

Date	23 February 2022
Time	1.40pm – 3:30pm
Venue	MS TEAMS – CLICK HERE

Meeting of the Joint Committee of the Cheshire and Merseyside CCGs

held in public (virtual meeting)

A G E N D A

Chair: Geoffrey Appleton

QUORUM ARRANGEMENTS

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

Timings	Item No	Item	Owner	Action / Approval Level	Format & Page No
1.40pm	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
	A4	Minutes of previous meeting – 25 January 2022	Chair	For approval Level 1	Paper (Page 3)
	A5	Committee Action and Decision Logs	Chair	For information	Paper (Page 20)
	A6	Committee Forward Plan	Chair	For information	Paper (Page 24)
	A7	Advanced notice of any other business to be raised at today's meeting	Chair	-	Verbal
	A8	Public Questions	Chair	-	Verbal
2.00pm	B	HEALTH & CARE PARTNERSHIP UPDATE			
	B1	Update from the Interim Chair of the Cheshire & Merseyside	David Flory	For information	Verbal

Timings	Item No	Item	Owner	Action / Approval Level	Format & Page No
2.10pm	C	COMMITTEE BUSINESS ITEMS			
	C1	Cheshire & Merseyside Long Covid Programme Update	Nesta Hawker	<i>For Endorsement Level 1</i>	<i>Paper (Page 26)</i>
2.25pm	D	SUB-COMMITTEE / GROUP REPORTS			
	D1	Key issues report of the Finance and Resources Sub-Committee	Martin McDowell	<i>For Information</i>	<i>Paper (page 43)</i>
2.35pm	D2	Key issues report of the Quality Sub-Committee	Michelle Creed	<i>For Information</i>	<i>Paper (page 54)</i>
2.45pm	D3	Key issues report of the Performance Sub-Committee	Tbc	<i>For Information</i>	<i>V Paper (page 59)</i>
2.55pm	D4	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group	David Horsfield	<i>For Information</i>	<i>Paper (Page 62)</i>
3.10pm	E	CHESHIRE & MERSEYSIDE SYSTEM UPDATE			
	E1	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Dianne Johnson	<i>For assurance</i>	<i>Verbal</i>
3.25pm	AOB	Discussion on any items raised	All		
3.30pm	CLOSE OF MEETING				
DATE AND TIME OF NEXT MEETING		29 March 2022 1.45pm – 3.30pm			

Draft Minutes

Meeting Name: Joint Committee (Pre-Meeting held in Public)
Meeting Date/Time: 25th January 2022 at 1.40 pm **Venue:** Microsoft Teams
Chair: Dr Andrew Wilson, NHS Cheshire CCG

Attendance			
Name		Job Title /Category of Membership	Organisation being Represented
Voting Members			
Dr Andrew Wilson	AW	Clinical Chair	NHS Cheshire CCG
Geoffrey Appleton	GA	GB Lay Member	NHS St Helen's CCG
Simon Banks	SB	Accountable/Chief Officer Representative	NHS Wirral CCG
Dr Sue Benbow	SB	Secondary Care Doctor	NHS Knowsley CCG
David Cooper	DC	Chief Finance Officer	NHS Warrington CCG
Michelle Creed	MC	Chief Nurse	NHS Warrington CCG
Dr Andrew Davies	AD	Clinical Chief Officer	NHS Halton CCG
Suzanne Horrill	SH	GB Lay Member (nominated deputy)	NHS Cheshire CCG
Dr David O'Hagan	DO'H	GP Director	NHS Liverpool CCG
Jan Ledward <i>(until end of item C5)</i>	JL	Chief Officer	NHS Liverpool CCG and NHS Knowsley CCG
Jane Lunt	JLu	Director of Quality, Outcomes & Improvement / Chief Nurse	NHS Liverpool CCG
Martin McDowell	MM	Chief Finance Officer	NHS South Sefton CCG
Mark Palethorpe	MP	Accountable Officer	NHS St Helen's CCG
Dr Andrew Pryce	AP	Governing Body Chair	NHS Knowsley CCG
Fiona Taylor	FT	Accountable Officer	NHS Southport and Formby CCG
Alan Whittle	AWh	GB Lay Member (nominated deputy)	NHS Wirral CCG
Non-Voting Members			
Louise Barry	LB	Healthwatch Representative	Healthwatch
David Flory	DF	Cheshire & Merseyside ICS Representative (interim Chair)	C&M Health Care Partnership
Dianne Johnson	DJ	Director of Transition	Cheshire & Merseyside Health Care Partnership
Margaret Jones	MJ	Director of Public Health Representative	ChaMPs Representative
Sarah O'Brien	SO'B	C&M HCP Representative	Cheshire & Merseyside Health Care Partnership

Attendance			
Name		Job Title /Category of Membership	Organisation being Represented
In Attendance			
Claire James	CJ	C&M Mental Health Programme Director	Cheshire and Wirral Partnership
Matthew Cunningham	MCu	Director of Governance and Corporate Development	NHS Cheshire CCG
Emma Lloyd	Clerk	Executive Assistant	NHS Cheshire CCG

Apologies			
Name		Job Title /Category of Membership	Organisation being Represented
Sylvia Cheater	SC	GB Lay Member	NHS Wirral CCG
Dr Rob Cauldwell	RC	Clinical Lead	NHS Southport & Formby CCG
Dr Michael Ejuoneatse	ME	GP Partner	NHS St Helen's CCG
Peter Munday	PM	GB Lay Member	NHS Cheshire CCG
David Parr	DP	LA Chief Executive Officer Representative	Halton Borough Council
David Urwin	DU	Chief Officer	Cheshire & Merseyside Health Care Partnership
Clare Watson	CW	Accountable Officer	NHS Cheshire CCG

Agenda Ref:	Discussion, Actions and Outcomes	Action By
A	Preliminary Business	
A1	<p>Welcome, Introductions and Declarations of Interest:</p> <p>Dr Andrew Wilson welcomed everyone to the January meeting of the Cheshire and Merseyside CCGs Joint Committee. It was highlighted that this is a meeting held in public, but is not a public meeting, and is being held virtually due to the ongoing situation around coronavirus.</p>	
A2	<p>Apologies for Absence:</p> <p>Apologies received are noted above along with the nominated deputies where appropriate.</p>	
A3	<p>Declarations of Interest:</p> <p>The Chair noted that the committee has a published Register of Interests, and this item is an opportunity to raise any conflicts relating to agenda items for this meeting's agenda.</p> <p>The following declarations were made:-</p> <p>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.</p>	

	<p>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.</p> <p>Outcome: The Cheshire & Merseyside CCGs Joint Committee were asked to note the two declarations of interest relating to agenda item C1 and the mitigation agreed to address the declaration in respect of Dr David O'Hagan.</p>	
A4	<p>Minutes of the Previous Meeting:</p> <p>A copy of the draft minutes from the meeting held on 30th November 2021 were circulated prior to the meeting and comments were invited. One minor amendment was requested, to move the Healthwatch representative from the voting members' attendance section to the non-voting members' section. No other comments were raised, and the minutes were approved subject to this amendment.</p> <p>Outcome: The minutes of the private meeting held on 30th November 2021 were approved subject to one minor amendment outlined above.</p>	
A5	<p>Action and Decision Log:</p> <p>The following update on the action log was provided:-</p> <p>2122-05 - Closed. Fiona Taylor confirmed that this action had been addressed and is covered in the papers for agenda items D1 and D2</p> <p>The decision log was noted.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the action and decision logs, and associated updates.</p>	
A6	<p>Committee Forward Planner:</p> <p>The forward planner was noted, including the additional meeting dates for April to June 2022.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the forward planner and additional meeting dates.</p>	
A7	<p>Advanced Notice of AOB:</p> <p>No other business was raised.</p>	
A8	<p>Public Questions:</p> <p>No public questions were submitted for consideration at this meeting.</p>	

B	Health & Care Partnership Updates	
B1	<p>Update from the Interim Chair:</p> <p>The Committee welcomed David Flory who provided the following update:-</p> <p>Just prior to Christmas, it was announced that the implementation date for the ICS and associated disestablishment of CCGs has been moved to 1st July 2022 rather than 1st April as previously planned.</p> <p>There is now more time to put the new ways of working into place, but the original timelines are planned, and the intention is to work in shadow form for this period. David highlighted the importance of continuing with the planning and implementation of the new changes for the effected staff. David shared that it feels important to continue to work as quickly as we can, to plan the future and for staff to see their path from the current ways of working into the new ways of working.</p> <p>David informed the committee that the establishment of the Joint Committee is now even more important. The statutory bodies are accountable until the end of June and will carry significant responsibilities for closing down the old year and setting up the first part of the new year. This platform consisting of all CCGs is essential for a smooth transition into the new financial year and the new way of working.</p> <p>The change being part way through the next financial year adds to the complexity of the change and it is important to keep working in a close and transparent way. It is important the first part of 2022/23 doesn't become a distraction from core delivery.</p> <p>The new ICB will run from 1st July 2022 and consideration should be given to the business in this committee as we go forward. From an ICS point of view, the biggest issue will be a focus on where variations exist across the area. There is significant variation in access to services and outcomes. This committee is asked to be mindful that the decisions needed are around reducing rather than exacerbating these inequalities.</p> <p>The process to elect a substantive board is underway and the timing of the handover will depend on when the appointments are announced. Three non-executive appointments have been made and one place has been left for the new Chair to appoint to. The appointment of partner members can be carried out after this. Exec appointments are underway and have been carried out for the medical and finance roles Recruitment for the nursing role is currently underway. There is a national process to follow, and announcements will be made after this has been completed</p> <p>David confirmed that the process for local authority, provider and primary care members will be carried out following receipt of the detailed guidance. There is some work to be done to determine whether providers on the periphery of Cheshire will be included in this process. All members will be identified and formally appointed, and David fully expects that this board will be ready to go in shadow form in the first quarter of next year.</p>	

