Date	**26 April 2022**
Time	**1.45pm – 3.30pm**
Venue	**MS TEAMS – CLICK HERE**

Meeting of the Joint Committee of the Cheshire and Merseyside CCGs

held in public (virtual meeting)

A G E N D A

Chair: Geoffrey Appleton

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

Timings	Item No	Item	Owner	Action / Approval Level	Format & Page No
1.45pm	**A**	**PRELIMINARY BUSINESS**			
	A1	Welcome, Introductions, Committee Chair Opening remarks	Chair	-	*Verbal*
	A2	Apologies for absence	Chair	-	*Verbal*
	A3	Declarations of Interest *(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)*	Chair	*For assurance*	*Verbal & Paper (Page 3-12)*
	A4	Minutes of previous meeting – 29 March 2022	Chair	*For approval*	*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	Committee Risk Register	Chair	*For approval*	*Paper (Page 36-39)*
	A8	Advanced notice of any other business to be raised at today's meeting	Chair	-	*Verbal*
	A9	Public Questions	Chair	-	*Verbal*
2.00pm	**B**	**COMMITTEE BUSINESS ITEMS**			
	B1	Liverpool University Hospitals Clinical Services Integration – Public consultation plan	Carole Hill	*For Endorsement*	*Paper (Page 40-59)*

Timings	Item No	Item	Owner	Action / Approval Level	Format & Page No
pm	**B**	**COMMITTEE BUSINESS ITEMS**			
2.10pm	B2	2021-22 Annual Report of the Cheshire and Merseyside CCGs Joint Committee	Matthew Cunningham	*For Approval*	*Paper (Page 60-79)*
2.15pm	B3	Cheshire and Merseyside Integrated Care Board Draft Constitution.	Ben Vinter	*For Information*	*Paper (Page 80-136)*
2.25pm	**C**	**SUB-COMMITTEE / GROUP REPORTS**			
	C1	Key issues report of the Finance and Resources Sub-Committee	Gareth Hall	*For Information and approval*	*Paper (Page137-140)*
2.30pm	C2	Key issues report of the Quality Sub-Committee	Cathy Maddaford	*For Information*	*Paper (Page 141-144)*
2.35pm	C3	Key issues report of the Performance Sub-Committee	Simon Banks	*For Information*	*Paper (Page 145-149)*
2.40pm	C4	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group	David Horsfield	*For Information and Approval*	*Paper (Page 150-163)*
2.55pm	C5	Consolidated CCG Accountable Officer Report	Fiona Taylor	*For Information*	*Paper (Page 164-167)*
3.00pm	**D**	**CHESHIRE & MERSEYSIDE SYSTEM UPDATE**			
	D1	Update on work undertaken as part of the C&M CCGs/ICB transition programme	Philip Thomas	*For Information*	*Paper (Page 168-176)*
	D2	C&M Operational and Clinical Delivery Update	Anthony Middleton	*For Information*	*Verbal*
3.20pm	**AOB**	Discussion on any items raised	All		
3.30pm	**CLOSE OF MEETING**				
DATE AND TIME OF NEXT MEETING		**24 May 2022** 1.30pm – 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 20th April 2022*)

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

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (*if applicable*)
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	

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee *(if applicable)*
		11. Non exec advisor to the board of STHK (non-voting)		X		Direct	1 Nov 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
		2. Son is Apprentice Paralegal with Stephensons Solictors 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	

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee *(if applicable)*
		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	
		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 Left the Committee 30 Sept 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.	

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee *(if applicable)*
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.	
		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 Left 28 March 2022
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

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (*if applicable*)
										Left August 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	
		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.	

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee *(if applicable)*
		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.	
		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	Joined 20 July 2021

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (*if applicable*)
									or companies/organisations you are involved with, any advantage.	
		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.	
		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	

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (*if applicable*)
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
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
		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.	

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (*if applicable*)
		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.	
		9. Trustee/Director at Cheshire Young Carers (charitable organisation).			X	Direct	4 March 2022		Declared. Treated in accordance with section 11 of the CCG Policy.	

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
22nd March 2022
20th April 2022

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Draft 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 Southport & Formby 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
David Parr	Local Authority Chief Executive Representative	Local Authority
David Urwin	Chief Officer	Cheshire & Merseyside Health Care Partnership

Agenda Ref:	Discussion, Actions and Outcomes	Action By
P	**Preliminary Business**	
A1	**Welcome, Introductions and Declarations of Interest:** 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. 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. 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. **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. 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.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	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.	
A2	**Apologies for Absence:** Apologies received are noted on page 1 of these minutes.	
A3	**Minutes of the Previous Meeting:** 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. **Outcome:** The minutes of the private meeting held on 23rd February 2022 were approved.	
A4	**Declarations of Interest:** 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.	
A5	**Action and Decision Log:** The action log and updates were provided as follows:- **2122-06 Closed.** This is included in the risk paper on this meeting's agenda. The decision log was noted. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the action log update and noted the latest decision log.	
A6	**Forward Planner:** 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. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the forward planner update.	
A7	**Advanced Notice of AOB:** No items were submitted for discussion under AOB.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
A8	**Public Questions:** There were no public questions for this meeting.	
B	**Committee Business Items**	
B1	**Complex Rehabilitation Network:** 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:- • 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:- o To note the current challenges. o 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. o 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. o 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. 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. o To agree to the development of a new single contracting model.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	o 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. Questions and comments were invited:- • 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. o 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. o 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. o 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. o 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. o Dave Horsfield confirmed that this single spec would be for the providers within Cheshire & Merseyside, to reduce unwarranted variation and standardise services. o Dr Wilson asked what plans there were for the population that receives these services from out of area providers. o Dave Horsfield confirmed that there is no current proposal linked to the out of area providers, however, the PDoC item does given 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. o Clare Watson shared her view that commissioning is undertake on behalf of the population, and therefore the work cannot be restricted to providers in Cheshire & Merseyside, it must be for the population.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	o Clare shared that the brief and scope for this should be opened up because otherwise we will be building in known inequalities. o Dave Horsfield shared that widening out the specification work shouldn't be difficult and will take this recommendation back. • Peter Munday asked whether there will be any of the NICE recommendations remaining unsupported if the recommendations at this meeting are endorsed. o 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. o 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. **Outcome:** The Cheshire & Merseyside CCGs Joint Committee noted the report and the current challenges outlined within it. **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. **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. **Outcome:** The Cheshire & Merseyside CCGs Joint Committee agreed to the initial development work for a Prolonged Disorders of Consciousness pathway (PDoC). **Outcome:** The Cheshire & Merseyside CCGs Joint Committee agreed to explore reconfiguration and pooling budgets for neuro-rehabilitation services in Cheshire & Merseyside.	
B2	**Cheshire and Merseyside CCGs Joint Committee Risk Update Report – March 2022:** 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.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	The following points were highlighted:- • 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. • Section 5 of the report outlines the commitment to continuing to share governing body assurance framework movements to enhance oversight.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	• 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. Questions and comments were invited:- • 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. **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. **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. **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. **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.	
B3	**Plans for Community Diagnostics Centres in Cheshire and Merseyside:** The Joint Committee welcomed Liz Bishop and Tracey Cole to the meeting for this agenda item. A copy of the presentation to the committee was provided in advance of the meeting and the following points were highlighted:- • 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	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	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. • 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.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	• 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. Questions/comments were invited:- • 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. o 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. o 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. o Dr O'Hagan outlined the importance of ensuring that these centres are used effectively, and the diagnostic pathways are important for this. o 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. . o Tracey Cole confirmed that this has been considered and discussions have taken place with the Strategic Estates Group to build transport plans. 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. o Dr Andrew Wilson supported the comments made by Louise and noted that Cheshire East have the second worse premature mortality which is not included in the presentation and therefore not having a CDC in and around Crewe would leave a gap.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	o 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. **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. **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. **Outcome:** The Cheshire & Merseyside CCGs Joint Committee noted the next steps for the CDC Programme.	
C	**Sub-Committee/Group Reports**	
C1	**Key issues report of the Finance and Resources Sub-Committee:** A copy of the key issues report was provided to the committee prior to the meeting, and Martin McDowell highlighted the following points:- • 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. o 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. o 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. o 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. o 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. o 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

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	o 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. • 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. **Outcome:** The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Finance & Resources Sub-Committee.	Matthew Cunningham
C2	**Key issues report of the Quality Sub-Committee:** A copy of the quality sub-committee report was provided in advance of the meeting, and Cathy Maddaford highlighted the following:- • 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. • 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.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	Outcome: The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Quality Sub-Committee. **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	
C3	**Key issues report of the Performance Sub-Committee:** A copy of the performance sub-committee report was provided in advance of the meeting, and Simon Banks highlighted the following:- • 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. **Outcome:** The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Performance Sub-Committee.	
C4	**Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:** 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:- • **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.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	• **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 brough 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. **Outcome:** The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Directors of Commissioning Working Group.	
C5	**Consolidated CCG Accountable Officer Report:** A copy of the consolidated CCG Accountable Officer report was provided in advance of the meeting, and Fiona Taylor highlighted the following:- • 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. **Outcome:** The Cheshire & Merseyside CCGs Joint Committee noted the consolidated CCG Accountable Officer Report	
D	**CHESHIRE & MERSEYSIDE SYSTEM UPDATE**	
D1	**Update from the Executive Director of Transition of the Cheshire & Merseyside HCP**: Dianne Johnson joined the meeting for this agenda item. A presentation was shared on screen and the following points were highlighted:-	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	• **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. Questions/comments were invited:- • 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, **Outcome:** The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Cheshire & Merseyside HCP Executive Director of Transition.	
D2	**Cheshire & Merseyside System Performance Update:** Dave Horsfield provided an update on behalf of the Cheshire & Merseyside System Performance Group:- • **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.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	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. Questions/comments were invited:- • 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. **Outcome:** The Cheshire & Merseyside CCGs Joint Committee noted the Cheshire & Merseyside System Performance update report.	
AOB	**Any other Business:** No other business was raised.	

End of CMJC Meeting (Held in Public)

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Updated: 6th April 2022

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
21/22-07	29-Mar-22	**Delegated Powers to Sub-committees**	1) Matthew Cunningham to liaise with MIAA regarding outcomes of their review on delegated powers. 2) Matthew Cunningham to liaise with governance leads regarding extending current decision-making arrangements.	Matthew Cunningham	26-Apr-22		NEW

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

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 meting.	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*

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

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**	•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*

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

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
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*

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

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
36	23-Feb-2022	**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.			
37	29-Mar-2022	**Sub-Committee Terms of Reference**		The Cheshire and Merseyside CCGs Joint Committee agreed to extend the terms of reference for sub-committees until 30th June 2022.	1		
38	29-Mar-2022	**Complex Rehabilitation Network**		The Cheshire & Merseyside CCGs Joint Committee noted the report and the current challenges outlined within it, and agreed the following: 1) That the interim governance arrangements for the Cheshire & Merseyside Rehabilitation Network will be via the Neuroscience Network Board; 2) The commencement of 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; 3) The commencement of initial development work for a Prolonged Disorders of Consciousness pathway (PDoC); 4) That the Complex Rehabilitation Network can explore reconfiguration and pooling budgets for neuro-rehabilitation services in Cheshire & Merseyside.	1		
39	29-Mar-2022	**Cheshire & Merseyside CCGs Joint Committee Risk Update**		The Cheshire & Merseyside CCGs Joint Committee:- 1) 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. 2) 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. 3) 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. 4) 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.	1		
40	29-Mar-2022	**Community Diagnostic Centres in Cheshire & Merseyside**		The Cheshire & Merseyside CCGs Joint Committee:- 1) Confirmed their support for the submission of the high-level plans for 4 additional CDCs in Cheshire and Merseyside. 2) 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. 3) Noted the next steps for their CDC programme.	N/A		
41	29-Mar-2022	**Quality Sub-Committee - Serious Harm Quality Review Principles**		The Cheshire & Merseyside CCGs Joint Committee agreed that the Serious Harm Quality Review principles are used by the sub-committee.			

Last updated: 12.04.22

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	☑	☑	☑	☑
Declarations of Interest	Every meeting	☑	☑	☑	☑
Minutes of last meeting	Every meeting	☑	☑	☑	☑
Action Schedule/log	Every meeting	☑	☑	☑	☑
Forward Planner	Every meeting	☑	☑	☑	☑
Committee Risk Register	Every meeting	☑	☑	☑	☑
Key Issues Reports and Minutes of sub-groups/reporting committees	Every meeting	☑	☑	☑	☑
Cheshire and Merseyside Health and Care Partnership Update	Every meeting	☑	☑	☑	☑
Consolidated Cheshire & Merseyside CCGs Accountable Officers Report	Every meeting	☑	☑	☑	☑
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		☑		
Eastern Sector Cancer Hub – C. Hill	As required			☑	
Draft C&M ICB Constitution – B.Vinter	As required		☑		
Liverpool University Hospitals Clinical Services Integration Proposals – C. Hill	As required		☑		
C&M Plans against 2022/23 NHS priorities and operational planning guidance – A. Middleton	As required	☑	☑		
North Mersey Hyper acute service proposal – C. Hill	As required			☑	
C&M Children and Young Peoples Mental Health Logic Model – S.Banks	As required			☑	
Annual Report of the Joint Committee 2021-22 – M.Cunningham	Yearly		☑		
Cheshire & Merseyside CCGs Vulnerable Services Policy – D.Horsfield	As required		☑		
Recurrent Papers / Updates					
C&M Health & Care Partnership Update	As required	☑	☑	☑	☑
C&M Directors of Commissioning Meeting Update	As required	☑	☑	☑	☑
Key issues and risk reports of the sub-committees of the Joint Committee	As required	☑	☑	☑	☑

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

26 APRIL 2022

Agenda Item: A7

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

Purpose	**Approve**		**Ratify**		**Decide**		**Endorse**	✓	**For information**	✓

Decision / Authority Level	**Level One**	✓	**Level Two**		**Level Three**	

Executive Summary

At the last meeting of the Joint Committee a paper was received that gave assurance that operational risks related to the CCG are currently being managed.

The report also approved a proposal to receive a basic risk register containing any operational risks escalated from the three Joint Committee Sub Committee "Issue and Risk Reports" for the purpose of alerting, advising or assuring the Joint Committee in relation to operational risks.

The Committee agreed that the sources of operational risks could be from CCGs, Sub Committees of the Joint Committee and the Joint Committee itself.

The Committee also agreed to receive an update at each Joint Committee meeting of any changes to the latest CCG Governing Body Assurance Frameworks (GBAFs) Risks, highlighting, by exception, when it was last reviewed and how the score has changed since the previous review.

This paper has had to be sent to follow after the main agenda because the three sub committees didn't complete their cycle of meetings until week ending 22 April.

Risks Escalated to the Joint Committee

There have been 4 risks escalated since the last meeting of the Joint Committee. All of them have been escalated by the Sub Committees. This is reported in section 1 of the report. Please note that a risk score has not yet been provided by the Sub Committees.

GBAF Risk Changes

Only two GBAF Risk has changed since the last meeting of the Joint Committee. They are reported in section 2 of the report.

Recommendations

The Joint Committee is asked to:

- **note and consider** the Joint Committee risk register that has been submitted with risks that have been escalated from the following sources. CCGs, Sub Committees or the Joint Committee itself.
- **note** the changes to CCGs Governing Body Assurance Frameworks (GBAFs) since the last Joint Committee.
- **note and be assured** that considerations of the Joint Committee risk register will be feedback to the three Sub Committees and CCGs.

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 second 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 its May and June meetings that reflects the work of the three Cheshire and Merseyside Sub Committees, CCGs and the Joint Committee itself

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

1. Risks Escalated to the Joint Committee

1.1 The Joint Committee Risk Register is illustrated below.

1.2 The Performance Sub Committee has escalated 4 Operational Risks for Joint Committee to consider.

1.3 The Finance and Resources Sub Committee has escalated 1 Operational Risk for Joint Committee to consider.

1.4 The Quality Sub Committee reports that Dr Andrew Davies is in the process of reviewing all quality risks and will provide a report back to the Quality Sub-Committee in May and then escalate anything to the Joint Committee in May.

Diagram 1– Cheshire CCG Joint Committee Risk Register

Ref	Source of Risk (CCG/Sub Committee/Joint Committee	Brief Risk Description/Update	Current Score
JC 1	**Performance Sub Committee**	Cheshire and Wirral Partnership (CWP) have not provided routine activity or performance data since October 2021 due to the migration to a new Patient Administration System (PAS) and this may be having an adverse effect on transparency of performance issues. This could impact the position in Cheshire and the aggregate Cheshire and Merseyside position. Recommendation to the Joint Committee is that a risk is developed in relation to Mental Health Performance and CWP data for inclusion on the Joint Committee Risk Register.	**To be determined by the Sub Committee**
JC 2	**Performance Sub Committee**	The performance of the Elective Recovery and Health Inequalities Programme. Recommendation to the JCCCG is that a risk is developed in relation to Elective Recovery for inclusion on the Joint Committee Risk Register.	**To be determined by the Sub Committee**
JC 3	**Performance Sub Committee**	A number of Cancer performance metrics continue to perform adversely across the ICS geography. Recommendation to the JCCCG is that a risk is developed in relation to 2-week cancer referrals for inclusion on the JCCCG Risk Register.	**To be determined by the Sub Committee**
JC 4	**Finance and Resources Sub Committee**	Two CCGs continue to be assessed as “red” in relation to cash management but are providing assurance that this will be achieved.	**To be determined by the Sub Committee**

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

2.1 The table below highlights any reported changes to the CCG GBAF Risks since it was last reported on 29 March 2022

Ref	CCG	GBAF Risk That Has Changed	Score Reported in March 2022	Current Score (22 April)
JCGBAF1	NHS Warrington CCG NHS Halton CCG	Failure to deliver our strategic outcomes as we have not integrated our commissioning activities with the local authority' shows as 10 but current score was always 15 so not changed but must have been copied incorrectly initially.	**10**	**15 (Previous score was incorrect and should have been reported as 15)**
JCGBAF2	NHS Liverpool CCG	NHS finance and contracting arrangements for H2 and 22-23 will limit / inhibit the CCG's autonomy for evidence-based decision making.	**16**	**12**

3. Recommendations

The Joint Committee is asked to:

- **note and consider** the Joint Committee risk register that has been submitted with risks that have been escalated from the following sources. CCGs, Sub Committees or the Joint Committee itself.
- **note** the changes to CCGs Governing Body Assurance Frameworks (GBAFs) since the last Joint Committee.
- **note and be assured** that considerations of the Joint Committee risk register will be feedback to the three Sub Committees and CCGs.

4. Access to further information

For further information relating to this report contact:

Name	Phil Meakin
Designation	Deputy Director of Governance and Corporate Development
Telephone	07901 918453
Email	Phil.meakin@nhs.net

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

26 April 2022 **Agenda Item B1**

Report Title	**Liverpool University Hospitals Clinical Services Integration – Public consultation plan**

Report Author	Helen Johnson, Head of Communications and Engagement, 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

The purpose of this report is to present the draft plan for public consultation around integration of five Liverpool University Hospitals Foundation Trust (LUHFT) services.

The consultation plan is being presented by NHS Liverpool CCG, which is managing the process on behalf of the four North Mersey CCGs: Knowsley, Liverpool, South Sefton and Southport and Formby.

Public consultation is due to start on Tuesday 10 May 2022, running for eight weeks until Tuesday 5 July 2022.

Recommendations

The Joint Committee is asked to:

- **Endorse** the plans for public consultation set out in this report;
- **Provide** any additional feedback about planned activity.

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:	
Link to Committee Risk Register and mitigation:	None
Report history:	The consultation plan was presented to the 'Joint Health Scrutiny Committee (LUHFT Clinical Services Reconfiguration)' made up of representatives from local authorities in Knowsley, Liverpool and Sefton, on 22 March 2022. Over the coming weeks it will also be shared with various stakeholder groups across the four CCG areas for further feedback and comments.
Next Steps:	The consultation plan will continue to be refined up to the start of public consultation (10 May 2022).
Responsible Officer to take forward actions:	As NHS Liverpool CCG will be delivering the public consultation, Jan Ledward will report back on progress once the process closes (on 5 July 2022) and the findings have been written up into a report.
Appendices:	**Public consultation – communications and engagement plan**

Public consultation around LUHFT clinical services integration

1. Introduction

1.1 The purpose of this report is to present the draft plan for public consultation around integration of five Liverpool University Hospitals Foundation Trust (LUHFT) services.

1.2 The consultation plan is being presented by NHS Liverpool CCG, which is managing the process on behalf of the four North Mersey CCGs: Knowsley, Liverpool, South Sefton and Southport and Formby.

1.3 Public consultation is due to start on Tuesday 10 May 2022, running for eight weeks until Tuesday 5 July 2022.

2. Background

2.1 The case for change in relation to the proposals due to be consulted on was brought to this committee on 25 January 2022. The proposals cover the following service areas:

- Breast
- General surgery (focusing on the abdominal area and intestines, including the gastrointestinal tract, liver, colon, pancreas and other major parts of the endocrine system)
- Nephrology (kidneys)
- Urology (urinary tract and male genital tract. Includes prostate cancer, bladder, kidney and testicular cancer, and kidney stones)
- Vascular (arteries, veins and lymphatic system).

2.2 After carrying out individual options appraisal processes, LUHFT has developed a pre-consultation business case (PCBC), setting out clinically-led proposals for the five services above. There are separate implications for each service – with all involving some change of location for inpatient surgery, and some for outpatient care. However, the proposal also reflects a move towards each of LUHFT's three main hospital sites – Aintree, Broadgreen, and the Royal – having a more defined focus.

2.3 The consultation plan is currently in draft form, and will remain so until the process begins, to allow for ongoing feedback and comments from stakeholders.

2.4 The consultation plan was presented to a joint Overview and Scrutiny Committee (OSC) of North Mersey local authorities on 22 March 2022. The committee endorsed the consultation plan.

3. Public consultation delivery

3.1 A range of different channels and mechanisms will be used to maximise the reach of the consultation – these are set out in more detail in the plan, as is a list of the key stakeholder groups (**Appendix A**).

3.2 NHS Liverpool CCG is coordinating the public consultation, including producing materials and assets, however individual CCGs will be responsible for any specific local delivery that is required. LUHFT will also play a key role in this work, both as a direct link with previous and current patients, and so that the consultation aligns with staff engagement plans.

