

Approved Minutes

Meeting Name: Joint Committee (Meeting held in Public)

Meeting Date/Time: 29th March 2022 at 1.50 pm

Venue: Microsoft Teams

Chair: Andrew Wilson, NHS Cheshire CCG

Attendance		
Name	Job Title /Category of Membership	Organisation being Represented
Voting Members		
Dr Andrew Wilson	Clinical Chair	NHS Cheshire CCG
Geoffrey Appleton	GB Lay Member	NHS St Helen's CCG
Simon Banks	Accountable/Chief Officer Representative	NHS Wirral CCG
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
Dr Andrew Davies	Clinical Chief Officer	NHS Halton CCG
Dr David O'Hagan	GP Director	NHS Liverpool CCG
Martin McDowell	Chief Finance Officer	NHS South Sefton CCG
Peter Munday	GB Lay Member	NHS Cheshire CCG
Mark Palethorpe	Accountable Officer	NHS St Helen's CCG
Dr Andrew Pryce	Governing Body Chair	NHS Knowsley CCG
Fiona Taylor	Accountable Officer	NHS Southport & Formby CCG
Clare Watson	Accountable Officer	NHS Cheshire CCG
Non-Voting Members		
Louise Barry	Healthwatch Representative	Healthwatch
Margaret Jones	Director of Public Health Representative	ChaMPs Representative
Sarah O'Brien	C&M HCP Representative	Cheshire & Merseyside Health Care Partnership
In Attendance		
Dr Liz Bishop	Chief Executive	The Clatterbridge Cancer Centre NHS Foundation Trust
Tracey Cole	Diagnostics Programme Director	Cheshire & Merseyside Health Care Partnership
Matthew Cunningham	Director of Governance and Corporate Development	NHS Cheshire CCG
Dave Horsfield	Director of Transformation, Planning and Performance	NHS Liverpool CCG
Dianne Johnson	Director of Transition	Cheshire & Merseyside Health Care Partnership
Catherine Maddaford	Chair of Quality Sub-Committee	NHS Liverpool CCG

Attendance		
Name	Job Title /Category of Membership	Organisation being Represented
Phil Meakin	Deputy Director of Governance and Corporate Development	NHS Cheshire CCG
Emma Lloyd	Executive Assistant (Clerk)	NHS Cheshire CCG

Apologies		
Name	Job Title /Category of Membership	Organisation being Represented
Michelle Creed	Chief Nurse	NHS Warrington CCG
Dr Rob Cauldwell	Clinical Lead	NHS Southport & Formby CCG
Dr Michael Ejuoneatse	GP Partner	NHS St Helen's CCG
David Flory	Interim Chair	Cheshire & Merseyside Health Care Partnership
Jan Ledward	Chief Officer	NHS Liverpool CCG and NHS Knowsley CCG
Jane Lunt	Director of Quality, Outcomes & Improvement / Chief Nurse	NHS Liverpool CCG
David Parr	Local Authority Chief Executive Representative	Local Authority
Graham Urwin	Chief Officer	Cheshire & Merseyside Health Care Partnership

Agenda Ref:	Discussion, Actions and Outcomes	Action By
P	Preliminary Business	
A1	<p>Welcome, Introductions and Declarations of Interest:</p> <p>Dr Andrew Wilson welcomed everyone to the meeting of the Cheshire and Merseyside CCGs Joint Committee. Dr Wilson confirmed that this is meeting held in public but is not a public meeting.</p> <p>Dr Wilson informed the committee and those present that there is a strong theme coming together for the Joint Committee meetings, and that is a smooth transfer as progress is made moving from nine CCGs to the new ICB.</p> <p>Dr Wilson outlined, that CCGs we were expecting to be disestablished over the next few days, however CCGs will now be in place until the end of June. The Joint Committee were therefore requested to extend the previously approved terms of references for the Sub-committees of the Joint Committee from the end of March until the end of June. All committee members agreed with this recommendation.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee agreed to extend the existing terms of reference for the Sub-committees of the Joint Committee until 30th June 2022.</p>	

