%, but this increases to -3.5% by 2020/21
- Running costs remain fairly flat for future years
- Population is expected to increase by 0.3% per annum

A long term financial model has been developed that meets the required financial targets set out in the business rules, but also enables the quality of commissioned healthcare and outcomes for patients to be improved. The table below, which is an extract of some of the information from the CCG financial plan submitted to NHS England, identifies the summary financial outlook for the CCG for 2018 to 2023, drawing attention to the key changes in income available to the CCG and how this will be utilised. Further detail of the key financial headlines for the CCG is illustrated in Appendix 11.

Revenue Resource Limit						
£ 000	**2017/18 (Month 9)**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**
Recurrent	462,747	477,895	487,802	505,120	514,946	524,970
Non-Recurrent	6,990	317	0	0	0	0
Surplus Bfwd	12,064	10,964	10,004	10,004	10,004	10,004
Total	**481,801**	**489,176**	**497,806**	**515,124**	**524,950**	**534,974**

Income and Expenditure						
£ 000	**2017/18 (Month 9)**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**
Acute	240,448	243,648	247,767	255,888	259,992	264,058
Mental Health	40,206	40,640	41,487	42,319	43,167	44,032
Community	30,608	32,293	33,496	34,729	35,954	37,223
Continuing Care	21,999	23,498	25,125	26,872	28,109	29,405
Primary Care	60,624	58,735	58,685	61,424	62,298	63,254
Other Programme	28,960	29,412	29,105	30,087	30,728	31,385
Primary Care Co-Commissioning	41,217	41,842	43,018	44,620	45,503	46,404
Total Programme Costs	**464,062**	**470,068**	**478,684**	**495,939**	**505,752**	**515,761**
Running Costs	**6,775**	**6,745**	**6,710**	**6,686**	**6,662**	**6,638**
Contingency	**0**	**2,359**	**2,408**	**2,495**	**2,532**	**2,570**
Total Costs	**470,837**	**479,172**	**487,802**	**505,120**	**514,946**	**524,970**

£ 000	**2017/18 (Month 9)**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**
Surplus / (Deficit) in -Year Movement	-1,100	-960	0	0	0	0
Cumulative Surplus / (Deficit)	**10,964**	**10,004**	**10,004**	**10,004**	**10,004**	**10,004**
Surplus/(Deficit) %	2.60%	2.3%	2.2%	2.2%	2.1%	2.1%
Surplus (RAG)	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

*Allocations to 2020/21 are confirmed

6.0 SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

Dudley CCG is a constituent member of the Black Country STP footprint consisting of the CCGs, NHS providers and Local Authorities of Dudley, Wolverhampton, Sandwell and West Birmingham and Walsall.

The Black Country STP was published in Autumn 2016 and identified that the local NHS, described above, face a financial gap of up to £512m by 2021. The STP described how this gap could be mitigated, and such actions relevant to Dudley for the 2018/19 are included in our financial plan and this budget book.

Dudley CCG will continue to participate in the STP in 2018/19 alongside the emerging Integrated Care System arrangements.

7.0 NEW MODEL OF CARE/VANGUARD

The CCG continues to procure a Multi-Specialty Community Provider with an expected go live date of April 2019. The CCG will not be in receipt of Vanguard / Value Proposition funding in 2018/19 as the national programme ends on 31st March 2018.

There are items previously funded from the Value Proposition that has been included within the 2018/19 financial plan. These include investments to continue the implementation of the care model; funding to continue with the procurement exercise; and funding to provide continued support to Primary Care development.

8.0 BETTER CARE FUND

2018/19 represents the fourth year of the Better Care Fund Pooled Budget arrangements with Dudley MBC. The final value of the fund for 2017/18 was £72.5m. This includes the additional Improved Better Care Fund (IBCF) allocation.

NHS England guidance on the Better Care Fund for 2018/19 is yet to be published. The proposed budget for next financial year therefore assumes similar requirements and funding assumptions.

The indicative total value of the pool for 2018/19 is £75.9m. This is based on the values within the current two year BCF plan. The indicative CCG contribution to the pool in 2018/19 is £39.4m. This includes the existing £4.6m CCG baseline funding being used for the protection of Adult Social Care services and contribution towards the integrated discharge pathway. The final value of the pool is still being discussed with the Local Authority, however a key part of these discussions is ensuring the level of discharges being planned within the BCF are adequate to support the predicted demand included within the Acute contracts for 2018/19 and that the system continues to make effective use of the IBCF.

A key component of the agreement will be that all services the CCG funds as part of the BCF will contribute to the new care model and achievement of the nationally defined outcomes, and that appropriate performance metrics and monitoring protocols are implemented.

9.0 QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP)

A programme of service change has been established which will deliver the CCG's QIPP target in 2018/19. The sum of £16.99m is the value required to meet CCG financial plan requirements and create recurrent headroom to fund future growth in activity and invest in new services. The main QIPP schemes in 2018/19 are Procedures of Limited Clinical Priority, emergency admissions from care homes, readmissions, prescribing and activities to be implemented through the RightCare programme which include in the main MSK and Respiratory. A schedule of all schemes for 2018/19 can be found in Appendix 4.

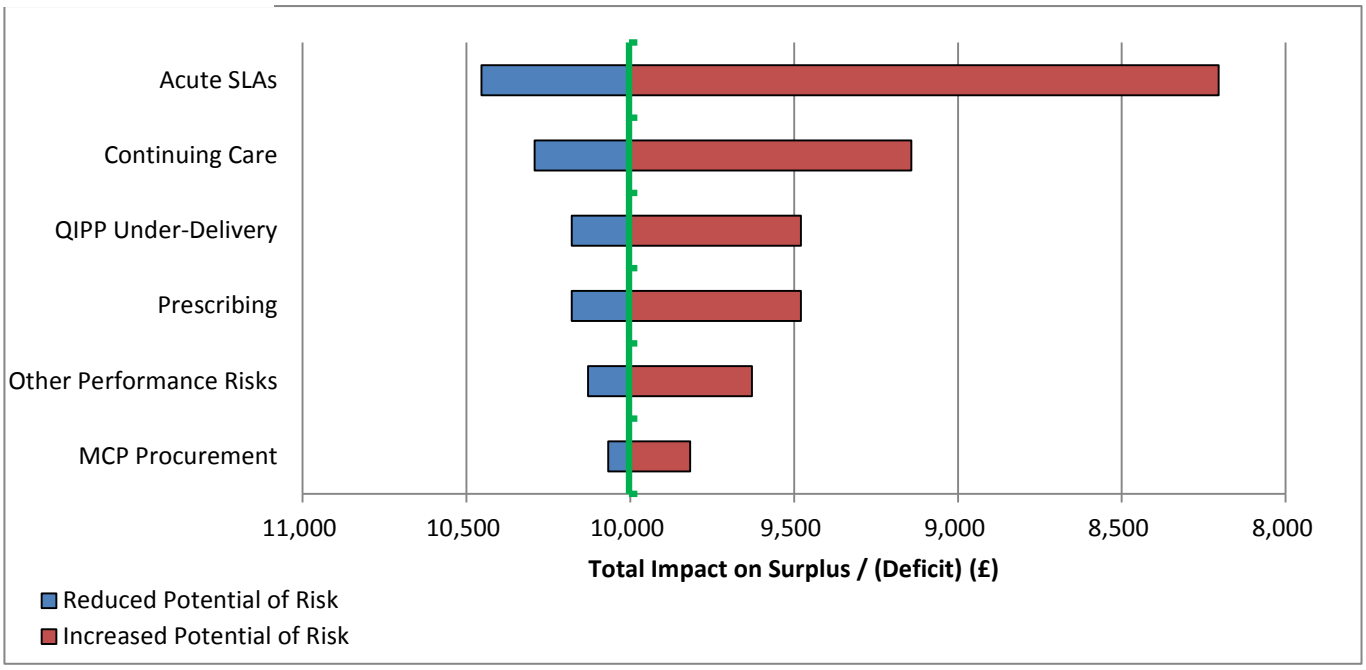
The QIPP plan equates to 3.5% of total commissioning resource in 2018/19. The CCG's QIPP initiatives have been shared with providers and included in the contract activity plans where appropriate.

It is important the QIPP target is achieved not only to achieve financial planning targets, but also to facilitate the shift in investment in anticipation of the implementation of the new care model.

10.0 RISK MANAGEMENT

The CCG will need to plan appropriately to manage in-year financial risk. A key determinant of this is the ability to obtain early indications of adverse variations within budgets.

The diagram below illustrates the sensitivity of the main risks facing the CCG and the impact on the CCG's £10.0m surplus if the probability of those risks occurring increases or decreases from the base case level of the potential risk.



Outlined below are some of the key risks identified to date for 2018/19:-

- Acute contracts – continued rise in demand and increase in utilisation of all providers. There remains a risk regarding contracts yet to be agreed including contracts where Dudley is an associate. There will also be volatility due to the PBR nature of the contract that will need to be managed.

- QIPP Schemes - delays to the introduction of service changes from commissioning intentions may result in subsequent savings not being realised.

- Continuing Care – continued growth above modelled assumptions

- Prescribing budgets are based on 2017/18 outturn at month 9, but spend can be volatile and there is a potential risk of NSCO prescribing pressure arising.

- 2017/18 Surplus – the associated risk of the surplus from 2017/18 not being returned to the CCG but instead being retained to support centrally commissioned services.

- Better Care Fund – guidance requiring the CCG to utilise funds in ways either already committed in contracts with providers or varying assumptions to those used in the CCG's financial plan

- MCP procurement costs – unplanned MCP procurement costs could arise during the final stages of the procurement.

To mitigate the above risks the following actions will be implemented:-

- Savings/QIPP Challenge – continuation of the QIPP challenge model, potentially expanding to other key performance indicators.

- Acceleration of savings schemes originally identified for implementation in 2019/20.

- Adoption of robust targeted financial performance management reporting at both CCG and practice/locality level.

- Contingency reserve to remain unallocated until October 2018 to mitigate pressures outlined above.

- Delay and reduce non-recurrent investment plans
- Further disinvestment and potential decommissioning of existing services if required.
- The CCG will work with Adult Social Care to agree appropriate risk sharing arrangements and mitigation through the Better Care Fund
- Key milestones in MCP procurement to be adhered to reducing the risk of procurement drift.
- External funding from NHS England to support implementation of Dudley MCP contract.

CCGs are required to identify any material risks to delivery of plans and show how these risks will be mitigated should they crystallise. It is the expectation of NHS England that CCG plans include sufficient mitigations to offset in full any anticipated risks.

The table below is an extract included in the financial plan submitted to NHS England which illustrations the Net Risk / Headroom following the application of mitigating actions against risks identified facing the CCG in 2018/19:

CCG RISKS & MITIGATIONS	RISKS (enter negative values only)						MITIGATIONS (enter positive values only)							TOTAL NET (RISK) / MITIGATION	Of Which: RECURRENT
	Contract	Efficiency	Performance Issues	Prescribing	Other	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further Efficiency Extensions	Non-Recurrent Measures	Other Mitigations	TOTAL MITIGATIONS		
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
REVENUE RESOURCE LIMIT (IN YEAR)															
REVENUE RESOURCE LIMIT (CUMULATIVE)															
Acute Services	(2,250)	(649)				(2,899)	2,250	649		0			2,899	0	2,899
Mental Health services		0	(500)			(500)		500		0			500	0	500
Community Health Services		0				0				0			0	0	
Continuing Care Services		0			(1,150)	(1,150)		50	600	0	500		1,150	0	1,150
Primary Care Services		(51)		(700)		(751)		51		0		700	751	0	751
Primary Care Co-Commissioning		0				0				0			0	0	
Other Programme Services		0			(250)	(250)	109			0	141		250	0	0
Commissioning Services Total	(2,250)	(700)	(500)	(700)	(1,400)	(5,550)	2,359	1,250	600	0	641	700	5,550	0	5,300
Running Costs		0				0				0			0	0	
Unidentified QIPP		0				0				0			0	0	
TOTAL CCG NET EXPENDITURE	(2,250)	(700)	(500)	(700)	(1,400)	(5,550)	2,359	1,250	600	0	641	700	5,550	0	5,300

11.0 CONTINGENCY/1% NON-RECURRENT EXPENDITURE

In line with planning guidance a 0.5% contingency reserve has been established within the plan and is, as in prior years, prudently entirely uncommitted and is expected to fund any unforeseen pressures that the CCG may face or be required to fund during 2018/19. This will remain uncommitted in the first six months of the year and will only be released for investment in the second half of the year if it is not required to meet statutory financial targets or to mitigate risks.

The CCG is no longer required to retain a non-recurrent spend reserve, however the impact of planning guidance activity increases above the funding received has resulted in the utilised of the reserve with the balance used to create a risk reserve.

The CCG have always held this fund uncommitted at the beginning of the financial and has in the past been utilised to pump-prime QIPP initiatives, improving performance against contractual/quality targets, transitional support for providers, risk management and other relevant non-recurrent expenditure.

12.0 CAPITAL

CCG's are not uniformly holders of capital assets. NHS England has, however, identified capital funding to support IT infrastructure. In addition to bids for revenue funding through the Estates and Technology Transformation Fund (ETTF), the CCG has submitted capital bids equating in total to £1,108,544 to support primary care IT initiatives, but are yet to be notified if it will receive further capital allocations in 2018/19.

13.0 STATEMENT OF FINANCIAL POSITION

Appendix 6 shows the forecast balance sheet position for 2018/19.

14.0 CASH LIMIT

The detailed forecast cash plan is shown in Appendix 7 and is based on the NHS England notified cash limit adjusted for expected receipts and anticipated revenue resource allocations.

15.0 CONCLUSION

The CCG has prepared a financial plan for 2018/19 that has been assured by NHS England. This budget book describes the detail, responsibility and accountability for individual budgets to meet the plan.

There are a number of key points for the Governing Body to note in the plan. Firstly, 2018/19 is year 3 of a fixed allocation programme. The CCG has received in 2018/19 an unexpected additional allocation to meet the requirements of the planning guidance, but these are predominantly directed towards the acute sector.

