

Date	29 March 2022
Time	1.50pm – 3.45pm
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: [Dr Andrew Wilson](#)

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
1.50pm	A	PRELIMINARY BUSINESS			
	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 3-12)
	A4	Minutes of previous meeting – To approve the minutes of the meeting held on 23 rd February 2022	Chair	For approval Level 1	Paper (Page 13-28)
	A5	Committee Action and Decision Logs	Chair	For information	Paper (Page 29-33)
	A6	Committee Forward Plan	Chair	For information	Paper (Page 34-35)
	A7	Advanced notice of any other business to be raised at today's meeting	Chair	-	Verbal
	A8	Public Questions	Chair	-	Verbal
2.05pm	B	COMMITTEE BUSINESS ITEMS			
	B1	Complex Rehabilitation Network	David Horsfield	For Decision Level 1	Paper (Page 36-42)
2.15pm	B2	Cheshire and Merseyside CCGs Joint Committee Risk Update Report - March 2022	Phil Meakin / Matthew Cunningham	For Approval Level 1	Paper (Page 43-51)

Timings	Item No	Item	Owner	Action / Approval Level	Format & Page No
	B	COMMITTEE BUSINESS ITEMS			
2.30pm	B3	Plans for Community Diagnostics Centres in Cheshire and Merseyside	Tracey Cole / Liz Bishop	<i>For endorsement Level 1</i>	<i>Presentation (Page 52-71)</i>
2.55pm	C	SUB-COMMITTEE / GROUP REPORTS			
	C1	Key issues report of the Finance and Resources Sub-Committee	Martin McDowell	<i>For Information</i>	<i>Paper (Page 72-74)</i>
3.00pm	C2	Key issues report of the Quality Sub-Committee	Michelle Creed	<i>For Information and Approval Level 1</i>	<i>Paper (Page 75-79)</i>
3.05pm	C3	Key issues report of the Performance Sub-Committee	Simon Banks	<i>For Information</i>	<i>Paper (Page 80-83)</i>
3.10pm	C4	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group	David Horsfield	<i>For Information</i>	<i>Paper (Page 84-89)</i>
3.20pm	C5	Consolidated CCG Accountable Officer Report	Fiona Taylor	<i>For Information</i>	<i>Paper (Page 90-93)</i>
3.25pm	D	CHESHIRE & MERSEYSIDE SYSTEM UPDATE			
	D1	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Dianne Johnson	<i>For assurance</i>	<i>Verbal / Presentation</i>
	D2	C&M System Performance Update	Anthony Middleton	<i>For Information</i>	<i>Verbal / Presentation</i>
3.40pm	AOB	Discussion on any items raised	All		
3.45pm	CLOSE OF MEETING				
DATE AND TIME OF NEXT MEETING		26 April 2022 1.45pm – 3.30pm			

Future meeting dates:

- 24 May 2022
- 28 June 2022



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	

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					
		2. Son is Apprentice Paralegal with Stephensons 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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			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest					
		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

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					
		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: 23rd February 2022 at 1.40 pm **Venue:** Microsoft Teams
Chair: Geoffrey Appleton, NHS St Helen's CCG

Attendance		
Name	Job Title /Category of Membership	Organisation being Represented
Voting Members		
Geoffrey Appleton	GB Lay Member	NHS St Helen's CCG
Dr Sue Benbow	Secondary Care Doctor	NHS Knowsley 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 Southport & Formby CCG
Peter Munday	GB Lay Member	NHS Cheshire CCG
Dr Andrew Pryce	Governing Body Chair	NHS Knowsley CCG
Alison Rowlands	GB Member (nominated deputy)	NHS South Sefton CCG
Leigh Thompson	Chief Commissioner (nominated deputy)	NHS Halton CCG
Clare Watson	Accountable Officer	NHS Cheshire CCG
Non-Voting Members		
Paul Mavers	Healthwatch Representative	Healthwatch
Sarah McNulty	Director of Public Health Representative	ChaMPs Representative
In Attendance		
Matthew Cunningham	Director of Governance and Corporate Development	NHS Cheshire CCG
Neil Evans	Executive Director of Planning and Delivery	NHS Cheshire CCG (item D3)
David Flory	Interim Chair	Cheshire & Merseyside Health Care Partnership
Nesta Hawker	Director of Commissioning	NHS Wirral CCG (item C1)
Dave Horsfield	Director of Transformation, Planning and Performance	NHS Liverpool CCG (item D4)
Dianne Johnson	Director of Transition	Cheshire & Merseyside Health Care Partnership
Emma Lloyd	Executive Assistant	NHS Cheshire CCG

Apologies		
Name	Job Title /Category of Membership	Organisation being Represented
Simon Banks	Accountable/Chief Officer Representative	NHS Wirral CCG
Sylvia Cheater	GB Lay Member	NHS Wirral CCG
Dr Rob Cauldwell	Clinical Lead	NHS Southport & Formby CCG
Dr Andrew Davies	Clinical Chief Officer	NHS Halton CCG
Sarah O'Brien	C&M HCP Representative	Cheshire & Merseyside Health Care Partnership
Mark Palethorpe	Accountable Officer	NHS St Helen's CCG
Fiona Taylor	Accountable Officer	NHS Southport and Formby CCG
David Urwin	Chief Officer	Cheshire & Merseyside Health Care Partnership
Dr Andrew Wilson	Clinical Chair	NHS Cheshire CCG

Note: Agenda items D1, D2 and C1 were all discussed out of order (between items A8 and B1)

Agenda Ref:	Discussion, Actions and Outcomes	Action By
A	Preliminary Business	
A1	<p>Welcome, Introductions and Opening Remarks:</p> <p>Geoffrey Appleton welcomed everyone to the meeting of the Cheshire and Merseyside CCGs Joint Committee held in public.</p>	
A2	<p>Apologies for Absence:</p> <p>Apologies received are noted above along with the nominated deputies where appropriate.</p> <p>It was noted that, for this meeting, Martin McDowell was representing NHS Southport and Formby CCG in the absence of Fiona Taylor, and Alison Rowlands was representing NHS South Sefton CCG, deputising for Dr Rob Cauldwell.</p>	
A3	<p>Declarations of Interest:</p> <p>No declarations were raised other than those recorded on the annual register of interests, and no declarations were made specifically pertaining to this meeting's agenda.</p>	
A4	<p>Minutes of the Previous Meeting:</p> <p>A copy of the draft minutes from the meeting held on Tuesday 25th January 2022 were circulated prior to the meeting and comments were invited.</p> <p>No comments were raised, and the minutes were therefore approved.</p> <p>Outcome: The minutes of the Cheshire and Merseyside CCGs Joint Committee meeting held on 25th January 2022 were approved.</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
A5	<p>Action and Decision Log:</p> <p>The action log and decision log were noted. There were no actions for review at this meeting.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the action log and decision log.</p>	
A6	<p>Committee Forward Plan:</p> <ul style="list-style-type: none"> • Dr David O'Hagan outlined the need to include a system to provide assurances on decisions pertaining to actions from the Joint Committee. • Matthew Cunningham informed the Joint Committee that a paper on the management of risks across the nine CCGs will be brought to the next meeting and this will be added to the planner. <ul style="list-style-type: none"> ○ Peter Munday asked whether this will also include a risk register. ○ Matthew Cunningham confirmed that he will endeavour to bring a risk register to the March meeting also, and that this will be a draft for initial adoption. • Matthew Cunningham informed the Joint Committee that a paper requesting approval of the Operational Plan will be brought to a future meeting of the Joint Committee. The planner will be updated to reflect this. <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee agreed to update the forward planner with the above additional items.</p>	<p>Matthew Cunningham</p> <p>Matthew Cunningham</p>
A7	<p>Advanced Notice of Any Other Business:</p> <p>One item of AOB was highlighted, relating to the updated membership to the Performance Sub-Committee.</p> <p>Dr Andrew Pryce informed the Joint Committee that, he has agreed to take on the role as vice chair of the Performance Sub-committee and shared that a Chair has also been appointed. Matthew Cunningham shared that Dr Wilson has been in touch with some potential lay members also. Matthew shared that due process is being followed and the Chair and Vice Chair will be in place for the next meeting.</p>	
A8	<p>Public Questions:</p> <p>There were no questions from the public for consideration at this meeting.</p>	
B	Health & Care Partnership Updates	
B1	<p>Update from the Interim Chair of the Cheshire & Merseyside Health & Care Partnership:</p> <p>David Flory joined the meeting to provide an update on the establishment of the ICB and the development of system:-</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	<p>Announcements have been made for Executive Director appointments and some non-Executive Member posts. The non-Executive roles are members, not directors.</p> <p>There is a huge amount of national policy still being written and this will continue for a while.</p> <p>The process to appoint a substantive Chair for the new ICB is ongoing and interviews will take place in the next few weeks. There will be a new substantive chair appointed well before the start date of 1st July, subject to legislation. There are some non-Executive slots still to fill, as well as the Director of Nursing position.</p> <p>The ICB is working with appointed Executive postholders to see how much ICB work they can be involved with before their official start.</p> <p>Good progress is being made and those appointed to the most senior positions can now get on with creating structures and begin to populate these.</p> <p>The development of borough place arrangements continues, and interviews are currently taking place. The process for two positions is complete but will not be announced until all have been carried out as some people have applied for more than one role. David confirmed that some exciting applications have been received and CCGs can be confident with the appointments being made.</p> <p>Further conversations are needed with elected representatives across the borough to make sure that the terms of engagement are correct, not only between Places and the ICB, but between the ICB and new partners also. David highlighted that legislation is being reviewed so that elected members can sit on the ICB as full members. David informed the Joint Committee that this is a change as a result of a debate in the House of Lords, led by Lord Philip Hunt.</p> <p>Work is now being done to ensure there is the right balance across the whole of the partnership, the Board and the Places, to ensure business is done in the right place and that the best people are in place to discharge this. The process of appointing partner members is ongoing; two from primary care, two NHS providers and two from local government. David shared that he could see pros and cons of these being full members, but this addresses the wish to have a broader spectrum of elected members.</p> <p>David shared that new rules and guidance continues to be received, but Cheshire and Merseyside are treading a steady path to make sure everything is in place on time. David informed the Joint Committee that the set-up of the new system, the architecture of relationships and the structure of the ICB must be connected to enable a safe transition of the CCGs into the ICB, and the role of this committee for the period until 30th June remains critical to a safe and progressive transition of business.</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	<p>David highlighted the need to keep on top of issues that are being managed now, and those that need to be transferred into the new organisation to ensure that nothing is forgotten or lost, and so that the new ICB starts with a deep understanding of issues and how to move forward.</p> <p>The effective date of 1st July, subject to legislation, brings complications in terms of closing of accounts and service plans, and how these smoothly transition into the nine months starting from 1st July. The current team are working on the financial flow into the new system, the core foundation level is ensuring that there are the means to pay the right staff and suppliers the right amount on the right day.</p> <p>David acknowledged that it was anticipated that this committee will be running for just another 5 weeks, but it now needs to go on for longer and the importance of bringing items for discussion was highlighted.</p> <p>David extended his thanks to the Chairs of CCGs for agreeing to continue in their roles for this extended period of time and acknowledged the huge collective effort and the ongoing highly effective work which is valued and is not taken for granted.</p> <p>Questions/discussion were invited:-</p> <ul style="list-style-type: none"> • Geoffrey Appleton thanked David for the update and shared that his comments regarding the work of the Joint Committee are pertinent as the Joint Committee is currently considering how to strengthen its governance structure going forward for the extended period. • Dr David O'Hagan thanked David for reinforcing that this is still subject to confirmation of a parliament decision and asked whether it was easier to work in a system ready set up for these changes, compared to the current Cheshire and Merseyside position which is quite flexible. <ul style="list-style-type: none"> ○ David Flory acknowledged there is some difference in terms of the momentum that comes from having substantive postholders, that cannot be achieved with interim postholders. David confirmed his view that the right things are being done in the right way and felt that when the substantive Chair arrives, Cheshire & Merseyside will see a difference. <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the update from the Interim Chair of the Cheshire & Merseyside Health & Care Partnership</p>	
C	Committee Business	
C1	<p>Cheshire & Merseyside Long Covid Programme Update:</p> <p>The Joint Committee welcomed Nesta Hawker, Director of Commissioning at Wirral CCG, for this agenda item.</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	<p>Nesta shared that she is overseeing long covid commissioning relating for the Integrated Care System (ICS) and the paper presented is an update that has been to the HCP Executive Team meeting and the CCG Accountable Officers meeting prior to this.</p> <p>Nesta highlighted the following points in addition to the detail contained within the report:-</p> <ul style="list-style-type: none"> • Since last update, the steering group has met twice and are due to meet again next week. • The paper provides details around Tier 3 MDT, and Nesta confirmed that these services are in situ and are taking referrals meaning the population can access this Tier 3 service much closer to home. • Tier 4 is an interim model for the remainder of this financial year. Nesta shared that, at the time of writing the report, the number of patients wasn't clear, so it wasn't possible to substantiate having a full tier 4 MDT provision. • There is a current underspend of £350k and a recruitment process is underway for the secondment role. Discussions are taking place to identify the best use for the remaining underspend. • Since the paper went to the HCP Executive Team and the Accountable Officers, the funding for next year has been confirmed at just under £5m. The group is working together to negotiate with providers in terms of how to best utilise this. • The full dashboard wasn't available to include in the report, but the following was reported:- <ul style="list-style-type: none"> ○ Up to mid-January, a total of 2225 referrals were received, with 778 being in the last 12-week period. ○ The longest wait was 60 days and shortest 14 days. ○ Assurance visits have been set up with all providers to ensure that provision is in line with the specification and that the time limits are in line with national requirements. ○ The next report will have the dashboard. This report will also form part of the assurance process for the Joint Committee. • The difficulties of commissioning this particular service were highlighted as numbers aren't known and commissioning/learning is taken place at the same time as research is coming in. In addition, the impact of Omicron on long covid is awaited. • Nesta highlighted that there is recent research published which suggests that if you have been vaccinated, you are less likely to have long covid symptoms which is excellent news for the population. 	

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	<p>Questions/comments were invited:-</p> <ul style="list-style-type: none"> • Jan Ledward noted that primary care isn't visibly represented within the steering group and asked what connectivity plans were in place to link all these areas together and ensure that long term condition management work is undertaken as a collective. <ul style="list-style-type: none"> ○ Nesta shared that there are primary care representatives within the three MDTs, but she will take this point back to the steering group for consideration. • Peter Munday welcomed the report and shared that he appreciated the fact that Healthwatch have been closely involved with this activity. Peter noted that the practical solution around iPads and helping people access support seems positive but asked whether the Rehab Guru platform had been tested with patients to ensure it is the right solution. <ul style="list-style-type: none"> ○ Nesta confirmed that a query, around how patient friendly the platform is, has been raised with the national team. In addition, pulmonary rehab teams are looking at other apps to identify whether any others could be considered. ○ Michelle Creed asked whether there are any issues around language barriers linked to the Rehab Guru platform. ○ Nesta confirmed that the steering group will also review this issue. • Michelle Creed acknowledged the difficulties in developing services as learning is happening and asked whether the steering group includes representatives with lived experience. Michelle also asked whether the group is capturing patient experience and patient outcomes so we can learn and test this out. <ul style="list-style-type: none"> ○ Nesta confirmed that there is a representative on the steering group with lived experience. ○ Nest informed the Joint Committee that the outcomes work is very much about patient experience – both qualitative and quantitatively. Feedback so far suggests that people are so grateful that they are being listening to. • Dr Andrew Pryce noted that the budget includes £50k for project management support and asked whether this was for a limited period time and whether it was for a specific band or person. <ul style="list-style-type: none"> ○ Nesta confirmed that this is for a Band 7 postholder, and the funding is until June 2022, so it won't cost the full £50k this year. Nesta shared that this will be on a secondment basis and the ask will be for a full year secondment employed via the ICS. • Dr David O'Hagan asked whether the underspend is due to it being early in the programme and demand is expected to increase or is it likely that the full amount will not be needed. <ul style="list-style-type: none"> ○ Nesta confirmed that patients that have been identified for Tier 4 so there will be a need for the funding to support Tier 4 in-year. 	

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	<ul style="list-style-type: none"> ○ An enquiry has been made regarding national funding, however, the outcome of this is not known yet. In addition, the ongoing incidents of long covid may mean this is not needed given the number of vaccinated people. ● Dr David O’Hagan noted that digital technology is not ideal for everyone, and asked whether there are non-digital options for those that can’t or don’t want to use tech. <ul style="list-style-type: none"> ○ Nesta shared that a health inequality working group have meet and agreed to set up an action plan. This includes a request to review how people are accessing long covid support, particularly with regard to vulnerable groups and areas of high deprivation, to ensure that the patients have access to the provision and that the right people are getting through to the service. ● Peter Mundy asked whether the group is benchmarking against other healthcare systems to ensure that value for money is being achieved, and to see what services are being offered elsewhere. <ul style="list-style-type: none"> ○ Nesta confirmed that benchmarking is taking place via the regional NHSE/I team and the national team. In addition, the steering group works across the Northwest region so they can see how other areas are approaching this. ○ Peter Munday asked how Cheshire and Merseyside is going compared to other areas. ○ Nesta confirmed that there is an outstanding query around follow ups and clarification is expected around how data is captured needed around what is classed as rejected as areas are not all recording in the same way. Nesta shared that some referrals for Cheshire have been recorded as rejected when they have been referred for further information. <p>Outcome: The Cheshire and Merseyside CCGs’ Joint Committee noted the integrated care system long covid model update.</p>	
D	Sub-Committee / Group Reports	
D1	<p>Key issues report of the Finance and Resources Sub-Committee:</p> <p>Martin McDowell informed the Joint Committee that the report provided to this meeting is a continuation of the committee’s previous work and report, and highlighted the following key points:-</p> <ul style="list-style-type: none"> ● The committee started looking at a risk of around £69m which had been mitigated to £5.2m at the last report. Martin highlighted that, since then, the sub-committee have identified a plan to break even, both as a group of CCGs and individually. Martin McDowell shared that this plan is being transacted in the two weeks and the overall finance position is expected to be break-even and this it is expected that this position can be reached provided no significant issues emerge in the last six weeks of the year. 	