	<p>David shared that he would like to recognise the significant pressures that colleagues in all sectors are currently facing. Although it remains challenging, the way the system has come together to meet the extreme demands is quite remarkable and the leadership of all at this meeting is recognised.</p> <p>Questions were invited:-</p> <p>Louise Barry asked whether there were any timelines for the recruitment of non-voting members. David shared that the focus is on appointing formal members first. Once progress has been made and these members have been identified, discussions will take place around inviting partners.</p>	
<p>C Committee Business Items</p>		
<p>C1</p>	<p>Transfer of haemato-oncology services from LUHFT to Clatterbridge Liverpool:</p> <p>The Joint Committee welcomed Carole Hill to the meeting for this agenda item. Fiona Taylor introduced the paper and outlined in the report provided prior to the meeting,</p> <p>Carole Hill informed the committee that the paper outlines the proposal to transfer in-patient haemato-oncology services to Clatterbridge Cancer Centre and outlined that this is a long-standing proposal implemented in two parts. Initially this consisted of transferring block services to Clatterbridge when the new centre opened, and this is the second part of the process and will transfer the in-patient beds to produce an integrated service.</p> <p>Carole shared that this impacts on more than one CCG/Place area and this is the reason for a decision at Joint Committee.</p> <p>The business case was appended and has been previously approved and the services are now ready to be mobilised. The paper sets out the model of care and the creation of a single service, bringing together the staff from the two centres. Carole confirmed that there will still be beds at Aintree so there will not be a high impact in terms of people currently in that centre. Carole shared it was previously agreed that there would be an engagement process rather than a formal consultation and information provided through the engagement process was used to determine the best process and model of care. Carole confirmed that there was strong support for the proposal and families recognised the benefits of specialisation, bringing together teams of specialist staff and the centralised facilities that would be on offer.</p> <p>Carole informed the committee that the final stage of this process was delayed due to some financial issues, however, these have now been resolved.</p> <p>Fiona Taylor highlighted the importance of recognising that Ormskirk and Southport are out of scope for this piece of work.</p>	

	<p>Questions/comments were invited:-</p> <ul style="list-style-type: none"> • Dr Andrew Wilson highlighted that this is an unusual situation in that the committee would normally have heard about this for a number of months prior to recommendation and some members of this committee may be fresh to this item. Dr Wilson noted that there is a strong clinical argument that this will be a service improvement, there has been an engagement process, and the financial issues have been resolved, but asked whether there were any other risks that the committee needed to be aware of. <ul style="list-style-type: none"> ○ Fiona Taylor confirmed that the situation is straight forward and there are no additional risks to raise. ○ Fiona highlighted that the work on this proposal has been carried out over a two-year period. • Dr David O'Hagan shared his view that, for the purpose of this engagement process, young people could be considered a minority group and although he was pleased to see some comments from young people within the engagement process outcomes, he felt that more discussion could be done with this group to see what is stopping them being patients. Dr O'Hagan suggested that this should be a recommendation if the paper is approved. • Dr Andrew Davies asked whether the Joint Committee would receive follow up/quality assurance reports post transition. <ul style="list-style-type: none"> ○ Fiona Taylor confirmed that will come through the Joint Committee via the quality sub-committee. <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the business case for the transfer of Haemato-oncology Services to the Clatterbridge Cancer Centre NHS Foundation Trust and noted the service change process undertaken to inform this proposed decision.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee approved the proposal to enable the transfer of Haemato-oncology Services to be mobilised.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee supported the recommendation, made during the meeting, to continue further engagement work with minority groups.</p>	
C2	<p>Liverpool University Hospitals Clinical Services Integration Proposals:</p> <p>Jan Ledward introduced the paper and informed the committee that work on this proposal has been ongoing for a number of years. Jan explained that orthopaedics services was a facilitator for many of the proposed changes, prompted by the merger of Aintree and the Royal hospitals, but due to delayed building works, there was a requirement to do some significant service re-organisation.</p>	

	<p>Jan informed the committee that the population covered by this proposal is predominantly north Mersey but includes the Isle of Man and some of Wales also.</p> <p>The working group have already progressed the consultation process and have agreed to create a joint consultation group.</p> <p>Jan highlighted that this is a complex piece of work and the services included, together with background information, are set out in section 3 of the report.</p> <p>Questions/comments were invited:-</p> <ul style="list-style-type: none"> • Jane Lunt highlighted that, in the work up to the merger, it is important to ensure that the impact on quality is tracked so that CCGs understand the changes affecting service, patients and staff. <ul style="list-style-type: none"> ○ Carole Hill confirmed that the intention is to follow the normal mechanism to assess the impact as these changes come through. <p>Outcome: 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.</p> <p>Outcome: 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.</p> <p>Outcome: 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.</p>	
C3	<p>Learning from Life and Death Reviews (LeDeR) – Implementation Progress Update:</p> <p>Simon Banks introduced the paper and outlined the requirement to undertake LeDeR reviews, and this will be transferring to the ICB from its inception. The paper outlines the expectations placed upon health and social care systems which was produced, partially, in response to the number of deaths during the first wave of the Covid Pandemic.</p> <p>The ICB will be responsible for ensuring reviews are carried out in the local area, and there will be an emphasis on learning and the implementation of learning from these reviews. There is a web-based platform and reviewers will be required to ensure the reviews take place and to align practices across ICPs and Place.</p> <p>The Health and Inequalities role was outlined. Simon Banks informed the committee that this is a funded role.</p>	

	<p>Work was done to make sure this area was implemented in the most cost effective way and discussions took place with other areas regarding joint working. Greater Manchester have agreed to partner Cheshire & Merseyside and a team will be introduced to work across the two systems but will report into each relevant ICB governance mechanisms.</p> <p>The model of delivery will provide a robust model with an independent team of reviewer. Both systems have approved this model and confirmed their support to carry this forward.</p> <p>NHS Wirral CCG will host the staff and posts will be advertised shortly. There is a separate reviewer workforce to ensure that there is a satisfactory gap to ensure the continued review and improvement model is maintained.</p> <p>Questions/comments were invited:-</p> <ul style="list-style-type: none"> • Michelle Creed noted that the paper came to the Quality Sub-committee prior to this meeting, and she confirmed that nurses will work with the team to ensure there is appropriate quality input into the process and this is included in their workplan. • Louise Barry queried whether there is any support that Healthwatch could provide. It was agreed that Louise will liaise with Simon Banks outside the meeting. • Dr David O'Hagan asked for each area involved in the proposal to be named in future reporting. <p>Outcome: 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.</p> <p>Outcome: 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.</p>	
C4	<p>Cheshire and Merseyside Core Military Veterans Service – Transfer of Coordinating Commissioner Arrangements – Update:</p> <p>Simon Banks introduced the paper for this time and shared that the report aims to address outstanding points from the Joint Committee's last discussion in October 2021.</p> <p>Simon outlined that the request is to support the continuation of services and take this through to contract round for 2022/23.</p> <p>Simon informed the Joint Committee that Bury have confirmed they want to transfer this contract from 1st April and work on the new contract is progressing as per the planning guidance from 24th December 2021.</p>	

	<p>The proposed schedules will be shared with local commissioners . A 'lift and shift' model is considered entirely feasible, and therefore this should be considered through the usual contracting route and become a normal business arrangement. Any changes to how these services are commissioned will be something for the incoming ICB to consider.</p> <p>Simon banks will continue to keep up to date with progress on this workstream, however, it will come to a natural conclusion when the establishment of a contract for the impacted CCGs.</p> <p>Questions/comments were invited:-</p> <ul style="list-style-type: none"> • Dr David O'Hagan asked for confirmation that the Bury's service will cease on 1st April? <ul style="list-style-type: none"> ○ Simon Banks confirmed this and shared that the proposal is to transfer services to NHS Wirral CCG from 1st April and they will act as a coordinating commissioner until the ICB is in place. This role will continue even if the ICB start is further delayed as Wirral CCG will still exist as a statutory organisation until this point. ○ The services will be delivered into C&M and the commissioners will seek assurance on this service as part of the commissioning process. • Dr Wilson noted that CCGs cannot stop working towards improving things until the ICB is in place, and we need to find ways to get in the views and opinions of the ICB. <ul style="list-style-type: none"> ○ Simon Banks agreed and shared that work has included bringing together commissioning managers to understand the services so it can be included in the transfer of services. ○ Dr David O'Hagan agreed and shared that there was significant debate in parliament regarding the Bill and therefore it is important to ensure that work continues and governance structures are in place to make decisions legally and correctly. <p>Outcome: 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.</p>	
C5	<p>2022/23 NHS priorities and operational planning guidance:</p> <p>The Joint Committee welcomed Anthony Middleton to the meeting for this agenda item.</p> <p>A presentation was shared on screen and a copy was provided with the pre-meeting. Anthony highlighted the following points:-</p> <ul style="list-style-type: none"> • Over past two weeks, further guidance and templates have been received. The guidance is for the full year rather than two half years. • More themes are included in the guidance and more data collections are used resulting in a more holistic model. 	

- The timeline has been discussed through the Accountable Officer's group and there have been some tweaks to the original proposals as a result.
- H1 and H2 planning rounds includes sign off at provider collaborative level, then Joint Committee before going to a final oversight board.
- The timetable for final submissions was provided. Anthony highlighted that there will be a tight turnaround to address any issues from the draft submission.
- Priority theme leads were highlighted, and the committee were informed that the this has included a nominated ICB lead and a clear system owner.
- Priority J was highlighted, and Anthony shared that this is new; the planning round is usually limited to one year but the ICB wants to establish a 5-year strategy plan.
- The planning outputs were outlined, and attention was drawn to the capital bids. Anthony shared that in previous round, these capital bids were led by individuals in programmes or the digital infrastructure and didn't necessarily link together. The ICB lead will be the key person to address this.
- Governance oversight structures were highlighted.
- The launch events will be carried out and the overarching planning group will meet once per week to see how these issues are being brought together.

Questions/Comments were invited:-

- Dr David O'Hagan supported the introduction of ICB leads to ensure that areas are knitted together across the area but expressed surprise that a strategic plan is not already in place. Dr O'Hagan also queried the responsibilities of the strategic oversight board, given that CCGs are legally responsible until the ICB start date.
 - Anthony Middleton confirmed that the strategic oversight board is the Shadow ICB, and the plan is a full year plan because the NHS has agreed, nationally, to keep with the same planning framework despite the delay to the merger.
 - David Flory confirmed that the strategic oversight group is not intended to make decisions and then instruct everyone on these, and it doesn't take away the CCGs responsibilities, but it does have an overview and an overarching responsibility from July, and there is a need to be prepared for this. If the merger doesn't happen as planned then that will be addressed at that time, but this is seen to be a sensible way to ensure that Cheshire and Merseyside are as aligned as much as it can be. David reiterated that the aim is not to undermine the statutory responsibility of CCG members but is aimed at supporting it.
 - Dr Andrew Wilson felt that Dr O'Hagan raised an important point as CCGs do have a statutory responsibility, however, the direction of travel has been clearly outlined, even if it isn't on the timelines given and the exact legal framework is unknown. Dr Wilson agreed that the Joint Committee needs to ensure that the governance pathways follow this direction of travel.