In addition, due to continued investment in the new care model, the CCG has its most challenging savings target since inception. It will be vital that the QIPP target of £16.99m is achieved not only to meet the CCG's statutory duty to achieve financial balance, but also to direct funds to where the CCG, through the MCP procurement, wishes to invest – in primary and community services. This will only be possible by the active adoption of the QIPP programme by all parts of the CCG, including member practices.

15.0 RECOMMENDATION

The Committee and Governing Body are requested to approve the budgets for the CCG for the 2018/19 financial year as set out in this paper.

J Smith
Head of Financial Management – Corporate & Financial Planning

M Hartland
Chief Finance and Operating Officer

March 2018

Appendix 1: Revenue Resource Limit
Period : Baseline 2018/19

PROGRAMME	*Recurring (£000's)*	*Non Recurring (£000's)*	*Total (£000's)*
TOTAL 16/17 NOTIFIED RESOURCE ALLOCATION	**404,961**	**0**	**404,961**
2.00% Growth 17/18	8,111		8,111
Cardiac Rehab Clinic Change Including Spec Services	4		4
Tier 3 Specialist Wheelchairs Commissioning Responsibility Transfer	(72)		(72)
PMCF - GP Access Fund	1,923		1,923
IR Changes	1,671		1,671
HRG4 Changes	787		787
Impact of Market Rent	807		807
IR Changes @ Month 5	(242)		(242)
IR Changes @ Month 9	(401)		(401)
TOTAL 17/18 NOTIFIED RESOURCE ALLOCATION	**417,549**	**0**	**417,549**
1.99% Growth 18/19	8,236		8,236
Additional Funding as per planning Guidance	3,533		3,533
TOTAL 18/19 NOTIFIED RESOURCE ALLOCATION	**429,318**	**0**	**429,318**
Anticipated 17/18 Surplus cfwd		10,964	10,964
Paramedic Rebanding		153	153
HSCN		154	154
TOTAL 18/19 ANTICIPATED RESOURCE ALLOCATION	**0**	**11,271**	**11,271**
CCG RESOURCE LIMIT 2018/19 : PROGRAMME	**429,318**	**11,271**	**440,589**

RUNNING COSTS	*Recurring (£000's)*	*Non Recurring (£000's)*	*Total (£000's)*
TOTAL 17/18 NOTIFIED RESOURCE ALLOCATION	**6,762**	**0**	**6,762**
Running Cost Reduction 18/19	(27)		(27)
HSCN		5	5
NHS Property Services		5	5
CCG RESOURCE LIMIT 2018/19 : ADMIN	**6,735**	**10**	**6,745**

PRIMARY CARE CO-COMMISSIONING	*Recurring (£000's)*	*Non Recurring (£000's)*	*Total (£000's)*
TOTAL 17/18 NOTIFIED RESOURCE ALLOCATION	**41,058**	**0**	**41,058**
1.93% Growth 18/19	784		784
CCG RESOURCE LIMIT 2017/18 : PRIMARY CARE CO-COMMISSIONING	**41,842**	**0**	**41,842**

TOTAL CCG RESOURCE LIMIT 2017/18	**477,895**	**11,281**	**489,176**

Appendix 2: Financial Summary Report 2018/19
Period: Baseline 2018-2019

	WTE Budget	*Pay Budget (£000's)*	*Non Pay Budget (£000's)*	*Income Budget (£000's)*	*Total Budget (£000's)*
Commissioning					
Acute Services		-	243,665	(17)	243,648
Mental Health Services	-	-	40,640	-	40,640
Primary Care Development	1.30	56	3,820	-	3,876
Drugs And GP Prescribing	5.00	372	54,686	(198)	54,859
Intermediate & Continuing Healthcare	17.65	548	22,950	-	23,498
Community Services	-	-	32,663	(369)	32,293
Other Commissioning	5.80	588	31,194	(12)	31,771
Surplus Target	-	-	10,004	-	10,004
TOTAL COMMISSIONING	**29.75**	**1,564**	**439,622**	**(597)**	**440,589**
Running Costs					
Corporate Services	83.65	4,960	1,785	-	6,745
TOTAL RUNNING COSTS	**83.65**	**4,960**	**1,785**	**-**	**6,745**
Primary Care Co-Commissioning					
GP Contract		-	26,671	-	26,671
QOF		-	168	-	168
Local Enhanced Services		-	6,356	-	6,356
Premises		-	4,818	-	4,818
Other		-	3,829	-	3,829
TOTAL PRIMARY CARE CO-COMMISSIONING	**-**	**-**	**41,842**	**-**	**41,842**
TOTAL	**113.40**	**6,524**	**483,249**	**(597)**	**489,176**

Appendix 2a: Financial Detail Report 2017/18
Period: Baseline 2018-2019

Commissioning	*WTE Budget*	*Pay Budget (£000's)*	*Non Pay Budget (£000's)*	*Income Budget (£000's)*	*Total Budget (£000's)*
ACUTE SERVICES					
Acute Commissioning		-	222,559	-	222,559
Ambulance Services		-	9,822	-	9,822
NCAs		-	3,207	-	3,207
Planned Care		-	2,635	(17)	2,618
NHS 111		-	1,032	-	1,032
Urgent Care		-	2,945	-	2,945
Winter Resilience		-	1,465	-	1,465
ACUTE SERVICES TOTAL		**-**	**243,665**	**(17)**	**243,648**
MENTAL HEALTH SERVICES					
Mental Health Contracts		-	25,314	-	25,314
Dementia		-	110	-	110
Learning Difficulties		-	7,304	-	7,304
Other Mental Health		-	2,652	-	2,652
Child and Adolescent Mental Health		-	5,260	-	5,260
MENTAL HEALTH SERVICES TOTAL		**-**	**40,640**	**-**	**40,640**
PRIMARY CARE DEVELOPMENT					
GP Practice Training		-	-	-	-
Primary Care IT - Programme		-	1,421	-	1,421
GP Forward View		-	1,923	-	1,923
GPwSI & Nurse Mentors	1.30	56	(0)	-	56
Practice Engagement LES		-	476	-	476
PRIMARY CARE DEVELOPMENT TOTAL	**1.30**	**56**	**3,820**	**-**	**3,876**
DRUGS AND GP PRESCRIBING					
Central Drugs		-	2,010	(158)	1,852
Medicines Management - Clinical	5.00	372	543	(40)	875
Home Oxygen		-	671	-	671
Prescribing		-	51,462	-	51,462
DRUGS AND GP PRESCRIBING TOTAL	**5.00**	**372**	**54,686**	**(198)**	**54,859**
INTERMEDIATE & CONTINUING HEALTHCARE					
CHC Adult Fully Funded		-	12,143	-	12,143
CHC Adult Fully Funded Personal Health Budgets		-	1,701	-	1,701
Continuing Healthcare Assessment & Support	17.65	548	356	-	904
Funded Nursing Care		-	4,479	-	4,479
Intermediate Care		-	4,271	-	4,271
INTERMEDIATE & CONTINUING HEALTHCARE TOTAL	**17.65**	**548**	**22,950**	**-**	**23,498**
COMMUNITY SERVICES					
Community Services		-	24,095	-	24,095
Acute Childrens Services		-	184	-	184
CHC Children		-	1,330	(0)	1,330
CHC Children Personal Health Budgets		-	261	-	261
Children Services		-	6,793	(369)	6,423
COMMUNITY SERVICES TOTAL		**-**	**32,663**	**(369)**	**32,293**
OTHER COMMISSIONING					
Better Care Fund		-	12,493	-	12,493
Local Enhanced Services		-	1,879	-	1,879
Statutory Reserves		-	8,840	-	8,840
Non Recurrent Reserve		-	-	-	-
Patient Transport		-	1,529	-	1,529
NHS PS & CHP Property Charges		-	3,342	-	3,342
Safeguarding	3.00	220	95	-	315
Integrated Clinical Leads	2.80	368	-	-	368
Other		-	3,016	(12)	3,005
OTHER COMMISSIONING TOTAL	**5.80**	**588**	**31,194**	**(12)**	**31,771**
SURPLUS					
Surplus		-	10,004	-	10,004
SURPLUS TARGET TOTAL		**-**	**10,004**	**-**	**10,004**
TOTAL COMMISSIONING	**29.75**	**1,564**	**439,622**	**(597)**	**440,589**

Appendix 2a: Financial Detail Report 2017/18
Period: Baseline 2018-2019

Running Costs	*WTE Budget*	*Pay Budget (£000's)*	*Non Pay Budget (£000's)*	*Income Budget (£000's)*	*Total Budget (£000's)*
CORPORATE SERVICES					
Clinical Management	2.30	460	(28)	-	432
Other Board	0.75	10	116	-	126
Organisational Development	1.00	72	58	-	130
CCG Management Team	8.00	976	29	-	1,005
Communications & Engagement	7.24	230	85	-	315
Finance & Performance	21.70	1,090	53	-	1,143
Administration & Business Support	13.51	369	42	-	412
Commissioning	9.50	645	(1)	-	644
Membership Development & Primary Care	4.00	195	(4)	-	191
IM&T Support	4.00	229	128	-	357
Quality	6.00	317	1	-	318
Contracting	5.65	334	6	-	340
Governance		-	240	-	240
Estates and Facilities		-	207	-	207
Other Corporate Support Services		32	853	-	885
RUNNING COST TOTAL	**83.65**	**4,960**	**1,785**	**-**	**6,745**

Primary Care Co-Commissioning	*WTE Budget*	*Pay Budget (£000's)*	*Non Pay Budget (£000's)*	*Income Budget (£000's)*	*Total Budget (£000's)*
GP COMMISSIONED SERVICES					
General Practice - GMS		-	26,182	-	26,182
General Practice - APMS		-	489	-	489
General Practice - PMS		-	-	-	-
QOF		-	168	-	168
Local Enhanced Services		-	6,356	-	6,356
Premises Cost Reimbursement		-	4,402	-	4,402
Other Premises Costs		-	416	-	416
Collaborative Payments		-	-	-	-
Dispensing/Prescribing Drs		-	259	-	259
Other GP Services		-	3,570	-	3,570
PRIMARY CARE CO-COMMISSIONING TOTAL		**-**	**41,842**	**-**	**41,842**

TOTAL	**113.40**	**6,524**	**483,249**	**(597)**	**489,176**

Appendix 3: Mental Health Investment Standard 2018/19
Period: Baseline 2018-2019

Mental Health Services
(report against Mental Health Investment Standard)

Service Line	2017/18 Outturn			2018/19							Rationale for zero in Plan N/A or N/C
	Core Mental Health	Reclassification from other plan categories	Total - 2017/18 Outturn for MHIS	Core mental health - 2018/19 Plan	Reclassification from other plan categories					Total - 2018/19 Plan for MHIS	
					Acute	Community Services	Continuing Care	Primary Care Services	Other		
Children & Young People's Mental Health (excluding LD)	3,983	811	4,794	4,060		1,012				5,072	
Children & Young People's Eating Disorders	193		193	188						188	
Perinatal Mental Health (Community)	-		-	-						-	N/C
Improved access to psychological therapies (adult)	2,518		2,518	2,521						2,521	
A and E and Ward Liaison mental health services (adult)	268	465	733	268	466					734	
Early intervention in psychosis 'EIP' team (14 - 65)	867		867	868						868	
Crisis resolution home treatment team (adult)	2,751		2,751	2,754						2,754	
Community Mental Health	2,969		2,969	2,973						2,973	
SMI Physical Health	-		-	-						-	N/C
Secure Care Pathway	-		-	-						-	N/C
Suicide Prevention	-		-	-						-	N/C
Other adult and older adult - inpatient mental health (excluding dementia)	7,988	2,254	10,242	8,371	206					8,577	
Other adult and older adult mental health - non-inpatient (excluding dementia)	4,923	426	5,349	4,817	68	178				5,063	N/C
Mental health prescribing		3,795	3,795					3,832		3,832	
Mental health in continuing care			-				6,052			6,052	N/C
Sub-total - MH Services (exc LD & Dementia)	**26,460**	**7,751**	**34,211**	**26,820**	**740**	**1,190**	**6,052**	**3,832**	**-**	**38,634**	**-**
Learning Disabilities	7,626	3,519	11,145	7,304		111			711	8,126	
Dementia	5,325		5,325	5,339						5,339	
Sub-total - MH services (inc LD & Dementia)	**39,411**	**11,270**	**50,681**	**39,463**	**740**	**1,301**	**6,052**	**3,832**	**711**	**52,099**	**-**

2017/18 Spend of non-recurrent allocations	**-**

Mental Health - Investment Standard

	Programme Growth	2017/18 Outturn	2018/19 Plan	Growth in MH Spend	MHIS Achieved	Additional investment required to achieve MHIS
Mental Health Investment Standard (including LD & Dementia)	2.8%	50,681	52,099	2.8%	Y	-
Mental Health Investment Standard (excluding LD & Dementia)	2.8%	34,211	38,634	12.9%	Y	-

Additional Information (for reference only)	2017/18 FOT	2018/19 Plan
MH in other areas as % of total MH spend	22.2%	22.9%
Prescribing as % of total MH spend	7.5%	7.4%
Growth in core MH spend	-0.1%	
Other adult MH as % of total MH spend	10.6%	9.7%

