

Date	30 th November 2021
Time	1.40pm – 3:30pm
Venue	MS TEAMS – CLICK HERE

Meeting of the Joint Committee of the Cheshire and Merseyside CCGs

held in public (virtual meeting)

A G E N D A

Chair: Geoffrey Appleton

QUORUM ARRANGEMENTS

The meeting will be quorate with at least one representative of each member CCG being present.

Timings	Item No	Item	Owner	Action / Approval Level	Format & Page No
	A	PRELIMINARY BUSINESS			
1.40pm	A1	Welcome, Introductions, Committee Chair Opening remarks	Chair	-	Verbal
	A2	Apologies for absence	Chair	-	Verbal
	A3	Declarations of Interest <i>(Committee members are asked to declare if there are any declarations in relation to the agenda items or if there are any changes to those published in the Committees Register of Interests)</i>	Chair	For assurance	Verbal & Paper (Page 3)
	A4	Minutes of previous meeting	Chair	For approval Level 1	Paper (Page 13)
	A5	Committee Action and Decision Logs	Chair	For information	Paper (Page 26)
	A6	Committee Forward Plan	Chair	For information	Paper (Page 29)
	A7	Advanced notice of any other business to be raised at today's meeting	Chair	-	Verbal
	A8	Public Questions	Chair	-	Verbal
2.00pm	B	HEALTH & CARE PARTNERSHIP UPDATE			
	B1	Update from the Interim Chief Executive of the Cheshire & Merseyside HCP	Sheena Cumiskey	For information	Verbal
2.10pm	B2	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Dianne Johnson	For information	Verbal

2.20pm	C	COMMITTEE BUSINESS ITEMS			
2.20pm	C1	Delegation of authority to the Cheshire & Merseyside CCGs Joint Committee	Fiona Taylor & Matthew Cunningham	<i>For information</i>	<i>Paper (Page 32)</i>
2.30pm	C2	Cheshire & Merseyside CCGs Joint Committee - Sub-Committee Terms of Reference	Fiona Taylor & Matthew Cunningham	<i>For approval Level 1</i>	<i>Paper (Page 104)</i>
2.40pm	C3	Cheshire and Merseyside CCGs Tier 4 Bariatric Surgery Procurement Options Paper	Nesta Hawker	<i>For decision Level 1</i>	<i>Paper (Page 133)</i>
2.55pm	C4	Expansion of Cheshire & Merseyside Virtual Wards	Geraldine Murphy-Walkden	<i>For approval Level 1</i>	<i>Paper (Page 140)</i>
3.05pm	C5	Update from the Cheshire and Merseyside CCGs Directors of Commissioning <ul style="list-style-type: none"> • November 2021 Meeting Update & Workplan • Proposed ToR's for Directors of Commissioning Group transition to Joint Committee Working Group 	David Horsfield	<i>For information and approval Level 1</i>	<i>Paper (Page 157)</i>
3.20pm	AOB	Discussion on any items raised	All		
3.30pm	CLOSE OF MEETING				
DATE AND TIME OF NEXT MEETING		21st December 2021 1.40pm – 3.30pm			



Register of Interests for the members of the Joint Committee of the Cheshire & Merseyside CCGs

(Updated 22nd November 2021)

****updated declarations since the last meeting of the Committee are highlighted in BLUE****

Name	Current Position & CCG	Declared Interest	Declared Interest			Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (if applicable)	
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest						
Geoffrey Appleton	GB Member St Helen's CCG	1. Voluntary sector Champion: Ambassador for Workers Education Association.			X	Direct	Jan 2015	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings.	Joined 20 July 2021	
		2. Member of a voluntary sector board: Governor, Cowley International College, St Helens.			X	Direct	May 2010	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings		
		3. Member of a voluntary sector board: Trustee, Liverpool Cathedral - meetings once a quarter.			X	Direct	2008	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings		
		4. Member of a voluntary sector board: Trustee, Cheshire Young Carers.			X	Direct	Nov 2016	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings		
		5. Member of a voluntary sector board: Trustee at Athenaeum, Liverpool.			X	Direct	July 2017	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings		
		6. Member of a voluntary sector board: Trustee on board of Oliver Lyme Trust, Prescot, Liverpool - Charity with aim to keep people in their own homes. 1 x formal meeting per year.			X	Direct	April 2018	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings		
		7. Chair of East Cheshire Safeguarding Adults Board, 2 days per month. Advisory.		X			Direct	Sept 2017	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		8. Committee Member for Appointment of Magistrates in Cheshire & Merseyside - 2 days a month, unpaid.		X			Direct	March 2020	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		9. Lay members of the Lord Chancellor's Advisory Committee for the appointment of magistrates for Cheshire and Merseyside- 2 days a month, unpaid.		X			Direct	Dec 2020	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		10. Interim Independent Chair of St Helens ICP Board.		X			Direct	April 2021	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
Simon Banks	Chief Officer NHS Wirral CCG	1. Partner is an employee of Halton CCG			X	Indirect	04/04/2017	Ongoing	Declared in line with conflicts of interest policy	Joined 20 July 2021	

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			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest					
		2. Son is Apprentice Paralegal with Stephenson Solicitors LLP working in clinical negligence team.			X	Indirect	01/03/2021	Ongoing	Declared in line with conflicts of interest policy	
		3. Sister in Law is employed by Leso Digital Health, a provider of online Cognitive Behavioural Therapy (CBT) to the NHS		X		Indirect	15/06/2020	Ongoing	Interest declared and would be managed if conflict arose.	
Dr Sue Benbow	Secondary Care Doctor Lay member NHS Knowsley CCG	1. Partner holds shares in WL Gore & Associates			X	Indirect	2018	Ongoing	Declare as and when appropriate and would be managed if conflict arose.	Joined 28 Sept 2021
		2. Member of the Mid-Mersey Joint Committee		X		Direct	-	Ongoing	Declare as and when appropriate and would be managed if conflict arose.	
Dr Rob Caudwell	CCG Chair NHS Southport and Formby	3. The Marshside Surgery (General Practice) – Partner	X			Direct	2004	Ongoing	Excluded from decision making regarding General Practice	Joined 20 July 2021
		4. The Family Surgery (General Practice) – Partner	X			Direct	2016	Ongoing	Excluded from decision making regarding General Practice	
		5. Caudwell Medical Services LTD	X			Direct	2014	Ongoing	Excluded from decision making regarding General Practice	
		6. R&B Medical Properties Ltd	x			Direct	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		7. S&F Health Ltd GP Federation	x			Direct	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		8. Southport Aesthetics	x			Direct	2010	Ongoing	Interest to be declared at relevant CCG meetings	
		9. West Lancs CCG			X	Indirect	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		10. Coloplast	x			Direct	2018	Ongoing	Interest to be declared at relevant CCG meetings	
		11. NHS LCFT	x			Direct	2017	Ongoing	Interest to be declared at relevant CCG meetings	
		12. Care Plus Pharmacy (Internet Pharmacy)	x			Direct	Oct 2018	Ongoing	Interest to be declared at relevant CCG meetings	
		13. Provider of Intermediate Care Beds GP	x			Direct	01/04/2019	Ongoing	Interest to be declared at relevant CCG meetings	

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		14. Medloop Ltd/GMBH	x			Direct	06/2019	Ongoing	Interest to be declared at relevant CCG meetings	
		15. Clinical Director of Southport & Formby PCN	x			Direct	01/04/2021	Ongoing	Interest to be declared at relevant CCG meetings	
Sylvia Cheater	Lay Member (Patient Champion) Wirral Health & Care Commissioning Group	1. Daughter-in-law Gastroenterology ST5, Wirral University Teaching Hospital			X	Indirect	01/09/21	ongoing	Declared in line with conflicts of interest policy	Joined 20 July 2021
		2. President/Trustee, Institute of Health Promotion and Education.		X		Direct	01/09/20	ongoing	Declared in line with conflicts of interest policy	
Chrissie Cooke	Interim Chief Nurse NHS South Sefton CCG and NHS Southport and Formby CCG	1. Healthcare Review ltd healthcare consultancy – Director/Owner	X			Direct	01/01/2021	Ongoing	CCG does not commission services from this company. Declarations at relevant committees and exclusion from decision making	Joined 20 July 2021
		2. Niche Health and Social Care Consulting Ltd – Associate Consultant	X			Direct	01/01/2021	Ongoing	Declarations at relevant committees and exclusion from decision making	
		3. Employee- Bank Staff Nurse Cheshire and Wirral Partnership NHS FT - Bank nurse shift cover ad-hoc and as required	X			Direct	01/01/2021	Ongoing	Declarations at relevant committees and exclusion from decision making	
		4. Joint appointment as Chief Nurse at NHS Southport and Formby CCG and NHS South Sefton CCG		X		Direct	01/01/2021	Ongoing	Protocols in place with Chairs, GB & SLT of both organisations	
		5. Chair of Visyon Ltd – Volunteer Trustee		X		Direct	01/01/2021	Ongoing	Declarations at relevant committees and exclusion from decision making	
		6. Daughter is employed by Cheshire East Council			X	Indirect	01/01/2021	Ongoing	None required.	
David Cooper	Chief Finance Officer NHS Warrington CCG	1. Mother is employed as a receptionist at Salinae Clinic in Middlewich and is employed by Central Cheshire Integrated Community Partnership			X	Indirect	18/03/21	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Is the Chief Finance Officer for both NHS Warrington CCG and NHS Halton CCG	X			Direct	02/01/20	Ongoing	Declare appropriately at Committee meetings.	

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		3. Sister-in-law is Head of Operations at Manchester Fertility			X	Indirect	09/09/21	Ongoing	WCCG does not hold a contract with Manchester Fertility but will declare appropriately at Committee meetings	
Michelle Creed	Chief Nurse NHS Warrington CCG	1. Act as Chief Nurse for NHS Halton and NHS Warrington CCG's	X			Direct	02/01/20	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
Dr Andrew Davies	Clinical Chief Officer NHS Warrington CCG	1. Daughters graduate scheme – Deloitte.			X	Indirect	18/03/21	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Daughter accepted an apprenticeship with Deloitte.			X	Indirect	18/03/21	Ongoing	Declare appropriately at Committee meetings.	
		3. Non-executive for housing group in Stoke-on-Trent – Honeycomb Group.	X			Direct	18/03/21	Ongoing	Declare appropriately at Committee meetings.	
		4. Wife is employed as a ward Sister at Fairfield independent hospital.			X	Indirect	27/10/21	Ongoing	Declare appropriately at Committee meetings.	
Dr Mike Ejuoneatse	GP Partner St Helen's CCG	1. Directorship: I am my GP practice representative on our Primary care network Board.	X			Direct		Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Shareholder: GP Partner in a local practice which provides GMS.	X			Direct	2008	Ongoing	Declare appropriately at Committee meetings.	
		3. Member of Federation: Practice is a member of Central Primary Care Network.	X			Direct	July 2019	Ongoing	Declare appropriately at Committee meetings.	
		4. Providing clinical leadership mentor support to PCN Clinical Directors.		X		Direct	May 2020	Ongoing	Declare appropriately at Committee meetings.	
Dianne Johnson	Chief Officer NHS Knowsley CCG	1. Brother is the Member of Parliament for Halton			X	Indirect		Ongoing	Declare as and when appropriate	Joined 20 July 2021
		2. Close personal friend is employed at St Helens & Knowsley Teaching Hospitals NHS Trust in an Education role			X	Indirect		Ongoing	Declare as and when appropriate	
		3. Close friend of my partner works in Healthwatch Knowsley.			X	Indirect		Ongoing	Declare as and when appropriate	
		4. Member of Mid Mersey CCGs Joint Committee			X	Direct		Ongoing	Declare as and when appropriate	

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		5. Member of North Mersey CCGs Joint Committee and North Mersey Committees in Common			X	Direct		Ongoing	Declare as and when appropriate	
		6. Senior Responsible Officer for Eastern Sector Cancer Service Change programme			X	Direct		Ongoing	Declare as and when appropriate	
Jane Lunt	Chief Nurse, Liverpool CCG	1. Family member works as a nurse in the Cheshire & Merseyside area.			X	Indirect	18/10/21	Ongoing	Declare as and when appropriate.	Joined 26 Oct 2021
		2. Currently seconded into the Chief Nurse role at South Sefton CCG.		X		Direct	11/10/21	Ongoing	Declare as and when appropriate.	
Martin McDowell	Chief Finance Officer NHS South Sefton CCG and NHS Southport and Formby CCG	3. Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG		X		Direct	2013	Ongoing	Protocols in place with Chairs, GB & SLT of both organisations	Joined 20 July 2021
Peter Munday	Independent Lay Member NHS Cheshire CCG	1. Providing consultancy advice to various NHS organisations outside Cheshire CCG via gbpartnerships Ltd for whom I work as an associate. No financial interest in the placing of contracts.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	Joined 20 July 2021
		2. Providing consultancy advice to various NHS organisations outside Cheshire CCG via Rider Hunt for whom I work as an associate. No financial interest in the placing of contracts.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		3. Providing occasional consultancy advice to various NHS organisations via MIAA Solution (NHS organisations) outside Cheshire CCG for whom I work as an associate. No financial interest in the placing of contracts.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		4. Provide training to NHS organisations via the FSD Skills Network (NHS Body) in the North West.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	

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		5. Act as Honorary Treasurer for "Just Drop In" (young persons' charity in Macclesfield)			X	Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		6. Writing a Monthly Column for "Cheshire Life" magazine (Archant Group) [non-Healthcare related]			X	Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
David O'Hagan	Governing Body Member NHS Liverpool CCG	1. Spouse is a consultant medical oncology in colorectal cancer (in the Cheshire & Merseyside area)			X	Indirect	13/9/21	Ongoing	Declare appropriately at meetings when appropriate.	Joined 20 July 2021
		2. Ordinary shareholder in Standard Life.	X			Direct	13/9/21	Ongoing	Declare appropriately at meetings when appropriate.	
Mark Palethorpe	Accountable Officer St Helen's CCG	3. Secondary Employment: Primary Employment with St Helens Local Authority - Executive Director Integrated Health & Social Care, Feb 2021 - Current	X			Direct	Feb 2021	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		4. Sister in law works for NHS Cheshire CCG as a project manager			X	Indirect	October 2015	Ongoing	Declare as appropriate.	
		5. Son is Doctor working at Aintree University Hospital			X	Indirect	August 2020	Ongoing	Declare as appropriate.	
Dr Andrew Pryce	Governing Body Chair NHS Knowsley CCG	1. Director of Clair Gardens Limited Company 03546267 (Dormant Company).	X			Direct		Ongoing	Always declare any connections/activity involving yourself that relate to any NHS organisations that Knowsley CCG commission services from and do not take part in decision making where this may give you or companies/organisations you are involved with, any advantage.	Joined 20 July 2021
		2. Practice is a provider of PMS Services and also delivers near patient testing for INR and anticoagulation services.	X			Direct		Ongoing	Do not take part in any discussions or decision making relating to INR services or anticoagulation services or matters directly relating to these service areas.	

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		3. Spouse is employed by Marie Curie Centre, Liverpool			X	Indirect		Ongoing	Declare as appropriate. Do not to take part in any discussions/decision making relating to hospices and the commissioning of hospices.	
		4. Son is a Graduate Communication Officer for Knowsley CCG			X	Indirect	No 2017	Ongoing	Declare as and when appropriate and do not involve yourself in the management arrangements for your son or his work plan unless requested by his manager.	
		5. Member of Mid Mersey CCGs Joint Committee		x		Direct		Ongoing	Declare as and when appropriate.	
		6. Member of North Mersey CCGs Joint Committee and North Mersey Committees in Common		x		Direct		Ongoing	Declare as and when appropriate.	
Fiona Taylor	Accountable Officer NHS South Sefton CCG and NHS Southport and Formby CCG	1. Joint appointment as AO at NHS Southport and Formby CCG and NHS South Sefton CCG		X		Direct	2013	Ongoing	Protocols in place with Chairs, GB & SLT of both organisations	Joined 20 July 2021
		2. St Ann's Hospice - Trustee of St Ann's Hospice, Cheadle		X		Direct	01/01/2017	Ongoing	No mitigation required	
		3. AQUA – Board Member	X			Direct	01/01/2017	Ongoing	Interest declared at relevant meetings	
		4. St Georges Central CE School & Nursery, Tyldesley – Chair of Governors			X	Direct	09/2005	Ongoing	No mitigation required	
Dr Andrew Wilson	Clinical Chair NHS Cheshire CCG	1. Partner in Ashfields Primary Care Centre, which holds a PMS contract for primary medical services with NHS England and contract with NHS Cheshire CCG to provide additional clinical services including vasectomy, dermatology and counselling.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	Joined 20 July 2021

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			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest					
		2. Sandbach GPs is a member of the South Cheshire GP Alliance, a company limited by guarantee. The South Cheshire GP Alliance has an APMS contract with NHS England for providing Prime Minister Transformation (previously Challenge Fund Services).	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		3. Sandbach GPs charges for a hosting service for a number of clinical services operating from its premises.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		4. Dr Neil Paul, who is a partner in Sandbach GPs, is a Director of Howbeck Healthcare, a healthcare consultancy who are engaged by South Cheshire GP Alliance as managerial support.	X			Indirect			Declared. Treated in accordance with section 11 of the CCG Policy.	
		5. Sandbach GPs has an active role as a research practice/investigator site for both commercial and non-commercial research.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		6. AQuA Fellow from October 2016-October 2017, this included a bursary of circa £8k to support the fellowship.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		7. Non-Executive Director, Advancing Quality Alliance (AQuA)		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		8. Mike Pyrah, a personal friend, is a Director of Howbeck Healthcare, a healthcare consultancy who are engaged by South Cheshire GP Alliance as managerial support.	X			Indirect			Declared. Treated in accordance with section 11 of the CCG Policy.	
Clare Watson	Accountable Officer NHS Cheshire CCG	1. Personal friend with Director of Healthskills who are providing OD support to the NHS Cheshire CCG	X			Indirect	January 2018	Ongoing	Declared. Treated in accordance with section 11 of the CCG Policy.	Joined 20 July 2021

Register maintained by: Director of Governance & Corporate Development, NHS Cheshire CCG

Revisions history: 28th July 2021
13th September 2021
14th October 2021
22nd November 2021

Draft Minutes

Meeting Name: Joint Committee (Meeting held in Public)
Meeting Date/Time: 16th October 2021 at 1.45 pm **Venue:** Microsoft Teams
Chair: Dr Andrew Wilson, NHS Cheshire CCG

Attendance		
Name	Job Title /Category of Membership	Organisation being Represented
Voting Members		
Dr Andrew Wilson	Clinical Chair	NHS Cheshire CCG
Geoffrey Appleton	GB Lay Member	NHS St Helen's CCG
Simon Banks	Accountable/Chief Officer Representative	NHS Wirral CCG
Sylvia Cheater	GB Lay Member	NHS Wirral CCG
David Cooper	Chief Finance Officer	NHS Warrington CCG
Michelle Creed	Chief Nurse	NHS Warrington CCG
Dr Michael Ejuoneatse	GP Partner	NHS St Helen's CCG
Dr David O'Hagan	GP Director	NHS Liverpool CCG
Jan Ledward	Chief Officer	NHS Liverpool CCG and NHS Knowsley CCG
Jane Lunt	Director of Quality, Outcomes & Improvement / Chief Nurse	NHS Liverpool CCG
Martin McDowell	Chief Finance Officer	NHS South Sefton CCG
Peter Munday	GB Lay Member	NHS Cheshire CCG
Dr Andrew Pryce	Governing Body Chair	NHS Knowsley CCG
Iain Stoddart	Chief Finance Officer (Nominated Deputy)	NHS St Helen's CCG
Fiona Taylor	Accountable Officer	NHS Southport and Formby CCG
Leigh Thompson	Chief Commissioner (Nominated Deputy)	NHS Halton CCG
Clare Watson	Accountable Officer	NHS Cheshire CCG
Non-Voting Members		
Louise Barry	Healthwatch Representative (nominated deputy)	Healthwatch
Sheena Cumiskey	Cheshire & Merseyside ICS Representative (interim CEO)	Cheshire & Merseyside Health Care Partnership
Margaret Jones	Director of Public Health Representative	ChaMPs
Sarah O'Brien	C&M HCP Representative	Cheshire & Merseyside Health Care Partnership
In Attendance		
Steven Broomhead	LA Chief Executive Officer Representative	Warrington Borough Council
Keith Griffiths	Director of Finance	Cheshire & Merseyside Health Care Partnership
Nesta Hawker	Director of Commissioning and Transformation	NHS Wirral CCG

Attendance		
Name	Job Title /Category of Membership	Organisation being Represented
David Horsefield	Head of Transformation and Programmes	NHS Liverpool CCG
Anthony Middleton	Director of Improvement and Performance	Cheshire & Merseyside Health Care Partnership
Dylan Murphy	Head of Corporate Governance	NHS Cheshire CCG
Emma Lloyd (Clerk)	Notetaker	NHS Cheshire CCG

Apologies		
Name	Job Title /Category of Membership	Organisation being Represented
Ian Ashworth	Director of Public Health Representative	ChaMPs
Dr Sue Benbow	Secondary Care Doctor	Knowsley CCG
Dr Rob Cauldwell	Clinical Lead	NHS Southport & Formby CCG
Dr Andrew Davies	Clinical Chief Officer	NHS Halton CCG
David Flory	Cheshire & Merseyside ICS Representative (interim Chair)	C&M Health Care Partnership
Dianne Johnson	Director of Transition	Cheshire & Merseyside Health Care Partnership
Paul Mavers	Healthwatch Representative	Healthwatch
Dr Ifeoma Onyia	Director of Public Health Representative	ChaMPs
Mark Palethorpe	Accountable Officer	NHS St Helen's CCG
David Parr	LA Chief Executive Officer Representative	Halton Borough Council
Matthew Cunningham	Director of Governance and Corporate Development	NHS Cheshire CCG

Agenda Ref:	Discussion, Actions and Outcomes	Action By
P	Preliminary Business	
A1	<p>Welcome, Introductions and Declarations of Interest:</p> <p>The Chair, Dr Andrew Wilson, welcomed everyone to the meeting and outlined that this is meeting held in public, but is not a public meeting.</p> <p>Dr Wilson informed those present that there is a section for public questions and the email address to submit questions to the public can be found in the chat facility (ccq.corporate@nhs.net)</p> <p>Dr Wilson noted that the agendas for these meetings continue to evolve as the committee's functions evolve. Dr Wilson highlighted that the agenda now includes updates on the financial and performance position across Cheshire and Merseyside. Dr Wilson shared that he sees this committee having an important role in the transition to the ICB in terms of providing stability and ensuring that 'business as usual' for the CCGs is conducted in a consistent and safe way.</p>	
A2	<p>Apologies for Absence:</p> <p>Apologies received are noted above along with the nominated deputies where appropriate.</p>	

A3	<p>Declarations of Interest:</p> <p>The Chair shared that the annual register of interests is included in the pack of documents provided prior to the meeting.</p> <p>The following declarations of interest were raised in addition to those already recorded on the register of interests:-</p> <ul style="list-style-type: none"> • Iain Stoddard informed the Chair that he was currently seconded to Cheshire and Merseyside Integrated Care System (ICS) for three days per week. • Leigh Thompson informed the Chair that her husband is employed by Wirral Community Health and Care NHS Foundation Trust. • Jan Ledward informed the Chair that she has been employed as interim Chief Officer for NHS Knowsley CCG since 1st October 2021, in addition to her substantive role as Chief Officer for NHS Liverpool CCG. • Sheena Cumiskey informed the Chair that she is seconded to the role of interim CEO for Cheshire and Merseyside Health and Care Partnership, however, her substantive role is as Chief Officer for Cheshire and Wirral Partnership NHS Foundation Trust. <p>The Chair noted the declarations and agreed that these did not affect the discussions on this agenda.</p> <p>Fiona Taylor noted that the Chief Nurse representative on the Joint Committee is now Jane Lunt and therefore her declarations will need to be included on the register.</p> <p>Outcome: The declarations made at the meeting were noted and it was agreed that they did not affect the discussions for this agenda.</p> <p>Action: The Register of Interests will be updated to include any new members of the committee.</p>	
A4	<p>Minutes of the Previous Meeting:</p> <p>A copy of the draft minutes from the Cheshire & Merseyside CCGs Joint Committee Meeting held in public on 28th September 2021 were circulated prior to the meeting and comments were invited.</p> <p>One comment was raised in relation to an error on page 6 - 'Sylvia Creed' should read 'Sylvia Cheater'.</p> <p>No other comments were raised, and the minutes were therefore approved subject to this minor amendment.</p> <p>Outcome: The minutes of the public meeting held on 28th September 2021 were approved subject to the minor amendment outlined above.</p>	
A5	<p>Action and Decision Log:</p> <p>The Chair highlighted that there is one item on the action log around the Joint Committee TOR and this is currently ongoing.</p> <p>The decision log was noted without comment.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the action and decision logs.</p>	

A6	<p>Committee Forward Plan:</p> <p>Simon Banks shared that the S140 Protocol does not need to come back in November as a routine item, as it was approved by Accountable Officers who have shared it with the relevant Local Authorities.</p> <p>The S140 protocol may need to come back in the future, as there is a need to include additional appendices, but this is a piece of ongoing work. The plan will be updated to reflect this. There were no other comments on the forward plan.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the forward plan and requested that this is amended to reflect that the S140 Protocol does not need to come back to the committee in November as a routine item.</p>	
A7	<p>Advanced Notice of AOB:</p> <p>No AOB items were raised.</p>	
A8	<p>Public Questions:</p> <p>The Chair confirmed that there were no public questions received prior to meeting and reminded those present that the email for public questions was available on the meeting chat facility.</p>	
B Update Items		
B1	<p>Update from the Chair of the Cheshire and Merseyside Health and Care Partnership:</p> <p>Sheena Cumiskey provided an update on behalf of David Flory:-</p> <p>Good progress has been made regarding the development of the Integrated Care System (ICS). The focus remains on why the ICS is being set up, so that we can ensure that we have the best way of working to improve the outcomes for the population of Cheshire and Merseyside, to absolutely reduce health inequalities, and to ensure that we provide the best quality care for the people we serve and ensure that we make the best use of resources. This is centre stage in everything that is done.</p> <p>Work is being done around creating the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP) which are two key parts of the ICS to ensure that the only issues dealt with at ICS level are the ones that should be at that level. The biggest differences to the key focus areas, i.e., health inequalities and outcomes, will be made close to where people live their lives, in the nine borough Places, and the ICS will provide the scaffolding to enable this to happen.</p> <p>There is ongoing work to ensure a safe transfer of CCG functions into the ICB and an update is on the agenda for this meeting. These functions need to fit into the new ICB arrangements.</p> <p>The proposed outlined structure and constitution has been issued out for engagement/consultation. All comments on the proposal will be welcomed. After this process, the structure and constitution will need to be submitted to the NHS England & Improvement (NHSE&I)'s regional team for sign off.</p> <p>The ROS (Readiness to Operate Statement) has been submitted to NHS England & Improvement (NHSE&I)'s regional team and feedback has been positive and suggests that milestone achievements are being met against the timescales set.</p>	

	<p>The new Chair for the ICS was not appointed following the last round of interviews and therefore David Flory will continue as interim Chair until 31st March 2021.</p> <p>This will provide some continuity at a time when there is a lot going on, and at pace. Adverts will go out again in the New Year. The recruitment process for the Chief Officer role is currently ongoing.</p> <p>Questions and comments were invited.</p> <ul style="list-style-type: none"> • Iain Stoddart asked whether the positive feedback on the ROS means that we are as well placed as others to be ready for the 31st March. <ul style="list-style-type: none"> ○ Sheena Cumiskey confirmed that this is the case and highlighted that there is a good team and great partnership working which means that positive progress has been made in setting up Place based arrangements, and this is a key factor in being able to achieve the shared ambitions. • Fiona Taylor sought to reassure the committee that conversations are being held locally regarding the constitution and feels this supports the comment around working as one team to serve the population of Cheshire and Merseyside. <p>Sheena thanked everyone who is working hard to achieve the collective ambitions, subject to the final Bill being passed and the ICB being set up from 1st April 2022.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the update from Cheshire and Merseyside Health and Care Partnership.</p>	
B2	<p>Update from the Executive Director of Transition of the Cheshire and Merseyside Health and Care Partnership:</p> <p>A copy of the report and presentation was provided prior to the meeting. As apologies were received from Dianne Johnson for this meeting, the Chair opened this straight up to questions and comments:-</p> <ul style="list-style-type: none"> • Michelle Creed shared her view that that paper was comprehensive, cohesive, and focussed, and feels this puts CCGs in a good position going forward. <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the update from the Director of Transition.</p>	
C	Committee Business Items	
C1	<p>Cheshire and Merseyside CCGs Joint Committee – Commissioning Subcommittee Draft Terms of Reference:</p> <p>A copy of the report and draft Terms of Reference (TOR) for the Directors of Commissioning (DOC) were provided to the committee prior to the meeting. David Horsefield outlined the following points for the committee's attention:-</p> <ul style="list-style-type: none"> • The TOR have been updated following a request to align them to the Joint Committee. • David outlined that the paper is asking for approval, however, if the committee would prefer to comment/give further direction on any areas, then these can be reviewed to ensure that they cover the full brief. 	

- The paper and TOR have been written on the basis that the group will be renamed as a sub-committee and the TOR is aimed to mimic those of the CMJC.
- David highlighted that the detail on whether this is a working group or a sub-committee with decision making authority has been left vague, so that it can be given delegated authority should the Joint Committee and CCGs choose to do so. Otherwise, all decisions will be referred to the Joint Committee.
- There are some key differences between this and the other sub-committees, one of them being that the Chair and Deputy are already agreed. David confirmed that he is currently Chair.
- The TOR document aims to make it clear what the functions of the group are, and section 5 includes the current workplan for the DOC group/sub-committee. The other aim is to make it clear that the DOC takes it steer from the Joint Committee.
- The current plan is to keep membership light and then bring additional experts into the committee as needed.
- David outlined that the proposal is to rename the DOC as a Commissioning Sub-committee and for the approval of the TOR, however, if the Joint Committee prefer these can be taken away for review then brought again to the next meeting.

Comments and questions were invited:-

- Peter Munday felt it was helpful to see the Joint Committee responsibility down one side and the draft responsibilities of the DOC down the other side but felt that there was a missing element around the inclusion of independent members, secondary care and independent nursing representatives, and he would also expect a lay Chair. In addition, Peter felt that the TOR should be strengthened in two areas, reducing inequalities and climate change.
 - David Horsefield confirmed that he agreed with the points around lay and independent membership if this is to be a sub-committee and felt that this is dependent on whether or not the Joint Committee see this a working group or a full sub-committee and asked for some direction on this.
 - David confirmed that he will strengthen the TOR in the areas mentioned and informed the committee that climate change is coming up as an agenda item at the next DOC meeting.
- Steven Broomhead asked whether it would be possible to have local authority representation on the group going forward, particularly given that an area of focus is children and young peoples' mental health.
 - David Horsefield agreed that local authority representatives could be included but stated that this links to the decision around whether it is a sub-committee or working group. David shared that the draft TOR does allow for additional members if required and felt that the membership would need to be reviewed if the group is to be a full sub-committee.

Dr Andrew Wilson informed the committee that a direction on whether the group is a full sub-committee or a working group is needed.

- Jan Ledward highlighted that it is not possible for this group to have delegated decision-making authority, as double delegation is not permissible. Therefore, this group would always have to make recommendations. Jan shared her opinion that the DOC should be a working group and not a sub-committee as they need to prepare and deliver plans, then seek decisions from the Joint Committee to enact decisions that they are recommending.
 - Clare Watson, Geoffrey Appleton, and Fiona Taylor all agreed with this.

- Michelle Creed suggested that, in section 4.1, there is an opportunity to align areas such as the quality schedule and mechanisms, and suggested that some of the Chief Nurses would be happy to support these updates.
- Fiona Taylor strongly recommended that this is not a sub-committee and felt that this an operational group that has been supporting the work of the CCGs. Fiona shared that, in terms of membership, there will still be local authority members involved in Place based arrangements but historically this group has looked at the high end of commissioning and is focussed on specialist provision rather than the general commissioning which is discussed at Place. Fiona highlighted that, subject to approval, there will be the three proposed sub-committees for quality, performance, and finance. The DOC group underpins these, and it is important not to duplicate the formal structures that are being established.
- Simon Banks provided some feedback on his recent meeting with the Director of Children and Young People for Cheshire West, and this outlined some challenges which need to be dealt with across the transition phase to ensure that people are placed into the key roles.
- Iain Stoddard suggested that, rather than having a rigid workplan, they could follow the direction that links to the health and care agenda. Iain highlighted that there is a need to move at pace and he would not want to see delay on any specific decisions that will make a tangible difference. Iain agreed to follow this up outside the meeting.
- Jan Ledward agreed that there is a need to ensure a fair and equal playing field to allow contributors to be involved in commissioning decisions, but highlighted that, in the meantime the current legislation applies and therefore care needs to be taken around moving too fast.
 - Dr Andrew Wilson agreed that, although we are moving forward, we are still in the current situation.
- Dr Andrew Wilson noted that the discussions suggest that there is a consensus around the DOC being a working group rather than a sub-committee and therefore many points raised don't apply to a working group. Dr Wilson also shared a view that, even if it is a working group, there is a need to ensure it is working closely with LA colleague and providers.

The Chair confirmed that the committee will not be approving either request at this meeting but will consider a revised paper at the next meeting.

David Horsefield confirmed that he will take the paper back to the working group to review and update, then bring the revised version back to the committee for decision.

Outcome: The Cheshire and Merseyside CCGs' Joint Committee did not approve the recommendations as outlined in the papers presented and instead requested that the paper is revised (see outcome below) and brought back for approval.

Outcome: The Cheshire and Merseyside CCGs' Joint Committee requested that the Directors of Commissioning Terms of Reference are revised as follows: i) they reflect that it is a working group rather than a sub-committee, ii) it is strengthened in areas such as climate change and reducing health inequalities, and iii) they reflect the ability of the group to include a wider range of partners/experts such as the local authority or provider representatives.

	<p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee agreed that a workplan to align with that of the Joint Committee is to be developed and presented to a future meeting for consideration.</p>	
C2	<p>Cheshire and Merseyside Core Military Veterans Service:</p> <p>A report was provided prior to the meeting and Simon Banks informed members that all CCGs will have received a letter around moving contractual arrangements for the Cheshire and Merseyside Core Military Veterans Service from 1 April 2022. Simon shared that, to support appropriate exit arrangements, a meeting was held on 12th October with Bury and Greater Manchester CCG. Simon highlighted that the paper is self-explanatory but wanted to note that this is a very successful service.</p> <p>In order to make sure that we make safe transfer we are proposing an initial no change to the service provision and to form a small co-ordination group is formed to develop shadow arrangements and then, once established, allow the ICB to explore central opportunities.</p> <p>Simon Banks highlighted that, if nothing is done, there will not be a service beyond April 2022. Therefore, the committee is asked to note the report and support the actions therein.</p> <p>Questions and comments were invited:-</p> <ul style="list-style-type: none"> • Steven Broomhead shared that he welcomed the report and asked that the local authorities are involved in the co-ordination of the work as they have a lot of interaction with military organisations. <ul style="list-style-type: none"> ○ Simon Banks confirmed that this was possible and agreed to pick this up outside the meeting. Steven Broomhead will help source a representative. • Clare Watson agreed that the service provided is good and felt the paper was comprehensive and she supported the next steps contained within it. • Jan Ledward shared her view that this is not a decision that can be made by the Joint Committee today on behalf of the CCGs. Jan noted that this item is not specifically on the workplan and her CCG has not given authorisation to delegate all Level one decisions. Jan therefore felt that this committee can only note and recommend. <ul style="list-style-type: none"> ○ Some members felt that this was a level 1 decision linked to the workplan. ○ Dr Andrew Wilson highlighted that the recommendation is to note the report and support the next step actions, and therefore this is not a substantial approval. ○ Simon Banks agreed and felt that each CCG would still need to sign this off. • Iain Stoddard suggested that the recommendations are about advocating an approach and the consensus seems to be that the committee advocates the approach and intent to serve notice as a commissioner. • Simon Banks highlighted that Bury CCG have served notice so they will be transferring the service on 1st April 2022. Simon recommended that he continues to work with the working group and local authority to prepare a further paper around what a future contract would look like. He will also liaise with Jan Ledward to ensure that this links in with the MerseyCare workplan. At this point, the Joint Committee should be able to agree a way forward that everyone is comfortable with. 	