	<ul style="list-style-type: none"> ○ Dr Andrew Davies felt that an interesting point was raised but felt that the planning guidance makes it incumbent that CCGs work together, and supports the plan outlined. ● Dr Andrew Davies asked what will be done over the next 12 months to support the aspirations to work up a five-year strategy. <ul style="list-style-type: none"> ○ Anthony Middleton confirmed that the CCGs and health and care sector are thinking much further ahead than one year and there is a need to collate local place-based plans and put these into an ICB strategy. There will be a clear expectation on what needs to be included in the five-year plan and this may be completely addressed by the place-based plans. We are yet to receive this guidance and it will become clearer after the first round of this process. ● Michelle Creed asked whether the planning output and data collection includes the independent sector as this isn't clear in the report. <ul style="list-style-type: none"> ○ Anthony Middleton shared that the workforce data may not be included, but the output of is included. Anthony confirmed that the templates do distinguish between the two sectors. <p>Outcome: 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.</p>	
D	Sub-Committee/Working Group Reports	
D1	<p>Key issues report of the Finance and Resources Sub-Committee:</p> <p>An update report from the Finance and Resources Sub-committee was provided prior to the meeting. Martin McDowell informed the committee that the key issues report is from second meeting and has been split into three sections. The following points were highlighted:-</p> <ul style="list-style-type: none"> ● The Terms of Reference have been reviewed and will be further reviewed following guidance around the three-month extension. ● The guidance around the three-month extension will also be reflected in the workplan. ● HR and workforce aspects will be considered at the next meeting. ● There is a recommendation that the committee chairs meet to pick up any over lapping issues to ensure that there are no adverse impacts of decisions made. ● The committee were asked to note the residual risk and it is anticipated that this will be reduced at month 9. Quarter 4 shows a likely improvement to prescribing. ● For assurance purposes, a set of principles was established, and Chief Finance Officers are meeting regularly. ● The individual risk registers have been received and moderation is required to create an overall risk register to reflect the situation from a collective point of view. ● The minutes from December meeting are included in the meeting papers and shows discussion around addressing the financial gap. 	

	<p>Questions and Comments were invited:-</p> <ul style="list-style-type: none"> • Dr David O’Hagan asked where the committee feels its responsibilities lie, bearing in mind that CFOs also feed into a C&M. <ul style="list-style-type: none"> ○ Martin McDowell shared that it was clear that this committee was only managing the year end position. It now needs to consider the position regarding the 2022/23 planning. Martin shared that work has started around creating a set of principles across C&M and there is a meeting between Chief Finance Officers, providers Directors of Finance, and the ICS to discuss the roles and get the first set of financial plans produced for march. • Fiona Taylor noted that the Joint Committee have to get the assurance it needs from the process, and it is all CCGs responsibility do this. It is important that responsibilities are clearly outlined and understood, but also that we work closely together despite the fact that final guidance and decisions haven’t been made. • Dr Andrew Wilson confirmed that the committee chairs have met and there are plans to meet again. Further conversations and work are needed to ensure that there is no duplication of responsibilities. • Dr Andrew Wilson noted that names have been included in the Terms of Reference and highlighted that this is normally restricted to roles. <ul style="list-style-type: none"> ○ MM agreed to take the names out of the Terms of Reference document and insert an appendix which outlines the names. This can then be published alongside the Terms of Reference and can be updated separately when required. MM felt that this would be suitable for any internal or external audit purposes. <p>Outcome: 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.</p>	
D2	<p>Key issues report of the Quality Sub-Committee:</p> <p>An update report from the Quality Sub-committee was provided prior to the meeting. Michelle Creed shared that the sub-committee met in December and January, and highlighted the following points:-</p> <ul style="list-style-type: none"> • The amended Terms of Reference are included in the pack for approval. Michelle shared that the predominant changes are around membership and a secondary care doctor is now a main member. Roles have been outlined and Healthwatch and patient/care representatives have been invited as attendees. The quoracy has been reviewed and reduced to 50%. • The committee workplan is included in the papers and will be reviewed again to take account of the extended time. this is a working document currently. • Clarity on a risk for workforce was needed and this has been addressed via the new Deputy Chief Nurse. The Risk Register has been developed and mapped against existing CCG risk registers. 	

	<ul style="list-style-type: none"> • A register of interests for members has been developed. <p>Questions and Comments were invited:-</p> <ul style="list-style-type: none"> • Fiona Taylor shared that governance leads are picking up the risk register issue and will get assurance from Mersey Internal Audit Agency (MIAA) on the process. Fiona shared that the group has been working closely on this and the risk registers will be standardised and finalised with agreement through the sub-committees. The GBAF will remain with individual CCG governing bodies and themes will be identified. <p>Outcome: The Cheshire and Merseyside CCGs Joint Committee noted the update report and approved the amended Terms of Reference.</p>	
D3	<p>Key issues report of the Performance Sub-Committee:</p> <p>Simon Banks provided a verbal report from the recent Performance Sub-Committee:-</p> <ul style="list-style-type: none"> • Some minor amends have been made to the Terms of Reference. These will come to the February Joint Committee meeting for approval. • David Bedwell has been confirmed as Chair and Dr Fiona Lemmens as Vice Chair. • A risk register will be developed. • The committee accepted the delegations from the CCGs to act on their behalf. • The committee have looked at how to develop an integrated performance report. A working group will review a document that is already in existence to ensure that the level of scrutiny is suitable, and it follows a standard approach. <p>Outcome: The Cheshire and Merseyside CCGs Joint Committee noted the verbal update report.</p>	
D4	<p>Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:</p> <p>The Joint Committee welcomed Dave Horsfield for this agenda item. Dave shared that the report covers two meetings, the second of which was curtailed to cover core business only. The following points were highlighted:-</p> <ul style="list-style-type: none"> • The first appendix includes a more structured workplan for consideration. Long Covid services have been included, as requested by the committee previously, and it was felt important for this group to keep an overview on this and will be included in the workplan. • NMABs – the contractual arrangements for NMABs were reviewed as there was a query over whether there was sufficient provision. 	

	<ul style="list-style-type: none"> • Finances – this has been left open whilst the DOC group gets sufficient assurance on this. • Mental health services – the group are ensuring plans are moving forward – this item is open until this assurance is received. • Aligning policies – work is going well, and the next step is to understand the engagement process and timings linked to this. A paper will be coming to the February Joint Committee with an overview of the IVF sub-fertility work. • Specialist commissioning – the ICB are now included on the Directors of Commissioning Group (DOCs), and this addition has been positive. Work is being done to see how working can be linked as we move into the ICB. • Spinal services – work has progressed and the physical movement of patients from LUFT to Walton has begun, however have been some financial agreements to finalise. Positive feedback has been received on this piece of work. • Moving forward – DOCs have followed up on the utilisation of virtual wards and will support this going forward. This is a very significant expectation of growth. • CMAGIC – this will go through DOCs again. • Covid - a key discussion is around services arising from covid that will need to be longer term. Certain services have been restricted due to issues with too many patients or staff sickness absence – the DOCs need get an agreement on principals for restricting services and agree clear communications across the area to avoid overwhelming the services elsewhere. <p>Questions and comments were invited:-</p> <ul style="list-style-type: none"> • Dr Andrew Davies noted that the forward planner does not include reviews on services that were quickly stood up and will now be pulled back. Dr Davies requested that the piece of work on asylum seekers is brought forward to February 2022. <p>Outcome: 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 .</p> <p>Outcome: 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.</p>	
E	Cheshire & Merseyside System Updates	
E1	<p>Update from the Executive Director of Transition of the Cheshire & Merseyside HCP:</p> <p>The Joint Committee welcomed Dianne Johnson, Director of Transition, to provide an update.</p>	

A [presentation](#) was given at the meeting and the following points were highlighted:-

- The extension and the pause to the go live date has been received the guidance is being reviewed and worked on centrally.
- Staff consultation under the HR framework has been pushed back in the national timeline and is scheduled for early April. Regardless of any deferred date, the intention is to continue with an engagement process with staff and gain a greater level of understanding of processes and structures to give assurances to staff.
- Assurance work on the Joint Committee and how this is work has been requested, and Mersey Internal Audit Agency (MIAA) have been brought in to do a piece of work to ensure that the work plan addresses the delegations to this committee and then the sub-committees. This work will be carried out in February, with a report due in March.
- The Transition Board meets fortnightly but did not meet on 4th January. all Accountable Officers are members and receive papers.
- Resources and staffing have been secured and has come at no additional cost. Subject matter experts have also been brought into support this work. There is a set of templates to request resources to aid the transition process.
- The transition programme was outlined, and Dianne shared that a more detailed programme will be expected at the next meeting. new to the programme is 'other partners to consider'.
- A due diligence update provided, and Dianne confirmed that assurances are being provided to the audit committees and to Governing Bodies. MIAA also provides some scrutiny. The aim is to bring more formal assurances going forward.
- Work has focussed very much on CCGs, but the workbook now includes other partners. There is a need to transfer staff from the HCP to the ICB, so it is important to capture all the staff and their work.
- The Commissioning Support Unit (CSU) will continue to operate and provide services as we transition although their staff will continue to be employed by the CSU. Work is being done to ensure that the best value for money is achieved across the system.
- Information on single workstreams has been provided and these are being developed into a single handover document. This will be based on a single point in time but will be a source of intelligence and will give the receiver (the ICB) a feel for the assets, liabilities and staff that will transfer.

	<ul style="list-style-type: none"> • A lot of work has been done to map functions and duties in the CCGs across to the functions and duties of the ICB as it is currently outlined in the Bill at parliament. There is movement from the current single workstream leads to tasks and finish groups to ensure that nothing is lost. These groups are aligned into the new ICB structure. The task and finish groups are multi discipline teams that will be set up ready to operate on day one. CCGs will carry on with their due diligence using this intelligence to align to the new structure. As task and finish groups are stood up, the workstreams will be stood down. Colleagues on the Transition Board will have an overview of all the groups so they can identify anything that they feel is missing. • Next steps – leads for the task and finish groups will be identified, and the assurance will continue for due diligence and this will feed into the Transition Board. <p>A more detailed programme will be brought to the next meeting.</p> <p>Outcome: The Cheshire and Merseyside CCGs Joint Committee noted the presentation and verbal report</p>	
E2	<p>C&M System Performance Update:</p> <p>Dave Horsfield gave a verbal overview of pressures:-</p> <ul style="list-style-type: none"> • In hospitals, we are continuing to see a reduction in covid patients but not an improvement on occupancy. • The staffing situation is still pressured, although not necessarily covid related, and nursing/midwifery is the most challenged staffing area. • In terms of occupancy, no Trust in the area is below 92% and some are reporting 100% occupancy. There will be challenge in producing non-covid capacity. There is a focus on discharge and all Trusts across Cheshire and Merseyside are working on this. • Critical care are not raising any issues apart from the bed base issue, so this looks in good condition. • Community services is a key area as care homes and other facilities have closed due to being in outbreak status. Many are coming out of this which will improve the discharge situation. • Work on increasing weekend discharges is being done. • Vaccination as a condition of deployment is a risk across many areas. As it stands, the first vaccination needs to be done by 23rd February 2022. The numbers of unvaccinated staff are coming down, but the position won't be known until after 23rd February. All Trusts have this as a high risk. <p>Questions and comments were invited:-</p> <ul style="list-style-type: none"> • Michelle Creed shared that the Directors of Nursing have been collectively working together but felt that there will be some media interest given recent negotiations with unions. Michelle felt that it would be good to have a Cheshire and Merseyside approach on this as it will affect the whole workforce. 	

