

**TB (11/19) 026**

Minutes of the ICS Board  
held on Wednesday 21<sup>st</sup> August 2019

14:00 – 16:00 hrs, Board Room 2F, Kingston House, West Bromwich

Mr Jonathan Pearson	Independent Chair
Dr Manir Aslam	GP Director – West Birmingham
Mr Deska Howe	Patient Representative
Mr Toby Lewis	Chief Executive Officer, SWBHT/Care Alliance Co-ordinator
Mr Richard Samuda	Chair, SWBHT
Dr Ian Skyes	GP and Chair of SWB CCG
Mr Ranjit Sondhi	Vice Chair, SWB CCG/Co-Chair PPAG
Mr Andy Williams	Accountable Officer, SWB CCG
Mrs Kuli Kaur-Wilson	Interim Director of Strategy, BCPFT

**In Attendance:**

Mrs Sharon Liggins	Interim Chief Operating Officer, SWB CCG
Mrs Jenna Phillips	PMO Manager, SWB CCG
Mrs Jayne Salter-Scott	Head of Engagement and Communications, SWB CCG
Ms Sharon Sandland	Quality Improvement Lead, SWB CCG (Minute Taker)
Mrs Angela Poulton	Deputy Chief Officer for SCR
Mrs Lisa Maxfield	Deputy Chief Officer Primary Care

**Apologies:**

Mrs Lesley Writtle	Chief Executive Officer, BCP NHS FT
Dr Madhava Rao	Consultant Child and Adolescent Psychiatrist and Clinical Director, CYPF, BCP NHS FT
Mr David Baker	Director of Partnership and Innovation, SWBHT
Mr David Carruthers	Medical Director, SWBHT

<b>26/19</b>	<b>Declarations of Interest</b>
	There were no declarations of interest noted.
<b>27/19</b>	<b>Draft Previous Minutes dated 17th July 2019 for approval</b>
	The draft minutes of the previous meeting dated the 17 <sup>th</sup> July 2019 were agreed as an accurate record.
<b>28/19</b>	<b>Action Register</b>
	The Board reviewed the action register, actions were updated or closed accordingly.

29/19	<b>Localisation update</b>
	<p>Mr Lewis distributed and talked through the Localisation Referrals tabled paper. The original objective being to increase the number of referrals for Sandwell and West Birmingham Hospital Trust from Sandwell and West Birmingham GPs. A third of the plan has been delivered but is currently behind target.</p> <p>The increase in total referrals since 2018/19 was reported as +4.6%, of which the increase in GP referrals were +1%. Work is ongoing to establish if more patients had been treated as a result or if the waiting list had grown. Should this level of referral rate continue it is expected the target would not be met by quarter 4. There were also concerns the largest growth in referrals had not been attributed to GP's.</p> <p>The paper illustrated five Primary Care Networks running ahead of the plan:</p> <ul style="list-style-type: none"> <li>• Central Healthcare Partnership (SHP) PCN</li> <li>• Primary Care Doctors PCN</li> <li>• Together 4 Healthcare PCN</li> <li>• United Doctors Network Smethwick PCN</li> <li>• Your Health Partnership PCN</li> </ul> <p>It was noted the PCNs most behind also had the most geographically dispersed patient bases; these being:</p> <ul style="list-style-type: none"> <li>• Newcomen PCN</li> <li>• Citrus PCN</li> </ul> <p>Further investigation would be required to establish their referral process.</p> <p>Mr Pearson asked if there were any immediate actions recommended given the plan is behind target. Mr Lewis informed the Board work has commenced with colleagues both nationally and locally to redesign the ERS referral system front end to ensure it is user friendly. There have also been difficulties requesting live wait time data from neighbouring hospitals. Therefore, Sandwell and West Birmingham Hospital Trust are comparing live wait time data with other Trusts historic data.</p> <p>Mr Samuda queried if clinical advice was available from Sandwell and West Birmingham NHS Hospital Trust for GPs prior to making any referrals. Mr Lewis explained some departments are happy to discuss the referral beforehand although this was not consistent across all departments within the Trust. Communication could be improved to make it easier for GPs to refer.</p> <p>Mr Williams thanked Mr Lewis for the helpful information and suggested significant</p>