	<ul style="list-style-type: none"> ○ Dr Andrew Wilson felt that this would be a sensible way forward and asked Jan Ledward if she felt this would be a suitable arrangement. ○ Jan Ledward agreed with the suggestion that this is taken back to the working group and picked up through the contracting route. ● Peter Munday requested that some financial information is included in the next paper brought to the Joint Committee. ○ Simon Banks agreed to include financial information in the next draft. <p>It was agreed that continued work would be done and then brought back to the next meeting. It was felt that this could be a matter for the Joint Committee if the delegated powers document has been approved in time, otherwise it will be forwarded to governing bodies for approval</p> <p>Outcome: The content of the paper was noted and there was general support for the next steps. An updated paper, including financial information and future contracting recommendations will be brought to the next meeting for approval or recommendation to Governing Bodies, in line with the Joint Committee's delegated power at that point.</p>	
C3	<p>Cheshire and Merseyside Specialist Weight Management Services:</p> <p>A copy of the paper on specialist weight management services, and Nesta Hawker provided the following updates to the paper:-</p> <ul style="list-style-type: none"> i) The ICS was asked to submit recovery plans on a tight turnaround. Commissioning leads worked together to come up with the plans and Part A was submitted which focussed on a robust Tier 3 and the sustainability of this. This has been submitted into the national spending review and the outcome will be known soon. As part of Cheshire and Merseyside plan, the commissioning leads wanted to tackle inequalities to try and improve access to enable people to complete Tier 3 successfully. Part B of the plan was also submitted and Nesta has worked with each place to develop this plan. All involved agreed that Tier 4 would have a proportion of funds to address waiting lists and then Tier 3 would have a proportion. The funding bid for Part B has been successful (c£250k) and Nesta is in the process of securing the funding and ensuring it is dispersed appropriately. ii) Tier 4 services. Royal Stoke have previously given a suspension notice on bariatric services, due to their capacity. Nesta outlined that as a result there are agreed interim arrangements in place as set out in the paper. There is a procurement planned for South Cumbria, Lancashire, Merseyside and Wirral. Currently Cheshire is not part of the same procurement arrangements. A review of future procurement is proposed as the CCGs move into the ICS and there is a desire to move away from competitive tendering. Views on this were sought from the Joint Committee and Nesta confirmed that she could bring back another paper to the next meeting with further details if required. The aim of the review is to look at Tier 4 and will include the risks of not procuring now and extending current arrangements as we move into the ICB. <p>The Chair informed the committee that this paper is for information, and they cannot decide on what happens with this, however it can have a discussion. Questions comments were invited.</p> <ul style="list-style-type: none"> ● Fiona Taylor agreed with the comments around the importance of ensuring that funding flows through into the specific areas and supported the linking of this work up strategically with population health management. 	

- Jan Ledward asked about the Tier 3 service in Plan B and whether this would have more benefit by doing this collectively. Jan felt that £14k for each CCG is not going to have as much impact as doing something collective across the patch. Jan agreed that a decision needs to be made regarding procurement and her view is that it would be best to extend until the ICS is able to review, but there is a need to ensure that patients can access the service.
- Dr Andrew Pryce noted that waiting lists are mentioned in section 2.5 of the report and asked whether there was any more detail available on this issue.
 - Nesta Hawker will share further details on waiting lists.
- David O'Hagan stated that it was exciting to hear that the ICS is looking at how to develop these services in the future and suggested that all CCGs should be involved in this.
- Margaret Jones requested that Tier 1 and 2 are joined up and that the plans also ensure that those at Tier 3 and 4 go back to Tier 1 and 2 for maintenance support. Margaret highlighted that this is an overwhelming issue but good to see this work starting although it may be a struggle to meet the needs of the population.
- Simon Banks reiterated the short turnaround on this piece of work and felt the position reflects the situation from approximately 10 years ago when specialised commissioning became fragmented. Simon outlined his view that this is an opportunity to work together consistently across Cheshire and Merseyside. Simon stated that the plan needs to ensure that there is long-term follow up and the standards of the providers are maintained. Simon agreed with the point about increased demand, but this needs to be part of a pathway of intervention.
- Clare Watson agreed with comments made and was pleased to see the proposal for a roving model which has been successful as part of the vaccine programme in Cheshire. Clare shared that she agreed with the recommendations around using the funding collectively and with the recommendation to extend existing arrangements to allow time to consider the position across Cheshire and Merseyside. Clare confirmed that she would review why Cheshire is not part of the same procurement arrangements and highlighted that this is due to a historical decision.
- Iain Stoddart highlighted the need to ensure that capacity is secure with regard to Tier 4, given the elective restoration path. Since 2018 this provision has been outside Cheshire and Merseyside, and we need to secure local solutions.

The Chair summarised by confirmed that the Joint Committee noted the paper and will receive a revised paper at a future meeting with a steer on procurement.

Nesta Hawker thanked the committee for the comments and confirmed that she will go back to commissioning leads for them to review the funding arrangements and consider a single list of patients across the area that have waiting the longest, and investigate the option to extend current services for 12 months to allow the ICS to consider future procurement.

Outcome: The content of the paper was noted, including the procurement process for Tier 4.

	<p>Outcome: The Joint Committee recommended that commissioning leads review waiting lists and target funding to address the greatest need rather than spreading funding across all CCGs, and requested that a revised paper, including an outline proposal, is submitted after a review by the commissioning leads.</p>	
C4	<p>Update from the Cheshire and Merseyside CCGs Directors of Commissioning Meeting:</p> <p>A copy of the update from the Directors of Commissioning (DOC) was provided to the committee prior to the meeting. David Horsefield expressed thanks to Tracey Cole who is the outgoing lead of the DOC group, and the team at Cheshire CCG who have supported this.</p> <p>The following points were highlighted by David:-</p> <ul style="list-style-type: none"> • Nesta Hawker has agreed to take the pulmonary rehabilitation issue forward as this ties in with her long-covid work across Cheshire and Merseyside. • The Meditech funding mandate was taken through to contracts teams and is something that providers are being urged to take advantage of. Expansion of this tech is expected. • DOC have supported setting up a project group to review System P and David Horsefield will attend System P meetings going forward. • The Terms of Reference will be brought back in line with the earlier discussion. • Future agenda items were highlighted and the revised workplan will be brought to the next Joint Committee meeting to look at how it can be further aligned with the workplace for the Joint Committee. <p>Questions and comments were invited:-</p> <ul style="list-style-type: none"> • Jan Ledward asked whether the DOC could reconsider the paper on specialist rehab as this is an outstanding risk. <ul style="list-style-type: none"> ○ David Horsefield will add to the agenda for the next DOC meeting. <p>Outcome: The content of the paper was noted. The Joint Committee requested that the Directors of Commissioning reconsider the paper on specialist rehab at their next meeting.</p>	
D	Cheshire and Merseyside System Updates	
D1	<p>Cheshire and Merseyside Month 6 System Finances Update:</p> <p>Keith Griffiths informed the committee that the paper for this meeting did not come through the ICS approval process in time to share in advance, and therefore a verbal update would be given, and papers will be provided to future meetings.</p> <p>Keith confirmed that the current position is encouraging and reminded colleagues that, for the first half of 2021-22, CCGs were given finite allocation across the whole of Cheshire and Merseyside. The goal was to live within this envelope and Keith confirmed that this has been achieved, with a slight reserve of approximately £700k. Keith shared that not only was the overall position break-even, every CCG organisation, individually, achieved a breakeven position in H1. Keith expressed thanks to everyone in the finance community for their collegiate work to reach this goal, and the governing bodies who have supported this. CCG colleagues have progressed to the new ways of working quicker than some of the providers and thanks were expressed for this.</p>	

	<p>The direction of travel for the second half of 2021/22, referred to as H2, is that notification of the allocation was received on 30th September and colleagues re in the process to understanding the guidance around this ‘envelope’. This work is due to conclude on 16th November when it is formally reported. Early signals suggest that the efficiency ask has been stepped up for H2 relative to H1. There are the extra costs of the pay award to account for and we are heading towards winter. Some pressures are forecasted and a reduction in income is expected, so H2 will be more challenging than H1. Work is being done to balance activity, workforce, and finance before the submission on 16th November.</p> <p>Questions and comments were invited:-</p> <ul style="list-style-type: none"> • Fiona Taylor stated that it was pleasing to see CFOs working together in a collegiate manner and felt it was to be commended that they had ended H1 in good order. Fiona agreed that H2 will see income reducing and expenditure going up and felt it was important that the submission on 16th November includes local Place level aspirations to support their extra demand and flow, and asked that sensitivity is given around how some Places may do somethings differently to others. <ul style="list-style-type: none"> ○ Keith Griffiths confirmed that they are keen to focus on using this money where it is needed, historically this may have been shared and its power is lost as it is split into too many components. ○ Keith shared that, in H2 the focus is on protecting money and putting it where it is needed into something bigger and at scale, so this may see CCGs giving up something little locally, for the greater benefit. ○ Fiona was pleased that creative ways of thinking were being used and felt that the workforce will be the most significant issue as opposed to the money and there are broader solutions available to maximise benefits. ○ Keith Griffiths agreed and shared that, at a recent meeting involving social care, it was felt that the focus should not be about providing more of the same, it should be about providing something different. • David O’Hagan shared that he was impressed with how CFOs have worked over H1, considering how mobile the situation has been. David shared that he was also pleased to see that money will be going where it is needed. David felt that the situation in H2 will be more tense and it will be an achievement to get close to the same outcome as H1. <ul style="list-style-type: none"> ○ Keith Griffiths shared that providers do recognise that there is a lot of volatility within CCGs at the moment and that some costs are unpredictable and hard to manage, but there is a need to balance this with the uncertain world that providers are working living in. <p>Outcome: The Joint Committee noted the verbal update on Cheshire and Merseyside Month 6 System Finances</p>	
D2	<p>Cheshire and Merseyside System Performance Update:</p> <p>Anthony Middleton joined the meeting to provide a verbal update on Cheshire and Merseyside System Performance. Anthony confirmed that, a written report will be provided at future meetings.</p> <p>The key areas of focus were highlighted:-</p> <ul style="list-style-type: none"> i) Covid - everyone aware of rising numbers in the communities, but there has been a plateau in terms of how this is manifesting itself in critical care. <ul style="list-style-type: none"> ○ 35 out of 231 critical care beds are currently being used for Covid. ○ All hospitals except Aintree, most critical units say they are within normal range of escalation. ○ Workforce challenges is the main issue in maintaining critical care units. 	

	<ul style="list-style-type: none"> ○ General covid occupancy is at 5% and this is uniform across all secondary care, however, this, combined with increased number of non-covid and elective programmes, the system is under a great deal of pressure. ○ A&E is often used as a barometer of attendance and there is an acute awareness of pressure on primary care. ○ There is a focus on the reopening of walk-in centres, but workforce issues are having an impact on this. ○ There is an ongoing focus on vaccine programmes roll out. <p>ii) Admissions</p> <ul style="list-style-type: none"> ○ Cheshire and Merseyside are up on 2019 emergency levels, and this is manifesting itself in acute levels of 93% ○ The solution is not about increasing acute beds. 20% of the occupancy is patients over 21 days length of stay and who do not meet the criteria for inpatient care. ○ There is a need to understand where there are commissioned beds and how to access them. Work has started on coordinating this. ○ Elective recovery programmes have started well although they are not at the levels in 2019. The main drop is in Endoscopy due to the aerosol procedures and the covid related procedures associated with this. In all other areas, Cheshire and Merseyside is doing well and are back to 2019 levels. <p>iii) Outpatients</p> <ul style="list-style-type: none"> ○ Data shows that Cheshire and Merseyside are doing well with nearly 100% restoration. The impact of the current situation is starting to take a toll and it will become a problem over winter. ○ There is a need to look at non-emergency sites and need systemic solutions. <p>iv) Long Wait Lists</p> <ul style="list-style-type: none"> ○ The number of long waits is comparable nationally, and currently stands at 370 across Cheshire and Merseyside. This situation has the potential to change over winter. ○ Most of long waits are from the Liverpool Teaching Hospitals and different pathways are being considered to ensure that city centre patients aren't disadvantaged. <p>v) Cancer Treatments</p> <ul style="list-style-type: none"> ○ Cheshire and Merseyside is doing well in that it has restored services well beyond 2019 levels. ○ This area has one of the largest backlogs, which will take some time to eradicate the long wait lists. ○ Long waits are predominantly linked to issues around endoscopy services and solutions are being sought. <p>No questions or comments were raised, and the update was noted by the committee.</p> <p>Outcome: The Joint Committee noted the verbal update on Cheshire and Merseyside Performance</p>	
D	Any other Business	
	No AOB was raised.	

End of CMJC Meeting (Held in Public)

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING



Action Log 2021-22 (Public)

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
3	20-Jul-2021	Update from the Directors of Commissioning Meeting	Membership and remit of the Directors of Commissioning Group to be reviewed with a view to it becoming an operational group to the CMJC. Tracey to bring back a proposed draft Terms of Reference for the Operational Group	Tracey Cole	was 31/08/2021 now 23/11/21	<i>The draft TOR will be reviewed at the October DOC meeting, with the TOR coming to the November Joint Committee meeting</i>	ONGOING
4	26-Oct-2021	Declarations of Interest	The annual Register of Interests to be updated to include all new members since	Matthew Cunningham	23-Nov-2021		NEW

Decision Log 2021-2022 (Public)

Decision Ref No.	Meeting Date	Topic	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	Decision Level	If Recommendation - destination for onward submission?	If a recommendation - date of subsequent consideration at approval body
1	20-Jul-2021	Terms of Reference	N/A	The CMJC ratified the Terms of Reference subject to minor amendments, to include an initial 3-month review and reference to virtual decision making.	1	CCGs to take amended TOR to respective Governing body meetings for approval	Next meetings of each CCGs Governing Body
2	20-Jul-2021	Dates of Future Meetings	N/A	The CMJC accepted the proposed meeting dates for 2021/22	1	N/A	N/A
3	20-Jul-2021	IAPT – Common Standards for Cheshire and Merseyside	N/A	The CMJC supported the work across Cheshire & Merseyside with regard to IAPT and noted the importance of this work. The committee also noted that the final model has yet to be finalised and that reaching the access standard is a long term plan. The committee noted that funding for the IAPT programme will be required but this will be an issue for the ICS to consider.	N/A	NA	Next meetings of each CCGs Governing Body
4	20-Jul-2021	Update from the Directors of Commissioning Meeting	N/A	The CMJC confirmed their support around the potential for a Cheshire & Merseyside DOC to become an operational group to the CMJC and will review recommendations, including a review of membership, prepared by this group.	N/A	N/A	N/A
5	31-Aug-2021	Declarations of Interest	Dr A Davies - wife is employed at a private hospital (item B4) Jan Ledward - is also the SRO for Stroke Mersey (item B2) Dr A Pryce - wife is employed by Marie Curie (item B1)	The committee considered the declarations, noting that they are included on the annual declaration, and agreed:- Jan Ledward - noted and no action/mitigation required. Dr A Davies and Dr A Pryce - it was ascertained that neither spouses worked in a decision-making capacity and therefore these declarations were sufficiently mitigated.	1	N/A	N/A
6	31-Aug-2021	Public Questions	N/A	2 Questions, both from Mr Chris Ingram, were put to the committee. A short verbal response/acknowledgement was provided at the meeting and it was agreed that a full written response will be sent after the meeting.	N/A	N/A	N/A
7	31-Aug-2021	Hospice Sustainability across Cheshire and Merseyside	Dr A Pryce - see above for details	The report on Hospice Sustainability was discussed and noted by the committee, and individual CCGs were asked to take the report back to their GB's for the approval of the project plan with the support of the CMJC.	N/A	Project Plan to be taken to individual CCGs for approval	Next meetings of each CCGs Governing Body
8	31-Aug-2021	Adoption of National Stroke Service Model Specification	Jan Ledward - see above for details	The Cheshire & Merseyside Joint Committee considered and discussed the full report provided to them and approved the recommendation to adopt the National Stroke Service Model Specification	1	N/A	N/A
9	31-Aug-2021	Cheshire & Merseyside ICS – Independent Sector Provision for Q.3 2021/22 onwards	Dr A Davies - see above for details	The Cheshire & Merseyside Joint Committee noted the report and recommendations linked to the Independent Sector Provision for Q.3 2021/22 onwards.	N/A	N/A	N/A
10	31-Aug-2021	Update from the Directors of Commissioning meeting	N/A	The Cheshire & Merseyside Joint Committee noted the update from the Directors of Commissioning meeting.	N/A	N/A	N/A
11	28-Sep-2021	Aligning Commissioning Policies across Cheshire and Merseyside:	N/A	The Cheshire and Merseyside Joint Committee approved the recommendation from the Cheshire and Merseyside Directors of Commissioning (DoC's) that the Sub-fertility/Assisted Conception policies should be aligned across C&M and that a joint Consultation on this proposed alignment should be undertaken. The Cheshire and Merseyside Joint Committee agreed that the Directors of Commissioning will work on an implementation plan to include financial risk and the timeline for communications and engagement work and bring this back to the next meeting of the CMJC for further consideration.			
12	28-Sep-2021	Cheshire and Merseyside Section 140 Protocol	N/A	The Accountable Officers, or deputies present at the meeting approved the adoption of the Cheshire and Merseyside Section 140 Protocol	2	N/A	
13	28-Sep-2021	Update from the Directors of Commissioning meeting	N/A	The Cheshire & Merseyside Joint Committee noted the update from the Directors of Commissioning meeting.	N/A	N/A	N/A
14	26-Oct-2021	Declarations of Interest	•Iain Stoddard is seconded to Cheshire and Merseyside ICS for three days per week. •Leigh Thompson's husband is employed by Wirral Community Trust. •Jan Ledward has been employed as interim Chief Officer for NHS Knowsley CCG since 1st October 2021, in addition to her substantive role as Chief Officer for Liverpool CCG. •Sheena Cumiskey informed the Chair that she is seconded to the role of interim CEO for Cheshire and Merseyside Health and Care Partnership, however, her substantive role is as Chief Officer for Cheshire and Wirral Partnership.	All declarations were noted and it was agreed that these declarations did not affect discussions at the meeting. It was further agreed that the Register of Interests would be updated to include all new committee members.	1	N/A	N/A

Decision Log 2021-2022 (Public)

Decision Ref No.	Meeting Date	Topic	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	Decision Level	If Recommendation - destination for onward submission?	If a recommendation - date of subsequent consideration at approval body
15	26-Oct-2021	Committee Forward Plan	N/A	The draft plan was noted with one minor amendment.	N/A	N/A	N/A
16	26-Oct-2021	Cheshire and Merseyside CCGs Joint Committee – Commissioning Sub-committee Draft Terms of Reference	N/A	The Cheshire and Merseyside Joint Committee did not approve the recommendations as outlined in the papers presented and instead requested that the paper is revised (so i) they reflect that it is a working group rather than a sub-committee, ii) it is strengthened in areas such as climate change and reducing health inequalities, and iii) additional members such as local authority or provider representatives will be involved). The revised TOR will be brought back for approval at the November meeting	N/A	N/A	N/A
17	26-Oct-2021	Cheshire and Merseyside Core Military Veterans Service	N/A	The content of the paper was noted and there was general support for the next steps. An updated paper, including financial information and future contracting recommendations will be brought to the next meeting for approval or recommendation to Governing Bodies, in line with the Joint Committee's delegated power at that point.	N/A	N/A	N/A
18	26-Oct-2021	Cheshire and Merseyside Specialist Weight Management Services	N/A	The content of the paper was noted. The Joint Committee requested that a revised paper is submitted after a review by the commissioning leads	N/A	N/A	N/A
19	26-Oct-2021	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Meeting	N/A	The content of the paper was noted. The Joint Committee requested that the Directors of Commissioning reconsider the paper on specialist rehab at their next meeting	N/A	N/A	N/A
20	26-Oct-2021	Cheshire and Merseyside System Updates	N/A	The committee noted the following updates: 1) the Cheshire & Merseyside Mont 6 System Finance Update. 2) the Cheshire and Merseyside System Performance Update.			
				Level One: binding decisions undertaken by the Committee on the areas as outlined within its work plan and which has been delegated to it by each CCG Level Two: binding decisions undertaken at the Committee meeting but which fall under the delegated decision making authority of the individuals in attendance, and as outlined within each CCGs SORD Level Three: decisions regarding an agreed position made by the Committee on any area brought to the Committee but which then forms a recommendation from the Committee to each CCGs Governing Body (or other CCG Committee) or which helps inform a partner organisation to form a decision for an area which is in their authority or scope to make.			

Last updated: 23.11.21

Cheshire & Merseyside CCGs Joint Committee

Work Plan / Forward Planner 2021 - 2022

Item	Frequency	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Standing items									
Apologies	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Declarations of Interest	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Minutes of last meeting	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Action Schedule/log	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forward Planner	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Committee Risk Register	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Minutes of sub-groups/reporting committees	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cheshire and Merseyside Health and Care Partnership Update	Every meeting		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Governance & Performance									
Review of Committee Terms of Reference	As required						<input checked="" type="checkbox"/>		
Review of Sub-Committee Terms of Reference	As required								
Papers									
Adoption of National Stroke Service Specification	As required	<input checked="" type="checkbox"/>							
Mental Health 2021/22 National Funding Deployment	As required	<input checked="" type="checkbox"/>							
Aligning Commissioning Policies across Cheshire and Merseyside	As required		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Cheshire & Merseyside ICS - Independent Sector Provision for Q3 2021/22 onwards	As required	<input checked="" type="checkbox"/>							
Hospice Sustainability across Cheshire and Merseyside	As required	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Operational Committee Terms of Reference	As required				<input checked="" type="checkbox"/>				
Section140 Protocol	As required				<input checked="" type="checkbox"/>				
Cheshire and Merseyside Core Military Veterans Service	As required			<input checked="" type="checkbox"/>					
Cheshire and Merseyside Specialist Weight Management Services, incl Tier 4 Bariatric Services Procurement	As required			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Approval of Sub-Committee Terms of Reference	As required				<input checked="" type="checkbox"/>				
Increased delegation of authority to the Joint Committee	As required				<input checked="" type="checkbox"/>				



NHS Cheshire & Merseyside CCGs' Joint Committee

Public Questions to the Joint Committee Meeting (30th November 2021)

**Questions can be emailed to:
ccg.corporate@nhs.net**

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

30 November 2021

Agenda Item: **C1**

Report Title	Delegation of authority to the Cheshire & Merseyside CCGs Joint Committee
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Report Author	Matthew Cunningham , Director of Governance and Corporate Development, NHS Cheshire CCG
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Committee Sponsor	Fiona Taylor , Accountable Officer, NHS Southport & Formby and NHS South Sefton
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Purpose	Approve	Ratify	Decide	Endorse	For information	✓
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Decision / Authority Level	Level One	Level Two	Level Three
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Executive Summary

Throughout November 2021, the nine Governing Bodies of the Cheshire and Merseyside CCGs received and considered a paper (Appendix A) that outlined a request for greater authority to be delegated to the Joint Committee of the Cheshire and Merseyside CCGs. The paper provided further detail with regards the areas in and out of scope of the Joint Committee and assurance received from Mersey Internal Audit Agency (MIAA) around the proposed arrangements and work undertaken.

All Governing Bodies approved and have authorised greater authority be delegated to the Joint Committee. Through agreeing this greater authority, the Governing Bodies also approved the updated Terms of Reference (Appendix B) for the Joint Committee. Governing Bodies also agreed that MIAA would undertake a further review of the operation of the Joint Committee and its sub-committees at the end of January 2022. This was so as to provide further assurance to the Governing Bodies that these new arrangements continue to robustly undertake the decision making duties of the CCGs.

All Governing Bodies also endorsed the proposed Terms of Reference for the sub-committees of the Cheshire and Merseyside CCGs Joint Committee. These Terms of Reference are to be considered and approved at the November 2022 Joint Committee meeting and further detail is provided in **Agenda Item C2**. The Governing Bodies also agreed to delegate responsibility to the Chair of the Joint Committee to oversee the process to identify members of these sub-committees, working in partnership with the Chair and Accountable Officers of each CCG.

Feedback was received during the consideration of the papers in Appendix A, with the main areas being:

- **MIAA Review:** There was an ask that the CCG Audit Chairs consider and approve the Terms of Reference outlining the scope of the review to be undertaken by MIAA at the end of January 2022. **The Joint Committee is asked to endorse this ask.**
- **Committee Work Plans:** feedback focussed on clarifying what was in the work plans of the new sub-committees, assurance that work plans can be pulled together in sufficient time and

that Governing Body members receive further clarity on the ways in which CCG activities will be transferred to the sub-committees.

- **Communication:** a number of Governing Body members asked for further detail and clarity on how Governing Body members would be informed of what is being discussed at the Joint Committee and Sub-Committees prior to their meetings.

CCG Governance leads and the lead Accountable Officer (Fiona Taylor) are now meeting on a weekly basis to ensure that the transition of decision making responsibilities and activities from CCG Committees to the Joint Committee and the new sub-committees is done in a robust and timely manner. Work is underway to identify the membership of and support to the sub-committees, and the development of the papers for the first meetings of these committees.

CCG Governance Leads and Communication leads will ensure the following:

- all Governing Body members will receive details of the members of the Joint Committee and Sub-Committees and how they can be contacted
- all Governing Body members will receive access to the Joint Committee and Sub-committee papers one week before the respective meetings takes place. Governing Body members will have access to the discussions of the sub-committees through receipt of the Sub-Committees Chairs report to the Joint Committee.
- a Joint Committee Chairs Summary meeting report will be circulated to CCG Chairs and Accountable Officers within one week of the meeting taking place for onward circulation to the Governing Body members.
- Joint Committee meeting report and minutes will continue to be reported to CCG Governing Body meetings when and where they take place.

Recommendations

Committee members are asked to:

- **note** that all Cheshire and Merseyside CCGs have agreed to delegate greater authority to the Joint Committee
- **note** the updated Joint Committee Terms of Reference (Appendix B)
- **endorse** the ask for the CCG Audit Chairs to consider and approve the Terms of Reference and scope of the review to be undertaken by MIAA at the end of January 2022
- **note** the work underway to progress the establishment of the sub-committees
- **note** the process to be followed to enable Governing Body members to be informed of the work of the Joint Committee and its sub-committees.

Committee principles supported by this report *(if applicable)*

The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services	✓
Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside	✓
Working together will achieve greater effectiveness in improving health and care outcomes	✓

Cheshire & Merseyside HCP Strategic objectives report supports:

Improve population health and healthcare	✓
Tackling health inequalities, improving outcomes and access to services	✓
Enhancing quality, productivity and value for money	✓
Helping the NHS to support broader social and economic development	✓

Key Risks & Implications identified within this report

Strategic		Legal / Regulatory	
Financial		Communications & Engagement	
Resources (other than finance)		Consultation Required	
Procurement		Decommissioning	
Equality Impact Assessment		Quality & Patient Experience	
Quality Impact Assessment		Governance & Assurance	✓
Privacy Impact Assessment		Staff / Workforce	
Safeguarding		Other – please state	

Conflicts of Interest Consideration and mitigation:

N/A

Link to Committee Risk Register and mitigation:

N/A

Report history:

This is the first time this report has been considered by the Joint Committee. Its content has been informed by draft papers previously considered by Joint Committee members at the Committees meeting in private in September 2021.

Next Steps:

Publish the updated Joint Committee Terms of Reference on all CCG Websites. Progress the development of the Joint Committee Sub-Committees.

Appendices:

Appendix A: Paper received by the Cheshire and Merseyside CCGs Governing Bodies throughout November 2021 – *'Implementing Shadow Operating Arrangements through increased delegation to the Joint Committee of Clinical Commissioning Groups (CCGs) in Cheshire and Merseyside'*

Appendix B: Terms of Reference for the Joint Committee of the Cheshire and Merseyside CCGs

Appendix A

Implementing Shadow Operating Arrangements through increased delegation to the Joint Committee of Clinical Commissioning Groups (CCGs) in Cheshire and Merseyside

Implementing Shadow Operating Arrangements through increased delegation to the Joint Committee of Clinical Commissioning Groups (CCGs) in Cheshire and Merseyside

Executive Summary

Subject to the passage of the Health and Care Bill into law, Integrated Care Systems (ICS) will be established, on 1st April 2022 comprising an NHS Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

at the same time....

The 9 CCGs in Cheshire & Merseyside will be abolished, and their functions and people transferred to the ICB.

It is not viable to leave the handover until the ‘last minute’; CCGs will be abolished on 1st April 2022 (assuming the Bill receives Royal Assent), and therefore CCGs must move to shadow operating arrangements by the end of quarter 3 (Oct-Dec 2021) as set out in the NHSE/I roadmap.

During October 2021 the nine CCGs in Cheshire & Merseyside agreed in principle to delegate all but that which they cannot legally delegate or which is unique to each CCG to the Joint Committee of CCGs in C&M supported by 3 sub committees but asked for some additional work to take place before formalising the delegation.

This additional work has been completed and is set out within this report and its appendices.

Each CCG is now asked to approve increased delegation to the Joint Committee of CCGs in C&M to enable shadow operating in line with the requirements of NHSE/I as we transition to the new system architecture which will be legally enacted (subject to Royal Assent) on 1st April 2022.

1. Purpose of the report

- 1.1 The purpose of this report is to provide evidence and assurance that the areas of further work identified by the 9 CCG Governing Bodies on or shortly after 12th October 2021 has been completed enabling the CCGs to approve and enact increased delegation to the Joint Committee of CCGs in Cheshire & Merseyside in line with the ICS Establishment Roadmap set out by NHSE/I.

2. CCGs in Cheshire & Merseyside

- 2.1 This report is submitted to the Governing Body of each of the 9 CCGs across Cheshire & Merseyside:

NHS Cheshire CCG

NHS Halton CCG

NHS Knowsley CCG

NHS Liverpool CCG

NHS South Sefton CCG

NHS Southport & Formby CCG

NHS St Helens CCG

NHS Warrington CCG

NHS Wirral CCG

3. Recommendations

- 3.1 The Governing Body is recommended to:

- 3.1.1 **Approve** delegation of all duties and functions to the Joint Committee of CCGs in Cheshire & Merseyside other than those which cannot legally be delegated and any CCG specific arrangements, e.g. those governing section 75 agreements:

- Audit,
- Remuneration,
- Primary Care Commissioning,
- CCG closedown
- Those relating specifically to an individual CCG such as Section 75 agreements.

- 3.1.2 **Endorse** the establishment of three sub committees of the Joint Committee to continue related work underway in the 9 CCGs for all functions and duties that are delegated:

- A Quality Sub Committee
- A Finance and Resources Sub Committee
- A Performance Sub Committee

- 3.1.3 **Receive** the assurance provided by Mersey Internal Audit Agency (MIAA) to CCGs that the arrangements set out in appendices 2 and 3 are sufficient and appropriate
- 3.1.4 **Agree** the proposal that MIAA is commissioned to carry out a review of the operation of the Joint Committee and its Sub Committees at the end of January 2022 for consideration by each Governing Body
- 3.1.5 **Delegate** responsibility to the Chair and Accountable Officer (AO), working collaboratively with other Chairs and AOs in C&M, to ensure the proposed arrangements for determining membership of each sub-committee and the required secretariat support are implemented no later than 25th November 2021.

4. Background

- 4.1 Subject to the passage of the Health and Care Bill into law, Integrated Care Systems (ICS) will be established, on 1st April 2022 comprising an NHS Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

at the same time....

The 9 CCGs in Cheshire & Merseyside will be abolished, and their functions and people transferred to the ICB.

- 4.2 The Cheshire & Merseyside Transition Programme has been established to oversee the safe and effective transition to the new statutory architecture on 1st April 2022:

- the establishment of an Integrated Care Board (ICB) to be Day 1 ready – the Receiver Body
- the safe transfer of people and functions from the 9 CCGs into the ICB – the Sender Bodies
- the closedown of the 9 statutory bodies (CCGs)

- 4.3 It is not viable to leave the handover until the ‘last minute’; CCGs will be abolished on 1st April 2022 (assuming the Bill receives Royal Assent), and therefore CCGs must move to shadow operating arrangements by the end of quarter 3 (Oct-Dec 2021) as set out in the NHSE/I roadmap.

5. Progress to date

5.1 On 12th October 2021, seven CCG Governing Bodies met in Common to consider a paper (appendix 1) which set out a proposal to delegate all but those functions that cannot legally be delegated or which are unique to an individual CCG, to the Joint Committee of CCGs in Cheshire & Merseyside (C&M). The remaining two CCGs (NHS South Sefton and NHS Southport & Ormskirk CCGs) subsequently met to consider the same paper.

5.2 At the meeting in common on 12th October and thereafter for the remaining two CCGs, each Governing Body had some time individually to discuss the paper. All 9 CCGs gave approval in principle and asked for some additional work to be carried out to provide assurance that robust governance arrangements would be put in place to ensure that each CCG Governing Body could discharge their duties and functions effectively, efficiently and economically:

5.3 There were 3 consistent themes raised:

- **The paper stated that Terms of reference for the three proposed sub committees of the Joint Committee were to be developed, however, Governing Bodies wished to have sight of them for assurance**

The Terms of Reference for the Joint Committee have been reviewed to reflect the increased delegation and are attached at Appendix 2

Terms of Reference for the three Sub Committees of the Joint Committee are attached at Appendix 3

- **Governing Bodies wanted to gain assurance that all areas of ongoing committee work and scrutiny relevant to the increased delegations would be captured.**

Each CCG's Governance Lead has reviewed the current workplan of their CCG committees as appropriate to the delegations that have been approved in principle.

These reviews were sent to MIAA who then mapped all items across to the Joint Committee and then to each sub committee using a 'test':

Is this an item unique to one CCG?

Yes = retained by that CCG

No = mapped to Joint Committee and its Sub Committees

- **Confirmation from the internal auditors (MIAA) that the proposed arrangements provide GBs with reasonable assurance of appropriate delegation to the Joint Committee.**

As requested by the Governing Bodies on 12th October 2021, the Executive Director of Transition has commissioned MIAA as the Internal Auditors for all 9 CCGs, to review the arrangements to increase delegation to the Joint Committee to put in place shadow operating in line with the requirements of NHSE/I.

In summary, the opinion of MIAA is that the arrangements as described provide reasonable assurance to CCGs in discharging their duties and functions through the Joint Committee of CCGs in Cheshire & Merseyside.

The MIAA report is attached as Appendix 4.

