

Date	28 June 2022
Time	3.20pm – 4.30pm
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	Format & Page No
3.20pm	A	PRELIMINARY BUSINESS			
	A1	Welcome, Introductions, Committee Chair Opening remarks	Chair	-	Verbal
	A2	Apologies for absence	Chair	-	Verbal
	A3	Declarations of Interest <i>(Committee members are asked to declare if there are any declarations in relation to the agenda items or if there are any changes to those published in the Committees Register of Interests)</i>	Chair	For assurance	Verbal & Paper (Page 3-11)
	A4	Minutes of previous meeting – 24 May 2022	Chair	For approval	Paper (Page 12-26)
	A5	Committee Action and Decision Logs	Chair	For information	Paper (Page 27)
	A6	Committee Forward Plan	Chair	For information	Paper (Page 28-31)
	A7	Committee Risk Register	Chair	For approval	Paper (Page 32)
	A8	Advanced notice of any other business to be raised at today's meeting	Chair	-	Verbal
	A9	Public Questions	Chair	-	Verbal
3.30pm	B	COMMITTEE BUSINESS ITEMS			
	B1	Cheshire & Merseyside CCGs Joint Committee Quarter One and end of tenure report	Matthew Cunningham	For approval	Paper (Page 33-43)

Timings	Item No	Item	Owner	Action	Format & Page No
3.40pm	C	SUB-COMMITTEE / GROUP REPORTS			
	C1	Key issues report of the Finance and Resources Sub-Committee, including end of tenure report	Gareth Hall	<i>For Information</i>	<i>Paper (Page 44-54)</i>
3.45pm	C2	Key issues report of the Quality Sub-Committee, including end of tenure report	Cathy Maddaford	<i>For Information</i>	<i>Paper (Page 55-70)</i>
3.50pm	C3	Performance Sub-Committee end of tenure report	Pam Smith	<i>For Information</i>	<i>Paper (Page 71-93)</i>
3.55pm	C4	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group	Laura Marsh	<i>For Information</i>	<i>Paper (Page 94-98)</i>
4.00pm	C5	Consolidated CCG Accountable Officer Report	Fiona Taylor	<i>For Information</i>	<i>Paper (Page 99-103)</i>
4.05pm	D	CHESHIRE & MERSEYSIDE SYSTEM UPDATE			
	D1	Update on work undertaken as part of the C&M CCGs/ICB transition programme	Diane Johnson	<i>For Information</i>	<i>Presentation</i>
-	D2	C&M Operational and Clinical Delivery Update	<i>None on this occasion</i>		
4.20pm	AOB	Discussion on any items raised	All		
4.25pm	Chairs closing remarks		Chair	<i>Verbal</i>	
4.30pm	CLOSE OF MEETING				



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

(Updated 16th May 2022)

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

Name	Current Position & CCG	Declared Interest	Declared Interest			Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (if applicable)
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest					
Geoffrey Appleton	GB Member St Helen's CCG	1. Voluntary sector Champion: Ambassador for Workers Education Association.			X	Direct	Jan 2015	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Member of a voluntary sector board: Governor, Cowley International College, St Helens.			X	Direct	May 2010	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		3. Member of a voluntary sector board: Trustee, Liverpool Cathedral - meetings once a quarter.			X	Direct	2008	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		4. Member of a voluntary sector board: Trustee at Athenaeum, Liverpool.			X	Direct	July 2017	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		5. 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	
		6. 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	
		7. Interim Independent Chair of St Helens ICP Board.		X		Direct	April 2021	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		8. 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 Stephenson's Solicitors LLP working in clinical negligence team.			X	Indirect	01/03/2021	Ongoing	Declared in line with conflicts of interest policy	
		3. Sister in Law is employed by Leso Digital Health, a provider of online Cognitive Behavioural Therapy (CBT) to the NHS		X		Indirect	15/06/2020	Ongoing	Interest declared and would be managed if conflict arose.	

Dr Sue Benbow	Secondary Care Doctor Lay member NHS Knowsley CCG	1. Partner holds shares in WL Gore & Associates			X	Indirect	2018	Ongoing	Declare as and when appropriate and would be managed if conflict arose.	Joined 28 Sept 2021
		2. Member of the Mid-Mersey Joint Committee		X		Direct	-	Ongoing	Declare as and when appropriate and would be managed if conflict arose.	
Dr Rob Caudwell	CCG Chair NHS Southport and Formby	1. The Marshside Surgery (General Practice) – Partner	X			Direct	2004	Ongoing	Excluded from decision making regarding General Practice	Joined 20 July 2021
		2. The Family Surgery (General Practice) – Partner	X			Direct	2016	Ongoing	Excluded from decision making regarding General Practice	
		3. Caudwell Medical Services LTD	X			Direct	2014	Ongoing	Excluded from decision making regarding General Practice	
		4. R&B Medical Properties Ltd	x			Direct	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		5. S&F Health Ltd GP Federation	x			Direct	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		6. Southport Aesthetics	x			Direct	2010	Ongoing	Interest to be declared at relevant CCG meetings	
		7. West Lancs CCG			X	Indirect	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		8. Coloplast	x			Direct	2018	Ongoing	Interest to be declared at relevant CCG meetings	
		9. NHS LCFT	x			Direct	2017	Ongoing	Interest to be declared at relevant CCG meetings	
		10. Care Plus Pharmacy (Internet Pharmacy)	x			Direct	Oct 2018	Ongoing	Interest to be declared at relevant CCG meetings	
		11. Provider of Intermediate Care Beds GP	x			Direct	01/04/2019	Ongoing	Interest to be declared at relevant CCG meetings	
		12. Medloop Ltd/GMBH	x			Direct	06/2019	Ongoing	Interest to be declared at relevant CCG meetings	
		13. 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.	
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 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	
Jan Ledward	Accountable Officer NHS Liverpool CCG	1. Interim Chief Officer for NHS Knowsley CCG	X			Direct	1.10.21	Ongoing	Declare as and when appropriate	
Jane Lunt	Chief Nurse, Liverpool CCG	2. 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
		3. 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	4. 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 gbp partnerships Ltd for whom I work as an associate. No financial interest in the placing of contracts.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	Joined 20 July 2021

		2. Providing consultancy advice to various NHS organisations outside Cheshire CCG via Rider Hunt for whom I work as an associate. No financial interest in the placing of contracts.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		3. Providing occasional consultancy advice to various NHS organisations via MIAA Solution (NHS organisations) outside Cheshire CCG for whom I work as an associate. No financial interest in the placing of contracts.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		4. Provide training to NHS organisations via the FSD Skills Network (NHS Body) in the North West.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		5. Act as Honorary Treasurer for "Just Drop In" (young persons' charity in Macclesfield)			X	Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		6. Writing a Monthly Column for "Cheshire Life" magazine (Archant Group) [non-Healthcare related]			X	Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
David O'Hagan	Governing Body Member NHS Liverpool CCG	1. Spouse is a consultant medical oncology in colorectal cancer (in the Cheshire & Merseyside area)			X	Indirect	13/9/21	Ongoing	Declare appropriately at meetings when appropriate.	Joined 20 July 2021
		2. Ordinary shareholder in Standard Life.	X			Direct	13/9/21	Ongoing	Declare appropriately at meetings when appropriate.	
Mark Palethorpe	Accountable Officer St Helen's CCG	3. Secondary Employment: Primary Employment with St Helens Local Authority - Executive Director Integrated Health & Social Care, Feb 2021 - Current	X			Direct	Feb 2021	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		4. Sister in law works for NHS Cheshire CCG as a project manager			X	Indirect	October 2015	Ongoing	Declare as appropriate.	
		5. Son is Doctor working at Aintree University Hospital			X	Indirect	August 2020	Ongoing	Declare as appropriate.	
Dr Andrew Pryce	Governing Body Chair NHS Knowsley CCG	1. Director of Clair Gardens Limited Company 03546267 (Dormant Company).	X			Direct		Ongoing	Always declare any connections/activity involving yourself that relate to any NHS organisations that Knowsley CCG commission services from and do not take part in decision making where this may give you or companies/organisations you are involved with, any advantage.	Joined 20 July 2021

		2. Practice is a provider of PMS Services and also delivers near patient testing for INR and anticoagulation services.	X			Direct		Ongoing	Do not take part in any discussions or decision making relating to INR services or anticoagulation services or matters directly relating to these service areas.	
		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	
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.	
		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.	
		10. Non-Executive Director position at Mid Cheshire Hospitals NHS Foundation Trust		X			From 1 July 2022		Declared (in advance of taking up position). Will from July onwards be a Financial Interest	

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
- 27th April 2022
- 16th May 2022

Draft Minutes

Meeting Name: Joint Committee (Meeting held in Public)
Meeting Date/Time: 24th May 2022 at 1.00 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
Simon Banks	Accountable/Chief Officer Representative	NHS Wirral CCG
Dr David O'Hagan	GP Director	NHS Liverpool CCG
Peter Munday	GB Lay Member	NHS Cheshire CCG
Dr Andrew Pryce	Governing Body Chair	NHS Knowsley CCG
Fiona Taylor	Accountable Officer	NHS South Sefton CCG and NHS Southport & Formby CCG
Jan Ledward	Accountable Officer (Liverpool) & Interim Chief Officer (Knowsley)	NHS Liverpool CCG and NHS Knowsley CCG
Dave Horsfield	Director of Transformation, Planning and Performance	NHS Liverpool CCG
Gareth Hall	Audit Chair	Halton and Warrington CCGs
Clare Watson	Accountable Officer	NHS Cheshire CCG
Andrew Davies	Clinical Chief Officer	NHS Warrington CCG
Dr Michael Ejuoneatse	GP Partner	NHS St Helen's CCG
David Cooper	Chief Finance Officer	NHS Warrington CCG
Alison Rowlands (deputising for Martin McDowell)	Clinical Director	NHS South Sefton CCG
Alan Whittle (deputising for Sylvia Cheater)	Lay Member - Audit and Governance	NHS Wirral CCG
In Attendance		
Matthew Cunningham	Director of Governance and Corporate Development	NHS Cheshire CCG
Carol Hill	Director of Strategy, Communications and Integration	NHS Liverpool CCG
Helen Johnson	Head of Communications and Engagement	NHS Liverpool CCG
Paul Mavers	Healthwatch Rep	Healthwatch Knowsley
Sarah McNulty	Director of Public Health	ChaMPs Representative
Margaret Jones	Director of Public Health Representative	ChaMPs Representative

Attendance		
Name	Job Title /Category of Membership	Organisation being Represented
Louise Thomas	Clinical Network Programme Manager	North West Coast Clinical Network
Diane Johnson	Executive Director of Transformation	Cheshire and Mersey Health and Care Partnership
Jane Lunt	Chief Nurse	NHS Liverpool CCG
Louis Pountney	Improvement Consultant	CSU
Emma Lloyd	Executive Assistant (Clerk)	NHS Cheshire CCG
Cheryl Hardy	Note Taker	NHS Cheshire CCG

Apologies		
Name	Job Title /Category of Membership	Organisation being Represented
Martin McDowell	Chief Finance Officer	NHS Southport & Formby CCG
Dr Sue Benbow	Secondary Care Doctor	NHS Knowsley CCG
Sylvia Cheater	Lay Member	NHS Wirral CCG
Geoffrey Appleton	GB Lay Member	NHS St Helen's CCG
Rob Caudwell	Chair and Clinical Director	NHS Southport and Formby CCG
Raj Jain	Clinical Chair	NHS Cheshire and Merseyside Integrated Care Board
Graham Urwin	Chief Officer	Cheshire & Merseyside Health Care Partnership

Agenda Ref:	Discussion, Actions and Outcomes	Action By
P	Preliminary Business	
A1	<p>Welcome, Introductions and Declarations of Interest:</p> <p>The Chair welcomed everyone to the meeting of the Cheshire and Merseyside CCGs Joint Committee. The Chair confirmed that this is a meeting held in public but is not a public meeting.</p>	
A2	<p>Apologies for Absence:</p> <p>Apologies received are noted on page 1 of these minutes.</p>	
A3	<p>Declarations of Interest:</p> <p>No declarations were raised other than those recorded on the annual register of interests, and no declarations were made specifically pertaining to this meeting's agenda.</p>	
A14	<p>Minutes of the Previous Meeting:</p> <p>A copy of the draft minutes from the meeting held on Tuesday 26th April 2022 were circulated prior to the meeting and comments were invited. It was agreed that the minutes would be approved.</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	<p>PM asked for clarity that the action on page 6 of the minutes under item B2 has been completed. The action was to include further information in the joint committee report. MC confirmed that the alterations have been made and circulated to all the CCGs.</p> <p>Outcome: The minutes of the private meeting held on 26th April 2022 were approved.</p>	
A5	<p>Action and Decision Log:</p> <p>The action log and updates were provided as follows:</p> <p>21/22-07 – MC confirmed that he has met with Mersey internal audit agency he advised that they have not yet finalised the report. A meeting is being set up with Diane Johnson and Audit Chairs to go through the results of their work. It was agreed than up update on this would be provided at the next meeting.</p> <p>The decision log was noted.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the action log update and noted the latest decision log.</p>	
A6	<p>Forward Planner:</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the forward planner update.</p>	
A7	<p>Committee Risk Register:</p> <p>The Chair confirmed that there was only one risk included on the risk register this has been scored as a 12.</p> <p>DO'H thanked MC for including the comment that this was a risk to the whole system not just a risk to the women in Liverpool.</p> <p>The Joint Committee noted the risk register.</p>	
A8	<p>Any Other Business</p> <p>There was no other business raised.</p>	
A9	<p>Public Questions:</p> <p>There were no public questions raised.</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
B1	<p data-bbox="252 159 662 192">Committee Business Items</p> <p data-bbox="252 208 1257 277">Cheshire & Merseyside Children and Young People Mental Health Logic Model 2022-2024</p> <p data-bbox="252 315 1267 425">The Joint Committee welcomed Louise Thomas for this agenda item. A presentation was shared with the group and the following points were highlighted:</p> <p data-bbox="252 463 1294 533">The ICS was asked by NHS England to develop a mental health strategy for the children and young people population.</p> <p data-bbox="252 571 1294 680">The logic model was chosen as this shows what needs to change across Cheshire and Merseyside systems to improve children and young people’s mental health.</p> <p data-bbox="252 719 1294 828">There are 5 pillars within the logic model to ensure early prevention of young people going into crisis. There is also an intervention pillar as well as the intelligence around health inequalities.</p> <p data-bbox="252 866 1294 1010">Once the logic model has been approved and signed off by this Committee each of the 9 Places will be asked to develop implementation plans. LT confirmed that the ownership of this will sit with the ICB from the 1st July.</p> <p data-bbox="252 1048 414 1081">Questions</p> <p data-bbox="252 1120 1217 1189">SB felt that this will help improve the offering for children and young people.</p> <p data-bbox="252 1227 1267 1337">SM suggested that this will sit alongside some of the work being done around safe places. This will help improved escalation procedures and anticipatory care and will help manage crisis in a better way.</p> <p data-bbox="252 1375 1214 1444">DO’H noted concerns that the 5 pillars seem to be relatively service related.</p> <p data-bbox="252 1482 1294 1626">DO’H suggested that there is an opportunity to support children and young people with their questions about mental health without turning them into ill health and he felt that this needs to be done by moving away from a service based model.</p> <p data-bbox="252 1664 1299 1774">JL queried if the mental health learning disability community collaborative had supported the model. JL also asked has there been any engagement with young people and families about the model.</p> <p data-bbox="252 1812 1294 2033">LT agreed that the model is very health focused she provided assurance that work has taken place with local authority partners and voluntary sector organisations to develop the plan to ensure that it is meaningful to all the priority areas. Work has taken place throughout the engagement and consultation with social care and public health care colleagues across the region to ensure that this is not just a health driven plan.</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	<p>LT confirmed that transforming care leads have been involved In the development of the plan however this has not been to the provider collaborative board she agreed to ensure that the paper is taken there for their sign off.</p> <p>The plan has gone out to children and young people within each of the services it has also gone to parent carer groups for comment to ensure they understand what this means.</p> <p>LT provided assurance that all the core principles have gone to service user groups.</p> <p>MJ hoped that when Place plans are reviewed this would provide more opportunities to look at the prevention and population approach.</p> <p>LT clarified that this is the high level logic model she provided assurance that the next stage is to ensure the local 9 Place prevention plans are in place.</p> <p>AW thanked everyone involved for the work that has been done around this and noted that the direction of travel is to move away from an illness model towards more of a health model for mental health.</p> <p>Whilst the work that has been done has been welcomed AW recognised that more could be done to make this more than a health model.</p> <p>JL noted the action for LT to take this to the collaborative board and SB advised that this would also need to go to the lead provider collaborative.</p> <p>The Joint Committee approved the CYP Mental Health System Maturity Logic Model 2022-24 and supported the implementation.</p>	
B2	<p>Improving hospital stroke care – report into public consultation on hyper-acute stroke services in North Mersey</p> <p>The Joint Committee welcomed Helen Johnson for this agenda item. A presentation was shared with the group and the following points were highlighted:</p> <p>The improving hospital stroke care work is part of the review into North Mersey hyper acute stroke services. The review looked at the hyper acute care currently provided at Aintree Hospital the Royal Liverpool and Southport Hospital. This public consultation is about the proposals for those services.</p> <p>A public consultation was held during November 2021 this ran for 12 weeks from 22 November 2021 until 14 February 2022. In total more than 630 people were engaged in the consultation.</p> <p>Liverpool CCG led this process on behalf of the other North Mersey CCGs as well as West Lancashire CCG who sometimes use the stroke services at Southport Hospital. The 3 Trusts involved also took part in the review.</p>	