	<ul style="list-style-type: none"> ○ Fiona Taylor confirmed that has been discussed at the recent Cheshire and Merseyside Executive Team meeting and there is a shared view which will be fed down. <p>Outcome: The Cheshire and Merseyside CCGs Joint Committee noted the verbal report</p>	
AOB	<p>Any other Business:</p> <p>No other business was raised.</p>	

End of CMJC Meeting held in Public

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING



Action Log 2021-22 (Public)

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

Decision Log 2021-2022 (Public)

Decision Ref No.	Meeting Date	Topic	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	Decision Level	If Recommendation - destination for onward submission?	If a recommendation - date of subsequent consideration at approval body
1	20-Jul-2021	Terms of Reference	N/A	The CMJC ratified the Terms of Reference subject to minor amendments, to include an initial 3-month review and reference to virtual decision making.	1	<i>CCGs to take amended TOR to respective Governing body meetings for approval</i>	<i>Next meetings of each CCGs Governing Body</i>
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	<i>Next meetings of each CCGs Governing Body</i>
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	<i>Project Plan to be taken to individual CCGs for approval</i>	<i>Next meetings of each CCGs Governing Body</i>
8	31-Aug-2021	Adoption of National Stroke Service Model Specification	Jan Ledward - see above for details	The Cheshire & Merseyside Joint Committee considered and discussed the full report provided to them and approved the recommendation to adopt the National Stroke Service Model Specification	1	N/A	N/A
9	31-Aug-2021	Cheshire & Merseyside ICS – Independent Sector Provision for Q.3 2021/22 onwards	Dr A Davies - see above for details	The Cheshire & Merseyside Joint Committee noted the report and recommendations linked to the Independent Sector Provision for Q.3 2021/22 onwards.	N/A	N/A	N/A
10	31-Aug-2021	Update from the Directors of Commissioning meeting	N/A	The Cheshire & Merseyside Joint Committee noted the update from the Directors of Commissioning meeting.	N/A	N/A	N/A
11	28-Sep-2021	Aligning Commissioning Policies across Cheshire and Merseyside:	N/A	The Cheshire and Merseyside Joint Committee approved the recommendation from the Cheshire and Merseyside Directors of Commissioning (DoC's) that the Sub-fertility/Assisted Conception policies should be aligned across C&M and that a joint Consultation on this proposed alignment should be undertaken. The Cheshire and Merseyside Joint Committee agreed that the Directors of Commissioning will work on an implementation plan to include financial risk and the timeline for communications and engagement work and bring this back to the next meeting of the CMJC for further consideration.			
12	28-Sep-2021	Cheshire and Merseyside Section 140 Protocol	N/A	The Accountable Officers, or deputies present at the meeting approved the adoption of the Cheshire and Merseyside Section 140 Protocol	2	N/A	
13	28-Sep-2021	Update from the Directors of Commissioning meeting	N/A	The Cheshire & Merseyside Joint Committee noted the update from the Directors of Commissioning meeting.	N/A	N/A	N/A

Decision Log 2021-2022 (Public)

Decision Ref No.	Meeting Date	Topic	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	Decision Level	If Recommendation - destination for onward submission?	If a recommendation - date of subsequent consideration at approval body
14	26-Oct-2021	Declarations of Interest	<ul style="list-style-type: none"> •Iain Stoddard is seconded to Cheshire and Merseyside ICS for three days per week. •Leigh Thompson's husband is employed by Wirral Community Trust. •Jan Ledward has been employed as interim Chief Officer for NHS Knowsley CCG since 1st October 2021, in addition to her substantive role as Chief Officer for Liverpool CCG. •Sheena Cumiskey informed the Chair that she is seconded to the role of interim CEO for Cheshire and Merseyside Health and Care Partnership, however, her substantive role is as Chief Officer for Cheshire and Wirral Partnership. 	All declarations were noted and it was agreed that these declarations did not affect discussions at the meeting. It was further agreed that the Register of Interests would be updated to include all new committee members.	1	N/A	N/A
15	26-Oct-2021	Committee Forward Plan	N/A	The draft plan was noted with one minor amendment.	N/A	N/A	N/A
16	26-Oct-2021	Cheshire and Merseyside CCGs Joint Committee – Commissioning Sub-committee Draft Terms of Reference	N/A	The Cheshire and Merseyside Joint Committee did not approve the recommendations as outlined in the papers presented and instead requested that the paper is revised (so i) they reflect that it is a working group rather than a sub-committee, ii) it is strengthened in areas such as climate change and reducing health inequalities, and iii) additional members such as local authority or provider representatives will be involved). The revised TOR will be brought back for approval at the November meeting	N/A	N/A	N/A
17	26-Oct-2021	Cheshire and Merseyside Core Military Veterans Service	N/A	The content of the paper was noted and there was general support for the next steps. An updated paper, including financial information and future contracting recommendations will be brought to the next meeting for approval or recommendation to Governing Bodies, in line with the Joint Committee's delegated power at that point.	N/A	N/A	N/A
18	26-Oct-2021	Cheshire and Merseyside Specialist Weight Management Services	N/A	The content of the paper was noted. The Joint Committee requested that a revised paper is submitted after a review by the commissioning leads	N/A	N/A	N/A
19	26-Oct-2021	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Meeting	N/A	The content of the paper was noted. The Joint Committee requested that the Directors of Commissioning reconsider the paper on specialist rehab at their next meeting	N/A	N/A	N/A
20	26-Oct-2021	Cheshire and Merseyside System Updates	N/A	The committee noted the following updates: 1) the Cheshire & Merseyside Mont 6 System Finance Update. 2) the Cheshire and Merseyside System Performance Update.			
21	30-Nov-2021	Delegation of Authority to the Cheshire & Merseyside CCGs Joint Committee	N/A	The Cheshire & Merseyside Joint Committee:- i) noted that all Cheshire and Merseyside CCGs have agreed to delegate greater authority to the Joint Committee; ii) noted the updated Joint Committee Terms of Reference; iii) endorsed the request for CCG Audit Chairs to consider and approve the Terms of Reference and scope of the review to be undertaken by MIAA at the end of January 2022; iv) noted the work underway to progress the establishment of the sub-committees; v) noted the process to be followed to enable Governing Body members to be informed of the work of the Joint Committee and its sub-committees.	1	N/A	N/A
22	30-Nov-2021	Cheshire & Merseyside CCGs Joint Committee Sub-Committee Terms of Reference	N/A	The Cheshire & Merseyside Joint Committee:- i) approved the Terms of Reference for the sub-committees of the Joint Committee; ii) noted the update with regards to the membership of Sub-Committees subject to the further updates; iii) requested that the quoracy for sub-committees is reviewed by governance leads and sub-committee chairs.	1	N/A	N/A
23	30-Nov-2021	Cheshire & Merseyside CCGs Tier 4 Bariatric Surgery Procurement Options Paper	N/A	The Joint Committee reviewed the options within the table and agreed on Option 2 as their preferred option. Option 2 (Preferred): Continue with the plan to commence the procurement this year (with a few weeks delay) with the intention for new tier 4 contracts to be in place covering Lancashire, Merseyside, Cumbria, and Wirral by June/July 2022. In addition, Cheshire CCG would be named in the procurement documents as an additional associate commissioner who could be added to the contract at a date to be confirmed.	1	N/A	N/A
24	30-Nov-2021	Expansion of Cheshire & Merseyside Virtual Wards	N/A	The Joint Committee agreed to the continuation of the Cheshire and Merseyside Covid virtual ward and the commissioning of this service for a further six months.	1	N/A	N/A
25	30-Nov-2021	Expansion of Cheshire & Merseyside Virtual Wards	N/A	The Joint Committee agreed to the continued discussion and negotiation with providers to mobilise respiratory virtual wards across all sites with provider configuration for all three elements of respiratory virtual wards of 1. clinical in reach, 2. consultant oversight and 3. telehealth support	1	N/A	N/A

Decision Log 2021-2022 (Public)

Decision Ref No.	Meeting Date	Topic	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	Decision Level	If Recommendation - destination for onward submission?	If a recommendation - date of subsequent consideration at approval body
26	30-Nov-2021	Update from the Cheshire & Merseyside CCGs Directors of Commissioning	N/A	The Joint Committee:- i) agreed to prioritise IVF/Subfertility clinical policy alignment and the process to identify high risk policies for review at Cheshire and Merseyside; ii) agreed to the addition of the identified items to the Directors of Commissioning Group's work plan.	1	N/A	N/A
27	25-Jan-2022	Transfer of haemato-oncology services from LUHFT to Clatterbridge Liverpool:	1) Dr David O'Hagan shared that his wife is a consultant at Clatterbridge Cancer Centre which is included in agenda item C1. The Chair agreed to include Dr O'Hagan in the discussions but will not take part in the vote associated with this agenda item. 2) Dr Sue Benbow shared that a close relative was previously employed at Clatterbridge Cancer Centre. The Chair noted the declaration and confirmed that this would not affect the proceedings.	The Cheshire and Merseyside CCGs' Joint Committee approved the proposal to enable the transfer of Haemato-oncology Services to be mobilised. The Cheshire and Merseyside CCGs' Joint Committee supported the recommendation, made during the meeting, to continue further engagement work with minority groups.	1	N/A	N/A
28	25-Jan-2022	Liverpool University Hospitals Clinical Services Integration Proposals:	N/A	1) The Cheshire and Merseyside CCGs Joint Committee endorsed the case for change for the proposals detailed in this paper and noted the overview of the service change process, next steps, and timescales for progressing these proposals. 2) The Cheshire and Merseyside CCGs Joint Committee endorsed the proposal that Cheshire and Merseyside Joint Committee oversees the progression of these proposals in line with CCG statutory duties, best practice and in compliance with the NHS England Planning, Assuring and Delivering Service Change guidance. 3) The Cheshire and Merseyside CCGs Joint Committee noted that the timescales include a pre-consultation notice in May 2022 and requested that this is included in the forward planner for this committee.	1	N/A	N/A
29	25-Jan-2022	Learning from Life and Death Reviews (LeDeR) – Implementation Progress Update:	N/A	1) The Cheshire and Merseyside CCGs Joint Committee noted the report and endorsed the work being undertaken to implement the LeDeR policy in Cheshire and Merseyside. 2) The Cheshire and Merseyside CCGs Joint Committee noted that the Cheshire and Merseyside Integrated Care Board will become the long-term host for the combined Cheshire and Merseyside and Greater Manchester LeDeR Reviewer workforce.	1	N/A	N/A
30	25-Jan-2022	Cheshire and Merseyside Core Military Veterans Service – Transfer of Coordinating Commissioner Arrangements – Update:	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the contents of this report and confirmed its support for the proposal that the commissioning intentions, negotiation, and development of the contract for 2022/23 is taken forward as part of the usual contracting and planning round with impacted Cheshire and Merseyside CCGs.	N/A	N/A	N/A
31	25-Jan-2022	2022/23 NHS priorities and operational planning guidance	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the update and endorsed the timelines, themes and outputs included in it. The Joint Committee forward planner will be updated to include the various dates included in the plan.	N/A	N/A	N/A
32	25-Jan-2022	Key issues report of the Finance and Resources Sub-Committee:	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the update report and approved the amended Terms of Reference, subject to the amendment outlined above regarding removing individual names from the document and creating a separate appendix with this detail.	N/A	N/A	N/A
33	25-Jan-2022	Key issues report of the Quality Sub-Committee:	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the update report and approved the amended Terms of Reference.	N/A	N/A	N/A
34	25-Jan-2022	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:	N/A	1) The Cheshire and Merseyside CCGs Joint Committee noted the report, agreed the plan as presented and noted the timescales within this (subject to the amendment outlined below). The committee also approved the development of a set of principles and communications in relation to the restriction of services. 2) The Cheshire and Merseyside CCGs Joint Committee requested that the work around asylum seekers is brought forward to February 2022 and the forward planner includes reviews on services that were quickly stood up during Covid.	N/A	N/A	N/A