3.3 An external supplier is being identified for analysis and reporting of consultation feedback. This will include a final report at the end of the process, but also regular updates while the consultation is still live. As part of this, there will be a mid-point review, to highlight key themes and any gaps in responses amongst specific groups, so that these can be addressed during the remainder of the consultation.

4. Conclusion

4.1 This public consultation represents a significant piece of work, both in terms of the scale of engagement activity required, and also because it clearly signals a future strategy for the three LUHFT hospital sites.

4.2 The public consultation will still be live at the point of the planned transfer of CCG responsibilities to Integrated Care Boards (ICBs). The practical implications of this change are being factored into planning.

5. Recommendations

5.1 The Joint Committee is asked to:

- **endorse** the consultation plan.
- **provide** any additional feedback or comments on the activity set out in the consultation plan.

6. Access to further information

For further information relating to this report contact:

Name	Helen Johnson
Designation	Head of Communications & Engagement, NHS Liverpool CCG
Telephone	07342 087964
Email	helen.johnson@liverpoolccg.nhs.uk

14/04/22

LUHFT clinical services integration 2022

Public consultation – communications and engagement plan
March 2022

Background

In 2019, Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen Hospitals NHS Trust merged to form a single organisation – Liverpool University Hospitals NHS Foundation Trust (LUHFT).

At the point of merger, the two trusts duplicated more than 20 clinical services over three sites. A programme to bring separate teams together, aimed at improving care and giving local people more equal access to services, has now been underway for a number of years. The first LUHFT service to integrate was trauma and orthopaedics in 2019, with the orthopaedic trauma service now located at Aintree, and an elective centre on the Broadgreen site. A proposal for a North Mersey Comprehensive Stroke Centre is now also being progressed – subject to the outcome of public consultation, and approval from commissioners and local authorities, this would create a single hyper-acute stroke service at the Aintree site.

LUHFT have put forward a set of five new integration proposals, covering inpatient surgical care for the following areas:

- Breast
- General surgery (focussing on the abdominal area and intestines, including the gastrointestinal tract, liver, colon, pancreas and other major parts of the endocrine system)
- Nephrology (kidneys)
- Urology (urinary tract and male genital tract. Includes prostate cancer, bladder, kidney and testicular cancer, and kidney stones)
- Vascular (arteries, veins and lymphatic system)

This document sets out plans to hold an eight-week public consultation about these proposals, between **10 May and 5 July 2022**. The findings of this process will be used to inform a final decision-making business case.

Progress to date

After carrying out individual options appraisal processes, LUHFT has developed a pre-consultation business case (PCBC), setting out clinically-led proposals for the five services above.

There would be separate implications for each service – with all involving some change of location for inpatient surgery, and some for outpatient care. However, the proposal also reflects a move towards each of LUHFT's three main hospital sites – Aintree, Broadgreen, and the Royal – having a more defined focus.

Scope

The references to Clinical Commissioning Groups (CCGs) in this paper cover: NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG and NHS Southport & Formby CCG.

It is planned that current CCG functions will transfer to Integrated Care Boards (ICBs) from 1 July 2022, subject to legislation being passed by parliament. In preparation for this change in commissioning structures, this public consultation is being overseen by the Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups.

The hospital trust referenced is Liverpool University Hospitals NHS Foundation Trust (LUHFT) (encompassing Aintree University Hospital, Broadgreen Hospital, and the Royal Liverpool University Hospital).

LUHFT's general surgery, nephrology, urology, and vascular services include a small number of areas of care that come under the responsibility of NHS England Specialised Commissioning. CCGs are working with Specialised Commissioning Colleagues to ensure that the necessary governance processes are followed for decision-making in relation to these service lines, and to identify any existing networks and groups that can be invited to take part in the public consultation.

This document is intended as an overview of the consultation approach that will be taken across the four CCG areas named above. Specific activity or plans might be required for individual CCGs (for example, in response to governance processes or requirements identified in the pre-consultation equality analysis) – this will be the responsibility of each CCG separately.

This is a live document and will therefore continue to be updated ahead of the launch of the consultation.

Proposal and public consultation

This plan sets out how the CCGs named above, in partnership with LUHFT, will hold a public consultation on **"Changes to where care happens at Liverpool University Hospitals (Aintree, the Royal Liverpool and Broadgreen)"**, starting on 10 May 2022 and running for eight weeks until 5 July 2022. Please note, the final title of the consultation is still to be agreed.

The following is a summary of the proposals that will be put forward (full details of why the changes are being proposed, what they would mean for patients, and how they were identified, will be set out in consultation materials):

- **The overall future plan for where care happens – Aintree, Broadgreen, and the Royal Liverpool hospitals**

Current situation: A mixture of different services are provided at all three hospitals, although there is particular overlap between Aintree and the Royal. Until 2019, the city's two major adult acute hospitals were run by separate organisations, and despite being only 5.5 miles apart, in some cases they offer the same set of services. However, the way that patients are cared for, and the outcomes that they experience as a result of this care, are not always equal. Also, this arrangement means that specialist staff and resources are spread too thinly across different sites.

Proposal for the future: These latest integration proposals are part of a wider plan to give each of the three hospitals – Aintree, Broadgreen, and the Royal – a clearer focus, and in doing so ensure that all patients receive the very best care possible. This means looking at how we bring teams together to make the most of specialist skills, resources and equipment, and use the different sites we have available in a way that makes more sense. It's part a wider plan for 'single service, city-wide delivery', which the local NHS has been working on since 2014.
For Aintree, this would mean focussing on unplanned and emergency care, in line with its existing status as the Cheshire and Merseyside Major Trauma Centre, and co-location with the trauma-related neurology services delivered by The Walton Centre (which is also on the Aintree campus).

Meanwhile, the new Royal Liverpool Hospital, co-located with the new Clatterbridge Cancer Centre in Liverpool city centre, would mainly focus on complex planned care, including cancer care.

Alongside this, Broadgreen would predominantly provide rehabilitation, as well as an elective (planned care) service for orthopaedics.

It's important to note that Aintree and the Royal would both still have an accident and emergency (A&E) department if the changes went ahead – there are no plans to change this.

The specific changes that are being considered in this latest phase of integration are as follows:

- **General surgery**

  Current situation: General surgery takes place at both Aintree and the Royal, which both provide emergency surgical care. Broadgreen provides planned care only. Each site provides care in a different way, which means that patients have varying experiences, and standards are not always consistent.

  Proposal for the future: Aintree will deal with emergency (unplanned or non-elective) surgery, while elective (planned) care will take place at the new Royal.

- **Vascular**

  Current situation: Liverpool Vascular and Endovascular Service (LiVES) has worked as a single service across a number of hospitals for several years. The main site is at the Royal, with additional sites at Aintree, Whiston Hospital and Liverpool Heart and Chest Hospital.
  However, the service doesn't have enough operating theatre space, or enough beds, and transferring patients between hospitals creates challenges. This situation means delays to care, and the experience that some patients have isn't as good as it could be.
  Proposal for the future: The service would move from the Royal to Aintree. Whiston Hospital and Liverpool Heart and Chest Hospital would continue as specialist centres.

- **Urology**

  Current situation: LUHFT's urological services are currently provided as two separate units – one at the Royal Liverpool Hospital and one at Aintree Hospital, although they have had the same leadership team since 2000.

  Proposal for the future: It is proposed that all inpatient care (care which involves someone staying in hospital overnight) would take place at the new Royal Liverpool Hospital. Outpatient services and day case procedures would still take place at both the Royal Liverpool and Aintree.

- **Nephrology**

  Current situation: The LUHFT renal team works across Aintree, Broadgreen, and the Royal. It provides all aspects of kidney care - acute kidney injury (AKI); chronic kidney disease (CKD); renal replacement therapy (RRT); conservative management of patients who choose not to have dialysis/transplant; and a transplantation service for Merseyside, parts of Cheshire and North Wales.

The greatest challenge is prompt and equitable access to kidney services for patients. Renal disease in the population is increasing, and demand on services, in particular dialysis, which will grow in the next few years.

Proposal for the future: A Merseyside and Cheshire Regional Tertiary renal Service would be created, with an in-patient bed base at the new Royal Liverpool Hospital. This would provide equitable access to specialist renal care and transplant for the whole of Cheshire and Mersey.

There would be a consultant in nephrology presence seven-days-a-week at Aintree Hospital, to provide in-reach service for patients with kidney disease. There would not be any changes to the outpatient services.

- **Breast**

Current situation: LUHFT's breast services are currently across two separate units – at The Elective Care Centre for Aintree, and at the Linda McCartney Centre for the Royal Liverpool.
The two units have different clinical pathways, and patient experience and access to services can vary.

Proposal for the future: All surgery would take place at the Royal Liverpool. Outpatient and diagnostic services would remain at both the Linda McCartney Centre at the Royal and Aintree. The breast screening service would remain at the Broadgreen site as part of the national NHS Breast Screening Programme.

Structure for consultation materials

The above is provided purely as a high-level summary of the changes being proposed. The main consultation booklet will set out the following for each service area:

- What type of surgery would be impacted (including what is not in scope)
- How and where this care is currently delivered
- How many people use the service currently, and which areas they come from
- Why change is needed, including current performance against national standards (where applicable)
- The proposed solution and what this change would look like
- What impact the proposed solution would have on care
- What a future patient journey would look like if the change went ahead
- How this change was identified as the preferred option, what else was considered, and why other options were not taken forward
- What would need to happen for the change to go ahead, and what the cost would be

- Where applicable, what would the change mean for journey times (both ambulance and private travel)
- Any insights from patients who have used the service that have been gathered so far

The booklet will also contain a glossary of terms, and explain how the public consultation and decision-making processes works, and who will make a final decision, and when.

Shorter, summary versions of the information will also be made available – more information on this provided below.

Engagement objectives

1. Increase understanding among patients, the public and stakeholders about why these proposals are being put forward, both individually, but also as part of a wider strategy for the three LUHFT sites.

2. Share the potential solutions that have been considered in the review, and present the options being put forward for each of the five service areas.

3. Clearly explain the expected impact(s) of the change for patients, both in terms of improvements in quality of care, and practical implications for things such as travel time.

4. Gather feedback on the proposals and views about how the impact for patients and their families/carers would be felt, and whether there is anything else we should consider before making a final decision.

5. Ensure that we specifically seek out responses from people who have used the relevant Liverpool University Hospitals services in the past.

6. Understand whether there are differences in views among specific communities/groups and whether any adjustments/mitigations might be required as a result, in line with equalities duties.

7. Ensure that a range of routes are used to promote the consultation and allow people to share their views, recognising that people have different communication needs and preferences.

Timescales

The intention is for consultation to get underway on 10 May 2022. A Joint Health Scrutiny Committee (LUHFT Clinical Services Reconfiguration) made up of representatives from local authorities in Knowsley, Liverpool and Sefton took place on 22 March 2022, when members had the opportunity to comment and provide input on consultation plans.

Specific delivery timescales (e.g. for events, etc) will be set out in a separate project plan for CCG and trust communications and engagement teams, to ensure that activity is co-ordinated across the different organisations involved.

It is anticipated that reporting back on feedback received will happen throughout the eight-week consultation period – more information is provided on this below – but that a full report will be available for decision-makers in August. This will be published as part of the final decision-making process in late summer/early autumn.

Methods of engagement

It is important that public consultation uses a range of different channels and techniques; both to ensure that the opportunity is promoted to the widest number of people possible, and also to enable feedback to be provided in a way that meets individual needs and preferences.

Since the start of the COVID-19 pandemic, the local NHS has carried out a number of pieces of engagement in more limited circumstances, which have provided important experience for ensuring an inclusive approach, even when opportunities for face-to-face contact are minimal. Most recently, NHS Liverpool CCG led a public consultation into proposals for a Comprehensive Stroke Centre at Aintree University Hospital, which used mainly remote mechanisms.

Although it is envisaged that some in-person engagement will be possible as part of this public consultation, we are also planning to use learnings from the stroke consultation to maximise our reach. For example, by running virtual focus groups for each of the service areas where a change is being proposed. Although it is important to ensure that remote techniques don’t exclude or disadvantage individuals who might be more comfortable with in-person methods of engagement, this approach does also present very real benefits. For example, those who might find it difficult to attend a physical event or focus group, whether because of accessibility concerns, time limitations, or another issue, are sometimes more easily able to take part when these sessions are held online. Central to this is providing alternative means of sharing views – for example, over the phone – for those who would prefer them, and advertising opportunities across a wide range of different channels.

The central pillars of the public consultation will be:

- **Questionnaire:** A set of questions is being designed, to gather both qualitative and quantitative data about people's experiences. This will be a single questionnaire for the whole process, however – reflecting the fact that some respondents will only have views about one specific area – it will be designed so that people don't have to answer questions about all of the services, if they don't want to. We believe this will improve the number of fully completed surveys overall, by removing the risk of people disengaging due to length or lack of relevancy. The survey will be made available online, with paper copies and alternative languages/formats made available on request (by emailing, texting or calling NHS Liverpool CCG). All communications about the consultation will encourage people to complete the questionnaire, if possible, to maximise the level of feedback produced.

- **Phone line:** NHS Liverpool CCG's communications and engagement team will take feedback from members of the public over the phone, as required. In the first instance, people who call will also be asked to complete the survey – either online or printed – where possible. The same telephone number will be used to request alternative versions of the survey.

- **Contact with previous patients:** LUHFT is looking at options for contacting patients who have previously used the five services. This approach was used during the recent hyper-acute stroke public consultation. Communication with previous and current patients will highlight the virtual focus groups (see below for details).

- **Contact with existing patients – clinics, consultations, and bedside conversations:** Subject to infection prevention and control (IPC) requirements, we will provide display materials for inpatient/clinic waiting areas relating to the five services. If guidelines allow at the time – and where judged appropriate – we will also arrange for volunteers to spend time in these areas, to share information with patients and ask them to complete the questionnaire. We are exploring whether it might also be possible to do this in wards too. Teams who work with patients in each of the services will be briefed on the consultation so that they can encourage patients to share their views. Materials will be produced to support this, such as simple PowerPoint slides which can be used during virtual clinics, where appropriate.

- **Virtual focus groups:** Five online focus groups will be arranged, each focussing on one of the services where change is proposed. Based on learning from similar events in the past, these will take place in the early evening.

They will be widely publicised, and will take place in the first phase of the consultation period, so that additional sessions can be arranged if there is sufficient demand. The focus groups will begin with an introductory presentation by a clinical lead for the service, an opportunity for participants to ask questions, and time for smaller group discussions (using virtual break-out rooms).

- **Condition and disease-specific patient support groups and networks:** Extensive mapping is taking place to identify groups relevant to each of the five service areas which feature in this consultation. We will share information and materials (in the form of a toolkit) with these groups – and ask them to share this with their members and contacts – and where groups hold online meetings, we will offer to attend to provide a presentation on the consultation.

- **Wider networks:** We will also share information about the consultation with wider Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations locally, and offer to provide presentations to groups. We will utilise relationships with Healthwatch to ensure a thorough approach to mapping out these contacts across all the affected areas.

Audiences and channels

The table below sets out some of the key stakeholders for the public consultation, and details how we will ensure they are informed and engaged about the process.

Audience	**Proposed channel/method of communication and engagement**
Internal	
Governing bodies at Knowsley, Liverpool, Southport & Formby, and South Sefton Clinical Commissioning Groups (CCGs)	• Each CCG communications team to share stakeholder briefing notes (drafted by NHS Liverpool CCG) ahead of consultation plan being published with OSC papers and at the launch of the consultation.
Joint Committee of the Cheshire & Merseyside CCGs	• Case for change paper shared during meeting in January 2022. • Committee to receive consultation plan at its late April 2022 meeting. • Committee members to receive stakeholder briefing note ahead of launch of consultation.

Cheshire & Merseyside Integrated Care System (ICS) Oversight Board	• Board briefed on consultation at meeting on 10/03/2022. • Board members to receive stakeholder briefing note ahead of launch of consultation
Trust boards for Liverpool University Hospitals NHS Foundation Trust, Southport & Ormskirk Hospital NHS Trust, and The Walton Centre NHS Foundation Trust.	• LUHFT communications team to share stakeholder briefing note ahead of consultation plan being published with OSC papers and at the launch of the consultation.
Other trust boards in North Mersey	• Liverpool CCG to share stakeholder briefing note ahead of consultation plan being published with OSC papers and at the launch of the consultation.
GP practice staff	• When consultation launches, each CCG to share toolkit copy on their own channels for communicating with GPs and practice staff (intranets, email bulletins, etc).
LUHFT staff working in five related services (Note: Staff engagement is subject to a separate plan, overseen by LUHFT, but activity will be coordinated to ensure that staff are kept fully updated with the public consultation)	• LUHFT to brief relevant staff (using single, consistent briefing) ahead of consultation getting underway. • Where relevant, staff to be provided with information/materials to allow them to promote the consultation to patients, to encourage people to take part.
Wider trust workforce	• LUHFT to brief staff with copy from toolkit using existing internal communications channels.
CCG staff (Knowsley, Liverpool, Southport & Formby, and South Sefton)	• Each CCG to brief staff with copy from toolkit using their existing internal communications channels.
NHS England/Improvement (NHSE/I)	• Updates have been provided through the NHSE/I assurance process. • Draft consultation plan (this document) and draft materials to be shared with NHSE/I regional colleagues for comment.

External	
People who have previously used LUHFT breast, general surgery, nephrology, urology or vascular services	• Communication with patients who have used services previously.
Current LUHFT breast, general surgery, nephrology, urology or vascular services patients	• Where possible and appropriate, current patients to be made aware of consultation during virtual clinics. • Materials to be used in patient waiting areas and on display screens in public areas. • Consultation to be promoted in patient appointment letters.
Wider LUHFT patients and stakeholders	• Information on trust website and social media channels. • Information on trust wi-fi sign in page (tbc). • Information to be shared with trust membership, where possible.
General public	• Information (using copy from toolkit) on CCG/Trust websites, social media channels, and in email newsletters/briefings. • Each CCG to encourage their member GP practices to share information using their websites, newsletters, and with patient participation groups. • Information sharing through other local networks and organisations, including Healthwatch, VCSEs and housing associations. • Full page advert in All Together Now magazine (tbc – dependent on copy deadlines). • Press release issued to local/regional media – see below for more details.
Local authority scrutiny	• Consultation plan to be presented to joint Overview and Scrutiny Committee (OSC) for Knowsley, Liverpool, and Sefton ahead of process starting (first meeting 22 March 2022)

	• Stakeholder briefing to be shared ahead of consultation launch.
Local authority executive teams and councillors	• NHS Liverpool CCG to share stakeholder briefing with three local authorities (via committee clerks) ahead of consultation launch.
MPs	• NHS Liverpool CCG to share stakeholder briefing notes ahead of consultation plan being published with OSC papers and at the launch of the consultation.
Steve Rotheram, Mayor of the Liverpool City Region	• Liverpool CCG to share stakeholder briefing ahead of consultation launch.
Local voluntary, community and social enterprises (VCSEs)	• Each CCG to share stakeholder briefing with VCSEs ahead of consultation launch, in line with local briefing arrangements.
Local Healthwatch organisations	• Joint briefing meeting for Healthwatch to be organised in advance of consultation launch. • Healthwatch to be asked to share materials from consultation toolkit using their channels.
The media	• Press releases to be issued at start of consultation, and also towards the end of the process. • Key clinicians offered up for interview.

Public consultation materials

The main assets that will be created to support the consultation are set out in the table below. A graphics suite/creative approach will be created for use across all assets, to ensure consistent look and feel for the process, regardless of which individual organisation is promoting it.

Item	Details
Main consultation booklet – available for download from websites or as a printable document (can also be requested in paper copy – or an alternative language/format – by telephone) This will contain full details of overall strategic direction, as well as full details of the proposals for each service area.	Most of the content from the booklet will be available online, however for maximum accessibility we will pull it together into a document which can either be printed at home, or requested via NHS Liverpool CCG.
Complete overview summary booklet/PowerPoint presentation	This will provide an overview of the strategic direction, as well as individual proposals for each of five service areas.
Individual summary booklet/PowerPoint presentation for each of five service areas	
Easy Read booklet	Information from overview summary booklet set out in an Easy Read format.
BSL (British Sign Language) video	Information from overview summary booklet provided in a BSL video.
6 x talking-head video clips with clinicians for websites – 1 x overview piece covering whole exercise, 5 x service specific pieces.	Short videos with key clinical spokespeople, explaining key issues and encouraging people to share their views, for use online and in patient areas where screens are available.
Short slideshow overview video (editing from overview booklet/presentation)	High-impact content running through key issues. Can be used at events, online, and in public areas/waiting rooms (including GP practice waiting rooms, where applicable).

Item	Details
Web-banners/graphics promoting consultation (to be produced in-house on request according to specific requirements)	Graphics that promote the consultation that can be used on CCG and trust websites.
Communications toolkit – pulling together web/newsletter copy, images, social media content, etc – to help partner organisations promote the consultation. Toolkit also to be shared with venues hosting roadshow visits.	Partner organisations – including local NHS Trusts, other public sector organisations such as local authorities and housing associations, and VCFSE organisations – can help support the consultation by sharing information on their internal and external communications channels. We will make this as easy as possible by compiling content into a toolkit.
Presentation for use at events/meetings	A PowerPoint presentation covering the key points of the consultation which can be used during online, including during local authority overview and scrutiny discussions, and as part of any group sessions for patients.
Display materials	General pop-up display stands for use in main hospital reception areas, and service-specific pop-ups for outpatient waiting areas, to promote the consultation and encourage people to take part. Exact specification to be agreed with LUHFT, in line with IPC guidance.

Governance and scrutiny

LUHFT first presented a pre-consultation business case (PCBC) to local NHS commissioners in November 2021. In late January 2022, the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups (CCGs) endorsed a case for change for integration of the five services, and confirmed that it will oversee further steps for taking the proposals forward.

Where individual CCGs have any local processes for engagement and involvement, these will take place alongside the wider governance process (for example, by organising extraordinary meetings where the timelines to not fit with existing dates).