Appendix 4: Savings Plan / QIPP Schemes 2018/19
Period: Baseline 2018-2019

Main QIPP Programme	*PID Ref*	*Description*	*Targeted Saving*	*Commissioning Lead*	*2017/18 (Plan) £000's*	*2017/18 (Actual) £000's*	*2018/19 £000's*	*2019/20 £000's*
Continuing Care Reviews	QPID001	With the expansion of the continuing health care and intermediate care team the service is now operating seven days a week. This allows assessments to be completed in a timely fashion including over weekends and will further reduce delayed transfers of care. In addition the enhanced team support will mean more timely completion of reviews for individuals qualifying for CHC funding. This will identify more promptly where there has been a change or improvement on review and consequently the package of health funding may reduce or stop all together. Keeping up to date with all of these reviews therefore may potentially reduce costs. In addition more robust review of the highest cost placements/packages including sourcing of alternative providers if appropriate is anticipated to further reduce CHC costs	Continuing Healthcare Placements	Jenny Cale	(245)	(196)		
Fracture Liaison Service	QPID002	Redesign of the existing falls service (currently commissioned by Public Health) to factor in a Falls and Fracture Liaison Service (FFLS) to deliver Preventative and Proactive community service working with the practice based MDTs and developing a primary care falls risk register – a key means by which patients will be identified. FFLS will deliver supported discharge for admitted patients working with the consultant led acute service to identify admitted patients and ensure sufficient support is available in the community. The Team will work in conjunction with existing LA led service (non-clinical) and together will ensure the delivery of a Single Point of Access (SPA) across Dudley Borough (This alone will deliver process efficiencies.	Emergency Admissions	Tapiwa Mtemachani	(450)	0	(450)	
Outpatient Demand Management	QPID003	The CCG is seeking to build on the Demand Management Good Practice Guide by seeking practical alternatives to outpatient appointments. In so doing, this will reduce demand on outpatient services which will reduce outpatient waiting times. Additionally, more patients will be managed in the alternative settings such as in primary care or more appropriate community services. As part of this programme, the CCG will implement a range of policies and procedures which are currently available but have not been fully utilised to date. These include the following: * Management of Aesthetic Surgery & Procedures of Limited Clinical Priority * Advice & Guidance * Consultant Letter Review This will be part of a broader service review of the patient referral pathway where the CCG will seek to take out unnecessary steps in the process to reduce demand on services, reduce outpatient waiting times and improve patient exprience.	Outpatient Attendances	Mark Curran	(1,000)	(589)	(750)	
Evergreen Fit for Discharge Ward	QPID004	The Evergreen Transitional Care Unit will operate 24/7 to provide support for patients who are medically fit, or medically optimised, but are waiting for some social input prior to a safe discharge. There will be a set criteria for admission to this unit which can be used by both medical and surgical specialities. Although based within DGNHSFT hospital grounds, this unit will be managed by the community team as a transitional facility from hospital care to community. A Community Matron will be responsible for monitoring clinical standards with support from the Head of Nursing, Medicine. The unit's purpose is to carry out assessments for patients who are deemed to require continuing healthcare needs to ascertain what the short/long term needs of the patient are. As part of this process patients will receive a Physiotherapy and Occupational Therapy Review and input to ensure that no opportunity is missed to maximise their independence. A multidisciplinary team comprising nurses and therapists will work together, in collaboration with GP and social service colleagues who in-reach into the unit, to plan the patient's discharge to the most appropriate environment with whatever support is needed. The service operates in a collaborative and coordinated way to ensure timely and smooth transfers of care, to reduce delays within the system and ensure patients receive appropriate care in the appropriate setting.	Delayed Transfers of Care	Jason Evans	(500)	(796)		
Community Rehabilitation	QPID005	Inpatient Rehabilitation has been identified as an outlier in terms of high costs for Dudley Group both locally and with other neighbouring commissioners. Whilst some of this has been identified as a coding issue previous audits have identified that a considerable amount of rehabiltation provided in the acute trust could be provided at lower costs and more appropriately in a community setting. The project will aim to redesign community services and improve patient flow to ensure that patients can receive their rehabilitation in a more appropriate community setting.	Rehabilitation Bed Days	Jenny Cale	(500)	0	(500)	
Biosimilars	QPID006	This project aims to work with DGNHSFT to manage the introduction of biosimilar drugs, using them in preference to their 'parent' complex molecule. The transition will be managed by the specialists and will be led by the High Cost Drugs Sub Group which has oversight of this process. During 2017/18 there will be 5 biosimilar molecules introduced into the Dudley Health Economy : Infliximab, Etanercept, adalimumab, rituximab and abatacept. It is estimated that through applying gain share principles Dudley CCG will save £135K on successfully introducing these biosimilars. The remaining £5K will be achieved through managing the introcution of biosimilar insulin Abasaglar during the course of the year.	High Cost Drugs	Duncan Jenkins	(140)	(140)	(125)	(125)

Appendix 4: Savings Plan / QIPP Schemes 2018/19
Period: Baseline 2018-2019

Main QIPP Programme	*PID Ref*	*Description*	*Targeted Saving*	*Commissioning Lead*	*2017/18 (Plan) £000's*	*2017/18 (Actual) £000's*	*2018/19 £000's*	*2019/20 £000's*
Telemedicine in Care Homes	QPID007	The urgent care admissions and ED attendances for nursing and residential care homes to secondary care have been increasing over the last 4 years. In 2015/16 there were 2213 Non-Electives (NELs) from care homes totalling £4,997,180. Analysis of NELs from care homes in Dudley found that 61% of admissions occurred out of hours. Analysis of the primary reason for admission has identified that significant numbers of admissions are for non-life threatening conditions that could be managed in the community. Analysis of 952 admissions between April and September 2015 identified that 57% fall under 'diagnosis not classifiable, local infection, respiratory conditions, urological conditions and gastrointestinal conditions'. This supports the notion that a referral to a bespoke care home clinical urgent care response service is appropriate to assess these conditions as an alternative to hospital. The care home sector is under great pressure, brought about by a combination of the impact of the new living wage, CQC inspection regime, and recruitment issues into both trained and untrained roles in the sector. A local survey of care home providers found that 12 out of 25 were looking to sell or close their business. There is currently a lack of an alternative to out of hours call handling and support for care home providers other than 111. This is an issue also raised by the care home providers where the conveyance to hospital of a resident was not the desired outcome of the initial OOH call to 111. The above factors are all drivers to look at alternative ways of supporting care home residents and preventing unnecessary admissions to hospital. This has included looking at the other vanguards that are supporting care homes. • Airedale telemedicine is an existing successful reactive service, with care and nursing homes using installed technology to connect via secure video link 24/7. • Airedale has had a demonstrable impact on reductions on non-elective care	Emergency Admissions	Andrew Hindle	(516)	(308)	(589)	(1,000)
Readmissions Reduction	QPID008	Application of the national guidance regarding the non payment of readmissions above a threshold agreed through a clinical audit. The audit has been undertaken which deemed that 21% of readmissions are avoidable. The CCG will either benefit from a reduction in readmissions or through a reduction in the payment for emergency admissions to the provider.	Emergency Admissions	Jason Evans	(2,617)	(2,617)		
Prescription Ordering Direct	QPID009	• Local savings estimates, based on the size of Dudley CCG using the Coventry and Rugby model are in the region of £4M per annum. • The POD is essentially a call centre which handles requests for repeat prescriptions in place of a GP Practice repeat prescription ordering system; standard questions are asked at the point of requesting a repeat prescription and prescriptions are only passed to the GP Practice for issue if deemed necessary by the trained call handler. • This is an optional service provided for patients allowing them to order their repeat medications via a call centre manned by qualified operatives • The Coventry and Rugby POD has resulted in a 6% decrease in the total number of prescription items issued by the GP Practice and a 4% decrease in the number of dispensed items compared to the previous year. There has been a 9% decrease in items/ASTROPU which accounts for list size movement and equates to a cost saving to the CCG of approximately £2M. • This concept and business case is supported by the Prescribing Sub Committee • The POD model has been used to establish a Dudley POD which opened in October 2016 serving two practices, it is the intention this will roll out to three practices by March 2017 and then will roll out to further practices during 2017/18 • This project is expected to have a positive impact on the prescribing budget, in terms of managing waste medicines • This project fits in line with the Vanguard Medicines programme, is both an exciting and innovative opportunity for Dudley CCG to explore different methods of patients accessing medicines	Prescribing	Clair Huckerby	(1,612)	(572)	(204)	(629)

Appendix 4: Savings Plan / QIPP Schemes 2018/19
Period: Baseline 2018-2019

Main QIPP Programme	*PID Ref*	*Description*	*Targeted Saving*	*Commissioning Lead*	*2017/18 (Plan) £000's*	*2017/18 (Actual) £000's*	*2018/19 £000's*	*2019/20 £000's*
Practice Based Pharmacist Interventions	QPID010	The PBP service has recently been expanded through resources provided by the Vanguard programme value proposition: 'Increased provision in primary care and better management of LTCs requires extended and enhanced use of pharmacy in general practices. This will include medicines reviews focusing on patients with complex chronic care needs (e.g. for people with dementia, for those with multiple LTCs) and other tasks currently carried out by GPs where there is scope for safely shifting the provision of this care.' Investment of £278k has been made to extend the PBP service from 400 to 665 hours per week. This builds on the EPIC programme which provided an additional 110 hours per week up to September 2016, the £278k therefore funding an additional 375 hours per week. Service evaluation has demonstrated that the service is overall cost saving both in terms of prescribing efficiencies and GP time saved. The latter is an important strand in capacity and workforce planning in primary care. We believe that the optimal level of provision of pharmacist input into practices has not yet been reached. The team has consistently demonstrated that stepped investment releases proportionate savings, providing a highly favourable return on investment. Evaluation of the service in 2015 (based on 400hrs per week PBP time) has demonstrated the following outcomes: • Annualised savings of £1.8m • Avoidance of 1,800 GP appointments • Saving of 1,900 hours of GP time which would have been spent on medicines related activities	Prescribing	Clair Huckerby	(1,130)	(1,947)	(2,244)	(2,800)
Older Adults Mental Health Inpatients	QPID011	Point prevalence studies on DWMHT in-patient wards identified issues of inappropriate admissions and long lengths of stay. The price per bed day also seems high compared to other services.There is a requirement to negotiate a reduction in the contract value linked to usage and price. The CCG will also explore the potential to implement a Home Treatment and Crisis Resolution Team. The focus will be identifying:- • Underperformance • Price Negotiation • Further efficiencies from preventing admissions to the in-patient wards	Mental Health Inpatients	Andrew Hindle	(589)	(589)	(200)	
Primary Care Mental Health Reconfiguration	QPID013	The mental health primary care team is mainly made up of two professional groups. Namely RMN nurses and IAPT therapists. NHSE guidance has confirmed that only IAPT therapists can contribute to achieving nationally required standards for IAPT. The number of therapists has been increased (with additional investment) to ensure those national targets for access and outcome can be achieved. As a consequence, the role of the nurse has changed although the size of this cohort remains mostly unchanged. The proposal is:- 1) to re-evaluate the role of the nurse in this team. 2) To model demand and capacity within the whole team. 3) redesign services offered by the nursing co-hort of this team. Contributory initatives:- redesign of EAS, MHUCC and CRHT to provide a 24 hour assessment service.	Mental Health Service redesign	Trish Taylor	(107)	(107)	(300)	(450)
Primary Care Productivity	QPID013	A bespoke multi-workstream development programme for all primary care staff. The purpose of the programme is to enhance their capacity and capability to improve general practice in particularly services for patients with long-term conditions.	Primary Care attendances	Dan King	(334)	(107)		
Running Costs	QPID014	A 1% CIP across all running costs departmental budgets is to be applied equating to an cost savings of £68,000, £15,404 saving has been achieved from the reprocurement of commissioning support unit services via the LPF framework and £11,976 has been identified as slippage against recruiting to permanent posts within the CCG structure.	Reduction from CCG Running Costs	James Smith	(95)	(122)	(266)	
Rightcare - Respiratory	QPID015	Analysis of the Right Care data pack demonstrates that Dudley is an outlier in terms of respiratory activity. Dudley CCG and Dudley Group NHSFT have agreed that this requires a joint clinical review, informed by external clinical challenge, in order to derive a service model capable of reducing the number of unecessary admissions. This will be jointly led by the CCG Chair and the Dudley Group NHSFT Medical Director with support from the Office of Public Health and a respiratory physician from a neighbouring provider.	Emergency Admissions	Andrew Hindle	(350)	0	(250)	(350)