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	<p>The chair noted that, although Michelle Creed and David Parr have sent apologies for this meeting, it was last meeting of the Joint Committee before they both retired. Thanks were expressed to Michelle and David for their work with the Joint Committee.</p> <p>The chair also noted that this is the last meeting before David Flory ends his role as interim Chair of Cheshire & Merseyside Health Care Partnership, Thanks were expressed to David for his leadership over the last 12 months.</p>	
A2	<p>Apologies for Absence:</p> <p>Apologies received are noted on page 1 of these minutes.</p>	
A3	<p>Minutes of the Previous Meeting:</p> <p>A copy of the draft minutes from the meeting held on Wednesday 23rd February 2022 were circulated prior to the meeting and comments were invited. No comments were raised, and the minutes were therefore approved.</p> <p>Outcome: The minutes of the private meeting held on 23rd February 2022 were approved.</p>	
A4	<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>	
A5	<p>Action and Decision Log:</p> <p>The action log and updates were provided as follows:-</p> <p>2122-06 Closed. This is included in the risk paper on this meeting's agenda.</p> <p>The decision log was noted.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the action log update and noted the latest decision log.</p>	
A6	<p>Forward Planner:</p> <p>It was noted that there is further work to be done to ensure all business items are included on the forward planner and some items originally down for the March meeting have been deferred to the April meeting due to timings. The updated plan will be brought to the next meeting.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the forward planner update.</p>	

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A7	<p>Advanced Notice of AOB:</p> <p>No items were submitted for discussion under AOB.</p>	
A8	<p>Public Questions:</p> <p>There were no public questions for this meeting.</p>	
B	Committee Business Items	
B1	<p>Complex Rehabilitation Network:</p> <p>The committee welcomed Dave Horsfield for this agenda item. A copy of the report was provided prior to the meeting and Dave highlighted the following points:-</p> <ul style="list-style-type: none"> • The report includes descriptions of the different types of care provided through the complex rehab mechanism. • In 2016, an independent review of the network was carried out. A number of factors got in the way of following up from this (including the Covid pandemic) but there is now an ask to progress with the recommendations of the independent review. • The recommendations outlined in the report are not inclusive of financial factors and therefore, the recommendation is around endorsing developmental work and the approach to be taken. • The recommendations were outlined:- <ul style="list-style-type: none"> ○ To note the current challenges. ○ To agree interim governance arrangements for the Cheshire & Merseyside Rehabilitation Network. Dave Horsfield informed the committee that the recommendation is to feed into the Neuroscience Network Board as this was felt to be the best natural fit. The Board are comfortable with this recommendation. ○ To agree to the development of a single service specification for specialist rehabilitation for patients with complex needs. Dave Horsfield informed the committee that there are currently different pathways across Cheshire and Merseyside, and different services are being commissioning. A single specification would address this. A workshop to review pathways for Tier 2 and 3 services is taking place in May. An action plan from this will be taken forward. ○ To agree to the development of a Prolonged Disorders of Consciousness pathway (PDoC). Dave Horsfield confirmed that these services do not have large numbers of patients, but there are different pathways of care. Dave shared that this could be addressed by having a single Northwest pathway. This is a highly specialised area and has the potential to impact on continuing health care. This will require funding, but the recommended development work will identify what funding is required. 	

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	<p>The recommendation is to consider whether it is appropriate to continue this work and, if so, a paper on financial requirements will be brought to a future meeting.</p> <ul style="list-style-type: none"> ○ To agree to the development of a new single contracting model. ○ To agree to explore reconfiguration and pooling budgets. The decision for this is likely to be out of time for approval by the Joint Committee and will go to the ICB. Dave Horsfield highlighted that there is a real benefit in working more closely together. <p>Questions and comments were invited:-</p> <ul style="list-style-type: none"> ● Dr David O’Hagan outlined that it is right to have differences in provision between a city and rural areas, but they need to be appropriate variances. <ul style="list-style-type: none"> ○ David Horsfield agreed and shared that they were looking to address unwarranted variances. ● Dr Andrew Davies shared that Warrington did a similar review of neuro cases in 2016/2018 and suggested that it may be worth looking at this through the social care lens and, as trauma is often linked to this and recommended that discussions with the trauma network are also held. <ul style="list-style-type: none"> ○ Dave Horsfield confirmed that discussions with the trauma network have taken place. ● Simon Banks agreed that applying an integrated care system lens to complex rehabilitation will be beneficial, rather than just a health and care lens. What social return on the investment is as important as well as the improvement to health and care outcomes. Also, consideration should be given to whether there is an option for the new contracting model to be collaborative provider model. <ul style="list-style-type: none"> ○ Dave Horsfield agreed and shared that the request is around permission to start this work. Once this has started, the Cheshire & Merseyside network will feed into the ICB work. ○ Dave also confirmed that there are some quick wins but some issues, such as how we work with the providers, will take more time. ● Dr Andrew Wilson noted the plan to work towards a single specification and asked whether this will be a single specification for all providers in Cheshire & Merseyside or for the population of Cheshire & Merseyside. <ul style="list-style-type: none"> ○ Dave Horsfield confirmed that this single spec would be for the providers within Cheshire & Merseyside, to reduce unwarranted variation and standardise services. ○ Dr Wilson asked what plans there were for the population that receives these services from out of area providers. ○ Dave Horsfield confirmed that there is no current proposal linked to the out of area providers, however, the PDoC item does give an opportunity to widen-out and align providers beyond Cheshire & Merseyside. Dave confirmed he can start these conversations earlier and do this along with the PDoC discussions. 	