	<p>variances would need further investigation and targets revising if geographical issues are the result of the variance.</p> <p>Mrs Liggins queried if primary care resonate with and own their localisation targets. Mr Lewis felt this could be improved and proposed raising the topic at the next PCN Leaders meeting. Mr Lewis also announced there are plans to feedback prototype PCN dataset information back to GPs.</p> <p>Mr Sondhi enquired if there is an opportunity where all parties involved come together as a group to ensure they are dedicated to the same ends. Mrs Maxfield announced there would be two GP All Member Practice engaging events scheduled to take place in September 2019.</p> <p>Mr Williams drew attention to the importance of ensuring the correct message is received. The purpose being to ensure the most appropriate provision of service is delivered locally by encouraging localisation rather than manipulating referrals.</p> <p>Dr Sykes highlighted the need to ensure Sandwell and West Birmingham NHS Hospital Trust are shown within the first choices on choose and book and web site search engines.</p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• <b>Mr Lewis to provide an update on the ERS referral system front end redesign work.</b></li> <li>• <b>Mr Lewis to feedback on waiting times comparison data with neighbouring hospitals.</b></li> <li>• <b>Mr Lewis to communicate localisation message to align PCNs at the PCN Leaders meeting and all members events in September.</b></li> <li>• <b>Mr Lewis to bring PCN dashboard to the September ICS board meeting to understand PCN dashboards more generally.</b></li> </ul>
<p><b>30/19</b></p>	<p><b>Financial Plan update</b></p>
	<p>Mr Williams announced work is ongoing to disaggregate the five year financial strategy into geographies to determine scope including services that are influenced by work completed locally by partners out of area. Difficulties to be resolved include;</p> <ul style="list-style-type: none"> <li>• Proportioning geographies</li> <li>• Treating resources for the STP wide mental health service commitment</li> <li>• Proportioning voluntary sector funding</li> </ul>

	<p>Setting a meaningful capitated budget for the care alliance geographies in years 1 and 2 specifically needs further work. The outstanding issues would require weekly ICS Board discussions. It was expected the five year financial plan would receive final sign off at the November 2019 Governing Body meeting.</p> <p><b>ACTION: Mr Williams and Mr Lewis to work through risk management in a capitated budget.</b></p> <p>Mr Lewis asked if the vast majority of capitated budget was expected to sit inside the alliance. Mr Williams confirmed it would unless there is a valid reason to exclude it.</p> <p><b>ACTION: Financial Plan update to be added to the ICS board agenda for September 2019.</b></p>								
31/19	<b>Submissions for Future Meetings</b>								
	<p>Mr Williams informed the Board Sandwell and West Birmingham CCG Governing Body had recently moved to bimonthly scheduling, the October 2019 meeting had therefore been cancelled. Commissioning intentions do not require signed off in September 2019 although progress updates could be reviewed. Mr Pearson felt there should be a commissioning intentions discussion in September 2019 in order for some progress to be reaffirmed. Mr Lewis agreed and was keen to set a governance footprint.</p> <p>Mr Howe announced good progress had been made on the Sandwell BCF Board support work with Mrs Salter-Scott. However, Sandwell partners were requesting clarity on the investment plan once mapped to PCN provider alliances and how it would fit into the 3 – 5 year investment plan in terms of growth of services and workforce. Mr Williams confirmed the CCG would commission based on care alliance recommendations.</p> <p>The Board agreed to the following meeting submissions:</p> <table border="1" data-bbox="288 1585 1469 1953"> <tr> <td data-bbox="288 1585 858 1659">September - Governing Body</td> <td data-bbox="858 1585 1469 1659"> <ul style="list-style-type: none"> <li>• Draft Alliance governance</li> <li>• Flight Plan update</li> </ul> </td> </tr> <tr> <td data-bbox="288 1659 858 1744">September - Healthy Lives Partnership</td> <td data-bbox="858 1659 1469 1744"> <ul style="list-style-type: none"> <li>• Governance</li> <li>• Flight Plan update</li> </ul> </td> </tr> <tr> <td data-bbox="288 1744 858 1888">October - Healthy Lives Partnership</td> <td data-bbox="858 1744 1469 1888"> <ul style="list-style-type: none"> <li>• Rehearsal for Nov GB Finance Paper</li> <li>• Extended discussion re governance (place, HLP and STP)</li> </ul> </td> </tr> <tr> <td data-bbox="288 1888 858 1953">November - Governing Body</td> <td data-bbox="858 1888 1469 1953"> <ul style="list-style-type: none"> <li>• Substantive paper re finance position</li> </ul> </td> </tr> </table>	September - Governing Body	<ul style="list-style-type: none"> <li>• Draft Alliance governance</li> <li>• Flight Plan update</li> </ul>	September - Healthy Lives Partnership	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Flight Plan update</li> </ul>	October - Healthy Lives Partnership	<ul style="list-style-type: none"> <li>• Rehearsal for Nov GB Finance Paper</li> <li>• Extended discussion re governance (place, HLP and STP)</li> </ul>	November - Governing Body	<ul style="list-style-type: none"> <li>• Substantive paper re finance position</li> </ul>
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		<ul style="list-style-type: none"> <li>• Update on outcomes framework</li> </ul>
	November - Healthy Lives Partnership	<ul style="list-style-type: none"> <li>• First alliance response plans</li> </ul>
	<p>Mrs Salter-Scott suggested a paper around service user citizens to incorporate citizen voice that wraps around the Primary Care Networks and Alliances, in order to create two-way communications.</p> <p><b>ACTION: Mrs Salter-Scott to produce citizen communications and engagement paper for September HLP board.</b></p>	
32/19	<b>Any other business</b>	
	<p>Mr Williams updated the Board on the outcomes framework for West Birmingham. Work continues with the Director of Public Health and the Health and Wellbeing Board to understand the outcomes Birmingham and Solihull CCG are developing in order to nuance the West Birmingham outcomes framework. However, this is being met with resistance as BSOL are challenging the appropriateness of the SWBCCG boundary vote outcome. There is also a risk that the Black Country CCGs may form a new single CCG after the formation of a single management team before May 2020. This could be seen as further opportunity to force the separation of West Birmingham and Sandwell. Mr Williams suggested work should be undertaken to provide factual information to inform such a decision should the need arise. The Board agreed to continue to develop the outcomes framework in the context of the balance scorecard for West Birmingham, to seek the views of the care alliance partners while ensuring transparency and clarity regarding capitated budget, perspective on outcomes and targets.</p> <p>Mr Pearson enquired if there was sufficient resource to meet the November flight plan target. Mr Lewis confirmed there would be adequate resource for November 2019 mobilisation. Mrs Liggins added conversations regarding skill set requirements would be taking place over the coming weeks.</p> <p><b>ACTION: Mobilisation resource requirements for November 2019 – April 2020 to be added to October ICS HLP Board meeting agenda.</b></p> <p>Mr Lewis provided an update on the Midland Metropolitan Hospital. Business case has moved from Department of Health to the Treasury two weeks later than expected. It is hoped builders could commence work in December 2019 if the Treasury approve the business plan by the end of September 2019. Working with national stakeholders to establish contingency plans in the event of a parliamentary general election or vote of no</p>	