6. Clarifications

6.1 During discussions on 12th October, and thereafter for the other 2 CCGs, some clarifications were sought.

- Governing Bodies remain accountable for discharging their duties and functions until such a time as they are abolished which is planned for midnight 31st March 2022
- In moving to shadow operating, in advance of being abolished on 31st March 2022, CCGs are delegating responsibility but not accountability to the Joint Committee. CCGs remain Statutory NHS Bodies up to and including 31st March 2022.
- The Joint Committee of CCGs in C&M is not a Sub Committee of any one CCC but a Committee of all nine CCGs.
- At the time of the first fully delegated meeting of the Joint Committee of CCGs in C&M, there will be just 4 months until the abolition of the 9 NHS Clinical Commissioning Groups (CCGs) in Cheshire & Merseyside (assuming Royal Assent) and the establishment of the NHS Cheshire & Merseyside Integrated Care Board as the successor body i.e. the Receiver of CCG functions and staff. This means that there is no reasonable expectation that any procurement activity by CCGs will take place in advance of this transition which should provide comfort to the CCG which has raised this potential issue.
- All CCG/borough specific work/services which are unique to a CCG boundary will remain with the CCG as only those areas which involve more than one CCG will be delegated to the Joint Committee.
- Each CCG will want to review its individual committee structure as a consequence of shadow operating arrangements to ensure there is no duplication of responsibility between the Joint Committee and its Sub Committees and those retained by individual CCGs.
- During shadow operation each CCG's key focus should be on attaining assurance that the shadow arrangements are robust and enable CCGs to discharge their duties and functions effectively, efficiently and economically up to and including 31st March 2022. This will be achieved through the reporting arrangements as follows:
 - Joint Committee membership replicating that of a Governing Body
 - Joint Committee Sub Committees will include membership from all 9 CCGs

- All papers circulated via Accountable Officer when issued prior to each meeting
- Chair's update to be circulated to all Governing Bodies within 4 working days of each meeting
- A Key issues report produced and circulated to each Governing Body following each Joint Committee meeting
- MIAA will review how the Joint Committee and its Sub Committees are operating at the end of January 2022
- Any issue relating to an individual CCG and its ability to meet its duties will continue to be considered by its Governing Body.

7. Patient and Public Involvement

- 7.1 Healthwatch is very important to each CCG as the independent voice of the local community and is very much central to the Joint Committee of CCGs in C&M as members of the Joint Committee.
- 7.2 Healthwatch colleagues have worked together to ensure representation of all Healthwatch organisations across C&M. The representatives have established a forum to gain input and receive feedback from attendance at the Joint Committee.

8. Summary

- 8.1 Subject to the passage of the Health and Care Bill into law, Integrated Care Systems (ICS) will be established, on 1st April 2022 comprising an NHS Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to
- improve outcomes in population health and healthcare
 - tackle inequalities in outcomes, experience and access
 - enhance productivity and value for money
 - help the NHS support broader social and economic development

at the same time....

The 9 CCGs in Cheshire & Merseyside will be abolished, and their functions and people transferred to the ICB.

- 8.2 It is not viable to leave the handover until the 'last minute'; CCGs will be abolished on 1st April 2022 (assuming the Bill receives Royal Assent), and therefore CCGs must move to shadow operating arrangements by the end of quarter 3 (Oct-Dec 2021) as set out in the NHSE/I roadmap.
- 8.3 During October 2021 the nine CCGs in Cheshire & Merseyside agreed in principle to delegate all but that which they cannot legally delegate or which is unique to each CCG to the Joint Committee of CCGs in C&M supported by 3 sub committees but asked for some additional work to take place before formalising the delegation.

8.4 This additional work has been completed and is set out within this report and its appendices.

8.5 Each CCG is now asked to approve increased delegation to the Joint Committee of CCGs in C&M to enable shadow operating in line with the requirements of NHSE/I as we transition to the new system architecture which will be legally enacted (subject to Royal Assent) on 1st April 2022.

Signatory – Dianne Johnson, Executive Director of Transition on behalf of the Accountable Officers of the nine CCGs across C&M

November 2021

Appendices

1. Paper submitted to CCG Governing Bodies Committee in Common meeting 12th October 2021
2. Reviewed Terms of Reference for the Joint Committee of CCGs in C&M
3. Terms of Reference for the 3 sub committees of the Joint Committee of CCGs in C&M
4. MIAA report of its review of arrangements in place to increase delegations to the Joint Committee of CCGs in C&M to facilitate shadow operating during Q4 2021/22 in line with the NHSE/I published timeline

Acknowledgement

This work has been a collaboration across the 9 CCGs in Cheshire and Merseyside and in particular the Lead AO and the CCG Governance Leads who have used their collective expertise to benefit the system as we move through the transition.

APPENDIX 1

Paper from Meeting in Common

Meeting in Common of the Governing Bodies of the Cheshire & Merseyside Clinical Commissioning Groups

12 October 2021

Agenda Item D2

Title	
Transitioning from CCGs to the ICS – shadow operating arrangements and associated CCG governance changes	
Report Author	Debbie Fairclough Interim Programme Lead – Corporate Services, NHS South Sefton CCG and NHS Southport and Formby CCG
Contributors	Dawn Boyer, NHS Knowsley CCG, Michael Chandler, NHS Wirral CCG, Matthew Cunningham, NHS Cheshire CCG, Angela Delea, NHS St Helens CCG Stephen Hendry, NHS Liverpool CCG, Carol Hill, NHS Liverpool CCG, Rebecca Knight, NHS Halton CCG & NHS Warrington CCG; Phil Meakin, NHS Cheshire CCG
Executive Sponsor / Report Reviewed by	Fiona Taylor, Accountable Officer, NHS South Sefton CCG & NHS Southport & Formby CCG
Date submitted	8 October 2021

Key Issues and considerations	
<p>During the intervening few months since the publication of the White paper on Health and Care Reform and its associated guidance documents, as well as the reading of the Health & Care Bill in July 2021, it has become apparent that the challenging timescales for the transition from CCGs to an established ICB means that considerable work needs to be expedited in order that the Cheshire and Merseyside CCGs accountabilities can continue to be discharged and safely executed up to their disestablishment date (31st March 2022), support the development of the shadow ICB Board and ensure a safe and robust transition of staff, functions, liabilities to the Cheshire and Merseyside ICB.</p> <p>As such work has been undertaken by the CCG Accountable Officers, supported by CCG Governance leads, to form proposals on changes to CCG governance that will support this transition and strengthen the work to establish ICB arrangements.</p> <p>It is the ambition of the CCG Accountable Officers that the proposals set out in this paper are seen as fundamental by Governing Body members in enabling CCGs to revise governing body agendas such that they will be able to better focus on place based developments, audit, remuneration, formally authorise closedown and transfer proposals and any other matters relevant to their statutory duties, in accordance with NHSE guidance to maintain local operational delivery.</p>	

Key Issues and considerations

An earlier version of this paper was considered by the Cheshire and Merseyside CCGs Joint Committee on the 28 September 2021 and the feedback received from Committee members has been incorporated within this paper.

Recommendation(s)

The Governing Body of each CCG is asked to:

- **endorse** the recommendation that the current Joint Committee work plan is rescinded
- **endorse** the recommendation that all CCGs delegate authority to the Joint Committee to take on any and all functions normally reserved to that of a CCG Governing Body, with the exception of those areas outlined in Section Three
- **endorse** the recommendation that all CCGs agree to disestablish their existing individual CCG Committees that cover finance and resources, performance and quality and support the establishment of joint committees that cover these areas and which report into the Cheshire and Merseyside CCG Joint Committee
- **approve the** recommendation that a second meeting in common of all Governing Bodies is arranged for the first week in November 2021 to further consider and formally approve the recommendations of the Accountable Officers.

Reason for consideration by the Governing Body

Will it significantly affect or determine CCG priorities (and future commitments)?	Yes
Is it likely to be of significant public interest?	Yes
Will it have a significant impact on the CCG's ability to deliver its strategic objectives / statutory duties?	Yes
If applicable, is there a specific requirement, or has there been a specific request that the GB make the decision?	Yes
Is funding required? Please see also section below	No
Other? If "Other", please explain the rationale for presenting this report:	No

Authority to agree the recommendation

If applicable – Have you confirmed that this committee / group has the necessary authority to approve the requested recommendation(s)?	Yes
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Conflicts of Interest Consideration (if applicable)

n/a

Appendices

Appendix A	Terms of Reference – Finance and Resources Committee
Appendix B	Terms of Reference – Quality Committee
Appendix C	Terms of Reference - Performance Committee

Transitioning from CCGs to the ICS – shadow operating arrangements and associated CCG governance changes

1. Introduction

- 1.1 Under the Government's White Paper on Health and Care Reform proposals, published in February 2021, Clinical Commissioning Groups (CCGs) are set to be abolished and all CCG functions, assets and liabilities will transfer to their local integrated care system (now referred to as an Integrated Care Board (ICB)).
- 1.2 The roadmap recently described within the ICS design framework¹ states that CCGs will no longer be operating in the same way from October 2021 and there is a need to develop the governance and decision-making structure to support the Shadow ICB and enact decisions, as it is CCGs that remain the statutory bodies until 1st April 2022.
- 1.3 During the intervening few months since the publication of the White paper on Health and Care Reform and its associated guidance documents, as well as the reading of the Health & Care Bill in July 2021, it has become apparent that the challenging timescales for the transition from CCGs to an established ICB means that considerable work needs to be expedited in order that the Cheshire and Merseyside CCGs accountabilities can continue to be discharged and safely executed up to their disestablishment date (31st March 2022), support the development of the shadow ICB Board and ensure a safe and robust transition of staff, functions, liabilities to the Cheshire and Merseyside ICB.
- 1.4 As such work has been undertaken by the CCG Accountable Officers, supported by CCG Governance leads, to form proposals on changes to CCG governance that will support this transition and strengthen the work to establish ICB arrangements.
- 1.5 An earlier version of this paper was considered by the Cheshire and Merseyside CCGs Joint Committee on the 28 September 2021 and the feedback received from Committee members has been incorporated within this paper.

2. Cheshire and Merseyside CCGs Joint Committee – proposal

- 2.1 The nine Cheshire and Merseyside CCGs have established a joint committee established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended). Through a fair and transparent process, the nine CCGs identified representatives drawn from each CCG to form the membership of the Committee and which reflected the roles that make up the composition of a CCG Governing Body. Representatives from the Cheshire and Merseyside Health and Care Partnership, Healthwatch and Public Health were also invited to attend Committee meetings.
- 2.2 The overarching role of the Joint Committee has been to enable the Cheshire and Merseyside CCGs to work effectively together and make binding decisions on agreed service areas, for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.

¹ <https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>

2.3 Although there was always the potential for the committee to assume greater responsibility for more areas/functions normally reserved for a CCGs Governing Body the scope of the Cheshire and Merseyside Joint Committee is currently restricted to a small set of areas which are set out in the existing work plan that was approved during Spring 2021 (Figure One).

Figure One: Current work plan of the Cheshire and Merseyside Joint Committee

Service area to be commissioned 'at scale'	Specific services to be included in the workplan of the Joint Committee of Cheshire and Merseyside CCGs
Mental Health Services	A. Children and Young People mental health services <ul style="list-style-type: none"> • Crisis services • Eating disorder services B. Agree common standards and develop a common workforce strategy to address widespread variation in access, provision, quality and outcomes C. Out of area placements
Acute services	A. Specialist Rehabilitation services (Neuro, Mental Health, Stroke, complex cases) B. To re-procure Bariatric services during 2021/22 C. Spinal services D. Standardise clinical commissioning policies e.g. IVF, interventions of low clinical importance E. Agree to adopt the National Specification for Stroke services across C&M.

2.5 For the nine Cheshire and Merseyside CCGs to effectively work in collaboration as a system, understand and address more effectively the Cheshire and Merseyside system issues, better utilise and prioritise the current resources (staff, Governing Body members) of the CCGs and to support the establishment of the ICB and its shadow ICB Board it is being proposed that greater authority is delegated to the Joint Committee going forward.

2.6 In summary the following proposals are being recommended to all nine CCG Governing Bodies for consideration:

- that the current Joint Committee work plan is rescinded
- that all CCGs delegate authority to the Joint Committee to take on any and all functions normally reserved to that of a CCG Governing Body, with the exception of those areas outlined in Section Three of this paper
- that all CCGs agree to disestablish their existing individual CCG Committees that cover finance and resources, performance and quality and support the establishment of joint committees that cover these areas and which report into the Cheshire and Merseyside CCG Joint Committee. The proposed Terms of Reference for these new Joint Committees (Quality, Performance, Finance and Resources) can be seen in Appendix One.

2.7 As there is still a significant amount of work to be undertaken to enable sufficient assurance to Governing Bodies that these recommendations would be robustly implemented and in recognition that further discussion and engagement is required with all Governing Bodies, the ask of Governing Bodies at its meeting in common in October

2022 is to **endorse** the recommendations in 2.6 and to give the mandate to the Accountable Officers to progress implementing these recommendations.

- 2.8 Additionally, Governing Bodies are asked to agree that a second meeting in common of all Governing Bodies is arranged for the first week in November 2021, which will be a meeting held in public, and where these proposals / recommendations are brought back for formal approval. If formal approval is received then the 23 November 2021 meeting of the Joint Committee would be the first meeting of the Committee with its increased authority.
- 2.9 It is the ambition of the Cheshire and Merseyside CCG Accountable Officers that the proposals set out in this paper are fundamental in enabling CCGs to revise governing body agendas such that they will focus on place based developments, audit, remuneration, formally authorise closedown and transfer proposals and any other matters relevant to their statutory duties, in accordance with NHSE guidance to maintain local operational delivery including patient safety, quality and finance, seeking assurances from the joint committee that progress is on track and other bespoke matters only relevant to the respective statutory body.

3. Considerations and product development

- 3.1 It is recognised that there is still a significant amount of work to be undertaken to enable these recommendations to be fully implemented. Work is ongoing to ensure that robust processes are in place to provide the necessary assurance to Governing Body members that this further delegation of authority and transition to a Cheshire and Merseyside decision making forum will be done safely and thoroughly.
- 3.2 There is now a regular governance work stream meeting, attended by representatives of all CCGs and the Cheshire and Merseyside Health and Care Partnership, and a nominated Accountable Officer (Fiona Taylor) to oversee the work stream. This work stream has been tasked at identifying what functions/areas may or will need to stay at Governing Body/Place level based on current arrangements as well as what could and should be covered within the authority of the Joint Committee and its sub-committees. Aligned to this there will need to be work undertaken to amend each CCGs Scheme of Reservation and Delegation (SORD) and Standing Financial Instructions. The governance work stream will also be developing a 'decision map' tool for use for staff within each CCG so as to help inform them as to how and where CCG business will need to go for decisions within the new CCG governance infrastructure (once established).
- 3.3 Due to the statutory or mandated nature of certain CCG Committees changes are not being proposed to the current operation of individual CCGs Primary Care Commissioning, Audit and Remuneration Committees. Matters in scope of these Committees will continue to be determined and managed at individual CCG level. In time however as part of CCG closedown and transition to the ICB these Committees may also need to be undertaken in common across all CCGs.
- 3.4 Existing arrangements at each Place/CCG level in relation to other joint committees either with CCGs within our outside of Cheshire and Merseyside, or arrangements with local authorities are also not being proposed to be changed at this time. For example, the oversight, management and scrutiny of place based partnership arrangements for section

75 will remain within the nine places. However, within the context of reporting in the finance and resource committee it is likely that the financial reporting will also reference the Better Care Fund for completeness.

- 3.5 Regardless of delegating increased authority to the Joint Committee, each CCG still needs to retain their Governing Body. The Governance work stream, with the support of Governing Body members, will be looking to collate from each CCG a combined list of the CCG business that was due to come to each CCG Governing Body for the remainder of this year. This list will then aid in understanding what CCG business would best be considered at the Joint Committee or which would best be considered at individual CCG level – either through the Governing Body or Executive/Senior Leadership teams.
- 3.6 As an example, the list below summarises core responsibilities that should remain in scope of individual Governing Bodies:
- ensure that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically, and in accordance with the CCG's principles of good governance (its main function);
 - determine the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established;
 - approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority(ies), where appropriate;
 - approve decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make;
 - approve arrangements for financial risk sharing and or risk pooling with other organisations;
 - approve variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims;
 - approve amendments to the CCGs constitution (subject to the caveats requiring membership approval);
 - approve amendments to the CCG's overarching scheme of reservation and delegation for inclusion in the CCG's constitution;
 - approve amendments to the CCG's standing financial instructions that underpins the CCG's 'overarching scheme of reservation and delegation' as set out in its constitution;
 - approve appointments to the CCG Governing Body
 - approve Governing Body member appointments to CCG Committees;
 - approve who can execute a document by signature / use of the seal
 - approve the CCG's operating structure;
 - approve the arrangements for discharging the CCG's statutory financial duties;
 - approve the CCG's budgets that meet the financial duties as set out in the constitution;
 - approve the arrangements for discharging the CCG's statutory duties as an employer;
 - oversee risk assessment and securing assurance actions to mitigate identified strategic risks (Governing Body Assurance Framework risk);
 - approve the annual report and accounts;
 - approve the CCG's counter fraud and security management arrangements;
 - have oversight of and approve CCG Emergency Planning, Resilience and Response arrangements so as to ensure the CCG acts in accordance with the Civil Contingency

Act 2004, the NHS Act 2006, the Health and Social Care Act 2012, Home Office guidance, and Department of Health national policy and guidance;

- consider any case for change that may result in the Governing Body seeking approval from the CCGs membership for any application by the group to NHS England to enter into a merger, separation, or dissolution.

3.7 As well as the responsibilities listed in 3.6, there will still be a role for individual Governing Bodies in:

- approving strategies, reports etc. that are required (by other bodies such as NHSE/I) to have corporate “sign off” (as the Governing Body will continue to be the body corporate – or the legal entity acting on behalf of the CCG). That will also be the case for certain formal agreements, statement or assurance returns to the regulators. (e.g., EPRR, WRES);
- considering assurance reports from the committees where escalation required, including: Audit, Remuneration and Cheshire and Merseyside CCG Joint Committee;
- considering updates on strategic risks affecting the CCG via the Governing Body Assurance Framework (GBAF);
- having oversight of the internal work on CCG close-down/transition process.

3.8 **Sub-Committees of the Cheshire and Merseyside CCGs Joint Committee.** Having considered the current arrangement across the nine CCGs the proposal to establish sub-committees of the Joint Committee are duly recommended in order to reflect and enact the delegated duties and accountabilities of the CCGs until 31 March 2022. Subject to the Governing Bodies endorsing the recommendations as outlined in Section Two of this paper, Governing Body members are asked to review the proposed terms of reference in **Appendix Three** and provide any feedback prior to the Terms of Reference being considered at the next meeting of the Joint Committee on 26 October 2021.

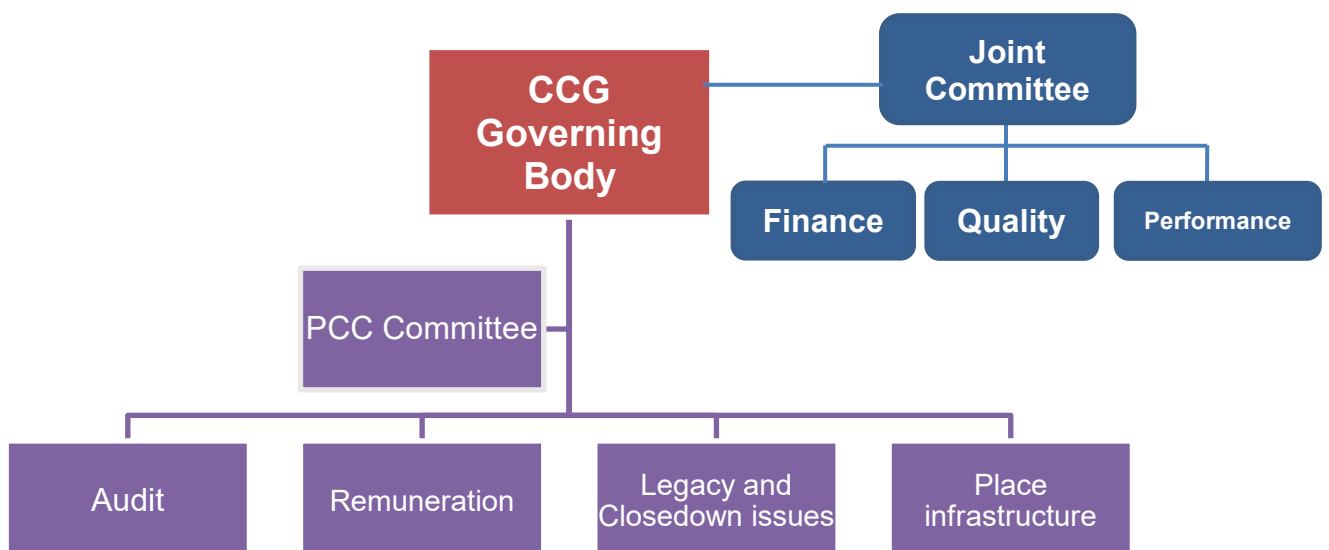
3.9 In establishing these reporting sub committees, the joint committee shall ensure that the sub committees receive the necessary reporting of information from each CCG to enable a single central mechanism across Cheshire and Merseyside for reporting. Whilst the proposal is to disestablish the existing CCG committees that cover finance, performance and quality it is anticipated that each CCG/Place will continue to operate an ‘Operational and Assurance’ type meeting on these areas so as to not lose any grip on local issues. These groups would then inform the established sub committees of the Joint Committee.

3.10 There will need to be a membership at each sub-committee reflective of the current CCG committee arrangements, including Lay Members/Clinical leads (GB Members) in order to discharge the CCG duties and responsibilities through this new structure but collectively across Cheshire and Merseyside. It is recommended that these sub-committees are chaired by a lay member drawn from the nine CCGs. It is proposed that membership of these Committees would be selected in a similar manner to that which enabled the identification of the membership of the Joint Committee.

3.11 It is expected that each proposed sub committee will provide an assurance report on activity, issues and risks and matters for escalation following each meeting. One overarching assurance report will be produced for all CCG Governing Bodies which will provide the necessary detail for assurance matters. These sub committees whilst reporting into the Cheshire and Merseyside CCGs Joint Committee, will also be able to inform and assure the individual CCG Governing Bodies via the reporting to each CCG

governing body of the ratified minutes of both the public and private meetings of the Joint Committee.

- 3.12 Subject to agreement, it is proposed that the new sub committees are established in November 2021 following approval of the Terms of Reference at the October Joint Committee meeting and following the completion of any final remaining scheduled CCG Committee meetings throughout October and early November. As part of these final meetings there will need to be closedown and handover plans created to inform the new sub-committees. These closedown and handover plans will need to be approved by the Chairs of the respective CCG Committees.
- 3.13 The Joint Committee is required to have in place a risk register and supporting escalation framework so that there is a mechanism in place for managing risk and alerting the respective statutory bodies of any emerging risks. These will also need to be captured in the respective CCGs GBAF.
- 3.14 Place based partnerships in each of the boroughs are continuing to grow and develop and report direct to the Health and Care Partnership in terms of progress – with the intention that formal governance arrangements between Place and the ICB be agreed by the Shadow ICB. It will be necessary however, for each “place” arrangements to have mechanisms for assuring quality and finance, providing this assurance to each governing body to ensure that accountability is maintained. There will also arise legacy issues for each CCG which will be subject to local resolution with accountability and compliance sitting with the respective CCGs.
- 3.15 In recognising the on-going development of place-based partnerships at pace and agreement of respective governance frameworks; the Joint Committee may need to review the extent of delegations, as they are likely to be devolved to Place.
- 3.16 The C&M Joint Committee is **not** a sub-committee of the nine governing bodies - it is a committee of each of the nine CCGs (as membership bodies). However, governing bodies on behalf of CCG membership will, from time to time require assurances on such matters to enable a collective response. Primarily this should be delivered via a governance structure. A minimal local structure, reflecting the role of the Cheshire and Merseyside CCGs Joint Committee, can be seen in Figure Two.



4. Next Steps and indicative timelines

- 4.1 Subject to receiving the support to progress the recommendations outlined within this paper the following areas will be progressed within the indicative timelines outlined below. This list is not exhaustive as other areas of work will be required to be undertaken as the development of the ICB progresses, further details emerge during the passage of the Bill through the House of Commons and in response to further guidance and directions from NHS England and Improvement. Additionally a more detailed project / programme plan and timeline up until the end of March 2022 will need to be created and brought back to the Governing Bodies/Joint Committee.

October 2021

- receive feedback on proposed sub-committee TORs
- Sub-Committee TORs to be considered for approval at the 26 October Joint Committee Meeting
- revised Joint Committee TOR to be considered at the 26 October Joint Committee meeting prior to submission to CCG Governing bodies for approval
- amendments to CCG SORDS and SFIs developed ahead of consideration by CCG Governing Bodies for approval
- existing CCG Finance, Quality and Performance Sub-committees to meet for final time and agree closedown and handover reports
- identification of legacy issues and process and forums for management by individual CCGs
- development of a collated CCGs business forward plan and business route map to identify what will need to go where and by when
- development of CCG Business items 'decision map flow charts' to support CCG staff understand where CCG business items will need to be considered
- agree process to and identify CCG representatives to form the membership of the new Sub-Committees.

November 2021

- an additional CCGs Governing Bodies meeting in common to be arranged in the first week of November 2021 to consider formal approval of the recommendation outlined in 2.6, a revised Joint Committee TOR, amended CCG SORD & SFIs, and other associated products
- existing CCG Finance, Quality and Performance Sub-committees to meet for final time and agree closedown and handover reports
- Identification of legacy issues and process and forums for management by individual CCGs
- first meeting of Joint Committee with increased authority
- first meetings of newly formed sub-committees.

5. Conclusion

- 5.1 An enhanced remit and increased authority delegated to the Joint Committee of Cheshire and Merseyside CCGs and the establishment of reporting sub committees will allow for aligned, timelier and responsive decision making that is required to meet the timetable and demands for change to a full ICB in April 2022.

5.2 This will contribute to the safe and effective transfer of all nine CCGs responsibilities, assets and liabilities to a fully enacted Cheshire and Merseyside ICB from 1 April 2022.

6. Recommendations

6.1 **The Governing Body of each CCG is asked to:**

- **endorse** the recommendation that the current Joint Committee work plan is rescinded
- **endorse** the recommendation that all CCGs delegate authority to the Joint Committee to take on any and all functions normally reserved to that of a CCG Governing Body, with the exception of those areas outlined in Section Three
- **endorse** the recommendation that all CCGs agree to disestablish their existing individual CCG Committees that cover finance and resources, performance and quality and support the establishment of joint committees that cover these areas and which report into the Cheshire and Merseyside CCG Joint Committee
- **approve the** recommendation that a second meeting in common of all Governing Bodies is arranged for the first week in November 2021 to further consider and formally approve the recommendations of the Accountable Officers.

7. Access to further information

7.1 For further information relating to this report contact:

Name	Fiona Taylor
Designation	Accountable Officer
Telephone	07977986166
Email	fiona.taylor@southseftonccg.nhs.uk

APPENDIX 2

ToR Joint Committee

Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021



 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Terms of Reference, Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)	Dianne Johnson, Accountable Officer, NHS Knowsley CCG		
Version	V0.7		
Target Audience	Cheshire and Merseyside CCG Governing Bodies and GP Memberships Cheshire and Merseyside Health and Care Partnership Board		
Date of Issue	To add		
Document Status (Draft/Final)	Final		
Description	This document describes the Terms of Reference for the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups.		
Document History:			
Date	Version	Author	Notes
11/12/2020	0.1	Dianne Johnson	Draft document for review by CCG AOs.
16/12/2020	0.2	Dianne Johnson	Draft document for review by CCG AOs.
18/12/2020	0.3	Dianne Johnson	Draft document for review by CCG AOs following review by governance leads for Cheshire CCG, Wirral CCG, South Sefton & Southport and Formby CCG and St Helens CCG
10/05/2021	0.4	Dianne Johnson	Draft document for review by CCG AOs following Joint Committee workshop in April 2021
14/05/2021	0.5	Dianne Johnson	Final
06/11/202	0.7	Matthew Cunningham	Version to be reviewed to reflect increased authority of Committee
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments
0.1	CCG AO meeting 14 th December	11/12/2020	
0.3	CCG AOs	18/12/2020	
0.4	CCG AOs	10/05/2021	
0.7	CCG Chairs & AOs	6-8 Nov 2021	

Terms of Reference for the Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups

1. Introduction

- 1.1 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS. In response to this, Cheshire and Merseyside Clinical Commissioning Groups (CCGs) have established and constituted a Joint Committee of the nine CCGs to make decisions collaboratively 'at scale' across Cheshire and Merseyside. Joint committees are statutory mechanisms which enable CCGs to undertake collective and binding strategic decision making.

2. Establishment

- 2.1 The Committee is a Joint Committee of the following CCG member organisations:
- NHS Cheshire CCG
 - NHS Halton CCG
 - NHS Knowsley CCG
 - NHS Liverpool CCG
 - NHS South Sefton CCG
 - NHS Southport and Formby CCG
 - NHS St Helens CCG
 - NHS Warrington CCG
 - NHS Wirral CCG.
- 2.2 The Committee has been established in accordance with the Constitutions, Prime Financial Policies, and Scheme of Delegations of each member CCG. It is established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

3. Role of the Joint Committee

- 3.1 The overarching role of the Joint Committee is to enable the Cheshire and Merseyside CCGs to collectively work effectively together and make joint binding decisions on those CCG functions and responsibilities exercisable by CCGs that will be for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.
- 3.2 Decisions will be taken by the Joint Committee in accordance with the delegated authority granted to the Committee from each member CCG.
- 3.3 Decisions undertaken by the Committee will support the strategic aims and objectives of the C&M HCP and will contribute to the sustainability and transformation of local health and social care systems at 'Place'. The strategic aims of C&M HCP are aligned to the NHS Long Term Plan (2019) and focus on improving and modernising our health and care services by:
- delivering safe and sustainable high-quality services;
 - improving the health and wellbeing of local communities and tackling health inequalities; and
 - delivering better joined up care closer to home.
- 3.4 The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the CCGs.

4. Remit and authority of the Joint Committee of the Cheshire and Merseyside CCGs

4.1 In accordance with that outlined within the Constitutions and Scheme of Reservation and Delegations (SoRD) of each member CCG, the Committee shall have the delegated authority to undertake decisions on all functions and responsibilities exercisable by CCGs which are normally reserved to a Governing Body and which are not otherwise:

- delegated to other Committees of the member CCGs, such as Audit and Remuneration
- retained by the GP membership of each member CCG
- the responsibility of a CCGs Primary (GP) Care Commissioning Committee
- delegated to other Joint Committee or joint legal arrangements with local authorities or with organisations outside of Cheshire and Merseyside, such as Section 75 agreements
- agreed to be at or are required to remain at individual CCG and/or Place level.

4.2 The Joint Committee will also have the authority to:

- commission any reports, surveys or reviews of services it deems necessary to help it fulfil its obligations, along with any scrutinising independent investigation reports
- commission, review and authorise policies in to areas within the scope of the Committee, or where specifically delegated by the Governing Bodies of the nine Cheshire and Merseyside CCGs
- request further investigation or assurance on any area within its remit
- bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- make recommendations to and/or escalate issues to the Cheshire and Merseyside Health and Care Partnership and NHS England and Improvement.
- approve the terms of reference of any sub-groups to the Committee
- delegate tasks to such individuals, sub-groups or individual members as it shall see fit, provided that any such delegations are consistent with relevant governance arrangements and national guidance, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest
- set common standards across agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside
- monitor these standards and provide assurance they are adhered to
- have oversight and co-ordination of any public consultation or engagement required in relation to areas within the scope of the Committees remit
- agree allocation of spend related to the decisions made on agreed service areas within the scope if the Committee.

4.3 In performing its role, the Joint Committee will:

- agree and oversee a risk management strategy to support decision-making in all areas of business related to the Committees remit.
- ensure appropriate patient, public and carer consultation and engagement, which meets best practice standards and is compliant with CCGs' statutory responsibilities with regard to involvement, as set out in the NHS Act 2006 (as amended)
- ensure appropriate consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- ensure that Procurement, Patient Choice and Competition (No.2) Regulations 2013 are followed.

- ensure that no contracts for NHS healthcare services will be awarded where conflicts or potential conflicts of interest affect or appear to affect the integrity of the award
- ensure compliance with public sector equality duties, as set out in the Equality Act 2010 for the purposes of implementation.

4.4 In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation which would/will impact on the delivery of individual CCG functions. Working collaboratively, the CCGs would review, determine at which level commissioning should take place i.e. Cheshire & Merseyside scale or at 'Place' and, where appropriate, agree common standards. The Joint Committee would form and submit any subsequent recommendations to each Constituent CCGs Governing Body for consideration.

4.5 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:

- Management of conflicts of interest (section 14O)
- Duty to promote the NHS Constitution (section 14P)
- Duty to exercise its functions effectively, efficiently and economically (section 14Q)
- Duty as to the improvement in quality of services (section 14R)
- Duties as to reducing inequalities (section 14T)
- Duty to promote the involvement of patients (section 14U)
- Duty as to patient choice (section 14V)
- Duty as to promoting integration (section 14Z1)
- Public involvement and consultation (section 14Z2).

4.6 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes, presented to Governing Body meetings, setting out key actions and decisions from each meeting and an annual report to inform constituent CCGs' annual governance statements.

4.7 The Joint Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.

5. Membership

5.1 A CCG employee with statutory duties (Accountable Officer or Chief Finance Officer) of each full member organisation will sit on the Joint Committee. All CCG members of the Committee are voting members as set out at 5.2.

5.2 **Figure 1** depicts the Joint Committee membership

Figure 1: Membership

VOTING MEMBERS
Per CCG, one member with statutory duties: <ul style="list-style-type: none"> • CCG Accountable Officer (x6) • CCG Chief Finance Officer (x3)* * <i>When an AO is the AO of 2 CCGs</i>
<ul style="list-style-type: none"> • x1 Chair** • x1 Vice Chair** ** <i>To be appointed from incumbent CCG Chairs/Vice Chairs</i>
The following Committee members will also be drawn from the existing Governing Body and

executive team membership of the nine Cheshire and Merseyside CCGs:

- x4 Governing Body GP representatives
- x1 Secondary Care Doctor
- x1 Registered Nurse
- x1 Lay Member – Audit & Governance
- x1 Lay member - PPI
- x1 Quality Lead.

- 5.3 As Joint Committee Members, individuals will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.
- 5.4 The Joint Committee may invite specified individuals from within and outside of the CCGs to be regular attendees at its meeting in order to inform its decision making and the discharge of its functions as it sees fit.
- 5.5 Regular attendees will receive advanced copies of the notice, agenda and papers for Committee meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.
- 5.6 Attendees with a standing invite to attend Committee meetings include:

IN ATTENDANCE – NON VOTING
x1 Healthwatch representative
x1 Cheshire and Merseyside Director of Public Health representative
at least one Cheshire & Merseyside-Health and Care Partnership representative*
at least one senior representative from the Local Authorities of Cheshire and Merseyside
at least one representative from the Provider Collaboratives in Cheshire and Merseyside

* As designate appointments are made to the Cheshire and Merseyside ICB Board and Executive Team, and at the discretion of the Chair of the Committee and designate Chair of the ICB, then more than one HCP/ICB representative will be invited to attend

6. Deputies

- 6.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.
- 6.2 A named deputy will have delegated decision making authority to fully participate in the business of the Joint Committee. All deputies should be fully briefed and the Committee secretariat informed of any agreement to deputise, so that quoracy can be maintained.

7. Quoracy

- 7.1 The meeting will be quorate with at least one representative of each CCG (including the Joint Committee Chair/Deputy) being present at the meeting.
- 7.2 In the event of the Joint Committee making a formal decision which requires a vote, one voting member from each full member organisation / CCG will be required for the meeting to be considered quorate.
- 8.3 A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

8. Voting

- 8.1 The Joint Committee will aim to make its decisions through consensus.

- 8.2 In the event of a requirement to make a decision by taking a vote, a minimum of 75% of the voting committee membership in attendance at the meeting in question must be in agreement for the recommendation or decision to be carried (*i.e. of the 9 voting members present at the meeting, at least 7 voting members are in agreement*).
- 8.3 Joint Committee members will make decisions in the best interests of the whole Cheshire and Merseyside population, rather than just the population of their constituent CCG.

9. Conflicts of Interest

- 9.1 A register of interests will be compiled and maintained for the Joint Committee which will require members (full and associate) to declare any interest in respect of their role across Cheshire & Merseyside in addition to their own CCG. This register shall record all relevant and material, personal or business interests, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website and available for inspection at the offices of each CCG.
- 9.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair as soon as they are known and no longer than 28 days from any change.
- 9.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant CCG may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 'Deputies' above.
- 9.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with the NHS England Management of Conflicts guidance.
- 9.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.
- 9.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

10. Meetings

- 10.1 The Joint Committee shall meet not less than six times a year in order to undertake its business and make decisions regarding the work plan in a timely manner. The Chair will have authority to call an extraordinary meeting with at least 5 days' notice.
- 10.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.
- 10.3 Meeting dates will be published on the nine CCG websites at least 5 working days before the meeting. Agendas and papers will be published on each of the nine CCG websites.