Last updated: 14.02.22

Cheshire & Merseyside CCGs Joint Committee

Work Plan / Forward Planner 2022

Item	Frequency	Jan 22	Feb 22	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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Declarations of Interest	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Minutes of last meeting	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Action Schedule/log	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forward Planner	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Committee Risk Register	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cheshire and Merseyside Health and Care Partnership Update	Every meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Governance & Performance							
Review of Committee Terms of Reference	As required	<input checked="" type="checkbox"/>					
Review of Sub-Committee Terms of Reference	As required						
Papers							
Mental Health 2021/22 National Funding Deployment – S. Banks	As required	<input checked="" type="checkbox"/>					
Aligning Commissioning Policies across Cheshire and Merseyside – D.Horsfield	As required		<input checked="" type="checkbox"/>				
Approval of Sub-Committee Terms of Reference	As required	<input checked="" type="checkbox"/>					
Enhanced Supportive Care Bid (palliative care) - tbc	As required		<input checked="" type="checkbox"/>				
Transfer of haemato-oncology services from LUHFT to Clatterbridge Liverpool – C. Hill	As required	<input checked="" type="checkbox"/>					
Liverpool University Hospitals Clinical Services Integration Proposals – C. Hill	As required	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Learning from Life and Death Reviews (LeDeR) – Implementation Progress Update– S. Banks	As required	<input checked="" type="checkbox"/>					
Cheshire and Merseyside Core Military Veterans Service – S. Banks	As required	<input checked="" type="checkbox"/>					
2022/23 NHS priorities and operational planning guidance – A. Middleton	As required	<input checked="" type="checkbox"/>					
North Mersey Hyper acute service proposal – C. Hill	As required				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
C&M Long Covid Pathway – N. Hawker	As required		<input checked="" type="checkbox"/>				
Liverpool Women's Hospital new hospital proposal – C. Powell / C. Hill	As required			<input checked="" type="checkbox"/>			

Item	Frequency	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22
C&M Plans against National Planning Guidance for 2022/23 – A. Middleton	As required		<input checked="" type="checkbox"/>		<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other							
Key national or local reports	As published						
Future areas for consideration							
Implementation of national stroke service specification	tbc						
Winter Planning	tbc						

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

23rd February 2022

Agenda Item C1

Report Title	CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM LONG COVID MODEL UPDATE
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Report Author	Nesta Hawker
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Committee Sponsor	
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Purpose	Approve		Ratify		Decide		Endorse		For information	✓
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Decision / Authority Level	Level One		Level Two		Level Three	
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Executive Summary
This paper shares an update on the implementation and mobilisation of our long COVID tier 3 and 4 service during 2021/22. It shares detail in regards to the tier 4 provision for the 2021/22 last quarter and outlines plans for utilisation of the resulting underspend. As at the time of writing the report, the actual amount of funding to be allocated to Cheshire and Merseyside for 2022/23 had not been confirmed.

Recommendations
Joint Committee are asked to note the update within this paper that has been previously shared with the Cheshire and Merseyside Integrated Care System Executive Team.

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?	
If this includes a request for funding, does this Committee have the necessary delegated financial authority to approve it?	
If this includes a request for funding, have the Directors of Finance confirmed the availability of funding?	

Conflicts of Interest Consideration and mitigation:

N/A

Link to Committee Risk Register and mitigation:

N/A

Report history:

ICS Executive and Accountable Officer meeting 25.1.22

Next Steps:

- A health inequalities workshop to support providers with writing Health Inequality plans to address access for all. This will include a review of the proposal to secure iPads.
- Local data dashboard to be finalised to show activity by provider across C&M and ensure compliance with national and regional expectations.
- Recruitment of dedicated project manager to support the reporting, assurance and data collection process and to be a supportive conduit between, providers, CCGs, ICS, Region & National teams.
- Task and finish group to agree and establish a tier 4 MDT by April 2022.

Responsible Officer to take forward actions:

Nesta Hawker

Appendices:

Long Covid Steering Group – Draft Terms of Reference

Cheshire & Merseyside Long Covid Programme – Project Manager Support Request

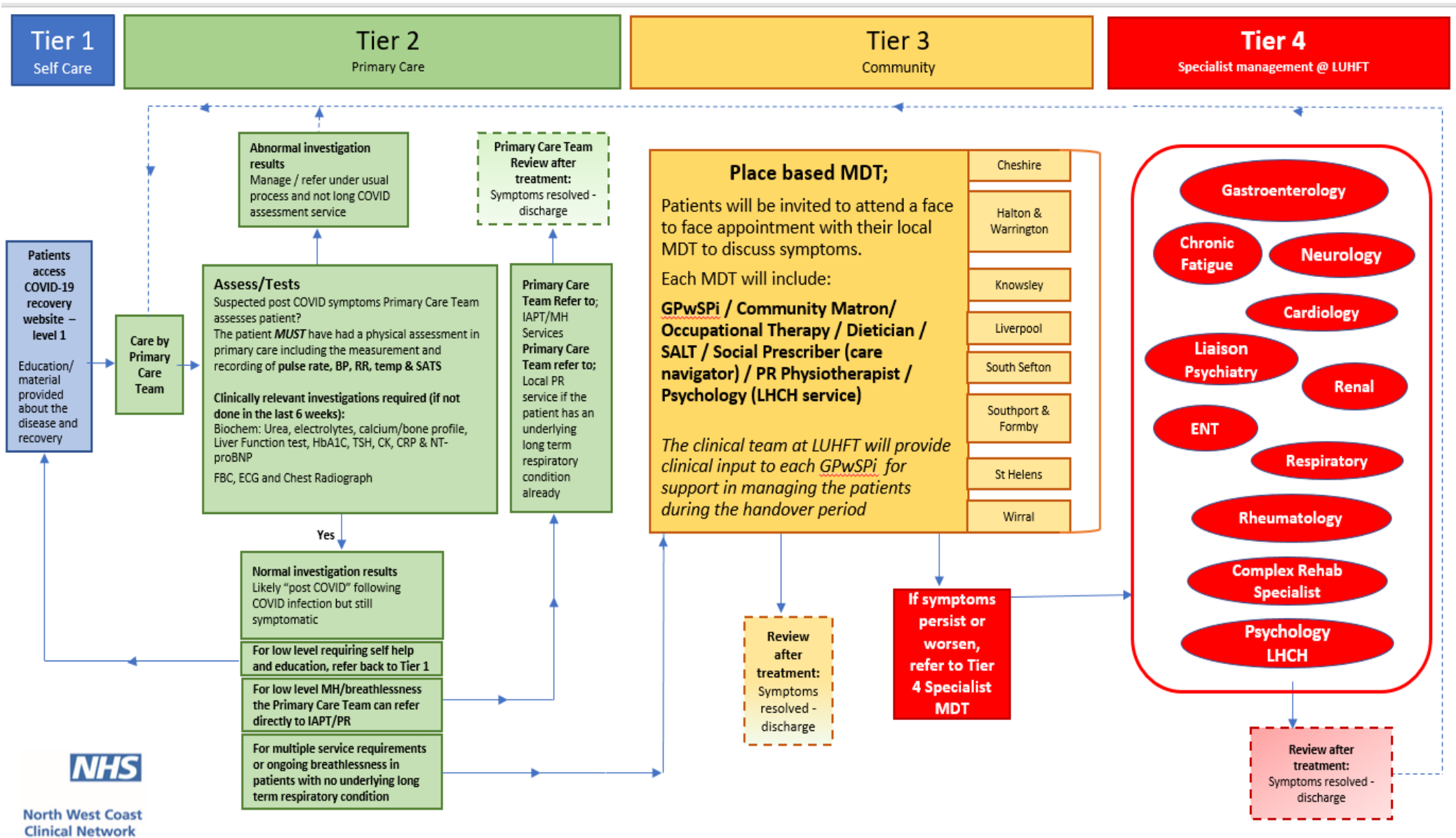
CESHIRE AND MERSEYSIDE INTEGRATED CASE SYSTEM LONG COVID MODEL UPDATE

1. Background

- 1.1 In June 2021, NHS England (NHS E) published the NHS plan for 2021/22 for long COVID, which is an update to the initial NHS England response in October 2020.
- 1.2 The national ask was to develop a model to enhance the existing offer of post COVID assessment clinics. The model was to enhance the holistic offer, based on an individuals assessed needs, and to include diagnosis, treatment and rehabilitation as part of the pathway.
- 1.3 In Cheshire and Merseyside our current model has been developed with clinical leads from the Respiratory Clinical Network, the existing providers of the long COVID assessment clinics and other stakeholders from across the ICS. It is the intention to continue with this tiered model in 2022/23.

Our model is shown on the following page.

- 1.4 The national funding allocated to Cheshire and Merseyside for 2021/22 to support development and delivery of this plan is £4,028,860. The majority of this funding, based on percentages of total COVID positive cases, was distributed to each place for them to develop and implement a tier 3 place based MDT (multi-disciplinary team). Further funding was allocated to fund specialist psychology support for both tier 3 and tier 4, and also to mobilise a Tier 4 MDT. Funding to support additional pulmonary rehabilitation support had already been distributed across Cheshire and Merseyside.