Appendix 4: Savings Plan / QIPP Schemes 2018/19
Period: Baseline 2018-2019

Main QIPP Programme	*PID Ref*	*Description*	*Targeted Saving*	*Commissioning Lead*	*2017/18 (Plan) £000's*	*2017/18 (Actual) £000's*	*2018/19 £000's*	*2019/20 £000's*
Rightcare - MSK	QPID016	The Right Care Commissioning for Value Packs (RCCV) have identified Musculoskeletal (MSK) emergency admissions as an outlier amongst the peer group CCGs in the pack. The CCG is seeking to build on the RCCV and the Demand Management Good Practice Guide by seeking practical alternatives to emergency admissions. In so doing, this will reduce demand on inpatient services which will reduce inpatient capacity, reduce 'unnecessary' treatments and support Referral to Treatment times. Additionally, more patients will be managed in the alternative settings such as in primary care or more appropriate community services. As part of this programme, the CCG will implement a range of policies and procedures which are currently available but have not been fully utilised to date. These include the following: * Management of Aesthetic Surgery & Procedures of Limited Clinical Priority * Advice & Guidance * Consultant Letter Review This will be part of a broader service review of the patient referral pathway for MSK where the CCG will seek to take out unnecessary steps in the process to reduce demand on services, reduce emergency admissions and improve patient exprience. This process will be overseen by the Clinical Strategy Board. A Clinical Working Group is already in place but it's terms of refernce will be revised to ensure that the identified challenges are met.	Emergency Admissions	Mark Curran	(550)	0	(1,244)	(919)
Other Rightcare	QPID017+18	Other Right Care initatives outlined in the commissionignfor value packs	Various Areas	Mark Curran		(1,540)		
Premises	QPID019 / Q18	Schedules of accommodation for all Dudley wide premises have been reviewed, amended and agreed with local providers Billing schedules and cost reviews have been completed and reductions in costs have been applied FMC and Coseley Family Health Centre leases have been terminated. Ridge Hill site has been disposed of Challenges made to NHSPS and CHP relating to the costing schedules in particular the Business Rates and VAT issues Utilisation reviews have been carried out independently and findings reported back to the Estates Ops Group August: Workstreams have been set up prioritising Ladies Walk utilisation, Lower Corbett Site under-utilisation and potential disposal of dilapidated buildings and Ridge Hill LD centre future use following the decision to stop inpatient referrals to the centre, and looking at the potential of utilising Busheyfields to deliver a step down facility	Infrastructure	Philip Cowley	(971)	(1,490)	(670)	
Rent Rebates	QPID020	A national programme challenging non-domestic ("business") rates, led on behalf of NHSE by GL Hearn Limited, resulted in significant rebates on charges levied by Dudley MBC for the valuation period from 2013-16. Due to the backdating of the process, Dudley CCG has received a non-recurrent benefit of £200k in 2017/18. The national revaluation of properties which took effect from 1 April 2017 has resulted in further reductions in the rateable values of primary care premises and health centres, resulting in further ongoing savings of £380k	Infrastructure	Philip Cowley	(580)	(780)		
PMS Contracts	QPID021	Following national guidance in 2014/15, Dudley CCG started a process of reviewing PMS contracts in collaboration with NHSE, ensuring that practices receiving funding in excess of GMS levels were providing care in excess of GMS requirements. As a result of this process, all Dudley practices providing services under a PMS contract voluntarily reverted to the GMS contract. This reversion is subject to transitional arrangements under which the practices taper down from their PMS contract values to a GMS value over a period of 7 years, with 1/7th of the difference removed each year. The cumulative reduction in contract values by year 8 is £1.85m, with this funding being reinvested into primary care on an equitable basis through the Dudley Quality Outcomes for Health Framework	Primary Care	Caroline Brunt	(784)	(784)		
VAT Review	QPID022	The scheme recently appointed Ross Care to provide a wheelchair service. Invoices from Ross Care include an element of VAT. The CCG is seeking to reclaim the VAT paid from HMRC. The application will be made from VAT Liaison, the CCG's VAT consultants. There will be no fee for this as it is included within the fee paid for assistance during the wheelchair tender process. A number of steps are to be taken: - Agree with VAT Liaison on how to proceed - Provide VAT Liaison with the start date of the service, value of the contract and estimated annual VAT - Provide VAT Liaison with a copy of the contract (used by HMRC to determine if it is an "end to end" service - Provide VAT Liaison with a completed Authorising Agent Form - Application to be made by VAT Liaison, with 1 month turnaround	Wheelchairs	Mark Curran	(101)	(127)		
System Resilience Funding	QPID023	System resilience monies of £2,016k are used to help aid winter pressures. There are a number of schemes in place with DGoH, DMBC and Dudley and Walsall Mental Health Trust. They include schemes such as First Responser services to Mental Health Urgent Care Centre. The schemes however were over allocated by £123,020. A review of all schemes took place to identify where a reduction in costs could be achieved to reduce the overspend in line with the original allocation. The Care Home Select scheme which is in operation at DGoH was highlighted as a scheme where costs could be reduced	Urgent Care	Jason Evans	(124)	(124)		
Urgent Care Centre	QPID024 / Q18	UCC service commencement on 1st April 2015. Savings are attributable to the diversion of patients away from ED and to the UCC for primary care assessment and treatment. The current interim premises arrangements mean that the full aspirations of the UCC contract and forecast savings cannot be realised. The new premises solution should be completed by November 2017, which should mean a further 6.5% of patients streamed to UCC	Urgent Care	Jason Evans	(0)	0	(1,003)	(486)
Ramsey PLCP	QPID025	Contract for 2017/18 includes a new CQUIN scheme with the objective of reducing procedures of limited clinical priority provided by Ramsay Healthcare. The provider has agreed that all referrals which come under the PLCP policy must have the correct GP referral form which ensures that the patient meets the criteria required. The referral form must be received prior to any outpatient or procedure being undertaken	Decommissioning	Mark Curran	(77)	(77)		

Appendix 4: Savings Plan / QIPP Schemes 2018/19
Period: Baseline 2018-2019

Main QIPP Programme	*PID Ref*	*Description*	*Targeted Saving*	*Commissioning Lead*	*2017/18 (Plan) £000's*	*2017/18 (Actual) £000's*	*2018/19 £000's*	*2019/20 £000's*
Non Emergency Patient Transport	QPID026 / Q18	Non Emergency patient transport within the Dudley and Wolverhampton area was re-procured in early 2016 for service commencement in October 2016. The re-procurement process allowed for efficiency savings due to a change in the way charges were calculated. The new contract charges non emergency patient transport based on a weighted mileage scheme across all CCGs within both contracts. The weighted mileage calculation has released some savings in 2017/18 in comparison to charges received through the previous contract	Urgent Care	Jason Evans	(100)	(152)	(85)	
High intensity Users	QPID027 / Q18	Highest users of the urgent care system are identified and bespoke care plans are developed. This has been successful in other parts of the country, notably Blackpool	Urgent Care	Jason Evans	(100)	0	(300)	
Secondary Care Drugs	QPID028	Discounts on high cost drugs v spend in previous years	High Cost Drugs	Clair Huckerby	(634)	(850)		
Discretionary Spend	QPID029	Review on in year expenditure plans to reduce discretary budgeta	Other	Matt Gamage	(200)	(445)		
Procedures of Limited Clinical Priority	Q181901	Enforcement of decommissioning Policy	Decommissioning	Mark Curran			(1,285)	
Ophthalmology	Q181904	Community Minor Eye Conditions AQP	Right Care	Mark Curran			(64)	(46)
Urology	Q181906	Management of emergency UTIs	Right Care	Taps Mtemachani			(500)	
Paediatric Triage and Follow Up Outpatient	Q181911/13	GP peer assessment of referrals to Acute and follow up activity	Outpatient Attendances	Linda Cropper			(100)	
Non Obstetric Ultrasound	Q181910	Reduction of inappropriate diagnostic requests	Outpatient Attendances	Mark Curran			(232)	(77)
Dermatology	Q181912	GPwSI to triage dermatology referrals	Outpatient Attendances	Mark Curran			(50)	(36)
Pain management	Q181914	Decommissioning injections in secondary care	Outpatient Attendances	Andrew Hindle			(200)	(143)
Ambulance Turnaround	Q181917	Reducing ambulance turnaround delays using the UCC	Urgent Care	Jason Evans			(150)	
Excess Bed Days	Q181918	Reducing XSBD by reducing delayed discharges	Urgent Care	Jason Evans			(954)	(286)
Dementia	Q181921	Reduce spend per placement for dementia care	Continuing Healthcare Placements	Jenny Cale			(75)	(75)
Hospice at Home	Q181929	Commission home based hsopice care as alternative to acute admission	Urgent Care	Andrew Hindle			(50)	(70)
Community Nursing	Q181930	Skill mix of community teams and reduced tissue viability equipment cost	Community Nursing	Taps Mtemachani			(300)	(500)
Colonoscopy	Q181938	Reduction of scopes using improved pre-testing	Diagnostics	Duncan Jenkins			(50)	
Drugs Gain Share	Q181942	end of drug gain share	High Cost Drugs	Duncan Jenkins			(400)	
Daycase to Outpatient Procedures	Q181945	Transfer of care setting in partnership with Acute	Elective Care	Mark Curran			(639)	(140)
Emergency Coding	Q181949	Financial impact of Trust recoding activity in 2017/18	Urgent Care	Matt Gamage			(1,643)	
Ridge Hill	Q181950	Decommissioning of surplus bed	Mental Health	Matt Gamage			(948)	
Contract Reviews	Q181952	Decommissioning of external contracts through prioritisation / reduced activity	Private Sector Contracts	Matt Gamage			(167)	
Diabetes	Q181905	Community Rehab/Falls Prevention/UCC	Right Care	Joanne Taylor				(500)
Balance - Other Productivity Initiatives		Other Efficiency and Productivity Initiatives to include Urgent Care Centre, Ambulatory Care Senstive Conditions and further Right Care initiatives	Various Areas					(8,153)
TOTAL					**(14,406)**	**(14,460)**	**(16,987)**	**(16,784)**

Appendix 5: Summary Sources and Applications Statement for 2017 - 2021
Period: Baseline 2018-2019

	2017-18			2018-19			Draft 2019-20			Draft 2020-21		
	Recurring £'000	Non Recurring £'000	TOTAL £'000	Recurring £'000	Non Recurring £'000	TOTAL £'000	Recurring £'000	Non Recurring £'000	TOTAL £'000	Recurring £'000	Non Recurring £'000	TOTAL £'000
Baseline Commissioning Allocation	410,085	16,596	426,681	421,872	307	422,179	430,628		430,628	446,219		446,219
Baseline Running Cost Allocation	6,762		6,762	6,735	10	6,745	6,710		6,710	6,686		6,686
BCF Allocation	7,300		7,300	7,446		7,446	7,446		7,446	7,595		7,595
Primary Care Co-Commissioning Allocation	41,058		41,058	41,842		41,842	43,018		43,018	44,620		44,620
In Year Allocations					10,964	10,964		10,004	10,004		10,004	10,004
Total Baseline Allocation	**465,205**	**16,596**	**481,801**	**477,895**	**11,281**	**489,176**	**487,802**	**10,004**	**497,806**	**505,120**	**10,004**	**515,124**
New Sources / Reduction of Funds												
Surplus c/f		12,018	12,018		10,964	10,964		10,004	10,004		10,004	10,004
DH Growth - Core	8,111		8,111	8,236		8,236	8,756		8,756	8,945		8,945
DH Growth - Other Policy Commitments	0		0	3,533		3,533			0	6,795		6,795
DH Growth - Primary Care	733		733	784		784	1,176		1,176	1,602		1,602
Notified Allocations	4,843	4,578	9,421	0	317	317	0	0	0	0	0	0
Total Income	**13,687**	**16,596**	**30,283**	**12,553**	**11,281**	**23,834**	**9,932**	**10,004**	**19,936**	**17,342**	**10,004**	**27,346**
Application of Funds												
Growth / Demographics	9,625		9,625	9,320		9,320	10,071		10,071	9,491		9,491
Contract Inflation	10,849		10,849	11,092		11,092	11,248		11,248	11,617		11,617
Pressures/Commitments/Savings												
Acute Cost pressures	1,822	1,489	3,311	2,294	209	2,503	1,500	1,000	2,500	1,000	1,500	2,500
IR Changes & HRG 4+	2,458	643	3,101	3,947		3,947	2,538	0	2,538		0	0
Non Recurrent Allocation Programmes		1,137	1,137			0			0			0
Ambulance Service	533	146	679		153	153			0			0
Non Contract Activity	617		617			0			0			0
Primary Care	648		648	784	250	1,034	1,176		1,176	1,602		1,602
Community Services	-605		-605	690		690	500		500	500		500
Continuing Care	757		757	364		364	500		500	500		500
Learning Difficulties	861		861	1,170		1,170	500		500	500		500
Mental Health	664		664	811		811	500		500	500		500
GP Transformation	406	476	882		476	476			0			0
GP Access	1,923		1,923			0			0			0
HSCN			0		159	159			0			0
Prescribing	407	2,000	2,407	414		414	500	500	1,000	250	750	1,000
Premises	56	143	199		505	505	500	250	750	1,000	250	1,250
IT Strategy		250	250	50	200	250			0		250	250
Funded Nursing Care			0	600		600			0			0
Value Proposition Investments / MCP Procurement		3,441	3,441	875	1,509	2,384			0			0
GP IT		126	126	200		200			0	200	200	400
CAMHS TCP				171		171			0			0
Relaxation of 1% Non Recurrent Business Rules			0	-4,717		-4,717			0			0
New DH Policy Commitments				3,533	1,817	5,350			0	6,795		6,795
Other		666	666	577	1,261	1,838	1,825	3,512	5,337	3,176	2,320	5,496
Total Expenditure	**31,021**	**10,517**	**41,538**	**32,175**	**6,539**	**38,714**	**31,358**	**5,262**	**36,620**	**37,131**	**5,270**	**42,401**
Gap	**-17,334**	**6,079**	**-11,255**	**-19,622**	**4,742**	**-14,880**	**-21,426**	**4,742**	**-16,684**	**-19,789**	**4,734**	**-15,055**
QIPP Schemes	-14,406		-14,406	-16,987		-16,987	-18,741		-18,741	-16,981		-16,981
Price Efficiencies	-7,813		-7,813	-7,896		-7,896	-7,947		-7,947	-8,077		-8,077
Total Efficiencies	**-22,219**	**0**	**-22,219**	**-24,883**	**0**	**-24,883**	**-26,689**	**0**	**-26,689**	**-25,059**	**0**	**-25,059**
Surplus / (Deficit)	4,885	6,079	10,964	5,262	4,742	10,004	5,263	4,742	10,004	5,270	4,734	10,004

Appendix 6: Statement of Financial Position for 2018/19
Period: Baseline 2018-2019