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	<p>The proposal was for the creation of a single comprehensive stroke centre at Aintree University Hospital. If this went ahead in the future all patients believed to have had a stroke would be taken directly to Aintree. After the first 72 hours of care patients would be expected to leave hospital to recover in their own homes. If they were not ready for discharge they would either stay at Aintree or go to Broadgreen or to Southport if these hospitals were closer to where they lived. This would mean that the Royal and Southport would no longer provide hyper acute stroke care for that first 72 hours.</p> <p>Southport would continue to provide acute stroke care so people could go there for their next stage of care however there would be no stroke unit at the Royal. Broadgreen would continue to be used for stroke rehabilitation and Aintree would also continue to provide that next stage of acute stroke care.</p> <p>HJ provided assurance that the public consultation has set out the case for change in full detail to give people an idea of why these services were being looked at and why there was an opportunity to improve these. People were given the opportunity to share their views and provide any information they felt should be considered when final decisions were being made.</p> <p>The objectives of the consultation were:</p> <ul style="list-style-type: none"> • To increase understanding about the issues that had prompted the review of stroke services and why it was felt that these needed to be looked at • To look at the potential solutions that had been considered and present the preferred option for the comprehensive stroke centre at Aintree • To explain what the impact for patients would be • Feedback to be shared on the preferred option and how this impact might be felt by both patients and families/carers • To hear from people who would specifically use the services being looked at • To understand if there were any differences amongst specific groups and if any mitigations needed to be made as a result • To provide a range of channels for people to hear about the consultation and provide feedback on it <p>The engagement was run in a few different ways a survey or questionnaire was available online and people were able to request paper copies or different languages and formats for this. People were also able to provide feedback over the phone. A virtual event was ran with a stroke consultant from Southport Hospital. Other groups and events were also attended specifically those run by the stroke association.</p>	

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	<p>Patients who had used stroke services were written to from October 2019 to October 2021 to highlight that the consultation was happening and advise them that there was going to be an online event that they could take part in.</p> <p>A toolkit was pulled together for stakeholders and partners so that they could share information on the consultation across their own channels to help maximise the reach of the consultation.</p> <p>People were asked if they agreed that bringing staff together from different hospitals to create the comprehensive stroke centre was the best plan for improving those first 72 hours of care. 44% of respondents agreed it was 32% said no and 13% said partly 11% were not sure.</p> <p>Those who disagreed or were unsure felt that there was a better solution which had not been considered. The issues they highlighted were that they wanted something closer to where they lived for ease of access for family members. There were also concerned about ambulance journey times. More information about the different groups who answered is included in the full report. Ambulance availability, travel times and the impact on visitors were all issues that were raised.</p> <p>HJ highlighted that although it is not within the scope of this piece of work post stroke support was a theme that was raised during this process.</p> <p>Staff who responded raised concerns about if there would be enough staff with the right skills and about the movement of staff from different hospitals.</p> <p>Nearly half of respondents felt that the proposal could be improved or partly improved. This could be improved by keeping existing services where they were and improving them. The documentation did explain the rationale of having the service at Aintree rather than doing that and talked through the options that had been looked at.</p> <p>52% of people said they would be happy to be treated at a hospital further away if it meant that they could get better care. 40% indicated that they would not be happy with that. Younger people were more supportive of the idea of travelling a greater distance to get better care. Concerns were raised about travel times and ambulance travel times.</p> <p>Distance has been raised as a concern both during the engagement and the consultation HJ agreed this needs to be looked at in more detail.</p> <p>Although people could see the benefits of a centralised service there were concerned about issues such as ambulance transfers and access for family and friends who might be visiting during those first 72 hours. There were also concerns raised about the post stroke support also the preservation of the existing services was important to some.</p>	

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	<p>The feedback will be used to identify any mitigations or actions to be included in the final business case. Feedback will also be used to look at any additional work that might need to take place to build on some of the themes that have come up.</p> <p>Questions</p> <p>AD noted that the report states that Southport and Formby residents were reluctant to accept the change he asked is there a plan to work with that community around this. HJ clarified that this is just the views of residents that responded not the overall population. HJ agreed that there is more to be done around communication with some of the groups where there were more concerns.</p> <p>Discussions have taken place with Liverpool University Hospitals to look at what can be done to measure the real impacts that will be felt. Consideration also needs to be made on how patient experience can be measured if the changes go ahead.</p> <p>AD suggested that something around social value should be included around early return to work.</p> <p>JL recognised the anxiety of the public around services being specialised and having to travel further.</p> <p>JL highlighted that some of the stroke survivors who were able to access the specialist treatment that was required meant that there was less impact on the rest of their life. Their disabilities were reduced and they went on to have a better quality of life as a consequence of the way they were treated. JL highlighted that this should be the outcome for every person who has a stroke not just the majority whilst recognising that this will mean a change to the distance people are expected to travel.</p> <p>PM noted that this was an excellent piece of work however he felt that some of the respondents did not really understand the hyper acute element of the stroke episode. PM suggested it would be useful to include a complimentary rehabilitation strategy for North Merseyside which would pick up the other part of the stroke episode this would help to contribute to the better outcomes.</p> <p>PM asked has there been any consideration around having a relatives/carers accommodation at Aintree.</p> <p>HJ agreed that part of the issue is that the success of the campaigns around stroke means that people have a very strong understanding of the need to get to hospital very quickly. There has been some difficulty in getting the message across that it is not just about getting to hospital quickly it is about getting to the right hospital which will mean much better outcomes even if it takes longer to get there. HJ agreed that there is more work to be done to reinforce this message.</p>	

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	<p>HJ agreed that the Trust will need to look at how people are accommodated.</p> <p>CH noted that all of the CCGs have signed up for the national specification for stroke rehabilitation. A lot of work has been done on this in North Mersey and they are aware of the current baseline position across all of the CCG populations. There are issues around investment and standardisation. It has been recognised that pathways are different in all places. It is hoped that bringing all rehab services to the same high standard will become an ICB priority.</p> <p>CH noted that there have been lots of comments from stroke survivors and families about the rehabilitation pathway.</p> <p>CH noted the importance that there is a focus on benefits realisation and the need to demonstrate that travelling a further distance is more than compensated by better outcomes. It is hoped over time this message will reassure people that this is the right thing to do.</p> <p>DO'H highlighted that there are 4 CCG areas being looked at and the populations in those areas are very different. DO'H noted the difficulty in centralising a service for the areas that would prefer to have a service nearer to them.</p> <p>DO'H suggested it would be interesting to know what the views of the wider population were. DO'H felt that there was potential to engage with smaller groups in society who are more likely to have strokes.</p> <p>FT said thanked the team at Liverpool CCG for the work that they have done in supporting this consultation. FT agreed that further communication is needed to ensure that this is the right decision for residents in Southport and Formby.</p> <p>FT highlighted the importance of alignment and levelling up she suggested that agreement needs to be made on what the specification for rehabilitation should look like.</p> <p>FT paid tribute to the hard work that clinicians within the workforce have done to try to improve performance.</p> <p>HJ clarified that more people who had not had experience of services responded to the consultation than those who had.</p> <p>The Joint Committee noted the findings set out in the public consultation report.</p> <p>The Committee noted that the findings and actions from the public consultation will be reflected in the final business case, to be shared with the committee in due course.</p>	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
C	Sub-Committee/Group Reports	
C1	<p>Key issues report of the Finance and Resources Sub-Committee:</p> <p>A copy of the key issues report was provided to the committee prior to the meeting, and Gareth Hall highlighted the following points:</p> <p>Statutory duties across all CCGs have been delivered on GH noted that this is a great early indication of collaborative working.</p> <p>The workforce dashboard was noted and it was acknowledged that the work and the responsibility still lies with the CCGs.</p> <p>It was agreed that the annual report will be done in 12 month's time and will pick up a 9 month / 3 month split. A further update on this will be provided at the next meeting.</p> <p>It was acknowledged that there are considerable financial challenges and it is expected that these will evolve over time through the ICB and ICS.</p> <p>It is expected that there will be a practical approach with regards to existing internal and external audit providers.</p> <p>The Joint Committee noted the contents of the report.</p>	
C2	<p>Key issues report of the Quality Sub-Committee:</p> <p>A copy of the quality sub-committee report was provided in advance of the meeting, and Fiona Taylor highlighted the following:</p> <p>It was agreed that AD would update on the quality risks.</p> <p>FT provided assurance that anything within the context of the CCGs is in line with the work that needs to be taken into the new ICB.</p> <p>AD advised that there were 92 risks open across all the CCGs he noted that these were all assessed slightly differently. All risks were put through a process to harmonise them and identify any common risks. They were then categorised as either Place risks to be handled through the Place structures or Place plus which would involve partnership working and also the ones that needed escalating up to Joint Committee ICB level for more regional management.</p> <p>The risks that were found to be thematically aligned are captured. Further work will be done to categorise these as formal risks and score in accordance with the risk matrix that the ICB has put forward. These risks have a full work plan on the Quality Committee.</p> <p>It was confirmed that the risks will be adopted by the quality structures for the ICB and the quality structures by Place. Ongoing work is taking place to ensure that these can be handed over then a refreshed view can be taken by the new structures.</p>	

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	<p>The Joint Committee noted the contents of the report and considered the next agenda for the committee not wanting to add anything to it.</p>	
C3	<p>Key issues report of the Performance Sub-Committee:</p> <p>A copy of the performance sub-committee report was provided in advance of the meeting, and Andy Pryce highlighted the following: It was recommended that the mental health performance and CWP data was not included on the Joint Committee risk register as this is being managed through Cheshire CCG and Wirral CCG collectively.</p> <p>A report was received from the Elective Recovery and Transformation Programme Board to provide assurance that elective recovery was being appropriately managed by them. It was not recommended that elective recovery was included on the on the Joint Committee risk register.</p> <p>A report was received from the Managing director of Cheshire and Mersey Cancer Alliance regarding cancer referrals. It was evident that there were particular issues around the 62 day waits in particular lower GI. Assurance was provided that this will be managed through the Cancer Alliance Programme Board and it was recommended that this would not be included on the Joint Committee Risk Register.</p> <p>The continued impact of workforce capacity was noted in terms of both vacancies and sickness absence. Assurance was provided that local monitoring systems are in place and that any risks are included on CCG risk registers. It was agreed that the Committee will continue to monitor this via a performance pack which will be expanded to include vacancy data.</p> <p>Community waiting times were noted as an emerging issue across all CCGs and it was recognised that these were contributing to pressure on urgent care services. It was agreed that the CCG performance lead would analyse local positions to understand the issues further. This will be monitored at the meeting in June and will be escalated to the Committee if required.</p> <p>A report was received around learning disability annual health checks and severe mental illness annual health checks. It was noted that progress was being made on these and figures were considerably improved compared to a couple of months ago. It was agreed that this would continue to be monitored by a local DES scheme.</p> <p>Urgent care pressures were discussed and the continuing pressure on the system was noted. Opal 4 that was declared in St Helen's and Knowsley Trust in April. CCGs are still working with local providers to manage ongoing issues. This will continue to be monitored through the performance pack.</p>	

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	<p>Issues were noted around the potential opening of the new Royal Hospital site in Autumn of this year. It was noted that governance is in place to manage the issues and risks around this.</p> <p>SB added that Cheshire and Merseyside have achieved the target for 21/22 with 71.7% of health checks being completed for people with learning disabilities. This does leave 3441 people who have not received a health check. SB noted that there is considerable variation amongst practices within each area. The focus now is on exceeding the 70% target and work will take place to look at the people who have not had a health check.</p> <p>DO'H asked will this work be split between the ICB and Place after the 1st July. FT confirmed that this is part of the work that is being reviewed she provided assurance that Governance Leads are working through the handover of this.</p> <p>CW provided assurance that the committee structure for the ICB will be coming out over the coming weeks. The assurance committee structure will pick up this work to ensure activities are handed over safely to the ICB and respective committees. The ICB is setting up the Committee structures that will inherit the business that is already running. CW suggested that consideration needs to be made on what sits with the provider collaboratives as well as what sits with the ICB.</p> <p>The Joint Committee noted the contents of the report.</p>	
C4	<p>Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:</p> <p>A copy of the Directors of Commissioning Working Group (DOCs) update report was provided in advance of the meeting, and Dave Horsfield highlighted the following:</p> <p>An update on the expansion of virtual wards was received. There was also a discussion regarding the role of Place and what was required to ensure that the service was developed across all areas. Leads from each of the Place areas have now met to discuss the virtual ward activity.</p> <p>The group noted that there were some issues regarding sleep services in Warrington and other surrounding areas. It was also noted that there were some dermatology issues at Liverpool University Hospital. Discussions took place around how these issues could be managed. Discussions will take place at the next meeting around the joint management of vulnerable services. It was confirmed that some sleep services were available DH provided assurance that this would be followed up to ensure that Warrington is not receiving more referrals than they should be.</p>	

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	<p>Further work is being done on a service called sleep station. Warrington is leading on this and have agreed to provide further updates on this as it progresses.</p> <p>The current situation with the Ukraine is pulling more individuals into the country and this is putting pressure on each Place to ensure that health services are coordinated. A group has been put together to ensure that there is a standardised approach and best practice can be shared.</p> <p>There was an update from Roz Jones regarding the process for specialist commissioning over at NHSEI. Further updates on this would be provided at the next meeting.</p> <p>The Joint Committee noted the contents of the report.</p>	
C5	<p>Consolidated CCG Accountable Officer Report:</p> <p>A copy of the consolidated CCGs Accountable Officers report was provided in advance of the meeting and Fiona Taylor highlighted the following:</p> <p>Cheshire, Halton, Warrington and Wirral CCGs have met since the last Joint Committee. South Sefton has moved its June date from the 2nd June to the 9th June.</p> <p>Final accounts have been signed off by those who have met.</p> <p>The final Governing Body meetings for CCGs will meet between the end of May and the middle of June.</p> <p>The Joint Committee noted the report.</p>	
D	CHESHIRE & MERSEYSIDE SYSTEM UPDATE	
D1	<p>Update of work undertaken as part of the C&M CCGs /ICB transition programme:</p> <p>An update on the transition programme was provided in advance of the meeting and Diane Johnson highlighted the following.</p> <p>DJ introduced Lewis Pountney from the CSU who is leading on due diligence and gaining assurance. LP will be working with teams to ensure everything is in place as required.</p> <p>LP confirmed that on establishment of the ICB on the 1st July 9 CCGs in Cheshire and Mersey will be abolished. CCG functions, staff, assets and liabilities will be transferred to the ICB at the same time through a staff and property transfer order.</p> <p>All CCGs have carried out due diligence using a nationally produced due diligence workbook to guide them through the process.</p>	

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	<p>Assurance and regular reports have been sent to the transition board. Work has also taken place with CCGs to help provide internal assurance to the audit committees and the Governing Bodies.</p> <p>The Board were assured that all the CCGs are on track to complete their due diligence and close down processes on schedule. The next update will be provided on Monday 30th May 2022.</p> <p>The CCG AOs are required to sign off the process by the 1st June using the template provided by NHS England. Assurance will be provided to Graham Urwin that all the due diligence has been completed.</p> <p>As the legal establishment and transfer does not take place before the 1st July the red, amber, green rating remains predominately green.</p> <p>CCGs are currently taking the assurance through their governance process in order to produce the written assurance to Graham on the 1st June.</p> <p>The CCG workbooks were provided to region on the 20th May for assurance purposes.</p> <p>LP shared a programme plan of actions as the transition moves forward.</p> <p>There will be some minor internal risks within the CCGs. LP provided assurance that these are being managed and noted that there are no material risks that will impact the close down.</p> <p>The ICB transfer is classed as level 4 LP provided assurance that there is national monitoring for this.</p> <p>Task and finish groups have been supported to provide clarity and confirmation to assess their readiness to meet all the legal requirements for transfer on the 1st July.</p> <p>The Joint Committee noted thanks for all the hard work that has been done to get this done on time for the transfer.</p> <p>The Joint Committee noted the update.</p>	
D2	<p>C&M Operational and Clinical Delivery Update:</p> <p>David Horsfield provided a verbal update on C&M operational and clinical delivery and highlighted the following:</p> <p>The System as a whole remains extremely pressured. Data as of Friday shows that on average most general and acute trusts are reaching between 95 - 99% occupancy rates. There is a lot of pressure on flow and discharge.</p> <p>Plans across each place will be submitted on Wednesday 25th May 2022 highlighting what will be done to manage the Jubilee pressures.</p>	