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	<ul style="list-style-type: none"> ○ Clare Watson shared her view that commissioning is undertaken on behalf of the population, and therefore the work cannot be restricted to providers in Cheshire & Merseyside, it must be for the population. ○ Clare shared that the brief and scope for this should be opened up because otherwise we will be building in known inequalities. ○ Dave Horsfield shared that widening out the specification work shouldn't be difficult and will take this recommendation back. <ul style="list-style-type: none"> ● Peter Munday asked whether there will be any of the NICE recommendations remaining unsupported if the recommendations at this meeting are endorsed. <ul style="list-style-type: none"> ○ Dave Horsfield confirmed that everything will have been covered. ● Peter Munday asked whether the committee is able to agree the recommendation relating to PDoC without the financial information. <ul style="list-style-type: none"> ○ Dave Horsfield confirmed that the recommendation is to carry out the initial development work. Separate papers would be brought back with findings of the initial work including costings. ● Dr David O'Hagan stated that it is good to see that consideration is being given to the population in these recommendations but highlighted that in order to have a sustainable system, consideration also needs to be given to the providers as a lot of legislation supports the provider over the population. <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee noted the report and the current challenges outlined within it.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee agreed that the interim governance arrangements for the Cheshire & Merseyside Rehabilitation Network will be via the Neuroscience Network Board.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee agreed to the initial development work for a single service specification for specialist rehabilitation for patients with complex needs and requested that the brief is widened out to include out of area providers.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee agreed to the initial development work for a Prolonged Disorders of Consciousness pathway (PDoC).</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee agreed to explore reconfiguration and pooling budgets for neuro-rehabilitation services in Cheshire & Merseyside.</p>	

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B2	<p>Cheshire and Merseyside CCGs Joint Committee Risk Update Report – March 2022:</p> <p>The Joint Committee welcomed Phil Meakin for this agenda item. A copy of the report was provided prior to the meeting and Fiona Taylor shared that this outlines how risks are being assimilated to ensure that the Joint Committee is fully sited on risks and ensure that assurance is given.</p> <p>The following points were highlighted:-</p> <ul style="list-style-type: none"> • The nine CCG leads meet weekly and they also engaged with Audit chairs across Cheshire and Merseyside. In addition, the Merseyside Internal Audit Agency’s advisory arm has been utilised to provide information. • The report aim is to give assurance that operational risks relating to the CCGs are currently being effectively managed. • The paper also sets out how ongoing assurance can be given to the Joint Committee until the end of June 2022. • The risk and assurance structures within the ICB is not within the scope of this group, however, they are linking in and sharing information with the Cheshire & Merseyside task and finish group. • GBAFs will continue to be overseen by CCG governing bodies until the end of June. The movement of GBAF risks will be reported monthly to the Joint Committee during this period, as this will enhance the work is done between now and the end of June. • Section 3 of the report was highlighted, and Phil Meakin outlined the recommendations contained within this. MIAA have requested information from all CCGs on their operational and strategic risks. They have established that each one has a line of sight for a CCG lead and a CCG legacy committee or Joint Committee sub-committee. Feedback from audit chairs is that risks are being managed effectively and this compliments the information collated by MIAA. • Section 4 of the report was highlighted along with the next steps. The proposal is to escalate, by exception, risks from the Sub-committees to alert the Joint Committee about a risk and providing assurance to the Joint Committee. This work can commence immediately, and reporting can be brought to the April, May and June meetings. Phil Meakin highlighted that this is a feedback loop and any risks considered at Joint Committee are fed back to the CCG Governing Bodies and any legacy committees. The aim is that to ensure that the risk reporting process is as simple as possible to build on the work that has already taken place at sub-committees. The Joint Committee needs to be able to escalate and identify its own risks and the proposal to address this is to amend the template slightly to show the source of the risk. 	