	confidence.
<b>33/19</b>	<p><b>Date and time of next meeting</b>          Wednesday          1400 to 1700 hours          Board Room 2F, Kingston House</p>

FINAL

**Black Country and West Birmingham STP Partnership Meeting – Minutes**  
**held on Thursday 26 September 2019 at 13:30 hours**  
**at Wolverhampton Science Park, Wolverhampton, WV10 9RU**

**Present:**

Alastair McIntyre (AM)	Black Country & West Birmingham STP
Basil Andreou (BA)	Oldbury Health Centre / Sandwell Primary Care Network
Brendan Clifford (BC)	City of Wolverhampton Council / Black Country Directors of Adult Social Services
David Loughton (DL)	Royal Wolverhampton NHS Trust
Diane Wake (DWa)	Dudley Group NHS Foundation Trust
Helen Hibbs (HH)	Wolverhampton CCG / Black Country & West Birmingham STP
Imran Zaman (IZ)	Broadway Health Centre / West Birmingham Primary Care Network
James Green (JG)	Sandwell and West Birmingham CCG and Wolverhampton CCG / Black Country & West Birmingham STP (Finance)
Jonathan Fellows (JF)	Black Country & West Birmingham STP (Chair)
Lesley Writtle (LW)	Black Country Partnership Foundation Trust
Mark Axcell (MA)	Dudley and Walsall Mental Health Partnership NHS Trust
Paul Maubach (PM)	Dudley CCG and Walsall CCG
Richard Beeken (RB)	Walsall Healthcare NHS Trust
Sally Roberts (SR)	Wolverhampton CCG / Black Country & West Birmingham STP
Toby Lewis (TL)	Sandwell & West Birmingham Hospitals