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	<p>There will be a big focus on discharge to ensure that occupancy levels that are manageable can be maintained through that period.</p> <p>There is currently a lot of elective activity taking place.</p> <p>Compared to other areas Cheshire and Mersey are slightly behind on day cases. They have better performance for ordinary electives compared to other areas.</p> <p>Critical care is being managed well and there is not too much pressure on critical care beds across the patch. There are not a lot of elective cancellations.</p> <p>St Helen's and Knowsley Trust did escalate to opal 4 in recent weeks although this was only for a short period of time however it was noted that they do remain in amber.</p> <p>Countess of Chester, Liverpool University Hospitals, Mid Cheshire, Warrington and Halton and Wirral University Teaching Hospital Trusts are all at yellow this signifies that they are seeking some mutual aid and support from their local system at place rather than any regional support.</p> <p>A&E performance has improved slightly across the region however there is still a lot of pressure in the system in terms of flow. Managing corridor care and ambulance handovers has been challenging for some Trusts.</p> <p>The Joint Committee noted the verbal update:</p>	
AOB	<p>Any other Business:</p> <p>AW thanked everyone who has contributed in supporting the Joint Committee.</p>	

End of CMJC Meeting (Held in Public)

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING



Updated: 27th May 2022

Action Log 2021-23 (Public)

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
No current actions							

Decision Log 2021-2023 (Public)

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

Decision Log 2021-2023 (Public)

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

Decision Log 2021-2023 (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
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
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		

Decision Log 2021-2023 (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
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.	N/A		
22/23-01	26-Apr-2022	Liverpool University Hospitals Clinical Services Integration Public Consultation Plan		The Cheshire & Merseyside CCGs Joint Committee endorsed the plans for the Liverpool University Hospitals Clinical Services Integration public consultation.	N/A		
22/23-02	26-Apr-2022	2021-22 Annual Report of the Cheshire and Merseyside CCGs Joint Committee		The Cheshire & Merseyside CCGs Joint Committee noted and approved the annual report.	1		
22/23-03	26-Apr-2022	Finance and Resources Committee - CCG Budget Allocations		The Cheshire & Merseyside CCGs Joint Committee approved the budget allocations as recommended within the Finance & Resources Committee Update Report.	1		
22/23-04	26-Apr-2022	Cheshire and Merseyside CCGs Directors of Commissioning Working Group Update - Vulnerable Services Policy		The Cheshire & Merseyside CCGs Joint Committee, after taking on board comments raised by the Joint Committee members, approved the Vulnerable Services Policy	1		
22/23-05	24-May-2022	Cheshire & Merseyside Children and Young People Mental Health Logic Model 2022-2024		The Cheshire & Merseyside Joint Committee approved the CYP Mental Health System Maturity Logic Model 2022-24 and supported its implementation.	1		
22/23-06	24-May-2022	Improving hospital stroke care – report into public consultation on hyper-acute stroke services in North Mersey		The Cheshire & Merseyside Joint Committee:- i) Noted the findings set out in the public consultation report. ii) Noted that the findings and actions from the public consultation will be reflected in the final business case, to be shared with the committee in due course.	N/A		
22/23-07	24-May-2022	Key issues report of the Quality Sub-Committee:		The Cheshire & Merseyside Joint Committee noted the contents of the update report and confirmed that it did not wish to add any specific items to the agenda for the next meeting.	N/A		

Last updated: 16.06.22

Cheshire & Merseyside CCGs Joint Committee

Work Plan / Forward Planner 2022

Item	Frequency	Mar 22	Apr 22	May 22	Jun 22
Standing items					
Apologies	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Declarations of Interest	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Minutes of last meeting	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Action Schedule/log	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forward Planner	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Committee Risk Register	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Key Issues Reports and Minutes of sub-groups/reporting committees	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cheshire and Merseyside Health and Care Partnership Update	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Consolidated Cheshire & Merseyside CCGs Accountable Officers Report	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Governance & Performance					
Review of Committee Terms of Reference	As required				
Review of Sub-Committee Terms of Reference	As required				
Papers					
Aligning Commissioning Policies across Cheshire and Merseyside – D.Horsfield	As required		<input checked="" type="checkbox"/>		
Eastern Sector Cancer Hub – C. Hill	As required				
Draft C&M ICB Constitution – B.Vinter	As required		<input checked="" type="checkbox"/>		
Liverpool University Hospitals Clinical Services Integration Proposals – C. Hill	As required		<input checked="" type="checkbox"/>		
C&M Plans against 2022/23 NHS priorities and operational planning guidance – A. Middleton	As required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
North Mersey Hyper acute service proposal – C. Hill	As required			<input checked="" type="checkbox"/>	
C&M Children and Young Peoples Mental Health Logic Model – S.Banks	As required			<input checked="" type="checkbox"/>	
Annual Report of the Joint Committee 2021-22 – M.Cunningham	Yearly		<input checked="" type="checkbox"/>		
Cheshire & Merseyside CCGs Vulnerable Services Policy – D.Horsfield	As required		<input checked="" type="checkbox"/>		
Committee Closedown Report	As required				<input checked="" type="checkbox"/>
MIAA Joint Committee arrangement review report – Gary Baines / Fiona Taylor	As required				<input checked="" type="checkbox"/>
Recurrent Papers / Updates					
C&M Health & Care Partnership Update	As required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C&M Directors of Commissioning Meeting Update	As required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Frequency	Mar 22	Apr 22	May 22	Jun 22
Key issues and risk reports of the sub-committees of the Joint Committee	As required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Other					
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Key national or local reports	As published				
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Future areas for consideration					
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Winter Planning	tbc				
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CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE RISK REGISTER

Ref	Source of Risk escalation to the Joint Committee <i>(i.e. CCG/JC Sub Committee/Joint Committee)</i>	Risk Title	Risk Description	Proposed Risk Score <i>(as submitted by CCG/Sub-Committee)</i>	Risk Score and date agreed by Joint Committee	Any associated / linked risks at CCG level
JC1	Joint Committee (March Private meeting)	Liverpool Women's Hospital case for change	If action to co-locate the services in scope of the Liverpool Women's Hospital case for change with other adult services is not taken, the future of women's and maternity tertiary services in Liverpool is at risk and more women may have to travel further distances to other specialist centres for their care and treatment	12	12 26.04.22	<p>NHS Liverpool CCG Corporate Risk Register – One Liverpool CO54: Service and financial risks associated With inability to secure capital investment will Undermine the sustainable delivery of services provided by LWH. Risk Score: 15</p> <p>NHS Liverpool CCGs Peoples and Community Voice Committee risk Risks associated with inability to Secure approval for the new proposed LWH Hospital. In the context of the PCVC the risks relate to the potential loss of women's services to the city, the service change process and system reputation Risk Score: 12</p>

Last updated:

26.04.22

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

28 June 2022

Agenda Item B1

Report Title	Joint Committee of the Cheshire and Merseyside CCGs Quarter One 2022-2023 and end of tenure report
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Report Author	Matthew Cunningham Director of Governance and Corporate Development, NHS Cheshire CCG
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Committee Sponsor	Fiona Taylor, Accountable Officer, NHS South Sefton CCG and NHS Southport and Formby CCG
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Purpose	Approve	✓	Ratify		Decide		Endorse		For information	
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Decision / Authority Level	Level One	✓	Level Two		Level Three	
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Summary

The purpose of this report is to present the draft 2022-23 Quarter One and committee closedown Report of the Cheshire and Merseyside CCGs Joint Committee 2021-22 for consideration and approval by the Committee. The report will be updated following the 28 June to reflect any decisions made at the June meeting as well as the attendance details.

As the June meeting is the last meeting of the Joint Committee it is recommended that the that the Committee gives authority to the Chair of the meeting on the 28 June 2022 to approve the final version of the report.

As the meeting on the 28 June 2022 is the last meeting of the Committee there will not be another meeting to approve the minutes. Therefore, it is being recommended that the Committee gives authority to the Chair of the meeting on the 28 June 2022 to approve the minutes of the meeting following the 28 June 2022.

Recommendations

- The Joint Committee is asked to:**
- **note** the content of 2022-23 Quarter One and committee closedown Report
 - **approve** the recommendation that the Committee gives authority to the Chair of the meeting on the 28 June to approve the final version of the report
 - **approve** the recommendation that the Committee gives authority to the Chair of the meeting on the 28 June 2022 to approve the minutes of the meeting following the 28 June 2022
 - **note** the Committee handover details as outlined within the report.

Consideration for publication

Meetings of the Joint Committee will be held in public and the associated papers will be published unless there are specific reasons as to why that should not be the case. This paper will therefore be deemed public unless any of the following criteria apply:

The item involves sensitive HR issues	N
The item contains commercially confidential issues	N
Some other criteria. Please outline below:	N

Committee principles supported by this report (if applicable)	
The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services	
Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside	
Working together will achieve greater effectiveness in improving health and care outcomes	
Cheshire & Merseyside HCP Strategic objectives report supports:	
Improve population health and healthcare	
Tackling health inequalities, improving outcomes and access to services	
Enhancing quality, productivity and value for money	
Helping the NHS to support broader social and economic development	
Key Risks & Implications identified within this report	
Strategic	Legal / Regulatory
Financial	Communications & Engagement
Resources (other than finance)	Consultation Required
Procurement	Decommissioning
Equality Impact Assessment	Quality & Patient Experience
Quality Impact Assessment	Governance & Assurance
Privacy Impact Assessment	Staff / Workforce
Safeguarding	Other – please state
	✓
Authority to agree the recommendation:	
Have you confirmed that this Committee has the necessary authority to approve the requested recommendation?	Yes
If this includes a request for funding, does this Committee have the necessary delegated financial authority to approve it?	n/a
If this includes a request for funding, have the Directors of Finance confirmed the availability of funding?	n/a
Conflicts of Interest Consideration and mitigation:	n/a
Link to Committee Risk Register and mitigation:	n/a
Report history:	This is the first time that the report has come to the Committee.
Next Steps:	As outlined within the report
Responsible Officer to take forward actions:	C&M ICB Associate Director of Corporate Affairs and Governance



Joint Committee of the Cheshire and Merseyside CCGs

Quarter One 2022-2023 and end of tenure report

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

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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 2022- 2023 Quarter One period (April – June 2022). 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 2022 – 2023 of each of the Cheshire and Merseyside CCGs / Cheshire and Merseyside Integrated Care Board.

The Committee’s membership requirements are set out in its Terms of Reference, which was last formally reviewed and approved by each member CCGs Governing Body during November and December 2021.

All meetings in public of the Committee during the 2022 – 2023 financial year period were undertaken online.

Confirmation of its review and approval of this Report of the Joint Committee was received by the Committee at its meeting on **28 June 2022 (to confirm post meeting)**.

2. Membership

Table A identifies the individuals that have formed the membership of the Committee during the 2022-23 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 2022-23

Name	Organisation Represented / Category of Membership	Date Joined the Committee
Voting Members		
Geoffrey Appleton (Deputy Chair)	NHS St Helen’s CCG	20 th July 2021
Simon Banks	NHS Wirral CCG	20 th July 2021
Dr Sue Benbow	Secondary Care Doctor Representative	28 th Sept 2021
Dr Rob Cauldwell	NHS Southport & Formby CCG	20 th July 2021
Sylvia Cheater	Lay Member for Patient and Public Involvement Representative	20 th July 2021

Name	Organisation Represented / Category of Membership	Date Joined the Committee
David Cooper	NHS Warrington CCG	20 th July 2021
Dr Andrew Davies	NHS Warrington CCG	20 th July 2021
Dr Mike Ejuoneatse	NHS St Helen's CCG	20 th July 2021
Jan Ledward	NHS Liverpool & Knowsley CCG	20 th July 2021
Jane Lunt	Chief Nurse Representative	26 th October 2021
Martin McDowell	NHS Southport & Formby CCG	20 th July 2021
Peter Munday	Lay Member for Governance Representative	20 th July 2021
Dr David O'Hagan	NHS Liverpool CCG	20 th July 2021
Mark Palethorpe	NHS St Helen's CCG	20 th July 2021
Dr Andrew Pryce	NHS Knowsley CCG	20 th July 2021
Fiona Taylor	NHS Southport & Formby CCG	20 th July 2021
Dr Andrew Wilson (Chair)	NHS Cheshire CCG	20 th July 2021
Clare Watson	NHS Cheshire CCG	20 th July 2021

The Committee has also a number of regular attendees from organisations 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.

3. Meetings

During the Quarter One 2022-2023 period, the Committee has formally met on three occasions and was quorate at each meeting. The Committee met on the following dates:

- 26th April 2022
- 24th May 2022
- 28th June 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 reports.

5. Review of Committee Activities

Throughout the 2022-2023 Quarter One period 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 and decisions undertaken.

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. Committee end of tenure and next steps

The final meeting of the Committee took place on 28th June 2022 and therefore there are no further meetings to approve the minutes of this meeting. The *Committee agreed that the chair of the meeting shall be asked to sign off those minutes as a true and accurate record following the meeting.*

All areas and responsibilities of the Joint Committee will be inherited by the Cheshire and Merseyside Integrated Care Board (ICB) upon its establishment on 1 July 2022. A consolidated pack of all the Joint Committee papers, minutes, decisions, actions and risks registers will be produced and which will be provided to the Associate Director of Corporate Affairs and Governance for the Cheshire and Merseyside ICB. This will also be the case for the Finance and Resources, Quality and Performance sub-committees of the Joint Committee.

The consolidated packs, alongside the closedown reports from each Committee highlighting any residual matters to be considered, will be provided to the relevant Executive Director at the ICB for consideration as legacy documents to be considered by and/or referred to by the relevant ICB Committee from 1 July 2022 (i.e. Quality & Performance, Finance, Investment and Resources and the Transformation Committee). Any risks will also be captured by Risk Management workstream of the Integrated Care Board and consolidated as part of the work underway regarding transition of risks to the Integrated Care Board and/or Place.

Following the abolition of CCGs after 30 June 2022, CCG websites will continue to be live for a period a time (end date to be determined) however they will not continue to be updated. However this allows staff and members of the public to still access the recordings and papers of past meetings from 1 July 2022. There is a national archiving process for CCG legacy websites which the ICB is following and which will occur in August/September 2022. This does not mean that the CCG websites will be removed from the internet as that decision will be at the discretion of the ICB.

Appendix One – Joint Committee of the Cheshire and Merseyside CCGs 2022-2023 Quarter One meetings member attendance details

Name	CCG / Org	Meetings		
		26/4/22	24/5/22	28/6/22
Dr Andrew Wilson	NHS Cheshire CCG	x	✓	<i>to be added</i>
Geoffrey Appleton	NHS St Helens CCG	✓	x	
Simon Banks	NHS Wirral CCG	✓	✓	
Dr Sue Benbow	Sec Care Doctor	x	x	
Dr Rob Caudwell	NHS Southport & Formby CCG	x	x	
Sylvia Cheater	NHS Wirral CCG	✓	✓ (Deputy in attendance Alan Whittle)	
David Cooper	NHS Warrington CCG	✓	✓	
Dr Andrew Davies	NHS Halton CCG	✓	✓	
Dr Mike Ejuoneatse	NHS St Helens CCG	x	✓	
David O'Hagan	NHS Liverpool CCG	✓	✓	
Jan Ledward	NHS Liverpool CCG and NHS Knowsley CCG	✓	✓	
Jane Lunt	Chief Nurse	✓	✓	
Martin McDowell	NHS South Sefton CCG	✓	✓ (Deputy in attendance Alison Rowlands)	
Peter Munday	NHS Cheshire CCG	✓	✓	
Mark Palethorpe	NHS St Helens CCG	✓	X	
Dr Andrew Pryce	NHS Knowsley CCG	✓	✓	
Fiona Taylor	NHS Southport & Formby CCG	✓	✓	
Clare Watson	NHS Cheshire CCG	✓	✓	
Ian Ashworth	ChaMPs	x	x	
Louise Barry	Healthwatch	✓	✓	
Sarah O'Brien	C&M HCP	x	x	
Eileen O'Meara	ChaMPs	x	x	
Paul Mavers	Healthwatch	x	✓	

Name	CCG / Org	Meetings		
		26/4/22	24/5/22	28/6/22
Sarah McNulty	ChaMPs	X	✓	
Margaret Jones	ChaMPs	X	✓	
Ifeoma Onyia	ChaMPs	X	X	

Appendix Two – Review of Committee Activities and Decisions made during Quarter One 2022-2023

Date of Meeting	Discussion Item	Action Needed	Decision
26/04/22	Risk Register	Noting	The CMJC noted the risk register.
26/04/22	Liverpool University Hospitals Clinical Services Integration Public Consultation Plan	Endorsement	The CMJC agreed to endorse the plans for the public consultation.
26/04/22	2021-22 Annual Report of the Cheshire and Merseyside CCGs Joint Committee	Approval	The CMJC approved the annual report
26/04/22	Cheshire and Merseyside Integrated Care Board Draft Constitution	Noting	The CMJC noted the report.
26/04/22	Key issues report of the Finance and Resources Sub-Committee	Noting and Approval	The CMJC noted the contents of the report and approved the budget changes recommended.
26/04/22	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group	Approval	The CMJC approved the vulnerable services policy and noted the report.
24/05/22	Risk Register	Noting	The CMJC noted the risk register.
24/05/22	Cheshire & Merseyside Children and Young People Mental Health Logic Model 2022-2024	Approval	The CMJC approved the CYP Mental Health System Maturity Logic Model 2022-24 and supported the implementation
24/05/22	Improving hospital stroke care – report into public consultation on hyper-acute stroke services in North Mersey	Information	The CMJC noted that the findings and actions from the public consultation will be reflected in the final business case, to be shared with the committee in due course.
24/05/22	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.