	2017/18 Outturn (£000)	2018/19 Plan (£000)											
SoFP	**March**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Assets													
Non Current Assets													
Opening Balance													
Depreciation													
Additions													
Long Term Receivables													
Total Non Current Assets	-	-	-	-	-	-	-	-	-	-	-	-	-
Current Assets													
Inventories													
NHS Trade and Other Receivables	1,920	330	310	240	230	210	252	341	304	108	588	459	1,863
Non NHS Trade and Other Receivables	2,168	1,818	3,160	3,243	3,218	3,115	2,557	3,264	2,986	2,866	3,380	2,448	2,208
Cash and Cash Equivalents	40	320	340	190	160	191	144	98	242	92	178	247	45
Total Current Assets	**4,128**	**2,468**	**3,810**	**3,673**	**3,608**	**3,516**	**2,953**	**3,703**	**3,532**	**3,066**	**4,146**	**3,154**	**4,116**
Total Assets	**4,128**	**2,468**	**3,810**	**3,673**	**3,608**	**3,516**	**2,953**	**3,703**	**3,532**	**3,066**	**4,146**	**3,154**	**4,116**
Liabilities													
Non Current Liabilities													
Borrowings													
Deferred Income (non current)													
Provisions (non current)	(110)	(110)	(110)	(110)	(110)	(110)	(110)	(110)	(110)	(110)	(110)	(110)	(110)
Trade and Other Payables (non current)													
Finance Leases (non current)													
Total Non Current Liabilities	**(110)**	**(110)**	**(110)**	**(110)**	**(110)**	**(110)**	**(110)**	**(110)**	**(110)**	**(110)**	**(110)**	**(110)**	**(110)**
Current Liabilities													
Borrowings													
Deferred Income (current)													
Provisions (current)	(1,165)	(1,165)	(1,165)	(1,160)	(1,035)	(1,035)	(1,035)	(635)	(595)	(542)	(542)	(493)	(1,097)
Trade and Other Payables (current)	(24,723)	(19,328)	(19,976)	(20,651)	(20,039)	(22,668)	(23,009)	(23,443)	(24,811)	(24,388)	(24,995)	(23,945)	(24,684)
Finance Leases (current)													
Total Current Liabilities	**(25,888)**	**(20,493)**	**(21,141)**	**(21,811)**	**(21,074)**	**(23,703)**	**(24,044)**	**(24,078)**	**(25,406)**	**(24,930)**	**(25,537)**	**(24,438)**	**(25,781)**
Total Liabilities	**(25,998)**	**(20,603)**	**(21,251)**	**(21,921)**	**(21,184)**	**(23,813)**	**(24,154)**	**(24,188)**	**(25,516)**	**(25,040)**	**(25,647)**	**(24,548)**	**(25,891)**
TOTAL ASSETS EMPLOYED	**(21,870)**	**(18,135)**	**(17,441)**	**(18,248)**	**(17,576)**	**(20,297)**	**(21,201)**	**(20,485)**	**(21,984)**	**(21,974)**	**(21,501)**	**(21,394)**	**(21,775)**
Taxpayers' Equity													
General Fund	(21,870)	(18,135)	(17,441)	(18,248)	(17,576)	(20,297)	(21,201)	(20,485)	(21,984)	(21,974)	(21,501)	(21,394)	(21,775)
Retained Earnings (Accumulated Losses)													
Revaluation Reserve													
Other Reserves													
TOTAL ASSETS EMPLOYED	**(23,513)**	**(18,135)**	**(17,441)**	**(18,248)**	**(17,576)**	**(20,297)**	**(21,201)**	**(20,485)**	**(21,984)**	**(21,974)**	**(21,501)**	**(21,394)**	**(21,775)**

Appendix 7: Cashflow for 2018/19
Period: Baseline 2018-2019

2018/19	April	May	June	July	August	September	October	Nov	Dec	January	February	March	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Receipts													
Balance b/fwd	40	320	340	190	160	191	144	98	242	92	178	247	
BACS	80	80	80	80	80	80	80	80	80	80	80	80	960
CHAPS													-
NHS England-Drawdown	35,300	34,500	34,000	34,750	33,900	34,700	35,500	35,150	35,400	35,750	34,700	38,860	422,510
NHS England-Drawdown additional													-
Other	1,032	50	50	50	50	50	50	50	50	50	50	50	1,582
PCS Payments Reimbursements													-
VAT	35	35	35	35	35	35	35	35	35	35	35	35	420
Capital Receipts													-
Prescribing & Home Oxygen	4,352	4,969	4,410	4,819	4,995	4,732	4,831	4,711	4,848	4,828	4,615	4,647	56,757
Total Receipts	40,839	39,954	38,915	39,924	39,220	39,788	40,640	40,124	40,655	40,835	39,658	43,919	482,229
Payments													
Creditors NHS	25,800	25,620	25,030	25,346	24,908	25,163	25,687	25,735	25,463	25,498	25,604	29,113	308,967
Creditors CHAPS													-
BACS	9,492	8,149	8,410	8,724	8,250	8,874	9,148	8,560	9,377	9,456	8,316	9,239	105,995
Salary	290	290	290	290	290	290	290	290	290	290	290	290	3,480
Pensions	80	80	80	80	80	80	80	80	80	80	80	80	960
Tax & NI	145	145	145	145	145	145	145	145	145	145	145	145	1,740
GP Pensions	330	330	330	330	330	330	330	330	330	330	330	330	3,960
Standing Orders /Direct Debits	-	1	-	-	1	-	1	1	-	-	1	-	5
PCS Payments													-
Other													-
Payable Orders	30	30	30	30	30	30	30	30	30	30	30	30	360
Prescribing & Home Oxygen	4,352	4,969	4,410	4,819	4,995	4,732	4,831	4,711	4,848	4,828	4,615	4,647	56,757
Total -Expenditure	40,519	39,614	38,725	39,764	39,029	39,644	40,542	39,882	40,563	40,657	39,411	43,874	482,224
Balance c/fwd	320	340	190	160	191	144	98	242	92	178	247	45	

Appendix 8: Financial Budget Summary - Budgets by Budget Holder (at total contract value)
Period: Baseline 2018-2019

	WTE Budget	Pay Budget (£000's)	Non Pay Budget (£000's)	Income Budget (£000's)	Total Budget (£000's)	Gross QIPP Programme	QIPP Investments	Net QIPP Programme
ANDREW HINDLE								
Dementia	-	-	110	-	110	(6)	-	(6)
Home Oxygen	-	-	671	-	671	(50)	-	(50)
Community Services	-	-	24,095	-	24,095	-	-	-
Hospices	-	-	801	-	801	(20)	-	(20)
Long Term Conditions	-	-	1,131	-	1,131	(25)	-	(25)
Palliative Care	-	-	731	(12)	719	-	-	-
Local Enhanced Services	-	-	1.879	-	1.879	-	-	-
TOTAL	**-**	**-**	**29,417**	**(12)**	**29,405**	**(101)**	**-**	**(101)**
ANTHONY NICHOLLS								
Contracting	5.65	334	6	-	340	-	-	-
Procurement	-	-	1	-	1	-	-	-
TOTAL	**5.65**	**334**	**7**	**-**	**341**	**-**	**-**	**-**
CAROLINE BRUNT								
Safeguarding	3.00	220	95	-	315	-	-	-
Quality	6.00	317	1	-	318	-	-	-
GP Practice Training	-	-	-	-	-	-	-	-
GP Forward View	-	-	1,923	-	1,923	-	-	-
GPwSI & Nurse Mentors	1.30	56	(0)	-	56	-	-	-
Practice Engagement LES	-	-	476	-	476	-	-	-
Membership Development & Primary Care	4.00	195	(4)	-	191	-	-	-
GP Mentor Support	-	-	15	-	15	-	-	-
General Practice - APMS	-	-	489	-	489	-	-	-
General Practice - GMS	-	-	26,182	-	26,182	-	-	-
QOF	-	-	168	-	168	-	-	-
Local Enhanced Services	-	-	6,356	-	6,356	-	-	-
Premises Cost Reimbursement	-	-	4,402	-	4,402	-	-	-
Other Premises Costs	-	-	416	-	416	-	-	-
Collaborative Payments	-	-	-	-	-	-	-	-
Dispensing/Prescribing Drs	-	-	259	-	259	-	-	-
Other GP Services	-	-	3.570	-	3.570	-	-	-
TOTAL	**14.30**	**788**	**44,347**	**-**	**45,135**	**-**	**-**	**-**
JASON EVANS								
Ambulance Services	-	-	9.822	-	9.822	(150)	-	(150)
NHS 111	-	-	1.032	-	1.032	-	-	-
Urgent Care	-	-	2.945	-	2.945	-	-	-
Winter Resilience	-	-	1.465	-	1.465	(85)	-	(85)
TOTAL	**-**	**-**	**15,264**	**-**	**15,264**	**(235)**	**-**	**(235)**
JENNY CALE								
CHC Adult Fully Funded	-	-	12.143	-	12.143	(75)	-	(75)
CHC Adult Fully Funded Personal Health Budgets	-	-	1.701	-	1.701	-	-	-
Continuing Healthcare Assessment & Support	17.65	548	356	-	904	-	-	-
Funded Nursing Care	-	-	4.479	-	4.479	-	-	-
Intermediate Care	-	-	4,271	-	4,271	-	-	-
TOTAL	**17.65**	**548**	**22,950**	**-**	**23,498**	**(75)**	**-**	**(75)**
LAURA BROSTER								
Communications & Engagement	7.24	230	85	-	315	-	-	-
TOTAL	**7.24**	**230**	**85**	**-**	**315**	**-**	**-**	**-**
LINDA CROPPER								
Child and Adolescent Mental Health	-	-	5,260	-	5,260	-	-	-
Acute Childrens Services	-	-	184	-	184	-	-	-
CHC Children	-	-	1,330	(0)	1,330	-	-	-
CHC Children Personal Health Budgets	-	-	261	-	261	-	-	-
Children Services	-	-	6.793	(369)	6.423	(198)	-	(198)
TOTAL	**-**	**-**	**13,828**	**(369)**	**13,459**	**(198)**	**-**	**(198)**
MARK CURRAN								
NCAs	-	-	3,207	-	3,207	-	-	-
Planned Care	-	-	2,635	(17)	2,618	(55)	-	(55)
High Cost Drugs	-	-	31	-	31	-	-	-
Patient Transport	-	-	1.529	-	1.529	-	-	-
TOTAL	**-**	**-**	**7,402**	**(17)**	**7,385**	**(55)**	**-**	**(55)**
MATTHEW HARTLAND								
Commissioning Reserve	-	-	8,840	-	8,840	-	-	-
Non Recurrent Reserve	-	-	-	-	-	-	-	-
NHS PS & CHP Property Charges	-	-	3.342	-	3.342	(671)	-	(671)
Non Recurrent Programmes	-	-	304	-	304	-	-	-
Surplus	0.00	-	10.004	-	10.004	-	-	-
Clinical Management	2.30	460	(28)	-	432	-	-	-
Other Board	0.75	10	116	-	126	-	-	-
Finance & Performance	21.70	1,090	53	-	1,143	-	-	-
Governance	-	-	240	-	240	-	-	-
Estates and Facilities	-	-	207	-	207	-	-	-
Corporate Costs & Services	-	-	837	-	837	(266)	-	(266)
CIP / Vacancy Factor	-	-	(78)	-	(78)	(200)	-	(200)
Apprentice Levy	-	32	-	-	32	-	-	-
IM&T Support	4.00	229	128	-	357	-	-	-
Primary Care IT - Programme	-	-	1.421	-	1.421	-	-	-
TOTAL	**28.75**	**1,822**	**25,465**	**-**	**27,286**	**(937)**	**-**	**(937)**
NEILL BUCKTIN								
Better Care Fund	-	-	12.493	-	12.493	-	-	-
Collaborative Commissioning	-	-	19	-	19	(11)	-	(11)
Integrated Clinical Leads	2.80	368	-	-	368	-	-	-
Commissioning Team	9.50	645	(1)	-	644	-	-	-
Acute Commissioning	-	-	222,559	-	222,559	(12,528)	551	(11,977)
Learning Difficulties	-	-	7,304	-	7,304	(750)	-	(750)
Central Drugs	-	-	2,010	(158)	1,852	-	-	-
Medicines Management - Clinical	5.00	372	543	(40)	875	-	-	-
Prescribing	-	-	51.462	-	51.462	(3.277)	829	(2.448)
TOTAL	**17.30**	**1,385**	**296,389**	**(198)**	**297,575**	**(16,566)**	**1,380**	**(15,186)**
PAUL MAUBACH								
CCG Management Team	8.00	976	29	-	1,005	-	-	-
TOTAL	**8.00**	**976**	**29**	**-**	**1,005**	**-**	**-**	**-**
STEPH CARTWRIGHT								
Organisational Development	1.00	72	58	-	130	-	-	-
Administration & Business Support	13.51	369	42	-	412	-	-	-
TOTAL	**14.51**	**441**	**101**	**-**	**542**	**-**	**-**	**-**
TRISH TAYLOR								
Mental Health Contracts	-	-	25,314	-	25,314	(200)	-	(200)
Mental Health Services – Adults	-	-	1.943	-	1.943	-	-	-
Mental Health Services - Collaborative Commissioning	-	-	100	-	100	-	-	-
Mental Health Services – Not Contracted Activity	-	-	124	-	124	-	-	-
Mental Health Services – Other	-	-	231	-	231	-	-	-
Mental Health Services - Specialist Services	-	-	254	-	254	-	-	-
Mental Capacity Act	-	-	-	-	-	-	-	-
TOTAL	**-**	**-**	**27,966**	**-**	**27,966**	**(200)**	**-**	**(200)**
TOTAL	**113.40**	**6,524**	**483,249**	**(597)**	**489,176**	**(18,367)**	**1,380**	**(16,987)**

Appendix 9: Contract Lead Commissioners
Period: Baseline 2018-2019

			Indicative Value (£'000)									
Provider	***Contract Type***	***Lead Commissioner***	***A&E***	***Non Electives***	***Electives/ Daycases***	***Outpatients***	***Mental Health/LD***	***Ambulance Services***	***Community Services***	***Other***	***CQUIN***	***Total***
The Dudley Group	Acute/Community	Neill Bucktin	9,449	66,041	30,219	35,048			23,016	42,500	4,731	**211,005**
Dudley and Walsall Mental Health	Mental Health	Trish Taylor					27,624				691	**28,315**
Black Country Partnerships	Community/LD/Mental Health	Linda Cropper					5,883		5,909		295	**12,087**
West Midlands Ambulance	Ambulance	Jason Evans						9,589			233	**9,822**
Univerity Hospital Birmingham	Acute	Mark Curran	315	2,103	2,086	1,507				1,526	172	**7,709**
The Royal Wolverhampton	Acute/Community	Mark Curran	471	2,331	1,421	1,318			771	805	146	**7,264**
West Midlands Hospital	Acute	Mark Curran			5,894	2,010				244	204	**8,351**
Sandwell & West Birmingham	Acute/Community	Jason Evans	413	827	744	1,603			156	1,248	114	**5,106**
Royal Orthopaedic	Acute	Mark Curran		51	2,040	434				557	78	**3,159**
Urgent Care Centre	Other	Jason Evans								2,945		**2,945**
Birmingham Women's & Children's Hospital	Acute	Linda Cropper	93	1,269	448	482				303	58	**2,654**
NHS 111	Other	Jason Evans								1,032		**1,032**
Worcestershire Acute	Acute	Mark Curran	169	232	151	163				151	20	**887**
South Staffordshire and Shropshire MH	Mental Health	Trish Taylor					343				9	**352**
Heart of England FT	Acute	Mark Curran	45	127	97	109				76	10	**464**
Birmingham and Solihull Mental Health	Mental Health	Trish Taylor					320				8	**328**
University Hospital North Midlands	Acute	Mark Curran	8	49	72	29				113	7	**278**
Walsall Healthcare	Acute & Community	Mark Curran	40	105	24	41			13	34	6	**264**
Shrewsbury & Telford	Acute	Mark Curran	28	106	159	32				6	8	**338**
Robert Jones & Agnes Hunt	Acute	Mark Curran			143	39				31	5	**218**
Birmingham Community NHS Trust	Community	Andrew Hindle							171		3	**174**
Worcestershire Health and Care NHS Trust	Community/Mental Health	Andrew Hindle							80		2	**82**
TOTAL			**£11,032**	**£73,241**	**£43,500**	**£42,814**	**£34,170**	**£9,589**	**£30,117**	**£51,572**	**£6,798**	**£302,833**