**In Attendance:**

Charlotte Harris (CH)	Black Country & West Birmingham STP (Note Taker)
Joe Simpson (JS)	Local Government Association
John Taylor (JT)	HealthWatch (Walsall)
Laura Broster (LB)	Dudley CCG / Black Country & West Birmingham STP (Communications & Engagement)
Martin Stevens (MSt)	Sandwell and West Birmingham CCG / Black Country & West Birmingham STP (Performance)
Matthew Hartland (MH)	Dudley CCG and Walsall CCG / Black Country & West Birmingham STP (Planning)
Suzanne Cleary (SC)	Birmingham Community Healthcare NHS Foundation Trust (in absence of RK)
Timothy Horsburgh (TH)	Dudley CCG (LMC)

**Apologies:**

Andy Williams (AW)	Sandwell & West Birmingham CCG
David Watts (DW)	City of Wolverhampton Council
Della Burgess (DB)	Health Education England
Graeme Betts (GB)	Birmingham City Council
Jonathan Odum (JO)	Royal Wolverhampton NHS Trust / Clinical Leadership Group
Katrina Boffey (KB)	NHS Midlands
Richard Kirby (RK)	Birmingham Community Healthcare NHS Foundation Trust

1.	<p><b>Welcome and Introductions</b></p> <p>JF welcomed the Partnership members. Introductions were made.</p>
2.	<p><b>Apologies</b></p> <p>Received and noted above.</p>
3.	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest made.</p>
4.	<p><b>Review of Previous Minutes – 29 August 2019</b></p> <p>The minutes from the meeting were agreed as an accurate record.</p>
5.	<p><b>Review of Action Log</b></p> <p>The action log was reviewed and the following updates provided:</p> <p><u>STP Partnership Board</u></p> <p>Action 36 – AM informed he would chase West Midlands Ambulance Service for the information and will also discuss attendance at the STP Board.</p> <p>Action 39 – All comments have been received regarding governance. At the next meeting, there will be a discussion on the governance needed for an Integrated Care System (ICS) and the progress made on the ICS Maturity Matrix.</p> <p><u>Health Partnership Board</u></p> <p>Action 57c – No response has been received regarding a Board to Board with Staffordshire STP. This action has been carried forward.</p> <p>Action 60 – There will be work on future capital bid solutions. This action will be transferred to the Estates team and will be closed for the STP Board.</p>
6.	<p><b>Matters Arising</b></p> <p>No items were raised.</p>
<p><b>System Presentations – Main Item</b></p>	
7.	<p><b>STP Long Term Plan (LTP)</b></p> <p>The submission of the draft plan is due Friday 17 September 2019, 12:00 noon. This included the narrative document, the strategic planning tool which includes the finance and activity, the LTP collection tool, the workforce planning tool which is being submitted by providers, and the submission of Specialised and Direct Commissioning from Region. There are some gaps, in particular from those that are submitting independently.</p>



The timeframes are submission on 27 September 2019, there is a workforce review on the 07 October 2019, a full system review on 08 October 2019, and there is a systematic review of the plan on 11 October 2019 where attendance needs to be agreed. There will be ongoing reviews between then and the 15 November 2019. Publication to the public is due on 28 November 2019, although this is subject to change. TL noted that this will not be able to go to a private board meeting at his trust and he would need it to go to the public meeting. It was agreed this would be raised with NHS England and NHS Improvement (NHSE/I). It was also noted that there are other assurance processes that will be occurring during this time such as a Cancer Deep Dive.

Thanks were given to the responses received regarding the plan, which have mainly been positive. The priorities have been reordered based on feedback from Health and Wellbeing Boards and Local Authorities. The narrative is not complete for publication with some placeholders; this is still being drafted by workstream leads. There has been new guidance, trajectories and Key Lines of Enquiry (KLOE's) received, so the plan is still being worked on. There are some metrics that have changed or have not yet been defined. The workforce submissions are by organisation so cannot reflect output in the plan. The triangulation of finance, workforce, activity and metrics is not complete.

There is good narrative, but it does not detail enough on how the activities will be undertaken in some areas. The plan is not yet demonstrating all metrics will be achieved. It is not clear on new investments and system impact. The workforce section lacks detail due to the timing of the tool submissions. In regards to finance, this needs enhancement also due to the timing of submissions, there is £38 million "do-nothing" deficit, and it requires actions to mitigate. There is some clinical narrative that needs further development. There have been comments that the plan is too long.