- 10.4 The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.
- 10.5 Joint Committee meetings will be held in public but are not public meetings. Members of the public may observe deliberations of the Joint Committee, with feedback encouraged through the public engagement or consultation process. Items the Joint Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.
- 10.6 Members of the Joint Committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.
- 10.7 Members of the Sub Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

11. Infrastructure/Organisational Support

- 11.1 To enact the business of the Joint Committee and progress the work plan for agreed service areas, dedicated administrative resource for the Joint Committee will be agreed by the nine CCGs. A nominated Accountable Officer and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Joint Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.
- 11.2 Papers for each meeting will be issued to Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

12. Review of Terms of Reference


- 12.1 These terms of reference shall be reviewed by the Joint Committee annually, with input from CCG Governing Bodies, and any amendments approved by each CCG.
- 12.2 They may also be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

13. Withdrawal from Committee

- 13.1 Should the Joint Committee arrangement prove to be unsatisfactory, the Governing Body of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of six (6) months' notice to partners, with consideration by the Committee of the impact of a leaving partner – a maximum of 12 months' notice could apply.

14. Dispute Resolution

- 14.1 Where any dispute arises between the member CCGs or where the Joint Committee cannot reach a decision in accordance with its terms of reference, the member CCGs must use their best endeavours to resolve that dispute on an informal basis at the next meeting of the Joint Committee.

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- 14.2 Where any matter referred to dispute resolution is not resolved under 14.1, any Party in dispute may refer the dispute to the Accountable Officer(s) of the relevant CCG(s), who will cooperate in good faith to recommend a resolution to the dispute within ten (10) Working Days of the referral.
 - 14.3 If the dispute is not resolved under Clauses 14.1 and 15.2, any CCG in dispute may refer the dispute to NHS England and each CCG will co-operate in good faith with NHS England to agree a resolution to the dispute within ten (10) Working Days of the referral.
 - 14.4 Any referral to NHS England under Clause 15.3 shall be to the Regional Director of Commissioning, NHS England.
 - 14.5 Where any dispute is not resolved under Clauses 15.1. to 15.4, any CCG in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the member CCGs in dispute.

APPENDIX 3

ToR of Sub Committees

Finance and Resources Sub Committee of the Joint Committee of Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021

 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Terms of Reference, Finance and Resources Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)			
Version	V0.1		
Target Audience	Cheshire and Merseyside CCG Governing Bodies		
Date of Issue	8.11.21		
Document Status (Draft/Final)	Draft		
Description	This document describes the Terms of Reference for the Finance and Resources Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups.		
Document History:			
Date	Version	Author	Notes
05/11/21		Matthew Cunningham	
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments

Finance and Resources Sub Committee of the Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups

Terms of Reference

1. Introduction

- 1.1 High functioning Committees traditionally focus on a number of key responsibilities: setting strategy; delivery assurance and culture and establish a number of supporting sub-committees, including performance. The Cheshire and Merseyside CCGs Finance and Resources Committee has been established as a sub-committee of the Cheshire and Merseyside CCGs Joint Committee. Under *section (add once Joint Committee TOR finalised)* of the Cheshire and Merseyside Joint Committee Terms of Reference, the Joint Committee has the authority to establish and agree the Terms of Reference for sub-committees:

“The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.”

- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sub Committee and shall have effect as if incorporated into the Constitution and Standing Orders of all Cheshire and Merseyside CCGs.
- 1.3 The Sub Committee is authorised by the Cheshire and Merseyside CCGs Joint Committee to act within its terms of reference. All Members and employees of the CCGs are directed to co-operate with any request made by the Committee.
- 1.4 The establishment of a sub-committee structure under the Cheshire and Merseyside CCGs Joint Committee will not change each of the CCG partnership arrangements for Section 75. The oversight, management and scrutiny of this item will remain within the 9 CCGs in Cheshire and Merseyside and shall continue to be governed by the relevant Section 75 agreement, signed by the respective CCG(s) and local authority.

2. Role and Purpose

- 2.1 The overarching role and purpose of the sub-committee infrastructure is to support the Cheshire and Merseyside CCGs Joint Committee in the discharge of those CCG functions and responsibilities delegated to it until 31 March 2022.
- 2.2 The Sub Committee will provide a focus on financial performance and delivery of financial recovery plans to ensure delivery of the Cheshire and Merseyside CCGs strategic and operational plans are achieved within financial allocations. It will provide a focus on financial performance and delivery of financial recovery plans, and will support the development of reporting across a number of footprints.
- 2.3 In particular, the Sub Committee will provide assurance to the Cheshire and Merseyside CCGs Joint Committee and the CCGs Governing Bodies on delivery of the:

- Duty as to effectiveness and efficiency.
- Workforce matters.

- 2.2 The Sub Committee will support the implementation the Cheshire and Merseyside CCGs financial strategy, oversee financial development, management and deployment within the CCGs and the establishment of a whole system approach and culture to financial management and planning during the 21/22 transition period.
- 2.3 The Sub Committee will review and monitor the shared Cheshire and Merseyside CCGs risks and provide assurance to the Joint Committee and CCG Governing Bodies in respect of Finance and Resources.
- 2.4 The Sub Committee supports the Cheshire and Merseyside CCGs Joint Committee by providing assurance that effective use of Financial Resources underpins all services provided and commissioned on behalf of the Cheshire and Merseyside CCGs. The Sub Committee will ensure that all regulatory requirements are met, and that financial information and management is continually improved to support the joint decision making of the CCGs working across Cheshire and Merseyside until the end of March 2022.
- 2.5 The Sub Committee supports the Cheshire and Merseyside CCGs Joint Committee in ensuring that commissioning decisions are based on evidence related to financial effectiveness and influenced by patient experience, feedback and need; and in so doing, promote patient safety and a positive patient experience, in line with the principles of the NHS Constitution, the CCGs' values and the requirements of the Care Quality Commission.
- 2.6 The Finance and Resources Sub Committee is one of three sub-committees reporting into the Cheshire and Merseyside Joint Committee as indicated in Table One. The Joint Committee will in turn continue to provide assurance reports to the Governing Body of each Cheshire and Merseyside CCG.

3. Authority of the Finance and Resources Sub Committee

- 3.1 The Finance and Resources Sub Committee is not a decision-making committee but is authorised by the Cheshire and Merseyside CCGs Joint Committee to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Terms of Reference of the Cheshire and Merseyside CCGs Joint Committee.
- 3.2 The Sub Committee will:
- Oversee the implementation and review of financial plans
 - Oversee the delivery of these financial plans via reporting on financial performance, contract management and financial management, including detailed reporting on the financial position, variances and progress towards meeting the targets within the CCGs' financial plans, statutory financial targets and financial control totals
 - Oversee the development and review of financial recovery plans
 - Gain assurance on the delivery of the financial recovery plan to achieve the outcomes for the CCGs in accordance with the short- and long-term plans approved by NHS England and Improvement
 - Review and provide assurance on the financial performance of the CCGs
 - Review and provide assurance on financial performance across the system
 - Review the CCGs budgets in line with the national planning guidance
 - Review the impact of Quality, Innovation, Productivity and Prevention (QIPP) plans on the financial position

- Review performance against the “finance and use of resources” elements of the NHS Oversight Framework.
- Monitor the effectiveness of the CCGs’ human resources policies through overview of recruitment, retention, turnover and sickness trends.
- Monitor and ensure delivery on the requirements of the Equality Act 2010, with particular reference to monitoring and developing the diversity of the workforce
- Ensure that services provided by other organisations, notably the CSU, are being delivered as per the CCGs expectations and to advise on remedial action where necessary.

3.3 In performing its role the Finance and Resources Sub Committee is:

- required to provide assurance to the Cheshire and Merseyside CCGs Joint Committee that there are appropriate systems in place which operate in order to enable the Committee to fulfil its finance and resources monitoring requirements
- required to provide regular reports to Cheshire and Merseyside CCGs Joint Committee on a timely basis and to also provide any updates that may be requested from time to time from the respective CCG governing body or committee established to retain responsibility for legacy matters
- required to produce an annual work plan to discharge its responsibilities until 31st March 2022
- required to provide assurance on any other financial and resource matters as requested by the Cheshire and Merseyside CCGs Joint Committee
- able to request further investigation or assurance on any area within its remit
- able to bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- able to make recommendations to the Cheshire and Merseyside CCGs Joint Committee
- able to escalate issues to the Cheshire and Merseyside CCGs Joint Committee and, via the Joint Committee, to CCG Governing Bodies
- able to approve the terms of reference of any sub-groups to the committee.

4. Membership

4.1 Membership of the sub-committee will be drawn from the membership of the Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs.


4.2 All members of the Committee are expected to represent the interests of the whole Cheshire and Merseyside population and will undertake its work in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.

4.3 The Committee Membership will be composed of, as a minimum:

- Chair
- At least one Cheshire and Merseyside CCG Accountable/Chief Officer
- At least one CCG Chair
- Executive leads/Directors of Finance and Contracting from all Cheshire and Merseyside CCGs
- at least three Independent Governing Body Members*
- At least three Governing Body GP representatives.

* *Incorporates Lay Members, Secondary Care Doctor and Registered Nurse members of a CCG Governing Body.*

4.4 The Sub Committee has the authority to invite other individuals drawn from Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs to be members of the Committee.

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- 4.5 All Sub Committee members may appoint a deputy to represent them at meetings of the Sub Committee. Sub Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).
- 4.6 The Sub Committee may also request attendance by appropriate individuals to present agenda items and/or advise the sub-committee on particular issues.
- 4.7 The Sub Committee may invite specified individuals from within and outside of the CCGs to be regular attendees (non-voting) at its meeting in order to inform its decision making and the discharge of its functions as it sees fit.
- 4.8 Regular attendees will receive advanced copies of the notice, agenda and papers for Sub Committee meetings. They may be invited to attend any or all of the Sub Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.

5. Chair of the Sub Committee

- 5.1 The Chair and Vice Chair of the Sub Committee will be appointed from the non-Executive members of the Governing Bodies of the Cheshire and Merseyside CCGs.
- 5.2 If the Chair is unable to attend a meeting, the Vice Chair will undertake the duties of Chair at that meeting. Where both the Chair and Vice Chair are unable to attend a meeting, the Chair may designate a representative from within the membership of the Committee to act as chair.
- 5.3 If the Chair is unable to chair an item of business due to a conflict of interest, the Vice Chair will be asked to chair that item. Where both the Chair and Vice Chair are unable to chair an item of business due to a conflict of interest the meeting, the Chair may designate a representative from within the membership of the Committee to act as chair for that item.

6. Attendance and Quorum

- 6.1 The meeting will be quorate with:
- 75% of the sub committee membership in attendance
 - Attendees shall comprise the Chair or the Vice Chair.

7. Frequency of Meetings

- 7.1 Meetings shall be held monthly.
- 7.2 Arrangements for calling meetings will be in writing to the chair of the sub-committee with a minimum of ten days' notice

8. Administrative Support

- 8.1 To enact the business of the Sub Committee and progress the work plan dedicated administrative resource for the Sub Committee will be agreed by the nine CCGs. A nominated Lead Director and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Sub Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.

- 8.2 Papers for each meeting will be issued to members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

9. Accountability and Reporting Arrangements

- 9.1 The Sub Committee will report to the Cheshire and Merseyside CCGs Joint Committee.
- 9.2 There will be close links between the Finance and Resources Sub Committee and the other sub-committees of the Cheshire and Merseyside CCGs Joint Committee with regular meetings between the Chair and Vice Chair of the Joint Committee and the Chairs of each sub-committee to ensure that there are no assurance gaps.

10. Conduct of the sub-committee

- 10.1 At the beginning of each meeting, the Chair will ask members whether they have any interests to declare, in accordance with the CCGs' Gifts, Hospitality and Declarations of Interests Policy.
- 10.2 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and act in accordance with the relevant CCG's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.
- 10.3 Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the chair will have the casting vote.
- 10.4 Members of the Sub Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 10.5 Finance and Resources Sub Committee papers will be stored and archived by the Sub Committee administrator and copies held in an accessible format. Details on location and how to access documents will be set out in the schemes of transfer.
- 10.6 The Finance and Resources Sub Committee will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.7 All members of the Sub Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Sub Committee.

11. Monitoring Effectiveness and Compliance with Terms of Reference

- 11.1 The Sub Committee will carry out a review before 31st March 2022 of its functioning and provide an outcome report of that review to the Cheshire and Merseyside CCGs Joint Committee who will in turn submit that report to the CCGs governing bodies.



12. Review of Terms of Reference

- 12.1 The terms of reference of the sub-committee shall be reviewed in January 2022 to ensure they remain fit for purpose.
- 12.2 Amendments to the Terms of Reference are to be approved by the Cheshire and Merseyside CCGs Joint Committee.

Version Control:

Version: 0.2

Performance Sub Committee of the Joint Committee of Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021

 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Terms of Reference, Performance Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups		
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Target Audience	Cheshire and Merseyside CCG Governing Bodies		
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05/11/21		Matthew Cunningham	
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments

Performance Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups Terms of Reference

1. Introduction

- 1.1 High functioning Committees traditionally focus on a number of key responsibilities: setting strategy; delivery assurance and culture and establish a number of supporting sub-committees, including performance. The Cheshire and Merseyside CCGs Performance SubCommittee has been established as a sub-committee of the Cheshire and Merseyside CCGs Joint Committee. Under *section (add once Joint Committee TOR finalised)* of the Cheshire and Merseyside Joint Committee Terms of Reference, the joint Committee has the authority to establish and agree the Terms of Reference for sub-committees:

“The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.”

- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sub Committee and shall have effect as if incorporated into the Constitution and Standing Orders of all Cheshire and Merseyside CCGs.
- 1.3 The Sub Committee is authorised by the Cheshire and Merseyside CCGs Joint Committee to act within its terms of reference. All Members and employees of the CCGs are directed to co-operate with any request made by the Committee.
- 1.4 The establishment of a sub-committee structure under the Cheshire and Merseyside CCGs Joint Committee will not change each of the CCG partnership arrangements for Section 75. The oversight, management and scrutiny of this item will remain within the 9 CCGs in Cheshire and Merseyside and shall continue to be governed by the relevant Section 75 agreement, signed by the respective CCG(s) and local authority.

2. Role and Purpose

- 2.1 The overarching role and purpose of the sub-committee infrastructure is to support the Cheshire and Merseyside CCGs Joint Committee in the discharge of those CCG functions and responsibilities delegated to it until 31 March 2022.
- 2.2 The Performance Sub Committee supports the Cheshire and Merseyside CCGs Joint Committee by ensuring there remains a robust performance management framework in place across the Cheshire and Merseyside CCGs system demonstrating that constitutional targets are met and there is compliance with regulatory requirements.
- 2.3 The Performance Sub Committee supports the Cheshire and Merseyside CCGs Joint Committee by ensuring there are appropriate arrangements in place to provide onward assurances in respect of contracting and performance across the Cheshire and Merseyside system.

- 2.4 The Performance Sub Committee is one of three sub-committees and reports to the Cheshire and Merseyside Joint Committee. The Joint Committee will in turn continue to provide accountability reports to the Governing Bodies of each Cheshire and Merseyside CCG.

3. Authority of the Performance Sub Committee

- 3.1 The Performance Sub Committee is not a decision-making committee but is authorised by the Cheshire and Merseyside CCGs Joint Committee to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Terms of Reference of the Cheshire and Merseyside CCGs Joint Committee.
- 3.2 The Sub Committee has the authority to:
- Receive, review and scrutinise the integrated performance reports for each respective CCG area
 - Ensure that contract performance is monitored on a monthly basis (monthly is the default – other periods may be agreed for certain contract types as appropriate);
 - Explore and test explanations for significant variations from plan of all KPIs;
 - Test the appropriateness and robustness of any correcting management actions including that of demand management initiatives;
 - Ensure actual and forecast contract over-performance or under-performance is quantified in financial terms and activity terms;
 - Benchmark recovery plans against trajectories within C&M and also England
 - Agree which of the underperforming contracts need to be brought to the attention of the Cheshire and Merseyside CCGs Joint Committee who will in turn determine if any further escalation is required to CCG statutory bodies
 - Ensure compliance with Public Sector Equality Duty
 - Ensure the implementation of the priorities set out in the operational planning guidance¹ and in particular the following priorities:
 - Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
 - *Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.*
 - *Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.*
 - Oversee the ongoing delivery of procurements in line with statutory requirements: Public Contract Regulations 2005 National Health Service (Procurement, patient Choice and Competition No 2) Regulations 2013; Social Value Act 2012);
 - Seek assurance that the procurement of services for C&M is consistent with relevant laws and that conflicts of interest have been declared, managed and published in accordance with Section 140 of the National Health Service Act 2006;
 - obtain such internal information as is necessary and expedient to the fulfilment of its functions
 - undertake where necessary ‘deep dives’ into specific issues that will enable it to gain a greater level of understanding and assurance into specific issues that fall within its remit.

¹ Available at: <https://www.england.nhs.uk/wp-content/uploads/2021/09/C1400-2122-priorities-and-operational-planning-guidance-oct21-march21.pdf>

- instruct professional advisors and request the attendance of individuals and authorities from outside the CCGs with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

3.3 In performing its role the Performance Sub Committee is:

- required to provide assurance to the Cheshire and Merseyside CCGs Joint Committee that there are appropriate systems in place which operate in order to enable the Committee to fulfil its performance monitoring requirements.
- required to provide regular reports to Cheshire and Merseyside CCGs Joint Committee on a timely basis and to also provide any updates that may be requested from time to time from the respective CCG's governing bodies or committee established to retain responsibility for legacy matters.
- required to produce a work plan to discharge its responsibilities until 31st March 2022
- able to request further investigation or assurance on any area within its remit
- able to bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- able to make recommendations to the Joint Committee
- able to escalate issues to the Cheshire and Merseyside CCGs Joint Committee through this to the Governing Bodies of the Cheshire and Merseyside CCGs
- able to approve the terms of reference of any sub-groups to the committee.

4. Membership

4.1 Membership of the sub-committee will be drawn from the membership of the Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs.

4.2 All members of the Sub Committee are expected to represent the interests of the whole Cheshire and Merseyside population and will undertake its work in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.

4.3 The Committee Membership will be composed of, as a minimum:

- Chair
- At least one Cheshire and Merseyside CCG Accountable/Chief Officer
- At least one CCG Chair
- Executive leads/Directors of Performance and/or Contracting from all Cheshire and Merseyside CCGs
- at least three Independent Governing Body Members*
- At least three Governing Body GP representatives

** Incorporates Lay Members, Secondary Care Doctor and Registered Nurse members of a CCG Governing Body.*

4.4 The Sub Committee has the authority to invite other individuals drawn from Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs to be members of the Committee.

4.5 All Sub Committee members may appoint a deputy to represent them at meetings of the committee. Sub Committee members should inform the Sub Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).

4.6 The Sub Committee may also request attendance by appropriate individuals to present agenda items and/or advise the sub-committee on particular issues.

- 4.7 The Sub Committee may invite specified individuals from within and outside of the CCGs to be regular attendees (non-voting) at its meeting in order to inform its decision making and the discharge of its functions as it sees fit.
- 4.8 Regular attendees will receive advanced copies of the notice, agenda and papers for Sub Committee meetings. They may be invited to attend any or all of the Sub Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.

5. Chair of the Sub Committee

- 5.1 The Chair and Vice Chair of the Sub Committee will be appointed from the non-Executive members of the Governing Bodies of the Cheshire and Merseyside CCGs.
- 5.2 If the Chair is unable to attend a meeting, the Vice Chair will undertake the duties of Chair at that meeting. Where both the Chair and Vice Chair are unable to attend a meeting, the Chair may designate a representative from within the membership of the Committee to act as chair.
- 5.3 If the Chair is unable to chair an item of business due to a conflict of interest, the Vice Chair will be asked to chair that item. Where both the Chair and Vice Chair are unable to chair an item of business due to a conflict of interest the meeting, the Chair may designate a representative from within the membership of the Committee to act as chair for that item.

6. Attendance and Quorum

- 6.1 The meeting will be quorate with:
- 75% of the committee membership in attendance
 - Attendees shall comprise the Chair or the Vice Chair.

7. Frequency of Meetings

- 7.1 Meetings shall be held monthly.
- 7.2 Arrangements for calling meetings will be in writing to the chair of the sub-committee with a minimum of ten days' notice

8. Administrative Support

- 8.1 To enact the business of the Sub Committee and progress the work plan dedicated administrative resource for the Sub Committee will be agreed by the nine CCGs. A nominated Lead Director and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Sub Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.
- 8.2 Papers for each meeting will be issued to Sub Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

9. Accountability and Reporting Arrangements

- 9.1 The Sub Committee will report to the Cheshire and Merseyside CCGs Joint Committee which will in turn provide update reports to the Governing Body of each CCG after each meeting.

- 9.2 There will be close links between the Performance Sub Committee and the other sub-committees of the Cheshire and Merseyside CCGs Joint Committee with regular meetings between the Chair and Vice Chair of the Joint Committee and the Chairs of each Sub-Committee to ensure that there are no assurance gaps.

10. Conduct of the sub-committee

- 10.1 At the beginning of each meeting, the Chair will ask members whether they have any interests to declare, in accordance with the CCGs' Gifts, Hospitality and Declarations of Interests Policy.
- 10.2 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and act in accordance with the relevant CCG's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.
- 10.3 Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the chair will have the casting vote.
- 10.4 Members of the Sub Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 10.5 Performance Sub Committee papers will be stored and archived by the Sub Committee administrator and copies held in an accessible format. Details on location and how to access documents will be set out in the schemes of transfer.
- 10.6 The Performance Sub Committee will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.7 All members of the Sub Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Sub Committee.

11. Monitoring Effectiveness and Compliance with Terms of Reference

- 11.1 The Sub Committee will carry out a review before 31st March 2022 of its functioning and provide an outcome report of that review to the Cheshire and Merseyside CCGs Joint Committee who will in turn submit that report to the CCGs governing bodies.

12. Review of Terms of Reference

- 12.1 The terms of reference of the sub-committee shall be reviewed in January 2022 to ensure they remain fit for purpose.
- 12.2 Amendments to the Terms of Reference are to be approved by the Cheshire and Merseyside CCGs Joint Committee.

Version Control:

Version: 0.2

Quality Sub Committee of the Joint Committee of Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021

 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Terms of Reference, Quality Sub Committee of the Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)			
Version	V0.1		
Target Audience	Cheshire and Merseyside CCG Governing Bodies and GP Memberships Cheshire and Merseyside Health and Care Partnership Board		
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Document History:			
Date	Version	Author	Notes
05/11/21		Matthew Cunningham	
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments

Quality Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups Terms of Reference

1. Introduction

- 1.1 High functioning Committees traditionally focus on a number of key responsibilities: setting strategy; delivery assurance and culture and establish a number of supporting sub-committees, including performance. The Cheshire and Merseyside CCGs Quality Sub Committee has been established as a sub-committee of the Cheshire and Merseyside CCGs Joint Committee. Under *section (add once Joint Committee TOR finalised)* of the Cheshire and Merseyside Joint Committee Terms of Reference, the Joint Committee has the authority to establish and agree the Terms of Reference for sub-committees:

“The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.”

- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sub Committee and shall have effect as if incorporated into the Constitution and Standing Orders of all Cheshire and Merseyside CCGs.
- 1.3 The Sub Committee is authorised by the Cheshire and Merseyside CCGs Joint Committee to act within its terms of reference. All Members and employees of the CCGs are directed to co-operate with any request made by the Committee.
- 1.4 The establishment of a sub-committee structure under the Cheshire and Merseyside CCGs Joint Committee will not change each of the CCG partnership arrangements for Section 75. The oversight, management and scrutiny of this item will remain within the 9 CCGs in Cheshire and Merseyside and shall continue to be governed by the relevant Section 75 agreement, signed by the respective CCG(s) and local authority.

2. Role and Purpose

- 2.1 The overarching role and purpose of the sub-committee infrastructure is to support the Cheshire and Merseyside CCGs Joint Committee in the discharge of those CCG functions and responsibilities delegated to it until 31 March 2022.
- 2.2 The Sub Committee will provide assurance that effective quality, safety and experience arrangements underpin all services provided and commissioned on behalf of the CCGs. The Sub Committee will ensure that all regulatory requirements are being met and patient safety is continually improved to deliver a better patient experience.
- 2.3 In particular, the Sub Committee will provide assurance to the Cheshire and Merseyside CCGs Joint Committee and the CCGs Governing Bodies:
- that effective quality arrangements underpin all services provided and commissioned on behalf of the CCGs. The Sub Committee will ensure that all regulatory

requirements are met and quality and patient safety is continually improved to deliver a better patient experience.

- that commissioning decisions are based on evidence of clinical effectiveness and influenced by patient experience, feedback and need; and in so doing, promote patient safety and a positive patient experience, in line with the principles of the NHS Constitution, the CCGs' values and the requirements of the Care Quality Commission.
- The CCGs will seek assurance from providers, raise formal queries and refer issues to the Joint Committee where there are significant concerns, which may compromise quality and patient safety.
- That CCGs will ensure that a clearly defined escalation process is in place for safety and quality measures, taking action as required to ensure that improvements in quality are implemented where necessary.
- That CCGs can satisfy themselves that children, Looked After Children, special educational needs and disability (SEND) requirements and adult's safeguarding duties are being met and that robust actions are taken to address concerns.

2.6 The Quality Sub Committee is one of three sub-committees and reports to the Cheshire and Merseyside Joint Committee. The Joint Committee will in turn continue to provide accountability reports to the Governing Bodies of each Cheshire and Merseyside CCG.

3. Authority of the Quality Sub Committee

3.1 The Quality Sub Committee is not a decision-making committee but is authorised by the Cheshire and Merseyside CCGs Joint Committee to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Terms of Reference of the Cheshire and Merseyside CCGs Joint Committee.

3.2 The Sub Committee has the authority to:

- review the effectiveness of quality governance arrangements to ensure that the health care commissioned on behalf of the CCGs is safe and of high quality and recommending courses of action where concerns have been raised.
- Review any information, notification or advice received from NHS England and NHS Improvement, National Quality Board, CQC or any External Regulator which relates to or has a bearing on an NHS care provider's provision including the results of national clinical audit information and confidential enquiries.
- Ensure that systems to monitor the quality of commissioned services are in place and are functioning appropriately.
- Review quality information from a range of sources in accordance with the work plan.
- Provide leadership to the quality work of each organisation.
- Give direction to the development of systems and processes for managing quality governance across the local system
- Provide effective oversight and scrutiny of the quality impact assessment process for all CCGs Quality Innovation Productivity and Prevention (QIPP) programmes and being assured around the quality impact assessment processes for the cost improvement programmes of its principal providers.
- Receive and review reports on quality in respect of commissioned services to include performance against CQUINs, patient experience (including complaints and compliments) and clinical performance indicators.
- Triangulate intelligence from complaints, quality issues and patient and community experience and engagement feedback.
- Review on a rolling programme of each Place commissioning area to identify and address variation in quality and experience and to ensure that feedback on existing

services is used to inform the commissioning decisions and that patients are involved in all service redesign programmes.

- Ensure that there are robust systems and processes in place to safeguard children, special educational needs and disability (SEND) requirements, Looked After Children, and adults in line with the Mental Capacity Act (including Deprivation of Liberty Safeguards) (DoLS).
- Ensure adequate systems are in place for the governance of research in line with the Department of Health and Social Care's requirements.
- Oversee the systems and processes that are in place to ensure quality is embedded, including development of service specifications.
- Oversee work on improving clinical effectiveness.
- Consider best practice in quality and making recommendations to the Joint Committee for each local area.
- Ensure that evidence from quality assurance processes drive the quality improvement agenda and support delivery of QIPP.
- Develop and keep under review policies and procedures relevant to the role of the Sub Committee.
- Approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- Approve arrangements for supporting NHS England and NHS Improvement in discharging its responsibilities in relation to securing continuous improvement in the quality of medical services.
- Review and monitor the shared CCG risks and provide assurance to the Joint Committee and CCG Governing Bodies in respect of Quality and Safeguarding
- Review information about serious incidents including all Never Events and Serious Case Reviews (SCRs) / Safeguarding Practice Reviews (SPRs), Safeguarding Adult Reviews (SARs), and Domestic Homicide Reviews (DHRs), to identify themes/areas of risk and to ensure that actions are identified and completed to improve care delivery.

3.3 In performing its role the Quality Sub Committee is:

- required to provide assurance to the Cheshire and Merseyside CCGs Joint Committee that there are appropriate systems in place which operate in order to enable the Committee to fulfil its quality monitoring requirements
- required to provide regular reports to Cheshire and Merseyside CCGs Joint Committee on a timely basis and to also provide any updates that may be requested from time to time from the respective CCG's governing bodies or committee established to retain responsibility for legacy matters
- required to produce an annual work plan to discharge its responsibilities until 31st March 2022
- required to provide assurance on any other quality matters as requested by the Cheshire and Merseyside CCGs Joint Committee
- able to request further investigation or assurance on any area within its remit
- able to bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- able to make recommendations to the Cheshire and Merseyside CCGs Joint Committee
- able to escalate issues to the Cheshire and Merseyside CCGs Joint Committee and, via the Joint Committee, to CCG Governing Bodies
- able to approve the terms of reference of any sub-groups to the committee.

4. Membership

4.1 Membership of the sub-committee may be drawn from the membership of the Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs.

4.2 All members of the Sub Committee are expected to represent the interests of the whole Cheshire and Merseyside population and will undertake its work in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.

4.3 The Sub Committee Membership will be composed of, as a minimum:

- Chair
- At least one Cheshire and Merseyside CCG Accountable/Chief Officer
- At least one CCG Chair
- Executive leads/Directors of Quality and Safeguarding from all Cheshire and Merseyside CCGs
- at least three Independent Governing Body Members*
- At least three Governing Body GP representatives.
- Chief Nurse (or nominated deputy) for each CCG
- Up to four Healthwatch representative
- Up to two CCG Communications, People and Public Engagement representatives
- Up to two Patient/Carer representatives

* *Incorporates Lay Members, Secondary Care Doctor and Registered Nurse members of a CCG Governing Body.*

4.4 The Sub Committee has the authority to invite other individuals drawn from Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs to be members of the Committee.

4.5 All Sub Committee members may appoint a deputy to represent them at meetings of the committee. Sub Committee members should inform the Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).

4.6 The Sub Committee may also request attendance by appropriate individuals to present agenda items and/or advise the sub-committee on particular issues.

4.7 The Sub Committee may invite specified individuals from within and outside of the CCGs to be regular attendees (non-voting) at its meeting in order to inform it work and the discharge of its functions as it sees fit. This could include but is not limited to Designated Nurse Safeguarding and Looked After Children (Children and Adults) as well as Heads of Quality and any other relevant representatives.

4.8 Regular attendees will receive advanced copies of the notice, agenda and papers for Sub Committee meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting, but may not vote.

5. Chair of the Sub Committee

5.1 The Chair and Vice Chair of the Sub Committee will be appointed from the non-Executive members of the Governing Bodies of the Cheshire and Merseyside CCGs.

5.2 If the Chair is unable to attend a meeting, the Vice Chair will undertake the duties of Chair at that meeting. Where both the Chair and Vice Chair are unable to attend a

meeting, the Chair may designate a representative from within the membership of the Sub Committee to act as chair.

- 5.3 If the Chair is unable to chair an item of business due to a conflict of interest, the Vice Chair will be asked to chair that item. Where both the Chair and Vice Chair are unable to chair an item of business due to a conflict of interest the meeting, the Chair may designate a representative from within the membership of the Sub Committee to act as chair for that item.

6. Attendance and Quorum

- 6.1 The meeting will be quorate with:
- 75% of the membership in attendance
 - Attendees shall comprise the Chair or the Vice Chair.

7. Frequency of Meetings

- 7.1 Meetings shall be held monthly.
- 7.2 Arrangements for calling meetings will be in writing to the chair of the sub-committee with a minimum of ten days' notice

8. Administrative Support

- 8.1 To enact the business of the Sub Committee and progress the work plan dedicated administrative resource for the Sub Committee will be agreed by the nine CCGs. A nominated Lead Director and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Sub Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.
- 8.2 Papers for each meeting will be issued to Sub Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

9. Accountability and Reporting Arrangements

- 9.1 The Sub Committee will report to the Cheshire and Merseyside CCGs Joint Committee and through the Joint Committee will provide update reports to the Governing Body of each CCG after each meeting.
- 9.2 There will be close links between the Quality Sub Committee and the other sub-committees of the Cheshire and Merseyside CCGs Joint Committee with regular meetings between the Chair and Vice Chair of the Joint Committee and the Chairs of each sub-committee to ensure that there are no assurance gaps.

10. Conduct of the sub-committee

- 10.1 At the beginning of each meeting, the Chair will ask members whether they have any interests to declare, in accordance with the CCGs' Gifts, Hospitality and Declarations of Interests Policy.
- 10.2 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and act in accordance with the relevant CCG's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it.

The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

- 10.3 Members of the Sub Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 10.4 Quality Sub Committee papers will be stored and archived by the Sub Committee administrator and copies held in an accessible format. Details on location and how to access documents will be set out in the schemes of transfer.
- 10.5 The Quality Sub Committee will apply best practice in its deliberations and will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.6 All members of the Sub Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Sub Committee.

11. Monitoring Effectiveness and Compliance with Terms of Reference

- 11.1 The Sub Committee will carry out a review before 31st March 2022 of its functioning and provide an outcome report of that review to the Cheshire and Merseyside CCGs Joint Committee who will in turn submit that report to the CCGs governing bodies.

12. Review of Terms of Reference

- 12.1 The terms of reference of the sub-committee shall be reviewed in January 2022 to ensure they remain fit for purpose.
- 12.2 Amendments to the Terms of Reference are to be approved by the Cheshire and Merseyside CCGs Joint Committee.

Version Control:

Version: 0.2

APPENDIX 4
MIAA - Joint
Committee
Arrangements

To: Dianne Johnson – Executive Director of Transition
From: Gary Baines – Regional Assurance Director
Date: 04/11/2021
Re: Joint Committee Arrangements

1 Introduction and Background

MIAA has been looking at ways we can continue to provide an internal audit service that both supports the delivery of statutory objectives and the management of the transition whilst also providing a degree of flexibility to support in meeting these challenges. On this basis, each of the Cheshire & Merseyside CCGs has agreed to ring fence approximately 10% of their 2021/22 internal audit plan days for pan Cheshire & Merseyside transition support.

This support covers various elements/workstreams, one of which specifically covers the establishment and implementation of joint committee arrangements and the delegation of CCG duties to the system wide Joint Committee and supporting sub-committees.

A paper was presented to the Meeting in Common of the Governing Bodies of the Cheshire & Merseyside CCGs on the 12th October setting out the process for transitioning from CCGs to the ICS shadow operating arrangements and associated CCG governance changes.

The paper outlined the process proposed to ensure that Cheshire and Merseyside CCG accountabilities can continue to be discharged and safely executed up to their disestablishment date (31st March 2022) and support the development of the shadow ICB and ensure a safe and robust transition.

Following the meeting, each CCG was requested to map current duties of its Governing Body sub-committees to the Joint Committee/its supporting sub-committees, Finance and Resources, Performance and Quality.

The purpose of the review was to ensure clear accountability/transparency and to provide assurance that all key business was subject to oversight through the revised arrangements and that delegation to joint committees is clear.

2 Objectives & Scope

MIAA have been asked to provide assurance in relation to the establishment of the joint Committee arrangements and the mapping exercise of current CCG duties/delegation of duties to the three sub-committees of the Joint Committee:-

- Finance and Resources
- Performance
- Quality

A further phase of work will be conducted by MIAA during the transition period to ensure that the arrangements agreed are operating effectively and that assurance is provided to CCG governing bodies that delegated duties are being overseen as intended.