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	<ul style="list-style-type: none"> • Section 5 of the report outlines the commitment to continuing to share governing body assurance framework movements to enhance oversight. • Section 6 of the report outlines the proposals/recommendations. The work undertaken should complement work of the task and finish group's initial work and Phil Meakin will work with Dawn Bowyer who is leading on this work at Cheshire & Merseyside level. <p>Questions and comments were invited:-</p> <ul style="list-style-type: none"> • Fiona Taylor highlighted the need to ensure that risks are not duplicated and that the updates to reporting will outline clearly where risk have been generated and who owns the risks. There will be a number of risks that will already be on the register when it comes to the Joint Committee for discussion. <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee confirmed that they are assured that operational risks related to the functions and duties of the Cheshire and Merseyside CCGs are currently being effectively managed.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee approved the proposal on how CCG operational risks are managed between now and the end of June 2022; they agreed to receive a basic risk register format containing any risks escalated from the three Joint Committee Sub Committees and endorsed the proposed feedback loop back from the Joint Committee to CCG Governing Bodies and CCG legacy committees/groups.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee agreed to receive a risk update at each Joint Committee meeting, highlighting, by exception, when it was last reviewed and how the score has changed since the previous review.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee were 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.</p>	
B3	<p>Plans for Community Diagnostics Centres in Cheshire and Merseyside:</p> <p>The Joint Committee welcomed Liz Bishop and Tracey Cole to the meeting for this agenda item.</p> <p>A copy of the presentation to the committee was provided in advance of the meeting and the following points were highlighted:-</p>	

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	<ul style="list-style-type: none"> • The community diagnostic centre piece of work has been born out of the Sir Mike Richards report in 2020. The vision is that CDCs are available for our population which are accessible for up to 12-14 hours per day, 7 days a week, and will provide at least three of the three of the four sets of diagnostic tests with the aim to increase the number of diagnostic tests available, but also address health and inequality issues and improve patient experience. • Community Diagnostics Centres (CDCs) are not walk in centres but will act as a coordinated approach for planned diagnostics to reduce the number of appointments required. The programme becomes part of a pathway from GP referral or from outpatients. • There are currently 5 operational CDCs in Cheshire and Merseyside; i) St Helens, ii) Clatterbridge, iii) Ellesmere Port, iv) Liverpool Women's Hospital and v) Northwich. They are located to serve densely populated areas and areas with high deprivation. • Areas of deprivation and transport mapping was highlighted. • CDC activity was outlined, and it was highlighted that this is in addition to activity in other sites. • An allocation of £50m for an additional four CDCs has been made available. There also the option to bid for further funding and a bid will be submitted for this. The decision-making process is complex, and it isn't possible to set up sites unless they can meet the required standards and have to link in with other sites. • The additional four CDCs are proposed for Southport, Aintree, Halton and East Cheshire. The plan for East Cheshire is a hub and spoke model to serve a wider area of Crewe. It is important to engage with each Place and CCGs to ensure they support the proposed location of each site. • The maps within the presentation were highlighted; these show travel distances to the Cheshire & Merseyside CDCs (including the proposed CDCs) and the maps also show the CDCs located in Lancashire & Cumbria, Greater Manchester and Staffordshire. The maps show that, overall, there is good coverage across Cheshire & Merseyside but there is further work to do to ensure that outreach and the hub and spoke model reaches the rural areas. • The finance proposal was outlined. An additional funding of £25m for is available for two Integrated Care Services within the Northwest and co-ordinated work is being done to look at what additional provision is needed in Cheshire & Merseyside. 	