#### Key Priorities

Feedback included there needs to be greater emphasis on health and wellbeing, and addressing health inequalities. The need for prevention needs to be emphasised more and the plan currently states delivery of clinical priorities that are set by the STP, but this needs to be more inclusive of much wider clinical priorities. The purpose of the priorities needs to be outlined, including the benefits to the patient and the people.

It was suggested the priorities should be;

- The clinical priorities for the people including inequalities and exclusion.
- The workforce priorities for staff including the Black Country & West Birmingham being the best place to work
- System sustainability including finance. It was noted that sustainability should not be just for financial reasons.

AM noted that after submission, the prioritisation work can be completed which will help decide what can be done in regards to finances.

#### Acute collaboration

It was noted that no board has committed to acute collaboration and therefore the narrative for this will need to be generic. TL suggested this should be about clinical collaboration, including clinical models and networks not organisational reform.

	<p><u>Financial</u></p> <p>It was noted that other STP positions are higher risk; therefore the system will not be an outlier. The mechanism for sharing financial risk was agreed to be first at place and then at a STP level, but it was noted knowledge on how this will work is needed. JG discussed the outturn for this financial year, and noted that all trusts are on plan with control totals. There is a financial risk assessment being carried out which is being refined with Directors of Finance. It was agreed the “do-nothing” deficit is to remain at £38 million as this is a credible position, but a stronger narrative is required.</p> <p>MH informed that the constitutional standards are not part of the plan as they may change. There was a discussion on current trajectories and whether the system will be able to meet them all.</p> <p>TH questioned when the plan would be delivered. MH informed that once constructed, the Operational Plan will be for 2020/21. As part of the ICS assurance process, the system will be questioned on what has been delivered.</p> <p>AM tabled a paper regarding delegated authority for sign off for 15 November 2019. It was agreed this can be reviewed once there has been confirmation from NHSE/I and taking the plan to public board meetings before this date.</p> <p><b>Actions:</b>  <b>Matthew Hartland to complete the amendments to the draft Long Term Plan noted in the Board meeting on 26 September 2019, ready for submission the following day. Helen Hibbs and Alastair McIntyre to discuss with NHS England and NHS Improvement regarding whether the Long Term Plan can be taken into a public board meeting before 15 November 2019.</b>  <b>A paper on delegated authority for sign off for the 15 November 2019 deadline to be reviewed once confirmation from NHS England and NHS Improvement has been received regarding presenting the plan at public board meetings.</b></p>
<b>STP Updates</b>	
<b>8.</b>	<p><b>System Updates</b></p> <p><u>System Review Meeting – 30 August 2019</u></p> <p>The letter from the System Review meeting on the 30 August 2019 was provided for information. There were various actions noted including doing a financial risk assessment. There are some actions that have been completed, such as the Cancer Deep Dive is scheduled for 10 October 2019, but there are some still due from NHSE/I.</p> <p>AM outlined the agenda suggested for the next System Review Meeting on 08 October 2019. This included; system performance by exception, transformation, major service changes, integrated partnerships, the Mental Health trusts merger and workforce. A briefing pack will be provided next week with KLOE’s. It has been noted that the meeting will clash with other NHSE/I arranged meetings and conferences, resulting in some Chief Executives not being able to attend. AM will send the agenda for information.</p>

	<p>JF noted that there needs to be a focus on the good work that is taking place across the patch. AM noted there is a meeting on workforce on 07 October 2019 and the Cancer Deep Dive on the 10 October 2019, which may affect the discussions held at the System Review Meeting.</p> <p><u>Transforming Care Partnership (TCP)</u></p> <p>The governance structure is being revised which will be going to the TCP Board; along with the Business Cases for spend. There are new trajectories; with a new target of 31 in beds across Specialised Commissioning and the CCG by year five. This has been modelled and the system has said it can be achieved.</p> <p><u>Cancer</u></p> <p>DW noted the diverted 2 week breast referrals from RWT to DGFT are increasing, with a high volume of nearly 12 a day. Performance is still being met, but this could be impacted in the near future. SR informed there is a meeting next week. There has been a reduction in the back log of patients, showing the positive impact. Performance is being reviewed daily especially impact on other providers.</p> <p>TL noted that Sandwell &amp; West Birmingham Hospitals are holding the position of compliance. However the performance and activity at the Queen Elizabeth Hospital could be a risk to the trust and to the system. SR informed there had been conversations with Coventry and Warwickshire regarding alternative pathways for tertiary referrals. There has been capacity and demand work led system wide for gynaecology, dermatology and breast.</p> <p>DL discussed the cytology service for the Black Country &amp; West Birmingham, with there being an impact in that patients are currently having to wait longer for results.</p> <p>TL discussed the urology letter from Alison Tonge regarding networks. This will be raised at the System Review Meeting.</p> <p><b>Action: Alastair McIntyre to distribute the proposed agenda for the System Review Meeting scheduled for the 08 October 2019.</b></p>
9.	<p><b>Communications and Engagement Update</b></p> <p><u>STP/ICS Identity</u></p> <p>The STP/ICS is been looking at a single identity. At the end of July/beginning of August three concepts were developed shaped by findings from the branding workshop with communications leads. In August, these were sent to stakeholders for feedback. There were 53 responses and a way forward has been agreed. The preferred concept is for “Healthier Futures” with Black Country &amp; West Birmingham underneath. This is simple, states what is wanted to be achieved and includes the geographical area. The skyline has been widely recognised and so it has been suggested that this compliment the new concept but will be enhanced to include other skylines and landmarks, which are being provided from communications leads from local providers.</p> <p>In regards to the supporting strapline, there were three options provided;</p>