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	<ul style="list-style-type: none"> • The 2022/23 outlook has been reviewed by trust CFOs and DOFs on a weekly basis, to agree principles on what the plan looks like. • The group will be ready to make recommendations for 2022/23 on 10th March in line with the expected timelines. <p>Questions were invited:-</p> <ul style="list-style-type: none"> • Dr David O'Hagan noted that the plan is to break even and asked whether this is likely to turn into a surplus. <ul style="list-style-type: none"> ○ Martin McDowell confirmed that the group is not aiming for a surplus and this is not expected. Martin shared that the judgements used are precise enough to reach the breakeven position. • Dr David O'Hagan asked for confirmation that the poorer areas are not subsidising other areas in order to reach the break-even position. <ul style="list-style-type: none"> ○ Martin McDowell confirmed that the committee has been keen to ensure that this is not part of the plan. ○ Clare Watson shared that she is part of the finance Sub-Committee and highlighted that this is not a case of one area subsidising another but looking at a system approach to achieve the break-even position. • Clare Watson informed the Joint Committee that she feels the finance sub-committee meetings work well in terms of agenda and management and feels the CFO's working together is a good example of how to work going forward. Clare recommended that papers from this sub-committee are shared more widely amongst governing bodies, for assurance purposes. <ul style="list-style-type: none"> ○ Martin McDowell confirmed that some CCGs are sharing all papers with their GB members but will produce a set of papers specifically for sharing to a wider group for assurance purposes. <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the finance sub-committee update report and agreed that papers for assurance should be distributed to a wider group, to include CCG governing body members that are not part of the committee.</p>	
D2	<p>Key issues report of the Quality Sub-Committee:</p> <p>Michelle Creed noted the report that had been provided prior to the meeting, and highlighted the following key points:-</p> <ul style="list-style-type: none"> • Care Home report - there is some ongoing work with Health Care England, NHSE, CCGs, and local authorities. Mapping work has been carried out and this being pulled into one portfolio. It will also report into aging well programme and adult social care. Reports will come back to the quality committee quarterly. 	

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	<ul style="list-style-type: none"> • A nursing workforce strategy and allied workforce update was received by the Sub-Committee and other disciplines will follow. They looked at the risks of the system and some of the ongoing work around quality in community mental health, social care, overseas recruitment and asylum seeker work. • SEND – an assessment has been carried out for the ICS and this has moved the risk from red to amber. The Baseline matrix is included in the workplan going forward. • All Age Continuing Health Care - baseline work has been done and a review carried out regarding the future model. A partnership board is being developed and the sub-committee will receive a quarterly performance report. • A target operator model has been requested with monthly reports for oversight and assurance purposes, particularly regarding issues around patient assessments and complaints/issues. • Maternity – a presentation was received on the current situation around continuity of care. The sub-committee also looked at the perinatal work tool Reports on this will come back to the Quality Sub-Committee quarterly. • The work plan includes a review in July around the Liverpool University Hospitals’ clinical diagnostics and there will be a review on the transforming care around leader implementation. • The risk register has been reviewed and mapping of all CCG quality committee risks. Trends have been reviewed and the committee will monitor these. There is some work to be undertaken around risk appetite and scoring as there are disparities across the nine CCGs. There is a task and finish group lead by Fiona Taylor and several members of the sub-committee are volunteering to work on this piece of work. <p>Questions were invited:-</p> <ul style="list-style-type: none"> • Dr David O’Hagan noted that the report demonstrates how much there is to be done within this sub-committee’s area. Dr O’Hagan noted that Liverpool CCG is interested in managing continuing health care as this is an issue across Cheshire and Merseyside. <ul style="list-style-type: none"> ○ Michelle Creed confirmed that this is an issue as some continuing health care is in-house and some is contracted out. Michelle shared that, at the moment, the sub-committee is looking at inconsistencies with a view to producing an options appraisal. <p>Outcome: The Cheshire and Merseyside CCGs’ Joint Committee noted the quality sub-committee update report.</p>	

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D3	<p>Key issues report of the Performance Sub-Committee:</p> <p>Neil Evans, Executive Director of Planning and Delivery at Cheshire CCG, joined the meeting for this item. Neil shared that summary papers were included the pack and highlighted the following points:-</p> <ul style="list-style-type: none"> • The sub-committee had its second meeting in early February and have been in set-up phase. • The Sub-committee Terms of Reference have been finalised. • The sub-committee have had a challenge in that the chair and vice chair have recently stood down. The appropriate process is being followed to identify new postholders. • A small sub-group has formed to look at developing a reporting process and have joined efforts with a group of CCG business intelligence leads who were working on a similar project. They are working to develop a report for this Joint Committee and the ICS performance task and finish group. The March report will focus much more on performance issues. • The Sub-committee is reviewing risks from all CCGs relating to performance and they will do this alongside the Quality Sub-committee as there is an overlap in some of the risks on some CCG logs. This work will happen early in March, and they will develop a risk log together. • Contact will be made with all CCGs to gather performance data and information, to ensure that there are no gaps in the reporting during the transition from CCGs to the ICB. <p>Questions and comments were invited:-</p> <ul style="list-style-type: none"> • Michelle Creed confirmed that she will liaise with Neil Evans outside the meeting regarding the quality dashboard. • Dr David O’Hagan asked whether there was a reason behind the two postholders stepping down. <ul style="list-style-type: none"> ○ Neil Evans confirmed that the vice chair has been appointed to an ICS role so has other commitments and would no longer be able to continue. Neil shared that Dr Wilson has been informed and has been looking at potential replacements. ○ Neil confirmed that a small sub-group has been set up which includes Simon Banks as the Accountable Officer lead and himself as Executive lead for the sub-committee. They will work to make sure there is no loss of momentum whilst the new chair and vice chair are in place. <p>Outcome: The Cheshire and Merseyside CCGs’ Joint Committee noted the quality sub-committee update report.</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
D4	<p>Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:</p> <p>Dave Horsfield, Director of Transformation, Planning and Performance at Liverpool CCG, joined the meeting for this item. A copy of the Directors of Commissioning (DOC) Working Group report was provided to the committee prior to the meeting and the following points were highlighted:-</p> <ul style="list-style-type: none"> • Maternal medicine – The Joint Committee were asked to note that there has been a Northwest board agreement for Greater Manchester to host this service and they are currently looking at staffing and resourcing for this. The key issue was around financing and the update received was mainly around the allocation for next year, but this was not clear on the recurrent funding. It was felt that the DOC should have a view in terms of planning going forward into the ICB. <ul style="list-style-type: none"> ○ Martin McDowell confirmed that this funding will be built into the Chief Finance Officers' future plan. The hosting arrangements have been reviewed and it has been agreed that there are no significant risks based on the information provided, approval to move forward with this has therefore been given. • Complex rehab network – There is a need to look at contracting and governance arrangements for this workstream and look at joint working. A lot of development is required. Some decisions around this workstream are needed, and due to the level of detailed required, this will be done through a separate paper at the next Joint Committee meeting. <ul style="list-style-type: none"> ○ Jan Ledward shared concern around the possibility of wards at St Helens and Knowsley closing and asked for an update on this situation. <ul style="list-style-type: none"> ▪ Dave Horsfield confirmed that he has had assurances from St Helen's CCG that no decisions have been made and this is being looked at in detail. The network and Walton centre are engaged in these conversations but there is no further update yet. • Health and inequalities – the DOC group have started looking at moving this piece of work forward. Work in Warrington around personality disorder is on the workplan and this will be picked up next month. <p>There is some good work going on in the Wirral (Core 20 plus 5) and there is a recommendation to look at this as a key part of how health and inequalities will be managed going forward, along with sharing best practice across the CCGs developing a shared route going forward.</p> <ul style="list-style-type: none"> ○ Clare Watson asked how closely the DOCs work with Department of Public Health and local authorities, as CCGs wouldn't do this in isolation. Clare also shared that she feels this work will be picked up by the Integrated Care Board. 	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	<ul style="list-style-type: none"> ○ Dr David O’Hagan also felt that this is an issue for the ICB and shared his view that any disparities are for the Office of Disparities to address. ○ Dave Horsfield confirmed that the plan is for an initial discussion on how to take this forward, aiming to learn from Wirral and then prepare a handover to the ICB. ○ Sarah McNulty confirmed that she will have a discussion with Dave Horsfield outside the meeting to see how she/her colleagues can link into this work. <ul style="list-style-type: none"> ● IVF – Dave Horsfield shared that a decision paper was due to be brought to the February meeting, however, there was a delay around support required for the engagement process. A paper will be brought the Joint Committee in March for consideration relating to the financial implications and the engagement process. The three phases of the process are outlined in the report. ● Advocacy and liberty protection safeguards – this was brought to the DOCs as an issue from colleagues at Cheshire CCG. Initial review shows that there are implications for CCGs and Trusts, and is an area that DOCs felt they needed to discuss this further and understand. Reporting on this be brought back to the committee as necessary. ● The Joint Committee is asked to receive an update from the ICS diagnostics programme and a request from the elective recovery programme at their March meeting. <p>Questions/comments were invited:-</p> <ul style="list-style-type: none"> ● Michelle Creed highlighted that most CCGs have collapsed their Quality Committees and therefore asked that the reports around the consultation process for IVF comes to the Joint Committee Quality Sub-Committee for review for before it goes to the Joint Committee for approval. ● Michelle Creed shared that a lot of work is already taking place around the introduction of Advocacy and liberty protection safeguards, and groups are set up already to look at the transfer of this. Michelle suggested that Paula Wedd or Sarah Martin from Cheshire CCG would be a good contact point to link in with this work. <ul style="list-style-type: none"> ○ DH will follow this up as it could be an area not to have on the DOC workplan. ● Clare Watson shared her view that IVF will be a challenging and interesting first consultation/engagement and highlighted that the sequencing and timing of this is vitally important. Clare noted that there is a lot to do before consultation/engagement stage and clarity is needed around the timeline. <ul style="list-style-type: none"> ○ Dave Horsfield agreed and confirmed that the paper was delayed until the timelines were clear. 	

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	<ul style="list-style-type: none"> ○ The Joint Committee will receive the paper in March and will decide whether to continue with this or hand over to the ICB. • Jan Ledward asked whether the Joint Committee will be reviewing the proposed process and assessing the level variation between the CCGs. Jan shared her view that there are three contentious areas where there is likely to be greater variation: i) IVF, ii) procedures of limited clinical value and iii) over the counter prescribing. Jan also felt that religious circumcision could also be included in this list. Jan highlighted the need to identify priorities and make a conscious decision. <ul style="list-style-type: none"> ○ Clare Watson felt that a single prioritisation tool is needed, one that all CCGs sign up to use. ○ Dave Horsfield confirmed that IVF was felt to be the most complex area and DOCs felt that considering this ahead of the ICB with a plan to hand over would be helpful. The other areas are not as advanced, but Dave noted these and will take back to the DOCs for discussion. • Geoffrey Appleton requested that, with regard to IVF, the DOCs approach colleagues in other areas such as Lancashire and Greater Manchester to see what their approach is, to get as much consistency as possible. <ul style="list-style-type: none"> ○ DH noted this point and will follow this up through the DOC group. • Dave Horsfield confirmed that the DOCs are working on achieving a good sense of order and direction with the areas on their workplan, ready to be handed over to the ICB. <ul style="list-style-type: none"> ○ Clare Watson confirmed that she will link the work of the DOCs into the C&M transformation programme as a lot of the DOCs work will support this. Clare will pass Dave Horsfield's details over to them as a point of contact. ○ Geoffrey Appleton noted that the workplan is quite ambitious and requested that this is reviewed carefully at Joint Committee. <p>Outcome: The Joint Committee noted the update report from the Directors of Commissioning.</p> <p>Outcome: The Joint Committee noted the delay to the report regarding IVF and will receive this at the March meeting.</p> <p>Outcome: The Joint Committee agreed to receive a report and recommendation for the development of the Complex Rehabilitation Network at their March meeting.</p> <p>Outcome: The Joint Committee agreed to add Core20PLUS5 to the Directors of Commissioning workplan as an initial investigative piece of work to hand over the Integrated Care Board.</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	<p>Outcome: The Joint Committee agreed that enquiries are made around existing ongoing work before adding Advocacy and liberty protection safeguards to the Directors of Commissioning work plan.</p>	
E	Sub-Committee / Group Reports	
E1	<p>Update from the Executive Director of Transition of the Cheshire & Merseyside HCP:</p> <p>Dianne Johnson, Executive Director of Transition of the Cheshire & Merseyside HCP, joined the meeting for this item and shared an update via a presentation.</p> <p>The following points were highlighted:-</p> <ul style="list-style-type: none"> • Due diligence work continues to be carried out. • The ICB will need to take on the transfer the assets, duties and liabilities – this will be done through task and finish groups. • Receiver preparation work has included the mapping of functions and duties from the CCGs to the ICB, including handover documents which are focussed on day one readiness, meaning that that they can safely operate on day one until the ICB wants to make any changes. • Task and finish groups – the work for these groups includes ‘must do’ activities. There is a clear focus on the deliverables to ensure a safe transfer. There is a move from the current approach into single lead task and finish groups which are multi disc groups. They are managed by the transition group to keep an overall review of the position. • The CSU is supporting the development of the ICB website. • Work is being done to ensure that skills and acknowledge are not being lost and ensuring that all staff covered by the network are being covered. • MIAA are involved in checking governance arrangements for the joint committee. • Staff transfer including all legal aspects are being brought together, along with the relevant financial aspects so that there is a seamless transfer, and a key target is to ensure that all staff are paid on 28th July. • All functions must be ‘day one’ ready, including structures, policies and procedures. They will therefore be looking at an adapt and adopt approach, and the aim is to use Cheshire CCG policies given that they are the last CCG to go through a merger process. 	

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	<p>These will then be checked with the latest guidance before being adopted. There will be strict focus on what is needed to be able to operate on day one and work from that.</p> <p>Questions invited.</p> <ul style="list-style-type: none"> • Dr David O'Hagan reminded the Joint Committee of the initial transition slide which showed the slope of progress towards changes to responsibilities. Dr O'Hagan asked what that slope would look like given the delayed start date. <ul style="list-style-type: none"> ○ Dianne Johnson confirmed that overall, the picture wouldn't change, it would be elongated and with different dates, but. • Dr David O'Hagan shared that the responsibilities of this Joint Committee have been affected by the delayed start date and suggested that this may have a bigger impact than has been accounted for so far. Dr O'Hagan shared that the committee is now trying to rationalise how CCGs can be responsible under statute, maintain accountability and ensure transparency, whilst supporting development of the Integrated Care Board. <ul style="list-style-type: none"> ○ Dianne Johnson shared that she, Dr Andrew Wilson and Graham Urwin have discussed effective ways of planning to move forward, and which also retains and benefits from the CCG work that has gone on during the last few years. This includes how commissioning and clinical links are mapped across without duplicating anything. Dianne hopes to provide an update on this shortly. <p>Outcome: The Joint Committee noted the update from the Executive Director of Transition of the Cheshire & Merseyside HCP</p>	
Any Other Business		
	No other business was raised.	
Date of Next Meeting		
	29 th March 2022, 1.45 pm to 3.30 pm	

End of CMJC Meeting held in Public

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING



Updated: 23/2/22

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
21/22 - 06	22-Feb-23	Committee Forward Plan	A Joint Committee Risk Register will be brought to the next meeting in initial draft form. The forward plan will be updated to include approval of the Operational Plan	Matthew Cunningham	29-Mar-22	Risk paper on the March Committee Agenda. Forward Planner has been updated	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

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
14	26-Oct-2021	Declarations of Interest	<ul style="list-style-type: none"> •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
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.			
21	30-Nov-2021	Delegation of Authority to the Cheshire & Merseyside CCGs Joint Committee	N/A	The Cheshire & Merseyside Joint Committee:- i) noted that all Cheshire and Merseyside CCGs have agreed to delegate greater authority to the Joint Committee; ii) noted the updated Joint Committee Terms of Reference; iii) endorsed the request for 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; iv) noted the work underway to progress the establishment of the sub-committees; v) noted the process to be followed to enable Governing Body members to be informed of the work of the Joint Committee and its sub-committees.	1	N/A	N/A
22	30-Nov-2021	Cheshire & Merseyside CCGs Joint Committee Sub-Committee Terms of Reference	N/A	The Cheshire & Merseyside Joint Committee:- i) approved the Terms of Reference for the sub-committees of the Joint Committee; ii) noted the update with regards to the membership of Sub-Committees subject to the further updates; iii) requested that the quoracy for sub-committees is reviewed by governance leads and sub-committee chairs.	1	N/A	N/A
23	30-Nov-2021	Cheshire & Merseyside CCGs Tier 4 Bariatric Surgery Procurement Options Paper	N/A	The Joint Committee reviewed the options within the table and agreed on Option 2 as their preferred option. 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.	1	N/A	N/A
24	30-Nov-2021	Expansion of Cheshire & Merseyside Virtual Wards	N/A	The Joint Committee agreed to the continuation of the Cheshire and Merseyside Covid virtual ward and the commissioning of this service for a further six months.	1	N/A	N/A
25	30-Nov-2021	Expansion of Cheshire & Merseyside Virtual Wards	N/A	The Joint Committee agreed to 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	1	N/A	N/A