CCGs must consult local authorities when considering any proposal for a substantial development or variation of the health service. The local authority may scrutinise such proposals and make reports and recommendations to the CCG, or referrals to the Secretary of State for Health. The case for change was also presented to individual local authority overview and scrutiny committees (OSCs) in Knowsley, Liverpool and Sefton during late January 2022. The OSCs have stated that they consider the proposals to be major service change, and have convened a joint OSC to carry out the scrutiny process – the first meeting of this committee took place on March 22 2022, when this consultation plan was presented. Once the consultation has concluded, and the consultation report is finalised, it will be presented back to the joint OSC to help inform the scrutiny process.

Responding to enquiries

A process will be put in place to ensure consistent responses to general questions and queries received during the public consultation (where appropriate these will be used to populate a website Q&A), as well as stakeholder enquiries (including MPs).

Analysis and reporting

The public consultation report will be produced by an external organisation, as has been the case for other large-scale public consultations. It is intended that regular reviews on the feedback received will take place through the consultation period, enabling us to understand any key themes or issues that might need to be explored further.

Evaluation

Although the report referenced above will provide commentary on the overall number of responses, and the routes through which people heard about and took part in the exercise, we will also seek to evaluate throughout the 8-week consultation period. By monitoring which methods and channels are most effective – as well as where there might be gaps in our demographic reach – we will seek to maximise responses to the consultation while it is still live.

Roles and responsibilities

NHS Liverpool CCG is leading public consultation activity by developing this plan and producing central resources such as the consultation survey, working in close partnership with the other CCGs whose patients use LUHFT services, and the trusts involved.
NHS Liverpool CCG will develop core materials and content (such as text for patient leaflets, website articles and stakeholder briefings), but each CCG will be

responsible for using this to engage with their own population. There will be a single, co-ordinated consultation process, with delivery at a local CCG level.
NHS Liverpool CCG will host a single questionnaire using the SmartSurvey system. Respondents will be asked to indicate which CCG area they live in, so that the data can be separated out during analysis (although it will be used to develop a single report).

Staff engagement

Although the public consultation itself will be aimed at the local population, it will be important to ensure that staff are fully briefed and understand the process. LUHFT will be responsible for communicating with their staff about the consultation, as well as continuing to engage with them about the wider review programme.

END

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING
26 April 2022

Agenda Item B2

Report Title	**Draft Annual Report 2021-22 of the Cheshire and Merseyside CCGs Joint Committee**

Report Author	Matthew Cunningham, Director of Governance and Corporate Development, NHS Cheshire CCG
Committee Sponsor	Dr Andrew Wilson, Chair

Purpose	**Approve**	✓	**Ratify**		**Decide**		**Endorse**		**For information**	

Decision / Authority Level	**Level One**	✓	**Level Two**		**Level Three**	

Executive Summary

The purpose of this report is to present the draft Annual Report of the Cheshire and Merseyside CCGs Joint Committee 2021-22 for consideration and approval by the Committee.

The requirement to produce an annual report for the Committee to help inform constituent CCGs' annual governance statements is outlined within the Committees Terms of Reference.

Recommendations

The Joint Committee is asked to:

- **consider** and **comment** on the draft Annual Report 2021-22 of the Committee
- **approve** the draft Annual Report 2021-22 of the Committee.

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:	Not applicable
Link to Committee Risk Register and mitigation:	None
Report history:	This is the first Annual Report of the Joint Committee of the Cheshire and Merseyside CCGs.
Next Steps:	Following approval by the Joint Committee, the Annual Report will be circulated to all CCG Governance Leads
Responsible Officer to take forward actions:	Matthew Cunningham
Appendices:	**Draft Annual Report 2021-22**

Joint Committee of the Cheshire and Merseyside CCGs

Annual Report 2021 – 2022 draft

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

Contents

		Page
1.	Introduction	3
2.	Membership	3
3.	Meetings	5
4.	Committee Responsibilities	5
5.	Review of Committee Activities	6
6.	Conduct of the Committee	6
7.	Chairs Conclusions	6
8.	Appendix One: 2021 – 2022 meetings member attendance details	8
9.	Appendix Two: Review of Committee Activities and decisions made during 2021-22	10

1. Introduction

The Cheshire and Merseyside Clinical Commissioning Groups (CCGs) have established and constituted a Joint Committee of the nine CCGs to make decisions collaboratively 'at scale' across Cheshire and Merseyside. The Committee has been established in accordance with the Constitutions, Prime Financial Policies, and Scheme of Delegations of each member CCG. It is established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

This report sets out the work undertaken by the Committee during the 2021 – 2022 financial year. This demonstrates how the Committee has met the responsibilities set out within the committees Terms of Reference (TOR), its effectiveness and the impact of the Committee. The report includes the formal account of the committee's work, the content of which will be used to inform the individual Annual Report and Accounts 2021 – 2022 of each of the Cheshire and Merseyside CCGs.

The evidence contained within this report will be shared with the Governing Bodies of each Cheshire and Merseyside CCG.

The Committee's membership requirements are set out in its Terms of Reference, which was last formally reviewed and approved by each CCGs Governing Body during November and December 2022.

Due to the impact of Covid-19 and the adopted working practices of NHS organisation during 2021-22, all meetings in public of the Committee during the 2021 – 2022 financial year period were undertaken online.

Confirmation of its review and approval of this Annual Report of the Remuneration Committee was received by all members of Committee at its meeting on 26 April 2022.

2. Membership

Table A identified the individuals that have formed the membership of the Committee during the 2021 – 2022 financial year period. Each Cheshire and Merseyside CCG was represented by a CCG employee with statutory duties (Accountable Officer or Chief Finance Officer). Membership of the Committee, which mirrors the composition of CCG Governing Bodies was drawn from across all nine Cheshire and Merseyside CCGs,

As Joint Committee Members, individuals represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.

Table A – Joint Committee Membership 2021-22

Name	Organisation Represented/ Category of Membership	Date Joined the Committee	Date Left the Committee
Voting Members			
Geoffrey Appleton (Deputy Chair)	NHS St Helen's CCG	20th July 2021	
Simon Banks	NHS Wirral CCG	20th July 2021	
Dr Sue Benbow	Secondary Care Doctor Representative	28th Sept 2021	
Dr Rob Cauldwell	NHS Southport & Formby CCG	20th July 2021	
Sylvia Cheater	NHS Wirral CCG	20th July 2021	
Chrissie Cook	Chief Nurse Representative	20th July 2021	28th September 2021
David Cooper	NHS Warrington CCG	20th July 2021	
Michelle Creed	NHS Halton CCG	20th July 2021	29th March 2022
Dr Andrew Davies	NHS Warrington CCG	20th July 2021	
Dr Mike Ejuoneatse	NHS St Helen's CCG	20th July 2021	
Dianne Johnson	NHS Knowsley CCG	20th July 2021	28th September 2021
Jan Ledward	NHS Liverpool & Knowsley CCG	20th July 2021	
Jane Lunt	Chief Nurse Representative	26th October 2021	
Martin McDowell	NHS Southport & Formby CCG	20th July 2021	
Peter Munday	NHS Cheshire CCG	20th July 2021	
Dr David O'Hagan	NHS Liverpool CCG	20th July 2021	
Mark Palethorpe	NHS St Helen's CCG	20th July 2021	
Dr Andrew Pryce	NHS Knowsley CCG	20th July 2021	
Fiona Taylor	NHS Southport & Formby CCG	20th July 2021	
Dr Andrew Wilson (Chair)	NHS Cheshire CCG	20th July 2021	
Clare Watson	NHS Cheshire CCG	20th July 2021	

The Committee has also a number of regular attendees from organisations (Table b) that have been invited to be part of the Committees discussions and deliberations, although these individuals have not formed the membership of the Committee, and as such have not undertaken any decisions.

Table B – Non voting regular attendees 2021-22

Name	Organisation Represented/ Category of Membership	Date Joined the Committee	Date Left the Committee
Non-Voting Regular attendees			
Dianne Johnson	Director of Transition	26th October 2021	
Sarah O'Brien	Cheshire & Merseyside Health Care Partnership Representative	20th July 2021	28 March 2022
Paul Mavers/Louise Barry	Healthwatch Representative	20th July 2021	
Ian Ashworth/Eileen O'Meara/ Ifeoma Onyia/Margaret Jones	CHaMPS Representative	20th July 2021	
David Parr	Local Authority Chief Executive Representative	28th September 2021	29th March 2022

3. Meetings

From its establishment and first meeting on the 20 July 2021 to 31 March 2022, the Committee has formally met on nine occasions and was quorate at each meeting. The Committee met on the following dates:

- 20 July 2021
- 25 August 2021
- 28 September 2021
- 26 October 2021
- 23 November 2021
- 21 December 2021
- 25 January 2022
- 23 February 2022
- 29 March 2022.

Details of the attendance of Committee members at all of these meetings are enclosed at **Appendix One** for information.

4. Committee Responsibilities

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

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

The Joint Committee has had the authority to:

- commission any reports, surveys or reviews of services it deems necessary to help it fulfil its obligations, along with any scrutinising independent investigation reports
- commission, review and authorise policies in to areas within the scope of the Committee, or where specifically delegated by the Governing Bodies of the nine Cheshire and Merseyside CCGs
- request further investigation or assurance on any area within its remit
- bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- make recommendations to and/or escalate issues to the Cheshire and Merseyside Health and Care Partnership and NHS England and Improvement.
- approve the terms of reference of any sub-groups to the Committee
- delegate tasks to such individuals, sub-groups or individual members as it shall see fit, provided that any such delegations are consistent with relevant governance arrangements and national guidance, are governed by terms of

reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest
- set common standards across agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside
- monitor these standards and provide assurance they are adhered to
- have oversight and co-ordination of any public consultation or engagement required in relation to areas within the scope of the Committees remit
- agree allocation of spend related to the decisions made on agreed service areas within the scope if the Committee.

The Committee has also established three sub-committees that cover the following areas:
- Finance and Resources
- Quality
- Performance.

These Sub-Committees have been meeting since January 2022 and report into the Joint Committee via key exception and risk repots.

5. Review of Committee Activities

Throughout the year, the Committee has received a variety of papers for information and for decisions on a number of key commissioning, strategic and developmental areas. **Appendix Two** provides an outline of the key papers received,

6. Conduct of the Committee

The Committee has applied best practice in its deliberations and decision-making processes. It conducted its business in accordance with national guidance and relevant codes of conduct and good governance practice.

Meetings of the Committee were conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers approved by the Governing Bodies of each of the Cheshire and Merseyside CCGs

The Committee administrative support minuted the proceedings of all meetings of the Committee, including recording the names of those present and in attendance and the minutes of the Committee meetings were circulated promptly to all attendees of the Committee for approval. The Committee provided reports on its business alongside its approved minutes to each Cheshire and Merseyside Governing Body after each Committee meeting.

Within the nine formal meetings in 2021 - 2022, all instances of declarations of interest were noted. These were recorded in the minutes of the meetings concerned.

7. Chair's Conclusions

The committee has met its obligations as delegated to it by the Governing Bodies of each of the nine CCGs and in response to the CCGs supporting the strategic aims and objectives of the Cheshire and Merseyside Health and Care Partnership and the establishment of the Cheshire and Merseyside Integrated Care System.

The Cheshire and Merseyside CCGs and members of the Committee have been flexible and responsive to the changing asks and deadlines of the Health and Care Bill and dissolution of CCGs and establishment of the Cheshire and Merseyside

Integrated Care Board, continuing to act in a professional and strategic manner so as to ensure that decisions that need to be made are done so for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.

Looking forward into the first 3 months of 2022/23, the Committee will continue to exercise its responsibilities when required to do so and will ensure that any legacy matters are safely transitioned to the Cheshire and Merseyside Integrated Care Board upon its establishment in on 1 July 2022 following the abolition of CCGs.

Appendix One – Joint Committee of the Cheshire and Merseyside CCGs 2021 – 2022 meetings member attendance details

Name	CCG / Org	20/07/21	31/08/21	28/09/21	26/10/21	30/11/21	21/12/21 Meeting Cancelled	25/01/22	23/02/22	29/03/22
Dr Andrew Wilson	NHS Cheshire CCG	✓	✓	✓	✓	x	N/A	✓	x	✓
Geoffrey Appleton	NHS St Helens CCG	✓	✓	✓	✓	✓	N/A	✓	✓	✓
Simon Banks	NHS Wirral CCG	✓	✓	x	✓	✓	N/A	✓	x	✓
Dr Sue Benbow	Sec Care Doctor	N/A	x	✓	x	✓	N/A	✓	✓	✓
Dr Rob Caudwell	NHS Southport & Formby CCG	x	x	✓	x	✓	N/A	x	x	x
Sylvia Cheater	NHS Wirral CCG	✓	✓	✓	✓	✓	N/A	x	✓	✓
Chrissie Cooke	Chief Nurse Representative	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A
David Cooper	NHS Warrington CCG	✓	✓	✓	✓	✓	N/A	✓	✓	✓
Michelle Creed	NHS Warrington CCG	✓	✓	✓	✓	✓	N/A	✓	✓	x
Dr Andrew Davies	NHS Halton CCG	✓	✓	✓	x	✓	N/A	✓	x	✓
Dr Mike Ejuoneatse	NHS St Helens CCG	✓	x	✓	✓	✓	N/A	x	✓	x
David O'Hagan	NHS Liverpool CCG	✓	✓	✓	✓	✓	N/A	✓	✓	✓
Jan Ledward	NHS Liverpool CCG and NHS Knowsley CCG	x	✓	x	✓	✓	N/A	✓	✓	x
Jane Lunt	Chief Nurse	N/A	N/A	N/A	✓	✓	N/A	✓	✓	x
Martin McDowell	NHS South Sefton CCG	✓	x	✓	✓	✓	N/A	✓	✓	✓
Peter Munday	NHS Cheshire CCG	✓	x	✓	✓	✓	N/A	x	✓	✓
Mark Palethorpe	NHS St Helens CCG	✓	✓	✓	x	✓	N/A	✓	x	✓
Dr Andrew Pryce	NHS Knowsley CCG	✓	✓	✓	✓	✓	N/A	✓	✓	✓
Fiona Taylor	NHS Southport & Formby CCG	✓	✓	✓	✓	✓	N/A	✓	x	✓
Clare Watson	NHS Cheshire CCG	✓	✓	✓	✓	✓	N/A	x	✓	✓

Invited Regular Attendees										
Ian Ashworth	ChaMPs		✓	✓			N/A			
Louise Barry	Healthwatch		✓		✓		N/A	✓		
Steven Broomhead	Local Authority Chief Exec Rep				✓		N/A			
Sarah O'Brien	C&M HCP	✓		✓	✓	✓	N/A	✓		
Eileen O'Meara	ChaMPs	✓					N/A			
Paul Mavers	Healthwatch	✓		✓		✓	N/A		✓	
Sarah McNulty	ChaMPs								✓	
Margaret Jones	ChaMPs				✓	✓	N/A	✓		
Ifeoma Onyia	ChaMPs						N/A			
David Parr	Local Authority Chief Exec Rep						N/A			
Sheena Cumisky	C&M HCP			✓	✓	✓	N/A	N/A	N/A	N/A
David Flory	C&M HCP		✓	✓			N/A	✓	✓	
Dianne Johnson	C&M HCP	✓	✓	✓	x	✓	N/A	✓	✓	✓
Graham Urwin	C&M HCP	N/A	N/A	N/A	N/A	N/A	N/A			

Appendix Two – Review of Committee Activities and Decisions made during 2021-22

Date of Meeting	Discussion Item	Action Needed	Decision
20/07/21	Committee Terms of Reference	Ratifying	The CMJC ratified the Terms of Reference subject to minor amendments, to include an initial 3-month review and reference to virtual decision making.
20/07/21	Proposed Committee dates 2021-22	Approval	The CMJC approved the proposed meeting dates for 2021/22
20/07/21	IAPT – common standards for Cheshire and Merseyside	Information	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.
20/07/21	Update from the Directors of Commissioning meeting	Information	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.
25/08/21	Hospice Sustainability across Cheshire & Merseyside	Approval	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.
25/08/21	Adoption of National Stroke Service Model Specification	Approval	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.
25/08/21	Mental Health 2021/22 National Funding Deployment as at Quarter 1, 2021/22	Information	Committee members received an overview of the Cheshire and Merseyside expenditure plans, as at the end of the first quarter 2020/21, in respect of national mental health funding allocations (Service Development Funding and Spending Review), as well as actions that need to be urgently addressed to ensure that people are able to access the care they need. The Committee noted the report and asked that all CCG representatives ensure that priority areas are taken forward to each relevant CCG for discussion and ensure that funding is transacted by individual CCGs to implement the plans.

Date of Meeting	Discussion Item	Action Needed	Decision
25/08/21	Cheshire & Merseyside ICS - Independent Sector Provision for Q3 2021/22 onwards	Information	Committee members received a verbal update on the contracting actions being taken to support the on-going commissioning of the Independent Sector across the Cheshire and Merseyside ICS in 21/22 and 22/23. Committee members noted the update and noted that a paper will be shared with each CCGs Governing Body providing further information on this matter
25/08/21	Update from the July 2021 Directors of Commissioning meeting	Information	Committee members received an update from the Cheshire and Merseyside Directors of Commissioning meeting.
28/09/21	Aligning Commissioning Policies across Cheshire and Merseyside	Decision	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.
28/09/21	Cheshire and Merseyside Section 140 Protocol	Approval	The Accountable Officers, or deputies present at the meeting approved the adoption of the Cheshire and Merseyside Section 140 Protocol
28/09/21	Update from the Cheshire and Merseyside CCGs Directors of Commissioning September 2021 meeting	Information	Committee members received an update from the Cheshire and Merseyside Directors of Commissioning meeting.
28/09/21	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Information	The Committee received and noted a update on the transition work underway around the disestablishment of the CCGs and development of the ICB.

Date of Meeting	Discussion Item	Action Needed	Decision
26/10/21	Cheshire& Merseyside CCGs Joint Committee - Commissioning Sub-Committee Draft Terms of Reference	Approval	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.
26/10/21	Cheshire and Merseyside Core Military Veterans Service	Approval	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 was requested to 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.
26/10/21	Cheshire and Merseyside Specialist Weight Management Services	Information	The content of the paper was noted. The Joint Committee requested that a revised paper is submitted after a review by the commissioning leads
26/10/21	Update from the Cheshire and Merseyside CCGs Directors of Commissioning meeting	Information	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
26/10/21	C&M Month 6 System Finances Update	Information	The Committee received and noted a verbal Finance update on the nine CCGs and Cheshire and Merseyside System
26/10/21	C&M System Performance Update	Information	The Committee received and noted a verbal performance update for the Cheshire and Merseyside System.
26/10/21	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Information	The Committee received and noted a update on the transition work underway around the disestablishment of the CCGs and development of the ICB.
30/11/21	Delegation of authority to the Cheshire & Merseyside CCGs Joint Committee	Information	The Cheshire & Merseyside Joint Committee received an update paper outlining what further delegations had been given to the Joint Committee by the nine CCGs and next steps.

Date of Meeting	Discussion Item	Action Needed	Decision
30/11/21	Cheshire & Merseyside CCGs Joint Committee - Sub-Committee Terms of Reference	Approval	The Cheshire & Merseyside Joint Committee received and approved the Terms of Reference for the sub-committees of the Joint Committee.
30/11/21	Cheshire and Merseyside CCGs Tier 4 Bariatric Surgery Procurement Options Paper	Decision	The Joint Committee reviewed the options within the table within the paper 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.
30/11/21	Expansion of Cheshire & Merseyside Virtual Wards	Approval	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. 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
30/11/21	Update from the Cheshire and Merseyside CCGs Directors of Commissioning	Information & Approval	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.
30/11/21	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Information	The Committee received and noted a presentation and verbal update on the transition work underway around the disestablishment of the CCGs and development of the ICB.
25/01/22	Transfer of haemato-oncology services from LUHFT to Clatterbridge Liverpool	Approval	The Cheshire and Merseyside CCGs' Joint Committee approved the proposal to enable the transfer of Haemato-oncology Services to be mobilised.

Date of Meeting	Discussion Item	Action Needed	Decision
			The Cheshire and Merseyside CCGs' Joint Committee supported the recommendation, made during the meeting, to continue further engagement work with minority groups.
25/01/22	Liverpool University Hospitals Clinical Services Integration Proposals	Approval	The Cheshire and Merseyside CCGs Joint Committee: 1) 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) 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) 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.
25/01/22	Learning from Life and Death Reviews (LeDeR) – Implementation Progress Update	Endorsement	The Cheshire and Merseyside CCGs Joint Committee:- 1) Noted the report and endorsed the work being undertaken to implement the LeDeR policy in Cheshire and Merseyside. 2) 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.
25/01/22	Cheshire and Merseyside Core Military Veterans Service – Transfer of Coordinating Commissioner Arrangements from NHS Bury Clinical Commissioning Group to the Cheshire and Merseyside Integrated Care Board - Update	Endorsement	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.