3 Executive Summary

At the 12th October 2021 Meeting in Common of the Governing Bodies of the Cheshire and Merseyside Clinical Commissioning Groups the following was agreed in principle:-

- CCGs to delegate authority to Joint Committee for all functions normally reserved to that of a Governing Body with specific exceptions listed within the proposal.
- Disestablishment of existing individual CCG committees covering Finance and Resources, Quality and Performance and support the establishment of joint committees to cover these areas system wide, reporting into the Joint Committee.

The governance leads of each CCG meet on a fortnightly basis in a joint meeting chaired by the Executive Director of Transition with additional meetings scheduled to specifically develop the joint governance arrangements which facilitates input from each organisation in the system and ensures a consistent approach is adopted.

Within this phase of work, MIAA has reviewed the following areas:-

- Terms of Reference of each of the three proposed joint committee sub-committees
- Mapping of duties to each sub-committee on disestablishment of existing sub-committees within each CCG governance structure.

Terms of Reference

MIAA has reviewed the Terms of Reference of each of the 3 sub-committees and confirmed that they set out the following:-

- Authority, Purpose, Role and Remit
- Specific Duties and Responsibilities
- Chairmanship and Membership

- Attendance and Quoracy
- Frequency of Meetings
- Administration
- Accountability and Reporting Arrangements (including reporting to the Governing Body of each CCG)
- Conduct
- Monitoring Effectiveness and Compliance with Terms of Reference

The Terms of Reference have been subject to further update based on feedback since the agreement in principle to the establishment of the sub-committees, e.g. CCG CFO input to Finance & Resources Terms of Reference etc.

Further areas of work required have been set out in section 4 of the report.

Mapping of CCG Duties

It is essential that CCG Governing Bodies are assured of the robustness of the revised proposals to ensure that the delegation of authority and transition to Cheshire and Merseyside joint committees will be done safely and thoroughly.

The key risk in the establishment of joint committee arrangements is that current CCG oversight is lost or there is duplication of effort at CCG and system level. To support this process each CCG Governance Lead/Team has conducted an exercise to map existing sub-committee business to joint committees.

MIAA has confirmed this process has been followed by each CCG and MIAA has reviewed the document submitted to ensure that any business to be transferred to the joint committees is reflected in the respective terms of reference documents.

The work has concluded that the majority of current CCG core business within the areas of Finance/Resources, Performance and Quality is reflected in the Terms of Reference of each sub-committee notwithstanding the need to further develop a supporting work plan (see section 4 below) to set out specific agenda items that will be needed to support the discharge of delegated duties.

Where areas have been mapped to the sub-committees which are not explicitly within the Terms of Reference, MIAA has provided further details to the Executive Director of Transition to be shared with the Accountable Officers for discussion, consensus and resolution. It should be noted that in a number of areas, coverage could be implied within broad roles and responsibilities. This heightens the need for the development of work plans to support the Terms of Reference of the joint committees.

Conclusion

In conclusion, noting that further work will continue to develop arrangements once CCG Governing Body approval has been sought, MIAA are assured that the

processes agreed have been followed and plans are in place to further develop and mobilise arrangements once approval to proceed has been received.

As aforementioned, once the arrangements have become operational, the Executive Director – Transition has requested a further phase of work to be completed by MIAA to provide assurance that joint committee arrangements are effective and that terms of Reference are being met with feedback being provided to each CCG Governing Body.

4 Next Steps/Areas for Further Consideration

The following areas need to be progressed to further develop, mobilise and review the joint committee arrangements (it is acknowledged that a number these areas are in progress/planned):-

- Secure CCG Governing Body approval of the joint committee arrangements, delegation of duties to joint committees and duties that will remain with CCG governing bodies for the remainder of 2021/22.
- Agree membership and quoracy of each committee, balancing systems wide/equitable representation with the need to transact business efficiently and effectively.
- Develop a detailed work plan for the remainder of 2021/22 to enable the joint committees to agree agendas to support the fulfilment of terms of reference.
- Establish and communicate the reporting arrangements to ensure that CCG Governing Bodies are assured re: the discharge of delegated duties and responsibilities.
- Continually review arrangements/frequency of meetings etc. to ensure ongoing effectiveness and to respond to emerging issues, supported by MIAA's independent review of the effectiveness of arrangements as further assurance for the CCG governing bodies.

**CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING**

Agenda Item C1

Appendix B

Terms of Reference for the Joint Committee of the Cheshire and
Merseyside CCGs

Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021



 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Terms of Reference, Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)	Dianne Johnson, Accountable Officer, NHS Knowsley CCG		
Version	V0.7		
Target Audience	Cheshire and Merseyside CCG Governing Bodies and GP Memberships Cheshire and Merseyside Health and Care Partnership Board		
Date of Issue	23 November 2021		
Document Status (Draft/Final)	Final		
Description	This document describes the Terms of Reference for the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups.		
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11/12/2020	0.1	Dianne Johnson	Draft document for review by CCG AOs.
16/12/2020	0.2	Dianne Johnson	Draft document for review by CCG AOs.
18/12/2020	0.3	Dianne Johnson	Draft document for review by CCG AOs following review by governance leads for Cheshire CCG, Wirral CCG, South Sefton & Southport and Formby CCG and St Helens CCG
10/05/2021	0.4	Dianne Johnson	Draft document for review by CCG AOs following Joint Committee workshop in April 2021
14/05/2021	0.5	Dianne Johnson	Final
06/11/202	0.7	Matthew Cunningham	Version to be reviewed to reflect increased authority of Committee
Reviewed by:			Dianne Johnson

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0.1	CCG AO meeting 14 th December	11/12/2020	
0.3	CCG AOs	18/12/2020	
0.4	CCG AOs	10/05/2021	
0.7	CCG Chairs & AOs	6-8 Nov 2021	

Terms of Reference for the Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups

1. Introduction

- 1.1 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS. In response to this, Cheshire and Merseyside Clinical Commissioning Groups (CCGs) have established and constituted a Joint Committee of the nine CCGs to make decisions collaboratively 'at scale' across Cheshire and Merseyside. Joint committees are statutory mechanisms which enable CCGs to undertake collective and binding strategic decision making.

2. Establishment

- 2.1 The Committee is a Joint Committee of the following CCG member organisations:
- NHS Cheshire CCG
 - NHS Halton CCG
 - NHS Knowsley CCG
 - NHS Liverpool CCG
 - NHS South Sefton CCG
 - NHS Southport and Formby CCG
 - NHS St Helens CCG
 - NHS Warrington CCG
 - NHS Wirral CCG.
- 2.2 The Committee has been established in accordance with the Constitutions, Prime Financial Policies, and Scheme of Delegations of each member CCG. It is established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

3. Role of the Joint Committee

- 3.1 The overarching role of the Joint Committee is to enable the Cheshire and Merseyside CCGs to collectively work effectively together and make joint binding decisions on those CCG functions and responsibilities exercisable by CCGs that will be for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.
- 3.2 Decisions will be taken by the Joint Committee in accordance with the delegated authority granted to the Committee from each member CCG.
- 3.3 Decisions undertaken by the Committee will support the strategic aims and objectives of the C&M HCP and will contribute to the sustainability and transformation of local health and social care systems at 'Place'. The strategic aims of C&M HCP are aligned to the NHS Long Term Plan (2019) and focus on improving and modernising our health and care services by:
- delivering safe and sustainable high-quality services;
 - improving the health and wellbeing of local communities and tackling health inequalities; and
 - delivering better joined up care closer to home.
- 3.4 The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the CCGs.

4. Remit and authority of the Joint Committee of the Cheshire and Merseyside CCGs

4.1 In accordance with that outlined within the Constitutions and Scheme of Reservation and Delegations (SoRD) of each member CCG, the Committee shall have the delegated authority to undertake decisions on all functions and responsibilities exercisable by CCGs which are normally reserved to a Governing Body and which are not otherwise:

- delegated to other Committees of the member CCGs, such as Audit and Remuneration
- retained by the GP membership of each member CCG
- the responsibility of a CCGs Primary (GP) Care Commissioning Committee
- delegated to other Joint Committee or joint legal arrangements with local authorities, such as Section 75 agreements, or with organisations outside of Cheshire and Merseyside
- agreed to be at or are required to remain at individual CCG level.

4.2 The Joint Committee will also have the authority to:

- commission any reports, surveys or reviews of services it deems necessary to help it fulfil its obligations, along with any scrutinising independent investigation reports
- commission, review and authorise policies in to areas within the scope of the Committee, or where specifically delegated by the Governing Bodies of the nine Cheshire and Merseyside CCGs
- request further investigation or assurance on any area within its remit
- bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- make recommendations to and/or escalate issues to the Cheshire and Merseyside Health and Care Partnership and NHS England and Improvement.
- approve the terms of reference of any sub-groups to the Committee
- delegate tasks to such individuals, sub-groups or individual members as it shall see fit, provided that any such delegations are consistent with relevant governance arrangements and national guidance, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest
- set common standards across agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside
- monitor these standards and provide assurance they are adhered to
- have oversight and co-ordination of any public consultation or engagement required in relation to areas within the scope of the Committees remit
- agree allocation of spend related to the decisions made on agreed service areas within the scope if the Committee.

4.3 In performing its role, the Joint Committee will:

- agree and oversee a risk management strategy to support decision-making in all areas of business related to the Committees remit.
- ensure appropriate patient, public and carer consultation and engagement, which meets best practice standards and is compliant with CCGs' statutory responsibilities with regard to involvement, as set out in the NHS Act 2006 (as amended)
- ensure appropriate consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- ensure that Procurement, Patient Choice and Competition (No.2) Regulations 2013 are followed.

- ensure that no contracts for NHS healthcare services will be awarded where conflicts or potential conflicts of interest affect or appear to affect the integrity of the award
- ensure compliance with public sector equality duties, as set out in the Equality Act 2010 for the purposes of implementation.

4.4 In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation which would/will impact on the delivery of individual CCG functions. Working collaboratively, the CCGs would review, determine at which level commissioning should take place i.e. Cheshire & Merseyside scale or at 'Place' and, where appropriate, agree common standards. The Joint Committee would form and submit any subsequent recommendations to each Constituent CCGs Governing Body for consideration.

4.5 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:

- Management of conflicts of interest (section 14O)
- Duty to promote the NHS Constitution (section 14P)
- Duty to exercise its functions effectively, efficiently and economically (section 14Q)
- Duty as to the improvement in quality of services (section 14R)
- Duties as to reducing inequalities (section 14T)
- Duty to promote the involvement of patients (section 14U)
- Duty as to patient choice (section 14V)
- Duty as to promoting integration (section 14Z1)
- Public involvement and consultation (section 14Z2).

4.6 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes, presented to Governing Body meetings, setting out key actions and decisions from each meeting and an annual report to inform constituent CCGs' annual governance statements.

4.7 The Joint Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.

5. Membership

5.1 A CCG employee with statutory duties (Accountable Officer or Chief Finance Officer) of each full member organisation will sit on the Joint Committee. All CCG members of the Committee are voting members as set out at 5.2.

5.2 **Figure 1** depicts the Joint Committee membership

Figure 1: Membership

VOTING MEMBERS
Per CCG, one member with statutory duties: <ul style="list-style-type: none"> • CCG Accountable Officer (x7) • CCG Chief Finance Officer (x2)* * <i>When an AO is the AO of 2 CCGs</i>
<ul style="list-style-type: none"> • x1 Chair** • x1 Vice Chair** ** <i>To be appointed from incumbent CCG Chairs/Vice Chairs</i>
The following Committee members will also be drawn from the existing Governing Body and

VOTING MEMBERS
executive team membership of the nine Cheshire and Merseyside CCGs: <ul style="list-style-type: none"> • x4 Clinical Leads • x1 Secondary Care Doctor • x1 Registered Nurse • x1 Lay Member – Audit & Governance • x1 Lay member - PPI • x1 Quality Lead.

- 5.3 As Joint Committee Members, individuals will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.
- 5.4 The Joint Committee may invite specified individuals from within and outside of the CCG to be regular attendees at its meetings in order to inform its decision making and the discharge of its functions as it sees fit.
- 5.5 Regular attendees will receive advanced copies of the notice, agenda and papers for Committee meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.
- 5.6 Attendees with a standing invite to attend Committee meetings include:

IN ATTENDANCE – NON VOTING
x1 Healthwatch representative
x1 Cheshire and Merseyside Director of Public Health representative
at least one Cheshire & Merseyside-Health and Care Partnership representative*
at least one senior representative from the Local Authorities of Cheshire and Merseyside
at least one representative from the Provider Collaboratives in Cheshire and Merseyside

* As designate appointments are made to the Cheshire and Merseyside ICB Board and Executive Team, and at the discretion of the Chair of the Committee and designate Chair of the ICB, then more than one HCP/ICB representative will be invited to attend.

6. Deputies

- 6.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.
- 6.2 A named deputy will have delegated decision making authority to fully participate in the business of the Joint Committee. All deputies should be fully briefed and the Committee secretariat informed of any agreement to deputise, so that quoracy can be maintained.

7. Quoracy

- 7.1 The meeting will be quorate with at least one representative of each CCG (including the Joint Committee Chair/Deputy) being present at the meeting.
- 7.2 In the event of the Joint Committee making a formal decision which requires a vote, one voting member from each full member organisation / CCG will be required for the meeting to be considered quorate.
- 8.3 A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

8. Voting

- 8.1 The Joint Committee will aim to make its decisions through consensus.
- 8.2 In the event of a requirement to make a decision by taking a vote, a minimum of 75% of the voting committee membership in attendance at the meeting in question must be in agreement for the recommendation or decision to be carried (*i.e. of the 9 voting members present at the meeting, at least 7 voting members are in agreement*).
- 8.3 Joint Committee members will make decisions in the best interests of the whole Cheshire and Merseyside population, rather than just the population of their constituent CCG.

9. Conflicts of Interest

- 9.1 A register of interests will be compiled and maintained for the Joint Committee which will require members (full and associate) to declare any interest in respect of their role across Cheshire & Merseyside in addition to their own CCG. This register shall record all relevant and material, personal or business interests, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website and available for inspection at the offices of each CCG.
- 9.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair as soon as they are known and no longer than 28 days from any change.
- 9.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant CCG may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 'Deputies' above.
- 9.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with the NHS England Management of Conflicts guidance.
- 9.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.
- 9.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

10. Meetings

- 10.1 The Joint Committee shall meet not less than six times a year in order to undertake its business and make decisions regarding the work plan in a timely manner. The Chair will have authority to call an extraordinary meeting with at least 5 days' notice.
- 10.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

- 10.3 Meeting dates will be published on the nine CCG websites at least 5 working days before the meeting. Agendas and papers will be published on each of the nine CCG websites.
- 10.4 The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.
- 10.5 Joint Committee meetings will be held in public but are not public meetings. Members of the public may observe deliberations of the Joint Committee, with feedback encouraged through the public engagement or consultation process. Items the Joint Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.
- 10.6 Members of the Joint Committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

11. Infrastructure/Organisational Support

- 11.1 To enact the business of the Joint Committee and progress the work plan for agreed service areas, dedicated administrative resource for the Joint Committee will be agreed by the nine CCGs.
- 11.2 Papers for each meeting will issued to Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

12. Review of Terms of Reference


- 12.1 These terms of reference shall be reviewed by the Joint Committee annually, with input from CCG Governing Bodies, and any amendments approved by each CCG.
- 12.2 They may also be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

13. Withdrawal from Committee

- 13.1 Should the Joint Committee arrangement prove to be unsatisfactory, the Governing Body of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of six (6) months' notice to partners, with consideration by the Committee of the impact of a leaving partner – a maximum of 12 months' notice could apply.

14. Dispute Resolution

- 14.1 Where any dispute arises between the member CCGs or where the Joint Committee cannot reach a decision in accordance with its terms of reference, the member CCGs must use their best endeavours to resolve that dispute on an informal basis at the next meeting of the Joint Committee.
- 14.2 Where any matter referred to dispute resolution is not resolved under 14.1, any Party in dispute may refer the dispute to the Accountable Officers of the relevant CCG, who will



cooperate in good faith to recommend a resolution to the dispute within ten (10) Working Days of the referral.

- 14.3 If the dispute is not resolved under Clauses 14.1 and 15.2, any CCG in dispute may refer the dispute to NHS England and each CCG will co-operate in good faith with NHS England to agree a resolution to the dispute within ten (10) Working Days of the referral.
- 14.4 Any referral to NHS England under Clause 15.3 shall be to the Regional Director of Commissioning, NHS England.
- 14.5 Where any dispute is not resolved under Clauses 15.1. to 15.4, any CCG in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the member CCGs in dispute.

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

30 November 2021

Agenda Item: **C2**

Report Title	Cheshire & Merseyside CCGs Joint Committee: Sub-Committee Terms of Reference
Report Author	Matthew Cunningham , Director of Governance and Corporate Development, NHS Cheshire CCG
Committee Sponsor	Fiona Taylor , Accountable Officer, NHS Southport & Formby and NHS South Sefton

Purpose	Approve	✓	Ratify		Decide		Endorse		For information	
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Decision / Authority Level	Level One	✓	Level Two		Level Three	
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Executive Summary

The Joint Committee of the Cheshire and Merseyside CCGs has the authority to approve the Terms of Reference for its sub-committees.

Following engagement across the nine Cheshire and Merseyside CCGs, Terms of References have been developed for the following sub-committees:

- Finance & Resources
- Quality
- Performance.

These Terms of References can be seen in **Appendix A – Appendix C**.

At the time of publishing this report, work is underway to identify the membership of and support to each of these sub-committees. An update on membership will be provided at the November 2022 Joint Committee meeting.

Indicative dates for the sub-committees have been circulated, outlined in Table A. These dates enable sufficient time for sub-committees to provide reports back to Joint Committee meetings; however these dates will need to be finalised / confirmed once the Chair/Vice Chair and Committee leads (Accountable Officer and Director) have been appointed.

Table A: Indicative calendar of sub-committee meeting dates

Committee	Dec 2021	Jan 2022	Feb 2022	March 2022
Finance & Resources	9 th	13 th	10 th	10 th
Quality	7 th	11 th	8 th	8 th
Performance	8 th	12 th	9 th	9 th

CCG Governance leads have been identified who will support the operation of the sub-committees. Work is underway to develop the supporting paperwork and templates for operation of the meetings, and work continues to enable the transfer of existing CCGs work plans and areas of focus from similar committees to the new sub-committee structure.

The Governance Leads are also working through the process for prioritisation of items for committee consideration as well as the escalation process for items to make their way to the Committees from each CCG area, alongside the escalation process to the Joint Committee.

Recommendations

Committee members are asked to:

- **Approve** the Terms of Reference for the sub-committees of the Joint Committee
- **note** the update with regards the membership of the Committees.

Committee principles supported by this report *(if applicable)*

The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services

Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside

Working together will achieve greater effectiveness in improving health and care outcomes

Cheshire & Merseyside HCP Strategic objectives report supports:

Improve population health and healthcare

Tackling health inequalities, improving outcomes and access to services

Enhancing quality, productivity and value for money

Helping the NHS to support broader social and economic development

Key Risks & Implications identified within this report

Strategic		Legal / Regulatory	
Financial		Communications & Engagement	
Resources (other than finance)		Consultation Required	
Procurement		Decommissioning	
Equality Impact Assessment		Quality & Patient Experience	
Quality Impact Assessment		Governance & Assurance	✓
Privacy Impact Assessment		Staff / Workforce	
Safeguarding		Other – please state	

Conflicts of Interest Consideration and mitigation:

N/A

Link to Committee Risk Register and mitigation:

N/A

Report history:

This is the first time this report has been considered by the Joint Committee. Its content has been informed by draft papers previously considered by Joint Committee members at the Committees meeting in private in September 2021.

Next Steps:

Publish the Sub-Committee Terms of Reference on all CCG Websites. Progress the development of the Sub-Committees work plans. Finalise membership of the sub-committees

Appendices:

Appendix A: Finance & Resources ([link to draft Terms of Reference](#))
Appendix B: Performance ([link to draft Terms of Reference](#))
Appendix C: Quality ([link to draft Terms of Reference](#)).

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

30 November 2021

Agenda Item: C2

Report Title	Cheshire & Merseyside CCGs Joint Committee: Sub-Committee Terms of Reference
Report Author	Matthew Cunningham , Director of Governance and Corporate Development, NHS Cheshire CCG
Committee Sponsor	Fiona Taylor , Accountable Officer, NHS Southport & Formby and NHS South Sefton

Purpose	Approve	✓	Ratify		Decide		Endorse		For information	
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Decision / Authority Level	Level One	✓	Level Two		Level Three	
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- Performance.

These Terms of References can be seen in **Appendix A – Appendix C**.

At the time of publishing this report, work is underway to identify the membership of and support to each of these sub-committees. An update on membership will be provided at the November 2022 Joint Committee meeting.

Indicative dates for the sub-committees have been circulated, outlined in Table A. These dates enable sufficient time for sub-committees to provide reports back to Joint Committee meetings; however these dates will need to be finalised / confirmed once the Chair/Vice Chair and Committee leads (Accountable Officer and Director) have been appointed.

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CCG Governance leads have been identified who will support the operation of the sub-committees. Work is underway to develop the supporting paperwork and templates for operation of the meetings, and work continues to enable the transfer of existing CCGs work plans and

areas of focus from similar committees to the new sub-committee structure.

The Governance Leads are also working through the process for prioritisation of items for committee consideration as well as the escalation process for items to make their way to the Committees from each CCG area, alongside the escalation process to the Joint Committee.

Recommendations

Committee members are asked to:

- **Approve** the Terms of Reference for the sub-committees of the Joint Committee
- **note** the update with regards the membership of the Committees.

Committee principles supported by this report *(if applicable)*

The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services

Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside

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Cheshire & Merseyside HCP Strategic objectives report supports:

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Enhancing quality, productivity and value for money

Helping the NHS to support broader social and economic development

Key Risks & Implications identified within this report

Strategic		Legal / Regulatory	
Financial		Communications & Engagement	
Resources (other than finance)		Consultation Required	
Procurement		Decommissioning	
Equality Impact Assessment		Quality & Patient Experience	
Quality Impact Assessment		Governance & Assurance	✓
Privacy Impact Assessment		Staff / Workforce	
Safeguarding		Other – please state	

Conflicts of Interest Consideration and mitigation:

N/A

Link to Committee Risk Register and mitigation:

N/A

Report history:

This is the first time this report has been considered by the Joint Committee. Its content has been informed by draft papers previously considered by Joint Committee members at the Committees meeting in private in September 2021.

Next Steps:

Publish the Sub-Committee Terms of Reference on all CCG Websites. Progress the development of the Sub-Committees work plans. Finalise membership of the sub-committees

Appendices:

Appendix A: Finance & Resources ([link to draft Terms of Reference](#))
Appendix B: Performance ([link to draft Terms of Reference](#))
Appendix C: Quality ([link to draft Terms of Reference](#)).

Finance and Resources Committee of the Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021

 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Terms of Reference, Finance and Resources Committee of the Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)			
Version	V0.1		
Target Audience	Cheshire and Merseyside CCG Governing Bodies and GP Memberships Cheshire and Merseyside Health and Care Partnership Board		
Date of Issue	8.11.21		
Document Status (Draft/Final)	Draft		
Description	This document describes the Terms of Reference for the Finance and Resources Committee of the Cheshire and Merseyside Clinical Commissioning Groups.		
Document History:			
Date	Version	Author	Notes
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments

Finance and Resources Committee of the Cheshire and Merseyside Clinical Commissioning Groups Terms of Reference

1. Introduction

- 1.1 High functioning Committees traditionally focus on a number of key responsibilities: setting strategy; delivery assurance and culture and establish a number of supporting sub-committees, including performance. The Cheshire and Merseyside CCGs Finance and Resources Committee has been established as a sub-committee of the Cheshire and Merseyside CCGs Joint Committee. Under Section Four, paragraph 4.2 of the Cheshire and Merseyside CCGs Joint Committee Terms of Reference, the Joint Committee has the authority to establish and agree the Terms of Reference for sub-committees:

“The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.”

- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution and Standing Orders of all Cheshire and Merseyside CCGs.
- 1.3 The Committee is authorised by the Cheshire and Merseyside CCGs Joint Committee to act within its terms of reference. All Members and employees of the CCGs are directed to co-operate with any request made by the Committee.
- 1.4 The establishment of a sub-committee structure under the Cheshire and Merseyside CCGs Joint Committee will not change each of the place-based partnership arrangements for Section 75. The oversight, management and scrutiny of this item will remain within the 9 places in Cheshire and Merseyside and shall continue to be governed by the relevant Section 75 agreement, signed by the respective CCG(s) and local authority.

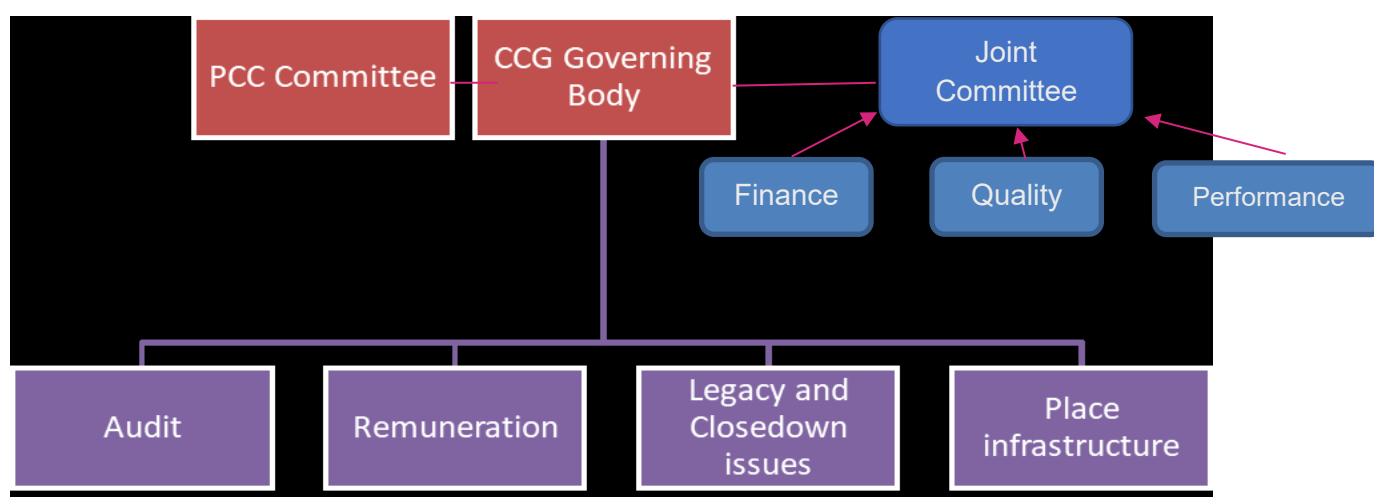
2. Role and Purpose

- 2.1 The overarching role and purpose of the sub-committee infrastructure is to support the Cheshire and Merseyside CCGs Joint Committee in the discharge of those CCG functions and responsibilities delegated to it until 31 March 2022.
- 2.2 The Committee will provide a focus on financial performance and delivery of financial recovery plans to ensure delivery of the Cheshire and Merseyside CCG's strategic and operational plans are achieved within financial allocations. It will provide a focus on financial performance and delivery of financial recovery plans, and will support the development of reporting across a number of footprints.
- 2.3 In particular, the Committee will provide assurance to the Cheshire and Merseyside CCGs Joint Committee and the CCGs Governing Bodies on delivery of the:
- Duty as to effectiveness and efficiency.

- Workforce matters.

- 2.2 The Committee will support development of the Cheshire and Merseyside CCGs financial strategy, oversee financial development, management and deployment within the CCGs and the establishment of a whole system approach and culture to financial management and planning during the 21/22 transition period.
- 2.3 The Committee will review and monitor the shared Cheshire and Merseyside CCGs risks and provide assurance to the Joint Committee and CCG Governing Bodies in respect of Finance and Resources.
- 2.4 The Committee supports the Cheshire and Merseyside CCGs Joint Committee by providing assurance that effective use of Financial Resources underpins all services provided and commissioned on behalf of the Cheshire and Merseyside CCGs. The Sub Committee will ensure that all regulatory requirements are met, and that financial information and management is continually improved to support the joint decision making of the CCGs working across Cheshire and Merseyside until the end of March 2022.
- 2.5 The Committee supports the Cheshire and Merseyside CCGs Joint Committee in ensuring that commissioning decisions are based on evidence related to financial effectiveness and influenced by patient experience, feedback and need; and in so doing, promote patient safety and a positive patient experience, in line with the principles of the NHS Constitution, the CCGs' values and the requirements of the Care Quality Commission.
- 2.6 The Finance and Resources Committee is one of three sub-committees and reports to the Cheshire and Merseyside Joint Committee as indicated in Table One. The Joint Committee will in turn continue to provide accountability reports to the Governing Bodies of each Cheshire and Merseyside CCG.

Table One



3. Authority of the Finance and Resources Committee

- 3.1 The Finance and Resources Committee is not a decision-making committee but is authorised by the Cheshire and Merseyside CCGs Joint Committee to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Terms of Reference of the Cheshire and Merseyside CCGs Joint Committee.

3.2

The Committee has the authority to:

- Oversee the development and review of financial plans
- Oversee the delivery of these financial plans via reporting on financial performance, contract management and financial management, including detailed reporting on the financial position, variances and progress towards meeting the targets within the CCGs' financial plans, statutory financial targets and financial control totals
- Oversee the development and review of financial recovery plans
- Gain assurance on the delivery of the financial recovery plan to achieve the outcomes for the CCG in accordance with the short- and long-term plans approved by NHS England and Improvement
- Review and provide assurance on the financial performance of the CCGs
- Review and providing assurance on financial performance across the system
- Review the CCGs budgets in line with the national planning guidance
- Review the impact of Quality, innovation, Productivity and Prevention (QIPP) plans on the financial position
- Review performance against the "finance and use of resources" elements of the NHS Oversight Framework.
- Oversee the approval, development and implementation of the Estates strategy. (Engaging outside of meetings with Transition Workstreams to support development of a consolidated C&M Strategy)
- Oversee the approval, development and implementation of Human Resource strategies, plans and policies (Engaging with Transition Workstreams outside of meetings to support development of a consolidated C&M Strategy)
- Monitor the effectiveness of the CCGs' human resources policies through overview of recruitment, retention, turnover and sickness trends.
- Monitor and ensure delivery on the requirements of the Equality Act 2010, with particular reference to monitoring and developing the diversity of the workforce
- ensure that services provided by other organisations, notably the CSU, are being delivered as per the CCG's expectations and to advise on remedial action where necessary.

3.3

In performing its role the Finance and Resources Committee is:

- required to provide assurance to the Cheshire and Merseyside CCGs Joint Committee that there are appropriate systems in place which operate in order to enable the Committee to fulfil its finance and resources monitoring requirements
- required to provide regular reports to Cheshire and Merseyside CCGs Joint Committee on a timely basis and to also provide any updates that may be requested from time to time from the respective CCG's governing bodies or committee established to retain responsibility for legacy matters
- required to produce an annual work plan to discharge its responsibilities until 31st March 2022
- required to provide assurance on any other financial and resource matters as requested by the Cheshire and Merseyside CCGs Joint Committee
- able to request further investigation or assurance on any area within its remit
- able to bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- able to make recommendations to the Cheshire and Merseyside CCGs Joint Committee
- able to escalate issues to the Cheshire and Merseyside CCGs Joint Committee and, via the Joint Committee, to CCG Governing Bodies
- able to approve the terms of reference of any sub-groups to the committee.

4. Membership

- 4.1 Membership of the sub-committee may be drawn from the membership of the Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs.
- 4.2 All members of the Committee are expected to represent the interests of the whole Cheshire and Merseyside population and make recommendations and decisions in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.
- 4.3 The Committee Membership will be composed of, as a minimum:
- Chair
 - At least one Cheshire and Merseyside CCG Accountable/Chief Officer
 - At least one CCG Chair
 - Executive leads/Directors of Finance and Contracting from all Cheshire and Merseyside CCGs
 - at least three Independent Governing Body Members*
 - At least three Governing Body GP representatives.
- * Incorporates Lay Members, Secondary Care Doctor and Registered Nurse members of a CCG Governing Body.*
- 4.4 The Committee has the authority to invite other individuals drawn from Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs to be members of the Committee.
- 4.5 All Committee members may appoint a deputy to represent them at meetings of the committee. Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).
- 4.6 The Committee may also request attendance by appropriate individuals to present agenda items and/or advise the sub-committee on particular issues.
- 4.7 The Committee may invite specified individuals from within and outside of the CCG to be regular attendees (non-voting) at its meeting in order to inform its decision making and the discharge of its functions as it sees fit. For this Committee a Midlands and Lancashire CSU HR Business Partner will be asked to be a regular attendee.
- 4.8 Regular attendees will receive advanced copies of the notice, agenda and papers for Committee meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.

5. Chair of the Committee

- 5.1 The Chair and Vice Chair of the Committee will be appointed from the non-Executive members of the Governing Bodies of the Cheshire and Merseyside CCGs.
- 5.2 If the Chair is unable to attend a meeting, the Vice Chair will undertake the duties of Chair at that meeting. Where both the Chair and Vice Chair are unable to attend a meeting, the Chair may designate a representative from within the membership of the Committee to act as chair.
- 5.3 If the Chair is unable to chair an item of business due to a conflict of interest, the Vice Chair will be asked to chair that item. Where both the Chair and Vice Chair are unable

to chair an item of business due to a conflict of interest the meeting, the Chair may designate a representative from within the membership of the Committee to act as chair for that item.

6. Attendance and Quorum

6.1 The meeting will be quorate with:

- 75% of the committee membership in attendance
- Attendees shall comprise the Chair or the Vice Chair.

6.2 The Committee will aim to make its decisions through consensus. In the event of a requirement to make a decision by taking a vote, a minimum of 75% of the voting committee membership in attendance at the meeting in question must be in agreement for the recommendation or decision to be carried (*i.e. of the 9 voting members*).

7. Frequency of Meetings

7.1 Meetings shall be held monthly.

7.2 Arrangements for calling meetings will be in writing to the chair of the sub-committee with a minimum of ten days' notice

8. Administrative Support

8.1 To enact the business of the Committee and progress the work plan dedicated administrative resource for the Committee will be agreed by the nine CCGs. A nominated Lead Director and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.

8.2 Papers for each meeting will be issued to Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

9. Accountability and Reporting Arrangements

9.1 The Committee will report to the Cheshire and Merseyside CCGs Joint Committee and will provide update reports to the Governing Body of each CCG after each meeting.

9.2 There will be close links between the Performance Committee and the other sub-committees of the Cheshire and Merseyside CCGs Joint Committee with regular meetings between the Chair and Vice Chair of the Joint Committee and the Chairs of each sub-committee to ensure that there are no assurance gaps.

10. Conduct of the sub-committee

10.1 At the beginning of each meeting, the Chair will ask members whether they have any interests to declare, in accordance with the CCGs' Gifts, Hospitality and Declarations of Interests Policy.

10.2 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the relevant CCGs' Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

- 10.3 Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the chair will have the casting vote.
- 10.4 Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 10.5 Performance Committee papers will be stored and archived by the Committee administrator and copies held in an accessible format. Details on location and how to access documents will be set out in the schemes of transfer.
- 10.6 The performance Committee will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.7 All members of the Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Committee.

11. Monitoring Effectiveness and Compliance with Terms of Reference

- 11.1 The Committee will carry out a review before 31st March 2022 of its functioning and provide an outcome report of that review to the Cheshire and Merseyside CCGs Joint Committee who will in turn submit that report to the CCGs governing bodies.

12. Review of Terms of Reference

- 12.1 The terms of reference of the sub-committee shall be reviewed in January 2022 to ensure they remain fit for purpose.
- 12.2 Amendments to the Terms of Reference are to be approved by the Cheshire and Merseyside CCGs Joint Committee.