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26	30-Nov-2021	Update from the Cheshire & Merseyside CCGs Directors of Commissioning	N/A	The Joint Committee:- i) agreed to prioritise IVF/Subfertility clinical policy alignment and the process to identify high risk policies for review at Cheshire and Merseyside; ii) agreed to the addition of the identified items to the Directors of Commissioning Group's work plan.	1	N/A	N/A
27	25-Jan-2022	Transfer of haemato-oncology services from LUHFT to Clatterbridge Liverpool:	1) Dr David O'Hagan shared that his wife is a consultant at Clatterbridge Cancer Centre which is included in agenda item C1. The Chair agreed to include Dr O'Hagan in the discussions but will not take part in the vote associated with this agenda item. 2) Dr Sue Benbow shared that a close relative was previously employed at Clatterbridge Cancer Centre. The Chair noted the declaration and confirmed that this would not affect the proceedings.	The Cheshire and Merseyside CCGs' Joint Committee approved the proposal to enable the transfer of Haemato-oncology Services to be mobilised. The Cheshire and Merseyside CCGs' Joint Committee supported the recommendation, made during the meeting, to continue further engagement work with minority groups.	1	N/A	N/A
28	25-Jan-2022	Liverpool University Hospitals Clinical Services Integration Proposals:	N/A	1) The Cheshire and Merseyside CCGs Joint Committee endorsed the case for change for the proposals detailed in this paper and noted the overview of the service change process, next steps, and timescales for progressing these proposals. 2) The Cheshire and Merseyside CCGs Joint Committee endorsed the proposal that Cheshire and Merseyside Joint Committee oversees the progression of these proposals in line with CCG statutory duties, best practice and in compliance with the NHS England Planning, Assuring and Delivering Service Change guidance. 3) The Cheshire and Merseyside CCGs Joint Committee noted that the timescales include a pre-consultation notice in May 2022 and requested that this is included in the forward planner for this committee.	1	N/A	N/A
29	25-Jan-2022	Learning from Life and Death Reviews (LeDeR) – Implementation Progress Update:	N/A	1) The Cheshire and Merseyside CCGs Joint Committee noted the report and endorsed the work being undertaken to implement the LeDeR policy in Cheshire and Merseyside. 2) The Cheshire and Merseyside CCGs Joint Committee noted that the Cheshire and Merseyside Integrated Care Board will become the long-term host for the combined Cheshire and Merseyside and Greater Manchester LeDeR Reviewer workforce.	1	N/A	N/A
30	25-Jan-2022	Cheshire and Merseyside Core Military Veterans Service – Transfer of Coordinating Commissioner Arrangements – Update:	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the contents of this report and confirmed its support for the proposal that the commissioning intentions, negotiation, and development of the contract for 2022/23 is taken forward as part of the usual contracting and planning round with impacted Cheshire and Merseyside CCGs.	N/A	N/A	N/A
31	25-Jan-2022	2022/23 NHS priorities and operational planning guidance	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the update and endorsed the timelines, themes and outputs included in it. The Joint Committee forward planner will be updated to include the various dates included in the plan.	N/A	N/A	N/A
32	25-Jan-2022	Key issues report of the Finance and Resources Sub-Committee:	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the update report and approved the amended Terms of Reference, subject to the amendment outlined above regarding removing individual names from the document and creating a separate appendix with this detail.	N/A	N/A	N/A
33	25-Jan-2022	Key issues report of the Quality Sub-Committee:	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the update report and approved the amended Terms of Reference.	N/A	N/A	N/A
34	25-Jan-2022	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:	N/A	1) The Cheshire and Merseyside CCGs Joint Committee noted the report, agreed the plan as presented and noted the timescales within this (subject to the amendment outlined below). The committee also approved the development of a set of principles and communications in relation to the restriction of services. 2) The Cheshire and Merseyside CCGs Joint Committee requested that the work around asylum seekers is brought forward to February 2022 and the forward planner includes reviews on services that were quickly stood up during Covid.	N/A	N/A	N/A
35	23-Feb-2022	Update from the Joint Committee Finance & Resources Sub-Committee	N/A	The Cheshire and Merseyside CCGs' Joint Committee noted the finance sub-committee update report and agreed that papers for assurance should be distributed to a wider group, to include CCG governing body members that are not part of the committee.	N/A	N/A	N/A

Decision Log 2021-2022 (Public)

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36	23-Feb-2023	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group		The Cheshire and Merseyside CCGs Joint Committee:- 1) Noted the delay to the report regarding IVF and will receive this at the March meeting. 2) Agreed to receive a report and recommendation for the development of the Complex Rehabilitation Network at their March meeting. 3) Agreed to add Core20PLUS5 to the Directors of Commissioning workplan as an initial investigative piece of work to hand over the Integrated Care Board. 4) Agreed that enquiries are made around existing ongoing work before adding Advocacy and liberty protection safeguards to the Directors of Commissioning work plan.			
KEY	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: 21.03.22

Cheshire & Merseyside CCGs Joint Committee

Work Plan / Forward Planner 2022

Item	Frequency	Mar 22	Apr 22	May 22	Jun 22
Standing items					
Apologies	Every meeting	<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"/>
Minutes of last meeting	Every meeting	<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"/>
Forward Planner	Every meeting	<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"/>
Key Issues Reports and Minutes of sub-groups/reporting committees	Every meeting	<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"/>
Governance & Performance					
Review of Committee Terms of Reference	As required				
Review of Sub-Committee Terms of Reference	As required				
Papers					
Aligning Commissioning Policies across Cheshire and Merseyside – D.Horsfield	As required	<input checked="" type="checkbox"/>			
Enhanced Supportive Care Bid (palliative care) - tbc	As required				
Implementation of national stroke service specification – J. Ledward (tbc)	As required				
Eastern Sector Cancer Hub – C. Hill	As required			<input checked="" type="checkbox"/>	
Complex Rehabilitation Network – D. Horsfield	As required	<input checked="" type="checkbox"/>			
C&M CCGs and Joint Committee Risk Management – P.Meakin	As required	<input checked="" type="checkbox"/>			
Liverpool University Hospitals Clinical Services Integration Proposals – C. Hill	As required		<input checked="" type="checkbox"/>		
C&M Plans against 2022/23 NHS priorities and operational planning guidance – A. Middleton	As required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
North Mersey Hyper acute service proposal – C. Hill	As required		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
C&M Children and Young Peoples Mental Health Logic Model – S.Banks	As required		<input checked="" type="checkbox"/>		
Recurrent Papers / Updates					
C&M Health & Care Partnership Update	As required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C&M Directors of Commissioning Meeting Update	As required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Frequency	Mar 22	Apr 22	May 22	Jun 22
Other					
Key national or local reports	As published				
Future areas for consideration					
Winter Planning	tbc				

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

29th March 2022

Agenda Item: **B1**

Report Title		Neuro-rehabilitation Services								
Report Author		Amanda Brookes, Senior Planning Programme Manager, NHS Liverpool CCG								
Committee Sponsor		Jan Ledward, Chief Officer, NHS Liverpool CCG								
Purpose	Approve	✓	Ratify		Decide	✓	Endorse		For information	✓
Decision / Authority Level		Level One		✓	Level Two			Level Three		
Executive Summary										
<p>Complex rehabilitation has an intricate commissioning landscape resulting in variation in provision across Cheshire and Merseyside, gaps in service provision, outdated pathways and poor outcomes for patients falling outside standard provision. A number of recommendations from an independent review are yet to be implemented to improve rehabilitation service pathways, governance and release efficiencies.</p>										
Recommendations										
<p>It is recommended that the Joint Committee:</p> <ol style="list-style-type: none"> 1. Note the current challenges 2. Agree interim governance arrangements for the Cheshire & Merseyside Rehabilitation Network (CMRN) under the Neuroscience Network Board 3. Agree to the development of a single service specification for specialist rehabilitation for patients with complex needs 4. Agree to the development of a Prolonged Disorders of Consciousness pathway 5. Agree to the development of a new contracting model for the CMRN and Subcontractors 6. Agree to explore pooled budget arrangements and alignment with tier 1 services with NHS England 										
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:

This is the first report on this topic

Next Steps:

To take forward approved recommendations and produce further reports for approval of any required investment.

Appendices:

N/A

1. BACKGROUND

In January 2020 the Cheshire and Merseyside Directors of Commissioning agreed to fund a dedicated commissioning manager to support the development and implementation of collaborative commissioning arrangements for the Cheshire and Merseyside Rehabilitation Network (CMRN). There was a delay in recruitment due to the onset of the COVID pandemic immediately following this.

The CMRN was established in January 2013 as a pilot and was commissioned as a direct result of the success of the specialist trauma centres. In the preceding five years the trauma centres had made a significant impact in saving lives as a result of multiple or major injuries.

Neuro-rehabilitation has a complex commissioning landscape, with NHS England & Improvement (NHSEI) commissioning the highly specialised tertiary services categorised as Level 1a/b (and some aspects of Level 2a specialised neurorehabilitation) and CCGs commissioning the remaining lower levels of support requiring less complex or local specialist needs categorised as Level 2a, Level 2 and Level 3 provision. The NHSEI commissioned provision and the CMRN form part of a block contract with the Walton Centre NHS FT. The CCGs currently have no contract with the Walton Centre but contract with Oakvale Gardens as part of the network, with Mersey Care NHS FT and the private sector providing for neuro-rehabilitation services outside the network through separate contracting arrangements including spot purchase via individual funding requests.

The table below sets out the current commissioned pathway within the CMRN and the responsible commissioner. CCGs are also responsible commissioners for the Brain Injury Rehabilitation Centre (BIRC) via Mersey Care NHS FT and high-cost spot purchase beds outside of the current NHS provision within the independent sector.

Site	No of Beds	Level	Anticipated Length of stay	Commissioner																		
Walton Centre	10	1a	2-4 months	NHS England																		
Walton Centre	20	1b		NHS England																		
Walton Centre	10	2b	1-3 months	CCG spot purchase																		
St Helens Hospital- Seddon Suite	20	2b		CCG																		
Broadgreen Hospital	15	2b		CCG																		
Clatterbridge	8	2b		Wirral and West Cheshire CCGs																		
Oakvale Gardens	18	3	6-18 months	Warrington and North Mersey CCGs (Liverpool CCG lead commissioner)																		
				<table border="1"> <thead> <tr> <th>CCG Name</th> <th>Bed Allocation</th> </tr> </thead> <tbody> <tr> <td>Halton CCG</td> <td>2</td> </tr> <tr> <td>Knowsley CCG</td> <td>1</td> </tr> <tr> <td>Liverpool CCG</td> <td>7.5</td> </tr> <tr> <td>South Sefton CCG</td> <td>2</td> </tr> <tr> <td>Southport & Formby CCG</td> <td>1</td> </tr> <tr> <td>St Helens CCG</td> <td>2.5</td> </tr> <tr> <td>Warrington CCG</td> <td>2</td> </tr> <tr> <td>Total</td> <td>18</td> </tr> </tbody> </table>	CCG Name	Bed Allocation	Halton CCG	2	Knowsley CCG	1	Liverpool CCG	7.5	South Sefton CCG	2	Southport & Formby CCG	1	St Helens CCG	2.5	Warrington CCG	2	Total	18
CCG Name	Bed Allocation																					
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Liverpool CCG	7.5																					
South Sefton CCG	2																					
Southport & Formby CCG	1																					
St Helens CCG	2.5																					
Warrington CCG	2																					
Total	18																					

2. NEED FOR CHANGE

In 2016 an independent review was commissioned by six Merseyside CCGs from Niche Patient Safety, who made a number of recommendations. There was comprehensive agreement from the CCGs on the recommendations that emerged. However, they have not been implemented to date due to lack of capacity within the CCGs.

In addition to the need to address the recommendations as above, NHSEI is seeking an opportunity to develop a whole complex rehabilitation pathway and associated services and to consider reconfiguration of funding to address some of the gaps in service provision.

Current Issues

- There are high-risk gaps in the pathway which were formally identified to commissioners by Niche. A particularly vulnerable group of patients are those who have a serious mental illness alongside a brain injury and for whom there is currently no route back into services once their initial rehab period has expired. Some of these patients are a risk to themselves and to others. There are also a small number of complex and high-risk patients whose needs are not being met by the current service offer, who are being placed out of the area in high-cost placements.
- The provision of community neuro-rehabilitation services varies significantly across Cheshire & Merseyside. The Liverpool/Sefton community service is under severe strain – currently seeing three times the number of patients it was commissioned to see; is struggling to retain staff and is unable to meet demand. Commissioning of these services by individual CCG's has created variation and inequality of access.
- Specialist community rehab teams do not provide wrap-around care for patients in a supported care environment. This is a particular problem for the Brain Injury Unit who experience issues accessing the specialist community rehab teams to support their patients who have cognitive/behavioural needs on discharge.
- There is a gap in provision of slow-stream neuro-rehabilitation services for Wirral.
- Unmet needs for patients with Prolonged Disorders of Consciousness (PDoC), Acute Mental Health disorders, complex challenging behaviour, and Post Traumatic Amnesia (PTA)
- National recommendations for managing/assessing neurological patients with PDoC and/or tracheostomy who require post-acute rehabilitation inpatient services are not always met. There is no commissioned step up/down service available once discharged. The only way to access treatment is via A&E which usually results in a hospital admission.
- Increasing problems with delayed transfers of care for patients requiring social care packages on discharge but who were homeless at the time of admission.
- Difficult to arrange social care packages when patients have been admitted to Oak Vale or private sector placements due to local authority boundaries which can lead to delayed transfers of care and impact on the bed base and capacity at the Walton Centre and acute trusts.
- Other delayed transfers of care relate to patients awaiting placements outside the currently commissioned capacity.
- Spot-purchased beds in the private sector are outside the normal governance arrangements; these are currently being used increasingly by some CCGs, with escalating costs.

- CCGs fund individual patient placements when not accepted by the CMRN or BIRC. These are high cost, with no clinical oversight or case management in place and fall outside the CSU arrangements for CHC, MD and LD. (Note: Some CCGs fund complex case nurses to manage these placements.
- The service specifications are out-dated, do not reflect current arrangements and require review.
- Acute hospitals report difficulties in getting patients accepted by the CMRN; CMRN reports relatively high referral acceptance rates, but these reflect formal referrals only.
- Complex commissioning and contracting arrangements are currently in place with multiple provider organisations, which creates a lack of clarity and understanding of the interface with other pathways- brain injury/stroke/ spinal injury.
- As a result of the significant improvements made within major trauma the demand for 1:1 nursing observation has increased. However, commissioning and finance arrangements have not changed in line with this.
- Limitations of the current estate and environment within some of the units: - lack of side bays for transfer into unit (requirement since the pandemic due to change in Infection, prevention, control measures) lack of/or variation of equipment available and budgets. Independent living quarter not available on all sites. Capital investment may be required to bring units up to date.
- St Helens & Knowsley Hospital trust have expressed a desire to withdraw the bed base at Seddon Suite to support the return to elective activity. Initial information suggests assumptions have been made that the bed base can be subsumed across the network. Impact analysis is required once service specifications have been developed.
- CMRN is predominantly Merseyside and needs to be more inclusive across Cheshire
- Current governance arrangements for CMRN are unclear resulting in lack of visibility, understanding and accountability

3. FINANCES

As part of the review carried out by Niche, regional financial information is only available from April 2016, when the cost of the extended rehab pathway including all the services set was £16,122,593; c. £4m of this was the NHSE Specialised Commissioning element, with the remaining c. £12m as CCG costs. The cost of the pathway compared favourably with the estimated £53m cost of delivering care to the same cohort in generic and spot-purchased beds. Approx. 70% of the patients are from the Liverpool CCG area, predominantly because of demographic profiles.

However, in addition to the costs above, there has been an increasing need for spot purchase provision of private sector beds for patients whose needs cannot be met within the existing provision.

For Liverpool CCG in 2018-19 the CMRN costs were c. £7.2m and additional spot purchase costs of £1.2m.

The cost to St Helens CCG in 2018-19 was £1.8m for the CMRN services detailed within the current service model and £281k for spot purchases.

4. RECOMMENDATIONS

Although not all of the identified issues can be resolved in the near future, in order to manage some of the urgent issues and create a stable footing for this service area, the Committee is asked to note the challenges faced and approve the following recommendations:

- (a) That the CMRN reports into the Neuroscience Network Board as an interim governance process until the Integrated Care Board is in a position to include Neuro Rehabilitation within the wider clinical governance structures being developed.
- (b) The development of a single service specification for specialist rehabilitation for patients with complex needs - Level 2 (Spoke Specialist Rehabilitation Unit) Level 3 (Extended Specialist Rehabilitation Unit) and Community Specialist Rehabilitation Services. This would bridge the gap in services within Wirral, eliminate inequality and variation that is evident in the current service provision, standardise availability and service delivery requirements. An action plan would be developed to support a safe transition of provision and services.
- (c) The development of a PDoC pathway to provide patients with a neurological condition and a tracheostomy and/or PDoC access to the appropriate pathway ensuring it complies with the new national clinical guidelines (which switches the focus of decision making and short/longer term management plans to patients previously known wishes and/or family choice as opposed to medical condition alone. Significant change allows discussions to include withdrawal of treatment.

Development and implementation of the pathway would be highly specialist; however, it would have an impact not only on a small number of patients treated within the network but also those who are treated at acute hospitals and those managed in the community under CHC arrangements.

Initial funding will be required to develop the pathway and to model potential CHC cost savings. This would be outlined in an additional paper for further approval of the required funding if the initial development is approved.

- (d) Development of a new contracting model that manages the network and sub-contractors within the pathway, which will enable providers to work cohesively across the CMRN and improve contract and performance management.
- (e) Explore the pooling of budgets and delegation of tier 1 services with NHS England. System efficiencies may be released by re-configuring/pooling funding arrangements. This will require costing of the whole pathway which may require additional investment. Any investment required would be included in a further paper for financial approval.

5. FURTHER INFORMATION

Copies of the following papers are available:

Niche Patient Safety Reports Independent Review of Mersey Specialist Rehabilitation Pathway, May 2015; and Establishing a New Commissioning and Performance Framework for the Mersey Extended Rehab Pathway, April 2016.

National clinical guidelines: Prolonged disorders of consciousness following sudden onset brain injury.

6. Access to further information

For further information relating to this report contact:

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Telephone	
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CESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING



29 March 2022

Agenda Item B2

Report Title	Cheshire and Merseyside CCGs Joint Committee Risk Update Report - March 2022
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Report Author	Phil Meakin, Deputy Director of Governance & Corporate Development, NHS Cheshire CCG
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Committee Sponsor	Fiona Taylor, Accountable Officer, NHS South Sefton CCG and NHS Southport and Formby CCG
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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

There are nine Cheshire and Merseyside CCGs, each with an accountability structure that has a continuing role to play in the oversight of operational risks and strategic risks until the end of June 2022 and the anticipated abolition of CCGs. In addition to this, the three Cheshire and Merseyside CCGs Joint Committee Sub Committees (Finance and Resources, Performance, and Quality) have also got a role in the review of risks that are escalated or reported from the CCGs. This gives the basis by which a Joint Committee risk register can be populated and features in this report.

The nine CCG Governance Leads working with Fiona Taylor, Accountable Officer for NHS South Sefton CCG & NHS Southport & Formby CCGs have engaged with MIAA (in an advisory capacity) and the 9 CCG Audit Chairs to make recommendations regarding the effective management of CCG risks between now and the end of June 2022 (when the functions and duties of the CCGs are due to be transferred to the Cheshire and Merseyside Integrated Care Board).