Date of Meeting	Discussion Item	Action Needed	Decision
25/01/22	2022/23 NHS priorities and operational planning guidance	Endorsement	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.
25/01/22	Key issues report of the Finance and Resources Sub-Committee	Information & Approval	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.
25/01/22	Key issues report of the Quality Sub-Committee	Information & Approval	The Cheshire and Merseyside CCGs Joint Committee noted the update report and approved the amended Terms of Reference.
25/01/22	Key issues report of the Performance Sub-Committee	Information	The Committee noted the update report and the work underway to appoint a new Chair and Deputy Chair.
25/01/22	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group	Information & Approval	The Cheshire and Merseyside CCGs Joint Committee:- 1) 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) Requested that the work around asylum seekers was brought forward to February 2022 and the forward planner includes reviews on services that were quickly stood up during the Covid-19 pandemic
25/01/22	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Information	The Committee received and noted a presentation and verbal update on the transition work underway around the disestablishment of the CCGs and development of the ICB.
25/01/22	C&M System Performance Update	Information	The Committee received and noted a verbal performance update for the Cheshire and Merseyside System.
23/02/22	Cheshire & Merseyside Long Covid Programme Update	Information	The Cheshire and Merseyside CCGs Joint Committee noted an update on long covid commissioning for the Integrated Care System (ICS).
23/02/22	Key issues report of the Finance and Resources Sub-Committee	Information	The Cheshire and Merseyside CCGs' Joint Committee noted the finance sub-committee update report and agreed that papers for assurance should be distributed

Date of Meeting	Discussion Item	Action Needed	Decision
			to a wider group, to include CCG governing body members that are not part of the committee.
23/02/22	Key issues report of the Quality Sub-Committee	Information	The Cheshire and Merseyside CCGs Joint Committee noted the Quality Sub-Committee update report
23/02/22	Key issues report of the Performance Sub-Committee	Information	The Cheshire and Merseyside CCGs Joint Committee noted the Performance Sub-Committee update report
23/02/22	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group	Information	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.
23/02/22	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Information	The Committee received and noted a presentation and verbal update on the transition work underway around the disestablishment of the CCGs and development of the ICB.
29/03/22	Complex Rehabilitation Network	Decision	The Cheshire & Merseyside CCGs Joint Committee noted the report and the current challenges outlined within it, and agreed the following: 1) That the interim governance arrangements for the Cheshire & Merseyside Rehabilitation Network will be via the Neuroscience Network Board; 2) The commencement of 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; 3) The commencement of initial development work for a Prolonged Disorders of Consciousness pathway (PDoC);

Date of Meeting	Discussion Item	Action Needed	Decision
			4) That the Complex Rehabilitation Network can explore reconfiguration and pooling budgets for neuro-rehabilitation services in Cheshire & Merseyside.
29/03/22	Cheshire and Merseyside CCGs Joint Committee Risk Update Report - March 2022	Approval	The Cheshire & Merseyside CCGs Joint Committee:- 1) 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. 2) 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. 3) 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. 4) 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.
29/03/22	Plans for Community Diagnostics Centres in Cheshire and Merseyside	Endorsement	The Cheshire & Merseyside CCGs Joint Committee:- 1) Confirmed their support for the submission of the high-level plans for 4 additional CDCs in Cheshire and Merseyside. 2) 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. 3) Noted the next steps for their CDC programme.
29/03/22	Key issues report of the Finance and Resources Sub-Committee	Information	The Cheshire and Merseyside CCGs Joint Committee noted the Finance and Resources Sub-Committee update report
29/03/22	Key issues report of the Quality Sub-Committee	Information & Approval	The Cheshire and Merseyside CCGs Joint Committee noted the Quality Sub-Committee update report and agreed with the recommendation that the Serious Harm Quality Review principles are used by the sub-committee.

Date of Meeting	Discussion Item	Action Needed	Decision
29/03/22	Key issues report of the Performance Sub-Committee	Information	The Cheshire and Merseyside CCGs Joint Committee noted the Performance Sub-Committee update report
29/03/22	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group	Information	The Cheshire & Merseyside CCGs Joint Committee noted the update report from the Directors of Commissioning Working Group.
29/03/22	Consolidated CCG Accountable Officer Report	Information	The Cheshire & Merseyside CCGs Joint Committee noted the consolidated Accountable Officers report.
29/03/22	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Information	The Committee received and noted a presentation and verbal update on the transition work underway around the disestablishment of the CCGs and development of the ICB.
29/03/22	C&M System Performance Update	Information	The Cheshire & Merseyside CCGs Joint Committee noted the Cheshire & Merseyside System Performance update report.

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING
26 April 2022

Agenda Item B3

Report Title	**Draft Cheshire and Merseyside Integrated Care Board Constitution**
Report Author	Ben Vinter - ICB Governance Lead
Committee Sponsor	Fiona Taylor

Purpose	**Approve**		**Ratify**		**Decide**		**Endorse**		**For information**	✓

Decision / Authority Level	**Level One**	n/a	**Level Two**	n/a	**Level Three**	n/a

Executive Summary

On 6 July 2021 the Health and Care Bill was published. The bill sets out how the Government intends to reform the delivery of health services and promote integration between health and care in England. This is the first major piece of primary legislation on health and care in England since the Health and Social Care Act 2012.

The new legislation will establish an NHS body to be known as the NHS Integrated Care Board (ICB). ICBs will bring partner organisations together in a new collaborative way with common purpose. They will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place. Statutory functions, like those currently exercised by CCGs, will be conferred on ICBs from 1 July 2022, along with the transfer of all CCG staff, assets and liabilities (including commissioning responsibilities and contracts). Relevant duties of CCGs include those regarding health inequalities, quality, safeguarding, children in care and children and young people with special educational needs SEN) and or disability.

From initial Integrated Care System (ICS) guidance it has been clear CCGs will be legally responsible for the development of ICB constitutions, but NHSE have also made clear they expect this process to be led by the designate ICB Chair and CEO. The first Constitution of the ICB will be approved by NHS England through an establishment order. The establishment order can only be issued once the Health and Care Bill has received royal assent.

This report provides an update on the draft Cheshire and Merseyside ICB Constitution and how it is proposed CCGs can continue to support the development of ICB.

Recommendations

The Joint Committee is asked to:

- **consider** the content of this report and the draft Cheshire and Merseyside ICB Constitution (attached)
- **note** the development of the Constitution has taken place in line with national guidance and should provide satisfaction to CCG GBs and the JCCCG that it reflects the feedback secured through system and local engagement
- **note** the process undertaken by CCG AOs with their CCG GBs as described and the actions completed.

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?	n/a
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:	CCG Accountable Officers and GBs fulfilling statutory obligations
Link to Committee Risk Register and mitigation:	Matters of CCG transition are being managed by the Transition Board
Report history:	Discussions at Accountable Officer meetings and by Accountable Officers with their CCG Governing Body members
Next Steps:	CCG Accountable Officer report to ICB Designate CEO and NHSE Regional team
Responsible Officer to take forward actions:	Each individual CCG Accountable Officer
Appendix A	Draft Cheshire and Merseyside ICB Constitution

Draft Cheshire and Merseyside Integrated Care Board Constitution

1. Context

1.1 The Health and Care Bill requires that each Integrated Care Board ICB) has a Constitution.

1.2 System partners must be engaged in the development of the Constitution.

1.3 The Constitution will govern the NHS aspects of the Integrated Care System (ICS) which will be led through an ICB. As such NHS England & Improvement (NHSE/I) have issued a highly prescribed Constitutional template with scope for local choices on membership and mechanisms for nomination and recruitment etc.

1.4 Emerging ICBs were expected, through CCGs, to engage with Partners between the start of October and end of November 2021 and to capture and report to NHSE/I on the outputs of that engagement. Two targeted areas of focus were identified by NHSE/I: composition and size of the Board and wider opportunity for feedback to a longer timeframe.

1.5 From initial ICS guidance it has been clear CCGs will be legally responsible for the development of ICB constitutions, but NHSE have also made clear they expect this process to be led by the designate ICB Chair and Chief Executive Officer (CEO). In order to support the requirement that system partners must be engaged in the development of the Constitution briefings have been provided to partnership forums and existing collaborative meeting structures in Cheshire and Merseyside, in addition engagement took place through CCGs (supplemented through Cheshire and Merseyside Health and Care Partnership (HCP) engagement channels) on the size and composition of the proposed Cheshire and ICB with further dialogue on key areas of the Constitution through December 2021 and into the new year.

2. ICB Constitution Approval Process

2.1 The first constitution of the ICB will be approved by NHSE/I through an establishment order. The establishment order can only be issued once the Health and Care Bill has received royal assent. There is no requirement for the first meeting of the board of the Cheshire and Merseyside ICB to approve the constitution though it will be important to ensure that all board members are familiar with the constitution and the provisions within it. The first meeting of the Cheshire and Merseyside ICB board will approve the documents supplementary to the Constitution (these are identified in the model constitution: SoRD, SFIs, etc).

2.2 However in order to support NHSE/I in its consideration and approval of ICB Constitutions and in recognition of the deferred start date of ICBs, NHSE/I have requested CCG engagement and support of the current draft ICB Constitution and from that a statement of recommendation from each Accountable Officer of the nine Cheshire and Merseyside CCGs, to the ICB Designate CEO, for system adoption of the draft.

2.3 Cheshire and Merseyside CCG Accountable officers have been asked to provide such statements of support by 21/04/22 on what is being described as the settled* version of the ICB Constitution at that time *(* that is the current version of the ICB Constitution based upon v4 of the model constitution which is only awaiting updates as required of v5 model constitution).*

2.4 An updated version of the model Constitution was issued toward the end of March 2022 (and dealt with matters of accuracy, legislative alignment and related to partner members of ICBs) and the Cheshire and Merseyside CCGs Accountable Officers agreed to secure support for their reconfirmation of required technical additions and amendments to ICB constitutions between end of March and May 2022 for these reasons.

3. Cheshire and Merseyside CCGs action

3.1 A report was authored for the Cheshire and Merseyside CCGs for their Governing Bodies to review alongside the current draft of the ICB Constitution (**Appendix A**). Each CCG Governing Body was asked to:

3.1.1 **consider** the content of the report and the draft Cheshire and Merseyside ICB Constitution

3.1.2 **note** the development of the Constitution has taken place in line with national guidance and should provide satisfaction to CCG GBs that it reflects the feedback secured through system and local engagement

3.1.3 **endorse** the proposals as outlined (recognising the highly prescriptive nature of the nationally issued model constitution) providing support to AOs for participation in a process of recommending the documentation to the Designate ICB Chief Executive Officer

3.1.4 **endorse** the proposals outlined within the paper that Accountable Officers be asked and supported to provide a further review of the Constitution following the passage of legislation and issuance of a v5 model constitution resolving outstanding technical queries related to ICB establishment and subject to the passage of legislation

3.1.5 **note** the intentions of Cheshire and Merseyside Accountable Officers to brief the Joint Committee on this process at its April 2022 meeting in order to provide public transparency on the process undertaken.

4. Further background information

4.1 **Actions completed to date.** The work that the emergent ICB with partners, including CCGs, has undertaken in respect of ICB Constitution development is as follows:

4.1.1 Consultation of draft Constitution: following appointment and discussion with the designate ICB Chair, CCG(s) to consult (i.e., engage) with 'appropriate' stakeholders to develop a draft constitution for the new ICB in line with the model ICB constitution (including standing orders).

4.1.2 Concluded first stage of ICB constitution consultation (engagement) exercise in relation to size and composition of ICB Board

4.1.3 Responded to the naming convention requirements guidance by submission of completed return to the regional team for onward submission to the national team

4.1.4 Size and composition of ICB Board agreed by regional team, with input from the CCG(s) which should have considered the views of appropriate stakeholders gathered through the first stage of the constitution consultation (engagement) exercise. Input to decision on Board size and composition required from designate ICB Chief Executive

4.1.5 Concluded further stages of ICB Constitution consultation (engagement)

4.1.6 Submitted revised constitution to regional team for review, having completed consultation (appropriate stakeholder engagement) process and having considered the feedback from this

4.1.7 Draft C&M Constitution submitted to NHSE 03/12/21 and 01/03/22 responding to and reflecting on any feedback from NHSE teams

4.1.8 NHSE/I feedback provided to C&M should be noted as being broadly positive

4.1.9 Further submission made to NHSE on 01/03/22 to reflect v4 model constitution requirements

4.2 **Version 4 model constitution amendments.** Version 4.0 of the Model Constitution Template was issued by NHSE, via NHS Futures Platform, on 11th February 2022 and covered:

1. Introduction

1.1 Inclusion of ICS purpose and aims – mandatory addition, cannot be changed/ removed.

2. Composition of The ICB Board

2.1.4 Explicit reference to the Board being '**Unitary**' and **collectively accountable**

3. Disqualification Criteria for Board Membership

3.2.1 & 3.2.2 – Following Parliamentary scrutiny, the reference to being a member of the London Assembly or a member of a Local Authority (Councillor) in the disqualification criteria has been removed. However, NHSE Guidance still states the expectation that partner members will be at the level of Chief Executive or Executive Director – so wording has been updated, but principle remains the same.

3.5 Explicit reference to partner members being '**jointly**' nominated by their partner member peers e.g. LA Partner Member to be jointly nominated by the Local Authorities within the ICB area (Cheshire & Merseyside).

3.15 Additional section on specific arrangements for the appointment of Ordinary members 'at the point of establishment' – this is in recognition that a full appointments process e.g., Appointments Panel, is not feasible on/ around day one, therefore the initial appointments may be done outside of the identified Appointments process.

7. Arrangements for ensuring Accountability & Transparency

7.3.1 Explicit reference to Board meetings and relevant committees to be held in public. Not a new concept and fits in with what we would expect as an NHS organisation. Also referenced within Appendix 2. Standing Orders, Section 4.

Appendix 2: Standing Orders

Section 4.4 – Optional clause included around Petitions. This is currently being discussed, but is likely it will be left in, and discussions mainly focused on defining the thresholds for a petition. Majority of the C&M CCGs (including St Helens) have a standard line re: adding to agenda of next meeting – Cheshire CCG specifies thresholds. There is a requirement, if the ICB includes the clause, for the detail to sit in the Governance Handbook.

Section 4.8 – Additional clause regarding ability of the ICB to act not being affected by any vacancy among members or defect in appointment. Basically, ensuring that business can still be transacted even where there complications/ difficulties in appointing partner members.

5. Anticipated future actions

5.1 **Future version of the model constitution anticipated amendments.** Updates to the model constitution and/or updates that it can be anticipated the ICB will need to make following further release of the model constitution which will in itself follow the anticipated passing of the bill through Parliament are as follows:

A. Naming and reference to website
B. Name of ICB from establishment order
C. Final confirmation of partner members, constituency and any relevant qualification criteria
D. Reference to sections of the Act
E. Any updates to national guidance or requirements.

6. Recommendations

The Joint Committee is asked to:

- consider the content of this report and the draft Cheshire and Merseyside ICB Constitution (attached)
- note the development of the Constitution has taken place in line with national guidance and should provide satisfaction to CCG GBs and the JCCCG that it reflects the feedback secured through system and local engagement
- note the process undertaken by CCG AOs with their CCG GBs as described and the actions completed.

7. Access to further information

7.1 For further information relating to this report contact:

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

Name	Ben Vinter
Designation	ICS Planning
Telephone	07767246103
Email	Ben.vinter@nhs.net

Draft subject to the passage of the Health and Care Bill through Parliament

Integrated Care Board
Model Constitution Template: Draft V _14

Notes

This template is provided as a starting point for emergent ICBs to develop their constitution. It should be completed with reference to the supporting notes (add link) and superscript numbers in red indicate which supporting note should be referred to.

Text in black indicates a legal or policy requirement and should be retained unless agreed otherwise with NHS England

Text in green indicates a clause which is optional, or which requires local completion. Supporting notes will explain more about what is required and may also provide examples that could be suitable.

Green text that is not highlighted represents the default text included in the Model Constitution (which is proposed for retention as it is but could be amended if preferred).

Green text that is highlighted yellow requires further consideration / local agreement.

Text in *purple italics* has been inserted in place of the default green content included in Model constitution.

Text highlighted in blue is dependent on details that are not yet available – e.g. definitions contained in legislation / establishment order; the web location of ICB resources

Draft subject to the passage of the Health and Care Bill through Parliament

[Insert ICB logo]

NHS Cheshire and Merseyside

Integrated Care Board

CONSTITUTION

Draft subject to the passage of the Health and Care Bill through Parliament

CONTENTS

1. Introduction....6

1.1 Background/ Foreword....6

1.2 Name....6

1.3 Area Covered by the Integrated Care Board....6

1.4 Statutory Framework....6

1.5 Status of this Constitution....8

1.6 Variation of this Constitution....8

1.7 Related Documents....9

2 Composition of The Board of the ICB....11

2.1 Background....11

2.2 Board membership....12

2.3 Regular Participants and Observers at Board Meetings[20]....12

3 Appointments Process for the Board....13

3.1 Eligibility Criteria for Board Membership:....13

3.2 Disqualification Criteria for Board Membership[25]....13

3.3 Chair[26]....15

3.4 Chief Executive....15

3.5 Partner Member(s) - NHS Trusts and Foundation Trusts [32]....16

3.6 Partner Member(s) - Providers of Primary Medical Services.....18

3.7 Partner Member(s) - local authorities....20

3.8 Medical Director[45]....22

3.9 Director of Nursing and Care[48]....22

3.10 Director of Finance[51]....23

3.11 *Four[54]* Independent Non-Executive Members[55]....24

3.12 Board Members: Removal from Office.....25

3.13 Terms of Appointment of Board Members....26

3.14 Specific arrangements for appointment of Ordinary Members made at establishment[110]....26

4 Arrangements for the Exercise of our Functions.....27

4.1 Good Governance....27

4.2 General....27

4.3 Authority to Act 28
4.4 Scheme of Reservation and Delegation 28
4.5 Functions and Decision Map 29
4.6 Committees and Sub-Committees[65] 29
4.7 Delegations made under section 65Z5 of the 2006 Act 30

5 Procedures for Making Decisions[73] 31
5.1 Standing Orders 31
5.2 Standing Financial Instructions (SFIs) 31

6 Arrangements for Conflict of Interest Management and Standards of Business Conduct 32
6.1 Conflicts of Interest[75] 32
6.2 Principles[80] 33
6.3 Declaring and Registering Interests 33
6.4 Standards of Business Conduct 35

7 Arrangements for ensuring Accountability and Transparency 35
7.2 Principles[84] 35
7.3 Meetings and publications 36
7.4 Scrutiny and Decision Making 37
7.5 Annual Report 37

8 Arrangements for Determining the Terms and Conditions of Employees. 38

9 Arrangements for Public Involvement 39

Appendix 1: Definitions of Terms Used in This Constitution 41

Appendix 2: Standing Orders 42

1. Introduction[94] 42

2. Amendment and review 42

3. Interpretation, application and compliance 42

4. Meetings of the Integrated Care Board 43

4.1. Calling Board Meetings[97] 43

4.2. Chair of a meeting 43

4.3. Agenda, supporting papers and business to be transacted 44

4.4. Petitions[112] 44

4.5. Nominated Deputies[103] 44

4.6. Virtual attendance at meetings[104] 46

4.7. Quorum[105] 46

4.8. Vacancies and defects in appointments 46

4.9. Decision making 47

4.10. Minutes 48

4.11. Admission of public and the press 48

5. Suspension of Standing Orders 49

6. Use of seal and authorisation of documents. 49

Draft subject to the passage of the Health and Care Bill through Parliament

1. Introduction

1.1 Background/ Foreword[1]

1.1.1 NHSE has set out the following as the four core purposes of ICSs:

a) improve outcomes in population health and healthcare
b) tackle inequalities in outcomes, experience and access
c) enhance productivity and value for money
d) help the NHS support broader social and economic development.

1.1.2 The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

1.1.3 *Additional Narrative to be added…*

Commented [JS1]: As discussed at ICS Coordination Group, keen to see strong commitment made re: EDI, whether in foreword or elsewhere/ICBs reflecting the communities they serve.

1.2 Name

1.2.1 The name of this Integrated Care Board is *NHS Cheshire and Merseyside Integrated Care Board*[2] ("the ICB").

1.3 Area Covered by the Integrated Care Board

1.3.1 The area covered by the ICB[3] is [description to be added as appears on the establishment order][4].

1.4 Statutory Framework

1.4.1 The ICB is established by order made by NHS England under powers in the 2006 Act.

1.4.2 The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.

1.4.3 The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).[5]

1.4.4 In accordance with section 14Z25(5) of, and paragraph 1 of Schedule 1B to, the 2006 Act the ICB must have a constitution, which must comply with the requirements set out in that Schedule. The ICB is required to publish its constitution (section 14Z29). This constitution is published at [web location to be added].

1.4.5 The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. Examples include, but are not limited to, the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to ICBs take the form of general statutory duties, which the ICB must comply with when exercising its functions. These duties include but are not limited to:

a) Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 1989 and section 14Z32 of the 2009 Act);
b) Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
c) Duties in relation children including safeguarding, promoting welfare etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014);
d) Adult safeguarding and carers (the Care Act 2014);
e) Equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35); and
f) Information law, (for instance, data protection laws, such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000);
g) Provisions of the Civil Contingencies Act 2004.

1.4.6 The ICB is subject to an annual assessment of its performance by NHS England which is also required to publish a report containing a summary of the results of its assessment.

1.4.7 The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under:

a) section 14Z34 (improvement in quality of services),
b) section 14Z35 (reducing inequalities),
c) section 14Z38 (obtaining appropriate advice),
d) section 14Z43 (duty to have regard to effect of decisions)
e) section 14Z44 (public involvement and consultation),
f) sections 223GB to 223N (financial duties), and
g) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

1.4.8 NHS England has powers to obtain information from the ICB (section 14Z58 of the 2006 Act) and to intervene where it is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so (section 14Z59).

1.5 Status of this Constitution

1.5.1 The ICB was established on [1 July 2022] by [*name and reference of establishment order to be added*], which made provision for its constitution by reference to this document.

1.5.2 This constitution must be reviewed and maintained in line with any agreements with, and requirements of, NHS England set out in writing at establishment [113].

1.5.3 Changes to this constitution will not be implemented until, and are only effective from, the date of approval by NHS England.

1.6 Variation of this Constitution

1.6.1 In accordance with paragraph 15 of Schedule 1B to the 2006 Act this constitution may be varied in accordance with the procedure set out in this paragraph. The constitution can only be varied in two circumstances:

a) where the ICB applies to NHS England in accordance with NHS England's published procedure[6] and that application is approved; and

b) where NHS England varies the constitution of its own initiative, (other than on application by the ICB).

1.6.2 The procedure for proposal and agreement of variations to the constitution is as follows:[7]

a) *The Chief Executive or Chair may periodically propose amendments to the constitution.*

b) *The Chief Executive, in consultation with the Chair, will present all proposed amendments to the ICB so Board Members can consider whether engagement with the ICP is required in accordance with 1.6.2c).*

c) *The ICB shall engage its partners, via the Integrated Care Partnership (ICP), to discuss any proposed amendments that any Board Member believes may materially affect:*

i) *the operation of the ICB (including its role, remit or geographical coverage); or*

ii) *its relationship with partners.*

d) *The proposed amendments shall be considered and approved by the ICB before an application is submitted to NHS England. In considering the proposed amendments, Board Members are expected to apply knowledge of and a perspective from their sectors.*

e) *Proposed amendments to this constitution will not be implemented until an application to NHS England for variation has been approved.*

1.7 Related Documents

1.7.1 This Constitution is also supported by a number of documents which provide further details on how governance arrangements in the ICB will operate.

1.7.2 The following are appended to the constitution and form part of it for the purpose of clause 1.6 and the ICB's legal duty to have a constitution:

a) **Standing orders–** which set out the arrangements and procedures to be used for meetings and the selection and appointment processes for the ICB committees.