Version Control:

Version: 0.2

Performance Committee of the Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021

 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Terms of Reference, Performance Committee of the Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)			
Version	V0.1		
Target Audience	Cheshire and Merseyside CCG Governing Bodies and GP Memberships Cheshire and Merseyside Health and Care Partnership Board		
Date of Issue	8.11.21		
Document Status (Draft/Final)	Draft		
Description	This document describes the Terms of Reference for the Performance Committee of the Cheshire and Merseyside Clinical Commissioning Groups.		
Document History:			
Date	Version	Author	Notes
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments

Performance Committee of the Cheshire and Merseyside Clinical Commissioning Groups Terms of Reference

1. Introduction

- 1.1 High functioning Committees traditionally focus on a number of key responsibilities: setting strategy; delivery assurance and culture and establish a number of supporting sub-committees, including performance. The Cheshire and Merseyside CCGs Performance Committee has been established as a sub-committee of the Cheshire and Merseyside CCGs Joint Committee. Under Section Four, paragraph 4.2 of the Cheshire and Merseyside CCGs Joint Committee Terms of Reference, the joint Committee has the authority to establish and agree the Terms of Reference for sub-committees:

“The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.”

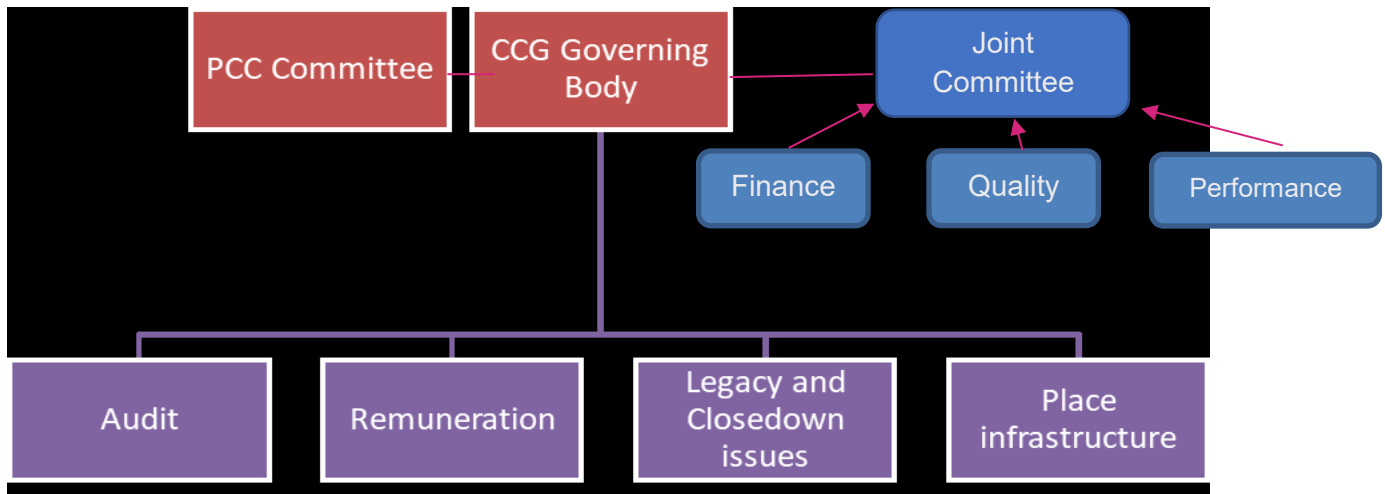
- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution and Standing Orders of all Cheshire and Merseyside CCGs.
- 1.3 The Committee is authorised by the Cheshire and Merseyside CCGs Joint Committee to act within its terms of reference. All Members and employees of the CCGs are directed to co-operate with any request made by the Committee.
- 1.4 The establishment of a sub-committee structure under the Cheshire and Merseyside CCGs Joint Committee will not change each of the place-based partnership arrangements for Section 75. The oversight, management and scrutiny of this item will remain within the 9 places in Cheshire and Merseyside and shall continue to be governed by the relevant Section 75 agreement, signed by the respective CCG(s) and local authority.

2. Role and Purpose

- 2.1 The overarching role and purpose of the sub-committee infrastructure is to support the Cheshire and Merseyside CCGs Joint Committee in the discharge of those CCG functions and responsibilities delegated to it until 31 March 2022.
- 2.2 The Performance Committee supports the Cheshire and Merseyside CCGs Joint Committee by ensuring there remains a robust performance management framework in place across the Cheshire and Merseyside CCGs system demonstrating that constitutional targets are met and there is compliance with regulatory requirements.
- 2.3 The Performance Committee supports the Cheshire and Merseyside CCGs Joint Committee by ensuring there are appropriate arrangements in place to provide onward assurances in respect of contracting and performance across the Cheshire and Merseyside system.

2.4 The Performance Committee is one of three sub-committees and reports to the Cheshire and Merseyside Joint Committee as indicated in Table One. The Joint Committee will in turn continue to provide accountability reports to the Governing Bodies of each Cheshire and Merseyside CCG.

Table One



3. Authority of the Performance Committee

3.1 The Performance Committee is not a decision-making committee but is authorised by the Cheshire and Merseyside CCGs Joint Committee to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Terms of Reference of the Cheshire and Merseyside CCGs Joint Committee.

3.2 The Committee has the authority to:

- Receive, review and scrutinise the integrated performance reports for each respective CCG area
- Ensure that contract performance is monitored on a monthly basis (monthly is the default – other periods may be agreed for certain contract types as appropriate);
- Explore and test explanations for significant variations from plan of all KPIs;
- Test the appropriateness and robustness of any correcting management actions including that of demand management initiatives;
- Ensure actual and forecast contract over-performance or under-performance is quantified in financial terms and activity terms;
- Benchmark recovery plans against trajectories within C&M and also England
- Agree which of the underperforming contracts need to be brought to the attention of the Cheshire and Merseyside CCGs Joint Committee who will in turn determine if any further escalation is required to CCG statutory bodies
- Ensure compliance with Public Sector Equality Duty
- Ensure the implementation of the priorities set out in the operational planning guidance¹ and in particular the following priorities:
 - Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
 - *Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.*

¹ Available at: <https://www.england.nhs.uk/wp-content/uploads/2021/09/C1400-2122-priorities-and-operational-planning-guidance-oct21-march21.pdf>

- *Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.*
- Oversee the ongoing delivery of procurements in line with statutory requirements: Public Contract Regulations 2005 National Health Service (Procurement, patient Choice and Competition No 2) Regulations 2013; Social Value Act 2012);
- Seek assurance that the procurement of services for C&M is consistent with relevant laws and that conflicts of interest have been declared, managed and published in accordance with Section 140 of the National Health Service Act 2006;
- obtain such internal information as is necessary and expedient to the fulfilment of its functions
- undertake where necessary 'deep dives' into specific issues that will enable it to gain a greater level of understanding and assurance into specific issues that fall within its remit.
- instruct professional advisors and request the attendance of individuals and authorities from outside the CCG with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

3.3 In performing its role the Performance Committee is:

- required to provide assurance to the Cheshire and Merseyside CCGs Joint Committee that there are appropriate systems in place which operate in order to enable the Committee to fulfil its performance monitoring requirements.
- required to provide regular reports to Cheshire and Merseyside CCGs Joint Committee on a timely basis and to also provide any updates that may be requested from time to time from the respective CCG's governing bodies or committee established to retain responsibility for legacy matters.
- required to produce a work plan to discharge its responsibilities until 31st March 2022
- able to request further investigation or assurance on any area within its remit
- able to bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- able to make recommendations to the Joint Committee
- able to escalate issues to the Cheshire and Merseyside CCGs Joint Committee and the Governing Bodies of the Cheshire and Merseyside CCGs
- able to approve the terms of reference of any sub-groups to the committee.

4. Membership


4.1 Membership of the sub-committee may be drawn from the membership of the Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs.

4.2 All members of the Committee are expected to represent the interests of the whole Cheshire and Merseyside population and make recommendations and decisions in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.

4.3 The Committee Membership will be composed of, as a minimum:

- Chair
- At least one Cheshire and Merseyside CCG Accountable/Chief Officer
- At least one CCG Chair
- Executive leads/Directors of Performance and/or Contracting from all Cheshire and Merseyside CCGs
- at least three Independent Governing Body Members*
- At least three Governing Body GP representatives

* Incorporates Lay Members, Secondary Care Doctor and Registered Nurse members of a CCG Governing Body.

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- 4.4 The Committee has the authority to invite other individuals drawn from Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs to be members of the Committee.
 - 4.5 All Committee members may appoint a deputy to represent them at meetings of the committee. Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).
 - 4.6 The Committee may also request attendance by appropriate individuals to present agenda items and/or advise the sub-committee on particular issues.
 - 4.7 The Committee may invite specified individuals from within and outside of the CCG to be regular attendees (non-voting) at its meeting in order to inform its decision making and the discharge of its functions as it sees fit.
 - 4.8 Regular attendees will receive advanced copies of the notice, agenda and papers for Committee meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.

5. Chair of the Committee

- 5.1 The Chair and Vice Chair of the Committee will be appointed from the non-Executive members of the Governing Bodies of the Cheshire and Merseyside CCGs.
- 5.2 If the Chair is unable to attend a meeting, the Vice Chair will undertake the duties of Chair at that meeting. Where both the Chair and Vice Chair are unable to attend a meeting, the Chair may designate a representative from within the membership of the Committee to act as chair.
- 5.3 If the Chair is unable to chair an item of business due to a conflict of interest, the Vice Chair will be asked to chair that item. Where both the Chair and Vice Chair are unable to chair an item of business due to a conflict of interest the meeting, the Chair may designate a representative from within the membership of the Committee to act as chair for that item.

6. Attendance and Quorum

- 6.1 The meeting will be quorate with:
 - 75% of the committee membership in attendance
 - Attendees shall comprise the Chair or the Vice Chair.
- 6.2 The Committee will aim to make its decisions through consensus. In the event of a requirement to make a decision by taking a vote, a minimum of 75% of the voting committee membership in attendance at the meeting in question must be in agreement for the recommendation or decision to be carried (*i.e. of the 9 voting members*).

7. Frequency of Meetings

- 7.1 Meetings shall be held monthly.
- 7.2 Arrangements for calling meetings will be in writing to the chair of the sub-committee with a minimum of ten days' notice

8. Administrative Support

- 8.1 To enact the business of the Committee and progress the work plan dedicated administrative resource for the Committee will be agreed by the nine CCGs. A nominated Lead Director and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.
- 8.2 Papers for each meeting will be issued to Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

9. Accountability and Reporting Arrangements

- 9.1 The Committee will report to the Cheshire and Merseyside CCGs Joint Committee and will provide update reports to the Governing Body of each CCG after each meeting.
- 9.2 There will be close links between the Performance Committee and the other sub-committees of the Cheshire and Merseyside CCGs Joint Committee with regular meetings between the Chair and Vice Chair of the Joint Committee and the Chairs of each Sub-Committee to ensure that there are no assurance gaps.

10. Conduct of the sub-committee

- 10.1 At the beginning of each meeting, the Chair will ask members whether they have any interests to declare, in accordance with the CCGs' Gifts, Hospitality and Declarations of Interests Policy.
- 10.2 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the relevant CCGs' Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.
- 10.3 Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the chair will have the casting vote.
- 10.4 Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 10.5 Performance Committee papers will be stored and archived by the Committee administrator and copies held in an accessible format. Details on location and how to access documents will be set out in the schemes of transfer.
- 10.6 The performance Committee will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.7 All members of the Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Committee.



11. Monitoring Effectiveness and Compliance with Terms of Reference

- 11.1 The Committee will carry out a review before 31st March 2022 of its functioning and provide an outcome report of that review to the Cheshire and Merseyside CCGs Joint Committee who will in turn submit that report to the CCGs governing bodies.

12. Review of Terms of Reference

- 12.1 The terms of reference of the sub-committee shall be reviewed in January 2022 to ensure they remain fit for purpose.
- 12.2 Amendments to the Terms of Reference are to be approved by the Cheshire and Merseyside CCGs Joint Committee.

Version Control:

Version: 0.2

Quality Committee of the Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021



 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Terms of Reference, Quality Committee of the Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)			
Version	V0.1		
Target Audience	Cheshire and Merseyside CCG Governing Bodies and GP Memberships Cheshire and Merseyside Health and Care Partnership Board		
Date of Issue	8.11.21		
Document Status (Draft/Final)	Draft		
Description	This document describes the Terms of Reference for the Quality Committee of the Cheshire and Merseyside Clinical Commissioning Groups.		
Document History:			
Date	Version	Author	Notes
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments

Quality Committee of the Cheshire and Merseyside Clinical Commissioning Groups Terms of Reference

1. Introduction

- 1.1 High functioning Committees traditionally focus on a number of key responsibilities: setting strategy; delivery assurance and culture and establish a number of supporting sub-committees, including performance. The Cheshire and Merseyside CCGs Quality Committee has been established as a sub-committee of the Cheshire and Merseyside CCGs Joint Committee. Under Section Four, paragraph 4.2 of the Cheshire and Merseyside CCGs Joint Committee Terms of Reference, the Joint Committee has the authority to establish and agree the Terms of Reference for sub-committees:

“The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.”

- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution and Standing Orders of all Cheshire and Merseyside CCGs.
- 1.3 The Committee is authorised by the Cheshire and Merseyside CCGs Joint Committee to act within its terms of reference. All Members and employees of the CCGs are directed to co-operate with any request made by the Committee.
- 1.4 The establishment of a sub-committee structure under the Cheshire and Merseyside CCGs Joint Committee will not change each of the place-based partnership arrangements for Section 75. The oversight, management and scrutiny of this item will remain within the 9 places in Cheshire and Merseyside and shall continue to be governed by the relevant Section 75 agreement, signed by the respective CCG(s) and local authority.

2. Role and Purpose

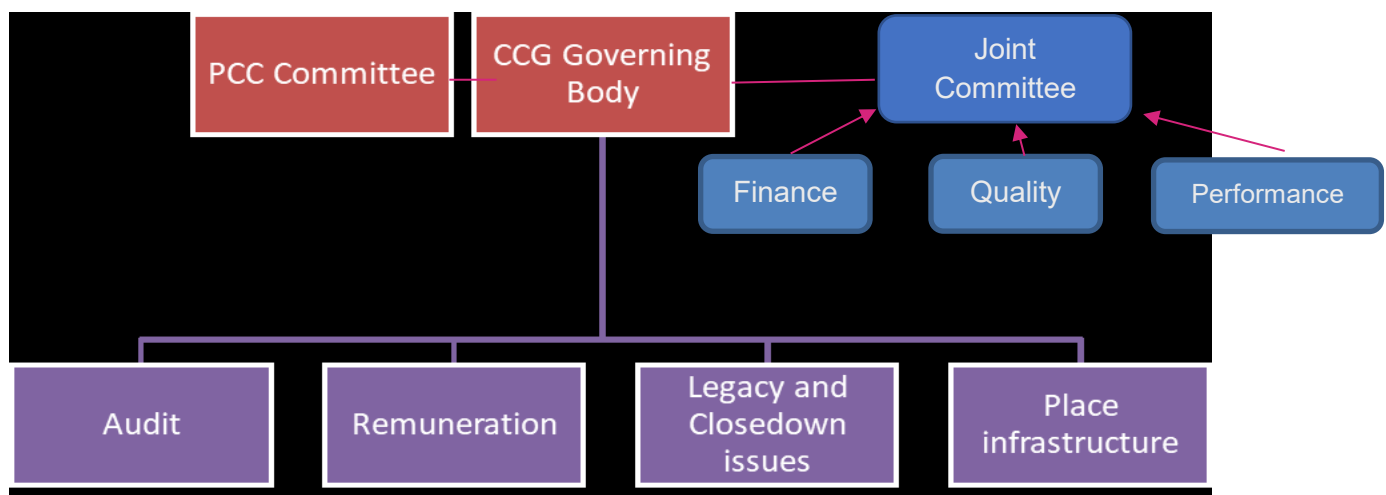
- 2.1 The overarching role and purpose of the sub-committee infrastructure is to support the Cheshire and Merseyside CCGs Joint Committee in the discharge of those CCG functions and responsibilities delegated to it until 31 March 2022.
- 2.2 The Committee will provide assurance that effective quality, safety and experience arrangements underpin all services provided and commissioned on behalf of the CCGs. The Sub Committee will ensure that all regulatory requirements are being met and patient safety is continually improved to deliver a better patient experience.
- 2.3 In particular, the Committee will provide assurance to the Cheshire and Merseyside CCGs Joint Committee and the CCGs Governing Bodies:
- that effective quality arrangements underpin all services provided and commissioned on behalf of the CCGs. The Committee will ensure that all regulatory requirements

are met and quality and patient safety is continually improved to deliver a better patient experience.

- that commissioning decisions are based on evidence of clinical effectiveness and influenced by patient experience, feedback and need; and in so doing, promote patient safety and a positive patient experience, in line with the principles of the NHS Constitution, the CCGs' values and the requirements of the Care Quality Commission.
- The CCGs will seek assurance from providers, raise formal queries and refer issues to the Joint Committee where there are significant concerns, which may compromise quality and patient safety.
- That CCGs will ensure that a clearly defined escalation process is in place for safety and quality measures, taking action as required to ensure that improvements in quality are implemented where necessary.
- That CCGs can satisfy themselves that children, Looked After Children, special educational needs and disability (SEND) requirements and adult's safeguarding duties are being met and that robust actions are taken to address concerns.

2.6 The Quality Committee is one of three sub-committees and reports to the Cheshire and Merseyside Joint Committee as indicated in Table One. The Joint Committee will in turn continue to provide accountability reports to the Governing Bodies of each Cheshire and Merseyside CCG.

Table One



3. Authority of the Quality Committee

3.1 The Quality Committee is not a decision-making committee but is authorised by the Cheshire and Merseyside CCGs Joint Committee to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Terms of Reference of the Cheshire and Merseyside CCGs Joint Committee.

3.2 The Committee has the authority to:

- review the effectiveness of quality governance arrangements to ensure that the health care commissioned on behalf of the CCGs is safe and of high quality and recommending courses of action where concerns have been raised.
- Review any information, notification or advice received from NHS England, National Quality Board, CQC, Monitor or any External Regulator which relates to or has a

bearing on an NHS care provider's provision including the results of national clinical audit information and confidential enquiries.

- Ensure that systems to monitor the quality of commissioned services are in place and are functioning appropriately.
- Review quality information from a range of sources in accordance with the work plan.
- Provide leadership to the quality work of each organisation.
- Give direction to the development of systems and processes for managing quality governance across the local system
- Provide effective oversight and scrutiny of the quality impact assessment process for all CCGs Quality Innovation Productivity and Prevention (QIPP) programmes and being assured around the quality impact assessment processes for the cost improvement programmes of its principal providers.
- Receive and review reports on quality in respect of commissioned services to include performance against CQUINs, patient experience (including complaints and compliments) and clinical performance indicators.
- Triangulate intelligence from complaints, quality issues and patient and community experience and engagement feedback.
- Review on a rolling programme of each Place commissioning area to identify and address variation in quality and experience and to ensure that feedback on existing services is used to inform the commissioning decisions and that patients are involved in all service redesign programmes.
- Ensure that there are robust systems and processes in place to safeguard children, special educational needs and disability (SEND) requirements, Looked After Children, and adults in line with the Mental Capacity Act (including Deprivation of Liberty Safeguards) (DoLS).
- Ensure adequate systems are in place for the governance of research in line with the Department of Health and Social Care's requirements.
- Oversee the systems and processes that are in place to ensure quality is embedded, including development of service specifications.
- Oversee work on improving clinical effectiveness.
- Consider best practice in quality and making recommendations to the Joint Committee for each local area.
- Ensure that evidence from quality assurance processes drive the quality improvement agenda and support delivery of QIPP.
- Develop and keep under review policies and procedures relevant to the role of the Sub Committee.
- Approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- Approve arrangements for supporting NHS England and NHS Improvement in discharging its responsibilities in relation to securing continuous improvement in the quality of medical services.
- Review and monitor the shared CCG risks and provide assurance to the Joint Committee and CCG Governing Bodies in respect of Quality and Safeguarding
- Review information about serious incidents including all Never Events and Serious Case Reviews (SCRs) / Safeguarding Practice Reviews (SPRs), Safeguarding Adult Reviews (SARs), and Domestic Homicide Reviews (DHRs), to identify themes/areas of risk and to ensure that actions are identified and completed to improve care delivery.

3.3 In performing its role the Quality Committee is:

- required to provide assurance to the Cheshire and Merseyside CCGs Joint Committee that there are appropriate systems in place which operate in order to enable the Committee to fulfil its quality monitoring requirements

- required to provide regular reports to Cheshire and Merseyside CCGs Joint Committee on a timely basis and to also provide any updates that may be requested from time to time from the respective CCG's governing bodies or committee established to retain responsibility for legacy matters
- required to produce an annual work plan to discharge its responsibilities until 31st March 2022
- required to provide assurance on any other quality matters as requested by the Cheshire and Merseyside CCGs Joint Committee
- able to request further investigation or assurance on any area within its remit
- able to bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- able to make recommendations to the Cheshire and Merseyside CCGs Joint Committee
- able to escalate issues to the Cheshire and Merseyside CCGs Joint Committee and, via the Joint Committee, to CCG Governing Bodies
- able to approve the terms of reference of any sub-groups to the committee.

4. Membership

- 4.1 Membership of the sub-committee may be drawn from the membership of the Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs.
- 4.2 All members of the Committee are expected to represent the interests of the whole Cheshire and Merseyside population and make recommendations and decisions in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.
- 4.3 The Committee Membership will be composed of, as a minimum:
- Chair
 - At least one Cheshire and Merseyside CCG Accountable/Chief Officer
 - At least one CCG Chair
 - Executive leads/Directors of Quality and Safeguarding from all Cheshire and Merseyside CCGs
 - at least three Independent Governing Body Members*
 - At least three Governing Body GP representatives.
 - Chief Nurse (or nominated deputy) for each CCG
 - Up to four Healthwatch representative
 - Up to two CCG Communications, People and Public Engagement representatives
 - Up to two Patient/Carer representatives
- * Incorporates Lay Members, Secondary Care Doctor and Registered Nurse members of a CCG Governing Body.*
- 4.4 The Committee has the authority to invite other individuals drawn from Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs to be members of the Committee.
- 4.5 All Committee members may appoint a deputy to represent them at meetings of the committee. Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).
- 4.6 The Committee may also request attendance by appropriate individuals to present agenda items and/or advise the sub-committee on particular issues.

4.7 The Committee may invite specified individuals from within and outside of the CCG to be regular attendees (non-voting) at its meeting in order to inform its decision making and the discharge of its functions as it sees fit. This could include but is not limited to Designated Nurse Safeguarding and Looked After Children (Children and Adults) as well as Heads of Quality and any other relevant representatives.

4.8 Regular attendees will receive advanced copies of the notice, agenda and papers for Committee meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.

5. Chair of the Committee

5.1 The Chair and Vice Chair of the Committee will be appointed from the non-Executive members of the Governing Bodies of the Cheshire and Merseyside CCGs.

5.2 If the Chair is unable to attend a meeting, the Vice Chair will undertake the duties of Chair at that meeting. Where both the Chair and Vice Chair are unable to attend a meeting, the Chair may designate a representative from within the membership of the Committee to act as chair.

5.3 If the Chair is unable to chair an item of business due to a conflict of interest, the Vice Chair will be asked to chair that item. Where both the Chair and Vice Chair are unable to chair an item of business due to a conflict of interest the meeting, the Chair may designate a representative from within the membership of the Committee to act as chair for that item.

6. Attendance and Quorum

6.1 The meeting will be quorate with:

- 75% of the committee membership in attendance
- Attendees shall comprise the Chair or the Vice Chair.

6.2 The Committee will aim to make its decisions through consensus. In the event of a requirement to make a decision by taking a vote, a minimum of 75% of the voting committee membership in attendance at the meeting in question must be in agreement for the recommendation or decision to be carried (*i.e. of the 9 voting members*).

7. Frequency of Meetings

7.1 Meetings shall be held monthly.

7.2 Arrangements for calling meetings will be in writing to the chair of the sub-committee with a minimum of ten days' notice

8. Administrative Support

8.1 To enact the business of the Committee and progress the work plan dedicated administrative resource for the Committee will be agreed by the nine CCGs. A nominated Lead Director and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.

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10. Conduct of the sub-committee

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- 10.3 Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the chair will have the casting vote.
- 10.4 Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 10.5 Performance Committee papers will be stored and archived by the Committee administrator and copies held in an accessible format. Details on location and how to access documents will be set out in the schemes of transfer.
- 10.6 The performance Committee will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.7 All members of the Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Committee.

11. Monitoring Effectiveness and Compliance with Terms of Reference

- 11.1 The Committee will carry out a review before 31st March 2022 of its functioning and provide an outcome report of that review to the Cheshire and Merseyside CCGs Joint Committee who will in turn submit that report to the CCGs governing bodies.

12. Review of Terms of Reference

- 
- 12.1 The terms of reference of the sub-committee shall be reviewed in January 2022 to ensure they remain fit for purpose.
 - 12.2 Amendments to the Terms of Reference are to be approved by the Cheshire and Merseyside CCGs Joint Committee.

Version Control:

Version: 0.2

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

30 November 2021

Agenda Item C3

Report Title	Tier 4 Bariatric Surgery Procurement Options Paper
Report Author	Joanne Sherborne (Procurement Manager) – Chorley and South Ribble and Greater Preston CCGs
Committee Sponsor	

Purpose	Approve		Ratify		Decide	✓	Endorse		For information	
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Decision / Authority Level	Level One	✓	Level Two	✓	Level Three	✓
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Executive Summary
Following discussion in the October Joint Committee meeting regarding the planned procurement for tier 4 bariatric surgery, this paper is to share with Committee future options for the procurement. These options have been reviewed by South Cumbria and Lancashire Integrated Care System and their preferred option is noted within the paper.

Recommendations
The Cheshire and Merseyside CCGs Joint Committee members are asked to:
<ul style="list-style-type: none"> Review the options within the table and agree on the preferred procurement option.

Committee principles supported by this report (if applicable)	
The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services	✓
Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside	✓
Working together will achieve greater effectiveness in improving health and care outcomes	✓

Cheshire & Merseyside HCP Strategic objectives report supports:	
Improve population health and healthcare	✓
Tackling health inequalities, improving outcomes and access to services	✓
Enhancing quality, productivity and value for money	✓
Helping the NHS to support broader social and economic development	✓

Key Risks & Implications identified within this report			
Strategic		Legal / Regulatory	✓
Financial		Communications & Engagement	
Resources (other than finance)	✓	Consultation Required	
Procurement	✓	Decommissioning	
Equality Impact Assessment		Quality & Patient Experience	
Quality Impact Assessment		Governance & Assurance	
Privacy Impact Assessment		Staff / Workforce	
Safeguarding		Other – please state	

Conflicts of Interest Consideration and mitigation:

Link to Committee Risk Register and mitigation:

Report history:

Next Steps:

Appendices:

Tier 4 Bariatric Surgery Procurement Options Paper

1. Introduction

- 1.1 NHS Chorley and South Ribble CCG are currently leading on a Tier 4 Bariatric Surgery Procurement on behalf of associate commissioners in Lancashire, Cumbria, Merseyside and Wirral.
- 1.2 There are interim contracts in place for Tier 4 services with Phoenix Health, Salford Royal NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust. The interim contracts have been in place since 2018 and are due to end on the 31/01/22. However, the intention is to extend these contracts for at least another 4 months to allow for the award of new contract(s) following the procurement exercise. The new contracts were planned to be in place from June/July 2022 and to be awarded for five years, with an option to extend for a further two years.

NHS Cheshire CCG continue to commission Tier 4 bariatric surgery from University Hospitals of North Midlands NHS Trust.

- 1.3 We have experienced some delays in commencing the procurement exercise mainly due to the Covid pandemic, and then a further delay due to changes in personnel to lead the commissioning element of the procurement.

Within in our current timeframe we were aiming to advertise the procurement opportunity in November 2021.

- 1.4 We received a recent request from Cheshire and Merseyside CCG Joint Committee to consider postponing the procurement due to the imminent disbanding of the CCGs and the transition to the new Integrated Care Boards (ICB). We were also asked to consider the opportunity for NHS Cheshire CCG to become an associate commissioner. It was agreed that we would produce a combined options paper to be shared with the relevant board/group at both the Cheshire and Merseyside CCGs Joint Committee and Lancashire and South Cumbria (L&SC) Integrated Care System (ICS) to agree next steps. A decision on the way forward needs to be agreed as soon as possible.

2. Options

- 2.1 The table on the next pages summarises the procurement options for consideration.

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

Option	Pros	Cons	Procurement and Contract Considerations
<p>Option 1: Continue with the plan to commence the procurement this year (with a few weeks delay) with the intention for new tier 4 contracts to be in place covering Lancashire, Merseyside, Cumbria, and Wirral by June/July 2022.</p>	<ul style="list-style-type: none"> * Minimal disruption to the existing procurement plans. * Minimal delay to the existing procurement timescales. * Cost effective option; enables us to put new contracts in place with the least amount of delay and therefore reduces the time that we continue to pay inflated costs. * The service specification has been completed and shared with associate commissioners, which was a significant part of the procurement process. 	<ul style="list-style-type: none"> * Excludes the opportunity for Cheshire to come on board. 	<ul style="list-style-type: none"> * Offers minimal procurement and contract risk, as this option ensures the interim contracts are extended for the least amount of time.
<p>Option 2 (Preferred): Continue with the plan to commence the procurement this year (with a few weeks delay) with the intention for new tier 4 contracts to be in place covering Lancashire, Merseyside, Cumbria, and Wirral by June/July 2022. In addition, Cheshire CCG would be named in the procurement documents as an additional associate commissioner who could be added to the contract at a date to be confirmed.</p>	<ul style="list-style-type: none"> * Minimal disruption to the existing procurement plans. * Minimal delay to the existing procurement timescales. * Cost effective option; enables us to put new contracts in place with the least amount of delay and therefore reduces the time that we continue to pay inflated costs. * Includes the option of Cheshire to be included at a later stage. * The service specification has been completed and shared with associate commissioners, which was a significant part of the procurement process. 		<ul style="list-style-type: none"> * Offers minimal procurement and contract risk, as this option ensures the interim contracts are extended for the least amount of time. * This is the preferred option of the LSC ICS Planned Care Group members.

<p>Option 3: Continue with the current plan to commence the procurement as soon as possible but to include Cheshire CCG and with the intention for new tier 4 contracts (to cover Lancashire, Merseyside, Cumbria, and Wirral & Cheshire) to be in place as close to current plans as possible.</p>	<ul style="list-style-type: none"> * Offers the possibility to have new contracts in place by late Summer/early Autumn 2022. * More cost effective than a 12-month delay. * Brings all CCGs across both ICS's into the procurement. * The service specification has been completed and shared with associate commissioners, which was a significant part of the procurement process. 	<ul style="list-style-type: none"> * Will likely cause a delay in the procurement (of more than a few weeks) to able to pull together additional information required to bring Cheshire CCG into the procurement. * Will require additional project resources to bring a new CCG into the procurement at this stage - activity data would need to be amended to include Cheshire CCG. 	<ul style="list-style-type: none"> * Offers less procurement and contract risk than option 4. * This is the secondary option for the LSC ICS Planned Care Group members.
<p>Option 4: Delay the procurement for at least 12 months and extend the interim tier 4 contracts to cover the delay in the procurement.</p>	<ul style="list-style-type: none"> * Reduces the current pressure on colleagues involved in the process whilst all local health systems are going through a significant change. * Allows the opportunity to re look at this programme of work once the new ICB's are established from a new ICB perspective. * Healthcare may become exempt from the Public Contracts Regulations 2015 from 2022/2023 allowing more flexibility in procurement processes. 	<ul style="list-style-type: none"> * This is the costliest option. We are currently paying an inflated tariff for the interim arrangements with Salford Royal and Phoenix Healthcare. Most of the interim activity is with Phoenix and we currently pay 13% above national tariff prices. The inflated price is due to short term contract arrangements. The procurement was intended to be advertised at national tariff prices therefore the longer we prolong the procurement, the longer we are paying the inflated prices. * The interim arrangements do not provide a sustainable solution for commissioners or providers and therefore continue to be delivered at risk. * Delays the pressure of re-commissioning/procuring this service into the next financial year 	<ul style="list-style-type: none"> * Although as part of the establishment of ICBs, the proposal is for Healthcare to become exempt from the Public Contracts Regulations 2015 from 2022/2023, changes to legislation may not happen straight away. Therefore, the delay in the procurement may allow for flexibility in the way the services are procured, however, we may also still be bound by the same regulations in 12 months' time. * The continued extension of interim contracts (that have not been procured) increases the risk of challenge from other potential providers. * This is not considered to be an option by the LSC ICS Planned Care Group members.

		when ICB's will be newly formed and will have new pressures to contend with.	
<p>Option 5: If both ICSs cannot agree between options 1-4, Lancashire and Cumbria will continue with the procurement to secure a provider(s) to cover Lancashire and Cumbria. In this case, Merseyside and Wirral will split from the current arrangements and will need to commission the services separately later.</p>	<ul style="list-style-type: none"> * It offers a solution if both ICS's cannot agree to any of the options above. * It allows minimal delay to the procurement timescales for Lancashire and Cumbria. * The procurement was planned to be split into 2 separate lots to cover Lancashire and Cumbria and Merseyside and Wirral, therefore, to remove Merseyside and Wirral at this stage should not cause too much disruption to the procurement. * It allows Merseyside and Cheshire to delay if this is their preferred option. 	<ul style="list-style-type: none"> * Merseyside and Cheshire would still be paying the inflated prices. * We would no longer benefit from a collaborative approach between 2 ICS's, which allows us to share good practice and provides an improved and more consistent offer to patients. 	<ul style="list-style-type: none"> * This would require the interim providers to agree to continuing to provide an interim provision for just Merseyside once new contracts are in place for Lancashire and Cumbria. *The continued interim contract arrangements in Merseyside would need to be transferred to a Merseyside CCG from CSR CCG as the current lead commissioner. * This is not considered to be a credible option by the LSC ICS Planned Care Group members.

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

4. Conclusion

- 4.1 The options were presented at the L&SC ICS Planned Care Group Meeting on 05/11/21. The preferred procurement option was agreed to be option 2 as per the table above.

5. Recommendations

- 5.1 The Cheshire and Merseyside CCGs Joint Committee members are asked to:
- Review the options within the table and agree on the preferred procurement option.

Access to further information

For further information relating to this report contact:

Name	Joanne Sherborne
Designation	(Procurement Manager) – Chorley and South Ribble and Greater Preston CCGs
Telephone	
Email	Joanne.sherborne@nhs.net

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

30 November 2021

Agenda Item C4

Report Title	Expansion of Cheshire & Merseyside Virtual Wards
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Report Author	Geraldine Murphy-Walkden
Committee Sponsor	-

Purpose	Approve	✓	Ratify		Decide		Endorse		For information	
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Decision / Authority Level	Level One	✓	Level Two		Level Three	
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Executive Summary

This paper proposes continuation for a further 6 months of a single Covid Virtual Ward for use by all systems across Cheshire and Merseyside, and the continued development and roll out of other virtual ward models including early supported discharge for respiratory patients.

The proposal builds on the Cheshire and Merseyside systems success of mobilising virtual wards and supports the achievement of service priorities agreed with NHSE/I as part of the MOU for personalised care and is in line with the national @home model at level 4, and the Cheshire and Merseyside's Health and Care Partnerships strategic intent.

Several funding sources exist in Cheshire and Merseyside that can be used to fund the proposed virtual ward model expansion including:-

- NHSE/I personalised care allocation via the annex and MOU with Cheshire and Merseyside as expansion of virtual wards is a priority programme (single year allocation which can be used for clinical leadership and programme support)
- Phase 2 mobilisation award of for virtual ward expansion via NHSX which can be used for staffing
- Additional award of £333k for digital enabled virtual ward via NHSX to supply wearables and kit in year
- Licensing costs covered via NHSX for the remaining part of 2021/22.