The contributors to the report are conscious that after the March 2022 meeting of the Joint Committee there are only three meetings of the Joint Committee currently planned with the remaining anticipated existence of the Cheshire and Merseyside CCGs. Therefore, the proposals that are presented in this report reflect a desire to use existing current information effectively, avoid duplication and/or added complexity. This report sets out the process for how a Joint Committee risk register could be populated in future Joint Committee meetings in April, May and June 2022.

It is not within the scope of this report to propose how the ICB manages risk after 1 July 2022.

Recommendations

The Joint Committee is asked to:

- Consider the report and **confirm** whether they are assured that operational risks related to the functions and duties of the Cheshire and Merseyside CCGs are currently being effectively managed.

Recommendations

- **consider** and **approve** the proposal in Section Four of the report for how CCG operational risks are managed between now and the end of June 2022, including:
 - **agree** the proposal for the Joint Committee to receive a basic risk register format containing any risks escalated from the three Joint Committee Sub Committee "Issue and Risk Reports" for the purpose of **Alerting** or **Advising** or **Assuring** the Joint Committee in relation to operational risks. (for its remaining three meetings in April, May and June 2022).
 - **to endorse** the proposed feedback loop back from the Joint Committee risk report, back to CCG Governing Bodies and CCG legacy committees/groups.
- **agree** to receive an update at each Joint Committee meeting of the latest CCG Governing Body GBAFs Risks, highlighting, by exception, when it was last reviewed and how the score has changed since the previous review.
- **to be assured** that the work described within this report will be shared with the Cheshire and Merseyside Risk Task and Finish Group in consideration of a future Cheshire and Merseyside ICB Risk Register.

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 – Managing Risk	✓

Conflicts of Interest Consideration and mitigation

N/A

Link to Committee Risk Register and mitigation:

See the next steps section below.

Report history	This is the first report to Joint Committee. Sub Committees of the Joint Committee have reviewed risks to inform a Joint Committee Risk Register.
Next Steps	For a risk register to be presented to the Joint Committee in it's April, May and June meetings that reflects the work of the three Cheshire and Merseyside Sub Committees.
Appendix A	<u>Summary of Cheshire and Merseyside CCGs Risks Scored Over 15 provided by MIAA.</u>
Appendix B	<u>Consolidated position of the Nine Cheshire and Merseyside Governing Body Assurance Framework Risks (GBAFs) provided by MIAA.</u>

Cheshire and Merseyside CCGs Joint Committee Risk Update Report - March 2022

1. Introduction

- 1.1 The objectives of this report are:
- to give assurance to the Committee that operational risks related to the functions and duties of the Cheshire and Merseyside CCGs are currently being effectively managed
 - to propose the process as to how operational risks related to the functions and duties of the Cheshire and Merseyside CCGs can continue to be managed effectively between now and the end of June 2022.
- 1.2 The paper also contains the following proposals to meet these objectives:
- for Joint Committee to take a pragmatic approach to reporting risks to the three remaining Cheshire and Merseyside Joint Committee meetings that utilises the work of the three Cheshire and Merseyside Joint Committee Sub Committees
 - to propose that a consolidated position on all of the Governing Body Assurance Frameworks (GBAFs) risks for the nine CCG will be reported to the Joint Committee for information from April until June 2022.
 - that the work described within this report will be shared with the Cheshire and Merseyside Risk Task and Finish Group in consideration of a future Cheshire and Merseyside Integrated Care Board Risk Register.
- 1.3 It is not within the scope of this report to propose how the ICB manages risk after 1 July 2022. The report will outline the current approach and work being undertaken within section six of this report.
- 1.4 The contributors to the report are conscious that after the March 2022 meeting of the Joint Committee that there are only three further meetings of the Joint Committee currently planned to take place prior to the anticipated abolition of the CCG at the end of June 2022. Therefore, the proposals and assurances that are presented in this report reflect a desire to use existing current information effectively, avoid duplication and/or added complexity.

2. Background

- 2.1 There are nine Cheshire and Merseyside CCGs, each with an accountability structure that has a continuing role to play in that oversight of operational risks and strategic risks up until the end of June 2022. In addition to this, the three Cheshire and Merseyside CCGs Joint Committee Sub Committees (Finance and Resources, Performance, Quality) have also got a role in the review of risks that are escalated or reported from the CCGs. This gives the basis by which a Joint Committee Risk Register can be populated and features in the report below.
- 2.2 These proposals relate to the operational risks of the CCGs. Strategic risks from individual CCG Governing Body Assurance Frameworks will continue to be managed and overseen by the Governing Bodies of the nine CCGs. However, this paper does make a proposal that an overview of Governing Body Assurance Frameworks Risks is provided for information and assurance at future Joint Committee meetings.
- 2.3 The Governance leads of each CCG and Internal Advisers MIAA have worked together to review current risk arrangements and to propose the approach outlined in this report.

Furthermore, the Audit Chairs of each CCG have met with the author of this report and Mersey Internal Audit Agency (MIAA) to engage on this approach. Finally, the Chairs and Executive Leads of the three Cheshire and Merseyside Sub Committees have been informed of the approach being proposed in this report. The engagement with Audit Chairs has been extremely informative. An appreciative enquiry was made using the following questions:

- are Chairs confident that Risk is still being overseen at their CCG?
- is there any reliance being placed on Sub-Committees re: risk particularly and if so, is there an effective feedback loop into the legacy arrangements of the CCGs?
- what should the escalation method be from CCG to Sub-Committees and to Joint Committee?
- what risks should be reported to go to Joint Committee?
- what risks would continue to be reported at Governing Body?

2.4 MIAA have been supporting the development of the work for Risks in and advisory capacity and have contributed to the assurances and proposals in this report. In addition, they have supported the work by collating current information relating to operational and strategic risks from all nine CCGs. This report considers this information and has included the consolidated position of both in [Appendix A](#) and [Appendix B](#).

2.5 The role of the Joint Committee is, amongst other things, to support the delivery of the strategic aims and objectives of the Integrated Care System. The remit and authority of the Committee includes commissioning reports, requesting further investigation / assurance, bringing matters to the attention of others so it seems logical that if there are risks / issues affecting the delivery of the strategic aims and objectives, they should be reported to the Joint Committee. The Joint Committee can then “seek further assurance” from or “bring matters to the attention” of others if it feels that is necessary. As such, Joint Committee can raise risks itself that can be recorded in a risk register. There is also an opportunity for an oversight role, involving a degree of co-ordination, keeping an eye on the significant risks (as identified by the sub-committees) In effect therefore, the detail of how risks are mitigated and controlled is considered in other fora and the individual CCGs still need assurance regarding strategic risks via the Governing Body Assurance Frameworks.

3. Assurance that CCG Operational Risks are Being Effectively Managed

3.1 As outlined in paragraph 2.4, MIAA undertook a piece of work in February 2022 that asked each of the nine CCG Governance Leads for assurance on and for information about whether all CCG’s operational risks had a “line of sight” to a risk owner and an oversight committee and/or oversight group. MIAA collated evidence that this is the case, and the summary information has been reviewed by the nine CCG Governing Leads. An extract of this information is featured in Appendix A, and which highlights the CCG risks that are scored over a risk score of 15, and confirms arrangements that risks are overseen by individual CCGs Legacy arrangements or the three Cheshire and Merseyside Joint Committee Sub Committees.

3.2 The information collated identifies that as a consequence of the establishment of the three Cheshire and Merseyside Joint Committee Sub Committees that a number of CCG formal Committees have been disestablished. In some cases, therefore, those existing risks are being overseen by CCG legacy arrangements such as a newly established CCG Operational Group or a Cheshire and Merseyside Sub Committee. Audit Chairs did express a general view that CCGs have been cautious about losing the ability to review risks in a CCG fora and therefore most of the operational risks are still being managed in CCG Legacy Groups.

With some operational risks being reported to the three Cheshire and Merseyside Joint Committee Sub Committees.

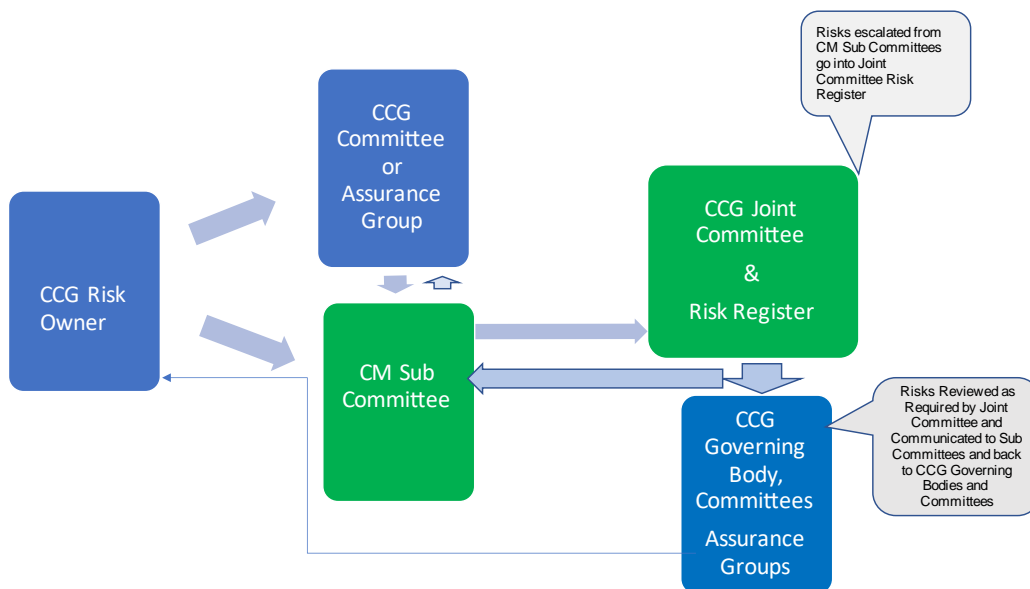
- 3.3 The overriding feedback from Audit Chairs was that there is assurance that operational and strategic risks are being currently being managed effectively and that compliments the information collated by MIAA. Chairs also identified that there was a perceived limitation in assurance during the initial period of the Covid-19 pandemic. This was an NHS-wide issue caused by the assumption of responsibility for functions such as contracting by the centre, and the overall impact of “reducing the burden” which was also a feature as recently as January 2022 with guidance issued from NHSE&I advising CCGs to support wider system pressures and to reduce the administrative and governance “burden”.
- 3.4 Chairs are also understandably concerned that in the transition to the Cheshire and Merseyside Integrated Care Board that these risks continue to be considered and reviewed. There was a clear desire to make sure that the risks that are being reviewed are being appropriately captured at Joint Committee and have an established risk register for the Joint Committee. This proposal seeks to address this point in Section Four by proposing an approach for approval by the Joint Committee using the information that is already being considered by the three Cheshire and Merseyside Joint Committee Sub Committees.

4. Proposal to Manage Operational Risks Until the End of June

- 4.1 Governance colleagues and Audit Chairs are also keen to make a recommendation to the Joint Committee that complements the work that the three Joint Committee Sub-Committees are already progressing in relation to Operational Risks and addresses the point in paragraph 3.4 above that the Joint Committee does not as yet have a functioning Risk Register.
- 4.2 The three Joint Committee Sub-Committees currently review those risks that are escalated to it by individual CCGs and already report on those in the “Issues Report” that Joint Committee receives.
- 4.3 The proposal is to create a consistent feedback loop from the risks that the three Joint Committee Sub-Committees review and report these to the Joint Committee. After consultation with the Audit Chairs, the CCG Governance leads propose that the risks escalated **are by exception from the sub-committees and individual CCGs**, plus those specifically related to failure to the stand-up the Integrated Care Board and the close down of the CCGs on time. These risks would then be overseen in the interim period between April 2022 and June 2022 by the Joint Committee. Diagram One attempts to illustrate a summary of this.
- 4.4 The operational risks reviewed at the three Joint Committee Sub-Committees are included in the issues and risk report from Sub Committees and will be escalated to Joint Committee for the purpose of **Alerting** the Joint Committee or **Advising** the Joint Committee or **Assuring** the Joint Committee in relation to Operational Risks. Risks from that report will be able to be escalated into the Joint Committee risk register. Joint Committee will also be able to review the issues and risk report and request that they are captured into the Joint Committee risk register. This will be in place for the April 2022 Joint Committee meeting.

4.5 As articulated in Section 2.5. The Joint Committee can “seek further assurance” from or “bring matters to the attention” of others if it feels that is necessary and within the role/terms of reference of the Joint Committee. As such, Joint Committee can raise risks itself that can be recorded in a risk register for follow up.

Diagram One – Overview of Proposed Operational Risks Flow



4.6 Diagram Two illustrates contains a blank Joint Committee risk report so that the Joint Committee can see what this looks like in advance of a populated Joint Committee risk register in future Joint Committee meetings (April, May and June). The template used is an intentionally simple template because the detailed oversight of risks is already taking place in the three Joint Committee Sub-Committees and CCG Committee or Legacy Groups.

4.7 The contributors to this report understand that the Joint Committee would only accept such a simple report if they were assured that risks are being effectively managed in the three Joint Committee Sub-Committees or CCG Legacy groups (as is the proposition in this report). The blank template is also attached below in Diagram 2 below.

Diagram 2 – Proposed Template for Joint Committee Risk Register

CCG	Risk	Current Score

- 4.8 It is important that the Joint Committee has the ability to feedback and request action from the three Joint Committee Sub-Committees and/or CCG Committees/Legacy Groups as well as seek or convey information from the other Groups and Committees that are in the developing Cheshire and Merseyside sphere.
- 4.9 Finally, Audit Chairs and CCG Governance leads propose that the risk information reviewed at Joint Committee continues to be fed back by each Governance Lead at each of the nine CCGs via report of the “Issues and Risk Report and any review by Joint Committee.” The action to ensure effective feedback would be the responsibility of each CCG.
- 4.10 The above proposals utilise existing work that is already being undertaken and attempts to keep the Governance process as simple as possible. This is commensurate with the fact that the Joint Committee will only meet three times to consider risks before the end of June 2022. In April, May and June.

5. Proposal To Share Governing Body Assurance Frameworks at Joint Committee

- 5.1 The above assurance and proposals relate to operational risks. Strategic risks are currently reported through to each of the nine CCG Governing Bodies for oversight and this will continue through the Governing Body Assurance Frameworks (GBAFs). The Governance leads consider there to be a benefit in sharing a consolidated position of the nine GBAFs with the Joint Committee to enhance assurance that CCG risks are being effectively managed.
- 5.2 The proposal is to provide an update at each Joint Committee meeting of the latest CCG Governing Body GBAFs. Highlighting when it was last reviewed and how the score has changed since the previous review.
- 5.3 Appendix B provides a link to a consolidated position of Governing Body Assurance Frameworks Risks (GBAFs).

6. Assurance that the Proposals Agree Above Will Link into the Consideration of Managing Risks After July 2022.

- 6.1 As outlined in Section 1.3 it is not within scope of this report to propose how Operational and Strategic Risks are developed, managed and overseen by the Integrated Care Board after 1 July 2022.
- 6.2 However, the report author does want to provide assurance to the Joint Committee that the information gathered by the CCGs, the three Joint Committee Sub-Committees and the Joint Committee risks will be shared with the lead of the Cheshire and Merseyside Risk Task and Finish Group. An initial meeting with the lead has taken place week commencing 14 March 2022.
- 6.3 The report does reveal that the nine CCGs approach risks in different ways. And as a result of which it is not easy to compare risks and develop unifying risks. The Task and Finish Group will need to establish a standard approach, and this may require reframing, rephrasing and rescoring of current risk themes.

- 6.4 The Task and Finish Group for risk has commenced and is being led by Dawn Boyer, Associate Director of Corporate Services with NHS Knowsley CCG. The report author (Phil Meakin) will also be linking into the Task and Finish Group and an update can be provided to future meetings of the Joint Committee if required.

7. Conclusion

- 7.1 The report sets out proposals that will enhance the way that CCG operational risks are managed between now and the end of June 2022 and provide Joint Committee with a simple risk register that utilises existing work and reflects that the detailed review of risks is undertaken at the three Joint Committee Sub-Committees and/or CCG Legacy Group/Committees.
- 7.2 The GBAFs will continue to be overseen at CCG Governing Bodies but the monthly reporting of the movement of GBAF risks to Joint Committee should enhance an understanding of CCG risks and enhance overall assurance in how risks are managed between now and the end of June 2022.

8. Recommendations

The Joint Committee is asked to:

- consider the report and **confirm** whether they are assured that operational risks related to the functions and duties of the Cheshire and Merseyside CCGs are currently being effectively managed
- **consider** and **approve** the proposal in Section Four of the report for how CCG operational risks are managed between now and the end of June 2022, including:
 - **agree** the proposal for the Joint Committee to receive a basic risk register format containing any risks escalated from the three Joint Committee Sub Committee “Issue and Risk Reports” for the purpose of **Alerting** or **Advising** or **Assuring** the Joint Committee in relation to operational risks. (for its remaining three meetings in April, May and June 2022).
 - **to endorse** the proposed feedback loop back from the Joint Committee risk report, back to CCG Governing Bodies and CCG legacy committees/groups.
- **agree** to receive an update at each Joint Committee meeting of the latest CCG Governing Body GBAFs Risks, highlighting, by exception, when it was last reviewed and how the score has changed since the previous review.
- **to be assured** that the work described within this report will be shared with the Cheshire and Merseyside Risk Task and Finish Group in consideration of a future Cheshire and Merseyside ICB Risk Register.

9. Access to further information

For further information relating to this report contact:

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Email	Phil.meakin@nhs.net

Community Diagnostic Centres

CDC 2+ plans

Liz Bishop – SRO C&M Diagnostics Programme

Tracey Cole – Director C&M Diagnostics Programme

What is a Community Diagnostic Centre?

A digitally connected, multi-diagnostic facility that can be, as an option where appropriate, combined with mobile / temporary units. Separate location from emergency diagnostic facilities preferably away from a hot acute site where elective diagnostic tests can be done safely. If located on an acute campus, a CDC site should preferably be a separate building. Where this is not possible, the CDC should be accessible through a separate entrance.

Services accessible for up to 12-14 hours a day, 7 days a week

Contribute to six primary aims: improve population health outcomes, increase diagnostic capacity; improve productivity and efficiency; reduce health inequalities; improve patient experience; and support the integration of primary, community and secondary care.