1.7.3 The following do not form part of the constitution but are required to be published:

a) **The Scheme of Reservation and Delegation (SoRD)**[8]**–** sets out those decisions that are reserved to the Board of the ICB and those decisions that have been delegated in accordance with the powers of the ICB and which must be agreed in accordance with and be consistent with the constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated to.

b) **Functions and Decision map**[9]**-** a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The Functions and Decision map also includes decision

making responsibilities that are delegated to the ICB (for example, from NHS England).

c) **Standing Financial Instructions** – which set out the arrangements for managing the ICB's financial affairs.

d) **The ICB Governance Handbook**[10]**–** which includes:

- Terms of reference for all committees and sub-committees of the Board that exercise ICB functions[11].
- Delegation arrangements[12] for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one of those organisations in accordance with section 65Z6 of the 2006 Act.
- Terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
- *Committee Handbook*

e) **Key policy documents**[13] **-** including:

- Standards of Business Conduct Policy
- Conflicts of interest policy and procedures
- Policy for public involvement and engagement

2 Composition of The Board of the ICB

2.1 Background

2.1.1 This part of the constitution describes the membership of the Integrated Care Board. Further information about the criteria for the roles and how they are appointed is in section *3*.

2.1.2 Further information about the individuals who fulfil these roles can be found on our website [web location to be added].[14]

2.1.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the membership of the ICB (referred to in this constitution as "the Board" and members of the ICB are referred to as "Board Members") consists of:

a) a Chair
b) a Chief Executive
c) at least three Ordinary members.

2.1.4 The membership of the ICB (the Board) shall meet as a unitary board and shall be collectively accountable for the performance of the ICB's functions.

2.1.5 NHS England Policy[17], requires the ICB to appoint the following additional Ordinary Members:

a) three executive members, namely:
   - Director of Finance
   - Medical Director
   - Director of Nursing

b) *At least 2* [18] independent non-executive members

2.1.6 The Ordinary[15] Members include at least three members who will bring knowledge and a perspective from their sectors. These members (known as Partner Members) are identified and appointed in accordance with the procedures set out in Section 3 below**:**

a) NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description;
b) the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description;
c) the local authorities which are responsible for providing social care and whose area coincides with or includes the whole or any part of the ICB's area.

While the Partner Members will bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the Board, they are not to act as delegates of those sectors.

2.2 Board membership

2.2.1 This ICB has *6*[16] Partner Members.

a) *2 from section 2.1.6a*
b) *2 from section 2.1.6b*
c) *2 from section 2.1.6c*

2.2.2 The ICB has also appointed the following further Ordinary Members: to the Board[19]

a) 2 additional Non executive members

2.2.3 The board is therefore composed of the following members:

a) Chair
b) Chief Executive
c) *2* Partner member(s) NHS and Foundation Trusts
d) *2* Partner member(s) Primary medical services
e) *2* Partner member(s) Local Authorities
f) *4* Non executive members
g) Director of Finance
h) Medical Director
i) Director of Nursing (known locally as Director of Nursing and Care)

2.2.4 Through its recruitment, nomination and appointment processes the Board will be mindful of the benefit that a range of perspectives and breadth of geographical insights and experiences will secure and bring to its work and discussions. The ICB is committed to securing the broadest range of perspectives through its recruitment ensuring that the Board is as representative of the communities it serves as practical and possible

2.3 Regular Participants and Observers at Board Meetings[20]

2.3.1 The Board may invite specified individuals to be Participants or Observers at its meetings in order to inform its decision-making and the discharge of its functions as it sees fit.

2.3.2 Participants[21] will receive advanced copies of the notice, agenda and papers for Board meetings. They may be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote. *Named and equal Participants will include:*

a) *A Director of Public Health;*
b) *An individual bringing knowledge and perspective of Healthwatch;*

c) *An individual bringing knowledge and a perspective of the voluntary, community, faith and social enterprise sector;* [22]

d) ICB Executives – to be determined when roles and portfolios are agreed; and

e) *Place leads as required and through rotation.*

2.3.3 Observers[23] will receive advanced copies of the notice, agenda and papers for Board meetings. They may be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Any such person may not address the meeting and may not vote.

2.3.4 Participants and / or observers may be asked to leave the meeting or part of a meeting by the Chair in the event that the board passes a resolution to exclude the public (including representatives of the press) in accordance with the Public Bodies (Admission to Meetings) Act 1960 as per the Standing Orders.

3 Appointments Process for the Board

3.1 Eligibility Criteria for Board Membership:

3.1.1 Each member of the ICB must:

a) Comply with the criteria of the "fit and proper person test".[24]

b) Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles).

c) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.

3.2 Disqualification Criteria for Board Membership[25]

3.2.1 A Member of Parliament.

3.2.2 A person whose involvement with the private healthcare sector or otherwise could reasonably be deemed to risk undermining the independence of the NHS.

3.2.3 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:

a) in the United Kingdom of any offence; or

b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.5 A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.

3.2.6 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:

a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office;
b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings;
c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest; or
d) of misbehaviour, misconduct or failure to carry out the person's duties.

3.2.7 A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was:

a) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;
b) the person's erasure from such a register, where the person has not been restored to the register;
c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; or
d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

3.2.8 A person who is subject to:

a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002; or

b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

3.2.9 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

3.2.10 A person who has at any time been removed, or is suspended, from the management or control of any body under:

a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities); or

b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

3.3 Chair[26]

3.3.1 The ICB Chair[27] is to be appointed by NHS England, with the approval of the Secretary of State.

3.3.2 In addition to criteria specified at 3.1, this member must fulfil the following additional eligibility criteria:

a) The Chair will be independent.

3.3.3 Individuals will not be eligible if:

a) They hold a role in another health and care organisation within the ICB area.

b) Any of the disqualification criteria set out in 3.2 apply.

3.3.4 The term of office for the Chair will be *3 years* and the total number of terms a Chair may serve is *3*[28] *terms.*

Commented [JS2]: FOR NHS E CHECK: needs to be consistent with whatever is in appointment letter.

3.4 Chief Executive

3.4.1 The Chief Executive will be appointed by the Chair of the ICB in accordance with any guidance issued by NHS England.[29]

3.4.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England[30]

3.4.3 The Chief executive must fulfil the following additional eligibility criteria:

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 18(4)(b) of Schedule 1B to the 2006 Act.[31]

3.4.4 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

b) Subject to clause 3.4.3(a), they hold any other employment or executive role.

3.5 Partner Member(s) - NHS Trusts and Foundation Trusts [32]

3.5.1 These Partner Members are jointly nominated by the Partners which provide services within the area and are of a *description to be inserted in accordance with the regulations*[33]. *Those Trusts and Foundation Trusts are*:

a) Alder Hey Children's NHS Foundation Trust;
b) Bridgewater Community Healthcare NHS Foundation Trust;
c) Cheshire and Wirral Partnership NHS Foundation Trust;
d) The Clatterbridge Cancer Centre NHS Foundation Trust;
e) Countess of Chester NHS Foundation Trust;
f) East Cheshire NHS Trust;
g) Liverpool Heart and Chest Hospital NHS Foundation Trust;
h) Liverpool University Hospitals NHS Foundation Trust;
i) Liverpool Women's Hospital NHS Foundation Trust;
j) Mersey Care NHS Foundation Trust;
k) Mid Cheshire Hospital NHS Foundation Trust;
l) North West Ambulance Service NHS Foundation Trust
m) St Helens and Knowsley Teaching Hospitals NHS Trust;
n) Southport and Ormskirk Hospital NHS Trust;
o) The Walton Centre NHS Foundation Trust;
p) Wirral University Teaching Hospital NHS Foundation Trust;
q) Wirral Community NHS Foundation Trust; and
r) Warrington and Halton Hospitals NHS Foundation Trust.

3.5.2 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be an Executive Director of one of the NHS Trusts or FTs within the ICB's area.[34]

b) One shall have specific knowledge, skills and experience of the provision of acute or specialist services

c) *One shall have specific knowledge, skills and experience of the provision of mental health services*

d) Any other criteria as may be set out in any NHS England guidance.

e) Any other criteria as may be agreed by the ICB.

3.5.3 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

b) Any other criteria as may be set out in any NHS England guidance apply.

c) Any locally determined exclusion criteria agreed by the ICB apply including:

i. Compliance with the ICB Member Appointments Policy

3.5.4 These members will be appointed by[35] *an ICB appointments panel* subject to the approval of the Chair. *Membership of the appointments panel should be determined by the Chair and Chief Executive but must include at least one independent non-executive Board Member and be supported by an HR professional.*

3.5.5 The appointment process will be as follows[36]:

a) The ICB will produce a role description and person specification for the roles. This will establish the requirement that the individual(s) must:

i) bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the Board but they are not to act as delegates of those sectors; and

ii) have the skills, knowledge, experience and attributes required to fulfil the role of Board Member

b) The ICB will issue the role description and person specification to the Partner Members listed at section 3.5.1 and establish a timeline for a selection and appointment process.

c) Each of the Partners identified in section 3.5.1 may propose up to two nominations for each of the Partner Member - NHS trusts / foundation trusts roles. These nominations may be an individual(s) from within the Partner NHS trust / foundation trust making the nomination, or an individual(s) from any of the other Partners identified in section 3.5.1.

d) In accordance with a process agreed with the ICB, the Partners will jointly identify their selected nominee(s) for the available positions and provide the necessary information to the ICB.

e) The nominations of each eligible partner will be collated by the ICB and shared with existing regional constituency forums for consideration

f) *Nominations from the Partners, which demonstrate how the nominees satisfy the role description and person specification issued by the ICB, will be considered by an ICB appointments panel convened by the Chair. The ICB appointments panel will make a recommendation to the ICB Chair on the appointments.*

g) *The ICB Chair will approve the appointment(s) of the Partner Members and report this to the next meeting of the ICB.*

3.5.6 The term of office[37] for these Partner Members will be *3 years. There is no limit on the number of terms an individual may serve but there is no automatic reappointment and an appointment process will be undertaken at the end of each term*.

3.5.7 *Initial appointments, on the creation of the ICB, may be for a shorter period than the usual 3 years. This will allow future appointments to be staggered and support continuity of membership on the Board.*

3.5.8 *The appointment/reappointment process will be initiated by the Chair who will engage with the individual on their continuing availability before the process set out in 3.5.4 - 3.5.5 is commenced.*

3.6 Partner Member(s) - Providers of Primary Medical Services.

3.6.1 These Partner Members are jointly nominated by providers of primary medical services for the purposes of the health service within the integrated care board's area, and are [*description to be inserted in accordance with the regulations*].

3.6.2 These member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) *Any other criteria as may be set out in any NHS England guidance*

b) *Any other criteria as may be agreed by the ICB, including a requirement that:*

i. *At least one of the C&M Primary Medical Services members will meet the criteria of the Primary Medical Services Partner Member as a General Practitioner and:* [38]

a) *Hold a license to practice as a GP (on the GMC GP register) and be registered on the Performers List for England*

b) *Be a current provider of such services (practicing in C&M and for a period of not less than the preceding 24 months); and*

c) *In accordance with b) work at least two sessions per week*

ii. *One of the C&M Primary Medical Services members may be a practising primary care clinician or care professional[1] and:*
   a) *Be a current provider of services (practicing in C&M and for a period of not less than the preceding 24 months).*

3.6.3 Individuals will not be eligible if:
   a) Any of the disqualification criteria set out in 3.2 apply.
   b) Any other criteria as may be set out in any NHS England guidance apply.
   c) Any locally determined exclusion criteria agreed by the ICB apply, including:
      i. Compliance with the ICB Member Appointments Policy

3.6.4 This member will be appointed by[39] *an ICB appointments panel* subject to the approval of the Chair. *Membership of the appointments panel should be determined by the Chair and Chief Executive but must include at least one independent non-executive Board Member and be supported by an HR professional.*

3.6.5 The appointment process will be as follows[40]:
   a) The ICB will produce a role description and person specification for the roles. This will establish the requirement that the individual(s) must:
      i) bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the Board but they are not to act as delegates of those sectors; and
      ii) have the skills, knowledge, experience and attributes required to fulfil the role of Board Member
   b) The ICB will issue the role description and person specification to the Partner Members listed at section 3.6.1 and establish a timeline for a selection and appointment process.
   c) Providers who fulfil the eligibility criteria (3.6.5a)) and meet the requirements in 3.6.1 may propose up to two nominations for each of the Partner Member - Primary Medical Services roles.
   d) In accordance with a process agreed with the ICB, the Partners will jointly identify their selected nominee(s) for the available positions

[11] Pharmacist, Physiotherapist, Dentist, Optometrist, Allied Health Professional, Social Care or other registered care professional

and provide the necessary information to the ICB. The approach is set out in the ICB Appointments Policy and can be summarised as:

- *ICB invite expression of interest (EOI)*
- *EOI review by Primary Care Leadership Forum*
- *Appointment Panel review and recommendation*
- *List distributed to constituency detailed in 3.6.1*
- *Constituency nominates list through simple majority with nil return being recorded consent*

e) *Nominations from the Partners, which demonstrate how the nominees satisfy the role description and person specification issued by the ICB, will be considered by an ICB appointments panel convened by the Chair. The ICB appointments panel will make a recommendation to the ICB Chair on the appointments.*

f) *The ICB Chair will approve the appointment(s) of the Partner Members and report this to the next meeting of the ICB.*

Commented [JS3]: Similar comment to before – the appointments panel identifies the individual; the Chair approves the appointment

3.6.6 The term of office[41] for this Partner Member will be *3* years. There is no limit on the number of terms an individual may serve *but there is no automatic reappointment and an appointment process will be undertaken at the end of each term*..

3.6.7 *Initial appointments, on the creation of the ICB, may be for a shorter period than the usual 3 years. This will allow future appointments to be staggered and support continuity of membership on the Board.*

3.6.8 *The appointment / reappointment process will be initiated by the Chair who will engage with the individual on their continuing availability before the process set out in 3.6.4 - 3.6.5 is commenced.*

3.7 Partner Member(s) - local authorities

3.7.1 These Partner Members *are* jointly nominated by the local authorities whose areas coincide with, or include the whole or any part of, the ICB's area. Those local authorities are:

a) Cheshire East Council
b) Cheshire West and Chester Council
c) Halton Metropolitan Borough Council
d) Knowsley Metropolitan Borough Council
e) Liverpool City Council
f) Sefton Metropolitan Borough Council
g) St Helens Borough Council
h) Warrington Borough Council
i) Wirral Council

Commented [BV4]: These will be cross referenced and updated to reflect published regulations

3.7.2 These members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be the Chief Executive or hold a relevant Executive level role of one of the bodies listed at 3.7.1.

b) Any other criteria as may be set out in any NHS England guidance.

c) Any other criteria as may be agreed by the ICB.

3.7.3 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

b) Any other criteria as may be set out in any NHS England guidance apply.

c) Any locally determined exclusion criteria agreed by the ICB apply including:

i. Compliance with the ICB Member Appointments Policy

3.7.4 This member will be appointed by[42] *an ICB appointments panel* subject to the approval of the Chair. *Membership of the appointments panel should be determined by the Chair and Chief Executive but must include at least one independent non-executive Board Member and be supported by an HR professional.*

3.7.5 The appointment process will be as follows[43]:

a) The ICB will produce a role description and person specification for the roles. This will establish the requirement that the individual(s) must:

i) bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the Board but they are not to act as delegates of those sectors; and

ii) have the skills, knowledge, experience and attributes required to fulfil the role of Board Member

b) The ICB will issue the role description and person specification to the Partner Members listed at section 3.7.1 and establish a timeline for a selection and appointment process.

c) Each of the Partners identified in section 3.7.1 may propose up to two nominations for the Partner Member - Local Authorities role. These nominations may be an individual(s) from within the Partner local authority making the nomination, or an individual(s) from any of the other Partners identified in section 3.7.1.

d) The nominations of each eligible partner will be collated by the ICB and shared with existing constituency regional forums for consideration

e) *In accordance with that process, the Partners will jointly identify their selected nominee(s) for the available positions and provide the necessary information to the ICB.*

f) *Nominations from the Partners, which demonstrate how the nominees satisfy the role description and person specification issued by the ICB, will be considered by an ICB appointments panel convened by the Chair. The ICB appointments panel will make a recommendation to the ICB Chair on the appointments.*

g) *The ICB Chair will approve the appointment(s) of the Partner Members and report this to the next meeting of the ICB.*

3.7.6 The term of office[44] for this Partner Member will be *3* years.. There is no limit on the number of terms an individual may serve *but there is no automatic reappointment and an appointment process will be undertaken at the end of each term*.

3.7.7 *Initial appointments, on the creation of the ICB, may be for a shorter period than the usual 3 years. This will allow future appointments to be staggered and support continuity of membership on the Board.*

3.7.8 *The appointment / reappointment process will be initiated by the Chair who will engage with the individual on their continuing availability before the process set out in 3.7.4 - 3.7.5 is commenced.*

3.8 Medical Director[45]

3.8.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be an employee of the ICB[46] or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 18(4)(b) of Schedule 1B to the 2006 Act.

b) Be a registered Medical Practitioner.

c) *Any other criteria as may be set out in any NHS England guidance.*

d) *Any other criteria as may be agreed by the ICB, including:*

i. *Be a member of a recognised professional body.*

3.8.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

b) *Any other criteria as may be set out in any NHS England guidance apply.*

c) *Any locally determined exclusion criteria agreed by the ICB apply including:*

i. *Compliance with the ICB Member Appointments Policy*

3.8.3 This member will be appointed by[47] *an ICB appointments panel* subject to the approval of the Chair. *Membership of the appointments panel should be determined by the Chair and Chief Executive but must include at least one independent non-executive Board Member (following initial ICB recruitment) and be supported by an HR professional.*

3.9 Director of Nursing and Care[48]

3.9.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be an employee[49] of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 18(4)(b) of Schedule 1B to the 2006 Act.

b) Be a registered Nurse

c) Any other criteria as may be set out in any NHS England guidance.

d) Any other criteria as may be agreed by the ICB, including:

i. Be a member of a recognised professional body.

3.9.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

b) Any locally determined exclusion criteria agreed by the ICB apply including:

i. Compliance with the ICB Member Appointments Policy

c) Any other criteria as may be set out in any NHS England guidance apply.

3.9.3 This member will be appointed by[50] *an ICB appointments panel* subject to the approval of the Chair. *Membership of the appointments panel should be determined by the Chair and Chief Executive but must include at least one independent non-executive Board Member (following initial ICB recruitment) and be supported by an HR professional.*

3.10 Director of Finance[51]

3.10.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be an employee of the ICB[52] or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 18(4)(b) of Schedule 1B to the 2006 Act.

b) Any other criteria as may be set out in any NHS England guidance.

c) Any other criteria as may be agreed by the ICB, including:

i. Be a member of a recognised professional body.

3.10.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

b) Any locally determined exclusion criteria agreed by the ICB apply including:

i. Compliance with the ICB Member Appointments Policy

c) Any other criteria as may be set out in any NHS England guidance apply.

3.10.3 This member will be appointed by[53] *an ICB appointments panel* subject to the approval of the Chair. *Membership of the appointments panel should be determined by the Chair and Chief Executive but must include at least one independent non-executive (following initial ICB recruitment) Board Member and be supported by an HR professional.*

3.11 *Four*[54] Independent Non-Executive Members[55]

3.11.1 The ICB will appoint four independent Non-Executive Members.

3.11.2 These members will be appointed by[56] *an ICB appointments panel* subject to the approval of the Chair. *Membership of the appointments panel should be determined by the Chair and Chief Executive but must include at least one independent non-executive (following initial ICB recruitment) Board Member and be supported by an HR professional.*

3.11.3 These members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Not be employee of the ICB or a person seconded to the ICB.

b) Not hold a role in another health and care organisation in the ICS area.

c) One shall have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Audit Committee.

d) Another should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Remuneration Committee.

e) Meet the requirements as set out in the Non-Executive Director Person Specification

f) Any other criteria as may be set out in any NHS England guidance.

g) Any other criteria as may be agreed by the ICB. [57]

3.11.4 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.
b) They hold a role in another health and care organisation within the ICB area.
c) Any locally determined exclusion criteria agreed by the ICB apply including:
i. Compliance with the ICB Member Appointments Policy
d) Any other criteria as may be set out in any NHS England guidance apply.

3.11.5 The term of office for an independent non-executive member will be *3* years and the total number of terms an individual may serve is *3*[58] *(up to a total of nine years)*.

Commented [JS5]: Waiting on confirmation from NHS E

3.11.6 Initial appointments, on the creation of the ICB, may be for a shorter period than the usual 3 years. This will allow future appointments to be staggered and support continuity of membership on the Board.[59]

3.11.7 Subject to[60] *satisfactory appraisal* the Chair may approve the re-appointment of an independent non-executive member up to the maximum number of terms permitted for their role.

3.12 Board Members: Removal from Office.

3.12.1 Arrangements for the removal from office of Board members is subject to the term of appointment, and application of the relevant ICB policies and procedures. *In accordance with 3.12.3, the Chief Executive may suspend the membership of any Board member other than the Chair if they believe any of the criteria outlined at 3.12.3 apply. If any of these criteria apply to the Chair, the Chief Executive shall inform NHSE which shall determine the necessary steps to suspend the Chair and undertake any necessary investigation.*

3.12.2 With the exception of the Chair, Board members shall be removed from office if any of the following occurs:
a) If they no longer fulfil the requirements of their role or become ineligible for their role as set out in this constitution, regulations or guidance[62]
b) If they fail to attend a minimum of 50% of the meetings to which they are invited over a six-month period unless agreed with the Chair in extenuating circumstances
c) If they are deemed to not meet the expected standards of performance at their annual appraisal
d) If they have behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the ICB and is likely to bring the ICB into disrepute. This includes but it is not limited to

dishonesty; misrepresentation (either knowingly or fraudulently); defamation of any member of the ICB (being slander or libel); abuse of position; non-declaration of a known conflict of interest; seeking to manipulate a decision of the ICB in a manner that would ultimately be in favour of that member whether financially or otherwise

e) If they are deemed to have failed to uphold the Nolan Principles of Public Life

f) If they are subject to disciplinary action by a regulator or professional body

3.12.3 Members may be suspended pending the outcome of an investigation into whether any of the matters in 3.12.2 apply. Such investigations will be undertaken by a Panel convened by the Chief Executive and Chair, the membership of which must include an HR professional. The outcome of any such investigation will be reported to the ICB for approval.