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	<ul style="list-style-type: none"> • The plan fits with the requirements for the number of CDCs for the population size, and it fits with the criteria around deprivation, travel, and population density. It will also aid the achievement of reaching 120% of pre-pandemic activity. • It was highlighted that there is a longer timescale for the new build. • The next steps were highlighted which focus on system workforce plans, business cases that deliver the capital and revenue costs, ensure the increased activity and pathway redesign. It was highlighted that this is the start or mid-point of the engagement process to ensure that work to date is right and next steps are understood. <p>Questions/comments were invited:-</p> <ul style="list-style-type: none"> • Dr David O'Hagan noted that the consultation didn't include much mention of primary care, PCNs or CCGs and asked whether there has been any consultation with the community. <ul style="list-style-type: none"> ○ Tracey Cole confirmed that the presentation outlines the groups that formed part of the consultation process and each of those groups identified their own methods for engagement within their communities. Tracey shared that the presentation is going to oversight group for PCNs tomorrow. ○ The next step is the pathway redesign. Two GPs sit within the Community Diagnostics team, and they will guide this work. Tracey and Liz confirmed that they would welcome ideas from other GPs and groups during the engagement process. ○ Dr O'Hagan outlined the importance of ensuring that these centres are used effectively, and the diagnostic pathways are important for this. ○ Liz Bishop confirmed that the timescales for this have been tight and they have worked at pace. Liz shared that there was an understanding of the need from Primary Care, but not a complete understanding, so a pragmatic approach was taken to deliver at pace and the team is now focussing on engaging with the broader spectrum. • Liz Bishop shared that the larger CDCs have endoscopy, and the main barrier is securing the appropriate workforce, so they have taken the pragmatic approach to use the workforce wisely and co-locate with providers where possible to utilise their skills. • Louise Barry shared that there is a concern around gaps in Cheshire East. In addition, there is a need to focus on genuine transport options, not speculative transport that costs a lot of money or requires numerous buses to get there; please can the focus be on the population and realistic about how people can access these services. This applies to other areas, not just Cheshire East. <ul style="list-style-type: none"> ○ Tracey Cole confirmed that this has been considered and discussions have taken place with the Strategic Estates Group to build transport plans. 	

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	<ul style="list-style-type: none"> ○ Tracey confirmed that there needs to be clear and easy transport available to support the health inequalities aims, and this is part of the next phase of work. Tracey noted the need to engage more widely, to include Healthwatch etc, and encourage the population to use these centres and go for their diagnostics. ○ Dr Andrew Wilson supported the comments made by Louise and noted that Cheshire East have the second worst premature mortality which is not included in the presentation and therefore not having a CDC in and around Crewe would leave a gap. ○ Fiona Taylor shared that a comprehensive transport plan was developed in Southport and the basis of this could be used to support the next stage of the process. <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee confirmed their support for the submission of the high-level plans for 4 additional CDCs in Cheshire and Merseyside.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee confirmed their support for a revised (longer) timeline for new build funding and agreed that a full proposal is submitted after further options appraisal and socialisation with relevant groups is complete.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee noted the next steps for the CDC Programme.</p>	
C	Sub-Committee/Group Reports	
C1	<p>Key issues report of the Finance and Resources Sub-Committee:</p> <p>A copy of the key issues report was provided to the committee prior to the meeting, and Martin McDowell highlighted the following points:-</p> <ul style="list-style-type: none"> ● From the sub-committee's perspective, the extension to CCG lifespan has caused issues, and clarity is needed around the decisions this committee will need to make over the next few months. ● There isn't a consistent level of delegation so further conversations are needed around existing delegations in place and then agree the process going forward. <ul style="list-style-type: none"> ○ Fiona Taylor confirmed that the paper presented at the November Joint Committee outlined the delegations to this Joint Committee. There are matters that are within the right of CCGs to reserve to themselves. What is needed now, is to extend this period of delegation. ○ Matthew Cunningham confirmed that all CCGs have indicated that they have given the maximum delegation and MIAA have been instructed to review these delegations. This piece of work needs following up and a report can be provided to the next committee meeting. Action: Matthew Cunningham to liaise with MIAA regarding outcomes of their review on delegated powers. 	Matthew Cunningham