Deliver a minimum set of diagnostic tests:

- Imaging: Plain X-ray, ultrasound, CT and MRI
- Physiological measurements: echocardiography, ECG and rhythm monitoring, blood pressure monitoring, spirometry, FeNO, lung function tests, simple field tests, sleep studies, oximetry, blood gas analysis
- Pathology: Phlebotomy, point of care testing (POCT), D-Dimer test
- *Endoscopy: gastroscopy, colonoscopy, flexi sigmoidoscopy (endoscopy services will only be provided in larger CDCs)*

Sites should be selected that can be developed to offer CDC services within the timeframe, to maximise recovery and transformation of diagnostics services.

CDCs – Coordinated Diagnostics

A CDC Is Not....

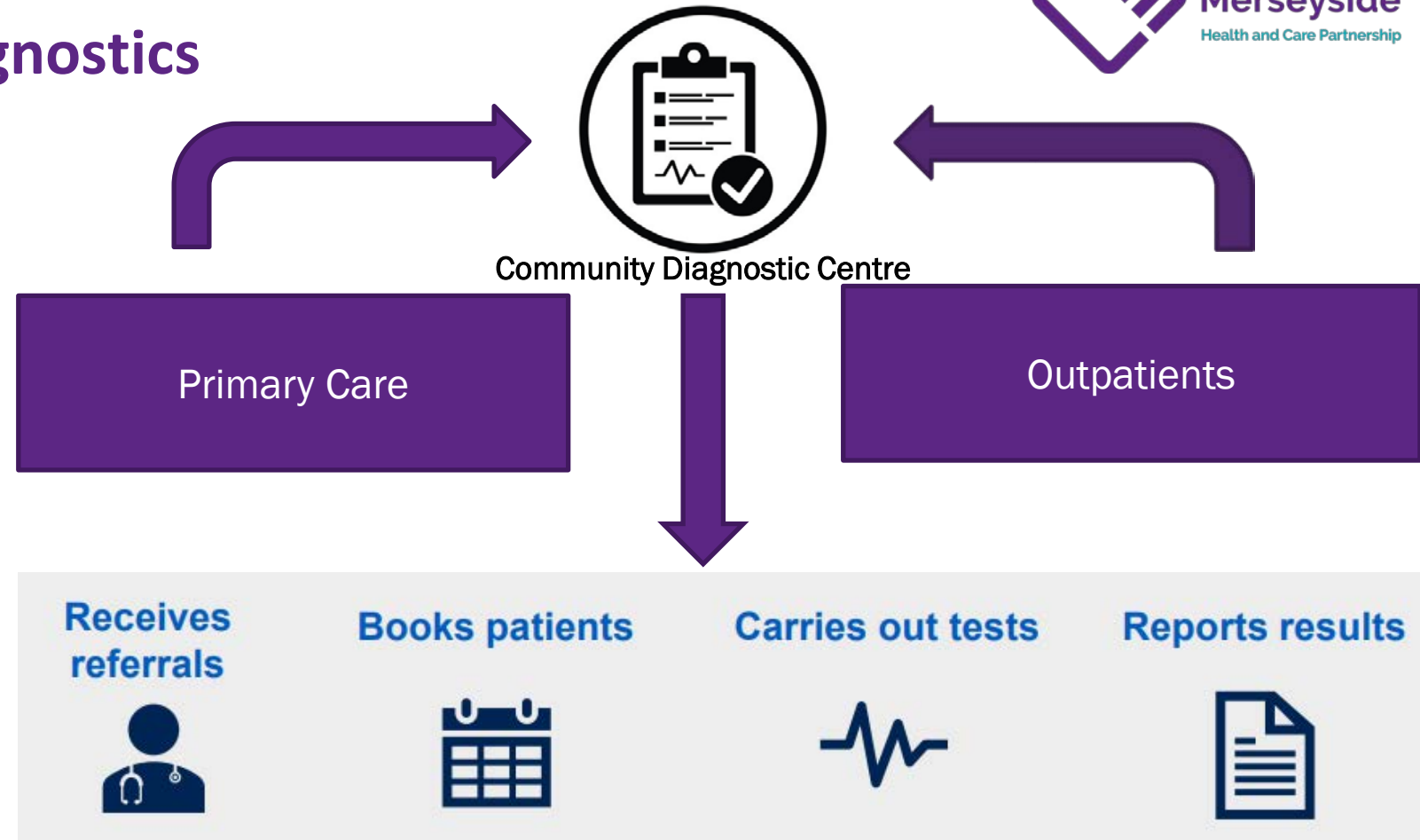
- A walk in centre

A CDC Is...

- A 'one stop shop' / co-ordinated approach for planned diagnostics.

Access & Referrals

- Access will be through existing or new pathways.
- The majority of referrals will be GP direct access, surveillance/screening programmes or from outpatients.

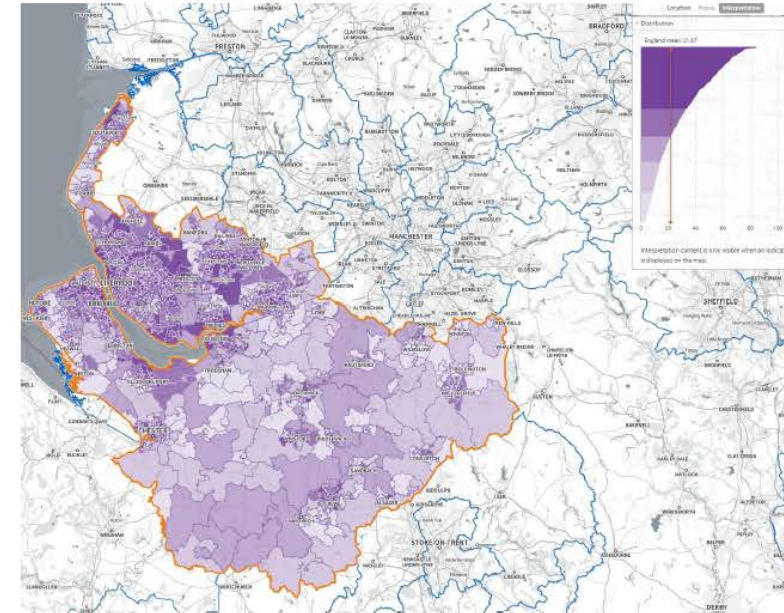
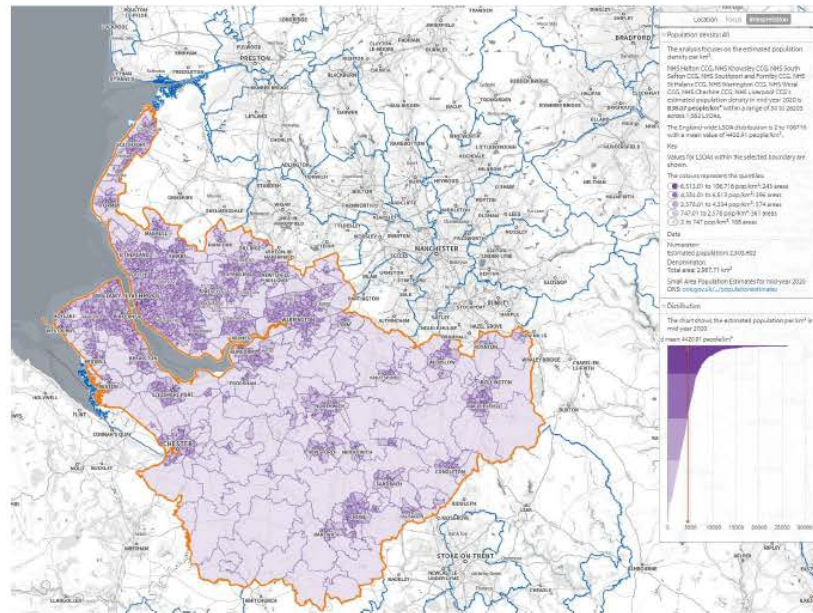


C&M Current CDCs



C&M Current CDC Site Details

Site Name	CDH wave	Estimated operational timescales	Imaging	Testing	Pathology	Endoscopy	Type of CDC
St Helens	EA	July 21 – Commenced	Y	Y	Y	Y	Large Model
Clatterbridge General	EA	July 21 – Commenced	Y	Y	Y	Y	Large Model
Ellesmere Port	CDH 1	Q3 21/22 – Commenced	Y	Y	Y	X	Standard Model
Liverpool Women's	CDH 1	Q4 21/22 – Commenced	Y	Y	Y	X	Standard Model
Victoria Infirmary	CDH 1	Q3 21/22 – Commenced	Y	Y	Y	X	Standard Model

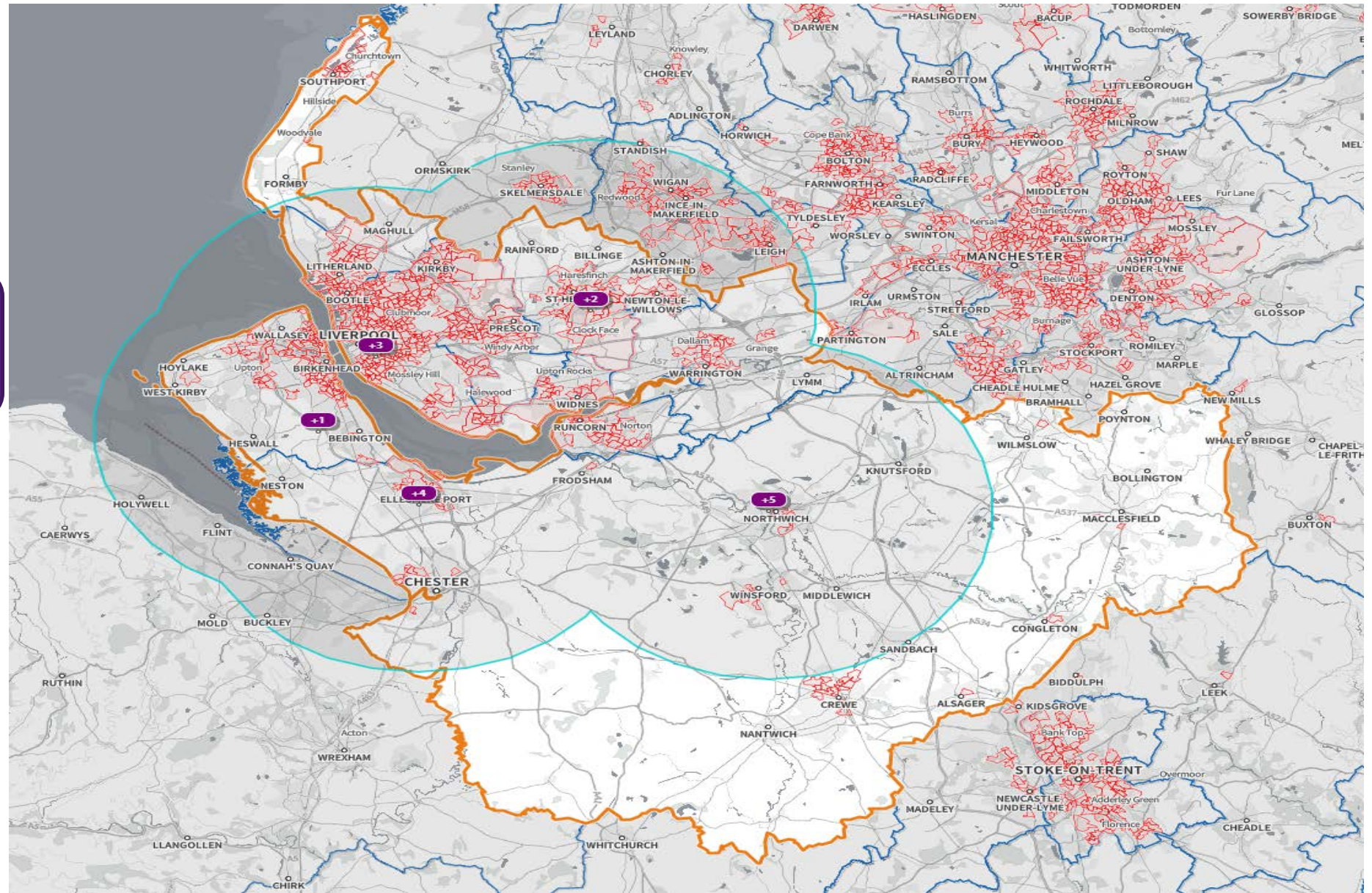


C&M – Current Site Details

Current C&M
CDC's sites

(circles showing 10 miles access)

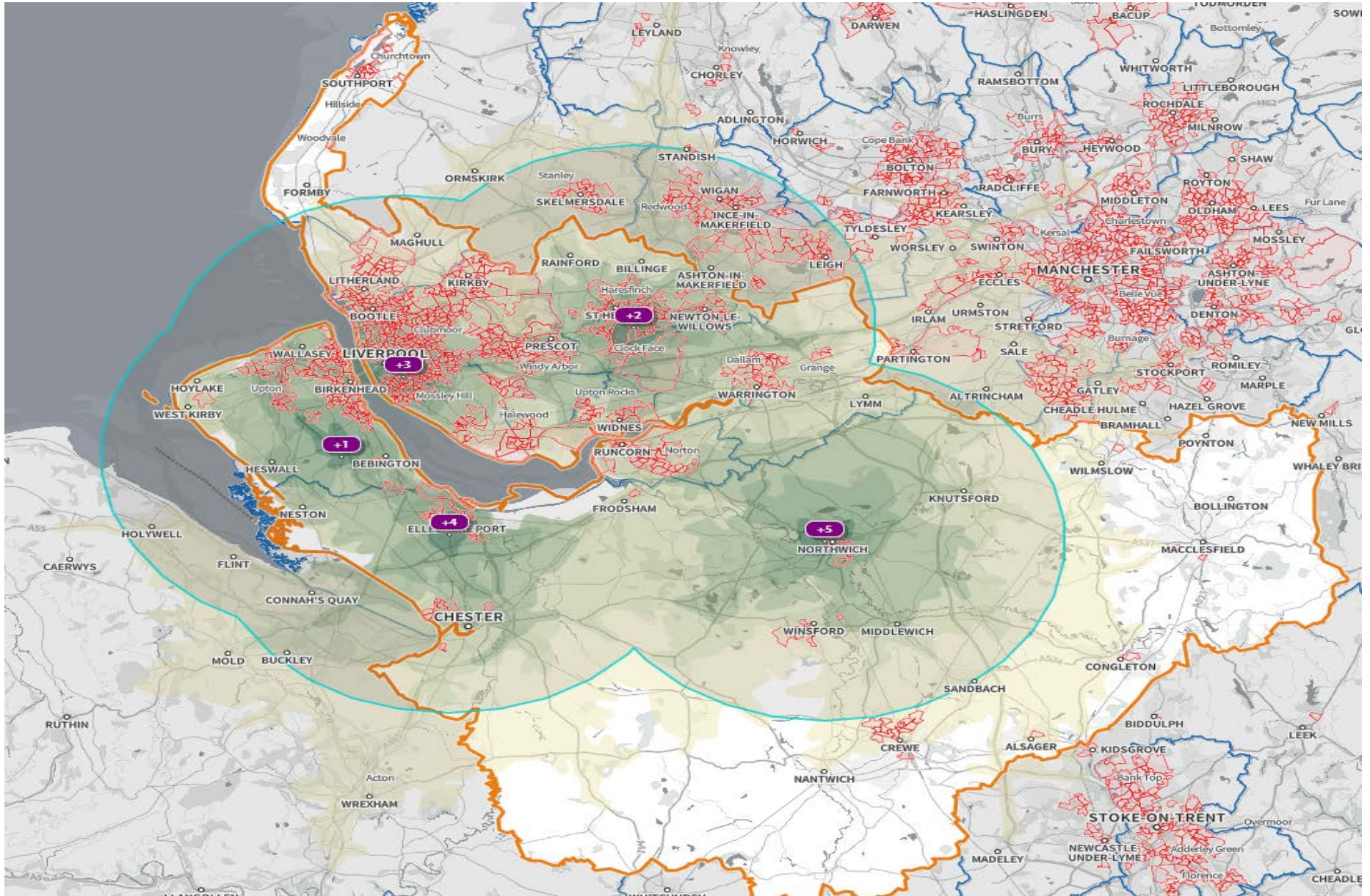
Index of
Multiple
Deprivation
high 20%



C&M – Current Site Details

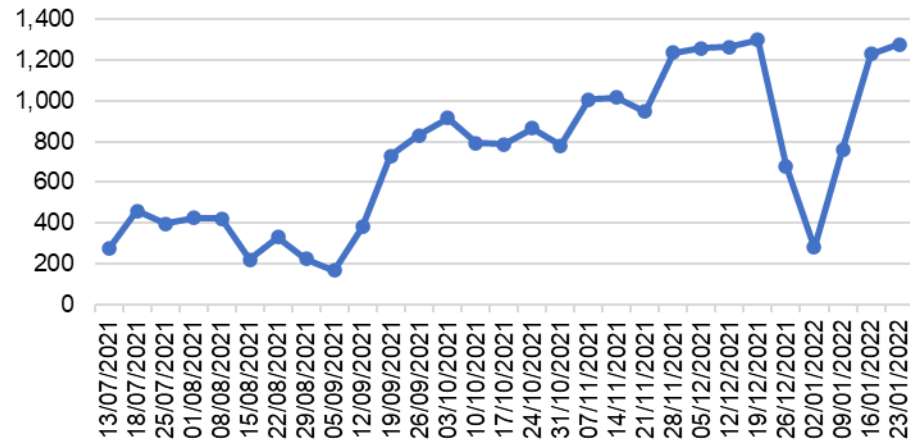
Current C&M
CDC's sites
(circles showing 10 miles access)