Date of Meeting	Discussion Item	Action Needed	Decision
28/06/22	<i>To be added post meeting</i>		

Finance and resources sub-committee

Key risks and issues report

Of the meeting held on 9th June 2022



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

Key risks and issues arising from the meeting held on 9th June 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
Appointment of external auditors	The CCGs have been required to appoint external auditors for Q1 2022/23 and for the remainder of 2022/23 on behalf of the ICB. A proposal to secure support was discussed	Legal and procurement advice has been secured to support the proposal	A proposal to secure support was discussed. It was agreed that each CFO would progress the appointments through their respective CCG governance.	June 2022

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

Issue	Committee update	Assurances received	Action	Timescale
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.	None	

ASSURE (issues for which the committee has received assurances)

Issue	Committee update	Assurances received	Action	Timescale
F&R committee end of tenure report	The committee received and approved the report for submission to the joint committee.	All members approved the content	Submission to joint committee	June 2022



**Cheshire and Merseyside joint
committee:
finance and resources sub
committee**
End of tenure review
December 2021 – June 2022

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

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1. Introduction

The Cheshire and Merseyside clinical commissioning groups (CCGs) 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 schemes of reservation and delegations of each member CCG. It is established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

In November 2021 a reporting sub-structure was established comprising a finance and resources sub-committee, quality sub-committee and a performance sub-committee. Governing bodies authorised additional delegation of functions to the joint committee which in turn delegated responsibilities for some activities to the sub-committees. The sub-committees are not authorised to make decisions.

This report sets out the work undertaken by the finance and resources sub-committee between December 2021 and June 2022. This demonstrates how the Committee has met the responsibilities set out within the committee's terms of reference (TOR), its effectiveness and the impact of the Committee

The committee's membership requirements are set out in its terms of reference, which was last reviewed in March 2022 to ensure they remained fit for purpose to discharge responsibilities until the end of June 2022 following the announcement on 24th December that the ICS establishment had been delayed.

Due to the impact of Covid-19 and the adopted working practices of NHS organisations during 2021-22, all meetings took place via MS Teams.

2. Membership

Table A identifies the individuals that have formed the membership of the Committee

Table A – finance and resources sub-committee membership

Name	Organisation represented	Date joined	Date left
Members			
Gareth Hall	Lay Member Warrington & Halton CCG (Chair)	09/12/2021	
Mark Chidgey	Chief finance officer NHS Wirral CCG	09/12/2021	30/05/2022
Lynda Risk	Chief finance officer Cheshire CCG	09/12/2021	
Sally Houghton	Governing body member NHS Liverpool CCG	09/12/2021	

Martin McDowell	Chief finance officer/deputy chief officer NHS Southport and Formby CCG and NHS South Sefton CCG	09/12/2021	
Gwydion Rhys	GP governing body member NHS Cheshire CCG	09/12/2021	
Judith Mawer	Governing body member NHS Knowsley CCG	09/12/2021	
Janet Bliss	GP governing body member NHS Liverpool CCG	09/12/2021	
David Cooper	Chief finance officer – NHS Halton CCG and NHS Warrington CCG	09/12/2021	
Paula Cowan	Chair NHS Wirral CCG	09/12/2021	
Alan Whittle	Governing body lay member for governance NHS Wirral CCG	09/12/2021	
Anette Metzmacher	GP governing body member Southport and Formby	09/12/2021	
Mark Bakewell	Chief finance and contracting officer NHS Liverpool & Knowsley CCGs	09/12/2021	
Alan Howgate	Deputy chief finance officer NHS St Helens CCG	09/12/2021	
Mark Palethorpe	Accountable officer NHS St Helens CCG	09/12/2021	
Clare Watson	Accountable officer NHS Cheshire CCG	09/12/2021	
Iain Stoddart	Chief finance officer NHS St Helens CCG	09/12/2021	
Louise Morris	Interim chief finance officer NHS Wirral CCG	31/05/2021	

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

Table B – regular attendees

Name			
Non-Voting Regular attendees			
Debbie Fairclough	Nominated governance lead to support the committee	Dec. 2021	June 2022
Chelsea Hardman	Senior administrator	Dec. 2021	May 2022
Kim Burgess	Senior administrator	May 2022	June 2022

3. Meetings

From its establishment and first meeting held on December 2021 to the final meeting on 9th June 2022, the committee has met on seven occasions and was quorate at each meeting. The committee met on the following dates:

- 9th December 2021
- 13th January 2022
- 10th February 2022
- 10th March 2022
- 14th April 2022
- 12th May 2022
- 9th June 2022

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

4. Committee responsibilities

- Oversee the implementation and review of financial plans
- Oversee the delivery of these financial plans via reporting on financial performance, contract management and financial management, including detailed reporting on the financial position, variances and progress towards meeting the targets within the CCGs' financial plans, statutory financial targets and financial control totals
- Oversee the development and review of financial recovery plans
- Gain assurance on the delivery of the financial recovery plan to achieve the outcomes for the CCGs in accordance with the short- and long-term plans approved by NHS England and Improvement
- Review and provide assurance on the financial performance of the CCGs
- Review and provide assurance on financial performance across the system
- Review the CCGs budgets in line with the national planning guidance
- Review the impact of Quality, innovation, Productivity and Prevention (QIPP) plans on the financial position
- Review performance against the "finance and use of resources" elements of the NHS Oversight Framework.
- Ensure that services provided by other organisations, notably the CSU, are being delivered as per the CCGs expectations and to advise on remedial action where necessary.
- Receive for information workforce dashboards

5. Review of committee activities

It should be noted that this committee is not decision making and it did not have responsibility for all CCG financial responsibilities; other matters remained reserved to CCGs until end of June 2022. The committee has only dealt with the those matters delegated by the respective governing bodies to the Cheshire and

Merseyside Joint Committee which in turn delegated responsibilities to this sub-committee.

- Reports setting out how the CCGs are meeting their statutory financial responsibilities
- Financial plans – 2022/23
- Workforce dashboards (Cheshire and Merseyside)
- Risk registers and risk reports
- MLCSU performance reports (the committee did not receive reports from AGEM CSU)
- Operational planning guidance update
- The committee confirmed that at year end, all CCGs across Cheshire and Merseyside met their statutory financial duties
- The CCGs collectively delivered a £0.6m surplus across Cheshire and Merseyside

6. Conduct of the committee

Members of the committee successfully adopted a collaborative approach to ensure delivery of its objectives and delivering CCG statutory duties.

The committee has applied best practice in its deliberations. 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 key risks and issues reports to the joint committee as well as sharing those with CCG legacy teams and governing bodies. The ratified minutes of each committee were submitted to the joint committee.

Within the seven formal meetings 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 Cheshire and Merseyside Joint Committee that derived its authorities from 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

I would like to put on record my thanks for the hard work of all concerned in quickly adapting to the requirements of this committee and supporting the delivery of such positive outcomes in a focused but practical manner.

8. Residual matters

- The final meeting of the finance and resources sub-committee took place on 9th June and therefore there are no further meetings to approve the minutes of this meeting. The committee agreed that the chair shall sign off those minutes as a true and accurate record and then submit to the joint committee for ratification.
- **Risks** – all risks currently held by CCGs that remain relevant to the ICB at 30th June 2022 will transfer over on the 1st July. These risks will be captured as part of the transition board's risk management task and finish work stream which is producing a single risk register and associated assurance frameworks for the ICB. In particular the finance and resources sub-committee noted that risks that had been previously identified in respect of the delivery of statutory duties in 2021/22 did not materialise and all CCGs delivered their statutory duties. For 2022/23 members noted that it will be an incredibly challenging year and the system will need a robust response to ensure financial risks are effectively managed and mitigated to ensure NHS Cheshire and Merseyside ICB is able to discharge its statutory duties.

Appendix one – finance and resources sub-committee attendance register

Name	CCG / Org	Meetings						
		09/12/2021	13/01/2022	10/02/2022	10/03/2022	14/04/2022	12/05/2022	09/06/2022
Gareth Hall (Chair)	Lay member governance NHS Halton CCG and NHS Warrington CCG	✓	✓	✓	✓	✓	✓	
Mark Chidgey	NHS Wirral CCG	✓	✓	✓	✓	✓	✓	Left
Lynda Risk	NHS Cheshire CCG	✓	✓	✓	✓	✓	✓	
Sally Houghton	NHS Liverpool CCG	✓	✓	✓	✓	✓	✓	
Martin McDowell	NHS South Sefton CCG	✓	✓	✓	✓	✓	✓	
Gwydion Rhys	NHS Cheshire CCG	✓	✓	✓	✓	✓	✓	
Judith Mawer	NHS Knowsley CCG	✓	✓	✓	✓	✓	✓	
Janet Bliss	NHS Liverpool CCG	✓	✓	✓	✓	Apols	✓	
David Cooper	NHS Warrington CCG	✓	✓	✓	✓	Apols	✓	
Paula Cowan	NHS Wirral CCG	✓	✓	✓	✓	✓	✓	
Alan Whittle	NHS Wirral CCG	✓	✓	✓	✓	✓	✓	
Debbie Fairclough	NHS SSSCCG SFCCG	✓	✓	✓	✓	Apols	✓	
Anette Metzmacher	NHS Southport and Formby CCG	✓	Apols	✓	x	x	✓	

Name	CCG / Org	Meetings						
		09/12/2021	13/01/2022	10/02/2022	10/03/2022	14/04/2022	12/05/2022	09/06/2022
Mark Bakewell	NHS Liverpool & Knowsley CCGs	Apols	✓	x	Apols	✓	✓	
Alan Howgate	NHS St Helens CCG	Apols	x	x	x	x	Apols	
Mark Palethorpe	NHS St Helens CCG	Apols	✓	x	Apols	✓	✓	
Clare Watson	NHS Cheshire CCG	Apols	✓	x	x	Apols	Apols	
Iain Stoddart	NHS St Helens CCG	Apols	✓	x	x	Apols	✓	
Louise Morris	NHS Wirral CCG	N/A	N/A	N/A	N/A	N/A	N/A	

Quality Sub-Committee

Key issues and risk report

14th June 2022



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

Key issues arising from the meeting held on 14th June 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
N/A				

ASSURE (issues for which the committee has received assurances)

Issue	Committee update	Assurances received	Action	Timescale
Risk register	A general update was provided in relation to the ongoing work being progressed by each CCG. This work entails the review of all risks associated with quality to ensure the risks remain relevant, are described and scored appropriately and have relevant mitigation action plans in place.	Work is ongoing at each CCG	Risk registers will be transferred over to the ICB from 01 July.	30 June 2022
End of tenure report	A report was presented which outlined the work undertaken by the sub-committee and compliance with terms of reference from establishment to the last meeting in June.	Assurance provided that appropriate oversight had been given to the sub-committee within the terms of reference	Small amends to be made to the report following discussion by sub-committee members.	30 June 2022

	The report captured items that were discussed as part of previous risk discussions to ensure that these are handed over and captured within any future workplan for the ICB Quality and Performance Committee.			
Workplan	<p>An overview was provided regarding the Cheshire and Merseyside Nursing, Midwifery and Allied Health Professionals Workforce Programme. The oversight highlighted the ten workstreams which all have Senior Responsible Officer leads and the progress made to date in each area.</p> <p>Confirmation was also provided that the recruitment funding (which was at risk) has now been confirmed going forward. It was noted that a medical professional is required to be engaged in the work going forward</p>	Assurance was received regarding the progress made to date and future plans going forward	Programme to be progressed	As per programme plan
System Surveillance Group developments	<p>Update slides were circulated to all members which provided updates since the last meeting. Two Provider Collaboratives have taken place and a system partner workshop held.</p> <p>Next steps were provided in addition to the update on the development of a quality dashboard.</p>	Assurance was received regarding the progress made to date and future plans going forward	Developments to be progressed going forward	As per the development plan

<p>Long Waiters report</p>	<p>A report was presented which provided information and intelligence on themes arising from clinical harm reviews and serious incident reporting. The report was developed in conjunction with Healthwatch.</p> <p>Significant increases in patients waiting over 52 weeks for treatment were noted and these had increased since April 2020. Performance oversight will continue with oversight of any themes and trends and harms associated with long waits.</p> <p>It was noted that the quality principles were a good starting point locally with an opportunity to ask for national support.</p>	<p>Assurance was received regarding the progress made to date and future plans going forward</p>	<p>Developments to be progressed going forward</p>	<p>As per the future quality and performance committee workplan</p>
<p>Serious Incidents and Patient Strategy</p>	<p>The papers were circulated to all members for further comments and feedback due to the report author not being available to attend to present.</p>	<p>Further information was required about the content of the report</p>	<p>It was agreed that members would provide any comments or queries regarding the paper to the report author although it was confirmed that this agenda item is included in the workplan for the future ICB Quality and Performance Committee</p>	<p>To be progressed from July onwards</p>
<p>CM Transforming Care Programme Board</p>	<p>A verbal update was provided. A focused action plan is being developed with a main focus on delayed discharges</p>	<p>Assurance received about the ongoing and future arrangements</p>	<p>Programme to be progressed</p>	<p>As per programme plan</p>
<p>CM All Age Continuing Care Programme Board</p>	<p>A report was provided to inform members of the current position and progress to date. This included an update on quarterly assurance meetings and Readiness to Operate areas.</p>	<p>Assurance was received regarding the progress made to date and future plans going forward</p>	<p>Programme to be progressed</p>	<p>As per programme plan</p>

	<p>It was also reported that a new framework has been published with a number of changes to the continuing healthcare (CHC) eligibility.</p> <p>A Programme Director post is being recruited to which will support the programme.</p>			
Safeguarding report	<p>An update report was provided, which included a table of performance across Cheshire and Merseyside. A section was also included which provided an update on safeguarding vacancies across the area. This was an area agreed for inclusion due to the number of associated risks reflected on the risk register.</p>	<p>Assurance was received regarding the progress made to date and future plans going forward</p>	<p>Safeguarding update reports will be included in the workplan for the future committee from July onwards</p>	<p>As per future committee workplan</p>
Neutralising Monoclonal Antibody (nMAB) implementation	<p>A report was provided which gave an update on the implementation of COVID-19 treatments in the community including nMAB and oral antiviral medications.</p> <p>The report summarised the process to date, outcomes and expected future developments. The sub-committee was advised that national data is available but local data is still being explored. Governance is still being developed to determine where the work will be monitored.</p>	<p>Assurance was received regarding the progress made to date and future plans going forward</p>	<p>A change to be made to the 'End of Tenure Report' for the sub-committee to identify the need to include oversight of the programme in one of the future committees</p>	<p>30 June 2022</p>



**Cheshire and Merseyside Joint
Committee of CCGs:
Quality sub committee
End of tenure review
December 2021 – June 2022**

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

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1. Introduction

The Cheshire and Merseyside clinical commissioning groups (CCGs) 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 schemes of reservation and delegations of each member CCG. It is established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

In November 2021 a reporting sub-structure was established comprising a finance and resources sub-committee, quality sub-committee and a performance sub-committee. Governing bodies authorised additional delegation of functions to the joint committee which in turn delegated responsibilities for some activities to the sub-committees. The sub-committees are not authorised to make decisions.

This report sets out the work undertaken by the quality sub-committee between December 2021 and June 2022. This demonstrates how the Committee has met the responsibilities set out within the committee's terms of reference (TOR), its effectiveness and the impact of the Committee

The committee's membership requirements are set out in its terms of reference, which were last reviewed in March 2022 to ensure they remained fit for purpose to discharge responsibilities until the end of June 2022, following the announcement on 24th December that the Integrated Care System (ICS) establishment had been delayed.

Due to the impact of Covid-19 and the adopted working practices of NHS organisations during 2021-22, all meetings took place via MS Teams.

2. Membership

The table below identifies the individuals that have formed the membership of the Committee

Table A – Quality sub-committee membership

Name	Organisation represented	Date Joined the Committee	Date Left the Committee
Members			
Catherine Maddaford (Chair)	NHS Liverpool CCG	7.12.21	
Dr Rob Caudwell (Vice Chair)	NHS Southport and Formby CCG	7.12.21	
Fiona Taylor	NHS Southport and Formby CCG / South Sefton CCG	11.01.21	
Dr Andy Davies	NHS Halton CCG / NHS Warrington CCG	11.01.21	

Michelle Creed	NHS Halton CCG / NHS Warrington CCG	7.12.21	
Dr Sangeetha Steevart	NHS Halton CCG / NHS Warrington CCG	7.12.21	
Paula Wedd	NHS Cheshire CCG	7.12.21	
Pam Smith	NHS Cheshire CCG	7.12.21	
Helen Meredith	NHS Knowsley CCG	7.12.21	
Dr Sue Benbow	NHS Knowsley CCG	8.02.21	
Lisa Ellis	NHS St Helens CCG	7.12.21	
Lorna Quigley	NHS Wirral CCG	7.12.21	
Sylvia Cheater	NHS Wirral CCG	7.12.21	
Dr Simon Delaney	NHS Wirral CCG	7.12.21	
Jane Lunt	NHS Liverpool CCG	7.12.21	
Dr Fiona Ogden-Forde	NHS Liverpool CCG	7.12.21	
Dr Paula Finnerty	NHS Liverpool CCG	11.01.22	
Marie Boles	NHS England and NHS Improvement	8.02.22	

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

Table B – regular attendees

Name	Role	Date Joined the Committee	Date Left the Committee
Non-Voting Regular attendees			
Rebecca Knight	Nominated governance lead to support the committee	7.12.21	
Robert Foden	Sub-committee administrator	7.12.21	
Helen Riley	Sub-committee administrator	7.12.21	
Paul Mavers	Healthwatch Knowsley	11.01.22	
Dave Wilson	Healthwatch Halton	11.01.22	
Louise Barry	Healthwatch Cheshire	11.01.22	
Karen Prior	Healthwatch Wirral	11.01.22	
Paul Steele	Engagement, Involvement, Communication and Patient Experience Lead	11.01.22	
Sean Fell	Senior Communications Manager	11.01.22	

3. Meetings

From its establishment and first meeting held in December 2021 to the final meeting on 14th June 2022, the committee has met on seven occasions and was quorate at each meeting.