Lead Commissioner	**Jason Evans**	**Jason Evans**	**Mark Curran**	**Mark Curran**	**Trish Taylor**	**Jason Evans**	**Andrew Hindle**	**Mark Curran**	**Caroline Brunt**

Appendix 10: Better Care Fund Services
Period: Baseline 2018-2019

AREA	Indicative Value (£)
Dudley Group Foundation Trust	
District Nursing	8,794,486
Rehab - T&O	1,729,097
Palliative Care Service	1,591,158
Rehab - Stroke	1,027,198
Locality Wide Continence Pass Through	793,825
Physiotherapy MSK	763,594
Community Heart Failure	720,559
Elderly Frail Team	667,304
OT Primary Care	663,269
Primary Care Neurology Team	650,449
Community Stroke Rehabilitation	591,118
Intermediate Care Team - OT	428,599
Specialist Nursing-Diabetes	420,257
Locality Wide Continence Activity	343,724
District Nursing - Oncology Outreach	337,278
Respiratory specialist nurses - Outpatient Follow ups	318,318
Leg Ulcer	300,968
Respiratory specialist nurses - Outpatient Firsts	254,751
Intermediate Care Team - Physio	228,423
Speech Therapy Adults	175,231
Virtual Ward/Assertive Case Managers	170,226
Intermediate Care Team - Nursing	161,520
Tissue Viability	130,441
Rehab - Other	128,628
District Nursing - VIV	112,821
Stepdown Medical Cover	81,661
District Nursing - OPAT Expansion	20,651
TOTAL	**21,605,554**
Other	
Baseline Transfer	5,161,073
Previous Section 256 monies (NHSE)	7,299,832
Intermediate Care - BUPA	1,453,944
Intermediate Care - Leyton Healthcare	798,041
Intermediate Packages of Care	578,551
Community Equipment Stores	545,313
Intermediate Care - Shaw	505,972
GP Respite Beds	303,177
Intermediate Care - Prestwood	268,566
Palliative Care Front End	216,324
Dementia Service	207,885
Intermediate care - Physiotherapists	156,844
GP Locality Leads	111,516
Crossroads	80,702
Intermediate Care Support - Dr Plant	64,173
Intermediate Care - Other Private Care Homes	54,184
Alzeimers Carer Family Support Service	13,290
Dudley Cancer Support	5,760
TOTAL	**17,825,147**
GRAND TOTAL	**39,430,701**

Note :- Indicative, subject to final clarification

Appendix 11: Long Term Financial Model 2018/19 to 2022/23
Period: Baseline 2018-2019

	2018/19			2019/20			2020/21			2021/22			2022/23		
Commissioning	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***
ACUTE SERVICES															
Acute Commissioning	222,559	-	**222,559**	226,174	-	**226,174**	233,618	-	**233,618**	237,018	-	**237,018**	240,355	-	**240,355**
Ambulance Services	9,669	153	**9,822**	10,094	-	**10,094**	10,539	-	**10,539**	11,003	-	**11,003**	11,488	-	**11,488**
NCAs	3,207	-	**3,207**	3,287	-	**3,287**	3,366	-	**3,366**	3,447	-	**3,447**	3,530	-	**3,530**
Planned Care	2,618	-	**2,618**	2,710	-	**2,710**	2,804	-	**2,804**	2,901	-	**2,901**	3,001	-	**3,001**
NHS 111	1,032	-	**1,032**	1,048	-	**1,048**	1,063	-	**1,063**	1,079	-	**1,079**	1,095	-	**1,095**
Urgent Care	2,945	-	**2,945**	2,975	-	**2,975**	3,005	-	**3,005**	3,035	-	**3,035**	3,065	-	**3,065**
Winter Resilience	1,465	-	**1,465**	1,480	-	**1,480**	1,494	-	**1,494**	1,509	-	**1,509**	1,524	-	**1,524**
ACUTE SERVICES TOTAL	**243,495**	**153**	**243,648**	**247,767**	**-**	**247,767**	**255,888**	**-**	**255,888**	**259,992**	**-**	**259,992**	**264,058**	**-**	**264,058**
MENTAL HEALTH SERVICES															
Mental Health Contracts	25,314	-	**25,314**	25,841	-	**25,841**	26,359	-	**26,359**	26,887	-	**26,887**	27,426	-	**27,426**
Dementia	110	-	**110**	112	-	**112**	115	-	**115**	117	-	**117**	119	-	**119**
Learning Difficulties	7,304	-	**7,304**	7,456	-	**7,456**	7,606	-	**7,606**	7,758	-	**7,758**	7,914	-	**7,914**
Other Mental Health	2,652	-	**2,652**	2,707	-	**2,707**	2,762	-	**2,762**	2,817	-	**2,817**	2,874	-	**2,874**
Child and Adolescent Mental Health	5,260	-	**5,260**	5,370	-	**5,370**	5,478	-	**5,478**	5,587	-	**5,587**	5,699	-	**5,699**
MENTAL HEALTH SERVICES TOTAL	**40,640**	**-**	**40,640**	**41,487**	**-**	**41,487**	**42,319**	**-**	**42,319**	**43,167**	**-**	**43,167**	**44,032**	**-**	**44,032**
PRIMARY CARE DEVELOPMENT															
GP Practice Training	-	-	**-**	-	-	**-**	-	-	**-**	-	-	**-**	-	-	**-**
Primary Care IT - Programme	1,267	154	**1,421**	1,286	-	**1,286**	1,306	-	**1,306**	1,325	-	**1,325**	1,345	-	**1,345**
GP Forward View	1,923	-	**1,923**	1,923	-	**1,923**	1,923	-	**1,923**	1,923	-	**1,923**	1,961	-	**1,961**
GPwSI & Nurse Mentors	56	-	**56**	56	-	**56**	57	-	**57**	57	-	**57**	58	-	**58**
Practice Engagement LES	476	-	**476**	480	-	**480**	485	-	**485**	490	-	**490**	495	-	**495**
PRIMARY CARE DEVELOPMENT TOTAL	**3,722**	**154**	**3,876**	**3,746**	**-**	**3,746**	**3,771**	**-**	**3,771**	**3,796**	**-**	**3,796**	**3,860**	**-**	**3,860**
DRUGS AND GP PRESCRIBING															
Central Drugs	1,852	-	**1,852**	1,944	-	**1,944**	2,042	-	**2,042**	2,144	-	**2,144**	2,251	-	**2,251**
Medicines Management - Clinical	875	-	**875**	884	-	**884**	893	-	**893**	902	-	**902**	911	-	**911**
Home Oxygen	671	-	**671**	704	-	**704**	740	-	**740**	777	-	**777**	816	-	**816**
Prescribing	51,462	-	**51,462**	51,406	-	**51,406**	53,979	-	**53,979**	54,680	-	**54,680**	55,417	-	**55,417**
DRUGS AND GP PRESCRIBING TOTAL	**54,859**	**-**	**54,859**	**54,939**	**-**	**54,939**	**57,653**	**-**	**57,653**	**58,503**	**-**	**58,503**	**59,394**	**-**	**59,394**
INTERMEDIATE & CONTINUING HEALTHCARE															
CHC Adult Fully Funded	12,143	-	**12,143**	13,116	-	**13,116**	14,167	-	**14,167**	14,876	-	**14,876**	15,621	-	**15,621**
CHC Adult Fully Funded Personal Health Budgets	1,701	-	**1,701**	1,837	-	**1,837**	1,985	-	**1,985**	2,084	-	**2,084**	2,188	-	**2,188**
Continuing Healthcare Assessment & Support	904	-	**904**	913	-	**913**	922	-	**922**	931	-	**931**	940	-	**940**
Funded Nursing Care	4,479	-	**4,479**	4,838	-	**4,838**	5,226	-	**5,226**	5,487	-	**5,487**	5,762	-	**5,762**
Intermediate Care	4,271	-	**4,271**	4,421	-	**4,421**	4,573	-	**4,573**	4,730	-	**4,730**	4,893	-	**4,893**
INTERMEDIATE & CONTINUING HEALTHCARE TOTAL	**23,498**	**-**	**23,498**	**25,125**	**-**	**25,125**	**26,872**	**-**	**26,872**	**28,109**	**-**	**28,109**	**29,405**	**-**	**29,405**
COMMUNITY SERVICES															
Community Services	24,095	-	**24,095**	24,939	-	**24,939**	25,798	-	**25,798**	26,686	-	**26,686**	27,606	-	**27,606**
Acute Childrens Services	184	-	**184**	190	-	**190**	197	-	**197**	204	-	**204**	211	-	**211**
CHC Children	1,330	-	**1,330**	1,437	-	**1,437**	1,552	-	**1,552**	1,630	-	**1,630**	1,711	-	**1,711**
CHC Children Personal Health Budgets	261	-	**261**	282	-	**282**	304	-	**304**	320	-	**320**	336	-	**336**
Children Services	6,423	-	**6,423**	6,648	-	**6,648**	6,877	-	**6,877**	7,114	-	**7,114**	7,359	-	**7,359**
COMMUNITY SERVICES TOTAL	**32,293**	**-**	**32,293**	**33,496**	**-**	**33,496**	**34,729**	**-**	**34,729**	**35,954**	**-**	**35,954**	**37,223**	**-**	**37,223**
OTHER COMMISSIONING															
Better Care Fund	12,493	-	**12,493**	12,751	-	**12,751**	13,215	-	**13,215**	13,480	-	**13,480**	13,750	-	**13,750**
Local Enhanced Services	1,403	476	**1,879**	1,424	-	**1,424**	1,445	-	**1,445**	1,467	-	**1,467**	1,489	-	**1,489**
Statutory Reserves	8,356	484	**8,840**	8,534	-	**8,534**	8,866	-	**8,866**	8,999	-	**8,999**	9,134	-	**9,134**
Non Recurrent Reserve	-	-	**-**	-	-	**-**	-	-	**-**	-	-	**-**	-	-	**-**
Patient Transport	1,529	-	**1,529**	1,552	-	**1,552**	1,575	-	**1,575**	1,599	-	**1,599**	1,623	-	**1,623**
NHS PS & CHP Property Charges	3,342	-	**3,342**	3,459	-	**3,459**	3,580	-	**3,580**	3,705	-	**3,705**	3,835	-	**3,835**
Safeguarding	315	-	**315**	318	-	**318**	321	-	**321**	325	-	**325**	328	-	**328**
Integrated Clinical Leads	368	-	**368**	372	-	**372**	375	-	**375**	379	-	**379**	383	-	**383**
Other	3,005	-	**3,005**	3,103	-	**3,103**	3,204	-	**3,204**	3,307	-	**3,307**	3,414	-	**3,414**
OTHER COMMISSIONING TOTAL	**30,811**	**960**	**31,771**	**31,513**	**-**	**31,513**	**32,582**	**-**	**32,582**	**33,261**	**-**	**33,261**	**33,955**	**-**	**33,955**
SURPLUS															
Surplus	-	10,004	**10,004**	-	10,004	**10,004**	-	10,004	**10,004**	-	10,004	**10,004**	-	10,004	**10,004**
SURPLUS TARGET TOTAL	**-**	**10,004**	**10,004**	**-**	**10,004**	**10,004**	**-**	**10,004**	**10,004**	**-**	**10,004**	**10,004**	**-**	**10,004**	**10,004**
TOTAL COMMISSIONING	**429,318**	**11,271**	**440,589**	**438,074**	**10,004**	**448,078**	**453,814**	**10,004**	**463,818**	**462,781**	**10,004**	**472,785**	**471,928**	**10,004**	**481,932**

Running Costs	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***
CORPORATE SERVICES															
Clinical Management	432	-	**432**	436	-	**436**	441	-	**441**	445	-	**445**	450	-	**450**
Other Board	126	-	**126**	127	-	**127**	129	-	**129**	130	-	**130**	131	-	**131**
Organisational Development	130	-	**130**	132	-	**132**	133	-	**133**	134	-	**134**	136	-	**136**
CCG Management Team	1,005	-	**1,005**	1,015	-	**1,015**	1,025	-	**1,025**	1,035	-	**1,035**	1,046	-	**1,046**
Communications & Engagement	315	-	**315**	318	-	**318**	321	-	**321**	325	-	**325**	328	-	**328**
Finance & Performance	1,143	-	**1,143**	1,154	-	**1,154**	1,166	-	**1,166**	1,178	-	**1,178**	1,189	-	**1,189**
Administration & Business Support	412	-	**412**	416	-	**416**	420	-	**420**	424	-	**424**	428	-	**428**
Commissioning	644	-	**644**	650	-	**650**	657	-	**657**	663	-	**663**	670	-	**670**
Membership Development & Primary Care	191	-	**191**	193	-	**193**	195	-	**195**	197	-	**197**	199	-	**199**
IM&T Support	352	5	**357**	356	-	**356**	360	-	**360**	363	-	**363**	367	-	**367**
Quality	318	-	**318**	321	-	**321**	324	-	**324**	327	-	**327**	330	-	**330**
Contracting	340	-	**340**	343	-	**343**	346	-	**346**	350	-	**350**	353	-	**353**
Governance	240	-	**240**	242	-	**242**	245	-	**245**	247	-	**247**	250	-	**250**
Estates and Facilities	202	5	**207**	204	-	**204**	206	-	**206**	208	-	**208**	210	-	**210**
Other Corporate Support Services	885	-	**885**	802	-	**802**	719	-	**719**	635	-	**635**	551	-	**551**
RUNNING COST TOTAL	**6,735**	**10**	**6,745**	**6,710**	**-**	**6,710**	**6,686**	**-**	**6,686**	**6,662**	**-**	**6,662**	**6,638**	**-**	**6,638**