Index of
Multiple
Deprivation
high 20%

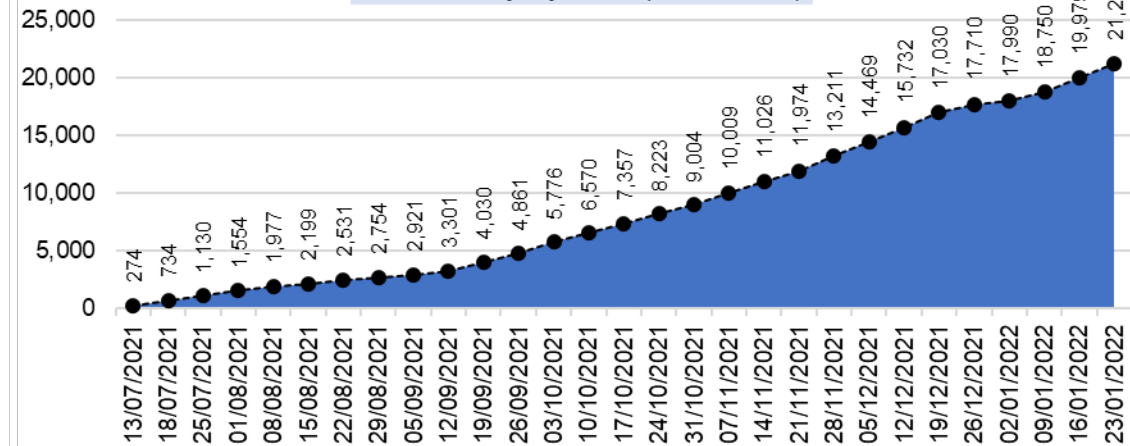


C&M - CDC activity

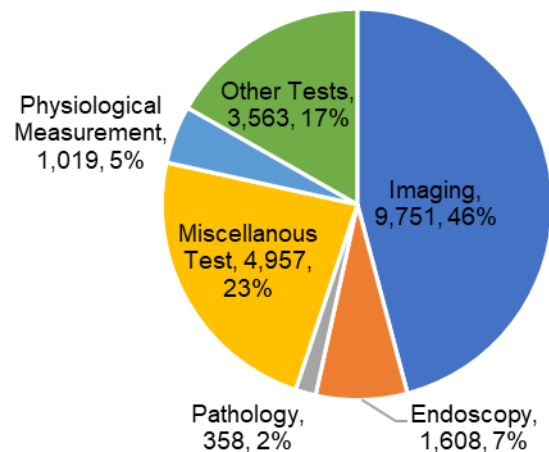
CDC Activity by C&M activity (Weekly)



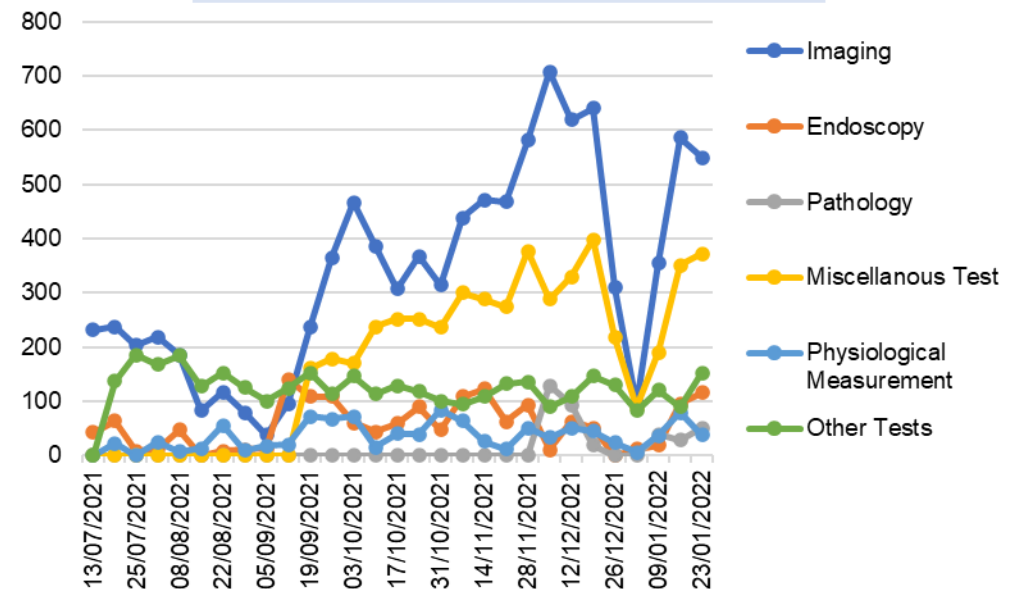
CDC Activity By C&M (Cumulative)



CDC Activity by Diagnostic Test Group



CDC Activity by Diagnostic Test Group (Weekly)



C&M Proposed Additional 4 CDCs

National Funding: CDC 2+

System Capital Allocation

	CDC Funding of £1.126.8bn - by Year			
STP name	2022/23 £'m	2023/24 £'m	2024/25 £'m	Total £'m
	635.2	245.8	245.8	1,126.8
Lancashire and South Cumbria	24.390	9.440	9.440	43.269
Greater Manchester	32.940	12.750	12.750	58.432
Cheshire and Merseyside	28.430	11.000	11.000	50.434

System Revenue Funding

Systems will be able to access £410m (National total) of dedicated 22-23 revenue funding to support set up and running of CDCs.

Future years not confirmed yet

CDC – Decision Making Criteria

Sites must meet the following key criteria:

- Not a current hot site – cold site that is COVID secure. Good travel arrangements and ideally a separate entrance
- Core facilities in place (i.e. imaging machines) + potential for expansion.
- Capital is available for CDC 2+ but the envelope is heavily balanced to delivery in 22/23 and does not support an entirely new build unless exceptional circumstances.
- Cases for delivery in 22/23 will need to be completed by June.
- Current estate arrangements that can be in place for delivery of this service (leaning itself to wholly owned NHS sites)
- Ability to expand diagnostics capacity/capability in line with the system aims and to improve the elective recovery programme. This includes a significant number of the minimum test sets across modalities.
- Appropriate clinical governance around imaging, testing and NHS services
- Areas of high population/deprivation that have existing high demand of services

As per CDC Planning Guidance 2022-23, Key Design Considerations Dec 2021.

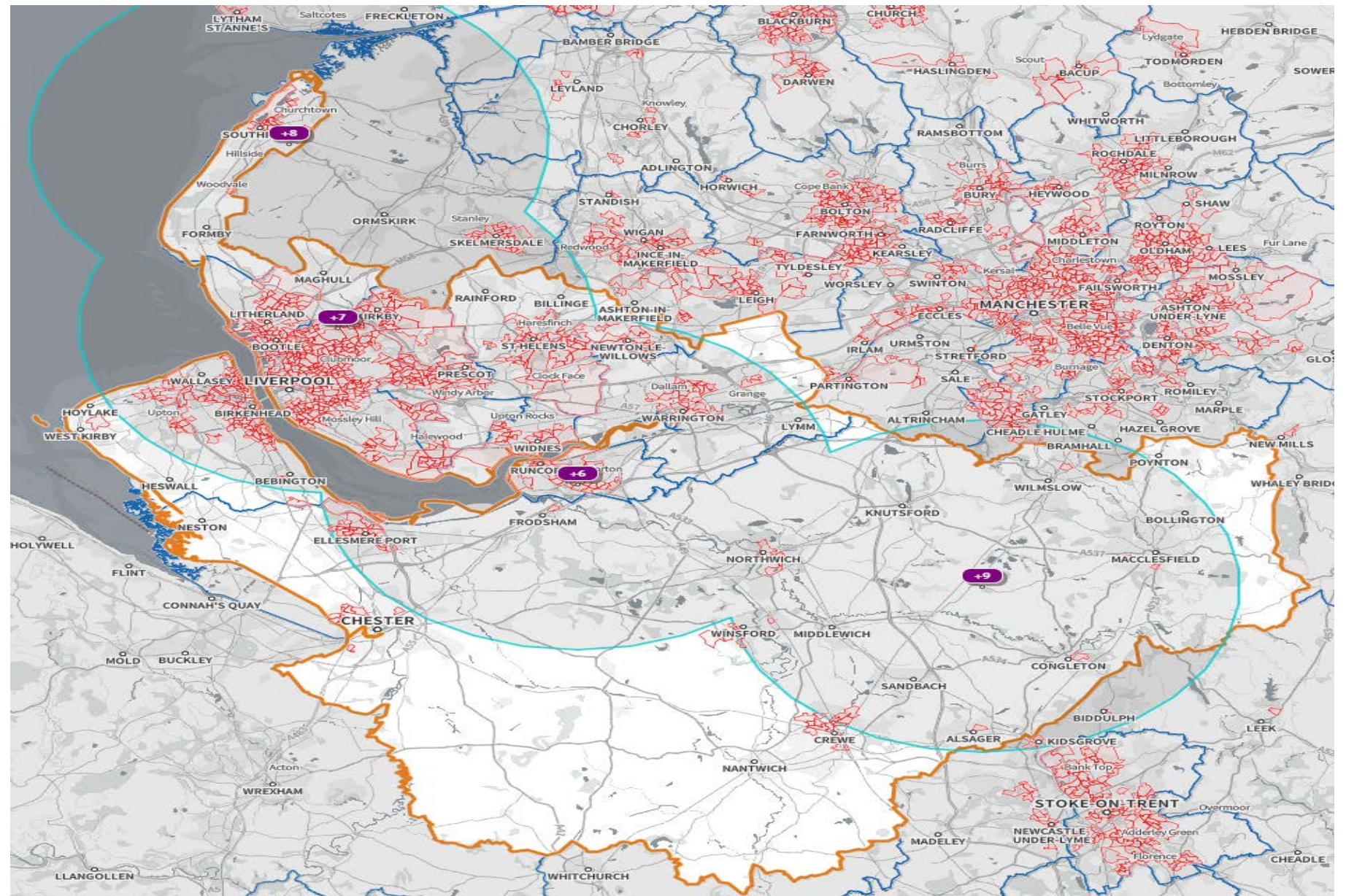
Plans have been taken through following groups:

- CCG AOs / DOFs / Commissioners
- COOs
- Directors of Strategy
- Community / LD / MH Cell
- Acute / Specialist Cell
- CEOs
- ICS Capital Group & Execs
- CDC Programme Board
- C&M Diagnostics Delivery Board
- System Oversight Board
- Elective Recovery Group

Timeline:

- | | |
|---------|---------------------------|
| 4 Mar | Submit Outline Plan |
| 31 Mar | Regional Approval |
| 8 June | Submit Business Case |
| 31 July | Regional Approval if <£5m |

C&M – Proposed Additional 4 CDCs

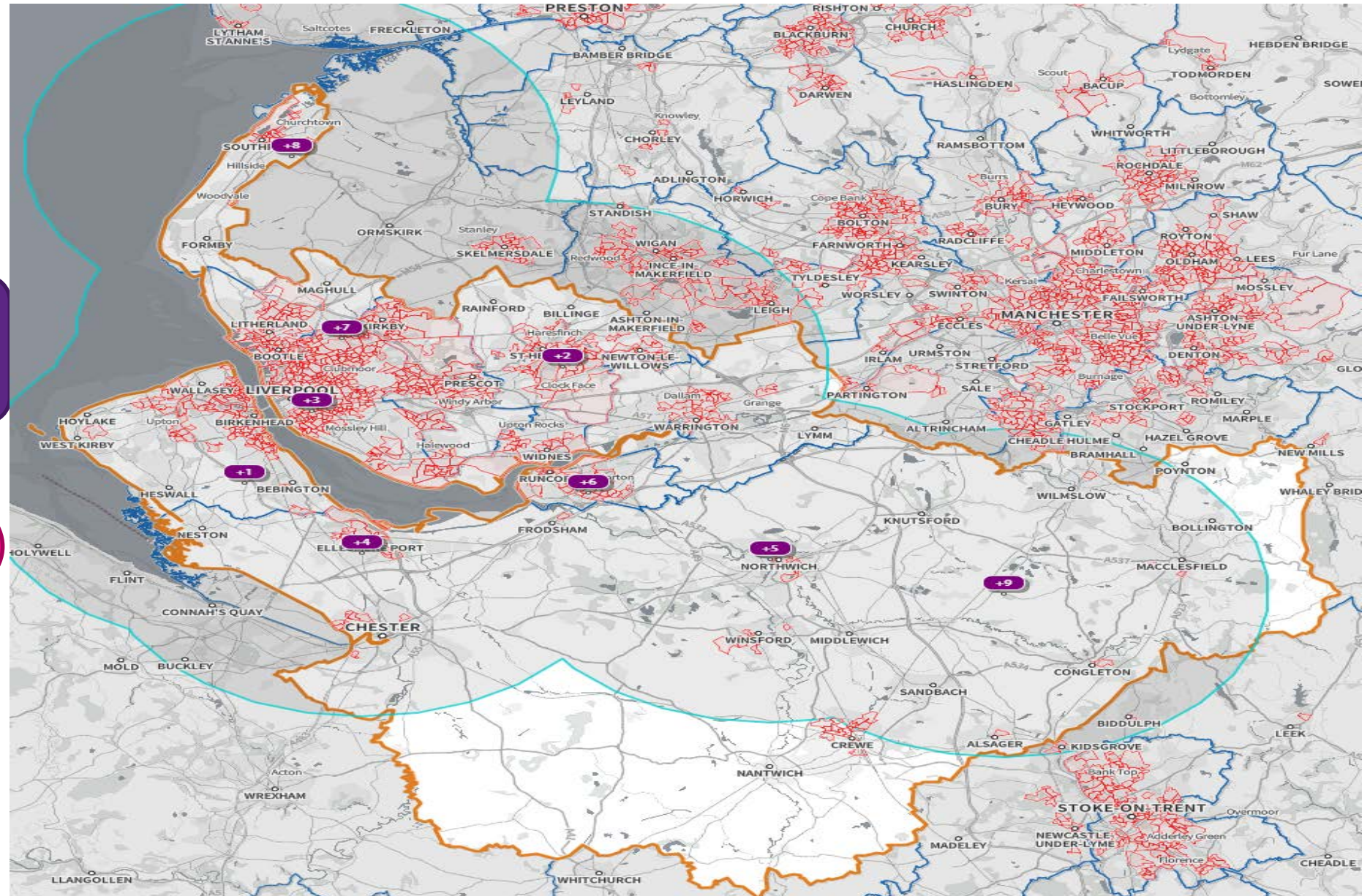


Potential new C&M
CDC's sites
(circles showing 10 miles access)

Index of
Multiple
Deprivation
high 20%

NB for the purposes of mapping the E Cheshire solution is shown as 1 hub equal distance from the three locations

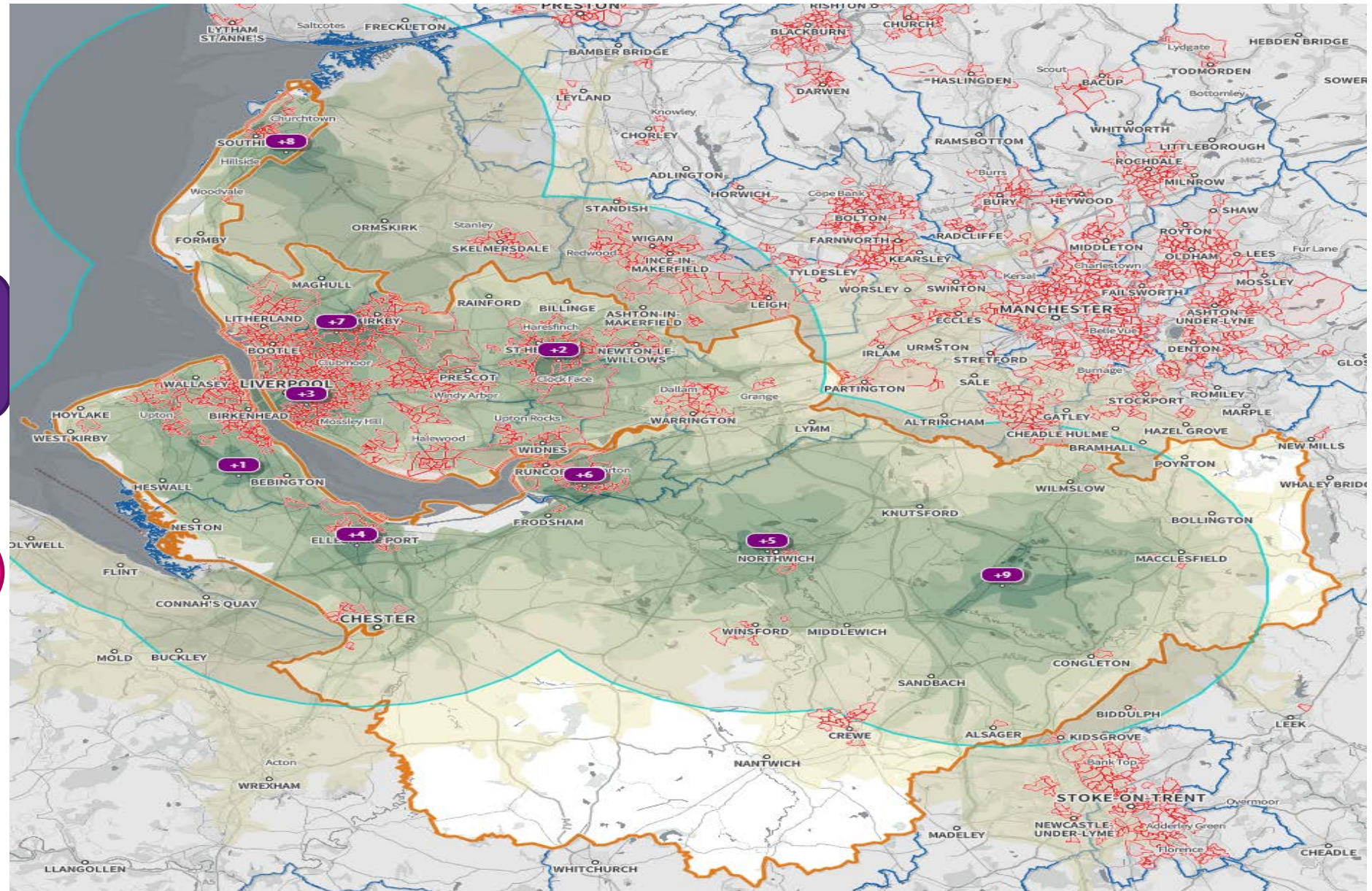
C&M – Proposed Additional 4 CDCs



Existing and new
C&M CDC's sites
(circles showing 10 miles access)

Index of
Multiple
Deprivation
high 20%

C&M – Proposed Additional 4 CDCs



Existing and new
C&M CDC's sites
(circles showing 10 miles access)

Index of
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Deprivation
high 20%