The cost of full roll out of respiratory virtual wards across Cheshire and Merseyside are based on extrapolated costs from the St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) test site and assume additions to a local respiratory service already in operation. Costs will be depend on local discussions and provider configuration. Costs maybe greater and vary if respiratory virtual wards are delivered locally with increased cost through reduced economies of scale, however increased local ownership and potential clinical engagement and connectivity to other services are of benefit.

Recommendations

The Joint Committee is asked to support and agree:

- the continuation of the Cheshire and Merseyside Covid virtual ward and commission the service for a further six months
- the continued discussion and negotiation with providers to mobilise respiratory virtual wards across all sites with provider configuration for all three elements of respiratory virtual wards of 1. clinical in reach, 2. consultant oversight and 3. telehealth support based on:
 - ability to deliver and mobilise for winter
 - adherence to agreed clinical pathways
 - value for money based on costs from the test site.
- utilisation of existing funding streams in the system being used for virtual ward expansion with any shortfall in funding covered by the Cheshire and Merseyside CCGs to fund the service expansion of virtual wards.

Committee principles supported by this report *(if applicable)*

The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services	✓
Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside	✓
Working together will achieve greater effectiveness in improving health and care outcomes	✓

Cheshire & Merseyside HCP Strategic objectives report supports:

Improve population health and healthcare	✓
Tackling health inequalities, improving outcomes and access to services	✓
Enhancing quality, productivity and value for money	✓
Helping the NHS to support broader social and economic development	

Key Risks & Implications identified within this report

Strategic	✓	Legal / Regulatory	
Financial	✓	Communications & Engagement	
Resources (other than finance)	✓	Consultation Required	
Procurement		Decommissioning	
Equality Impact Assessment		Quality & Patient Experience	✓
Quality Impact Assessment		Governance & Assurance	✓
Privacy Impact Assessment		Staff / Workforce	✓
Safeguarding		Other – please state	

Conflicts of Interest Consideration and mitigation:

N/A

Link to Committee Risk Register and mitigation:

N/A

Report history:

This is the first time this Committee has received the report.

Next Steps:

To support discharge of patients across Cheshire & Merseyside the virtual wards model will be discussed and established with liaison with all trusts following approval by the Cheshire and Merseyside CCGs.

Appendices:

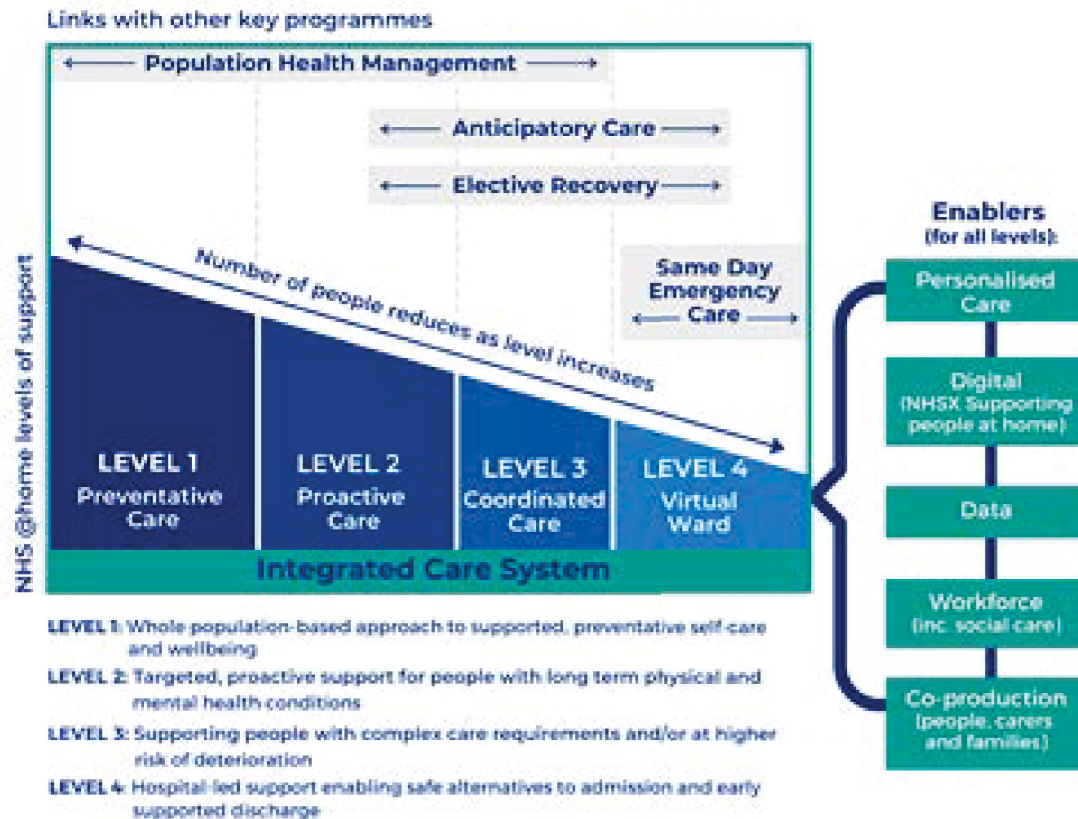
N/A

Expansion of Cheshire & Merseyside Virtual Wards

1. Context

- 1.1 This paper proposes continuation for a further 6 months beyond the initial 6 months period of services commissioned by the Cheshire and Merseyside Health and Care Partnership for a single Covid Virtual Ward (CVW) for use by all systems across Cheshire and Merseyside, and the continued development and roll out of other virtual ward models including early supported discharge for respiratory patients.
- 1.2 A Virtual Ward can be defined as an enhanced package of monitoring for patients at risk of deterioration provided within a patient's own home (or usual residence) which can be managed by either community or hospital teams. A virtual ward allows integrated, cohesive and aligned pathway mobilisation between community and hospital settings providing early supported discharge and ensuring deteriorating patients are detected early, escalated and access the right treatment. Virtual wards use telehealth and remote monitoring, allowing personalisation of alerts and personalised care plan development to support patients in the community that otherwise would be in a hospital bed.
- 1.3 During January 2021 the Cheshire and Merseyside system worked together to rapidly respond to a national request to establish CVWs in all trusts utilising oximetry and other interventions (i.e. Oxygen, dexamethasone) to support safe and early discharge of COVID-19 positive patients from hospitals with clinical supervision. During the first period of operation Cheshire and Merseyside CVWs supported early discharge of over 350 patients onto virtual wards with nearly 50% of discharges from St Helens and Knowsley Training Hospitals NHS Trust (STHK) to all places with community support provided by Liverpool Heart and Chest Hospital (LCHL) Community Respiratory team.
- 1.4 From June 2021 to December Cheshire and Merseyside Health and Care Partnership commissioned a centralised at scale CVW on offer to all Cheshire and Merseyside trusts to provide early supported discharge. In the first four months of operation 133 patients have been supported to leave hospital early and supported at home rather than remain in hospital to receive their care.
- 1.5 This commission was in line with the Cheshire and Merseyside response to the operating framework for community transformation including expansion of services using telehealth to deliver @Home services - with preventative, proactive and reactive elements linking community with secondary care and other urgent care services. By mobilising this model multiple levels of monitoring are deployed dependent on patient need, with a variety of access points and mobility through tiers managed through a single digital platform.
- 1.6 This proposal builds on system success of mobilising VWs and supports the achievement of service priorities agreed with NHSE/I as part of the MOU for personalised care and is in line with the national @home model (Figure One) at level 4 and Cheshire and Merseyside strategic intent.

Figure One: NHS @Home Operating Model: Personalised, connected and supported care at home



2. Proposal

2.1 The proposed service developments in this document include:-

1. **Continuation of at scale CVW** for use by all Cheshire and Merseyside Trusts to support early discharge of COVID positive patients. The service is currently commissioned until 31 Dec 2021 is clinically led by LHCH, available across all sites, aligns with care and escalation pathways as per the nationally defined Standard Operating Procedure (SOP)¹ with telehealth remote monitoring delivered by Merseycare.

This centralised service under this proposal would be maintained until 30 June 2022 and would be part of the response to early discharge of increasing COVID inpatient volumes. This offer is continuation of the current model to step down model following an admission supporting early discharge following an in-patient stay.

2. **Expansion of Respiratory Virtual wards (RVW).** The service is currently commissioned for STHK only as a test site until 31 Dec 2021, is clinically led by LHCH, with telehealth remote monitoring delivered by Merseycare.

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/01/C1042-sop-discharge-covid-virtual-ward-13-jan-21.pdf>

The proposal would be to increase and mobilise the pathways for additional conditions in STHK with funding provided to deliver the service for an additional 6 months and establish RVWs in all other trusts to support early discharge.

The spread of the RVW into other sub-systems can be delivered at scale or for local delivery by local systems replicating the clinical model with an option of local or at scale telehealth support. This offer is currently an expansion of the current model as a step down service.

The current commissioned activity has focussed on developing clinical pathways with input and engagement from all Respiratory clinical teams across Cheshire and Merseyside. The RVW pathways have been developed with wide stakeholder engagement from across Cheshire and Merseyside with the plan of spread and adoption following an assessment of efficacy at STHK as a pilot site. There will be the opportunity for a Quality Improvement cycle to take place, if required, prior to wider spread of the pathway across other trusts.

The pilot at the STHK site started 16 September 2021 with the implementation of the new COPD pathway and the Asthma pathway was added at the start of October. In the first 6 weeks of operation, 61 patients have followed the new discharge pathway with 31 patients receiving a bundle of care and management advice and 30 patients have been managed through the Virtual Ward. The Community Acquired Pneumonia Pathway is in development with a plan to implement this in December. Figure Two provides an overview of a high level model of delivery/care. Figure Three shows the RVW service blueprint

Figure Two: High level model

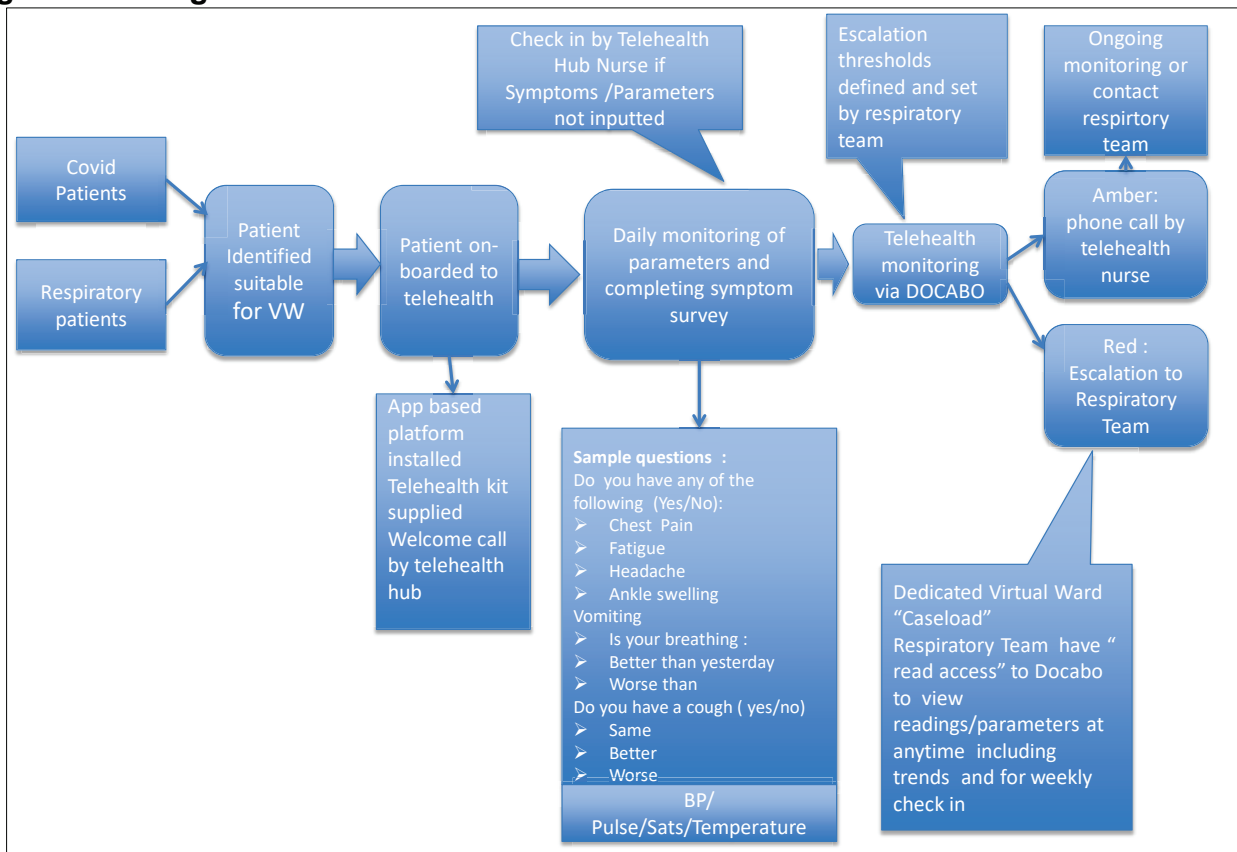
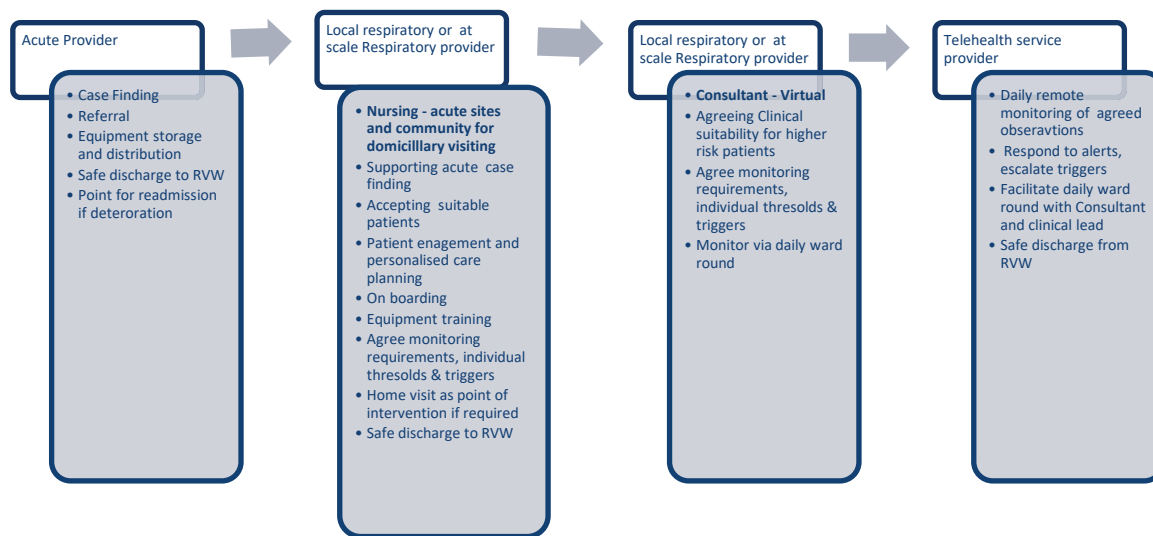


Figure Three: RVW service blueprint- All Elements required



2.2 The RVW service blue print can be either at scale, fully locally delivered or a combination of local clinical oversight by respiratory teams with an at scale telehealth offer delivered by MerseyCare. RVW Service configuration across the four service elements required across Cheshire and Merseyside will be determined by current commissioned arrangements for telehealth and maybe distributed as shown in Table One.

Table One

Acute footprint	Respiratory – Nursing on acute site and available in Community	Respiratory – Consultant virtual ward rounds, clinical oversight of whole pathway	Telehealth provider-remote monitoring and clinical input
STHK	LHCH	LHCH	MCFT
LUHT	LUHT /MerseyCare	LUHT	MCFT
S&O	MerseyCare	S&O/LHCH*	MCFT
WUHT	WCT	WUHT	Wirral/MCFT
WHT	WHT	WHT	MCFT
MC	CICP	MC	Cheshire [^] /MCFT
EC	EC	EC/LHCH*	Cheshire [^] /MCFT
COC	CWP	COC	Cheshire [^] /MCFT

*Service configuration tbc
[^] Service being developed and not currently operational

2.3 Provider configuration should be determined by:-

- Provider ability to expand for winter 2021 both for telehealth and consultant oversight and clinician in-reach.

And

- Connectivity to existing services.

- 2.4 Regardless of the provider configuration the service model and pathways should be common to all with clinical pathways already agreed and developed by the respiratory community from across C&M lead by LHCH.
- 2.5 Decisions should be based on local preferences and current service configuration with capacity to deliver additionality during the winter of 2021 by both the respiratory clinical teams and the telehealth services the defining factor to configuration.

3. Set Objectives & Deliverables – Status

- 3.1 Current activity of both aspects of the proposed service have been reviewed with measurement against previously set objectives detailed below in Table Two.

Table Two

Objective	Status
To provide short-term support to facilitate earlier discharge of patients that have been diagnosed with COVID-19 or defined respiratory conditions where monitoring would help identify those with early signs of deterioration for escalation to appropriate medical care.	
To support patients with Covid-19 or defined respiratory conditions to further recover at home through the use of remote monitoring and reduce hospital lengths of stay	
Work in partnership with all C&M Hospital trusts to support discharges with remote monitoring and support for patients with Covid 19	
Share learning from operation a RVW in mid Mersey with the C&M system	
Deliverables	
Establish a single COVID-19 Virtual Ward & telehealth model that can provide support across C&M.	
Develop telehealth monitoring levels for Respiratory conditions based on risk stratification of patients matched to clinical need.	
Ensure all appropriate governance processes are followed, quality standards are included and patient experience is assessed	
Service evaluation including services impact on reducing LOS, readmissions and patient experience	

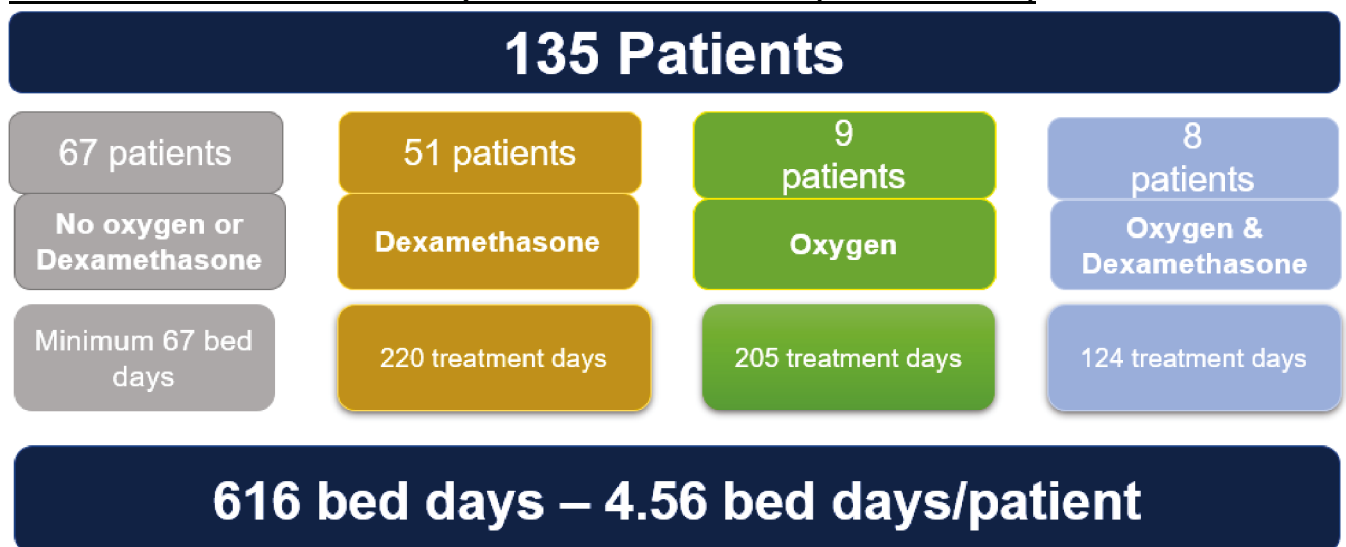
4. Performance and clinical audit data

- 4.1 **March – Dec 2020.** Liverpool Heart and Chest Hospital Community Respiratory Team are commissioned by NHS Knowsley CCG to provide admission avoidance and early supported discharge to appropriate patients with Respiratory problems. At the start of the Covid pandemic in March 2020 the team started to support patients with Covid-19 infection upon discharge from hospital. From April 2020-Dec 2020 they facilitated supported discharge of 33 patients from NHS Knowsley CCG out of STHK Hospital.
- 4.2 **Jan-March 2021.** At the end of December 2020 NHSE/I mandated that all hospitals should have the ability to facilitate 'Early Supported Discharge' into a Covid-19 Virtual Ward (CVW). The CVW would allow enhanced monitoring of patients; with daily check ins and home monitoring. The CVW enabled the discharge of patients receiving treatments that had only previously been available in a hospital setting, mainly Dexamethasone and Oxygen. Liverpool Heart and Chest Hospital worked collaboratively with St Helens and Knowsley NHS Trust to rapidly develop and deploy at Covid Virtual

Ward to support patients to be discharged from STHK Hospital. 162 patients were supported home from STHK Hospital during the period of Jan-March 2021.

- 4.3 A clinical audit was performed to estimate the number of bed days saved by the CVW. The audit was conducted on the patients in the CVW during the first seven weeks (performed nine weeks into the Virtual Ward establishment). To provide robust data, the following assumptions were made:
- patients **not** receiving Oxygen or Dexamethasone therapy were discharged 1 day earlier due to the CVW
 - without the CVW, patients receiving Oxygen or Dexamethasone therapy would have remained an inpatient for the duration of their therapy.
- 4.4 These assumptions allowed a conservative estimate to be made of the number of bed days saved by the CVW establishment. Clinical notes were reviewed manually to collect data.

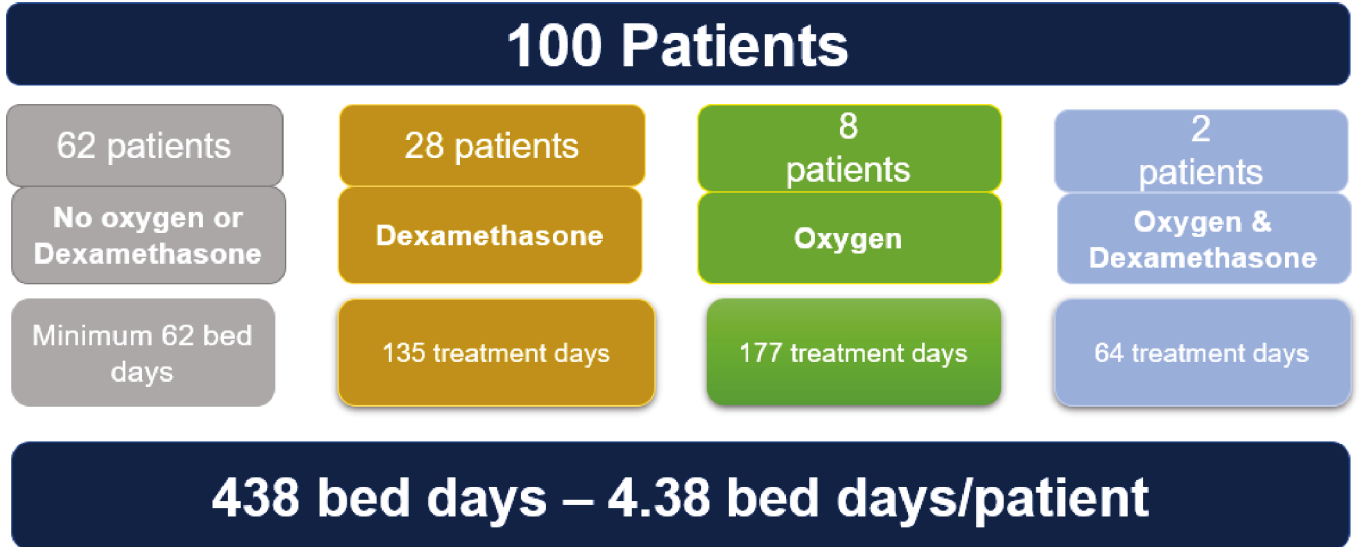
Covid Virtual Ward STHK Hospital: The first 7 weeks (Jan/Feb 2021)



- 4.5 The audit estimated that 616 bed days were saved in the first seven weeks of operation, this equated to 4.56 bed days per patient. The CVW was only possible due to the staff involved being employed on short term contracts or doing additional hours of work. It was not sustainable and was stopped at the end of March 2021.
- 4.6 **June-December 2021.** The Cheshire and Merseyside Covid Virtual ward (Liverpool Heart and Chest Hospital and Merseycare collaboration) started accepting patients on 30 June 2021. The first 2 weeks the ward was open to STHK/STHK Hospital referrals and then opened to Liverpool University Foundation Trust (LUFT) referrals too. Southport hospital is planning to utilise the ward but no start date is in place. Other trusts across Cheshire and Merseyside are yet to set up pathways to use the ward.
- 4.7 In the first 4 months of operation, 133 patients have been supported home from Hospital. Utilisation of the CVW has been mainly from the STHK site which is likely to be due to the 'Swiss Nurse' (ESD Respiratory Specialist nurse 7 days week, 12 hours/day) and historical strong relationship with the Liverpool Heart and Chest Hospital Community team.

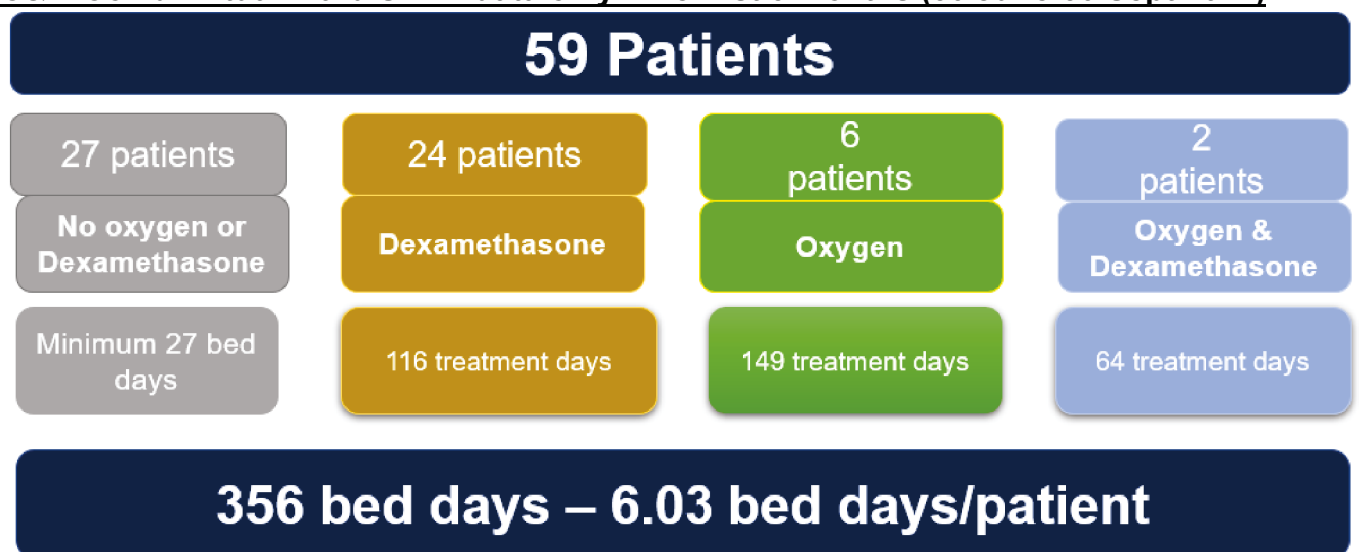
- 4.8 To assess cost effectiveness of the CVW and bed days saved, the audit performed in Jan/Feb 2021 was repeated in the new Virtual ward. The same methodology was employed and referrals over the first 3 months of operation were reviewed.

C&M Covid Virtual Ward: The first 3 months (30 June-30 Sept 2021)



- 4.9 The audit estimated that 438 bed days were saved in the first three months of operation, this equated to 4.38 bed days per patient. M: F split of 100 patients supported was 53:47 with an age range of 21 years to 95 and a mean age of 53.4 years.
- 4.10 Taking a deeper dive into the data available over the 3 month audit period:
- 11 patients were referred to the CVW ward from Aintree Hospital
 - 30 patients were referred to the CVW ward from The Royal Liverpool Hospital
 - 59 patients were referred to the CVW ward from STHK Hospital.

C&M Covid Virtual Ward STHK data only: The first 3 months (30 June-30 Sept 2021)



4.11 The audit estimated that 356 bed days were saved in the first three months of operation, this equated to 6.03 bed days per patient. The conclusion from this is that the cost effectiveness of the CVW increased as clinicians became more confident in the role of the ward and appropriate patient selection improved.

4.12 From the Clinical audit across all three sites:

Pregnancy/Post-partum

- 3 patients on the CVW were pregnant
- 2 patients on the CVW were in the post-partum period

Onward referrals:

- 1 patient referred to Respiratory Physiotherapy
- 2 patients required <24 hour admissions to investigate a possible Pulmonary Embolism
- 5 patients were readmitted to hospital with new problems: COPD exacerbation, Pneumothorax, Dialysis complication, Hospital Acquired Pneumonia, Generally unwell
- 3 patients were appropriately re-admitted to hospital with Covid related Hypoxia.

Adverse incidents:

- 3 patients had a delayed start on Telehealth monitoring due to referrals not being sent to the Telehealth hub. Investigations were completed in both MerseyCare and Liverpool Heart and Chest Hospital following Clinical incidents being reported via the Datix system. Quality Improvement activity has now taken place to reduce the likelihood of further problems.

5. Patient Assessment

- 5.1 For CVW - The LHCH clinicians will work with all Trusts across Cheshire and Merseyside to assess Covid patient suitable for discharge to the CVW using national guidance² and decide what level of monitoring is appropriate.
- 5.2 For RVW - LHCH or local clinicians will work proactively to identify patients for early supported discharge and use agreed COPD, asthma and pneumonia pathways and triggers to inform care, levels of monitoring and escalation pathways with support provided by the identified clinical team and telehealth provider.

6. Risk Stratification

- 6.1 The telehealth platform is able to provide remote monitoring of oxygen saturations, pulse, blood pressure and temperature. However, not all patients will require this level of monitoring. For patients no comorbidities or no risk factors such as age, patient led monitoring with recording of oxygen saturations will be appropriate. For patients who have several risk factors an enhanced level of monitoring including the ability to record the NEWS2 score will be appropriate.

7. Equipment

- 7.1 The equipment allocation and on-boarding process will be identified for the patient prior to discharge and dependent upon what equipment the patient receives there are options for supply and retrieving this ranging from face-to-face collection through to postal return. Allocation and reclamation is being confirmed at the point of discharge from the service.
- 7.2 Equipment may include:-
- Mobile phones
 - Wearables
 - Equipment that can record and share a full set of patients observations recording saturation, respiratory rate, pulse, temperature, BP, ECG,QT e.g. care portals.

8. Patient Experience

- 8.1 Digital care plans delivered via the Docabo Telehealth App includes the nationally approved 'Friends and Family' survey for completion by the patient. Patient experience and their supported decision making and personalised care planning will be assessed as part of the evaluation. Those not digitally enabled will be supported to access services with provision of equipment or alternative methods to access the same level of care.

9. Expected Demand and capacity

- 9.1 Assumptions based on previous experience of operating a CVW and a community early supported discharge service include:-

CVW (C&M)

- Estimated clinical demand for Referrals for CVW suitable 20- 25% of Covid positive in-patients
- Capacity would be limited by resources both at telehealth for remote monitoring and for clinical oversight from specialist teams
- **Maximum capacity would be capped at 75 covid patients on a CVW at any one time**
- Duration of monitoring 14 days
- Daily monitoring of observations with triggers and alerts from telehealth informing daily ward rounds with clinical leads (LHCH for CVW).

RVW (STHK) & C&M

- Estimated maximum demand based on experience from flow out of STHK for RVW all pathways is 25 patients at any one time
- Demand across C&M would be pro-rata the demand observed from STHK
- Duration of monitoring 7 days
- Daily monitoring of observations with triggers and alerts from telehealth informing daily ward rounds with clinical leads
- Capacity would be limited by resources both at telehealth for remote monitoring and for clinical oversight from specialist teams
- **Capacity costs estimated are for 25 respiratory patients on a VW ESD at any one time.**

System Capacity

- Across C&M the Telehealth system supplier, Docabo, have server capacity for up to 16,000 patients to be live at any one time.
- Virtual Ward estimated 1 nurse to 40 patients dependent of level of monitoring required.

Service Hours of operation

- Telehealth 9-5 5days a week
- Clinical supervision via LHCH 8-8 7 days a week.

Escalation

CVW

- Escalation 8am-8pm, 7 days per week via LHCH
- Escalation 8pm-8am, 7 days per week via 111
- Readmission for CVW back to host trusts.

RVW

- Escalation 8am-8pm, 7 days per week via clinical provider * (LHCH 8-8 7 days a week)
- Escalation 8pm-8am, 7 days per week via 111
- Readmission back to local trusts.

*Based on provider

10. Governance

- 10.1 **Strategic Governance.** The CVW service will follow the NHS England mandate for monitoring of blood oxygen in the community of early detection of deterioration in COVID-19 patients and the national SOP for CVW
- 10.2 **Clinical and Information Governance – CVW.** LHCH will take the lead for clinical governance of the overall pathways and service, MCFT will be responsible for ensuring that parts of the processes or protocols that they operate have been reviewed and approved by their own governance structures and will lead on IG.
- 10.3 Clinical responsibilities will be defined so that the MCFT/LHCH staff are clear with Protocols defining the role of the hub nurses and when escalation back to a LHCH or acute trust is appropriate.
- 10.4 The established Clinical Reference Group will provide assurance for all clinical pathways and processes and to review any incidents. The Clinical Reference Group contains clinicians from primary care, AED, care homes and MCFT.
- 10.5 **Clinical and Information Governance – RVW.** Based on at scale or Local model of delivery
- 10.6 **Human Resources Governance.** Each provider organisation is responsible for ensuring that any staff directly involved in or indirectly affected by the new pathways receive adequate training and support to carry out any revised processes and procedures.

11. Costs

11.1 **Financial Governance.** Several funding sources exist in C&M that can be used to fund the proposed VW model expansion including:-

- NHSE/I personalised care allocation via the annex and MOU with C&M as expansion of Virtual wards is a priority programme (single year allocation which can be used for clinical leadership and programme support)
- Phase 2 mobilisation award of for VW expansion via NHSX which can be used for staffing
- Additional award of £333k for digital enabled VW via NHSX to supply wearables and kit in year
- Licensing costs covered via NHSX for the remaining part of 21/22.