The committee met on the following dates:

- 7th December 2021
- 11th January 2022
- 8th February 2022
- 8th March 2022
- 12th April 2022
- 10th May 2022
- 14th June 2022

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

4. Committee responsibilities

The sub committee had authority for the following:

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

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

5. Review of committee activities

During its tenure, the committee has received a variety of papers. The detail of which is provided below:

- Reports setting out assurance and escalation of quality issues and concerns received from various forums including the Quality Surveillance Group, Clinical Quality and Performance Group (CQPG) meetings with providers, System Surveillance Group developments
- Update reports regarding safeguarding, including children and adult updates, Learning from Deaths of people with a Learning Disability (LeDeR) progress reports and updates, Special Educational Needs and Disability (SEND) updates including maturity matrices, and updates on statutory duties
- Risk registers and risk reports, including oversight and cross reference of risk themes to the annual workplan
- Update on the Cheshire and Merseyside Nursing, Midwifery and Allied Health Professionals Workforce Development Programme
- Governance arrangements, including transition arrangements of the Care Homes Collaborative to the Integrated Care System
- Continuing progress updates on the Cheshire and Merseyside Transforming Care Programme Board, All Age Continuing Care Programme Board, and Local Maternity System (LMS) Assurance Board

- Update on the Ockenden review and local maternity systems
- Oversight of the avoidable harm review principles and their potential use in the Elective Recovery Programme
- Performance report on all Infection, Prevention and Control (IPC) arrangements across the system, including the governance arrangements in place with the Joint Oversight Board
- Updates on serious incidents, patient safety and patient experience
- Update on the draft Engagement Strategy

6. Governance arrangements

Throughout the tenure of the sub-committee, all workplan agenda items were discussed with relevant reports received. In the event that an update was not provided, agenda items were added to the next meetings to ensure full oversight and assurance.

The sub-committee was also provided with regular updates on the future plans for quality monitoring and the appropriate forums being considered to receive the updates and assurances. Members commented that all appropriate stakeholders had been fully involved to date and worked hard to ensure arrangements remained robust. They felt that these planning arrangements would put colleagues in good stead to continue to progress arrangements. Updates on future arrangements included specific updates in relation to quality surveillance and quality assurance and oversight arrangements. The sub-committee was also fully updated on the planned future arrangements going forward.

7. Conduct of the committee

The subcommittee has applied best practice in its deliberations. 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 key risks and issues reports to the joint committee as well as sharing those with CCG legacy teams and governing bodies. The ratified minutes of each committee were submitted to the joint committee.

Within the seven formal meetings all instances of declarations of interest were noted. These were recorded in the minutes of the meetings concerned.

8. Chair's conclusions

The committee has met its obligations as delegated to it by the Cheshire and Merseyside Joint Committee. This committee derived its authorities from 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

9. Residual matters

- The final meeting of the quality sub-committee took place on 14th June and therefore there are no further meetings to approve the minutes of this meeting. The committee agreed that the chair shall sign off those minutes as a true and accurate record and then submit to the joint committee for ratification.
- Risks – all risk registers are currently being updated by each CCG to reflect the most accurate and up-to-date situation. These will be collated and shared with the ICB by each CCG as part of the respective due diligence processes. In addition to this, the subcommittee has recognised and discussed the need to include the following in any future workplan going forward:
 - High waiting times for eating disorder and autism spectrum disorder services
 - Adequacy of attention deficit hyperactivity disorder services
 - Update on risk associated with the Eastern Sector Cancer Hub consultation
 - Risk associated with children and young people mental health provision
 - Gaps in workforce across various healthcare providers
 - Delivery of the continuing health care function and compliance to the statutory framework
 - Risk associated with elective recovery and routine demand in primary and secondary care
 - Potential failure to comply with performance targets
- An update on neutralising monoclonal antibody (nMAb) implementation was provided to the June 2022 meeting. Discussion amongst sub-committee members identified the need to ensure that oversight arrangements of the nMAb workstream was considered as part of the relevant committee workplan. It was not established whether this would be to the ICB Quality and Performance Committee or another forum.

Appendix one – Quality sub-committee attendance register

Name	Organisation	Meeting Dates						
		07/12/21	11/01/22	08/02/22	08/03/22	12/04/22	10/05/22	14/06/22
Catherine Maddaford (Chair)	NHS Liverpool CCG	✓	✓	✓	✓	✓	Apologies	✓
Dr Rob Caudwell (Vice Chair)	NHS Southport and Formby CCG	✓	Apologies	✓	✓	Apologies	✓	Apologies
Fiona Taylor	NHS Southport and Formby CCG / South Sefton CCG	N/A	✓	✓	Apologies	Apologies	✓	Apologies
Dr Andy Davies	NHS Halton CCG / NHS Warrington CCG	N/A	✓	✓	✓	Carl Marsh attended	Apologies	✓
Michelle Creed	NHS Halton CCG / NHS Warrington CCG	✓	✓	✓	✓	✓	✓	✓
Dr Sangeetha Steevart	NHS Halton CCG / NHS Warrington CCG	✓	✓	✓	✓	✓	✓	✓
Paula Wedd	NHS Cheshire CCG	✓	✓	✓	✓	✓	✓	✓
Pam Smith	NHS Cheshire CCG	✓	✓	✓	✓	Apologies	Wendy Williams attended	✓
Helen Meredith	NHS Knowsley CCG	✓	✓	✓	✓	Apologies	✓	Apologies
Dr Sue Benbow	NHS Knowsley CCG	N/A	N/A	✓	Apologies	✓	✓	✓
Lisa Ellis	NHS St Helens CCG	✓	✓	✓	✓	✓	✓	Karen Edwardson attended
Lorna Quigley	NHS Wirral CCG	✓	✓	✓	✓	✓	✓	✓
Sylvia Cheater	NHS Wirral CCG	✓	✓	✓	Alan Whittle attended	Alan Whittle attended	✓	✓
Dr Simon Delaney	NHS Wirral CCG	Apologies	✓	✓	✓	Apologies	Apologies	✓
Jane Lunt	NHS Liverpool CCG	✓	✓	✓	✓	✓	✓	✓
Dr Fiona Ogden-Forde	NHS Liverpool CCG	✓	✓	✓	✓	✓	✓	✓

Dr Paula Finnerty	NHS Liverpool CCG	N/A	✓	✓	✓	✓	✓	✓
Marie Boles	NHS England and NHS Improvement	N/A	N/A	✓	Apologies	Apologies	Apologies	Apologies
Invited regular attendees								
Paul Mavers	Healthwatch Knowsley	N/A	✓	✓	Apologies	✓	✓	✓
Dave Wilson	Healthwatch Halton	N/A	✓	✓	Apologies	✓	Apologies	Apologies
Paul Steele	NHS St Helens CCG	N/A	✓	Apologies	Apologies	Apologies	Apologies	Apologies
Sean Fell	NHS Halton CCG / NHS Warrington CCG	N/A	✓	Apologies	Apologies	Apologies	Apologies	Apologies
Louise Barry	Healthwatch Cheshire	N/A	✓	✓	✓	Apologies	✓	✓
Denise Edwards	NHS England & NHS Improvement	N/A	✓	N/A	N/A	N/A	N/A	N/A
Karen Prior	Healthwatch Wirral	N/A	✓	Apologies	✓	✓	✓	Apologies
Devender Roberts	NHS Liverpool CCG	N/A	N/A	✓	N/A	N/A	N/A	N/A
Catherine McClennan	NHS Liverpool CCG	N/A	N/A	✓	N/A	N/A	N/A	N/A
Sean Tosh	NHS England & NHS Improvement	N/A	N/A	✓	N/A	N/A	N/A	N/A
Dr Joanne Inman	NHS England & NHS Improvement	N/A	N/A	✓	N/A	N/A	N/A	N/A
Jasleen Kaur	NHS England & NHS Improvement	N/A	N/A	✓	N/A	N/A	N/A	N/A
Maggie Boyd	Cheshire & Merseyside Health and Care Partnership	N/A	N/A	✓	✓	✓	Apologies	Apologies
Richard Crockford	NHS Wirral CCG	N/A	N/A	N/A	✓	✓	N/A	✓
Pauline McGrath	Programme Director	N/A	N/A	N/A	N/A	✓	N/A	✓
Jonathan Taylor	CM HCP	N/A	N/A	N/A	N/A	N/A	✓	N/A
Debbie Gould	Liverpool Women's Hospital	N/A	N/A	N/A	N/A	N/A	✓	N/A
Kerrie France	NHS England & NHS Improvement	N/A	N/A	N/A	N/A	N/A	N/A	✓
Ted Adams	Bridgewater Community Healthcare NHSFT	N/A	N/A	N/A	N/A	N/A	N/A	✓

Brian Green	Cheshire & Wirral NHSFT	N/A	N/A	N/A	N/A	N/A	N/A	✓
Support staff								
Rebecca Knight	NHS Halton CCG / NHS Warrington CCG	✓	✓	✓	✓	Apologies	✓	✓
Robert Foden	NHS Southport and Formby CCG	✓	✓	Apologies	✓	✓	✓	✓
Helen Riley	NHS Halton CCG / NHS Warrington CCG	✓	✓	✓	✓	Apologies	Apologies	✓



Cheshire and Merseyside Joint Committee of CCGs Performance Committee

End of tenure review
January 2022 – June 2022

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

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1. Introduction

The Cheshire and Merseyside clinical commissioning groups (CCGs) 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 schemes of reservation and delegations of each member CCG. It is established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

In November 2021 a reporting sub-structure was established comprising a finance and resources sub-committee, quality sub-committee and a performance sub-committee. Governing bodies authorised additional delegation of functions to the joint committee which in turn delegated responsibilities for some activities to the sub-committees. The sub-committees are not authorised to make decisions.

This report sets out the work undertaken by the Performance Sub-Committee between January 2022 and June 2022. This demonstrates how the committee has met the responsibilities set out within the committee's terms of reference (TOR), its effectiveness and the impact of the Committee.

The committee's membership requirements are set out in its terms of reference, which was last reviewed in March 2022 to ensure they remained fit for purpose to discharge responsibilities until the end of June 2022 following the announcement on 24th December 2021 that the ICS establishment had been delayed.

Due to the impact of Covid-19 and the adopted working practices of NHS organisations during 2021-22, all meetings took place via MS Teams.

2. Membership

Table A identifies the individuals that have formed the membership of the Committee.

Table A – Performance sub-committee membership

Name	Organisation represented	Date Joined the Committee	Date Left the Committee
Members			
David Bedwell (Chair to 15/2/22)	Knowsley CCG	18/1/22	15/2/22
Pam Smith (Chair from 15/3/22)	Cheshire CCG	15/3/22	
Dr Andrew Pryce (Vice Chair)	Knowsley CCG	15/3/22	
Simon Banks	Wirral CCG	18/1/22	
Dr Fiona Lemmens	Liverpool CCG	18/1/22	15/3/22
Neil Evans	Cheshire CCG	18/1/22	
Wendy Williams	Cheshire CCG	18/1/22	15/3/22
Christine Morris	Cheshire CCG	15/3/22	

Name	Organisation represented	Date Joined the Committee	Date Left the Committee
Nesta Hawker	Wirral CCG	18/1/22	
Dave Horsfield	Liverpool CCG	18/1/22	
Mark Bakewell	Liverpool CCG	18/1/22	
Mike Shaw	Warrington & Halton CCG	18/1/22	
Martin McDowell	Southport & Formby & South Sefton CCGs	18/1/22	
Iain Stoddard	St Helens CCG	18/1/22	
Dr David Reade	St Helens CCG	18/1/22	
Dr John Wray	South Sefton CCG	18/1/22	
Dr Monica Khurajam	Liverpool CCG	18/1/22	
Luke Garner	South Sefton CCG	18/1/22	
Vikki Gilligan	Southport & Formby CCG	18/1/22	

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 – regular attendees

Name	Role	Date Joined the Committee	Date Left the Committee
Regular attendees			
Michael Chantler	Associate Director – Governance Lead	18/1/22	
Andrea Whittaker	Admin Support	15/2/22	

3. Meetings

From its establishment and first meeting held on 18th January 2022 to the final meeting on 21st June 2022, the committee has met on six occasions and was quorate at each meeting. The committee met on the following dates:

- 18th January 2022
- 15th February 2022
- 15th March 2022
- 19th April 2022
- 17th May 2022
- 21st June 2022

4. Committee responsibilities

- required to provide assurance to the Cheshire and Merseyside CCGs Joint Committee that there are appropriate systems in place which operate in order to enable the Committee to fulfil its performance monitoring requirements.
- required to provide regular reports to Cheshire and Merseyside CCGs Joint Committee on a timely basis and to also provide any updates that may be requested from time to time from the respective CCG's governing bodies or committee established to retain responsibility for legacy matters.
- required to produce a work plan to discharge its responsibilities until 30th June 2022.
- able to request further investigation or assurance on any area within its remit.
- able to bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee.
- able to make recommendations to the Joint Committee.
- able to escalate issues to the Cheshire and Merseyside CCGs Joint Committee and the Governing Bodies of the Cheshire and Merseyside CCGs.
- able to approve the terms of reference of any sub-groups to the committee.

5. Review of committee activities

During its tenure, the committee has received a variety of papers/reports. The detail of which is provided below:

Integrated Performance Report

The Integrated Performance Report was produced to provide a comprehensive overview of performance across Cheshire and Merseyside. Discussion within each meeting has centred on exception reporting which in turn has triangulated with CCG reported Issues and Risks and identified a number of committee 'deep dives'. The report has developed during the course of the committee tenure based on feedback from members.

CCG Issues and Risks

The Issues and Risks template has been used by CCGs to highlight areas to Alert, Advise or to Assure the committee. These have been reviewed at each committee meeting and along with a review of the Integrated Performance Report. The Issues and Risks submissions have also been used as a source of identifying areas for 'deep dives'.

Committee workplan – Deep Dives

The committee has undertaken the following 'deep dives' into performance issues across Cheshire and Merseyside:

- Elective Recovery Programme
Learning Disability/Autism - Annual Health Checks
- Serious Mental Illness - Annual Health Checks
- Cancer Referrals

- Ambulance Performance.

Where a 'deep dive' has been undertaken, the relevant lead for the programme has attended or submitted reports to the committee to detail performance, improvement actions and risk management/mitigations taking place across Cheshire and Merseyside.

Commentary relevant to the deep dives undertaken by the committee has been reported to the Joint Committee via the Issues and Risks reporting.

Risk Management

CCGs have continued to maintain performance related risks via their established governance processes and legacy arrangements.

Where issues arising from the committee workplan and 'deep dives' have been alerted to the joint committee, these have included details of risk management and mitigation via other programme boards or through CCG governance.

6. Conduct of the committee

The committee has applied best practice in its deliberations 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 key risks and issues reports to the Joint Committee as well as sharing those with CCG legacy teams and Governing Bodies. The ratified minutes of each committee were submitted to the Joint Committee.

Within the six formal meetings 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 Cheshire and Merseyside CCGs Joint Committee that derived its authorities from 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

8. Residual matters

The final meeting of the performance sub-committee took place on 21st June and therefore there are no further meetings to approve the minutes of this meeting. The committee agreed that the chair shall sign off those minutes as a true and accurate record and then submit to the joint committee for ratification.

All risks currently held by CCGs that remain relevant to the ICB at 30th June 2022 will transfer over on the 1st July. These risks will be captured as part of the transition board's risk management task and finish work stream which is producing a single risk register and associated assurance frameworks for the ICB.

Ambulance Performance 'Deep Dive'

At the final meeting of the committee on the 21st June, a 'deep dive' of Ambulance performance was undertaken and the committee received a presentation from the Yvonne Rispin – Director of Ambulance Commissioning (North West).

The deep dive consisted a review of current performance challenges being experienced by North West Ambulance Service, NHS 111 and Patient Transport Services. It was explained that system pressures including patient flows, capacity and demand and ongoing workforce challenges were contributing to significant performance issues.

An overview of planned and completed actions were summarised as part of the presentation. It was also explained a review of governance structures has taken place to align with ICB governance to ensure that visibility of performance and collaborative improvement is achieved.