3.12.4 Executive Directors (including the Chief Executive) will cease to be Board members if their employment in their specified role ceases, regardless of the reason for termination of the employment.

3.12.5 The Chair of the ICB may be removed by NHS England, subject to the approval of the Secretary of State.

3.12.6 If NHS England is satisfied that the ICB is failing or has failed to discharge any of its functions or that there is a significant risk that the ICB will fail to do so, it may:

3.13.6.1 terminate the appointment of the ICB's chief executive; and

3.13.6.2 direct the chair of the ICB as to which individual to appoint as a replacement and on what terms.

3.13 Terms of Appointment of Board Members

Commented [JS6]: TBC – waiting on national decision re: terms of office

3.13.1 With the exception of the Chair, arrangements for remuneration[63] and any allowances will be agreed by the Remuneration Committeein line with the ICB remuneration policy and any other relevant policies published [web location to be added] and any guidance issued by NHS England or other relevant body. Remuneration for Chairs will be set by NHS England. Remuneration for non-executive members will be set by Remuneration Committee members other than non-executive members of the ICB [63]

3.13.2 Other terms of appointment will be determined by the Remuneration Committee.

3.13.3 Terms of appointment of the Chair will be determined by NHS England.

3.14 Specific arrangements for appointment of Ordinary Members made at establishment[110]

3.14.1 Individuals may be identified as "designate ordinary members" prior to the ICB being established.

3.14.2 Relevant nomination procedures for partner members in advance of establishment are deemed to be valid so long as they are undertaken in full and in accordance with the provisions of 3.5-3.7 and the nominating organisations (as set out in clauses 3.5-3.7) have confirmed their nominations following the Health and Care Bill receiving Royal Assent

3.14.3 Any appointment and assessment processes undertaken in advance of establishment to identify designate ordinary members should follow, as far as possible, the processes set out in section 3.5-3.12 of this constitution. However, a modified process, agreed by the Chair, will be considered valid.

3.14.4 On the day of establishment, a committee consisting of the Chair, Chief Executive and [one other] will appoint the ordinary members who are expected to be all individuals who have been identified as designate appointees pre ICB establishment and the Chair will approve those appointments.

3.14.5 For the avoidance of doubt, this clause is valid only in relation to the appointments of the initial ordinary members and all appointments post establishment will be made in accordance with clauses 3.5 to 3.12

4 Arrangements for the Exercise of our Functions.

4.1 Good Governance

4.1.1 The ICB will, at all times, observe generally accepted principles of good governance. This includes the Nolan Principles of Public Life and any governance guidance issued by NHS England.

Commented [JS7]: TBC: NHS E to provide wording relating to a review of system governance at the end of 2022/23

4.1.2 The ICB has agreed *standards of business conduct* [64] which set out the expected behaviours that members of the Board and its committees will uphold whilst undertaking ICB business. It also includes a set of principles that will guide decision making in the ICB. The ICB *Standards of Business Conduct Policy* is published in the Governance Handbook.

4.2 General

4.2.1 The ICB will:

a) comply with all relevant laws including but not limited to the 2006 Act and the duties prescribed within it and any relevant regulations;
b) comply with directions issued by the Secretary of State for Health and Social Care;
c) comply with directions issued by NHS England;
d) have regard to statutory guidance including that issued by NHS England;
e) take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England; and
f) respond to reports and recommendations made by local Healthwatch organisations within the ICB area.

4.2.2 The ICB will develop and implement the necessary systems and processes to comply with (a)-(f) above, documenting them as necessary in this constitution, its governance handbook and other relevant policies and procedures as appropriate.

4.3 Authority to Act

4.3.1 The ICB is accountable for exercising its statutory functions and may grant authority to act on its behalf to:

a) Any of its members or employees.
b) A committee or sub-committee of the ICB.

4.3.2 Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund.

4.3.3 Where arrangements are made under section 65Z5 or section 75 of the 2006 Act the Board must authorise the arrangement, which must be described as appropriate in the SoRD.

4.4 Scheme of Reservation and Delegation

4.4.1 The ICB has agreed a scheme of reservation and delegation (SoRD) which is published in full [web location to be added]

4.4.2 Only the Board may agree the SoRD and amendments to the SoRD may only be approved by the Board.

4.4.3 The SoRD sets out:

a) those functions that are reserved to the Board;
b) those functions that have been delegated to an individual or to committees and sub committees; and
c) those functions delegated to another body or to be exercised jointly with another body, under section 65Z5 and 65Z6 of the 2006 Act

4.4.4 The ICB remains accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to the Board for the exercise of their delegated functions.

4.5 Functions and Decision Map

4.5.1 The ICB has prepared a Functions and Decision Map which sets out at a high level its key functions and how it exercises them in accordance with the SoRD.

4.5.2 The Functions and Decision Map is published [web location to be added].

4.5.3 The map includes:

a) key functions reserved to the Board of the ICB;
b) commissioning functions delegated to committees and individuals;
c) commissioning functions delegated under section 65Z5 and 65Z6 of the 2006 Act to be exercised by, or with, another ICB, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; and
d) functions delegated to the ICB (for example, from NHS England).

4.6 Committees and Sub-Committees[65]

4.6.1 The ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub-committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees.

4.6.2 All committees and sub-committees are listed in the SoRD.

4.6.3 Each committee and sub-committee established by the ICB operates under terms of reference and membership agreed by the Board[66]. All terms of reference are published in the Governance Handbook.

4.6.4 The Board remains accountable for all functions, including those that it has delegated to committees and subcommittees and therefore, appropriate reporting and assurance arrangements are in place and documented in terms of reference. All committees and sub committees that fulfil delegated functions of the ICB, will be required to:

a) *Submit regular reports of their business to the ICB.* [67]
b) Make minutes of their meetings available to the ICB.
c) Prepare an annual report outlining how it has delivered its responsibilities and submit this to the ICB.

4.6.5 Any committee or sub-committee established in accordance with clause 4.6 may consist of, or include, persons who are not ICB Members or employees.

4.6.6 All members of committees and sub-committees are required to act in accordance with this constitution, including the standing orders as well as the SFIs and any other relevant ICB policy.

4.6.7 The following committees will be maintained:

a) **Audit Committee**[68]**:** This committee is accountable to the Board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.

The Audit Committee will be chaired by an independent non-executive member (other than the Chair of the ICB) who has the qualifications, expertise or experience to enable them to express credible opinions on finance and audit matters.

b) **Remuneration Committee**[69]**:** This committee is accountable to the Board for matters relating to remuneration, fees and other allowances

(including pension schemes) for employees and other individuals who provide services to the ICB.

The Remuneration Committee will be chaired by an independent non-executive member other than the Chair or the Chair of Audit Committee.

4.6.8 The terms of reference for each of the above committees are published in the governance handbook[70].

4.6.9 The Board has also established a number of other committees to assist it with the discharge of its functions. These committees are set out in the SoRD and further information about these committees, including terms of reference, are published[71] in the Governance Handbook.

4.7 Delegations made under section 65Z5 of the 2006 Act

4.7.1 As per 4.3.2 The ICB may arrange for any functions exercisable by it to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body).

4.7.2 All delegations made under these arrangements are set out in the ICB Scheme of Reservation and Delegation and included in the Functions and Decision Map.

4.7.3 Each delegation made under section 65Z5 of the Act will be set out in a delegation arrangement which sets out the terms of the delegation[72]. This may, for joint arrangements, include establishing and maintaining a pooled fund. The power to approve delegation arrangements made under this provision will be reserved to the Board.

4.7.4 The Board remains accountable[116] for all the ICB's functions, including those that it has delegated and therefore, appropriate reporting and assurance mechanisms are in place as part of agreeing terms of a delegation and these are detailed in the delegation arrangements, summaries of which will be published in *the Governance Handbook.*

4.7.5 In addition to any formal joint working mechanisms, the ICB may enter into strategic or other transformation discussions with its partner organisations on an informal basis.

5 Procedures for Making Decisions[73]

5.1 Standing Orders

5.1.1 The ICB has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- conducting the business of the ICB;
- the procedures to be followed during meetings; and
- the process to delegate functions.

5.1.2 The Standing Orders apply to all committees and sub-committees of the ICB unless specified otherwise in terms of reference which have been agreed by the Board.

5.1.3 A full copy of the Standing Orders[74] is included in Appendix 2 and form part of this constitution.

5.2 Standing Financial Instructions (SFIs)

5.2.1 The ICB has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.

5.2.2 A copy of the SFIs is published at web location to be added

6 Arrangements for Conflict of Interest Management and Standards of Business Conduct

6.1 Conflicts of Interest[75]

[DN: subject to change in line with NHS England guidance[76]]

6.1.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.

6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the website [web location to be added]. [77]

6.1.3 All Board, committee and sub-committee members, and employees of the ICB, will comply with the ICB policy on conflicts of interest in line with their terms of

office and/ or employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.

6.1.4 All delegation arrangements made by the ICB under Section 65Z5 of the 2006 Act will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with those of the ICB.

6.1.5 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution, the Conflicts of interest Policy and the Standards of Business Conduct Policy[78].

6.1.6 The ICB has appointed *one of its non-executive members* to be the Conflicts of Interest Guardian[79]. In collaboration with the ICB's governance lead, their role is to:

a) Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
b) Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
c) Support the rigorous application of conflict of interest principles and policies;
d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation; and
e) Provide advice on minimising the risks of conflicts of interest.

6.2 Principles[80]

6.2.1 In discharging its functions the ICB will abide by the following principles. All NHS C&M staff and members will:

a) *Comply with the requirements of the NHS & NHS C&M Constitutions and be aware of the responsibilities outlined within them;*
b) *Act in good faith and in the interests of the C&M ICS – including NHS C&M and place-based partnerships;*
c) *Adhere to the 'Seven Principles of Public Life (the Nolan Principles), and the NHS Code of Conduct and Code of Accountability (2004)2, maintaining strict ethical standards; and*

d) *Comply with NHS C&M policies on Business Conduct and managing Conflicts of Interest.*

6.3 Declaring and Registering Interests

6.3.1 The ICB maintains registers[81] of the interests of:

a) Members of the ICB.
b) Members of the Board's committees and sub-committees .
c) Its employees.

6.3.2 In accordance with section 14Z30(2) of the 2006 Act registers of interest are published at [web location to be added][82].

6.3.3 All relevant persons as per 6.1.3 and 6.1.5 must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of the ICB's commissioning functions.

6.3.4 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

6.3.5 All declarations will be entered in the registers as per 6.3.1.

6.3.6 The ICB will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually.

6.3.7 Interests[83] (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The ICB's published register of interests states that historic interests are retained by the ICB for the specified timeframe and details of whom to contact to submit a request for this information.

6.3.8 Activities funded in whole or in part by third parties who may have an interest in ICB business such as sponsored events, posts and research will be managed in accordance with the ICB policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.4 Standards of Business Conduct

6.4.1 Board members, employees, committee and sub-committee members of the ICB will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:

a) act in good faith and in the interests of the ICB;

b) follow the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles); and

c) comply with the ICB *Standards of Business Conduct Policy*, and any requirements set out in the policy for managing conflicts of interest.

6.4.2 Board Members are expected to commit to:

a) The values of the NHS Constitution.

b) Promoting equality, diversity, inclusion

c) Promoting human rights in the treatment of patients and service users, their families and carers, the community, colleagues and staff, and in the design and delivery of services for which they are responsible.

d) Acting strategically while being informed by operational context.

e) Being open to challenge and when challenging delivering this in a supportive way.

f) Acting in a supportive and empowering way.

g) Being approachable and open.

6.4.3 Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligation to declare conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the ICB's *Standards of Business Conduct Policy*.

7 Arrangements for ensuring Accountability and Transparency

7.1.1 The ICB will demonstrate its accountability to local people, stakeholders and NHS England in a number of ways, including by upholding the requirement for transparency in accordance with paragraph 11(2) of Schedule 1B to the 2006 Act.

7.2 Principles[84]

7.2.1 The ICB will:

- *Publish its intentions and operating procedures for involving people and communities.*
- *Involve people and communities in commissioning services for NHS patients, in accordance with our duties under section XXX of the Act, and as set out in more detail in the ICB's Engagement and Communications strategy.*
- *Undertake and oversee public consultation in line with legal duties.*

7.3 Meetings and publications

7.3.1 Board and committee meetings composed entirely of board members or which include all board members will be held in public[97] except where a resolution is agreed to exclude the public on the grounds that it is believed to not be in the public interest.

7.3.2 Papers and minutes of all meetings held in public will be published.

7.3.3 Annual accounts will be externally audited and published.

7.3.4 A clear complaints process will be published.

7.3.5 The ICB will comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the ICB.

7.3.6 information will be provided to NHS England as required.

7.3.7 The constitution and governance handbook will be published as well as other key documents including but not limited to:

- *Standards of Business Conduct Policy*
- Conflicts of interest policy and procedures
- Registers of interests[85]
- *Scheme of Reservation and Delegation*
- Key policies

7.3.8 The ICB will publish, with our partner NHS trusts and NHS foundation trusts, a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years. The plan will explain how the ICB proposes to discharge its duties under:

- section 14Z34 (improvement in quality of services),
- section 14Z35 (reducing inequalities),
- section 14Z43 (have regard to effect of decisions)

- section 14Z44 (public involvement and consultation), and
- sections 223H and 223J (financial duties).

And

a) proposed steps to implement the *Cheshire West and Chester; Cheshire East; Halton; Knowsley; Liverpool City; Sefton; St Helens; Warrington and Wirral* joint local health and wellbeing strategies[86]

7.4 Scrutiny and Decision Making

7.4.1 *Five* independent non-executive members will be appointed to the Board including the Chair; and all of the Board and committee members will comply with the Nolan Principles of Public Life and meet the criteria described in the Fit and Proper Person Test.

7.4.2 Healthcare services will be arranged in a transparent way, and decisions around who provides services will be made in the best interests of patients, taxpayers and the population, in line with the rules set out in the NHS Provider Selection Regime.

7.4.3 The ICB will comply with the requirements of the NHS Provider Selection Regime including:

a) *Following NHS policy.*
b) *Promoting the NHS and its statutory partners.*
c) *Achieving best value.*
d) *Delivering for Cheshire and Merseyside while utilising and drawing upon the expertise within the ICS and securing the best possible outcomes for residents* [87].

7.4.4 The ICB will comply with local authority health overview and scrutiny requirements.

7.5 Annual Report

7.5.1 The ICB will publish an annual report in accordance with any guidance published by NHS England and which sets out how it has discharged its functions and fulfilled its duties in the previous financial year and in particular how it has discharged its duties under sections:

a) 14Z34 (improvement in quality of services);
b) 14Z35 (reducing inequalities);
c) 14z43 (have regard to the effect of decisions); and
d) 14Z44 (public involvement and consultation).

7.5.2 The annual report will also review the extent to which the ICB has exercised its functions in accordance with the plans published under sections:

a) 14Z50 (Integrated Care System plan); and

b) 14Z54 (capital resource use plan).

7.5.3 Review any steps the Board has taken to implement any joint health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.

8 Arrangements for Determining the Terms and Conditions of Employees.

8.1.1 The ICB may appoint employees, pay them remuneration and allowances as it determines and appoint staff on such terms and conditions as it determines.

8.1.2 The Board has established a Remuneration Committee[88] which is chaired by a Non-Executive member other than the Chair or Audit Chair.

8.1.3 The membership of the Remuneration Committee is determined by the Board. Committee members must never consider their own remuneration or allowances so the committee membership must be sufficiently broad to enable it to operate while effectively managing such conflicts of interest. No employees may be a member of the Remuneration Committee but the Board ensures that the Remuneration Committee has access to appropriate advice by:

a) ICS HR team or their suppliers.

b) Independent HR advisers being in attendance to support the committee.

8.1.4 The Board may appoint independent members or advisers to the Remuneration Committee who are not members of the Board.

8.1.5 The main purpose of the Remuneration Committee is to exercise the functions of the ICB regarding remuneration included in paragraphs 18 to 20 of Schedule 1B to the 2006 Act. The terms of reference agreed by the Board are published at [web location to be added]

8.1.6 The duties of the Remuneration Committee include[89]:

a) Setting the ICB pay policy (or equivalent) and standard terms and conditions;

b) Making arrangements to pay employees such remuneration and allowances as it may determine;

c) Setting remuneration and allowances for members of the Board;

d) Setting any allowances for members of committees or sub-committees of the ICB who are not members of the Board;
e) Evaluation and appraisal of the Executive Directors;
f) Consideration and approval of any severance payments on termination of office;
g) Ensuring compliance with the requirements for disclosure of directors' remuneration in the annual report and accounts; and
h) Any other relevant duties.

8.1.7 The ICB may make arrangements for a person to be seconded to serve as a member of the ICB's staff.

9 Arrangements for Public Involvement

9.1.1 In line with section 14Z44(2) of the 2006 Act the ICB has made arrangements to secure that individuals to whom services which are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions, and their carers and representatives, are involved (whether by being consulted or provided with information or in other ways) in:

a) the planning of the commissioning arrangements by the Integrated Care Board;
b) the development and consideration of proposals by the ICB;
c) for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them; and
d) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

9.1.2 In line with section 14Z52 of the 2006 Act the ICB has made the following arrangements to consult its population on its system plan:

a) Engagement with local Healthwatch.
b) Engagement with the Voluntary, Community and Faith Sector.
c) Public engagement via Place-based communications and engagement networks.
d) Engagement with Health and Wellbeing Boards and Local Authority Health Scrutiny Committees.

9.1.3 The ICB has adopted the ten principles set out by NHS England for working with people and communities [90]:

a) Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.

b) Start engagement early when developing plans and feed back to people and communities how it has influenced activities and decisions.

c) Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is working.

d) Build relationships with excluded groups – especially those affected by inequalities.

e) Work with Healthwatch and the voluntary, community and social enterprise sector as key partners.

f) Provide clear and accessible public information about vision, plans and progress to build understanding and trust.

g) Use community development approaches that empower people and communities, making connections to social action.

h) Use co-production, insight and engagement to achieve accountable health and care services.

i) Co-produce and redesign services and tackle system priorities in partnership with people and communities.

j) Learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

9.1.4 These principles will be used when developing and maintaining arrangements for engaging with people and communities.

9.1.5 These arrangements, include[92] *collaborating with ICS system partners to develop appropriate mechanisms for the involvement of people and communities such as:*

- *ICS and Place-Based Citizens' Panels;*
- *Experts-by-Experience and Patient Leadership roles;*
- *Health Champions' networks;*
- *Engagement forums; and*
- *Co-production groups*[93]

Draft subject to the passage of the Health and Care Bill through Parliament

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022
ICB Board	Members of the ICB
Area	The geographical area that the ICB has responsibility for, as defined in part 2 of this constitution
Committee	A committee created and appointed by the ICB Board.
Sub-Committee	A committee created and appointed by and reporting to a committee.
Integrated Care Partnership	The joint committee for the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
Place-Based Partnership	Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. They involve the Integrated Care Board, local government and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities, as well as primary care provider leadership, represented by Primary Care Network clinical directors or other relevant primary care leaders.
Ordinary Member	The Board of the ICB will have a Chair and a Chief Executive plus other members. All other members of the Board are referred to as Ordinary Members.
Health Service Body	Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.
	ICBs should add local definitions as required and should always include any local terms that refer to legally prescribed roles or functions.

Draft subject to the passage of the Health and Care Bill through Parliament

Appendix 2: Standing Orders

1. Introduction[94]

1.1. These Standing Orders have been drawn up to regulate the proceedings of *NHS Cheshire and Merseyside* Integrated Care Board so that the ICB can fulfil its obligations as set out largely in the 2006 Act (as amended). They form part of the ICB's Constitution[95].

2. Amendment and review

2.1. The Standing Orders are effective from *1 July 2022* [96]

2.2. Standing Orders will be reviewed on an annual basis or sooner if required.

2.3. Amendments to these Standing Orders will be made as per *section 1.6 of the ICB's constitution.*

2.4. All changes to these Standing Orders will require an application to NHS England for variation to the ICB constitution and will not be implemented until the constitution has been approved.

3. Interpretation, application and compliance

3.1. Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the main body of the ICB Constitution and as per the definitions in Appendix 1.

3.2. These standing orders apply to all meetings of the Board, including its committees and sub-committees unless otherwise stated. All references to Board are inclusive of committees and sub-committees unless otherwise stated.

3.3. All members of the Board, members of committees and sub-committees and all employees, should be aware of the Standing Orders and comply with them. Failure to comply may be regarded as a disciplinary matter.

3.4. In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the *ICB's governance lead*, will provide a settled view which shall be final.

3.5. All members of the Board, its committees and sub-committees and all employees have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

3.6. If, for any reason, these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification and the Audit Committee for review.

4. Meetings of the Integrated Care Board

4.1. Calling Board Meetings[97]

4.1.1. Meetings of the Board of the ICB shall be held at regular intervals[98] at such times and places[99] as the ICB may determine.

4.1.2. In normal circumstances, each member of the Board will be given not less than one month's notice in writing of any meeting to be held. However:

a) The Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing.

b) A majority of the members of the Board may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Board members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Board specifying the matters to be considered at the meeting.

c) In emergency situations the Chair may call a meeting with two[100] days' notice by setting out the reason for the urgency and the decision to be taken.

4.1.3. A public notice of the time and place of meetings to be held in public and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least three clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

4.1.4. The agenda and papers for meetings to be held in public will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

4.2. Chair of a meeting

4.2.1 The Chair of the ICB shall preside over meetings of the Board.

4.2.2 If the Chair is absent, or is disqualified from participating by a conflict of interest *a non-executive member of the ICB Board other than the Audit Committee Chair will take on the role and responsibility of chairing the Board meeting or agenda item in question. The non-executive member will not be expected to undertake the other duties of the ICB Chair when deputising in this way* [101]

4.2.3 The Board shall appoint a Chair to all committees and sub-committees that it has established. The appointed committee or sub-committee Chair will preside over the relevant meeting. Terms of reference for committees and sub-committees will specify arrangements for occasions when the appointed Chair is absent.

4.3. Agenda, supporting papers and business to be transacted

4.3.1 The agenda for each meeting will be drawn up and agreed by the Chair[102] of the meeting.

4.3.2 Except where the emergency provisions apply, supporting papers for all items must be submitted at least seven calendar days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the Board at least five calendar days before the meeting.