	<p>1) Building stronger, happier communities  2) With you, for you  3) Working together to improve health and care</p> <p>The preferred option will be used as part of the final identity, working alongside the “Healthier Futures” logo. It was noted that the vision statement for the STP is “Improving health and wellbeing”.</p> <p>It was agreed, the preferred strapline would be; “Building healthier, happier communities”, amalgamating options 1 and 3.</p> <p><u>Concordat</u></p> <p>The concordat is to note how the plan will be published and be distributed out to the public. The website being developed will allow the plan to be published. Currently, the plan is not in a state to be easily consumed. Therefore, there will be a plain English version, live Twitter discussions, and launch events. There is a Workforce Summit in January 2020 which can be used to build on the LTP. The communications team will come together for press releases, which will include the more technical language. NHSE/I have noted that milestones and risks will need to be included.</p> <p>LB was asking for the endorsement of the approach and signatories. The Communications and Engagement team have been supporting the workstreams. They will go back to the leads for additional support. It was confirmed that the website will have “Translate” on to ensure the plan can be accessed in multiple languages. The public summary can also be published in these languages but the Board will need to grant funding to do so.</p> <p>In regards to the launch events, it was suggested that these need to be place orientated with STP elements. RB requested to co-design the events for Walsall. Thanks were given to those that had already attended some events that have occurred. These have included what it has meant to that place. It was agreed that the events need to be clinically and organisationally led. MA noted that some work is shown to need a Black Country &amp; West Birmingham footprint such as with workforce. JT discussed the audience and ensuring the events are meaningful.</p> <p>A risk was noted for the plan, in regards to all parties accepting the plan. There needs to be mitigation to ensure that all know what needs to be done to ensure the plan is accepted by all partners.</p>
10.	<p><b>System Finance</b></p> <p>A report was submitted for information. No comments were raised.</p>
11.	<p><b>System Performance and Transformation</b></p> <p>A report was submitted for information. No comments were raised.</p>
12.	<p><b>System Quality</b></p>

	A report was submitted for information. No comments were raised.
<b>13.</b>	<b>Clinical Leadership Group (CLG) Update</b>  No report was submitted for September. A workshop was held in August.
<b>14.</b>	<b>Joint Commissioning Committee (JCC) Update</b>  A report was submitted for information. No comments were raised.
<b>15.</b>	<b>Local Workforce Action Board</b>  A report was submitted for information. No comments were raised.
<b>16.</b>	<b>Programme Delivery Working Group Report</b>  A report was submitted for information. No comments were raised.
<b>17.</b>	<b>Any Other Business</b>  <u>26 Week Choice</u>  There has been a request into the system regarding a 26 Week Choice Programme. This is a National programme with guidance. Neill Bucktin and the Elective and Planned Care workstream have been coordinating a response. Dudley Group NHS Foundation Trust will be a first mover site. The draft outline plan needs to be submitted on 30 September 2019. This will be presented at the next meeting.  <b>Action: The 26 Week Choice Programme plan to be presented at the October meeting.</b>
<b>17.</b>	<b>Close</b>  <b>Next Meeting:</b>  Thursday 31 October 2019, 13:30-16:00, Boardroom, 2F, Kingston House, 438-450 High Street, West Bromwich, B70 9LD