Primary Care Co-Commissioning	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***	***Rec***	***Non Rec***	***Total***
GP COMMISSIONED SERVICES															
General Practice - GMS	26,182	-	**26,182**	26,927	-	**26,927**	27,574	-	**27,574**	28,125	-	**28,125**	28,688	-	**28,688**
General Practice - APMS	489	-	**489**	503	-	**503**	515	-	**515**	525	-	**525**	536	-	**536**
General Practice - PMS	-	-	**-**	-	-	**-**	-	-	**-**	-	-	**-**	-	-	**-**
QOF	168	-	**168**	173	-	**173**	177	-	**177**	180	-	**180**	184	-	**184**
Local Enhanced Services	6,356	-	**6,356**	6,537	-	**6,537**	6,694	-	**6,694**	6,828	-	**6,828**	6,965	-	**6,965**
Premises Cost Reimbursement	4,402	-	**4,402**	4,527	-	**4,527**	4,636	-	**4,636**	4,728	-	**4,728**	4,823	-	**4,823**
Other Premises Costs	416	-	**416**	428	-	**428**	438	-	**438**	447	-	**447**	456	-	**456**
Collaborative Payments	-	-	**-**	-	-	**-**	-	-	**-**	-	-	**-**	-	-	**-**
Dispensing/Prescribing Drs	259	-	**259**	266	-	**266**	273	-	**273**	278	-	**278**	284	-	**284**
Other GP Services	3,570	-	**3,570**	3,658	-	**3,658**	4,314	-	**4,314**	4,391	-	**4,391**	4,470	-	**4,470**
PRIMARY CARE CO-COMMISSIONING TOTAL	**41,842**	**-**	**41,842**	**43,018**	**-**	**43,018**	**44,620**	**-**	**44,620**	**45,503**	**-**	**45,503**	**46,404**	**-**	**46,404**

TOTAL	**477,895**	**11,281**	**489,176**	**487,802**	**10,004**	**497,806**	**505,120**	**10,004**	**515,124**	**514,946**	**10,004**	**524,950**	**524,970**	**10,004**	**534,974**

* Note at this point the figures presented do not include MCP due to the on going procurement

NHS
Dudley
Clinical Commissioning Group

DUDLEY CLINICAL COMMISSIONING GROUP BOARD

Date of Board: 29 March 2018
Report: Review of Dudley CCG Constitution
Agenda item No: 5.1

TITLE OF REPORT:	Review and proposed amendments to Dudley CCG's Constitution
PURPOSE OF REPORT:	To present a summary of recommended changes arising from those proposed by NHS England (NHSE) following a submission made by the CCG in November 2017.
AUTHOR OF REPORT:	Mr M Hartland, Chief Operating and Finance Officer
MANAGEMENT LEAD:	Mr M Hartland, Chief Operating and Finance Officer
CLINICAL LEAD:	Dr D Hegarty, Chair
KEY POINTS:	• The Constitution changes agreed at the November 2017 Board meeting were submitted to NHSE for approval on the 7 December. • Following a thorough review of the full Constitution by NHSE, the CCG received a response on 24 January 2018 outlining a significant number of areas where they were suggesting amendments. • At the 8 March Governing Body meeting the Board received and agreed the first amendments arising from the review by NHSE. • Further work was undertaken by the CCGs Governance Team with support from the CCGs independent Governance Advisor. • The additional proposed changes in response to the review by NHSE are presented to Board for **discussion and agreement**. • A summary of **all** the proposed changes for submission to NHSE are included in **Appendix 1** • As a number of these changes relate to enhancement and amendment of the Scheme of Reservation & Delegation (SORD), an amended version of this highlighting the proposed changes is included as **Appendix 2**
RECOMMENDATION:	1) The Board consider and agree the proposed changes to the Constitution (as outlined in Appendix 1) prior to submission to NHS England for approval.
FINANCIAL IMPLICATIONS:	Possible cost of professional advisers
ACTION REQUIRED:	✓ **Decision** Approval ✓ **Assurance**

NHS DUDLEY CCG – CHANGES TO DUDLEY CCG CONSTITUTION PROPOSED FOR SUBMISSION TO NHSE FOR APPROVAL

ADDITIONAL CHANGES PROPOSED TO THE BOARD 29 MARCH 2018

Item	Constitution Reference	Recommended Change to CCG Constitution
5		**FUNCTIONS AND GENERAL DUTIES**
	5.1.2	***NHSE recommended that the detail outlined in this section needed to be included in the Scheme of Reservation and Delegation (SORD) and this has been incorporated in to Appendix D accordingly.*** ***This highlighted that the discharge of this responsibility is shown as delegated to the Clinical Executive for the Multispecialty Community Provider (MCP). However, the SORD only allows reservation or delegation to the Membership; the Governing Body; a Committee or an Officer so it is proposed that this be amended to the Chief Accountable Officer.*** c) work in partnership with its local authority to develop ***joint strategic needs assessments*** and ***joint health and wellbeing strategies*** by: i) ensuring appropriate membership of, and participation in, the Dudley Health and Wellbeing Board: the Group members of the Health and Wellbeing Board being; the Group Chairman, the Clinical Executive for the Multispecialty Community Provider (MCP) and the Chief Accountable Officer ii) delegating lead responsibility for overseeing the discharge of this duty to the ~~Clinical Executive for the Multispecialty Community Provider (MCP)~~ Chief Accountable Officer. iii) ensuring regular reports to the Group's Governing Body iv) Ensuring compliance with the requirements of paragraphs 5.2.13 and 6.5.2 of this constitution v) Requiring the Commissioning Development Committee to consider the Director of Public Health's Annual Report and the Joint Strategic Needs Assessment and formulate the Group's contribution to the Joint Health and Wellbeing Strategy.
	5.2.8	5.2.8 ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare*** with regard to applicable guidance issued from time to time by the Department of Health or NHS England. ***NHSE recommended clarity about how this duty is delivered therefore proposed change to*** 5.2.8 ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare*** by delegating responsibility for delivering this duty to the Governing Body with regard to applicable guidance issued from time to time by the Department of Health or NHS England.
	5.2.14	***NHSE recommended that the detail outlined in this section needed to be included in the Scheme of Reservation and Delegation (SORD)and this has been incorporated in to Appendix D accordingly*** 5.2.14 Act with a view to ***promoting integration*** of *both* health services with

Item	Constitution Reference	Recommended Change to CCG Constitution
		other health services *and* health services with health-related and social care services where the Group considers that this would improve the quality of services or reduce inequalities by: a) delegating responsibility for delivering this duty to the Commissioning Development Committee b) promoting and entering into appropriate agreements under Section 75 of the NHS Act 2006 which promote this duty c) ensuring that, through participation in the Health and Wellbeing Board, opportunities for integration are considered and promoted whilst considering the joint Health and Wellbeing Strategy
	5.3	**General Financial Duties** ***NHSE recommended that the detail outlined in this section needed to be included in the Scheme of Reservation and Delegation (SORD)and this has been incorporated in to Appendix D accordingly***
6		**DECISION MAKING: THE GOVERNING STRUCTURE**
	6.7	***NHSE recommended that the detail outlined in this section needed to be included in the Scheme of Reservation and Delegation (SORD)and this has been incorporated in to Appendix D accordingly*** **Committees of the Group** 6.7.1 The following committees have been established by the Group and are each accountable to the Governing Body: a) Audit & Governance Committee b) Remuneration & Human Resources Committee c) Finance, Performance & Business Intelligence Committee d) Quality and Safety Committee e) Commissioning Development Committee f) Primary Care Commissioning Committee g) Multi-Speciality Community Provider (MCP) Procurement Project Board h) Black County & West Birmingham Joint Commissioning Committee 6.7.2 Committees will only be able to establish their own Sub-Committees, to assist them in discharging their respective responsibilities, if this has been agreed with the Governing Body.
	6.9	**The Governing Body** ***NHSE recommend that no distinction should be made between voting and "non-voting" members. Their legal advice is that the regulations assume all members as equal and carrying a vote and people are either qualified to be members or are disqualified from membership. Some CCGs have used the terms "advisor" or "non-voting" in reference to local authority and other colleagues' involvement with the governing body. However, a reference to someone "being in attendance at Governing Body meetings" is more in keeping with the Act. Therefore the text has been amended below to reflect this.***

Item	Constitution Reference	Recommended Change to CCG Constitution
		6.9.2 ***Composition of the Governing Body*** - the Governing Body shall not have less than 12 members (and all shall have voting rights unless otherwise stated) and comprises of: a) the chair; (appointed by the voting members of the Governing Body from the 10 elected GP representatives) b) the Vice Chair (elected by the voting members of the Governing Body from the nominated lay members) c) up to 10 (including the Chair) elected GP representatives of member practices; d) Clinical Executives of which there are currently five (to the extent that these roles have not been filled from within the elected GP representatives); e) two lay members as defined by regulations, one of whom will Chair the Remuneration & HR Committee: (i) one with qualifications, expertise or experience such as to enable them to express informed views about financial management and audit matters, who will chair the Audit & Governance Committee; (ii) one who has knowledge about the Area specified in this constitution enabling them to express informed views about the discharge of the Group's functions f) a further lay member (in line with locally agreed procedures and/or national guidance) g) one registered nurse who will be employed as the Group's Chief Nurse; h) one secondary care specialist doctor; i) the accountable officer who will be employed as the Group's Chief Accountable Officer; j) the Chief Finance Officer, an individual with a recognised accountancy qualification who will be employed by the Group; k) Chief Executive for the Dudley Metropolitan Council or their formally nominated Deputy The Governing Body may invite such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may speak and participate in debate, but may not vote. l) The Governing Body will invite the following individuals to attend any or all of its meetings i) Chief Officer of Health & Wellbeing (Director of Public Health) ii) Healthwatch (or statutory equivalent) representative iii) representative of the Local Medical Committee (LMC) iv) up to five CCG executive directors

Item	Constitution Reference	Recommended Change to CCG Constitution
7		**ROLES & RESPONSIBILITIES**
		NHSE recommended that an additional section be added after 7.8 to include all other CCG roles. Roles to be included were the Registered Nurse; Lay Member and Secondary Care Clinician. Whilst these were not in the original template, it would be consistent for them to be included and this has now been included as:
	7.9	***Role of the Registered Nurse***
		7.9.1 The Registered Nurse is a member of the Governing Body and is responsible for ensuring commissioned services provide high quality services to patients.
		7.9.2 The role is responsible for collective corporate responsibility for strategic and operational performance as a member of the CCG Board.
		7.9.3 The role will be responsible for providing leadership and line management to nurses working within the CCG, and professional guidance to those working in the wider primary care system where relevant.
	7.10	***Role of the Lay Members***
		7.10.1 The Lay Members are members of the Governing Body and are responsible for bringing specific expertise and experience to the work of the Governing Body.
		7.10.2 Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day to day running of the organisation.
		7.10.3 The CCG has three lay members on the Governing Body: a) Lay member for Governance who is the Chair of Remuneration & HR Committee (Lay member Committee); Chair of the Primary Care Commissioning Committee; Vice Chair of the Audit & Governance Committee (Lay Member Committee); and Vice Chair of the Finance, Performance & Business Intelligence Committee. b) Lay member for Patient & Public Engagement who is Chair of the Audit & Governance Committee (Lay Member Committee); and Vice Chair of the Remuneration & HR Committee.
	7.11	c) Lay member for Quality & Safety who is the Vice Chair of the Quality & Safety Committee; and Vice Chair of the Primary Care Commissioning Committee. ***Role of the Secondary Care Clinician*** 7.11.1 The Secondary Care Clinician is a member of the Governing Body and is responsible for bringing a broader view on health care issues to support the work of the CCG. They are the Vice Chair of the Commissioning Development Committee. 7.11.2 The role of Secondary Care Clinician is to give an independent strategic clinical view on all aspects of CCG business drawing on a high level of understanding of how care is delivered in a secondary care setting

Item	Constitution Reference	Recommended Change to CCG Constitution
		7.11.3 The Secondary Care Clinician is able to provide an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service re- design, clinical pathways and system reform.
	7.12	**Joint Appointments with other Organisations** ***NHSE recommended that the recent 'joint appointment' of our AO & CFO be included within the Constitution. However at the 8 March Board the Chief Operating & Finance Officer stressed that these were not joint appointments in that they were jointly appointed to by Dudley & Walsall CCGs, they were separate appointments. Therefore it is proposed that this is changed to joint arrangements.*** **7.12 Joint ~~Appointments~~ Arrangements with other Organisations** ~~7.12.1 The Group has not made any joint appointments with other organisations.~~ 7.12.1 The Group has the following joint arrangements with other organisations: a) The Chief Accountable Officer is employed by Dudley Clinical Commissioning Group and shall work on behalf of Walsall Clinical Commissioning Group b) The Chief Finance Officer is employed by Dudley Clinical Commissioning group and shall work on behalf of Walsall Clinical Commissioning Group and Wolverhampton Clinical Commissioning Group.
	7.14	**Dispute Resolution Process** ***NHSE highlighted that there was a reference in section 7.11.3 v) and 7.11.4 vi) to an escalation of unresolved matters to NHS England for arbitration and they reported that they were not aware of a formal arbitration role of NHS England. The section referred to dates back to one of the first iterations of the Constitution. Our Governance advisor has suggested the removal of section 7.14.3(v) and 7.14.4(vi)*** ~~**7.14.3(v) & 7.14.4(vi)** if the matter is not resolved following consideration by the full Governing Body then either the member practice or the Governing Body may refer the matter to NHS England for arbitration. The decision of NHS England will be final.~~
	Appendix J	**SIGNATURE SHEETS**
		Currently blank: Include the same note as Membership 3.1. The signature sheets of the practice representatives confirming their agreement to this constitution are held in electronic format within the CCG Constitution folders and are available to view on request by contacting the Governance Team at contact@dudleyccg.nhs.uk.