4.3.3 Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the ICB's website at [web location to be added].

4.4. Petitions[112]

4.4.1 Where a valid petition has been received by the ICB it shall be included as an item for the agenda of the next meeting of the Board in accordance with the ICB policy as published in the Governance Handbook.

4.5. Nominated Deputies[103]

4.5.1 With the permission of the person presiding over the meeting, the Executive Directors may nominate a deputy to attend a meeting of the Board that they are unable to attend. *Members should inform the Chair of their intention to nominate a deputy and should ensure that any such*

deputy is suitably briefed and qualified to act in that capacity. The deputy may speak and vote on their behalf.

4.5.2 The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

4.6. Virtual attendance at meetings[104]

4.6.1 The Board of the ICB and its committees and sub-committees may meet virtually using telephone, video and other electronic means, when necessary, unless the terms of reference prohibit this.

4.7. Quorum[105]

4.7.1 The quorum for meetings of the Board will be *a majority of* members *(eight),* including:

a) The Chair and Chief Executive or their designated deputies;
b) At least one Executive Director (in addition to the Chief Executive or their nominated deputy);
c) At least one Non-Executive member;
d) At least one Partner Member; and
e) At least one member who has a clinical background or qualification.

4.7.2 For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum (or the figure required to achieve a majority in accordance with 4.9.2, should that be required).

4.7.3 For all committees and sub-committees, the details of the quorum for these meetings and status of deputies are set out in the appropriate terms of reference.

4.8. Vacancies and defects in appointments

4.8.1 The validity of any act of the ICB is not affected by any vacancy among members or by any defect in the appointment of any member. [111]

4.8.2 In the event of vacancy or defect in appointment the following temporary arrangement for quorum will apply:

- *The Chair, in agreement with at least one non-executive Board member, may nominate a suitably qualified / experienced person to cover a vacant position on the Board until a full selection and appointment process can be undertaken.*
- *Any such nomination shall be subject to endorsement by the Board.*

- *Should there be a vacancy in the Chair position, the ICB shall seek approval from NHSE to appoint a suitably qualified / experienced person to cover the position on the Board until a full selection and appointment process can be undertaken.*

4.9. Decision making

4.9.1 The ICB has agreed to use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working though difficult issues where appropriate.

4.9.2 Generally it is expected that decisions of the ICB will be reached by consensus. Should this not be possible then a vote will be required. The process for voting, which should be considered a last resort, is set out below:

a) All members of the Board who are present at the meeting and are not precluded from taking part in a decision by reason of a conflict of interest will be eligible to cast one vote each.

b) In no circumstances may an absent member vote by proxy[106]. Absence is defined as being absent at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting, including exercising their right to vote if eligible to do so.

c) For the sake of clarity, any additional Participants and Observers [107] (as detailed within paragraph 5.6. of the Constitution) will not have voting rights.

d) A resolution will be passed if more votes are cast for the resolution than against it.

e) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.

f) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Disputes

4.9.3 If consensus cannot be reached, the Chair may make decisions on behalf of the Board where there is disagreement. Where necessary Boards may draw on third party support such as peer review or mediation by NHS England and NHS Improvement.

Urgent decisions

4.9.4 In the case urgent decisions and extraordinary circumstances, every attempt will be made for the Board to meet virtually. Where this is not possible the following will apply.

4.9.5 The powers which are reserved or delegated to the Board, may for an urgent decision be exercised by the Chair and Chief Executive (or relevant lead director, having consulted the lead non-executive member in the case of committees)[108] subject to every effort having made to consult with as many members as possible in the given circumstances.

4.9.6 The exercise of such powers shall be reported to the next formal meeting of the Board for formal ratification and the Audit Committee for oversight

4.10. Minutes

4.10.1 The names and roles of all members present shall be recorded in the minutes of the meetings.

4.10.2 The minutes of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.

4.10.3 No discussion shall take place upon the minutes except upon their accuracy or where the person presiding over the meeting considers discussion appropriate.

4.10.4 Where providing a record of a meeting held in public, the minutes shall be made available to the public.

4.11. Admission of public and the press

4.11.1 In accordance with Public Bodies (Admission to Meetings) Act 1960 all meetings of the Board and all meetings of committees which are comprised of entirely board member or all board members at which public functions are exercised will be open to the public.

4.11.2 The Board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

4.11.3 The person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body's business shall be conducted without interruption and disruption.

4.11.4 As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting suppress or prevent disorderly conduct or behaviour.

4.11.5 Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Board.

5. Suspension of Standing Orders

5.1.1 In exceptional circumstances, except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, any part of these Standing Orders may be suspended by the Chair in discussion with at least 2 other members.

5.1.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

5.1.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

6. Use of seal and authorisation of documents.

6.1.1 *The ICB may have a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:*

- *the Chief Officer;*

- *the CCG Chair; and*
- *the Chief Finance Officer*

6.1.2 The Governance Lead shall keep a register of every sealing made and numbered consecutively in a book for that purpose. A report of all sealings shall be made to the ICB at least bi-annually.

Cheshire and Merseyside
Health and Care Partnership

Finance and resources sub-committee

Key risks and issues report

Of the meeting held on 14th April 2022

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

Key issues arising from the meeting held on 14th April 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
Statutory financial duties	o Two CCGs continue to be assessed as red in relation to cash management but are assuring that this will be achieved for year end. o All CCGs are forecasting achievement of the Mental Health Investment standard, albeit with a very limited margin should expenditure plans not fully materialise	o All CCGs have been rated as green for the breakeven duty.	N/A	
Budget change approval	CCG Allocations have increased by £121.2m since M8, the majority of which relates to ICS allocations (hosted by Liverpool) and recovery by CCGs of out of envelope expenditure on Primary Care Additional Roles and the Hospital Discharge Programme		***The joint committee is asked to approve the budget changes as recommended by the finance and resources committee***	April 2022
2022/23 Plans	CCGs have worked collaboratively with Providers and the ICB to develop 22/23 plans. CCGs' have followed differing approaches as to whether plans should be approved locally or at C&M level.		***Clarity is requested as to the role, if any, of the Joint Committee in approving 2022/23 plans/budgets.***	April 2022

	M8 £000	M11 £000	Change £000	% Change M11- M8
Cheshire	£1,300,279	£1,314,446	£14,167	1.1%
Halton	£273,563	£277,014	£3,451	1.3%
Knowsley	£350,328	£350,603	£275	0.1%
Liverpool	£1,769,008	£1,855,488	£86,480	4.9%
South Sefton	£319,910	£321,031	£1,121	0.4%
Southport	£251,107	£252,748	£1,641	0.7%
St Helens	£395,971	£398,174	£2,203	0.6%
Warrington	£379,247	£383,248	£4,001	1.1%
Wirral	£677,878	£684,734	£6,856	1.0%
	£5,717,291	£5,837,486	£120,195	2.1%

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.	The report summarised progress on achievements of statutory targets as at M11, 28th February 2022 and in summary confirmed that - the CCGs have worked collectively to submit and deliver breakeven plans for H2 2021/22. - Of the £68.7m of financial risk associate with these plans, £68.7m has now been mitigated. This maintains the M10 position and means that all CCGs continue to forecast at least a break-even position	Continued focus on delivery of financial plans	
Workforce dashboard	The committee received a consolidated C&M workforce dashboard	Each CCG has reserved workforce responsibilities and accountabilities to internal existing or newly established legacy committees. Any actions required to discharge CCGs duties are taken at CCG level.		

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.	Risk registers and BAFs extracts with detailed mitigations as per CCG risk management frameworks.	Continue to review and receive risk detail	Ongoing

Cheshire and Merseyside
Health and Care Partnership

Quality Sub-Committee

Key issues report

12th April 2022

NHS Cheshire Clinical Commissioning Group

NHS Halton Clinical Commissioning Group

NHS Knowsley Clinical Commissioning Group

NHS Liverpool Clinical Commissioning Group

NHS Southport and Formby Clinical Commissioning Group

NHS South Sefton Clinical Commissioning Group

NHS St Helens Clinical Commissioning Group

NHS Warrington Clinical Commissioning Group

NHS Wirral Clinical Commissioning Group

Key issues arising from the meeting held on 12th April 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
N/A				

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

Issue	Committee update	Assurances received	Action	Timescale
Risk update	Due to key members being on annual leave, it was agreed that an update on the work relating to quality risks would be provided at the next meeting in May	Ongoing	Report to be added to the May agenda	10th May 2022
Workplan	Members agreed that the workplan needed to be reviewed for the remaining meetings in May and June to ensure that it reflected all ongoing discussions and assurance requirements	Ongoing	Review and update of the workplan to be included on the May agenda	10th May 2022
Ockenden report	Members agreed that following the 2nd release of the Ockenden report, a review was required, and report presented to the May meeting	Ongoing	Report to be added to the May agenda	10th May 2022

ASSURE (issues for which the committee has received assurances)

Issue	Committee update	Assurances received	Action	Timescale
Serious incidents (including never events) and patient safety update	An overview of systems and processes across all CCGs was provided. It was acknowledged that the reporting of serious incidents varied across CM.	Cross reference to national guidance and the national Serious Incident Framework	Paper to be presented to the next meeting in May	10 May 2022

	Creation of a CM wide group was discussed to undertake the collation and reporting of serious incidents, including consideration of the Patient Safety Incident Response Framework (PSIRF) due in June 2022			
Patient experience	Papers were provided which described the arrangements in place at each CCG level. Discussion took place involving Healthwatch and the work that is undertaken across each Healthwatch place. Discussion also involved how deep dives and thematic analysis is undertaken with agreement that collation of Healthwatch information would be valuable. Further discussion about how the data is reported and used to ascertain priorities and action.	Reports provided from each CCG outlining current arrangements.	Update paper to be presented to the next meeting in May	10 May 2022
System Surveillance Group report	An update was provided on the progress to date and responsibilities from a national, system and place perspective. Next steps were discussed including a planned workshop on the 21 April with a need for a second workshop to be planned following engagement for relevant input, the implementation of the inaugural CM meeting and the governance arrangements reporting to regional level.	Update on progress and planned arrangements going forward	Update paper to be presented to the next meeting in May	10 May 2022

C&M Transforming Care Programme Board	The report highlighted the current position for all CCGs and the workplan and the next steps required to establish quality reporting arrangements under the ICB structure. It was discussed that consideration was required about whether place level arrangements would continue as well as at CM ICB level. All CCGs have been asked to present an update on local delivery, progress and quality of plans on a Transforming Care Programme meeting on 19 April.	Update on progress and planned arrangements going forward	Update report as planned on the workplan	June 2022
C&M All Age Continuing Care Programme Board	The report provided an update on a number of areas including QIPP, Quarter 4 performance, update on paper for the ICS Designate Executive team and an update on hospital discharge funding	Performance data and compliance against targets was provided	Agreed that performance of place including themes and trends and the impact of any monies ending was to be included in the next report	June 2022

Cheshire and Merseyside
Health and Care Partnership

Performance Committee

Issues and risks report

19th April 2022

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

Issues and risks arising from the meeting held on 19th April 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
Integrated Performance Pack	Committee reviewed the Cheshire and Merseyside Performance Pack and noted that the majority of the SOF targets are not being achieved.	With the exception of Mental Health performance (see below), the ICS area is 'mid range' when compared nationally.	The committee noted summary actions across a range of indicators. Performance will continue to be monitored with the committee undertaking 'deep dives' as detailed on the workplan	n/a
Mental Health Performance & CWP data	Mental Health performance indicators are in the bottom third nationally and this is being exacerbated by lack of availability of data in relation to Cheshire and Wirral Partnership NHS Foundation Trust (CWP) data migration. CWP have not provided routine activity or performance data since October 2021 due to the migration to a new Patient Administration System (PAS) this may be having an adverse effect on transparency of performance issues and that the MH & LD data particularly for Cheshire CCG, but will also be impacting the overall ICS Position.	Concerns were raised at the Contract Quality and Performance meeting on 12th April 2022, where the trust advised that they expected to have data available at the end of May 2022	Committee will continue to receive updates on progress acknowledging that CWP reported that that data will be available at the end of May. Recommendation to the JCCCG is that a risk is developed in relation to Mental Health Performance and CWP data for inclusion on the JCCCG Risk Register.	May/June 2022

Workforce capacity	Committee noted the impact of workforce capacity, both in terms of vacancies and sickness absence.	Local monitoring systems in place with any risks included on CGG risk registers.	Committee will continue to monitor via Performance Pack and noted that an overall Workforce Strategy and Plan will be developed by the ICB.	Ongoing
Elective Recovery Programme	The committee undertook a deep dive into Elective Recovery and received an overview of the Elective Recovery/Health Inequalities Programme including scope/objectives, proposed actions and trajectories for improvement.	Elective Recovery/Health Inequalities Programme has established a working group. Performance pack details current actions across C & M.	Committee will continue to receive updates on progress, recognising that beyond 1/7/22 monitoring of the Elective Recovery programme will be undertaken through ICB governance structures. The Elective Recovery Programme working group will be engaging with the JCCCG directly in relation to the programme establishment. Recommendation to the JCCCG is that a risk is developed in relation to Elective Recovery for inclusion on the JCCCG Risk Register.	May – June 2022
Cancer Referrals	A number of Cancer performance metrics continue to perform adversely across the ICS, including Two Week Waits and in particular Breast Symptomatic Two Week wait appointments. The overall 62-day treatment standard is also being missed as is the 28-day faster diagnosis standard. The 2-week standard is recognised as a regional challenge across Cheshire and Merseyside and Greater	Committee noted the mitigating actions to progress improvements in performance and noted the links to workforce capacity and elective recovery.	Committee agreed to liaise with the C&M Cancer Alliance to undertake a deep dive in relation to 2 week referral waits in May 2022. Recommendation to the JCCCG is that a risk is developed in relation to 2 week cancer referrals for inclusion on the JCCCG Risk Register.	May 2022

	Manchester with additional surgical capacity being provided by the independent sector in the short-term, and an improvement trajectory is in place			

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

Issue	Committee update	Assurances received	Action	Timescale
Countess of Chester – Migration to CERNER	Issue reported to JCCCG as an alert in March 2022.	Cheshire CCG provided update via Key Issues summary in April 2022.	Performance Committee will continue to monitor via Key Issues from Cheshire CCG as required.	Ongoing
CCG Key Issues	Committee received Key Issues documents from all CCGs with the exception of Warrington & Halton.	CCGs summarised localised positions and risk mitigations.	All CCGs Key Issues to be updated for May 2022. Warrington & Halton to submit a Key Issues to the committee for the first time.	May 2022
Special Educational Needs & Disability Assessments	Committee noted that Wirral and Knowsley have Written Statements of Action (WSOA) in place and Liverpool Council/CCG is due an inspection by OFSTED.	For information	No action required by Performance Committee as SEND is managed through local governance processes with Local Authorities/CCGs	n/a
Workplan	Committee agreed workplan until 30/6/22 and to include Cancer 2 week referral waits.	n/a	Reporting to be developed for 'deep dive' discussions as per workplan	May 2022

ASSURE (issues for which the committee has received assurances)				
Issue	**Committee update**	**Assurances received**	**Action**	**Timescale**
Risk Management	The Performance Committee received and accepted the resolution and mandate from the joint committee to report and escalate risks as stipulated, via the existing key issues reporting mechanism, noting that the key issues report is to now be entitled “Issues and Risks” report.	Committee can confirm that it is assured that operational risks related to the functions and duties of the Cheshire and Merseyside CCGs are currently being effectively managed.	Committee will use the Issues and Risks report to highlight any risks to the Joint Committee.	Ongoing

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING
26 April 2022

Agenda Item C4

Report Title	**Commissioning Working Group Update Report**
Report Author	Dave Horsfield, Director of Transformation, Planning & Performance, NHS Liverpool CCG
Committee Sponsor	Dianne Johnson, Executive Director of Transition, C&M HCP

Purpose	**Approve**	✓	**Ratify**		**Decide**		**Endorse**		**For information**	✓

Decision / Authority Level	**Level One**	✓	**Level Two**		**Level Three**	

Executive Summary

This report provides an overview of the Directors of Commissioning Group that took place on Monday 4th April 2022**.**

Recommendations

It is recommended that the Joint Committee:

- **Note** the contents of the report
- **Approve** the Cheshire & Merseyside Policy Framework for Vulnerable Services

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:	Cheshire & Merseyside Policy Framework for Vulnerable Services

Commissioning Working Group (DoC) Update Report

1. Introduction

1.1 The Cheshire and Merseyside Commissioning Working Group has met on 4th April 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 results of the group prioritisation exercise to agree the top priorities for the work plan in the remaining time available was fed back with the highest-ranking areas listed below. It was agreed to revisit this task should the group be required post-ICS transition.

1. Children & Young People's Mental Health Services/ (Access+)
   (Crisis & Eating Disorder Services)
2. Mental Health standards to address variation in access, provision, quality and outcomes
3. Health Inequalities/Core20Plus5
4. Improving Access to Psychological Therapies (IAPT)
5. Mental Health Out of Area Placements/Clinical Policy standardisation
6. Asylum Seekers and Refugees
7. Gender Identity
8. Population Health
9. Specialist Rehabilitation services (Neurodevelopment Services, Mental Health, Stroke, including adoption of national spec, complex cases).

3. Business

3.1 Elective Recovery Programme

Jenny Briggs (Programme Director, Elective Recovery & Transformation) and Sarah Hardy-Pickering (Programme Manager) presented a detailed overview of the Elective Recovery Programme and Outpatient targets within the operational plan.

Whilst there are six main overarching workstreams across Cheshire & Merseyside, the focus is around three key priorities for the next year:

- Waiting list management
- Shared resources
- Reducing variation.

Whilst the focus for a lot of the transactional waiting list management has been on working with the acute providers, the programme team are keen to work across the whole patient pathway and would welcome support and input from Place Leads and localities. The group agreed to the request to send the contact details of their Planned Care Place Leads to the Programme Administrator.

It was recognised that whilst there are eight specialities which will pose the biggest challenge (across 13 Trusts), the initial focus will be on three specialities (Trauma & Orthopaedics, ENT and Urology), with a plan to undertake an acute service review for each of these areas.

3.2 **Independent Sector Contracts**

Caroline Lees (St Helens) clarified that KPMG continue to work with IS Leads to complete a baseline analysis. A follow up meeting (6 April) will be attended by Linda Buckley. It was acknowledged that Stephen Evans has been the key link in terms of the contractual elements of the process.

The group's recommendation to be kept updated on progress, and for Stephen Evans to attend a future Directors of Commissioning meeting was acknowledged.

3.3 **'Blueprint' proposal across ICS for commissioned services**

Nesta Hawker (Wirral) appraised the group of a request from Sarah O'Brien for the group to agree a 'blueprint' for how we propose services will be managed and commissioned across the ICS, with a suggestion for the group to use the long covid model as a starting point.

The group discussed the request and agreed for clarity to be sought from Dianne Johnson in her role as Executive Director of Transition to establish whether a group has already been tasked with taking this work forward.

3.4 **Pulmonary Rehabilitation**

Nesta Hawker had received an update from Tracey Cole (C&M).

The Pulmonary Rehabilitation Network is working with each place to enable their PR Team to understand the current service and gaps. Additional money is available and the proposal is to fund a two-year registered PR Service Accreditation Scheme, with an ask in relation to guaranteed funding next year from the ICS.

3.5 **National Service Model Integrated Community Stroke Service**

Michelle Urwin (Liverpool) appraised the group of the information that had been made available by the Stroke Network in February 2022 reviewing current provision in Cheshire & Mersey against the new integrated stroke model. The review outlined an assessment had been undertaken in September 2021 which showed minimal difference compared with the national model that was published in February 2022.

It was noted when reviewed by the group that the model provided by the Stroke Network did not cover the whole of Cheshire, covering only one-third of the area. In response Michelle Urwin accepted an action to contact the Stroke Service to clarify which provider trusts across Cheshire are covered and to link in with Richard Burgess following this to agree next steps so that assurance can be given that all areas of Cheshire and Mersey are in line with the new model of delivery.

3.6 Vulnerable Service policy

Michelle Urwin presented the updated draft policy to the group in relation to a Cheshire & Mersey policy being established due to increasing issues arising from service referral closures. The group agreed for a set of principles to be included in relation to how the curtailing of a service would be managed; and a governance section that provided some leeway given the uncertainty of whether contracts will be a Place or ICB function.

The group were updated on closure of the Dermatology list at Wrightington, Wigan and Leigh. Owing to the impact this is currently having on Liverpool University Hospitals, given the waiting list is longer than WWL hospital, it was felt the revised policy was timely. Concern was also raised that St Helens & Knowsley Hospital may also be impacted by the restriction of the service.

Recommendation:

- **The Joint Committee is asked to approve the draft Cheshire & Mersey Vulnerable Services policy framework (Appendix A).**

3.7 Virtual Wards

Helen Pressage (Warrington) updated the group following a recent Cheshire & Mersey Virtual Ward workshop (31/03/22). It was clarified at the workshop that although a set of common principles for virtual wards is being considered across the patch, Place is likely be responsible for delivery of the virtual ward service. There is a tight timeline for agreement to be reached during April and for a narrative to be ready for the ICS to submit to NHSE in May.

3.8 Domiciliary Care

The group agreed following discussion there are significant issues around Domiciliary Care provision, particularly in terms of challenging staffing levels, noted in particular for North Mersey across Liverpool and Sefton. Liverpool is currently undertaking a mapping and modelling exercise to identify any pressures going into next winter.

Michelle Urwin appraised the group of schemes which have been agreed with the LA in relation to the introduction of single-handed care delivery to release capacity in an effort to reduce the number of domiciliary carers. The group agreed to share any plans with Michelle in this regard.

4. Recommendations

4.1 It is recommended that the Joint Committee:

- **Note** the contents of the report
- **Approve** the Cheshire & Merseyside Policy Framework for Vulnerable Services.

Access to further information

For further information relating to this report contact:

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

Appendix A

CHESHIRE & MERSEYSIDE
POLICY FRAMEWORK FOR VULNERABLE SERVICES

1. Purpose

This paper sets out a framework for the identification and management of fragile services, including escalation processes. The aims of the framework are:

- to support the sustainability of services;
- to support collaborative action to ensure service delivery is maintained wherever appropriate;
- to support management of issues within existing structures and frameworks wherever possible;
- to ensure any changes to or closures of services are managed in a way that minimises the impact on patients;
- to ensure any changes to or closures of services are managed in a way that minimises the impact on other services.