Committee members noted the following points:

- Workforce pressures contribute to performance issues and acknowledged the steps being taken to mitigate issues.
- Need for the sharing of best practice as variance exists across Cheshire and Merseyside at PLACE level. ICB will be working on plans to bring all parts of the system to the same level.
- Patient feedback indicates a negative perception of NHS 111 due to call waiting times and call abandonment.

The committee was assured that the alignment with ICB governance and performance monitoring as well as the actions planned or currently being undertaken will ensure there is appropriate ongoing oversight of performance and improvement.

The presentation is shared with Joint Committee members for information.

Integrated Performance Report

The committee reviewed the Integrated Performance Report and noted the following points:

- The report is being revised for the ICB to use on establishment and will focus on 20 Sentinel measures, there will also be Place level reports which will provide a performance line of sight to the ICB.
- Workforce pressures remain significant and although COVID 19 related absences have shown a reduction this is not showing in any marked easing of pressures as a whole.
- Elective waiting times are an ongoing issue with > 104 week waits being particularly evident at the Countess of Chester Hospital (COCH), although most recent data indicates an improving position for this measure at COCH.
- Cancer referrals are showing an increase overall, and issues are evident in relation to 62 day performance. The committee noted that referrals may increase further due to screening campaigns with the public.
- Learning Disability Annual Health Checks have achieved the 70% performance threshold across Cheshire and Merseyside, this is noted as a significant achievement although continued focus on the remaining 30% is required, including a focus on particular cohorts who appear to be underserved in some Places; for example rates of health checks for children.
- Performance and quality issues at the Countess of Chester Hospital (COCH) are continuing and following a recent CQC inspection, the Trust is now to be supported through a System Improvement Board which is being developed from the previous Quality Surveillance Group process. This approach also (System Improvement Board) remains in place at Liverpool University Teaching Hospitals.
- Previously reported data issues, following the implementation of a new Patient Administration System, with Cheshire and Wirral Partnership Trust are improving with data validation in progress. Mental Health measures remain challenging.
- Potential IT data issues may be emerging at Liverpool University Teaching Hospitals, Liverpool CCG are working the Trust to understand the issues.

As part of the end of tenure process, the performance sub committee meeting packs including this end of tenure report will be consolidated for reporting to the Joint Committee and transfer to the ICB.

North West Ambulance Activity, Performance and Improvement Position including NHS111 Overview

June 2022

The North West

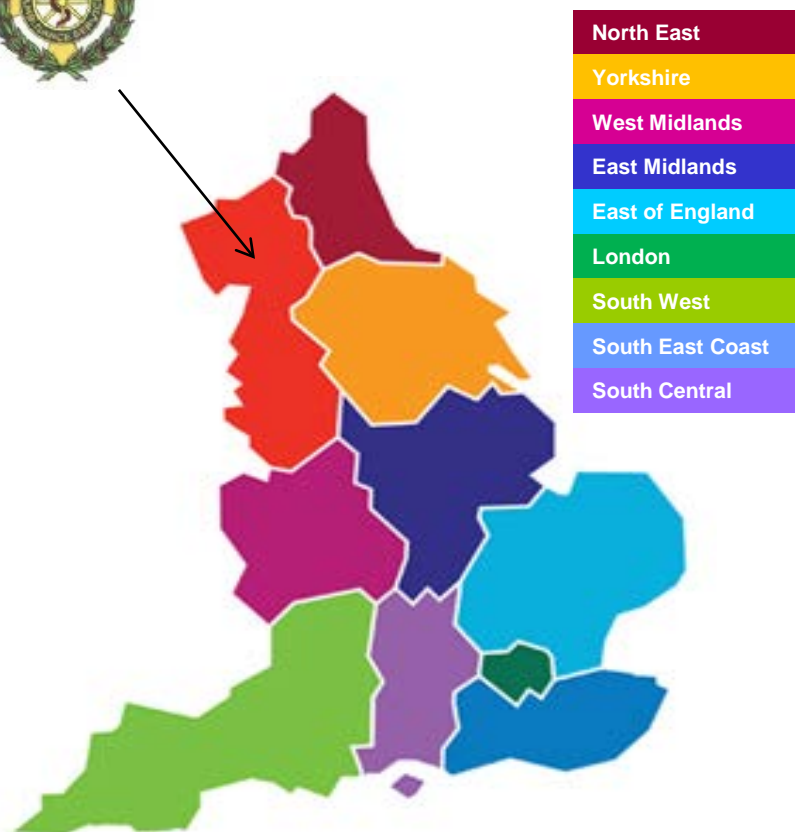


- Population of 7.5 million people
- Geography of 5,469 square miles
- Mix of rural and urban areas
- 28 Clinical Commissioning Groups → 4x ICBs
- 1 Ambulance Trust (NWAS)
- 23 Acute Hospital Trusts
 - 8 Mental Health
 - 7 Specialist
- Multiple OOH Provision + CAS services

North West Ambulance Service

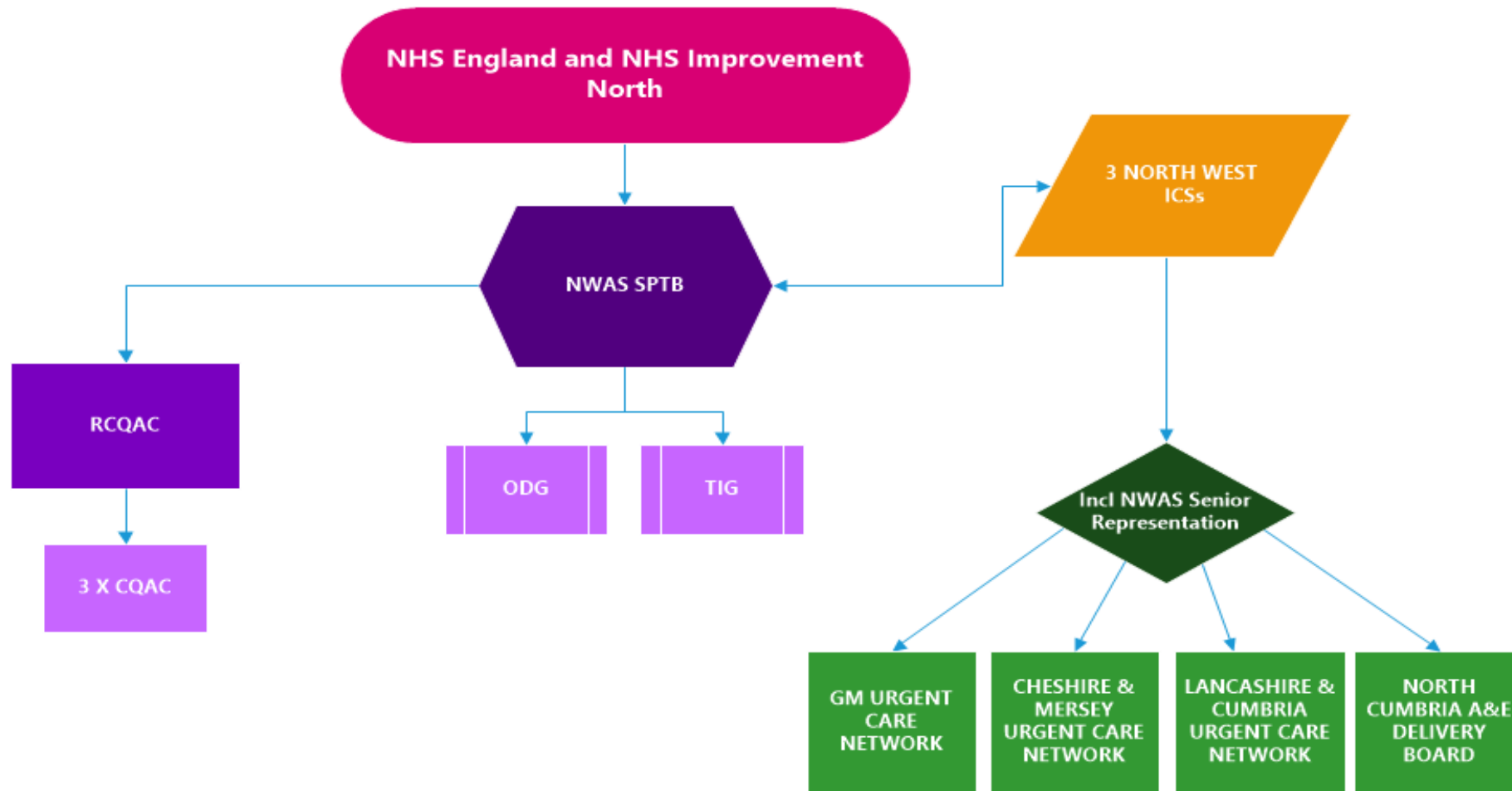


North West Ambulance Service **NHS**
NHS Trust



- 1 of 11 Ambulance Trusts
- Largest in terms of Geography
- 2nd Largest in terms of Activity
- Providing 3 Core Services
 - Emergency Ambulances (PES)
 - Patient Transport Services (PTS)
 - NHS 111 (with FCMS)
- Commissioned by Blackpool CCG
- Total Budget of circa £380m
 - Emergency Ambulances £308m
 - Patient Transport £41m
 - NHS 111 £31m

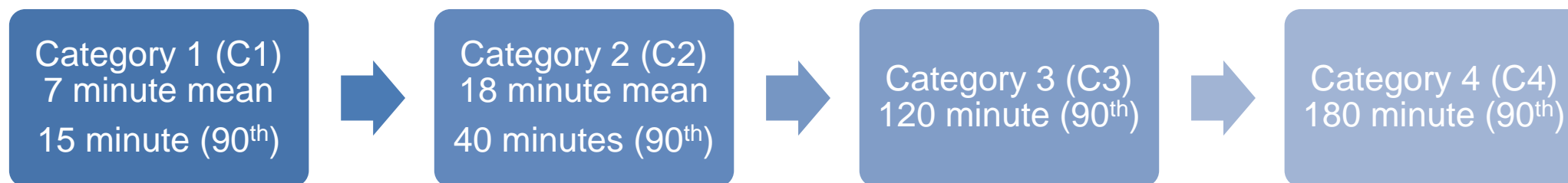
Revised Governance Structure



This is for illustrative purposes only and does not depict an actual agreed structure

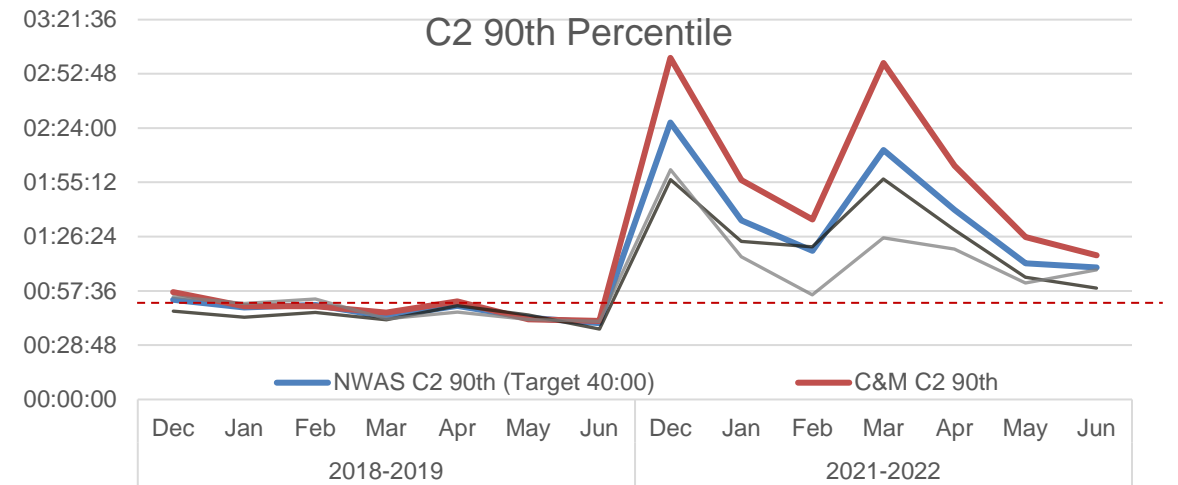
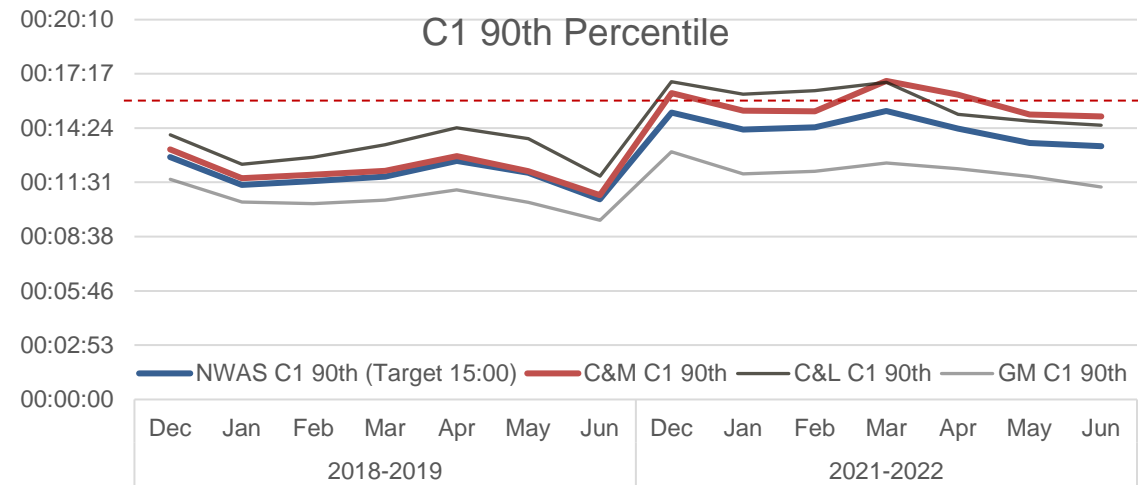
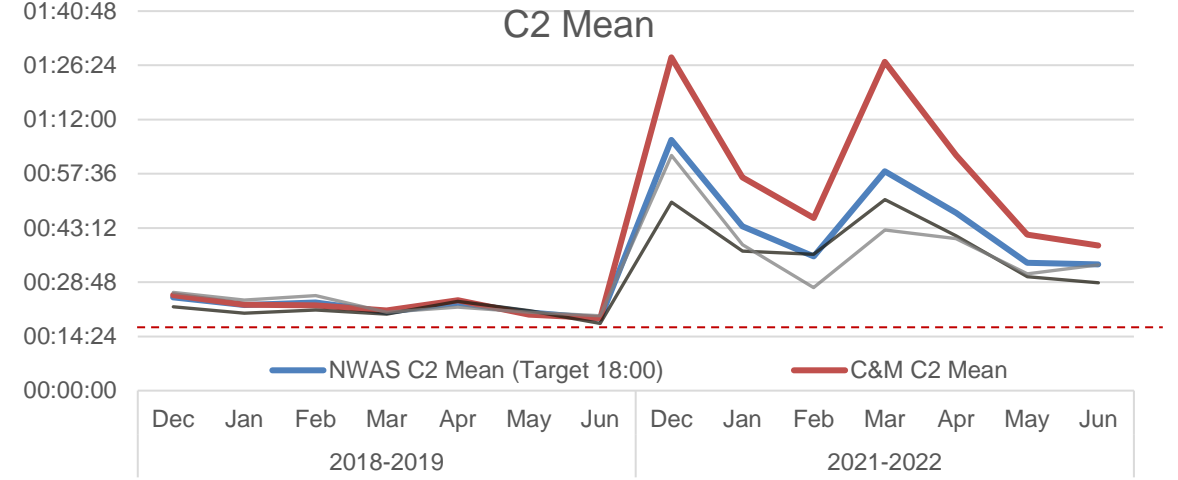
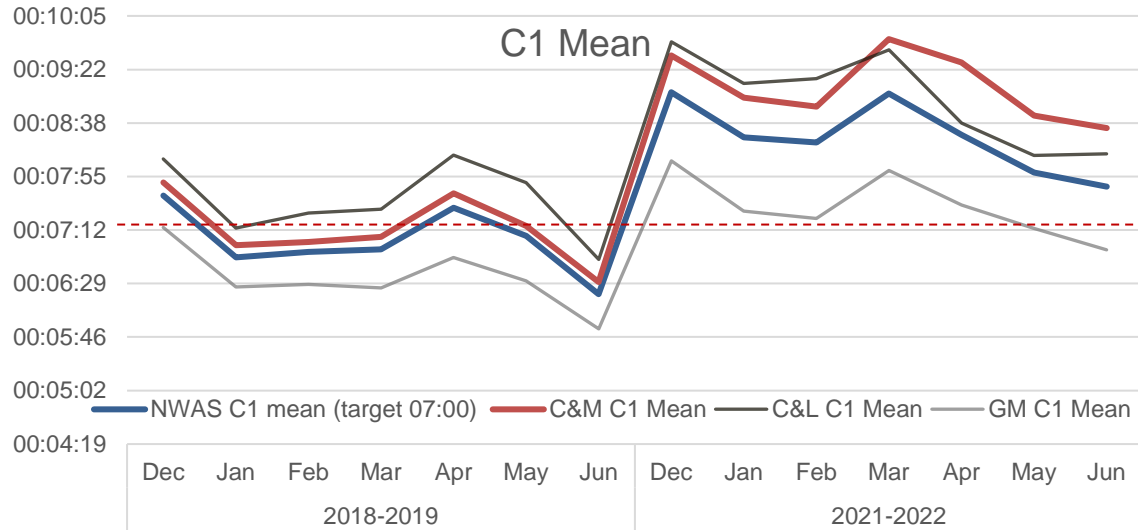
Ambulance Performance