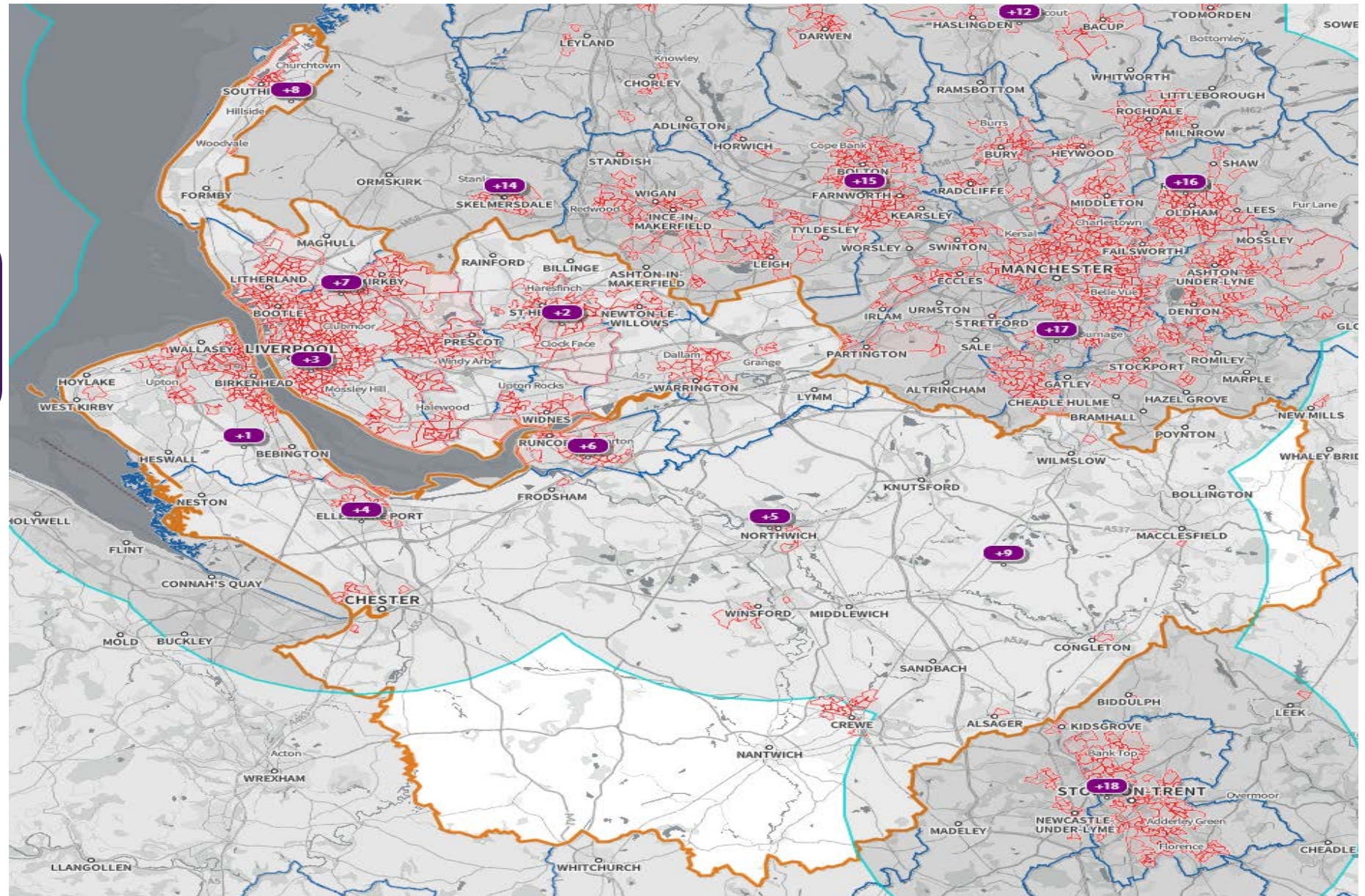
C&M – Proposed Additional 4 CDCs

Existing and new
C&M CDC's sites +
surrounding

(circles showing 10 miles access)

Index of
Multiple
Deprivation
high 20%

*NB – plans in each
system under review,
Manchester ICS and
Midlands system only
showing existing sites*

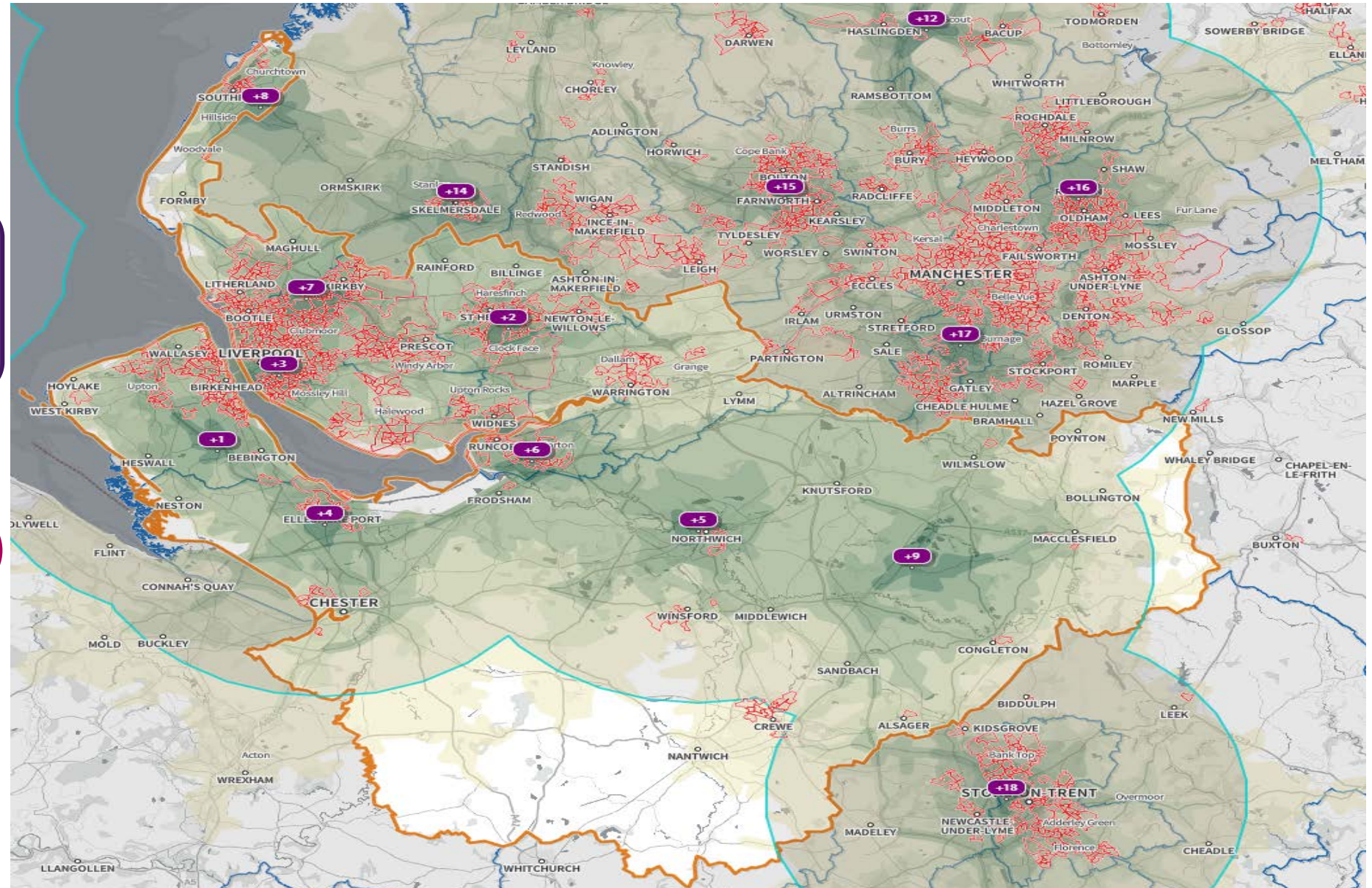


C&M – Proposed Additional 4 CDCs

Existing and new
C&M CDC's sites +
surrounding

(circles showing 10 miles access)

Index of
Multiple
Deprivation
high 20%



C&M – Proposed Additional 4 CDCs Capital

Site	CDH wave	Estimated operational timescales	Imaging	Testing	Pathology	Endoscopy	Type of CDC	22/23 Capital £ 'm	23/24 Capital £ 'm	24/25 Capital £ 'm	Notes
Clatterbridge	EA	Already operational	Y	Y	Y	Y	Large	5.50	-	-	Replacement of relocatable CT, MRI upgrade, and other minor works and equipment
St Helens	EA	Already operational	Y	Y	Y	Y	Large	8.77	-	-	MRI scanner, endoscopy rooms (2), other minor equipment and building works
Aintree Healthcare Campus	CDC 2	24/25	Y	Y	Y	Y	Large	-	2.00	11.00	Capital build and new equipment
Halton General Hospital	CDC 2	23/24	Y	Y	Y	Y	Large	6.00	9.00	-	Capital build and new equipment
E Cheshire	CDC 2	Q3/4 23/24	Y	Y	Y		Standard	5.00	-	-	Site development and equipment purchases
Southport	CDC 2	Q3/4 23/24	Y	Y	Y	Y	Large	3.25	-	-	Endoscopy building work, CT scanner and estate costs
Total								28.52	11.00	11.00	
Funding								28.43	11.00	11.00	<i>(Minor variance will be adjusted for final submission)</i>

Important notes;

- Costings are approximate values at this stage based on early space, estate and equipment details
- Detailed site work, specifications and timeline for cases will influence above detail
- Costings will be fully detailed through business case process and trust/system governance and review
- Approval processes and timelines are influenced greatly if less than £5m, between £5 and £15m and more than £15m. For deliverability cases need to be in the less than £5m or £5-15m for larger work
- The timeline for each programme is not finalised, and a number of the smaller CDC equipment purchases can be profiled to fit within the overall capital envelope and timeline

Regional New Build Funding



Regional New Build Funding

Available Funding:

Additional funding of £50m available to support 2 new builds (£25m each) in the Northwest Regional to be delivered in 23/24 and 24/25.

Background & Next Steps

Process confirmed by Region on 25/02/2022

C&M co-ordinated Northwest and Region Discussion on 28/02/2022. All agreed to propose a revised timeline to allow for a fuller option appraisal.

C&M Team will discuss options further with Places, LEPs, Universities & neighbouring ICSs re deliverable options within budget.

C&M options to be socialised to obtain censuses view in coming weeks.

Date of Action	System / NHSE&I	Description
By 3pm 3 rd March	Systems	Overview of sites, architype and mapping which underpins locations selection. Overview/justification of the new build requirement.
09 March	NHSE/I	Presented To Regional Leadership Group
09/10 March	NHSE/I	Communicate outcome of RLG discussion to systems
By 4pm Friday 4 th March 2022	Systems	Submission of initial draft proposal via NW Regional Diagnostic Team
07/03/2022 – 16/03/2022	NHSE/I	Regional Panel Review of Submissions & Collation of KLOEs
By 4pm Friday 18 th March 2022	NHSE/I	To distribute KLOEs to CDC system Leads
21/03/2022 – 4pm Monday 28 th March 2022	Systems	Review KLOEs from Region and Provide Response to NHSE/I
30/03/2022	NHSE/I	Paper Presented To Regional Leadership Group
31/03/2022	NHSE/I	Communicate outcome of RLG discussion to national programme

Recommendations

- **Support submission of the high level plans for 4 additional CDCs** in C&M on the basis that:
 - The plans fit within the capital envelope.
 - There will be 9 C&M CDCs which fits with the recommended level of 3 CDCs per million population.
 - The site locations fit with the criteria especially around travel, deprivation and population density.
 - The sites appear capable of mobilisation to time.
 - The plans will aid achievement of planning guidance ask relating to 120% of pre-pandemic activity.
- **Support a revised (longer) timeline for new build funding. C&M to submit proposal after further options appraisal and socialisation with relevant groups is complete.**
- **Note the next steps for the CDC Programme:**
 - System workforce plans
 - Full business cases to cover capital and revenue requirements
 - Activity trajectories to deliver year on year increases
 - Pathway redesign work to maximise earlier diagnosis and address population health challenges
 - Fuller engagement with sites, places and public + equality impact assessments.

Finance and resources sub-committee

Key issues report

Of the meeting held on 10th March 2022



 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

Key issues arising from the meeting held on 10th March 2022

ALERT (matters of concern, non-compliance or matters requiring a **response/action/decision** from the C&M Joint Committee)

Issue	Committee comments	Assurances received	Action	Timescale
Delegated decision making	The committee is requesting clarity from the joint committee as to what decisions it will agree to make having received delegations from the respective CCGs.		Joint committee to confirm that it will receive matters for decision making that have been delegated	April 2022

ADVISE (general update in respect of ongoing monitoring where an update has been provided)

Issue	Committee update	Assurances received	Action	Timescale
Report from chief finance officers on achievement of statutory duties	CCGs have worked collectively to submit breakeven plans for H2 2021/22.	<p>The CFOs reported that of the £68.7m of financial risk associated with plans, £68.9m has now been mitigated. This represents an improvement of £5.4m on the M8 position and means that all CCGs are now forecasting at least a break-even position, with a small aggregate surplus of £0.2m.</p> <p>There is consistent achievement of all other statutory duties, with the exception of cash balances where the maximum balance of 1.25% was exceeded at the end of December by 3 CCGs (4 CCGs in December)</p> <p>The report confirmed improvements at NHS Halton CCG for both breakeven duty and cash management and NHS Cheshire CCG for breakeven duty.</p>	Continued focus on delivery of financial plans	

Agenda item: C1

Workforce dashboard	The committee received the consolidated workforce dashboard	The committee welcomed the report as it provided a view across C&M and areas of commonality could be identified.	Further narrative to support the report is required along with comparative data	April 2022
MLCSU performance report	The committee received the consolidated quarterly report for South Sefton, Southport and Formby, Halton, St Helens, Knowsley and Liverpool CCGs.		The committee have requested additional information that demonstrates compliance with KPIs and other outcome measures	June 2022

ASSURE (issues for which the committee has received assurances)

Issue	Committee update	Assurances received	Action	Timescale
Risk	CCG CFOs have reviewed financial risk against the potential for future mitigations and are assured that by following the agreed actions plans will be delivered. There were no risks identified as having a score of 16 or above.	Risk registers and BAFs extracts with detailed mitigations	Continue to review and receive risk detail	Ongoing
External audit fees	The committee were concerned about the capacity within external audit available to support account sign off for this year and Q1 next year.	The CFOs will work collectively to agree external audit fees to ensure 2021/22 and Q1 2022/23 accounts can be signed off. The fees will be agreed through the appropriate internal governance within the respective CCGs.	Fees to be agreed.	March 2022

Quality Sub-Committee

Key issues report

8th March 2022



 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

Key issues arising from the meeting held on 8th March 2022

ALERT (matters of concern, non-compliance or matters requiring a **response/action/decision** from the C&M Joint Committee)

Issue	Committee comments	Assurances received	Action	Timescale
Terms of reference for Quality Sub-Committee	NB. Not discussed at Sub-Committee meeting but highlighted via governance route Current TORs have been approved up to end March 2022		Joint Committee to consider approving TORs up to end June or alternative date	End March 2022
Avoidable Harm Reviews	Paper provided highlighting the development of the CM Harm Review Quality Principles Paper also set out how the use of the principles impacted on patient experience and potential harm.		Recommendation from the Quality Sub-Committee to the Joint Committee to approve the principles (attached at Appendix A) and their use during the Elective Recovery Programme. Joint Committee should note that there was some discussion that the word 'principles' may need to be changed	End March 2022

ADVISE (general update in respect of ongoing monitoring where an update has been provided)

Issue	Committee update	Assurances received	Action	Timescale
Committee and sub-committee papers and information	All Chief Nurses / Directors of Quality asked to ascertain within each respective CCG that Joint Committee and Sub-Committee packs and papers are being circulated to GB members	Ongoing	Feedback required from Sub-Committee members at the April meeting	End April 2022
Task and Finish Group for quality risks	As a result of the number of risks relating to quality across all CCGs, a task and finish group has been arranged on 23 March 2022, involving members of the Sub-	Ongoing	Update report to the Quality Sub-Committee following the first meeting of the task and finish group	End April 2022

	Committee and the Performance Sub-Committee to ensure alignment of management of risk			
ASSURE (issues for which the committee has received assurances)				
Issue	Committee update	Assurances received	Action	Timescale
Infection, Prevention and Control (IPC) Performance report	<p>Paper presented outlining IPC arrangements in place currently. This highlighted various providers across Cheshire & Merseyside and performance is variable, including risks and issues associated with IPC.</p> <p>Governance arrangements continue with the Cheshire & Merseyside Anti-Microbial Resistance (AMR) Joint Oversight Board in place.</p> <p>Work is underway to establish an AMR dashboard, expected in approximately July. Next steps were identified which included the establishment of a task and finish group.</p>	Performance data included in the report	Further update requested to the April meeting	End April 2022
System Surveillance Group Developments	<p>An overview of the National Quality Board guidance was provided, which included System Quality Groups and a draft of how this might look in Cheshire & Merseyside.</p> <p>Next steps were discussed which will involve membership, terms of reference, agreement of governance reporting and planned workshops</p>	Cross reference to national guidance and planned approach in CM	Further updates requested to future meetings	End April 2022

Safeguarding	<p>An overview was provided in relation to safeguarding children and adults and included:</p> <ul style="list-style-type: none"> - Child Death Overview Panels - Need for place-based improvement plans for Looked After Children health assessments - Common themes for children and adult safeguarding - Governance arrangements for the oversight of the transfer of statutory duties to the ICS from July 2022 - Update on eleven collaborative workstreams in progress 	Common themes provided including data to evidence some of the work at place	Further update requested to the July meeting	End July 2022
CM All Age Continuing Care Programme Board	Update provided including Q3 performance in Cheshire & Merseyside against continuing healthcare national standards. This included an update on independent review panels	Performance update provided against national standards	Continuous monitoring of performance required against the discharge programme	Ongoing

Long Waits Quality Principles



1. We will validate waiting lists using the national clinical prioritisation and harm review guidance How To[®] Guide; Clinical Harm Review Processes (2021)

2. We will stratify patients using methodologies that assess risk of clinical harm (C2AI when in use) but also incorporate the impact of inequality of access and outcomes

3. We will seek to prioritise groups that we know experience health inequalities:

- Those with a learning disability
- Those with Serious Mental Illness
- Children and young people who was 'not brought' (learning from safeguarding serious case reviews).