2. Cheshire and Merseyside Long COVID Tier 3 and 4 – Current Position

- 2.1 The Long COVID Steering Group has now met on two occasions with membership from across Cheshire and Merseyside and the Tier 3 and 4 MDTs. The draft Terms of Reference are attached as Appendix 1.
- 2.2 As well as planning for the pathway and clinical model for 2022/23, the Steering Group will also have a role in the oversight of performance across the pathways of tier 3 and 4 and ensure equity of outcomes and access for all of the Cheshire and Merseyside population.
- 2.3 Tier 3 MDTs are all mobilised and patients are now able to access local support for their long COVID symptoms. The below is the detail of the providers covering Cheshire and Merseyside:-

Place	Tier 3 MDT Provider
Liverpool / Knowsley / South Sefton, Southport & Formby / St Helens	Mersey Care NHS Foundation Trust
Wirral	Wirral Community Health & Care NHS Foundation Trust
Warrington and Halton	Warrington & Halton Hospitals NHS Foundation Trust
East Cheshire	<ul style="list-style-type: none"> East Cheshire NHS Trust
West Cheshire	<ul style="list-style-type: none"> Cheshire & Wirral Partnership NHS Foundation Trust Central Cheshire Integrated Care Partnership (CCICP)

- 2.4 A review has been completed of the requirement for a tier 4 MDT, as per our model, in 2021/22. Due to the recent emergence of LONG Covid syndrome, the majority of the patients referred to the existing tier 3 pathway remain within tier 3 interventions. As a result, in line with the low numbers requiring tier 4 at present, we have agreed an interim tier 4 model for the remainder of 2021/22 which includes additional support to be available for specialist complex fatigue. The resource required for this is outlined in the funding table below. The intention is to develop a tier 4 MDT for 2022/23.

- 2.5 The spend in 2021/22 on long COVID currently has an underspend as outlined below:-

Total funding	4,028,860
Less: Tier 3 MDT	- 2,856,108
Less: Psychology	-785,252
Less: Interim Tier 4 complex fatigue	-34,077
	<u>353,423</u>

2.6 It is proposed that part of this underspend is to secure additional project management support as outlined in Appendix 2. Additional project management is required to ensure the appropriate level of information is collated from all of our providers and timely submissions of the national reports. This is a time consuming process and additional support will ensure that our new Tier 3 providers are also supported to ensure that data capture is consistent across C&M. The post will also be expected to review our performance against the key asks of NHSE and to report on our performance to the Long COVID Steering Group.

2.7 A request has been made to NHSE for the remainder £300k+ to be carried forward into 2022/23 to support management of waiting times across Cheshire and Merseyside. Whilst we are awaiting this decision, in light of the national ask to reduce waiting times, our tier 3 providers have also been asked if they could utilise the funding for waiting list initiatives before April 2022.

Alongside this, we could utilise and fund an exercise prescription platform (Rehab Guru) already available, and purchase iPADS to loan out to patients to enable them easy access to Rehab Guru and other approved health services to support management of their condition. This will also enhance our approach to health inequalities and support addressing equitable access for all.

There is the opportunity to link in with local community-based teams across the region which could support people to learn the additional skills to be able to use the technology, set up email addresses etc to enable patients to access care in this way. Long COVID patients would benefit from additional support with digital inclusion. The current C&M iPad project is a 24-month project in-conjunction with O2. The project will have access to 100 iPad, they will have a data enabled SIM. The iPad will be locked down to specific websites which are pre-approved by the clinical team. Tech support will be provided by O2 (normal working hours only) and will exchange any faulty equipment. The costing for the project is £62,073.

2.8 Cheshire and Merseyside dashboard has been agreed and national reporting will be via the lead providers. The below is our recent performance reported nationally.

Post Covid Assessment Service - Activity

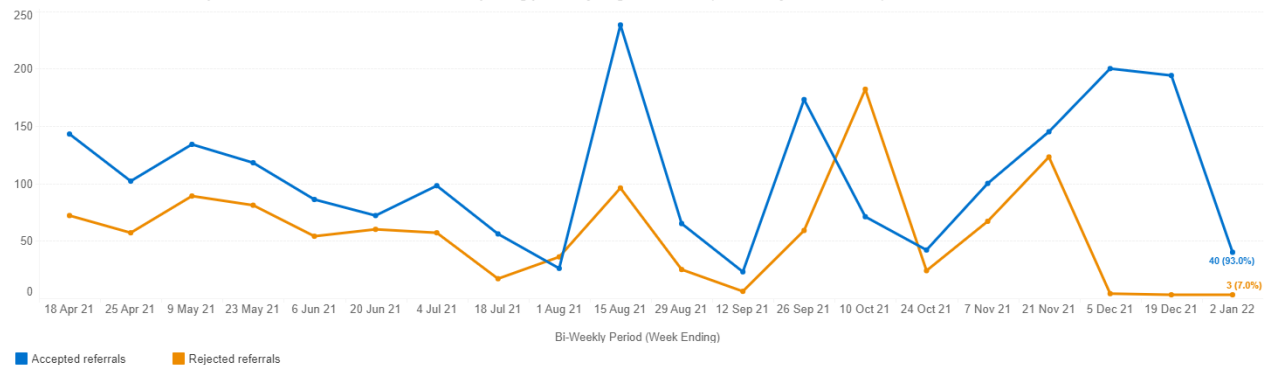


Please note that this data is sensitive and unvalidated. Please do not share further.

Cover the amount of activity that are being referred into the services each bi-week and also the number of completed assessment that the services are doing each bi-week.

Region: STP: Organisation: Bi-Weekly Period (W/E):

1. Number of referrals to the post-COVID assessment service in the reporting period by origin of referral (include rejected referrals).



- 2.9 NHS national guidance on 2022/23 priorities and operational planning guidance has specific asks for long COVID relating to reducing waiting times. The funding for Cheshire and Merseyside for 2022/23 is yet to be confirmed and NHS England Regional team have indicated that they will need to be assured of some key components in order to authorise the funding in April 2022.

The Long COVID Steering Group will ensure, and also gain assurance, that these key components will be met by our C&M model.

3. Conclusion

- 3.1 The Cheshire and Merseyside CCGs Joint Committee is asked to:

- **Note** the update of the implementation of the governance structure and clinical model for long COVID in Cheshire and Merseyside.
- **Note** the underspend in funding, approve the plan to secure additional project management support and current plans regarding the remainder of the underspend.

4. Next steps

- 4.1 The following are planned activity for the next quarter:

- A health inequalities workshop to support providers with writing Health Inequality plans to address access for all. This will include a review of the proposal to secure iPads.
- Local data dashboard to be finalised to show activity by provider across C&M and ensure compliance with national and regional expectations.
- Recruitment of dedicated project manager to support the reporting, assurance and data collection process and to be a supportive conduit between, providers, CCGs, ICS, Region & National teams.
- Task and finish group to agree and establish a tier 4 MDT by April 2022.

5. Conclusion

- 5.1 The paper to the Cheshire and Merseyside ICS Executive Team asked the below:

- **Note** the update of the implementation of the governance structure and clinical model for long COVID in Cheshire and Merseyside.
- **Note** the underspend in funding, approve the plan to secure additional project management support and current plans regarding the remainder of the underspend.

- 5.2 Support has now been given to recruit additional project management support and further discussion is required with the ICS regarding the underspend in 2021/22.

Access to further information

For further information relating to this report contact:

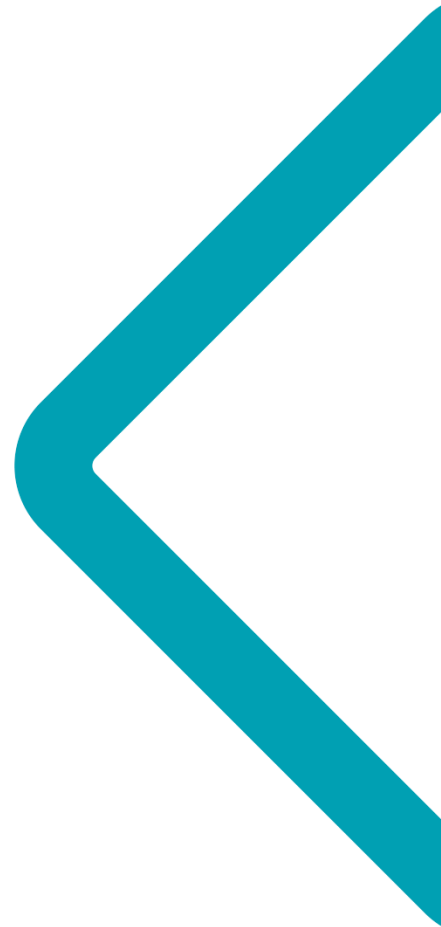
Name	Nesta Hawker
Designation	Director of Commissioning and Transformation NHS Wirral CCG
Telephone	
Email	Nesta.hawker@nhs.net

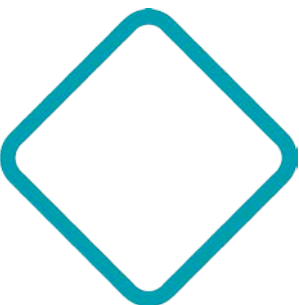
APPENDIX 1

Long Covid Steering Group

DRAFT Terms of Reference

December 2021





Title	Cheshire & Merseyside Health and Care Partnership Long Covid Steering Group
Author(s)	Nesta Hawker
Version	V0.1
Target Audience	
Date of Issue	
Document Status (Draft/Final)	DRAFT
Description	This document describes the Terms of Reference for the Cheshire and Merseyside Health & Care Partnership Long Covid Steering Group

Document History:

Date	Version	Author	Notes

Reviewed by:

Distribution

Version	Group or Individual	Date	Comments




Terms of Reference for the Cheshire and Merseyside Health and Care Partnership

Long Covid Steering Group

1. Purpose

- 1.1 The Long Covid Steering Group is tasked with the planning for a Post Covid pathway and clinical model in Cheshire and Merseyside that meets our population needs, reflects clinical evidence and national NHS England requirements.
- 1.2 As well as planning for the pathway and clinical model the Steering Group will also have a role in the oversight of performance across the pathways of tier 3 and 4 and ensure equity of outcomes and access for all of the Cheshire and Merseyside population.
- 1.3 The term “long COVID” has been commonly used to describe signs and symptoms that continue or develop after acute COVID-19 (from 4 weeks onwards). Regardless of the severity of the initial COVID infection, anyone can experience long COVID and the range of symptoms experienced impact on physical, psychological and cognitive health.
- 1.4 In June 2021, NHS England (NHS E) published the NHS plan for 2021/22 for long COVID, which is an update to the initial NHS England response in October 2020. As part of this plan there was a request for each Integrated Care System (ICS) to complete a template to set out their plans to ensure a full end to end pathway for patients with long COVID. Funding was allocated to each ICS to support delivery of the plans.
- 1.5 The national ask was to develop a model to enhance the existing offer of post COVID assessment clinics. The model was to enhance the holistic offer, based on an individuals assessed needs, and to include diagnosis, treatment and rehabilitation as part of the pathway.
- 1.6 There is no cure for long COVID and the aim of intervention is to improve symptom management and self management. It is envisaged that long COVID may well become a new long term condition but it remains unclear as to what the prevalence and future effective treatment of long COVID symptoms will be going forward.