- England implemented new ambulance response standards across the country in November 2017 for the Patient Emergency Service (PES)

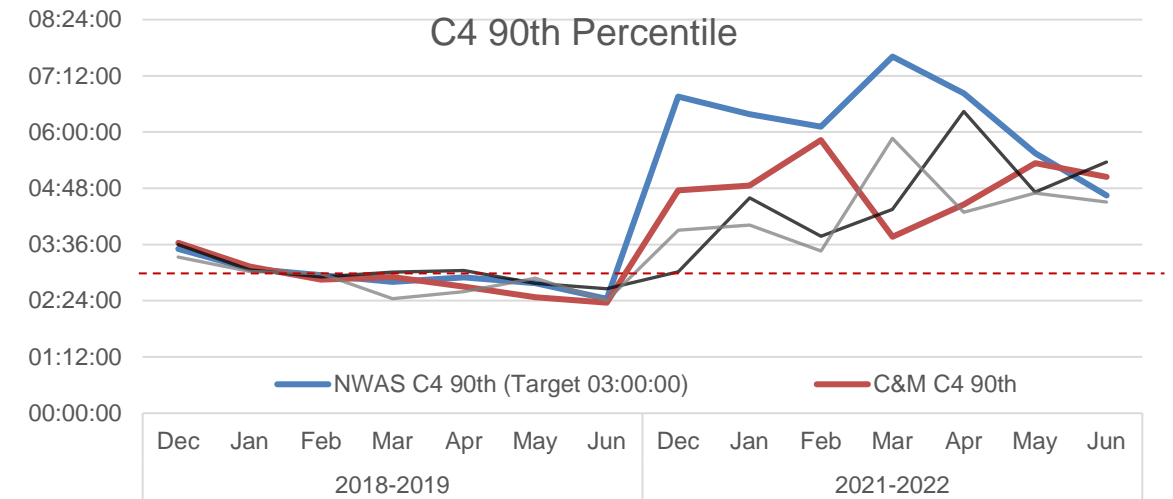
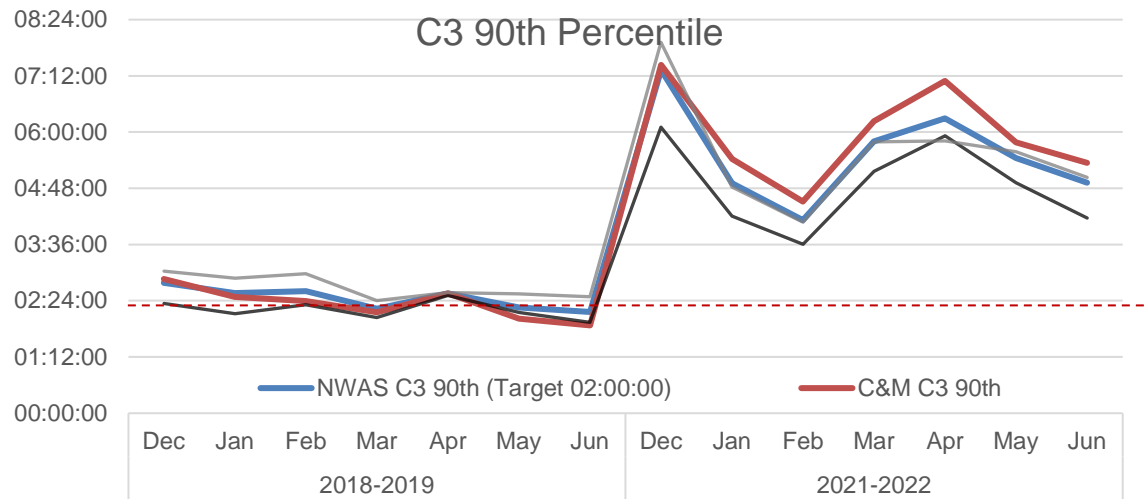


- The main pressures across the North West (inc. Cheshire and Merseyside) have been:
 - Patient Flow and Discharge
 - A&E staff handover times at acute sites
 - Capacity and Demand
 - Significant increase in the use of services
 - Workforce and Change
 - Staff absence

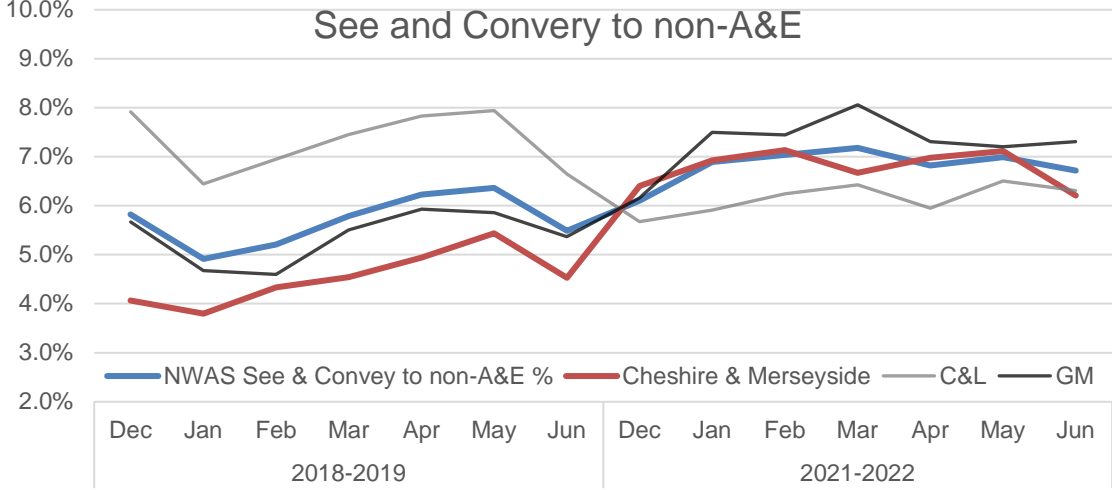
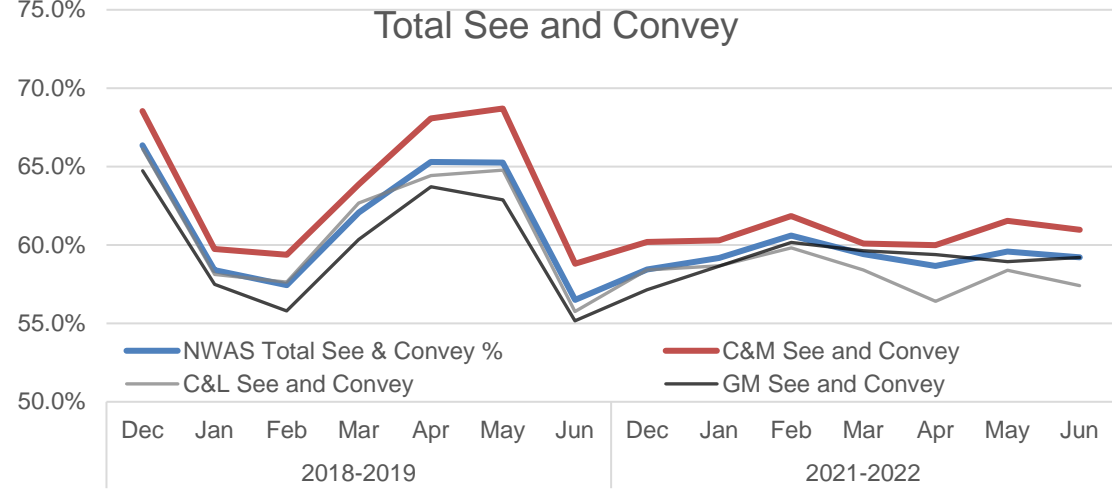
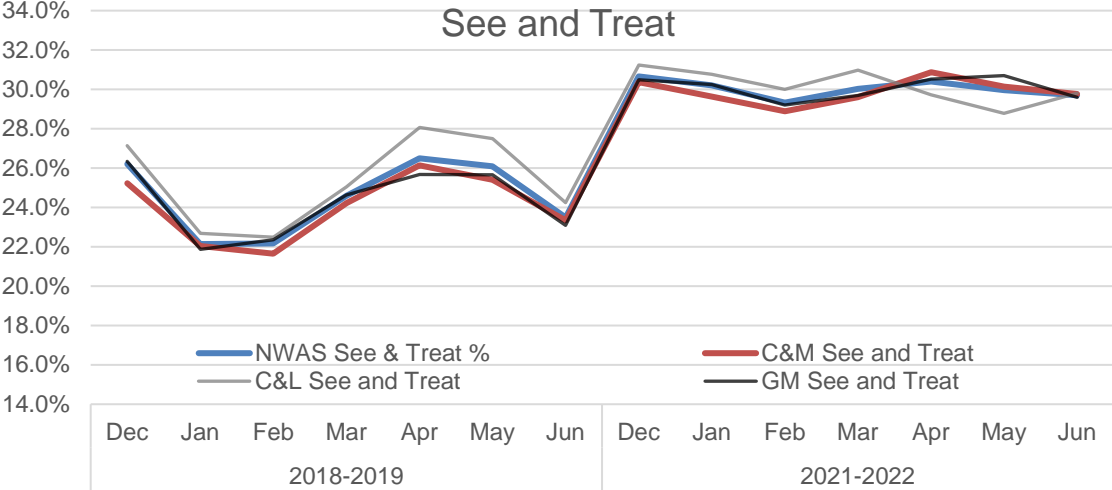
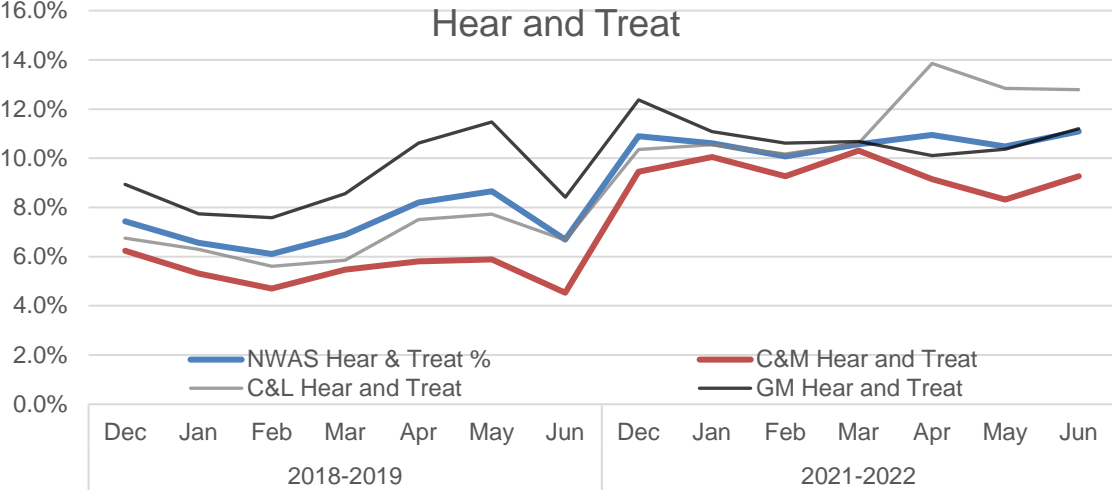
PES Performance (C1 & C2)



PES Performance (C3 & C4)



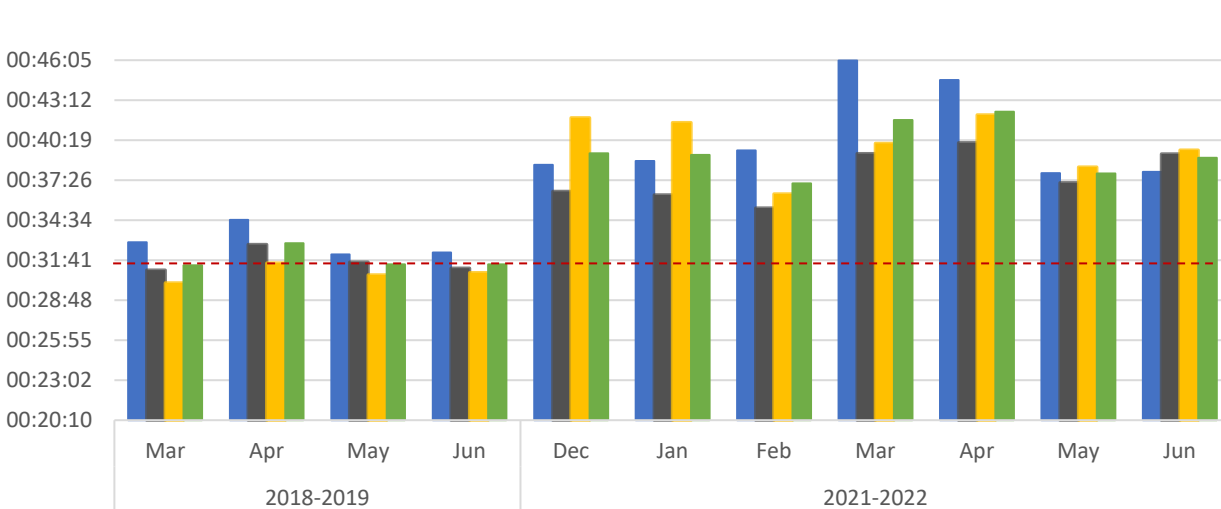
PES Channel Shift Performance



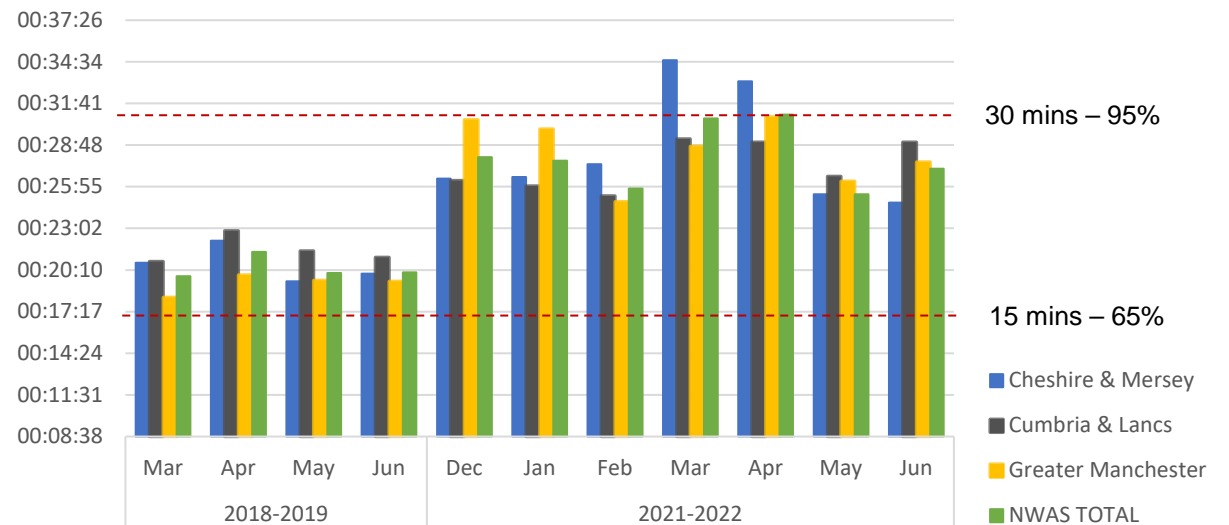
PES Turnaround and Handover

- There has been a significant focus on improving turnaround and handover with intensive work at challenged sites
- A 'fit to sit' checklist has been developed and is being rolled out
- NWSA funded for 34.5 minute turnaround and performance is generally better than this