Licensing	Scope/Notes	Status
STHK Respiratory Virtual Ward		
25 patients at any one time, at £30 per head for 6 months = £19,500	Cost per flow from STHK- pro rata costs per Acute trust site/ system to be calculated	Covered NHSX
C&M CVW		
75 patients at any one time, at £30 per head for 6 months = £58,500	Capped C&M CVW capacity costs	Covered NHSX
Total Docobo Monitoring Costs = £78,000 for 6 months at max capacity for CVW & STHK RVW	Additional RVW site costs to be calculated	Covered NHSX

Telehealth via MCFT	
CVW	6 months costs
<ul style="list-style-type: none"> • Maximum capacity for 75 covid patients on a CVW at any one time 	£72k
RVW for STHK Model	
<ul style="list-style-type: none"> • Capacity costs estimated for 25 respiratory patients on a VW at any one time 	£22k
Total	£94K

Clinical oversight via LHCH CVW & RVW

Staff member	Hours of service	WTE	6 month cost
Band 3 admin staff	8am-8pm 7 days/week	3	48,362
Band 7 nurse (Swiss nurse & ESD)	8am-8pm 7 days/week	4.8	153,481
Consultant Mon-Fri Ward round	4 hours/day	1	35,880
Consultant Weekend hours	4 hours/day	1	39,000
Consultant on call 8 hours/day at weekend, 4 hours/day weekday (1:5)		1	18,672
Non-Pay			3,500

10% Management Fee			31,642
			330,537
Less already funded			
Knowsley Contract	Nursing Funding		- 57,596
St Helens CCG Funding	Agreed to fund		- 19,500
Total funding required for CVW & RVW			253,441

- 11.2 The cost of full roll out of RVWs across Cheshire and Merseyside are based on extrapolated costs from the STHK test site and assume additions to a local respiratory service already in operation. Local services may not provide the same at scale efficiencies as a centralised telehealth hub element.
- 11.3 Costs for the RVW are estimated based on the STHK model and will be depend on local discussions and provider configuration. Costs maybe greater and vary if RVW is delivered locally with increased cost through reduced economies of scale, however increase local ownership and potential clinical engagement and connectivity to other services are of benefit. The actual RVW configuration will be informed by local engagement with clinical leaders and ability to mobilise a local vs an at scale solution for winter 2021.
- 11.4 Clinical costs only using an **estimated resource model from LHCH & MCFT tested on the STHK site** maybe per hospital site estimated as follows :-

Clinical costs		
Staff member	WTE	6 month cost
Band 3 admin staff	1	16,120
Band 7 nurse	1	31,975
Consultant Mon-Fri Ward round	1	8,970
Consultant Weekend hours	1	14,690
Consultant on call	1	4,668
Non-Pay		3,500
10% Management Fee		799
Total Clinical costs		80,722
Telehealth Costs		22,000
Total estimated RVW costs per site across C&M		102,722
Assumptions		
<ul style="list-style-type: none"> • Costs are for Operating period of 6 months only • Estimated cost capped for 25 patients on RVW per site • Clinical Complimentary to existing community respiratory services • 8 sites required across C&M (2 LUHT sites) • Scale economy not calculated until service configuration for RVW unknown – at scale will be less than individual service offers 		

12. Risks

Risk ID	Risk Description	Mitigation	Residual Risk			Risk Owner
			Impact (1-5)	Likelihood (1-5)	Expected Value (LXL)	
1	Demand for the CVW pathways may fluctuate with Covid prevalence	The proposal is to establish hub capacity to support 75 across both CVW at any one time; capacity can be flexed by 15% to match if demand rises above capacity. Which would be achieved through clinical prioritisation of oversight and discussion at ward round and duration of stay on the VW	3	3	9	Peter Almond
2	The amount of clinical input needed to support RVW is uncertain	Initial staffing estimates were based on previous experience, with a cautious ratio of 1 nurse per 250 patients. With experience of operating the RVW accurate workforce profiling is possible	2	2	4	Sarah Sibley
3	VW Patients are potentially at risk outside of Hub working hours	OOH patients will be redirected to 111. Patient documentation, hub coaching and automated system messages will emphasise the importance of seeking immediate help if the patient deteriorates.	3	2	6	Sarah Sibley
4	Governance processes across multiple organisations may cause delays	A cross Organisational clinical reference group is already being set up to provide assurance for all clinical work associated with the Virtual Ward. To avoid delays, individual providers must ensure their local governance processes are primed to review any proposals as soon as they are finalised. Detailed service requirements are reflected	3	2	9	Rosie Kaur

Risk ID	Risk Description	Mitigation	Impact (1-5)	Likelihood (1-5)	Expected Value (LXL)	Risk Owner
		in a MOU signed by all parties				
5	Equipment delivery delays may leave patient risk	The target is to deliver all patient equipment within 24 hours from receipt of referral. Where the assessment indicates patients are at potential risk of immediate deterioration, they will be issued with an SP02 meter on discharge + paper diary to record measurements prior to digital on boarding or based on clinical assessment discharge will be delayed until on-boarding on the same day is possible	3	2	6	LHCH Swiss Nurse
6	Variance in delivery across place	Pathways and model deployment will be uniform, providers may vary based on local preferences and configuration	2	2	4	GMW
7	Local services may not be able to mobilise for winter 2021	At scale provision could support full system delivery while local services mobilise for future use	3	3		GMW
8	Local services may deviate away from the C&M agreed pathways and operating model	C&M Clinical advisory group will review and agree any changes to the pathways – which include all clinical membership-services will be commissioned and funding assuming compliance to the agreed approach	2	2	4	GMW

13. Timeline

- 13.1 To support discharge of patients across Cheshire and Merseyside the VWs model will be discussed and established with liaison will all trusts following approval by the Cheshire and Merseyside CCGs.

14. Conclusion and recommendation

- 14.1 System partners worked effectively to manage early supported discharge for COVID patients and have developed and tested RVW models and pathways. The learning from operating services virtual ward services can be adapted and built upon to offer extended supported discharges for a greater volume of patients with conditions other than COVID to support winter pressures.
- 14.2 The development proposed is in line with the strategic direction and reflects the Cheshire and Merseyside response to the operating framework and works towards the requirements for each Integrated Care System to have an operating VW capable of managing 500 patients.
- 14.3 **CCGs are asked to support and agree:**
- the continuation of the Cheshire and Merseyside CVW and commission the service for a further 6 months
 - the further discussion and negotiation with providers to mobilise RVWs across all sites with provider configuration for all three elements of RVW of 1.clinical in reach, 2. consultant oversight and 3.telehealth support based on
 - Ability to deliver and mobilise for winter
 - Adherence to agreed clinical pathways
 - VFM based on costs from the test site
 - the utilisation of existing funding streams in the system being used to VW expansion including NHSX funds (licensing costs covered), NHSE/I personalised care allocation (circa 250K) and short term bid awards (333k) with any shortfall in funding covered by the Cheshire and Merseyside CCGs to fund the service expansion of VWs.

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

30th November 2021

Agenda Item **C5**

Report Title	Directors of Commissioning Group Update Report
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Report Author	Dave Horsfield, Director of Transformation, Planning & Performance, NHS Liverpool CCG
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Committee Sponsor	Dianne Johnson, Executive Director of Transition, C&M HCP
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Purpose	Approve		Ratify		Decide	✓	Endorse		For information	✓
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Decision / Authority Level	Level One	✓	Level Two		Level Three	
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Executive Summary

This report provides an overview of the Directors of Commissioning Group that took place on Monday 8th November 2021.

Recommendations

- It is recommended that the Joint Committee:
- **Note** the contents of the report
 - **Agree** the recommendation to prioritise IVF/Subfertility clinical policy alignment and the process to identify high risk policies for review at C&M.
 - **Agree** the addition of the identified items to the Group work plan.

Committee principles supported by this report *(if applicable)*

The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services	✓
Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside	✓
Working together will achieve greater effectiveness in improving health and care outcomes	✓

Cheshire & Merseyside HCP Strategic objectives report supports:

Improve population health and healthcare	✓
Tackling health inequalities, improving outcomes and access to services	✓
Enhancing quality, productivity and value for money	✓
Helping the NHS to support broader social and economic development	✓

Key Risks & Implications identified within this report

Strategic	✓	Legal / Regulatory	✓
Financial	✓	Communications & Engagement	
Resources (other than finance)	✓	Consultation Required	✓
Procurement	✓	Decommissioning	✓
Equality Impact Assessment		Quality & Patient Experience	✓
Quality Impact Assessment		Governance & Assurance	✓
Privacy Impact Assessment		Staff / Workforce	
Safeguarding		Other – please state	

Conflicts of Interest Consideration and mitigation:	Joint Committee members will be required to declare any conflict of interest pertinent to this paper.
Link to Committee Risk Register and mitigation:	N/A
Report history:	Regular report updated monthly.
Next Steps:	Working group to continue development of recommended work plan and develop recommendations to the Joint Committee based on these items.
Appendices:	N/A

Directors of Commissioning Group Update Report

1. Introduction

- 1.1 The Cheshire and Merseyside Directors of Commissioning Group (DoCs) met on the 8th November 2021. This report provides an overview and any recommendations made to the Joint Committee on the agenda items discussed.

2. Future Agenda Items

- 2.1 The group agreed for a recommendation to be made to the Joint Committee on the following proposed future agenda items to be added to the DoCs work plan:
- Specialised Commissioning Transition
 - Operational Delivery Networks
 - Asylum Seekers & Refugees
 - Population Health
 - Health & Inequalities
 - Specialist Weight Management – Tier 4 service.
- 2.2 **Recommendation: That the Joint Committee approve the addition of the above items to the Directors of Commissioning Group work plan.**

3. Work Plan

- 3.1 The Group agreed the work plan, as per the DoCs report to Joint Committee (October 2021) and draft ToRs with the additional six items as detailed in Section 1. Potential priorities highlighted in colour.
- IAPT
 - C&YP Mental Health Services (Crisis & Eating Disorder Services)
 - Mental Health Out of Area Placements
 - Mental Health standards to address variation in access, provision, quality and outcomes
 - Independent Sector Contracts
 - Gender Identity
 - Specialist Rehabilitation services (Neurodevelopment Services, Mental Health, Stroke [incl adoption of national spec], complex cases)
 - Spinal Services
 - Climate Change
 - Social Value
 - Military Veterans
 - Pulmonary Rehab
 - Clinical Policy Standardisation.

4. Business

4.1 Update regarding the commitment to a Greener NHS 2021/22 – North West Memorandum of Understanding for regional leadership and delivery 2021/22.

Discussed and agreed that all organisations to confirm the greener commitment by 6 December 2021 at which time the item will closed.

4.2 System P – further update. Andrea Astbury, Deputy Director of Strategy (Liverpool CCG) and System P Programme Director provided an update to the group and was pleased to note the positive response to the Programme, which included:

- Directors of Public Health have been very supportive of the programme and disseminated the information to their Places
- Frailty, Dementia and Long-term conditions emerged as the top three segments. LTCs will be considered within these two segments.
- A hackathon event will take place on Wednesday 10 November (10am-12pm) to focus on the two priority segments. Data will be produced for the C&M area and for the two specific priority segments across all places.

4.3 Alignment of Policies (IVF/Subfertility) across Cheshire and Merseyside. Alison Johnston, Programme Lead (NHS Cheshire CCG) reported DoCs were tasked with two actions to support the C&M wide IVF/Subfertility policy work:

- Financial position for each of the CCGs
- DoCs to take back an implementation plan with the timeline for communication and engagement work.

4.4 DoCs discussed the wider context in terms of the risk across multiple policies given the complexity and different timescales for clinical policies. DoCs were keen to pursue the policy process currently in place in Cheshire. Alison shared the dashboard and project outline for policy review work with DoCs. Each member agreed to assess the dashboard and identify any known local policy risks for the next meeting.

Recommendation from DoCs:

- **IVF/Subfertility to be prioritised and financial positions to be reported back to Alison at the first opportunity.**
- **The Cheshire dashboard should be utilised to initially identify and risk assess clinical policy alignment across C&M.**
- **Clinical policy should be prioritised on the work plan for high risk areas to be identified**

4.5 Business Intelligence Lean-in process. Helen Duckworth, Associate Director of Business Intelligence Cheshire and Merseyside presented a detailed overview of the leaning-in process in the ICS. The proposal is to create lean-in teams for a set of portfolios to focus on removing the duplicate work, streamlining intelligence and to manage incoming data requests, etc. The main risk is capacity. All present agreed to support the proposal as it moves through to Directors of Finance and Accountable Officers groups.

- 4.6 **Alcohol.** Nesta Hawker (NHS Wirral CCG) is leading a group on the Wirral looking at the impact on alcohol and put forward a proposal, on behalf of Ravi Menghani, to form a group across Cheshire & Mersey to develop a dashboard.

DoCs agreed to get involved in the Cheshire & Mersey project through appropriate leads. It was acknowledged this would fit in with the System P work given how alcohol interfaces with several issues.

- 4.7 **Pan Mersey Headache pathway.** The Neurosciences Network requested assistance in assuring the adoption of the new headache pathway due to issues raised regarding the classification of a specified drug. It was understood that there is reluctance from Primary Care in some areas to accept it across Cheshire and Mersey.

The Chair has subsequently shared the pathway paper with DoCs, and asked colleagues to seek the view of their LMC Secretary to ask whether they support the new Headache pathway to establish the scale of the issue. Outcome of discussions to be shared at the next meeting on 6 December 2021.

5. Recommendations

- 5.1 It is recommended that the Joint Committee:

- **Note** the contents of the report
- **Agree** the recommendation to prioritise IVF/Subfertility clinical policy alignment and the process to identify high risk policies for review at C&M.
- **Agree** the addition of the identified items to the Group work plan.

Access to further information

For further information relating to this report contact:

Name	Dave Horsfield
Designation	Director of Transformation, Planning & Performance, LCCG
Telephone	07900 827207
Email	Dave.horsfield@liverpoolccg.nhs.uk

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

30th November 2021

Agenda Item **C5**

Report Title	Proposed Cheshire & Merseyside Commissioning Working Group and Draft Terms of Reference
Report Author	Dave Horsfield, Director of Transformation, Planning & Performance, NHS Liverpool CCG
Committee Sponsor	Dianne Johnson, Executive Director of Transition, C&M HCP

Purpose	Approve	✓	Ratify		Decide		Endorse		For information	
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Decision / Authority Level	Level One	✓	Level Two		Level Three	
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Executive Summary
<p>Following a detailed discussion at the last meeting of the Joint Committee, it was agreed that the current Directors of Commissioning Group should transition to become a Commissioning Working Group of the Joint Committee. It was agreed that the group should not be a Working Group as previously outlined and therefore the draft terms of reference should be amended appropriately to reflect this.</p> <p>This report includes a revised draft terms of reference to reflect these discussions.</p> <p>The proposed terms of reference have been aligned to the Joint Committee terms of reference and submitted in this paper together for comparison and identification of key differences.</p>

Recommendations
<p>It is recommended that the Joint Committee:</p> <ul style="list-style-type: none"> • approve the re-designation of the Directors of Commissioning Group to the Cheshire & Merseyside Commissioning Working Group and its remit to support operational commissioning and other tasks pursuant to the Joint Committee work plan and requirements as directed. • approve the draft Cheshire & Merseyside Commissioning Working Group Terms of Reference and that they be formatted in line with the Joint Committee Terms of Reference and distributed to member CCG's.

Committee principles supported by this report (if applicable)	
The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services	✓
Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside	✓
Working together will achieve greater effectiveness in improving health and care outcomes	✓

Cheshire & Merseyside HCP Strategic objectives report supports:	
Improve population health and healthcare	✓
Tackling health inequalities, improving outcomes and access to services	✓
Enhancing quality, productivity and value for money	✓
Helping the NHS to support broader social and economic development	✓

Key Risks & Implications identified within this report			
Strategic	✓	Legal / Regulatory	✓
Financial	✓	Communications & Engagement	
Resources (other than finance)	✓	Consultation Required	
Procurement	✓	Decommissioning	✓
Equality Impact Assessment		Quality & Patient Experience	
Quality Impact Assessment		Governance & Assurance	✓
Privacy Impact Assessment		Staff / Workforce	✓
Safeguarding		Other – please state	

Conflicts of Interest Consideration and mitigation:	<p>The working group will involve senior members of each CCG with conflict of interest managed via the Terms of Reference included in the report.</p> <p>Joint Committee members will be required to declare any conflict of interest pertinent to this paper, however none are anticipated.</p>
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Link to Committee Risk Register and mitigation:	N/A
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Report history:	Previously discussed at the 26 th October 2021 meeting and not approved. Report amended to reflect revised requirements.
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Next Steps:	Dependent on approvals and amendments required by the Committee.
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Appendices:	N/A
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Proposed Cheshire & Merseyside Commissioning Working Group and Draft Terms of Reference

1. Introduction

- 1.1 The Cheshire and Merseyside Directors of Commissioning Group was originally established to allow collaborative working, peer support and standardisation of approach to commissioning services where this would deliver efficiency and consistency whilst delivering services appropriate to each CCG’s population.
- 1.2 The proposal that this group now support the Joint Committee in delivering its work plan is not a significant shift in the original intention of the group, however the move towards collaborative decision making in preparation of a single ICS requires that the Terms of Reference (ToR) appropriately reflect current approaches and governance.
- 1.3 New ToR’s have been drafted in order to reflect the discussion at the last meeting of the Joint Committee and align the governance arrangements and processes.

2. Draft Terms of Reference

- 2.1 The draft ToR for the working group have been included in Table 2a below with the equivalent Joint Committee ToR section included for comparison.
- 2.2 This approach has been taken in order to ensure full alignment of the working group with the Joint Committee purpose, governance and behaviour ensuring that work is delivered in a consistent manner as already agreed by the constituent CCG’s.
- 2.3 Table 2a – Comparative Table and Draft ToR

JC ToR	Cheshire & Merseyside Commissioning Working Group ToR – Draft
1. Introduction	1. Introduction
1.1 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS. In response to this, Cheshire and Merseyside Clinical Commissioning Groups (CCGs) have established and constituted a Joint Committee of the nine CCGs to make some commissioning decisions ‘at scale’ across Cheshire and Merseyside. Joint committees are statutory mechanisms which enable CCGs to undertake collective and binding strategic decision making.	1.1 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS. In response to this, Cheshire and Merseyside Clinical Commissioning Groups (CCGs) are seeking to establish a Joint Committee of the nine CCGs to make some commissioning decisions ‘at scale’ across Cheshire and Merseyside. 1.2 The C&M Commissioning Working Group will support the Joint Committee by both linking into ‘Place’ commissioning activity and governance and also taking forward commissioning ‘at scale’ review and coordination as directed by the Joint Committee.

JC ToR	Cheshire & Merseyside Commissioning Working Group ToR – Draft
2. Establishment	2. Establishment
<p>2.1 The Committee is a Joint Committee of the following CCG member organisations:</p> <ul style="list-style-type: none"> • NHS Cheshire CCG • NHS Halton CCG • NHS Knowsley CCG • NHS Liverpool CCG • NHS South Sefton CCG • NHS Southport and Formby CCG • NHS St Helens CCG • NHS Warrington CCG • NHS Wirral CCG. <p>2.2 The Committee has been established in accordance with the Constitutions, Prime Financial Policies, and Scheme of Delegations of each member CCG. It is established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).</p>	<p>2.1 The C&M Joint Committee have requested that the current Directors of Commissioning Group reports into the Joint Committee and reviews review its purpose, membership and work programme to support any commissioning which needs to take place beyond 'Place' and 'at scale'.</p> <p>2.2 These terms of reference outline the role of the new Directors of Commissioning Group which will now be known as the Cheshire & Merseyside Commissioning Working Group to clarify its position in support of the Joint Committee.</p>
3. Role of the Joint Committee	3. Role of the Commissioning Working Group
<p>3.1 The overarching role of the Joint Committee is to enable the Cheshire and Merseyside CCGs to work effectively together and make joint binding decisions on those CCG functions and responsibilities exercisable by CCGs that will be for the benefit of both the resident population and population registered with a GP practice in Cheshire and Merseyside.</p> <p>3.2 Decisions will be taken by the Joint Committee in accordance with the delegated authority granted to the Committee from each member CCG.</p> <p>3.3 Decisions undertaken by the Committee will support the strategic aims and objectives of the C&M HCP and will contribute to the sustainability and transformation of local health and social care systems at 'Place'. The strategic aims of C&M HCP are aligned to the NHS Long Term Plan (2019) and focus on improving and modernising our health and care services by:</p> <ul style="list-style-type: none"> • Delivering safe and sustainable high-quality services; <ul style="list-style-type: none"> • Improving the health and wellbeing of local communities and tackling health inequalities; and • Delivering better joined up care closer to home. <p>3.4 The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the CCGs.</p>	<p>3.1 The role of the Commissioning Working Group is to support the Joint Committee and the Cheshire and Merseyside CCGs to work as partners across the 'system' to support work in a practical way but to also make sure it goes through all 'place' processes pre-decision making.</p> <p>3.2 All required decisions will be referred to the Joint Committee or individual CCG's with recommendations as appropriate.</p> <p>3.3. The Commissioning Working Group will at all times act in accordance with all relevant laws and guidance applicable to the CCGs.</p>

JC ToR	Cheshire & Merseyside Commissioning Working Group ToR – Draft
<p>4. Remit of the Joint Committee of Cheshire & Merseyside CCGs</p>	<p>4. Remit of the Cheshire & Merseyside Commissioning Working Group</p>
<p>4.1 In accordance with that outlined within the Constitutions and Scheme of Reservation and Delegations (SoRD) of each member CCG, the Committee shall have the delegated authority to undertake decisions on all functions and responsibilities exercisable by CCGs which are normally reserved to a Governing Body and which are not otherwise:</p> <ul style="list-style-type: none"> • delegated to other Committees of the member CCGs, such as Audit and Remuneration • retained by the GP membership of each member CCG • the responsibility of a CCGs Primary (GP) Care Commissioning Committee • delegated to other Joint Committee or joint legal arrangements with local authorities, such as Section 75 agreements, or with organisations outside of Cheshire and Merseyside • agreed to be at or are required to remain at individual CCG level. <p>4.2 The Joint Committee will also have the authority to:</p> <ul style="list-style-type: none"> • commission any reports, surveys or reviews of services it deems necessary to help it fulfil its obligations, along with any scrutinising independent investigation reports • commission, review and authorise policies in to areas within the scope of the Committee, or where specifically delegated by the Governing Bodies of the nine Cheshire and Merseyside CCGs • request further investigation or assurance on any area within its remit • bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee • make recommendations to and/or escalate issues to the Cheshire and Merseyside Health and Care Partnership and NHS England and Improvement. • approve the terms of reference of any sub-groups to the Committee • delegate tasks to such individuals, sub-groups or individual members as it shall see fit, provided that any such delegations are consistent with relevant governance arrangements and national guidance, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest • set common standards across agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned 	<p>4.1 The Commissioning Working Group will make effective commissioning recommendations to the Joint Committee and Cheshire and Merseyside CCG's as appropriate that will support the delivery of the Joint Committee responsibilities.</p> <p>4.2 The Working Group will endeavour to ensure alignment with quality and finance workstreams through Chief Nurse and Chief Finance Officer groups.</p>

JC ToR	Cheshire & Merseyside Commissioning Working Group ToR – Draft
<p>to where services are commissioned outside of Cheshire and Merseyside</p> <ul style="list-style-type: none"> • monitor these standards and provide assurance they are adhered to • have oversight and co-ordination of any public consultation or engagement required in relation to areas within the scope of the Committees remit • agree allocation of spend related to the decisions made on agreed service areas within the scope of the Committee. <p>4.3 In performing its role, the Joint Committee will:</p> <ul style="list-style-type: none"> • agree and oversee a risk management strategy to support decision-making in all areas of business related to the Committees remit. • ensure appropriate patient, public and carer consultation and engagement, which meets best practice standards and is compliant with CCGs’ statutory responsibilities with regard to involvement, as set out in the NHS Act 2006 (as amended) • ensure appropriate consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities • ensure that Procurement, Patient Choice and Competition (No.2) Regulations 2013 are followed. • ensure that no contracts for NHS healthcare services will be awarded where conflicts or potential conflicts of interest affect or appear to affect the integrity of the award • ensure compliance with public sector equality duties, as set out in the Equality Act 2010 for the purposes of implementation. <p>4.4 In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation which would/will impact on the delivery of individual CCG functions. Working collaboratively, the CCGs would review, determine at which level commissioning should take place i.e. Cheshire & Merseyside scale or at ‘Place’ and, where appropriate, agree common standards. The Joint Committee would form and submit any subsequent recommendations to each Constituent CCGs Governing Body for consideration.</p> <p>4.5 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:</p> <ul style="list-style-type: none"> • Management of conflicts of interest (section 14O) • Duty to promote the NHS Constitution (section 14P) • Duty to exercise its functions effectively, efficiently and economically (section 14Q) 	

JC ToR	Cheshire & Merseyside Commissioning Working Group ToR – Draft
<ul style="list-style-type: none"> • Duty as to the improvement in quality of services (section 14R) • Duties as to reducing inequalities (section 14T) • Duty to promote the involvement of patients (section 14U) • Duty as to patient choice (section 14V) • Duty as to promoting integration (section 14Z1) • Public involvement and consultation (section 14Z2). <p>4.6 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes, presented to Governing Body meetings, setting out key actions and decisions from each meeting and an annual report to inform constituent CCGs' annual governance statements.</p> <p>4.7 The Joint Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.</p>	
<p>5. Functions of the Joint Committee</p>	<p>5. Functions of the Commissioning Working Group</p>
<p>** Removed***</p>	<p>5.1 As a Working Group of the C&M Joint Committee, the group will develop and progress a work plan for agreed service areas as agreed by the Joint Committee. Members are Executive Leads for Commissioning (or equivalent) and will make recommendations considering opportunities/issues at Place and collectively at system level.</p> <p>5.2 Whilst there is a defined work plan the Commissioning Working Group will continue to shape the work plan based on issues and risks, commissioning policy and key developments arising due to moving from nine organisations into one.</p> <p>5.3 More services/areas may be added to or removed from the work plan as agreed and directed by the Joint Committee. The Commissioning Working Group will make recommendations to the Joint Committee on the content and priority of the work plan content and receive direction on these matters.</p> <p>5.4 The Commissioning Working Group will acknowledge in its work that commissioning at scale does not mean that the result will be a one size fits all solution when delivering at Place.</p>

6. Membership	6. Membership
<p>6.1 A CCG employee with statutory duties (Accountable Officer or Chief Finance Officer) of each full member organisation will sit on the Joint Committee. All CCG members of the Committee are voting members as set out at 5.2.</p> <p>6.2 Figure 1 depicts the Joint Committee membership</p> <p>Figure 1: Membership</p> <p>VOTING MEMBERS</p> <p>Per CCG, one member with statutory duties</p> <ul style="list-style-type: none"> • CCG Accountable Officer (x7) • CCG Chief Finance Officer (x2)* <p>* When an AO is the AO of 2 CCGs</p> <ul style="list-style-type: none"> • x1 Chair** • x1 Vice Chair** <p>** To be appointed from incumbent CCG Chairs/Vice Chairs</p> <p>The following Committee members will also be drawn from the existing Governing Body and executive team membership of the nine Cheshire and Merseyside CCGs:</p> <ul style="list-style-type: none"> • x4 Clinical Leads • x1 Secondary Care Doctor • x1 Registered Nurse • x1 Lay Member – Audit & Governance • x1 Lay member - PPI • x1 Quality Lead. <p>6.3 As Joint Committee Members, individuals will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.</p> <p>6.4 The Joint Committee may invite specified individuals from within and outside of the CCG to be regular attendees at its meetings in order to inform its decision making and the discharge of its functions as it sees fit.</p> <p>6.5 Regular attendees will receive advanced copies of the notice, agenda and papers for Committee meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.</p> <p>6.6 Attendees with a standing invite to attend Committee meetings include:</p> <p>IN ATTENDANCE – NON VOTING</p> <ul style="list-style-type: none"> • x1 Healthwatch representative • x1 Cheshire & Merseyside Director of Public Health representative 	<p>6.1 The core membership of the Commissioning Working Group will consist of an Executive Lead for Commissioning (or equivalent) from each of the Cheshire & Merseyside CCGs as set out in the Joint Committee terms of reference.</p> <p>6.3 Other stakeholders may be invited to attend on a regular basis or for individual meetings to provide specialist advice, stakeholder opinion or clinical support. These stakeholders may include (but are not limited to):</p> <ul style="list-style-type: none"> • Local Authority Representatives • Specialist Commissioning Representative • CCG subject specialists (including finance, contract, quality etc) • Clinical Leads (CCG, Trust or Other) • Provider Trust Representatives • Healthwatch representative • NHS England & Improvement representative • Cheshire & Merseyside ICS Health and Care Partnership representative • Public Health representative

<ul style="list-style-type: none"> • at least one Cheshire & Merseyside ICS Health and Care Partnership representative • at least one senior representative from the Local Authorities of Cheshire and Merseyside • at least one representative from the Provider Collaboratives in Cheshire and Merseyside <p>* As designate appointments are made to the Cheshire and Merseyside ICB Board and Executive Team, and at the discretion of the Chair of the Committee and designate Chair of the ICB, then more than one HCP/ICB representative will be invited to attend.</p>	
<p>7. Deputies</p>	<p>7. Deputies</p>
<p>7.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.</p> <p>7.2 A named deputy will have delegated decision making authority to fully participate in the business of the Joint Committee. All deputies should be fully briefed and the Committee secretariate informed of any agreement to deputise, so that quoracy can be maintained.</p>	<p>7.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.</p> <p>7.2 A named deputy will have delegated authority to fully participate in the business of the Commissioning Working Group.</p>
<p>8. Quoracy</p>	<p>8. Quoracy</p>
<p>8.1 The meeting will be quorate with at least one representative of each CCG (including the Joint Committee Chair/Deputy) being present at the meeting.</p> <p>8.2 In the event of the Joint Committee making a formal decision which requires a vote, one voting member from each full member organisation/ CCG will be required for the meeting to be considered quorate.</p> <p>8.3 A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.</p>	<p>N/A</p>
<p>9. Voting</p>	<p>9. Voting</p>
<p>9.1 The Joint Committee will aim to make decisions through consensus.</p> <p>9.2 In the event of a requirement to make a decision by taking a vote, where a minimum of 75% of the voting committee membership, in attendance at the meeting must be in agreement for the recommendation or decision to be carried (<i>i.e. of the 9 voting members present at the meeting, at least 7 voting members are in agreement</i>).</p> <p>9.3 Joint Committee members will make decisions in the best interests of the whole Cheshire and Merseyside population, rather than just the population of their constituent CCG.</p>	<p>N/A</p>
<p>10. Conflicts of Interest</p>	<p>10. Conflicts of Interest</p>
<p>10.1 A register of interests will be compiled and maintained for the Joint Committee which will require members (full and associate) to declare any interest in respect of their role across</p>	<p>10.1 A register of interests will be compiled and maintained for the Commissioning Working Group which will require members (including deputies) to declare any interest in respect of</p>

<p>Cheshire & Merseyside in addition to their own CCG. This register shall record all relevant material, personal or business interests, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website and available for inspection at the offices of each CCG.</p> <p>10.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair as soon as they are known and no longer than 28 days from any change.</p> <p>10.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant CCG may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 'Deputies' above.</p> <p>10.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with the NHS England Management of Conflicts guidance.</p> <p>10.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.</p> <p>10.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.</p>	<p>their role across Cheshire & Merseyside in addition to their own CCG. This register shall record all relevant and material, personal or business interests, and management action as agreed by the individual's CCG</p> <p>10.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair as soon as they are known and no longer than 28 days from any change.</p> <p>10.3 Where any Commissioning Working Group member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Working Group member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Working Group member, the relevant CCG may send a deputy to take the place of that conflicted Working Group member in relation to that matter, as per section 7 'Deputies' above.</p> <p>10.4 Should the Working Group Chair have a conflict of interest, the Commissioning Working Group Deputy Chair will take that item forward. Where neither Chair nor Deputy Chair are able to proceed through conflict of interest or absence, the Working Group members will agree a Chair for that item in line with the NHS England Management of Conflicts guidance.</p> <p>10.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.</p> <p>10.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.</p>
<p>11. Meetings</p>	<p>11. Meetings</p>
<p>11.1 The Joint Committee shall meet not less than six times a year in order to undertake its business and make decisions regarding the work plan in a timely manner. The Chair will have authority to call an extraordinary meeting with at least 5 days' notice.</p> <p>11.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.</p> <p>11.3 Meeting dates will be published on the nine CCG websites at least 5 working days before the meeting. Agendas and papers will be published on each of the nine CCG websites.</p>	<p>11.1 The Commissioning Working Group will meet monthly (initially until 31st March 2022).</p> <p>11.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.</p> <p>11.3 Meeting dates will be reported to the Joint Committee. Agendas and papers will be available no less than 3 working days before each meeting.</p> <p>11.4 Reports of the Commissioning Working Group will be submitted to the Joint Committee.</p>

<p>11.4 The Joint Committee may appoint task and finish groups or subcommittees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or subcommittee. Any such task and finish group or subcommittee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or subcommittees will be promptly submitted to the Joint Committee.</p> <p>11.5 Joint Committee meetings will be held in public but are not public meetings. Members of the public may observe deliberations of the Joint Committee, with feedback encouraged through the public engagement or consultation process. Items the Joint Committee considers commercial, in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.</p> <p>11.6 Members of the Joint Committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.</p>	
<p>12. Infrastructure/Organisational Support</p>	<p>12. Infrastructure/Organisational Support</p>
<p>12.1 To enact the business of the Joint Committee and progress the work plan for agreed service areas, dedicated administrative resource for the Joint Committee will be agreed by the nine CCGs.</p> <p>12.2 Papers for each meeting will be issued to Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.</p>	<p>12.1 To enact the business of the Commissioning Working Group and progress the work plan for agreed service areas, administrative resource for the Commissioning Working Group will be agreed by the nine CCGs, distributing workload wherever possible.</p> <p>12.2 Papers for each meeting will issued to Commissioning Working Group members no later than three working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.</p>
<p>13. Review of Terms of Reference</p>	<p>13. Review of Terms of Reference</p>
<p>13.1 These terms of reference shall be reviewed by the Joint Committee annually, with input from CCG Governing Bodies, and any amendments approved by each CCG.</p> <p>13.2 They may also be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.</p>	<p>13.1 These terms of reference shall be reviewed by the Commissioning Working Group annually, with input from and approval by the Joint Committee.</p> <p>13.2 They may also be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.</p>
<p>14. Withdrawal from Committee</p>	<p>Withdrawal from Committee</p>
<p>14.1 Should the Joint Committee arrangement prove to be unsatisfactory, the Governing Body of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of six (6) months' notice to partners, with consideration by the Committee of the impact of</p>	<p>14.1 Should the Commissioning Working Group arrangement prove to be unsatisfactory, the Director of Commissioning (or equivalent) of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of three (3) months' notice to the Joint Committee, which may extend the notice period to a maximum of</p>

<p>a leaving partner – a maximum of 12 months' notice could apply.</p>	<p>six (6) months where significant impact from withdrawal is identified.</p>
<p>15. Dispute Resolution</p>	<p>15. Dispute Resolution</p>
<p>15.1 Where any dispute arises between the member CCGs or where the Joint Committee cannot reach a decision in accordance with its terms of reference, the member CCGs must use their best endeavours to resolve that dispute on an informal basis at the next meeting of the Joint Committee.</p> <p>15.2 Where any matter referred to dispute resolution is not resolved under 14.1, any Party in dispute may refer the dispute to the Accountable Officers of the relevant CCG, who will cooperate in good faith to recommend a resolution to the dispute within ten (10) Working Days of the referral.</p> <p>15.3 If the dispute is not resolved under Clauses 15.1 and 15.2, any CCG in dispute may refer the dispute to NHS England and each CCG will cooperate in good faith with NHS England to agree a resolution to the dispute within ten (10) Working Days of the referral.</p> <p>15.4 Any referral to NHS England under Clause 15.3 shall be to the Regional Director of Commissioning Operations, NHS England.</p> <p>15.5 Where any dispute is not resolved under Clauses 14.1. to 14.4, any CCG in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the member CCGs in dispute.</p>	<p>15.1 Where any dispute arises between the members of the Commissioning Working Group or where agreement cannot be reached for any recommendations in accordance with the terms of reference, the matter will be referred to the Joint Committee for decision or resolution.</p>

4. Recommendations

4.1 It is recommended that the Joint Committee:

- approve the re-designation of the Directors of Commissioning Group to the Cheshire & Merseyside Commissioning Working Group and its remit to support operational commissioning and other tasks pursuant to the Joint Committee work plan and requirements as directed.
- approve the draft Cheshire & Merseyside Commissioning Working Group Terms of Reference and that they be formatted in line with the Joint Committee Terms of Reference and distributed to member CCG's.

Access to further information

For further information relating to this report contact:

Name	Dave Horsfield
Designation	Director of Transformation, Planning & Performance, LCCG
Telephone	07900 827207
Email	Dave.horsfield@liverpoolccg.nhs.uk