- 
- 1.7 In Cheshire and Merseyside our model has been developed with clinical leads from the Respiratory Clinical Network, the existing providers of the long COVID assessment clinics and other stakeholders from across the ICS. A service specification has been developed, with input across the ICS, to support our model and gives further description and expectation of the pathway delivered by tier 3 and 4.

2. Governance

The Steering Group will report to the Health and Care Partnership Executive and to the Cheshire and Merseyside Respiratory Clinical Network Board.

3. Accountability & Authority

The Group will agree recommendations for agreement by the Cheshire and Merseyside Health and Care Partnership Executive. Recommendations will include the agreement of the clinical model and the associated funding required to support delivery of the model. The Group will give assurance to the Executives of the Partnership regarding the delivery and performance of the long covid pathway.

4. Duties

In practical terms, during its meetings, the Long Covid Steering Group will:

- Review the performance of the Tier 3 and Tier 4 MDTs including the prevalence of long covid within Cheshire and Merseyside, the numbers of referrals and the waiting times for assessment and ongoing treatment
- Review the patient experience and outcomes of people referred into the service
- Ensure that there is a consistent and proactive approach to tackling health inequalities for those experiencing long covid and review the referral demographics across Cheshire and Merseyside
- To agree a service model for tier 3 and 4 for long covid that meets the needs of our population, the expected prevalence, the emerging evidence and to ensure compliance with national NHS England requirements.



5. Equality and Diversity

The Post Covid Steering Group will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

6. Membership

The Cheshire and Merseyside Long Covid Steering Group will be chaired by the lead commissioner for Long Covid Syndrome for Cheshire and Merseyside Health and Care Partnership.

The following table contains the Long Covid Steering Group membership.

Role	Name	Title/Organisation
Chair	Nesta Hawker	ICS Lead Commissioner for Long Covid and Director of Commissioner Wirral CCG
Deputy chair	Tracie Keats	Respiratory Network Programme Manager
Clinical Lead	Sarah Sibley	Respiratory Network Clinical Lead
Performance/Business Intelligence lead	Danielle Wilson	Lead Intelligence Analyst
Psychology lead Tier 3/4	Mark Griffiths	Consultant Psychologist
Pulmonary Rehab lead	Samantha Pilsworth	Liverpool Heart and Chest Hospital
Tier 4 Long Covid Clinical lead	Gurinder Tack	Liverpool FT
Tier 4 Chronic Fatigue Clinical representative	Jayne Galvin	Liverpool FT
North West Regional representative	Maureen Hunter	NHS E/I
Tier 4 Project Lead	Gary Hayes	Liverpool FT
Tier 3 MDT Cheshire	Carol Jones	East Cheshire NHS FT
Lived Experience Representative	Natalie Rogers	
Tier 3 MDT Cheshire	Natalie McKeown	Countess of Chester
Tier 3 MDT Liverpool, Sefton and Southport, Knowsley and St Helens	Pat McGuinness	Merseycare
Tier 3 MDT Liverpool, Sefton and Southport, Knowsley and St Helens	Paul Campbell	Merseycare

Tier 3 MDT Liverpool, Sefton and Southport, Knowsley and St Helens	Chris Barker	Merseycare
Tier 3 MDT Liverpool, Sefton and Southport, Knowsley and St Helens	Tim Mansfield	Merseycare
Tier 3 MDT Wirral	Maria Pugh	Wirral Community Health & Care NHS Foundation Trust
Tier 3 MDT Wirral	Nicky Williams	Wirral Community Health & Care NHS Foundation Trust
Tier 3 MDT Warrington and Halton	Kerry Benjamin	Warrington and Halton Trust
Tier 3 MDT Warrington and Halton	Marie Garnett	Warrington and Halton Trust
Tier 3 MDT Warrington and Halton	David Lyon	Castlefields MC (Warrington)
Commissioning lead	Ian Davis	Wirral CCG
Commissioning lead	Helen Quinn	South Sefton CCG, Southport and Formby CCG
Commissioning lead	Barry Geden	Warrington CCG
Commissioning Lead Cheshire	Delores Jones	Cheshire CCG

Other colleagues across C&M may be invited to attend on an ad hoc basis to present papers or to advise the Long Covid Steering Group.

7. Quoracy and frequency

A quorum will be 50% of members and must include the Chair or nominated Deputy Chair. The Long Covid Steering Group will meet on a monthly basis.

If a Long Covid Steering Group member is not available a formal nominated deputy for that individual should attend the meeting instead. Every effort will be made to ensure the presence of the appropriate representation at a meeting, but should this prove operationally difficult, alternative means of securing all members' opinions will be undertaken, particularly prior to a recommendation being made.

8. Reporting

Formal highlight assurance reporting and escalation will be through the Cheshire and Merseyside HCP Executive.



9. Administration

The Chair of the Board will be responsible for agreeing the agenda, which will be circulated together with supporting papers at least 3 working days (or two plus a weekend) prior to the meeting, unless there are exceptional circumstances authorised by the Chair.

A log of agreed actions and decisions will be taken from each meeting and shared within 2 working days of the meeting.

10. Review

The Terms of Reference will be reviewed in April 2022 to ensure that the arrangements remain appropriate and reflect the ICS statutory infrastructure.

DRAFT

APPENDIX 2

Cheshire and Merseyside Long Covid Programme

Project Manager Support Request

This paper is to request approval to appoint an agency Project Manager to support the C&M Long Covid programme until end of June 2022. It is proposed that the future requirements and provision of the role can be reviewed as part of the establishment of the ICS. There is currently an underspend within the Long Covid programme of £ 353,423 and the regional team at NHS England have indicated their support of funding being utilised to resource additional project management support. The maximum spend on the agency Project Manager will be £50k.

In June 2021, NHS England (NHS E) published the NHS plan for 2021/22 for long COVID, which is an update to the initial NHS England response in October 2020. As part of this plan there was a request for each Integrated Care System (ICS) to set out their plans to ensure a full end to end pathway for patients with long COVID. Funding was allocated to each ICS to support delivery of the plans.

In Cheshire and Merseyside our model has been developed with clinical leads from the Respiratory Clinical Network and the existing providers of the long COVID assessment clinics and other stakeholders from across the ICS. To deliver our model, each place within Cheshire and Merseyside will have a tier 3 multi-disciplinary team (MDT), and this will facilitate local access to the MDT for the local population. A tier 4 MDT is still to be developed and at present there is an interim provision via the chronic fatigue specialist service at Aintree Hospital and also the psychology team from Liverpool Heart and Chest.

The Tier 3 MDTs have now been established and are being provided by 6 providers as below.

Place	MDT Provider
Liverpool / Knowsley / South Sefton, Southport & Formby / St Helens	Mersey Care NHS Foundation Trust
Wirral	Wirral Community Health & Care NHS Foundation Trust
Warrington and Halton	Warrington & Halton Hospitals NHS Foundation Trust
East Cheshire	<ul style="list-style-type: none"> East Cheshire NHS Trust Macclesfield District General Hospital
West Cheshire	<ul style="list-style-type: none"> Cheshire & Wirral Partnership NHS Foundation Trust Central Cheshire Integrated Care Partnership (CCICP)

Additional long covid support is also currently being provided by the preceding provider (LUFHT) of Tier 3 services.

As part of the ask from NHS England we are required to report on our performance against key metrics. Each provider is expected to submit a monthly highlight report all of which are then summarised before submitting to NHSE for monitoring. Alongside this, there is an assurance process to follow with documentation to complete on a quarterly basis, again, this is received and then reviewed before submitting to the national team. In addition to this, each provider has to submit directly to two digital systems, reporting on all activity and patient demographics on a fortnightly basis. To support this data collection and ensure we receive activity data, a local C&M dashboard has been developed to capture the local performance from each of our long COVID providers.

Linked to the above, support is required to ensure the appropriate level of information is collated from all of our providers and timely submissions of the national reports. This is a time consuming process and additional support will ensure that our new Tier 3 providers are also supported to ensure that data capture is consistent across C&M. The post will also be expected to review our performance against the key asks of NHSE and to report on our performance to the Long Covid Steering Group.

Specific duties of the post are below:-

- Responsible as lead for the day to day management of the identified projects within the long covid programme across several workstreams. To be a single point of contact, ensuring delivery of work packages, escalating issues and reporting highlights within the governance process as appropriate, in accordance with the standards and methodology of accepted management protocol.
- Ensure that all project and programme management documentation, including plans, progress reports and performance metrics, is used to manage and report on workstream and individual project delivery to ensure the objectives of the programme are being delivered. Ensuring that it is completed and submitted in accordance with the agreed Cheshire and Merseyside and NHS England governance arrangements.
- Maintain a full and accurate audit trail of key decisions, actions and outputs, including but not limited to; risk and issue logs, project/milestone plans, update/highlight reports, and action plans, and make adjustments if targets/deadlines are not met.

- Produce documents, reports and presentations on a regular basis for various meetings, committees and the Long Covid Steering Group, distilling complex information in accessible and understandable ways to a range of partners and organisations.

Finance and resources sub-committee

Key issues report

Of the meeting held on 10th February 2022



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

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

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

Issue	Committee comments	Assurances received	Action	Timescale
Terms of Reference and delegations	<p>The committee discussed the likely consequence of the ICS delay and the impact it may have on where financial plans for 2022-23 would be signed off.</p> <p>Committee members discussed the extent to which financial decisions had been delegated to the joint committee. Some committee members understood that their CCGs had delegated financial decision making for the remainder of 2021-22 to the joint committee but had been advised differently when trying to submit proposals</p>		<p>C&M joint committee to confirm the arrangements for the sign off of financial plans for 2022-23.</p> <p>C&M joint committee to confirm they have accepted the delegations from CCGs or provide clarity on where those decisions should be made.</p>	March 2022
HR and workforce	The committee TORs stipulate responsibilities in respect of HR and workforce – the committee would like additional clarity on what those responsibilities are. This is particularly relevant in Q1 2022-23 to support workforce transition to ICB.	HCP HR and workforce lead attended the meeting to provide an update on key HR processes that are currently being implemented to support transition.	<p>DF to work with MLCSU HR team to develop consolidated HR dashboard.</p> <p>Joint committee to instruct if anything further is to be delegated in respect of HR.</p>	<p>Feb 2022</p> <p>Feb 2022</p>

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

Issue	Committee update	Assurances received	Action	Timescale
Report from chief finance officers on achievement of statutory duties	CCGs have worked collectively to submit breakeven plans for H2 2021/22.	<p>Of the £68.7m of financial risk associated with these plans, £63.5m has now been mitigated and a further £5.2m is yet to be identified. This represents an improvement of £3.3m on the M8 position.</p> <p>There is consistent achievement of all other statutory duties, with the exception of cash balances where the maximum balance of 1.25% was exceeded at the end of December by 4 CCGs (5 CCGs in November)</p> <p>Confirmed improvements at St Helens and Warrington CCGs and that no CCG has seen a deterioration in performance.</p>	Continued focus on delivery of financial plans	