4. We will undertake clinical harm reviews based upon the validity of our processes for risk stratification and clinical judgement some (providers and pathways) may need to do more/less dependent upon systems and processes in use – C2AI

5. We will factor in thresholds for escalation when patients have gone over the date when they should have been seen.

6. When undertaking Clinical Harm Reviews (CHR's) we will consider:

- Quality of Life impact e.g. pain management
- Impact of failure to act
- Current treatment regimens
- Window of opportunity and potential irreversible harm
- For example The Getting it right first time (GIRFT) programme has worked with the Royal College of Ophthalmologists and recommended that Ophthalmic patients should wait no more than 25% beyond their intended treatment time in order to prevent irreversible sight loss as a result of delayed treatment.

7. When considering how we undertake Clinical harm reviews (Face to face versus desktop) we will consider inequality of access (older people, literacy, digital inclusion, DNA, children and young people who was not brought)

8. We will apply principles of Duty of Candour openness and transparency when conducting Clinical harm reviews.

9. We will communicate and engage with our patients and public to ensure that whilst they are awaiting treatment they are supported to manage their condition and kept informed of their treatment plan and signposted to resources that may support their well-being whilst waiting.

10. We will monitor and evaluate outcomes of risk stratification to inform future learning

11. We will develop governance and reporting infrastructure as we develop our approaches and act on learning from Clinical harm review process and patient experiences



Performance Committee

Key issues report

15th March 2022



 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

Key issues arising from the meeting held on 15th March 2022

ALERT (matters of concern, non-compliance or matters requiring a **response/action/decision** from the C&M Joint Committee)

Issue	Committee comments	Assurances received	Action	Timescale
COVID-19 (Staff absences/Rise in infections & hospitalisations)	Committee noted increase in COVID-19 infections rates impacting on increased hospitalisations, staff absences and potential impact on Elective Recovery Programme.	Local monitoring systems in place.	Performance leads to continue to monitor provider performance and committee will undertake a 'deep dive' on Elective Recovery. Deep dive to include impact of Elective Recovery based on socio-economic factors to ensure programme considers health inequalities and does not exacerbate known inequalities.	April 2022
Countess of Chester Hospital – Migration to Cerner	<ul style="list-style-type: none"> - High RTT and Cancer waiting lists at Regional and National level - Ongoing validation of data needed to improve accuracy and management of patients including defining patients who could be transferred to ISPs <p>Issues in delays/delivery of correspondence in relation to patient discharges/attendances and results with Primary Care</p>	<ul style="list-style-type: none"> - CCG, CMCA, NHSE/I have regular meetings with the trust. - A CQC visit is currently taking place at the trust, they will also be evaluating the position <p>Senior Clinical and IT Leads from the Trust, the CCG & ICP are represented at the fortnightly COCH / CCG Primary Care subgroup</p>	<ul style="list-style-type: none"> - The Trust remains in a quality surveillance group process in relation to areas of quality concern including the cerner implementation. - NHS Digital to provide practical help through their Trust System Support Model (TSSM) through post-deployment interventions - Additional funding, staff and support have been provided to the trust to focus on addressing implementation issues and to accelerate validation of the data - There is an elective recovery turnaround director appointed until the end of March 2022 to help build a robust recovery programme. - Primary Care “issues” subgroup formed and meets fortnightly to review and respond to issues 	Ongoing

CHC Performance Management	Committee noted the request for the committee to manage a reduction in outstanding cases prior to the establishment of the ICB on 1/7/22. It was noted that the C & M CHC lead is a member of the Quality Sub Committee.		Recommendation from Performance Committee is that CHC is managed within one committee to avoid duplication. This would be appropriate to lie within the Quality Sub Committee with the Performance Committee receiving data in relation to case management for performance monitoring as necessary.	April 2022
Learning Disability Health Checks	Committee noted concern from SRO that LD Health Check performance is at pre-pandemic levels		Committee agreed to undertake a 'deep dive' on this issue in April 2022. Improvement actions will be progressed accordingly.	April 2022

ADVISE (general update in respect of ongoing monitoring where an update has been provided)

Issue	Committee update	Assurances received	Action	Timescale
Performance Report	Revised integrated performance report reviewed by committee.	Committee noted the expansive range of the performance report to assist with identification of performance issues.	Minor work required on Executive Summaries	April 2022 & Ongoing.
CCG Key Issues	Committee received 'key issues' reports from Cheshire, Wirral, South Sefton & Southport & Formby. Reports not submitted for other CCGs.	Key Issue report submissions have provided a basis for substantive discussions. Full suite of reports required to identify key issues from CCGs who haven't yet submitted reports.	The following CCGs will need to submit a 'key issues' report for the April Committee Meeting: Liverpool Knowsley Warrington Halton St Helens CCGs who have submitted key issues reports will refresh content for April.	April 2022

Workplan	Committee agreed 4 items for 'deep dives' April – Elective Recovery & LD Health Checks May – Serious Mental Illness (Physical Health Checks) June – Ambulance performance (Paramedic/PTS/NHS 111)		Reporting to be developed for 'deep dive' discussions as per workplan	April – June 2022
ASSURE (issues for which the committee has received assurances)				
Issue	Committee update	Assurances received	Action	Timescale
Risk Management	Committee noted the progress of work being undertaken by MIAA/CCG Governance Leads. Noted the 'Task and Finish' group being held on 23/3/22 between members of Quality & Performance Sub Groups in relation to risk management	CCGs continuing to manage risks and raise significant risks through 'key issues' reporting until further work is progressed from Task & Finish Group	Actions to be progressed arising from Task & Finish Group (23/3/22) in due course. Performance Committee to identify any risks arising from workplan 'deep dives'	April 2022 April – June 2022

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

29 March 2022

Agenda Item C4

Report Title	Commissioning Working 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 meeting that took place on Monday 7 th March 2022.

Recommendations:
The Joint Committee is asked to:
<ul style="list-style-type: none"> • Note the contents of the report

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 activity outlined in the approved work plan and to develop recommendations to the Joint Committee based on these items.
Appendices:	N/A

Commissioning Working Group (DoC) Update Report

1. Introduction

- 1.1 The Cheshire and Merseyside Commissioning Working Group met on 7th March 2022 since the last meeting of the Joint Committee. This report provides an overview and some items for noting by the Joint Committee following discussions at the meeting.

2. Committee Management

2.1 Commissioning Working Group – Work Plan

The group reviewed the work plan with a lead assigned to each area. Owing to the number of areas on the work plan, the group undertook a prioritisation exercise remotely following the meeting.

2.2 Specialist Weight Management – Tier 4 service

Nesta Hawker reported an update from NHS Chorley and South Ribble CCG regarding the latest position in relation to the system wide weight management commissioning project and the Tier 4 procurement. Essentially, Tier 4 procurement was due to commence in November 2021, however since then the procurement has been delayed once again owing to prioritising additional winter pressures and responding to the omicron variant.

It is anticipated the procurement will commence at the end of March 2022 with new contracts being awarded in October 2022 at the earliest. It was noted that Interim Tier 4 contracts arrangements will remain in place until that time to ensure provision is in place during the mobilisation of the newly procedure service and to cover any potential exit arrangements. An updated procurement timeline will be circulated in due course with a request for volunteers to be involved in the evaluation stage of the procurement process.

The procurement is still to cover Lancashire, Cumbria, Merseyside, and Wirral; however it is now also intended to name Cheshire within the procurement documents to potentially be added as an associate to the new contract(s) at a later date.

Recommendation:

- **To note** the changes to the proposed procurement timeline and strategy.

3. Business

3.1 Community Diagnostics Centres – Phase 2

Tracey Cole (Diagnostics Programme Director) presented a detailed overview of the Cheshire & Mersey Community Diagnostic Centre (Phase 2) Plans.

It was acknowledged that whilst a significant amount of work has been undertaken to date, there is still a long way to go before fully implementing the programme. At this stage, there are plans being developed for 4x Community Diagnostic Centres in addition to the existing 5 locations, plus upgrades to the existing two early adopters at Clatterbridge and St Helens.

The potential areas/locations under development are:

- Bootle area/Aintree Health and Wellbeing Campus
- Halton (General Hospital)
- Southport Hospital
- East Cheshire (possible hub and spoke model with options in Knutsford, Congleton and Macclesfield).

The centres were discussed in the context of place estate strategy and how these potential developments fit into wider estate plans. A request was made for each CCG to look at their own estate strategy and governance to feed into the programme. It was noted that whilst it is anticipated that work regarding pathways will commence in the next few months, national guidance is awaited. The group's recommendation for all stakeholders to be updated on progress as the programme evolves was acknowledged.

3.2 National Service Model Integrated Community Stroke Service (ICSS)

Recent guidance had been received regarding the national model for ICSS which was shared with the group. As the Joint Committee had previously agreed for this model to be adopted across Cheshire & Mersey, a gap analysis was requested against the model to identify and significant gaps in provision that would hinder adoption. Group members agreed to undertake the brief exercise with any significant issues to be escalated once completed.

3.3 Improving Access to Psychological Therapies (IAPT)

Richard Burgess (NHS Cheshire CCG) provided an update on the programme and highlighted key elements in terms of recovering IAPT performance across Cheshire and Merseyside. This included an update on a piece of work to look at patient level data in auditing the IAPT data submissions from each of the five IAPT providers across C&M; updates on recruitment to IAPT trainees; plans for long term condition and other physical health pathway integration and the single digitally enabled therapy platform (Silvercloud).

The single Silvercloud contract hosted by Cheshire and Wirral Partnership is due to go live in April, however places should not see any immediate changes to their localised offer. A single C&M portal will be developed and pathways aligned once the contract is live. Maximising the digital offer, along with physical health integration is essential to hit the challenging 25% Access standard. The IAPT Strategic Group is recommending CCGs adopt CQUINs for IAPT referral into their physical health contracts for 2022/23. The Strategic Group will work to provide recommendations to CCGs on how to implement this. Each CCG was asked to provide NHS Cheshire CCG with details of their nominated CQUIN leads. Finally, the insight work in this area is now complete and will be reviewed in the next month.

It was noted the strategic group will provide a guide to each place in relation to CQUINs around community contracts predominantly, however there will not be a blanket approach for contracts due to diversity of approach in each area.

Recommendation:

- **To note** the programme is moving forward with good progress being made and is on track for Quarter 4.

3.4 **Children & Young People's Mental Health Services (Crisis & Eating Disorder Services)**

Carl Marsh (NHS Warrington CCG) acknowledged that although the service is operating across Cheshire & Mersey, it has been identified as a risk given the uncertainty as a consistent service provision. It was noted that C Marsh will summarise the latest update and circulate to the group ready for further discussion.

3.5 **Independent Sector Contracts**

Caroline Lees (NHS St Helens CCG) provided an update in Julie Ashurst's absence to advise that KPMG are working with the IS leads and Acute Cell on some initial key priorities around capacity and demand, process, and governance (PMO), all in support of optimal use of activity in the IS providers with some targeted work at the Countess of Chester to inform learning on the process. C Lees advised that CFOs/contract leads are linked in with this programme. The group will be appraised on progress at the next meeting.

3.6 **Core20PLUS5**

The group discussed the need for consistency in approach to PLUS5 and looked at work ongoing across C&M.

Michelle Urwin (NHS Liverpool CCG) referred to the recently published narrative from Cheshire & Mersey in terms of their plans and the national submission around inequalities. The group acknowledged there are several areas for consideration, which feeds into Schedule 2 Health Inequalities Action Plan in terms of contracts for 2022/23. LCCG colleagues are looking to align that schedule across all of its contracts and have started to do some work on that by using what is in the national plan. The group acknowledged the need for a consistent approach across provider contracts and M Urwin agreed to share a proposal with the group for review and feedback.

3.7 **Sleep Services**

Carl Marsh informed the group that currently there are 250 patients on the waiting list for the Sleep Service at Warrington, the majority of which are from the St Helens area. As such, the Deputy Chief Operating Officer at Warrington & Halton Hospitals NHS Trust has requested for Sleep Services to be removed from the Directory of Services (DoS) for non-Warrington and Runcorn patient population.

This issue was discussed in the wider context of the vulnerable services draft policy being developed. LCCG noted that a similar request had been received from Liverpool University Hospitals NHS Trust due to high numbers of out of area patient referrals. The response provided by LCCG at that time was that referrals should remain open to Cheshire and Mersey patients but can be closed to out of area. It wasn't clear if referrals to Liverpool were operating correctly which could exacerbating the issue at Warrington. It was agreed that LCCG would clarify the providers of sleep services and current wait time for each service to ensure referral pathways were accessible locally.

The agreed response to Warrington & Halton Hospitals NHS Trust was to fall in line with Liverpool and close only to out of area referrals. The situation will be monitored.

4. Recommendations

- 4.1 The Joint Committee is asked to:
- **note** the contents of the report.

5. Access to further information

- 5.1 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

29 March 2022

Agenda Item **C5**

Report Title	Consolidated Cheshire and Merseyside CCGs Accountable Officers Report
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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 South Sefton CCG and NHS Southport and Formby CCG
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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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Summary

This summary reports provides Committee members with details of any decisions undertaken since the last meeting of Joint Committee in February 2022 by the Governing Bodies of the nine Cheshire and Merseyside CCGs on areas which have not been delegated to the Joint Committee.

Agendas and papers Considered by the Governing Bodies can be accessed via the enclosed links within this paper.

It should be noted that not all Governing Bodies have met in public since the last meeting of the Joint Committee.

Recommendations

The Joint Committee is asked to:

- Note** the decisions made at meetings of the Cheshire and Merseyside CCGs Governing Bodies.

Consideration for publication

Meetings of the Joint Committee will be held in public and the associated papers will be published unless there are specific reasons as to why that should not be the case. This paper will therefore be deemed public unless any of the following criteria apply:	
The item involves sensitive HR issues	N
The item contains commercially confidential issues	N
Some other criteria. Please outline below:	N

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	

Authority to agree the recommendation:

Have you confirmed that this Committee has the necessary authority to approve the requested recommendation?	Yes
If this includes a request for funding, does this Committee have the necessary delegated financial authority to approve it?	n/a
If this includes a request for funding, have the Directors of Finance confirmed the availability of funding?	n/a

Conflicts of Interest Consideration and mitigation:

n/a

Link to Committee Risk Register and mitigation:

n/a

Report history:

This is the first time that this report has been received by the Joint Committee.

Next Steps:

-

Responsible Officer to take forward actions:

Fiona Taylor

Consolidated Cheshire and Merseyside CCGs Accountable Officers Report

1. Introduction

- 1.1 This summary reports provides Committee members with details of any decisions undertaken since the last meeting of Joint Committee in February 2022 by the Governing Bodies of the nine Cheshire and Merseyside CCGs on areas which have not been delegated to the Joint Committee.
- 1.2 Agendas and papers Considered by the Governing Bodies can be accessed via the enclosed links within this paper.
- 1.3 It should be noted that not all Governing Bodies have met in public since the last meeting of the Joint Committee.

2. Decisions undertaken at CCG Governing Body meetings

NHS Cheshire CCG

The Governing Body of NHS Cheshire CCG met in public on 17 March 2022. The Agenda and Papers can be found at: <https://www.cheshireccg.nhs.uk/media/2557/agenda-public-combined-version-2.pdf>

In addition to agreeing previous meeting minutes and noting a number of assurance reports, the Governing Body

- **approved** proposed further revisions to the CCGs delegation of authority to the Cheshire and Merseyside CCGs Joint Committee. Governing Body members agreed the recommendations within the report to delegate further authority to the Cheshire and Merseyside Joint Committee so as to align with the other CCGs of Cheshire and Merseyside.
- **approved** the CCGs 2022-23 Better Care Fund Plans with Cheshire East Council and with Cheshire West and Chester Council.
- **approved** the proposed revisions to four of the 11 risks within the Governing Body Assurance Framework as part of the 2021-2022 Quarter Four assurance update. Governing Body members received the Quarter Four update for the 2021-22 Governing Body Assurance Framework (GBAF risks) and approved the recommendations within with regards the reduction in scores of four of the 11. Governing Body approved reductions in the following risks:
 - Risk 21-01 'Failure to design and commission environmentally and socially sustainable services that incentivise and drive delivery across the CCG and with providers and partners. *Reduction from 20 to 16*
 - Risk 21-04 'Failure of the CCG to collaborate effectively with partners to commission services that safeguard and promote the welfare of children, looked after children and adults at risk. *Reduction from 12 to 9*
 - Risk 21-06 'Failure to attract, retain and develop staff with the skills and capacity to provide leadership to enable the delivery of CCG objectives and ensuring focus on transformational change'. *Reduction from 16 to 12.*
 - Risk 21-07 'The CCG is unable to develop or deliver a balanced and sustainable financial plan that reflects the commissioning intentions and need to innovate' *Reduction from 20 to 12.*

NHS Halton CCG

No meeting

NHS Knowsley CCG

No meeting

NHS Liverpool CCG

The Governing Body of NHS Liverpool CCG met in public on 8 March 2022. The Agenda and Papers can be found at: <https://www.liverpoolccg.nhs.uk/media/5306/xx-gb-march-2022-pack-for-web-xx.pdf>

In addition to agreeing previous meeting minutes and noting a number of assurance reports, the Governing Body made the following decisions against the following items:

- **approved** a reduction in score of one of its risks on the Governing Body Assurance Framework:
 - GBAF 05 “NHS finance and contracting arrangements for H2 and 22-23 will limit / inhibit the CCG’s autonomy for evidence-based decision making.” *Reduced from 16 to 12*
- **noted** and reported in public the virtual approval given in December 2021 to the CCGs Better Care Fund / Section 75 commissioning agreements with Liverpool City Council.

NHS South Sefton CCG

No meeting

NHS Southport and Formby CCG

No meeting

NHS St Helens CCG

The Governing Body of NHS St Helens CCG met in public on 09 March 2022. The Agenda and Papers can be found at: <https://www.sthelensccg.nhs.uk/media/4805/gb-public-full-pack-090322.pdf>

In addition to agreeing previous meeting minutes and noting a number of assurance reports, the Governing Body made the following decisions against the following items:

- **approved** the latest update of the Governing Body Assurance Framework. There were no proposed changes to the risk scores.

NHS Warrington CCG

No meeting

NHS Wirral CCG

The Governing Body of NHS Wirral CCG met in public on 15 March 2022. The Agenda and Papers can be found at: <https://www.wirralccg.nhs.uk/media/9416/governing-body-agenda-pack-15th-march-2022-public.pdf>

In addition to agreeing previous meeting minutes and noting a number of assurance reports, the Governing Body made the following decisions against the following items:

- **approved** the latest update of the Governing Body Assurance Framework. There were no proposed changes to the risk scores.