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	<ul style="list-style-type: none"> ○ Martin McDowell shared that the 2022/23 budget sign off is the main issue, in the November delegation it was clear that this was a matter for the ICB. ○ Fiona Taylor confirmed that CCGs will be responsible for their accounts in the first three months of 2022/23, and they will be accountable for this, however, the ICB will receive the allocation. ○ Fiona agreed that there is a governance circle to be closed about this and this needs to be worked through with Graham Urwin and the ICB team to bring back a clear process. This may require a report to this committee for formal recording. ○ Matthew Cunningham will follow this up with governance leads and if there is an agreement across the governing bodies to extend the agreement to discharge decision making to the Joint Committee then this will close the gap. Action: Matthew Cunningham to liaise with governance leads regarding extending current decision-making arrangements. <ul style="list-style-type: none"> ● Peter Munday felt that this should be an easy process; the discussion at Cheshire was if they'd know the life of CCG would be extended, they would have given that delegation so it should be easy to just extend the period. ● Martin McDowell informed the committee that CCG finance teams are very busy, and the original risk has come down to a small projected surplus. The cash balance is an important factor, and each CCG is working to get to these balances correct. ● Martin McDowell noted that, with regards to the audit section, that NHS bodies tend to be audited before other public body sections. Therefore, there will need to be work that fits in with the capacity of the auditors. <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Finance & Resources Sub-Committee.</p>	Matthew Cunningham
C2	<p>Key issues report of the Quality Sub-Committee:</p> <p>A copy of the quality sub-committee report was provided in advance of the meeting, and Cathy Maddaford highlighted the following:-</p> <ul style="list-style-type: none"> ● The committee discussed the proposed Avoidable Harm Quality Review principles and the Sub-committee is asking the Joint Committee to agree that sub-committees move forward using these principles. ● The Sub-committee is in the process of identifying that issues and work for the committee; some work will be covered on a monthly basis and will form part of the workplan. 	

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	<ul style="list-style-type: none"> • Dr Andrew Davies shared that there had been a good discussion about the new Cheshire & Merseyside Quality Board and work has started to identify the appropriate routes to deal with these. An update will be given to the Joint Committee, but the breakdown of route is:- Quality Planning – ICS, Quality Improvement – Place Quality Control – ICB. • Fiona Taylor noted that, with regards to Continuing Health Care, a group consisting of Fiona, Simon Banks and Marie Bowles from Cheshire & Merseyside are working together to look at the performance and quality overlap to ensure that it is clear where issues are reported to. <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Quality Sub-Committee.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee agreed with the recommendation that the Serious Harm Quality Review principles are used by the CCGs during the Elective Recovery Programme</p>	
C3	<p>Key issues report of the Performance Sub-Committee:</p> <p>A copy of the performance sub-committee report was provided in advance of the meeting, and Simon Banks highlighted the following:-</p> <ul style="list-style-type: none"> • The sub-committee noted the increase in Covid infection rates and the local systems in place to address this. • CERNER quality issues at the Countess of Chester Hospital were also discussed and these are being dealt with by Cheshire CCG. • Continuing Health Care Reports around the 28-day standard and monitoring back logs when to both Quality and Performance Committee – this needs to go to just one committee in future. Place specific action plans may be required for this item. • A report on Learning Disability Health Checks will be brought to the next meeting although this will not include quarter 4 data. There are sufficient concerns that we will not meet the level of health checks that we reached during covid. The identification of people with learning difficulties and autism has increased but we will be held to account if the 70% target is not met. The deep dive will look at the detail and plan to address this, but the message to CCGs is for them to ensure that they work with PCNs to ensure health checks are being undertaken. • Other deep dive reviews have been lined up for the next few meetings. <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Performance Sub-Committee.</p>	

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C4	<p>Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:</p> <p>A copy of the Directors of Commissioning Working Group (DOCs) update report was provided in advance of the meeting, and Dave Horsfield highlighted the following:-</p> <ul style="list-style-type: none"> • Specialist Weight Management Tier 4 Services – there has been a delay in this procurement, and it is now due to commence towards the end of march. Contractual arrangements will stay in place and Cheshire is due to be named in the procurement so they can take advantage of this if and when it is felt appropriate. • Improving Access Psychological Therapies (IAPT) – Richard Burgess from Cheshire CCG provided an update to the DOCs. Good performance has been seen and the IAPT strategic group is in the process of nominating leads for CQUINs going forward into the next round. • Core20PLUS5 – DOCs are starting to align things as work with Cheshire & Merseyside goes forward. • Sleep Services - a draft policy for consideration will be brought to the April Joint Committee meeting. There has been a request to close off referrals to sleep services at Warrington. A similar request was received from Liverpool previously and in their case, it was agreed to close to out of area referrals only. Warrington are therefore adopting a similar approach and will keep open to referrals from Cheshire & Merseyside. <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Directors of Commissioning Working Group.</p>	
C5	<p>Consolidated CCG Accountable Officer Report:</p> <p>A copy of the consolidated CCG Accountable Officer report was provided in advance of the meeting, and Fiona Taylor highlighted the following:-</p> <ul style="list-style-type: none"> • This is the first time this report has been produced for the Joint Committee and it has been produced in conjunction with the Chair and Vice Chair of the Joint Committee. • The report shows the decision making that has been made in individual CCGs and this is for noting. • There are some CCGs recorded as having no meetings. This is due to a timings issue for this first report only. • Any feedback on the report is helpful will be welcomed to shape future reporting. 	