2. Definition

For the purpose of this document, a vulnerable service is defined as one which is experiencing difficulty in meeting contractual performance standards AND with additional external / demand pressures threatening a further deterioration in performance and/or patient safety. In the majority of cases, this will be due to workforce issues, increased demand and/or financial pressures.

3. Identification of vulnerable services

One of the purposes of routine performance management systems is to provide early warning of emerging issues/pressures in the system. In the majority of cases, routine contract and quality management, reporting and information systems will identify concerns with those services which are struggling to maintain contractual performance and quality standards. It will also identify services where there are significant quality/safety concerns.

There may be occasions when either the provider or the commissioner becomes aware of a situation which will have a potential impact on a service's ability to deliver its contractual performance standards; and which may, if not appropriately managed, rapidly decline (for example, the impact of closure of another neighbouring service). These issues should be raised with stakeholders at the regular contract/quality review meetings.

4. Principles

The COVID-19 pandemic has created many challenges in the provision of health care across the NHS resulting in a growth in the number of patients waiting to access routine services nationally and a subsequent rise in the number of services failing to meet performance standards. Increasingly service restrictions made in other health economies have resulted in pressure from increased out of area demand. It is important and necessary to ensure continued access to local services for our patients and support our local providers.

To support decision making the following principles should be applied;

- Any decisions should consider the impact on access and delivery across the local patient population and flow **and** the wider Cheshire and Merseyside population

- Where a service is of a specialist nature, consideration of the impact across the Northwest must be undertaken and specialist commissioning colleagues informed accordingly

- All other alternatives to maintain activity must have been explored, undertaken and exhausted prior to any decision to restrict access to services. Providers will work with commissioners to evidence that all options have been exhausted first. Making restrictions to access of services should be considered a last resort.

- All decisions to redirect or restrict referrals to services must consider patient safety and/or timely provision of services to the Cheshire & Merseyside population

- Any changes/restrictions introduced should be for a defined, time limited period

5. Governance

The identification, escalation and management of a vulnerable service will be through the relevant Place/ICB contract holding authority (coordinating commissioner). The issue will be escalated through the contract review process with oversight and management by the respective Place/ICB performance group.

6. Escalation Process

Once a service has been identified as vulnerable, or at risk of becoming vulnerable, discussions should take place between stakeholders to explore options for sustainability of the service.

These discussions should be clinically-led and may include (but are not limited to) confirmation of the need for the service; service reconfiguration; partnership with other providers and mutual aid; amalgamation with other services; or transfer of services to another provider. At all times the focus should be on maintaining and improving contractual performance and quality standards, thereby ensuring that decisions about changes are focused on maintaining/improving patient outcomes.

When a proposed change/new model has been recommended, the stakeholders will work collaboratively to identify costings and activity; and to complete quality and equality impact assessments.

Once a model for change is agreed, an action plan should be developed. Actions which need to be included in every case are:

- Identification of all stakeholders, including other commissioners and providers who may be impacted by the proposed change/closure; and Healthwatch, patient representatives/organisations.

- Communications plan, including consideration of the need to involve local authority partners and Overview and Scrutiny Committees.

- Mechanism to manage existing referrals/bookings and any other changes needed to e-RS

Delivery of action plans should be monitored through the regular contract/quality review meetings (CRM/CQPGs).

In some cases, where there are significant concerns about patient and/or staff safety, commissioners may need to take speedy decisions about closing down or curtailing access to a service.

A step-by-step process is described in Fig.1 below.

Figure 1; Escalation Process for Vulnerable Services

Process description – Escalation Process for Vulnerable Services	
Overview	
Purpose	*The purpose of this process is to ensure that vulnerability of services is understood by all stakeholders, that decisions are made in the appropriate place and that there is an audit trail for all decisions.*
Scope	*The scope for this process is services which are vulnerable, defined by ability to deliver contractual performance standards, principally due to workforce issues and/or financial challenges or the impact of other service changes; or because of significant concerns for patient safety.*

Step	Process	Notification/Actions/Audit Trail
1.	Vulnerable service identified. This process is triggered following informal conversations between the provider and Place/ICB coordinating commissioner as described in step 6 of the escalation process for activity, finance and contract performance; or when the commissioner or provider becomes aware of workforce, demand or financial issues which make the service vulnerable.	Notes of the conversation are made and sent to the provider. The issue is added to the Place/ICB Coordinating Commissioner issue log
2.	Discussed at formal contract/quality meeting (CRG or CQPG). The provider trust will be asked to describe its clinically-led process for appraising options.	Notes from CRG / CQPG Place/ICB Coordinating Commissioner issues log updated. Where available discussed at Place/ICB Coordinating Commissioner performance

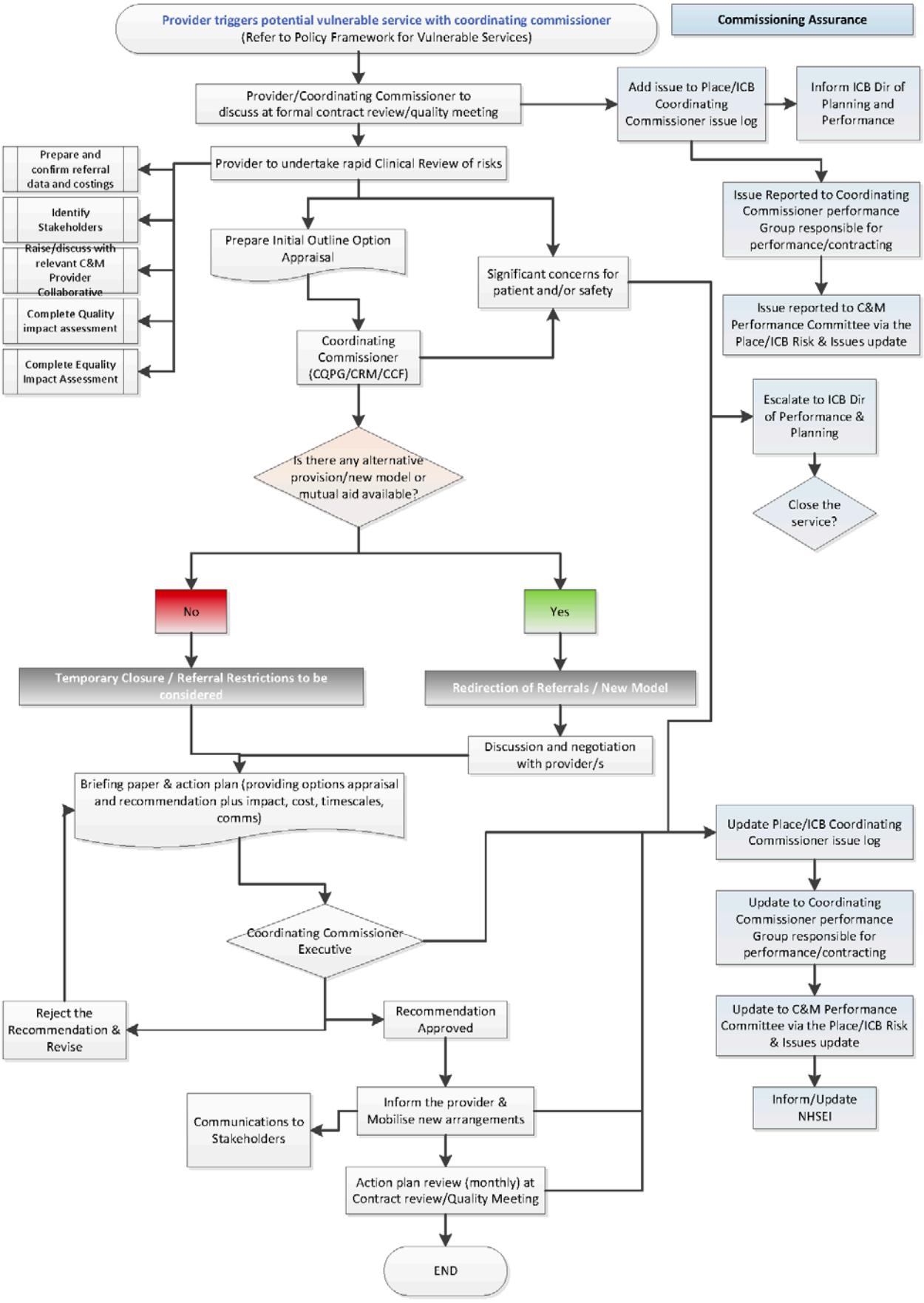
Step	Process	Notification/Actions/Audit Trail
	When a proposed change/new model has been recommended, the stakeholders will work collaboratively to identify costings and activity; and to complete quality and equality impact assessments. It is expected that the provider will bring this issue to the attention of the relevant Cheshire & Merseyside Provider Collaborative in preparation of the options appraisal and secure where available any mutual support across providers.	group responsible for performance/contracting ICB Dir of Planning and Performance notified via respective Place (where applicable). Reported to the C&M Performance Committee via the Place/ICB Risk and Issues update. Relevant commissioning manager, Quality Team and Contracts Team updated. NHSE will be notified. Consider need for multi-stakeholder Task & Finish group to implement the change.
3.	Place/ICB coordinating commissioner and provider to agree the model for change and develop a joint action plan. Actions which need to be included in every case are: • Identification of all stakeholders, including other commissioners and providers who may be impacted by the proposed change/closure; and Healthwatch, patient representatives/ organisations • Communications plan, including consideration of the need to involve local authority partners and Overview and Scrutiny Committees. • Mechanism to manage existing bookings and any other changes needed to e-RS.	Place/ICB Coordinating Commissioner issues log updated. Review and monitor at Place/ICB Coordinating Commissioner performance group responsible for performance/contracting C&M Performance Committee updated via Place/ICB risk and issues log. Relevant commissioning manager, Quality Team and Contracts Team will be updated NHSE will be notified via the monthly performance call.
4.	If closure of the service is being considered, first review: • Reasons for declaring vulnerable • Actions taken to ensure sustainability of the service • Escalation to provider board • Escalation to regulator	

Step	Process	Notification/Actions/Audit Trail
	• Is the closure intended as a temporary measure; to be reviewed; or permanent? Agree an action plan to deliver the closure; and any subsequent actions towards sustainability if the plan is to reinstate the service at a future date. The action plan will be monitored by the Contract Quality and Performance Group (CQPG).	
5.	Decision point – assured? Sufficient assurance will be deemed to have been provided if the following are in place: i. Trajectory for improvement ii. Robust action plan iii. Quality, safety and performance concerns addressed In this case the vulnerable service will continue to be discussed at CRG/CQPG until recovery of performance	Notes from CQPG Place/ICB Coordinating Commissioner issues log updated. Review and monitor at Place/ICB Coordinating Commissioner performance group responsible for performance/contracting C&M Performance Committee updated via Place/ICB risk and issues log. Relevant commissioning manager, Quality Team and Contracts Team will be updated. NHSE will be notified The escalation to rapid response review or risk summit can be instigated at any point in the process if patient safety concerns require urgent action.
	If any of the above is not in place assurance will be deemed to be insufficient and the process will proceed to contract performance notice.	Escalate to ICB Dir of Planning & Performance C&M Performance Committee updated via Place risk and issues log
	Where there are significant concerns for patient and/or safety, the ICBs or Place quality assurance framework (whichever is most appropriate) will have been followed. This may have progressed to enhanced quality review.	

Step	Process	Notification/Actions/Audit Trail
	In rare circumstances, commissioners may need to make a speedy decision to close a service. Relevant commissioning manager, Quality Team and Contracts Team along with NHSE will have been part of the decision-making process. Commissioner and provider to agree and action plan. Actions which need to be included in every case are: • Identification of all stakeholders, including other commissioners and providers who may be impacted by the closure; and Healthwatch, patient representatives/ organisations • Communications plan, including consideration of the need to involve local authority partners and Overview and Scrutiny Committees. • Mechanism to manage existing bookings and any other changes needed to e-RS	
6.	Recommend formal contract performance notice. The recommendation will go to the relevant contract holding body either ICB/Place Performance Group for approval. If approved, the process will proceed to a formal contract performance notice. If not approved, the issue will continue to be discussed at CRG/CQPG.	Notes from CQPG/CRG. Place/ICB Coordinating Commissioner issues log updated. Review and monitor at Place/ICB Coordinating Commissioner performance group responsible for performance/contracting C&M Performance Committee updated via Place/ICB risk and issues log. The relevant commissioning manager, Quality Team and Contracts Team updated. NHSE will be notified.

Step	Process	Notification/Actions/Audit Trail
7.	Formal contract performance notice. A formal contract performance notice is issued following the standard contract process.	Place/ICB Coordinating Commissioner issues log updated. Review and monitor at Place/ICB Coordinating Commissioner performance group responsible for performance/contracting C&M Performance Committee updated via Place/ICB risk and issues log. The relevant commissioning manager, Quality Team and Contracts Team updated. NHSE will be notified.

Draft C&M Policy Framework for Vulnerable Services v3.0



CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING
26 April 2022

Agenda Item C5

Report Title	Consolidated Cheshire and Merseyside CCGs Accountable Officers Report

Report Author	Matthew Cunningham Director of Governance and Corporate Development, NHS Cheshire CCG
Committee Sponsor	Fiona Taylor, Accountable Officer, NHS South Sefton CCG and NHS Southport and Formby CCG

Purpose	**Approve**		**Ratify**		**Decide**		**Endorse**		**For information**	✓

Decision / Authority Level	**Level One**		**Level Two**		**Level Three**	

Summary

This summary reports provides Committee members with details of any decisions undertaken since the last meeting of Joint Committee in March 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 or have met prior to the publication of this paper.

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 second time that this report has been received by the Joint Committee.
Next Steps:	n/a
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 March 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 or have met prior to the publication of this paper.

2. Decisions undertaken at CCG Governing Body meetings

NHS Cheshire CCG
The Governing Body of NHS Cheshire CCG is due to meet in public on 21 April 2022. The Agenda and Papers can be found at: https://www.cheshireccg.nhs.uk/meetings/meetings-events/governing-body-22/

NHS Halton CCG and NHS Warrington CCG
The Governing Bodies of NHS Halton CCG and NHS Warrington CCG met on the 13 April 2022. The Agenda and Papers can be found at: https://www.haltonwarringtonccg.nhs.uk/about-us/publications/1914-gb22-04-13-public-governing-body-papers/file

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

- **Approved** a recommendation with regards amendments to the CCGs Scheme of Reservation and Delegation that enables the CCGs Audit Committee to approve the CCGs Annual Report and Accounts

Both Governing Bodies also received their Governing Body Assurance Framework Quarter Four Update.

NHS Knowsley CCG
The Governing Body of NHS Knowsley CCG met on 7 April 2022. The Agenda and Papers can be found at: https://www.knowsleyccg.nhs.uk/governing-body-papers/.

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:

- **Endorsed** the proposals in respect of the Cheshire & Merseyside Integrated Care Board constitution, subject to obtaining further information regarding the consultation and engagement undertaken, supporting the Accountable Officer's participation in recommending the document to the Designate ICB Chief Executive

- **Endorsed** the decision to extend the CCG's contract with Midland and Lancashire Commissioning Support Unit by 12 months.

NHS Liverpool CCG
No Meeting has occurred since the last meeting of the Joint Committee and prior to April Joint Committee meeting. The next meeting is due to take place on the 27 May 2022.

NHS South Sefton CCG
The Governing Body of NHS South Sefton CCG is due to meet in public on 21 April 2022. The Agenda and Papers can be found at:
https://www.southseftonccg.nhs.uk/media/5139/ss-gb-pt-i-21042022.pdf

NHS Southport and Formby CCG
The Governing Body of NHS Southport and Formby CCG is due to meet in public on 20 April 2022. The Agenda and Papers can be found at:
https://www.southportandformbyccg.nhs.uk/media/4903/sfccg-gb-pti-20042022.pdf

NHS St Helens CCG
No Meeting has occurred since the last meeting of the Joint Committee and prior to April Joint Committee meeting. The next meeting is due to take place on the 8 June 2022.

NHS Wirral CCG
No Meeting has occurred since the last meeting of the Joint Committee and prior to April Joint Committee meeting. The next meeting is due to take place on the 10 May 2022.

Cheshire and Merseyside
Health and Care Partnership

Transition Programme Update

Philip Thomas
Transition Programme Team

Transition Programme Structure

Cheshire and Merseyside
Health and Care Partnership

Transition Board

Cheshire and Merseyside Transition Programme

Senders (CCGs x 9)
Due diligence and closedown

Other partners to consider
DD / identification of work, assets to transfer, e.g. HCP

CCGs and ICS 'engine room'

Analysis to obtain one single Cheshire and Merseyside view of the senders' functions and staff for transfer – **handover documents**

Receiver (ICB)

Preparation (stand up) to receive incoming functions and staff (day one ready to operate) via **task and finish groups**

Staff transfer

Safe transfer of staff with minimal disruption, in line with HR Framework and Employment Commitment

Due Diligence (DD)

Senders (CCGs x 9)

Due diligence and closedown

- **CCG due diligence:** continues, with critical friend role and C&M view being provided by Transition Team DD lead
- Further refinement of the assurance processes – ensuring simple and consistent view across C&M CCGs
- Further assurance sought by and provided to programme board on plans within each CCG to convert any DD actions to blue/complete within the allocated timescales.
- Fortnightly CCG & Transition Team DD lead discussions continue - no risks have been raised by CCGs.
- Reminder - checklist is to be completed and written assurance provided from each CCGs AOs to the designate Chief Executive of the ICB on the 1st June

Other partners to consider

DD / identification of work, assets to transfer, eg HCP

- **HCP due diligence:** work commenced, to identify all HCP assets, liabilities and staff due to transfer to the ICB upon its establishment.
- Legal framework confirmed for transfer: Level 4 – transfers of people and property from non-CCG organisations to ICBs

- **Programmes, Boards and Networks:** Update to Transition Programme Board, including confirmation of position relating to each type of affected staff group

- **MLCSU:** Work is ongoing with MLCSU to understand the services that are currently commissioned in detail and then map across the ICB's functions.

Appendix 1
Due Diligence Monthly CCG Update-
19th April 2022

Red	Critical deliverability concerns on DD task completion/information provided
Amber	Exceeded planned start date/deliverability concerns
Green	In progress/on track to achieve planned completion date
Blue	All information received/full assurance provided/completed

CCG/s	Governance, constitutional	Quality	Contracts, grants and agreements	IT, estates, equipment and environment	Finance	HR	Claims, litigation and insurance	Total
Liverpool	0	0	0	0	0	0	0	0
	0	0	0	13 ↑	0	4	0	17 ↑
	25	24	7	19	82	25	6	197
	5	3	6 ↑	11 ↑	40 ↑	4	0	80 ↑
Knowsley	0	0	0	0	0	0	0	0
	2	0	0	16 ↑	0	4	1	23 ↑
	20	26	9	23	91	25	5	199
	4	2 ↑	5 ↑	11 ↑	31 ↑	4	0	57 ↑
St Helens	0	0	0	0	0	0	0	0
	1	3	1	0	1	0	0	6
	25	30	15	18	103	26	6	223
	0	1	0	0	1	1	0	3
	0	0	0	0	0	0	0	0
	0	0	0	1 ↓	2 ↓	1 ↓	0	4 ↓

Warrington & Halton	15 ↓	21 ↓	14 ↓	18 ↓	85 ↓	30 ↓	6	189 ↓
	10 ↑	1 ↑	2 ↑	8	14 ↑	2 ↑	0	37 ↑
Southport, South Sefton & Formby	0	0	0	0	0	0	0	0
	0	0	0	1	0	0	0	1
	22	19	16	44	104	33	6	244
	4	0	0	7	2	0	0	13
Cheshire	0	0	0	0	0	0	0	0
	0	0	0	0 ↓	0 ↓	0 ↓	0	0 ↓
	18 ↓	19	6 ↓	25 ↓	80 ↓	23 ↓	6	177 ↓
	6 ↑	1	10 ↑	46 ↑	23 ↑	7 ↑	0	93 ↑
Wirral	0	0	0	0	0	0	0	0
	0	1	0	0	0	0	0	1
	21 ↓	24 ↓	8 ↓	34 ↓	71 ↓	23 ↓	5	186 ↓
	4 ↑	3 ↑	4 ↑	21 ↑	20 ↑	8 ↑	1	61 ↑

Handover Documents ('Sit Rep') – C&M View

CCGs and ICS 'engine room'

Analysis to obtain one single Cheshire and Merseyside view of the senders' functions and staff for transfer – **handover documents**

- Handover / Sit Rep documents received for all but 1 function
  - Source of 'as is' information about assets, liabilities and staffing that will transfer to the ICB on 1 July
  - Include - activity; programmes; workforce; governance; policies, procedures, protocols, systems and processes; information assets; and risks
  - Produced for following functions/areas - people management; finance; estates; contracts and procurement; corporate governance; performance and assurance; quality and safety; and primary care
- Final one (IM&T) predominantly external provision
- Handover / sit reps being used to inform Receiver Preparation

Receiver Preparation[1]

Receiver (ICB)

Preparation (stand up) to receive incoming functions and staff (day one ready to operate) via **task and finish groups**

- Phased approach – recognising that not all can be mobilised at once
- Standardised approach to specifying Task and Finish Groups, including:
  - Purpose
  - Success factors
  - Key deliverables
  - Task and Finish Group MDT
- Task plans being developed – setting out key tasks, milestones and decisions against each deliverable
- Workstreams dissolved to release capacity to lead and work in Task and Finish Groups.
- MLCSU services mapped to and leads included in Task and Finish Groups
- Programme resource request process in place – should additional resources be required to deliver task plan.

Receiver Preparation[2]

Items considered by Transition Programme Board

- Governance:
  - ICB establishment timeline mapping
  - Readiness to Operate Statement mapping
- Decisions, Approvals and Endorsements
  - Quality and safeguarding submissions
  - Commissioning support submission
  - Readiness to Operate Statement submission
- Assurance
  - Task and Finish Group mobilisation / set up updates
  - Task and finish group progress / updates:
    - IM&T
    - CCG website – archiving requirements
    - Voids and leases

Cheshire and Merseyside
Health and Care Partnership

Thank you