Average Turnaround at Hospital



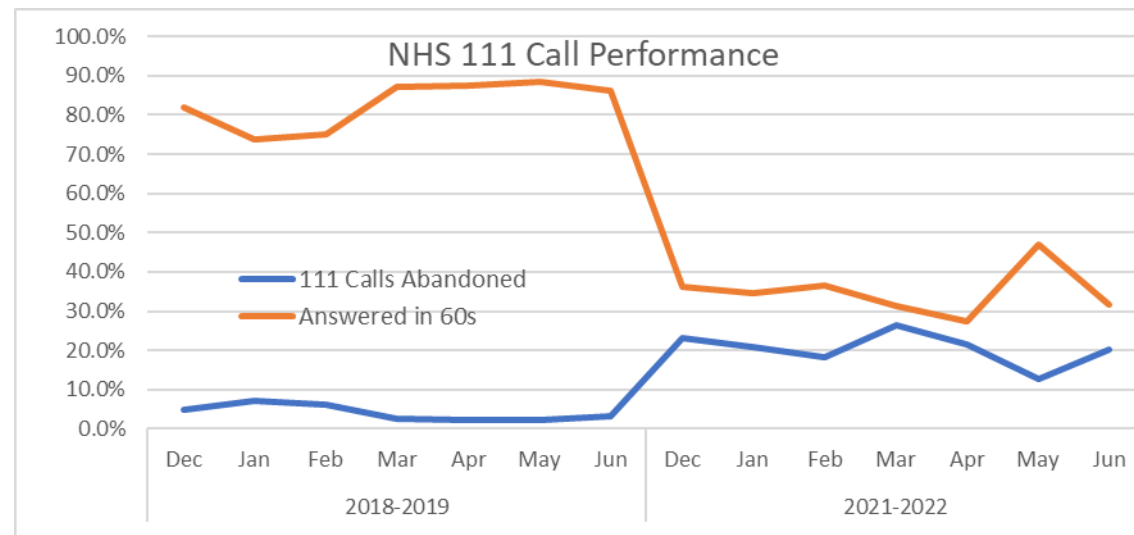
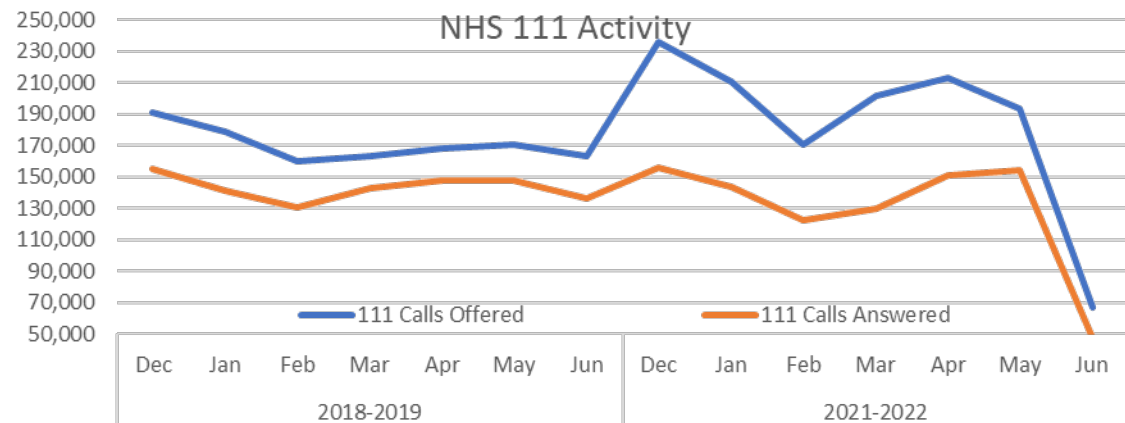
Average Handover at Hospital



PES Funding Position

- 2019-20 (Last actual contract year)
 - **£280,425,274**
- Applied growth through 2020-21 and 2021-22 (H1 + H2)
 - **£291,031,614** (2020-21)
 - **£292,486,772** (2021-22 H1)
 - **£295,879,619** (2021-22 H2)
- 2022-23 contract value
 - **£308,378,538**

NHS111 Activity



- NHS111 across the North West has experienced a significant increase in demand
- There has been significant investment into the service to provide additional resource to support this
- Seen a significant change in the profile of calls
- Specific improvement plans at regional and national level

NHS111 Funding Position

- 01/10/19 to 30/09/20
 - **£20,331,983**
- 01/10/20 Annual Contract Cost
 - **£25,731,851**
 - The contract price was inflated by £4.7m applied by commissioners to meet the shortfall in the 111 contract (1.89m) and to improve performance of the contract (2.81m) PLUS £700,868 inflation (2.8%).
- 01/04/21 to 31/03/22
 - **£36,457,223** made up of
 - **£26,160,492** Contract Cost Including H1+H2 inflation
 - **£10,296,731** Non-Recurrent in year funding applied through on-going regional funding (as a 'run on' from 111 First) and H2 SDF Funding.
- 01/04/22 to 31/03/23
 - **£30,520,170** made up of
 - £26,605,220 Contract cost including 1.7% 22/23 inflation
 - £3,914,950 SDF (65% of 6m allocation - SPTB agreement to use 35% for local CAS)

Serious Incidents (SIs)

Total number of SIs reported by NWS by service line

Year	PES	NHS 111	PTS	NWS Total
2019/20	49	2	2	53
2020/21	46	5	0	51
2021/22	77	6	3	86

Total number of 999 SIs in proportion to 999 incidents

Year	Number of 999 incidents	PES SIs reported	% of SIs per 999 incidents	Number of 999 incidents per SI
2019/20	1,307,593	49	0.0037%	26,685
2020/21	1,241,288	46	0.0037%	26,984
2021/22	1,128,965	77	0.0068%	39,964


- The reduction in delayed responses was being supported by the six point plan which in turn is to improve ARP performance
- This will continue with its development into the 2022-23 Priority Workstreams to further improve ARP performance.

PES, NHS111 & UEC Winter Improvement Plan

Key Actions Delivered

- The completed roll-out of the North West handover checklist and maximised use of Fit to Sit by 31st March 2022 Reaffirmed commitment from all systems, specifically CEOs on the importance of reducing patient harm by managing hospital handover as a system issue
- Progress has been made in improving access to MH services
- Expansion of 2-hour UCR and SDEC services available for NWS referral
- NWS increased their DCA numbers
- Slight reduction in conveyance, limited success in reducing lost hours
- Within NHS111;
 - PLT was temporarily suspended
 - There is now alignment in processes with 999 for calls with suicidal patients;
 - NWS has become the first 111 provider to send self care messages by SMS

2022-23 Priority Workstreams and Actions

- 1) Hospital Handover and Turnaround Times**
 - 2) ICS led system working to support continued improvement in access to Mental Health Services**
 - 3) Development and expansion of timely and response alternatives to Emergency Department conveyance**
 - 4) Development of efficiencies in Service Delivery across 111/999**
 - 5) ICS partnership led focus on interoperability**
 - 6) Patient Transport Service**
- 

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

28 June 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	✓
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Decision / Authority Level	Level One	✓	Level Two	Level Three
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Executive Summary

This report provides an overview of the Directors of Commissioning Group that took place on Monday 20th June 2022 (this meeting had been rescheduled from the original date of 6th June).

Recommendations

It is recommended that the Joint Committee:

- **Note** the contents of the report.

Committee principles supported by this report (if applicable)

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

Cheshire & Merseyside HCP Strategic objectives report supports:

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

Key Risks & Implications identified within this report

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

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

Commissioning Working Group (DoC) Update Report

1. Introduction

- 1.1 The Cheshire and Merseyside Commissioning Working Group met on 20th June 2022 since the last meeting of the Joint Committee. This report provides a brief overview and some items for noting by the Joint Committee following discussions at the meeting.

2. Business

2.1 'Cliff-edge' Report

The Chair followed up the request of the Joint Committee for the group to review whether reports of key areas for funding/pressure following the scope for the cliff edge report produced by Warrington CCG required further work. It was established by the group that as part of the planning and handover for next year, finance teams have produced a list of key pressures which cover this aspect, albeit in a slightly different format. The group acknowledged that this exercise had been completed.

2.2 Advocacy and Liberty Protection Safeguards (ALPS)

Previously the group had raised a potential risk of future funding pressure and planning of commissioning activity to support the changes anticipated required for changes to ALPS. Following feedback from the Joint Committee that extensive work was already ongoing, links have been made with Directors of Nursing (DoN) to ensure a connection between the groups for coordination and support with the DoN leading on this area. This aspect will feature on future workplan activity when required.

2.3 Vulnerable Services

Following the development of the vulnerable and frail services policy, further discussions have continued at system level to ensure the effective management of such services. Recent positive discussions with CMAST has shown that further provider led work has been completed in this area and it is intended that the policy will be updated to ensure a single, holistic approach and to ensure out of area impact is managed well. This will be brought back to the group to ensure feedback, communication and consistency of approach.

2.4 Future of Directors of Commissioning

Discussions have taken place with Place and ICB leadership with agreement that the group should continue to operate, albeit with a new title and refined remit. The group also felt that the communication, support and consistency that working together across places has brought was needed and all members supported the continuation of the group. It is unclear whether the group will have an official status or become a support and communication mechanism alone; this will be determined by Place Directors and ICB executives going forward.

2.5 Asylum Seekers and Refugees

It had been noted in the May report that agreement had been sought for the Programme Lead at NHS Liverpool CCG to co-ordinate a wider Cheshire & Mersey group around Asylum Seekers and Refugees to share good practice, support and standardise approaches where possible. Capacity constraints have delayed this group, however this is being addressed.

2.6 Update - Continuous Glucose Monitoring (CGM) policy and update NICE guidance

It was noted there had been an initial request for the group to consider a paper in respect of the updated NICE guidance, however owing to the scale of the financial impact, this has now been escalated to the ICB. As such, there was no requirement for the group to consider a paper but it was acknowledged that discussion may be required at a future date subject to the ICB's approach and decision.

2.7 Fracture Liaison Service

Carl Marsh (Warrington CCG) appraised the group that Warrington & Halton trust were keen to progress the introduction of a Fracture Liaison Service but owing to various reasons this has been delayed. It was recognised that there is strong evidence on this from Right Care and from the Royal Orthopaedic Society (ROS).

Michelle Urwin (NHS Liverpool CCG) advised the group that Liverpool CCG has been trying to commission this service with LUHFT also. The response from the trust is that whilst it would not be best value to initiate the service solely for Liverpool, they would be willing to roll out the service across a wider catchment area.

The group recognised this has been a longstanding issue and it was agreed to seek support from ICS leadership and Provider Collaboratives via relevant leads and medical representatives to explore the potential to develop a Fracture Liaison Service across Cheshire & Mersey. The group agreed to include this service on the workplan.

2.9 Items requiring decision in Q2 2022

Following recent emails from the Chair, the group acknowledged the requirement to look at programmes of work or commissioning activity that could result in the need for a formal decision in Q2 as the ICB establishes its formal governance. The group agreed to take a collaborative approach and ensure any items were submitted urgently. It was acknowledged that some duplication in reporting was very likely and this would be made clear, however it was important to ensure items were captured.

2.10 Lymphoedema Service

Michelle Urwin gave an update on work that is underway on the Lymphoedema service covering Liverpool, Halton and St Helens, this follows the transfer of the service to transferred to Mersey Care. Further work has been conducted on the service which has identified a gap in service provision and a proposal is to be taken to the Collaborative Commissioning Forum. The group were appraised of the proposal to undertake a redesign of the Lymphoedema Service.

3. Recommendations

3.1 It is recommended that the Joint Committee:

- **Note** the contents of the report.

Access to further information

For further information relating to this report contact:

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

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

28 June 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	✓
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Decision / Authority Level	Level One	Level Two	Level Three
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Summary
<p>This summary reports provides Committee members with details of any decisions undertaken since the last meeting of Joint Committee in May 2022 by the Governing Bodies of the nine Cheshire and Merseyside CCGs on areas which have not been delegated to the Joint Committee.</p> <p>Agendas and papers Considered by the Governing Bodies can be accessed via the enclosed links within this paper.</p> <p>It should be noted that not all Governing Bodies have met in public since the last meeting of the Joint Committee or are due to meet again in public prior to the end of June 2022.</p>

Recommendations
<p>The Joint Committee is asked to:</p> <ul style="list-style-type: none"> Note the decisions made at meetings of the Cheshire and Merseyside CCGs Governing Bodies.

Consideration for publication	
<p>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:</p>	
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
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Link to Committee Risk Register and mitigation:	n/a
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Report history:	This is the fourth time that this report has been received by the Joint Committee.
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Next Steps:	n/a
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Responsible Officer to take forward actions:	Fiona Taylor
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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 May 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 will meet again in public prior to the end of June 2022.

2. Decisions undertaken at CCG Governing Body meetings

NHS Cheshire CCG

The Governing Body of NHS Cheshire CCG has not met in public since the last meeting of the Joint Committee. The Governing Body is due to meet for its last time on 30 June 2022. In addition to being asked to approve previous meeting minutes and note a number of assurance reports, it is due to consider the following areas for approval or endorsement:

- Governing Body Assurance Framework Update. The Governing Body is being asked to approve the recommendations to:
 - Increase the risk score from 12 to 15 for *Risk 21-07: The CCG is unable to develop or deliver a balanced and sustainable financial plan that reflects the commissioning intentions and need to innovate*
 - Reduce the risk score from 16 to 12 for *Risk 21-1: Being unable to plan or have resources and procedures in place to react and respond to the challenges a Pandemic brings*
- Place Governance arrangements from 1 July 2022. The Governing Body is being asked to endorse the Terms of Reference for the new Place Based Committees that will come into effect from the 1 July onwards.
- Annual Safeguarding Report for Cheshire East and for Cheshire West. The Governing Body is being asked to receive and approve the Annual Reports.

The Agenda and Papers can be found at: <https://www.cheshireccg.nhs.uk/meetings/meetings-events/governing-body-24/> once published on the 23 June 2022.

NHS Halton CCG and NHS Warrington CCG

The Governing Bodies of NHS Halton CCG and NHS Warrington CCG are due to meet on 22 June 2022. Alongside being asked to approve previous meeting minutes and note a number of assurance reports, it is due to consider the following areas for approval:

- Corporate risk register – the Governing Bodies of each CCG are being asked to approve the closure of five risk and the transfer of eight to the ICB.

The Agenda and Papers can be found at:

<https://www.haltonwarringtonccg.nhs.uk/about-us/our-governing-bodies-and-committees/halton-governing-body>.

NHS Knowsley CCG

The Governing Body of NHS Knowsley CCG met in public on the 16 June 2022. Alongside being asked to approve previous meeting minutes and note a number of assurance reports, the Governing Body also:

- approved the CCG 2021-22 Annual Report and Accounts
- approved the Audit & Counter Fraud Contract Award for 2022/23.

The Agenda and Papers can be found at:

<https://www.knowsleyccg.nhs.uk/governing-body-meeting-dates/>

NHS Liverpool CCG

The Governing Body of NHS Liverpool CCG met in public on the 17 June 2022. In addition to the Governing Body being asked to agree previous meeting minutes and noting a number of assurance reports, the Governing Body also was asked to:

- approved the Audit Panel recommendations
- approved the Oversight of CCG Due Diligence, Transfer & Closedown report.

The Agenda and Papers can be found at: <https://www.liverpoolccg.nhs.uk/media/5425/xx-gb-june-2022-pack-for-web-v2-xx.pdf>

NHS South Sefton CCG

The Governing Body of NHS South Sefton CCG met in public on the 9 June 2022. In addition to the Governing Body being asked to agree previous meeting minutes and noting a number of assurance reports, the Governing Body also considered the achievement of the CCG since its establishment. The Governing Body also:

- approved the proposal to confirm the appointment of the CCG's existing external auditors, Grant Thornton, through a single tender waiver item
- agreed to delegate authority to the senior leadership team to sign off any additional matters that may be required to support the CCG's close down and transfer programme.
- agreed to give gave authority to the audit committee chair to co-opt GP governing body members or GP practice representatives on to the committee for the purposes of quorum should the need arise, ensuring that the CCG can discharge its statutory duties in respect of account sign off.

The Agenda and Papers can be found at: <https://www.southseftonccg.nhs.uk/media/5173/ssccg-gb-part-1-09062022.pdf>

NHS Southport and Formby CCG

The Governing Body of NHS Southport and Formby CCG met in public on the 1 June 2022. In addition to the Governing Body being asked to agree previous meeting minutes and noting a number of assurance reports, the Governing Body also considered the achievement of the CCG since its establishment. The Governing Body also:

- approved the proposal to confirm the appointment of the CCG's existing external auditors, Grant Thornton, through a single tender waiver item
- agreed to delegate authority to the senior leadership team to sign off any additional matters that may be required to support the CCG's close down and transfer programme.
- agreed to give gave authority to the audit committee chair to co-opt GP governing body members or GP practice representatives on to the committee for the purposes of quorum

should the need arise, ensuring that the CCG can discharge its statutory duties in respect of account sign off.

The Agenda and Papers can be found at:

<https://www.southportandformbyccg.nhs.uk/media/4933/sf-gb-pt-i-01062022.pdf>

NHS St Helens CCG

The Governing Body of NHS St Helens CCG is due to meet for its last time in public on the 22 June 2022. In addition to the Governing Body being asked to agree previous meeting minutes and noting a number of assurance reports, the Governing Body of NHS St Helens CCG is also being asked to approve amendments to its Governing Body Assurance Framework. The Governing Body has been asked to approve the reduction of two risks and the closure of two risks:

- RISK 3.6: Failure to deliver high quality mental health services for children & young people (CYP) and adults across the borough. Recommendation to reduce risk score of 12.
- RISK 3.10: Reputational risk to CCG in failing to have appropriate planning and partnership working in place to manage the Coronavirus (Covid-19) pandemic. Recommendation to close risk
- RISK 3.12: Risk of delivering Covid Vaccination Programme. Recommendation to reduce risk score to 8
- RISK 6.1: The CCG needs to ensure that the governance arrangements established both at Place and the wider C&M system do not leave the CCG open to challenge of not maintaining its statutory functions. Recommendation to close risk.

The Agenda and Papers can be found at: <https://www.sthelensccg.nhs.uk/media/4883/gb-public-full-pack-220622.pdf>

NHS Wirral CCG

The Governing Body of NHS Wirral CCG is not due to meet in public prior to the end of June 2022.