PREVIOUSLY APPROVED BY THE BOARD 8 MARCH 2018

Item	Constitution Reference	Recommended Change to CCG Constitution
3		**MEMBERSHIP**
	3.1	**Currently:** **Membership of the Clinical Commissioning Group** 3.1.1 Appendix B of this constitution contains the list of member practices of NHS Dudley Clinical Commissioning Group. The signature sheets of the practice representatives confirming their agreement to this constitution are held separately and are available to view on request. ***NHSE recommended that details of where the signed sheets of practice representatives are held and how a copy can be requested.*** **Amend to:** 3.1.1 **Appendix B** of this constitution contains the list of member practices of NHS Dudley Clinical Commissioning Group. The signature sheets of the practice representatives confirming their agreement to this constitution are held in electronic format within the CCG Constitution folders and are available to view on request by contacting the Governance Team at contact@dudleyccg.nhs.uk.
5		**FUNCTION AND GENERAL DUTIES**
	5.2	**Currently:** **General Duties** 5.2.8 Promote the involvement of patients, their carers and representatives in decisions about their healthcare with regard to applicable guidance issued from time to time by the Department of Health or NHS England. ***NHSE asked for clarity about whether this duty is delegated.*** ***It is confirmed that this duty was delegated to the Governing body.*** **Amend to:** 5.2.8 ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare*** by delegating responsibility for delivering this duty to the Governing Body with regard to applicable guidance issued from time to time by the Department of Health or NHS England.
6		**DECISION MAKING: THE GOVERNANCE STRUCTURE**
	6.8	**Currently:** **Joint Arrangements** 6.8.2 The Group has joint committee(s) with Dudley Metropolitan Borough Council. ***NHSE asked for clarity about what Joint Committees the CCG has in place with the Local Authority.*** **Amend to:** 6.8.2 The Group has joint arrangements with Dudley MBC established for specific activities under Section 75 of the NHS Act 2006.
	6.9	**The Governing Body** ***NHSE recommended that the Vice Chair role is added to this section of the***

Item	Constitution Reference	Recommended Change to CCG Constitution
		document. 6.9.2 ***Composition of the Governing Body*** - the Governing Body shall not have less than 12 members (and all shall have voting rights unless otherwise stated) and comprises of: m) the chair; (appointed by the voting members of the Governing Body from the 10 elected GP representatives) n) the vice chair (elected by the voting members of the Governing Body from the nominated lay members) ***NHSE also asked that the CCG make section 6.9.2 e) clearer as it implied the CCG was going to appoint a further lay member when it already has*** **Currently:** e) the Group will also appoint a further lay member (in line with locally agreed procedures and/or national guidance) **Amend to:** e) a further lay member (in line with locally agreed procedures and/or national guidance)
7		**ROLES AND RESPONSIBILITIES**
	7.9	**Roles and Responsibility** ***NHSE recommended that an additional section be added after 7.8 to include all other CCG roles. Roles to be included were the Registered Nurse; Lay Member and Secondary Care Clinician. Whilst these were not in the original template, it would be consistent for them to be included. This will be worked up for consideration by the Audit & Governance Committee prior to submitting to Board for approval.***
	7.12	**Joint Appointments with other Organisations** ***NHSE recommended that the recent joint appointment of our AO be included within the Constitution using the following wording.*** 7.12.1 The Group has the following joint appointments with other organisations: d) The Chief Accountable Officer is employed by Dudley Clinical Commissioning Group and shall work on behalf of Walsall Clinical Commissioning Group
	7.14	**Dispute Resolution Process** **This is with the CCG's solicitors**
	Appendix C	**Standing Orders**
2	**2.2**	**Key Roles**

Item	Constitution Reference	Recommended Change to CCG Constitution
		NHSE recommended that it is made clear that the AO appointment is carried out by them and not the CCG. 2.2.10 The **Accountable Officer role**, as listed in paragraph 6.9.2 of the Group's constitution, is subject to the following appointment process: a) **Nominations** – membership of the Governing Body will rest with the individual appointed as the Group's Chief Accountable Officer and applications will be sought by advertising that position. This recruitment process is carried out through NHS England.
		GENERAL AMENDMENTS ***NHSE highlighted a number of cross-references within the Constitution which were now incorrect following the updates made in different versions of the Constitution.*** The cross references will be corrected as will formatting throughout the document.

APPENDIX D
SCHEME OF RESERVATION & DELEGATION

1. SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION

1.1. The arrangements made by the Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the Group's constitution.

1.2. The Clinical Commissioning Group remains accountable for all of its functions, including those that it has delegated.

1.3. The table below indicates which decisions have been reserved to the membership and these decisions can only be taken at a quorate meeting of the Group itself, as described in the constitution and Standing Orders or under 3.8.1 of Standing Orders in an emergency or in unforeseen circumstances.

1.4. Other decisions have been delegated to the Governing Body and these must be taken at a quorate meeting of that body, as described in the constitution and Standing Orders, or under 3.8.1 of Standing Orders in an emergency or in unforeseen circumstances.

1.5. Decisions delegated to the Accountable Officer or the Chief Finance Officer must be taken by the relevant individual or someone with express, written authority to do so on their behalf.

1.6. Decisions delegated to Committees or Sub-Committees must be taken at a quorate meeting of that body, as described in the constitution, Standing Orders and the relevant terms of reference

SCHEME OF RESERVATION & DELEGATION FOR THE GROUP

Policy Area	Decision	Reserved to the Membership	Reserved/ Delegated to Governing Body	Delegated to Committee	Officer
REGULATION AND CONTROL	1. Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	✓			
	2. Consider and approve applications to NHS England on any matter concerning changes to the Group's constitution, including terms of reference for the Group's Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.		✓		
	3. Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the Group, delegated to the Governing Body, delegated to a committee or Sub-Committee of the Group or to one of its members or employees.		✓		
	4. Prepare the Group's overarching scheme of reservation and delegation, which sets out those decisions of the Group <u>reserved</u> to the membership and those <u>delegated</u> to the • group's Governing Body • committees and Sub-Committees of the Group, or its members or employees and which sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to • the Governing Body's committees and Sub-Committees, • members of the Governing Body, • an individual who is member of the Group but not the Governing Body or a specified person • for inclusion in the Group's constitution.				Chief Finance Officer
	5. Approve the Group's overarching scheme of reservation and delegation.		✓		
	6. Prepare the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the clinical commissioning group, not for inclusion in the Group's constitution.				Chief Finance Officer

Policy Area	Decision	Reserved to the Membership	Reserved/ Delegated to Governing Body	Delegated to Committee	Officer
	7. Approve the Group's operational scheme of delegation that underpins the Group's 'overarching scheme of reservation and delegation' as set out in its constitution.			Audit & Governance	
	8. Prepare detailed financial policies that underpin the clinical commissioning group's prime financial policies.				Chief Finance Officer
	9. Approve detailed financial policies.			Finance, Performance & Business Intelligence	
	10. Approve arrangements for managing exceptional funding requests.		✓		
	11. Determination of process for making grants and loans to voluntary organisations				Chief Finance Officer
	12. Ensure the Group's expenditure does not exceed the aggregate of the CCG's allotments for the financial year				Chief Finance Officer
	13. Ensure the Group's use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the financial year				Chief Finance Officer
	14. Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the Group does not exceed an amount specified by NHS England				Chief Finance Officer
	15. Publish an explanation of how the Group spent any payment in respect of quality made to it by NHS England				Chief Finance Officer
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF	1. Approve arrangements for • identifying practice members to represent practices in matters concerning the work of the Group; and	✓			

Policy Area	Decision	Reserved to the Membership	Reserved/ Delegated to Governing Body	Delegated to Committee	Officer
GOVERNING BODY	• appointing clinical leaders to represent the Group's membership on the Group's Governing Body, for example through election (if desired).				
	2. Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.	✓			
	3. Approve arrangements for identifying the Group's proposed accountable officer.	✓			
STRATEGY AND PLANNING	1. Approve the Group's operating structure.		✓		
	2. Approve the Group's commissioning plan.		✓		
	3. Approve the Group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.		✓		
	4. Approve variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the Group's ability to achieve its agreed strategic aims.			Finance, Performance & Business Intelligence	
ANNUAL REPORTS AND ACCOUNTS	1. Approve the Group's annual report and annual accounts.			Audit & Governance	
	2. Approve arrangements for discharging the Group's statutory financial duties.			Finance, Performance & Business Intelligence	
HUMAN RESOURCES	1. Approve terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.			Remuneration & HR	
	2. Approve terms and conditions of employment for all employees of the Group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the Group.			Remuneration	

Policy Area	Decision	Reserved to the Membership	Reserved/ Delegated to Governing Body	Delegated to Committee	Officer
				& HR	
	3. Approve any other terms and conditions of services for the Group's employees.			Remuneration & HR	
	4. Determine the terms and conditions of employment for all employees of the Group.			Remuneration & HR	
	5. Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.			Remuneration & HR	
	6. Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.			Remuneration & HR	
	7. Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the Clinical Commissioning Group) and for other persons working on behalf of the Group.			Remuneration & HR	
	8. Review disciplinary arrangements where the Accountable Officer is an employee or member of another Clinical Commissioning Group.			Remuneration & HR	
	9. Approve arrangements for discharging the Group's statutory duties as an employer.		✓	Remuneration & HR	
	10. Approve human resources policies for employees and for other persons working on behalf of the Group.			Remuneration & HR	
QUALITY AND SAFETY	1. Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.			Quality and Safety	
	2. Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.			Quality and Safety	
OPERATIONAL AND RISK MANAGEMENT	1. Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the Group.				Chief Finance Officer

Policy Area	Decision	Reserved to the Membership	Reserved/ Delegated to Governing Body	Delegated to Committee	Officer
	2. Approve the Group's counter fraud and security management arrangements.			Audit & Governance	
	3. Approve the Group's risk management arrangements.			Audit & Governance	
	4. Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).			Finance, Performance & Business Intelligence	
	5. Approve a comprehensive system of internal control, including budgetary control, which underpins the effective, efficient and economic operation of the Group.			Audit & Governance	
	6. Approve proposals for action on litigation against or on behalf of the clinical commissioning group.		✓		
	7. Approve the Group's arrangements for business continuity			Audit & Governance	
INFORMATION GOVERNANCE	1. Approve the Group's arrangements for handling complaints.			Quality and Safety	
	2. Approve arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data.			Audit & Governance	
TENDERING AND CONTRACTING	1. Approve the Group's contracts for any commissioning support.		✓		
	2. Approve the Group's contracts for corporate support (for example finance provision).			Finance, Performance & Business Intelligence	

Policy Area	Decision	Reserved to the Membership	Reserved/ Delegated to Governing Body	Delegated to Committee	Officer
PARTNERSHIP WORKING	1. Approve decisions that individual members or employees of the Group participating in joint arrangements on behalf of the Group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.				Chief Accountable Officer
	2. Approve decisions delegated to joint committees established under section 75 of the 2006 Act.				Chief Accountable Officer
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	1. Determination of arrangements for discharging the Group's statutory duties associated with its commissioning functions, including but not limited to securing public involvement, ensuring patient choice, securing continuous improvement in the quality of services, innovation, research, education and training and obtaining appropriate advice.			Commissioning Development	
	2. Determination of arrangements put in place to promote a comprehensive health service		✓		
	3. Determination of arrangements to meet the public sector equality duty		✓		
	4. Promote the involvement of patients, carers and representatives in decision about their healthcare		✓		
	5. Determination of the arrangements to secure engagement with the public, patient and their representatives in decisions about their healthcare – Engagement			Commissioning Development	
	6. Determination of the arrangements to secure engagement with the public, patient and their representatives in decisions about their healthcare - Patient Experience			Quality and Safety	
	7. Determination of arrangements for supporting NHS England as regards improving the quality of primary medical services			Quality and Safety	

Policy Area	Decision	Reserved to the Membership	Reserved/ Delegated to Governing Body	Delegated to Committee	Officer
	8. Determination of arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies),where appropriate.			Commissioning Development	
	9. Determination of arrangements for securing health services that are provided in a way that promotes awareness of, and has regard to the NHS Constitution				Chief Accountable Officer
	10. Determination of arrangements for the review, planning and procurement of primary care medical services (under delegated authority from NHS England). To include • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action, such as issuing branch/remedial notices, and removing a contract); • Newly designed enhanced services ("Local Enhanced Services (LES)" and "Directed Enhanced Services (DES)"); • Design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF); • The ability to establish new GP practices in an area; • Approving practice mergers; and • Making decisions on 'discretionary' payments (e.g., returner/retainer schemes).			Primary Care Commissioning	
	11. Overseeing the arrangements for co-ordinating the commissioning of services, other than primary medical services as delegated to the Primary Care Committee in 8 above, with other groups and or with the local authority(ies)			Commissioning Development	
	12. Promoting integration of both health services with other health services and health services with health-related and social care services where the Group considers that this would improve the quality of services or reduce inequalities			Commissioning Development	
	13. Decisions regarding the Multi-Specialty Community Provider (MCP) procurement except the decision to commence procurement and to award the contract.			MCP Procurement Project Board	

Policy Area	Decision	Reserved to the Membership	Reserved/ Delegated to Governing Body	Delegated to Committee	Officer
	14. Decision to commence MCP procurement and to award the contract		✓		
COMMUNICATIONS	1. Approve arrangements for handling Freedom of Information requests.			Audit & Governance	
	2. Determine arrangements for handling Freedom of Information requests.				Chief Accountable Officer