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	<p>Outcome: The Cheshire & Merseyside CCGs Joint Committee noted the consolidated CCG Accountable Officer Report</p>	
D	CHESHIRE & MERSEYSIDE SYSTEM UPDATE	
D1	<p>Update from the Executive Director of Transition of the Cheshire & Merseyside HCP:</p> <p>Dianne Johnson joined the meeting for this agenda item. A presentation was shared on screen and the following points were highlighted:-</p> <ul style="list-style-type: none"> • Transition Programme - The transition plan has been updated to reflect new start date of 1st July and the terms of reference have been received accordingly. The Transition Team is in place and has more resources than it did previously. • Due Diligence - The due diligence programme has been underway for some time and the CCGs are working through the workbook as planned. The due diligence lead has been identified and MIAA provides support along with the regional lead. Until now, the focus of transition has been on CCGs, however, the NHSE workbook now includes increasing this to other partners. Due diligence evidence against actions was shared. • Receiver Preparation – Functions have been mapped across to the ICB and task and finish groups have been set up. • Task and Finish Groups – Just over 40 groups have been set up; some have short pieces of work, and some will go on longer. 87% of groups are either fully mobilised or in progress. The remaining 13% are not due yet. • Updates on the transition programme have been given through the staff ‘We are One Briefings. <p>Questions/comments were invited:-</p> <ul style="list-style-type: none"> • It was noted that this is an important area to get right, and the Joint Committee needs to ensure it is receiving the right information to be assured of the process. • Where possible, future presentations will be shared prior to the meeting. • If there are any areas that the Joint Committee would like to see in future presentations, please let Dianne Johnson know, <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Cheshire & Merseyside HCP Executive Director of Transition.</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
D2	<p>Cheshire & Merseyside System Performance Update:</p> <p>Dave Horsfield provided an update on behalf of the Cheshire & Merseyside System Performance Group:-</p> <ul style="list-style-type: none"> • ED and flow through the system – there is extreme pressure in these areas. Emergency admissions are at 95% of the 2019 levels. Investigations have taken place as to why there is a problem with flow. Cheshire & Merseyside Trusts are seeing more Covid patients occupying more beds than other Trust across the North West. This slows down the flow of patients and reduces bed availability Adult G&A bed occupancy across Cheshire & Merseyside is very high. Most Trusts are reporting between 91-100% occupancy and Cheshire & Merseyside is at the higher end of this. It is still a relatively bleak picture for A&E; they are still reporting very high numbers, but this is exacerbated by the covid situation. • Elective Recovery - ordinary electives are exceeding the 2019 levels and Cheshire & Merseyside is above the rest of the North West. • Wait times – Cheshire & Merseyside Trusts are operating at the maximum permitted wait times and, although improvements are not being seen currently, they are still exceeding pre-Covid rates. • Imaging endoscopy and cancer services – Cheshire & Merseyside is operating around the North West levels. • Omicron - the current omicron situation is affecting flow throughout the urgent care system. <p>Questions/comments were invited:-</p> <ul style="list-style-type: none"> • Margaret Jones noted that Covid infection rates are expected to go up and Cheshire & Merseyside is already seeing the impact across local authorities and in schools. Testing in the community will cease from next week, so although there will be a drop in infection rates, the data will not be comparable. Margaret confirmed that domiciliary services and voluntary sectors are concerned. <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee noted the Cheshire & Merseyside System Performance update report.</p>	
AOB	<p>Any other Business:</p> <p>No other business was raised.</p>	

End of CMJC Meeting (Held in Public)