ASSURE (issues for which the committee has received assurances)

Issue	Committee update	Assurances received	Action	Timescale
Risk	<p>CCG CFOs have reviewed financial risk against the potential for future mitigations and are assured that by following the agreed actions plans will be delivered.</p> <p>There were no risks identified as having a score of 16 or above.</p>	Risk registers and BAFs extracts with detailed mitigations	Continue to review and receive risk detail	Ongoing

Meeting of finance and resources sub-committee of the Cheshire & Merseyside CCGs
Joint Committee

Minutes of the finance and resources committee

13th January 2022

2-4pm

MS TEAMS

Present:

Gareth Hall (GH)	Lay Member Warrington & Halton CCG (Chair)
Mark Chidgey (MC)	CFO Wirral CCG
Debbie Fairclough (DF)	Interim Programme Lead SSCCG SFCCG
Alan Whittle (AW)	GB Member Wirral CCG
Paula Cowan (PC)	Chair Wirral CCG
David Cooper (DC)	CFO Warrington CCG
Janet Bliss (JB)	GB GP Liverpool
Judith Mawer (JM)	GB Member Knowsley
Gwydion Rhys (GR)	GB GP Cheshire
Martin McDowell (MM)	CFO/Deputy Chief Officer South Sefton CCG
Sally Houghton (SH)	GB Member Liverpool
Lynda Risk (LR)	CFO Cheshire CCG
Clare Watson (CW)	AO Cheshire CCG
Iain Stoddart (IS)	CFO St Helens CCG
Mark Palethorpe (MP)	AO St Helens CCG
Mark Bakewell (MB)	Chief Finance & Contracting Officer Liverpool & Knowsley CCGs

In attendance:

Chelsea Hardman (CH)	Senior Corporate Affairs Officer Wirral CCG
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REF NO	Preliminary Business	Action
A1	<p>Apologies for Absence</p> <p>Apologies were noted from Anette Metzmacher. The Chair confirmed that CFOs have been called to a meeting later this afternoon and therefore this meeting will finish by 3.30pm so as to enable both meetings to happen.</p> <p>It was also noted that the meeting will be recorded to help with minutes and accuracy.</p>	
A2	<p>Quoracy</p> <p>Quoracy was confirmed for today's meeting.</p>	
A2	<p>Declarations of Interest</p> <p>There are no declarations of interest.</p>	

A3	<p>Advanced notice of any other business to be raised at today's meeting</p>	
A4	<p>There were none at this point in the meeting.</p> <p>Summary of key issues arising from previous meeting held on 9th December</p>	
A5	<p>The paper summarises issues which were discussed at the last meeting which have been RAG rated within the paper. Members agreed their collective understanding of the last meeting and noted the paper.</p> <p>Approach to final cross Cheshire and Merseyside Financial Position for the year 21/22</p> <p>At the last committee a plan for the collective achievement of the statutory breakeven duty in H2 was requested. This paper highlights:</p> <ul style="list-style-type: none"> • Where we are now. • What was done in H1. • Principles undertaken for breakeven. • The impact going into 22/23. <p>LR brought members attention to section 4 around the proposed next steps:</p> <p>In order to achieve agreement across CMCCG the CMCCGs will continue with the agreed actions noted above in Section 3, however final agreement of the financial position across CMCCGs and in each individual CMCCG will need to be made. Finalisation of this may require adjustments to allocations.</p> <p>To facilitate this, each month, the CMCCGs will provide the necessary information to describe risks and mitigations to identify their most likely financial outturn for 2021/22.</p> <p>The 31st January 2022 month end reported position (month 10) will be used as a marker to identify the most likely financial outturn for each CMCCG.</p> <p>The system resource will be allocated and adjusted through CMCCG financial positions in February 2022 to ensure that the forecast outturn at 28th February 2022 (month11) will represent the final position to be reported at 31st March 2022 (month12).</p> <p>Any adjustments after 31st January reported position will need to be agreed at the CMCCG CFO meeting.</p> <p>It is anticipated that the CMCCGs will remain within their revenue allocation for 2021/22 however where this is not the case the following will be undertaken: -</p>	

- Discussion across CMCCGs to ensure all actions have been taken to ensure all CCGs are able to meet their statutory duties.
- Discussion with the Cheshire and Merseyside HCP/ICS to identify other mitigating actions/resource at a system level to support any cross CMCCG deficit
- Where financial balance cannot be achieved, collectively and individually, a decision will be taken to the Joint Committee to identify a way forward. There are potentially a number of outcomes, for example all CMCCGS could have the same % deficit, or the deficit could remain within the CCG where the deficit has crystallised. A paper will need to be taken to the Joint Committee in February 2022 to agree an approach and to allow any changes to be made to the final 31st March 2022 financial Outturn across the CMCCGs.

There will be a Joint Committee paper to say how we would want to represent across the 9 CCGs, we have not looked at if we had a surplus but if this were to arise then it would contribute to supporting the wider system.

AW thanked LR for the clear summary and asked if we need to speak with the auditors before we make any adjustments to ensure they are sighted on and agree how the approach would be transacted?

LR confirmed that this could be transacted through the existing system risk share allocations but other options also existed. Consideration would need to be given should a CCG funding from with its allocation another CCG's population. However, given the value of remaining risk and CV-19 funding already transacted, this was unlikely to be an issue.

JB requested clarity including an example as to where decisions would be made to defer recognition of risks in 22/23 as opposed 21/22?

LR referenced any potential redundancy provision which could be provided for either in 21/22 or when crystallises in 22/23.

CW asked there has been a discussion with providers that CCGs could be in surplus?

LR confirmed that any such discussion would take place at FARG (Finance Advisory Group) and MB advised that there is still risk at CCG level. Therefore, CCGs would want more

	<p>certainty on such a yearend forecast before thought was given to discussion and distributing funding. IS explained that there is work being done for a solution between providers and commissioners as the worst-case scenario for providers is £69m deficit.</p> <p>Members endorsed the principals set out in the report</p>	
	Business Items	
B1	<p>Minutes from previous meeting held on 9th December 2021</p> <p>The minutes were agreed as a true and accurate record of the discussion at the December meeting.</p>	
B2	<p>Matters arising from the meeting held on 9th December that are not covered on the agenda or action tracker</p> <p>SH requested an update as to the committee's role in relation to HR. GH confirmed that a HR representative had been scheduled to attend today but given the guidance to minimise meetings in response to Omicron, this has been rescheduled for the February meeting.</p> <p>JM queried whether there had been confirmation that this committee will go on past March or will this stop as planned? It was confirmed that there is a broader piece of governance work being undertaken on extension.</p>	
B3	<p>Action Tracker</p> <p>There is one open action on the tracker, action number 1. This has been included on the agenda and members agreed to close.</p> <p>Patient voice was discussed and confirmed as being picked up at the Quality sub-committee. Feedback and any issues for escalation will be discussed at the Chair's meeting. Members confirmed their support for the approach.</p>	
B4	<p>Terms of Reference</p> <p>The Terms of Reference were discussed fully at the last meeting and proposed amendments have now been incorporated into the document and shown in red.</p> <p>JB advised that the numbering on page 4 is wrong and needs changing</p> <p>MB emphasised the importance of clarity and simplicity in relation to the 3 month CCG extension. Some processes which would ordinarily go to a Finance Committee may be dealt with through wider system governance.</p>	

	<p>The CFO meeting this PM is to discuss with the providers in the system regarding contract negotiations and planning principles.</p> <p>GH acknowledged the importance of the points raised and it was agreed that the Terms of Reference will need to be reviewed in light of the extension so as to be clear what decisions are to be made and by whom.</p> <p>CW raised committee membership in relation to 4.3. MP and CW confirmed that at least one of them will be in attendance and not Simon Banks. DF will update to reflect this.</p> <p>JM queried around section 6.1 and should the chair/vice chair be members rather than attendees at the meeting? DF agreed and will update the document accordingly.</p> <p>IS highlighted a complexity in that no CCG allocations have been issued for 2022/23 and guidance from NHSE/I on this is still emerging. This will be progressed by CFOs.</p> <p>Terms of Reference agreed as ratified until the end of March.</p>	
B5	<p>Report from Chief Finance Officers on achievement of statutory duties</p> <p>This is a standing paper which focuses on delivery of statutory finance targets.</p> <ul style="list-style-type: none"> - CCGs have worked collectively to submit breakeven plans for H2 2021/22. - Of the £68.7m of financial risk associate with these plans, £60.2m has now been mitigated and a further £8.5m is yet to be identified. This represents an improvement of £11.2m on the M7 position. - There is consistent achievement of all other statutory duties. With the exception of cash balances where the maximum balance of 1.25% was exceeded at the end of November by 5 CCGs. - As agreed with the committee amendments have been made in relation to inclusion of percentage comparators (table 2) and a consolidated Income & Expenditure report (table 3). <p>AW asked regarding in relation to table 3, how much of the primary care commissioning shortfall is inherited from NHSE/I delegation? MC confirmed that, as the only CCG with recent delegation, this would relate to Wirral CCG only. IS confirmed that from St Helens perspective that whilst he expected the position to improve, the most significant issue was in relation to additional roles reimbursement.</p>	

	<p>JM requested from a lay Member perspective a greater level of detail in relation to variances. MC confirmed that operating at detail for 9 CCGs across at least 8 expenditure headings would overwhelm the committee and the teams producing the papers with the volume of information. Therefore, we will be operating by exception and CFOs will escalate material variances and issues when necessary. LR linked this response back to the principles in her earlier paper. As a system we continue to work collectively to manage the position but it is not anticipated to be a series of deep dives into variances.</p> <p>JM suggested that lay members may need some kind of exception reporting or key issues as we need to understand what we are dealing with and that CFOs could present particular challenges that they are facing.</p> <p>GH confirmed that working at a system level means that exception reporting will require a level of materiality.</p> <p>MB returned to the issue of Primary Care and confirmed that Knowsley has a particular issue with primary care funding kinked to historic investments.</p> <p>MC clarified that the current report confirms that the material variance to focus on is that of QIPP. All other variances are within a range of reasonable tolerance.</p> <p>LR confirmed that Cheshire has the most significant financial challenge, whilst this is expected to show improvement in M9 reporting, there is still expected to be a deficit at the yearend which would require further support.</p> <p>IS confirmed the full commitment of CFOs in managing risks and issues.</p> <p>Members noted the report</p>	
B6	<p>Risk</p> <p>MC presented a paper on risk which did not recommend moving to a single Board Assurance Framework and risk register and therefore:-</p> <ul style="list-style-type: none"> - Each CCG should continue with its current risk reporting and mitigation processes. - Risks that exceed a score of 15 will be reported to the committee by exception. <p>JB thanked MC for the conciseness of the report and commented on the consistency of the highest scoring themes – dis this require additional scrutiny.</p>	

	<p>MC's interpretation is that the consistency should provide the committee with assurance as to the effectiveness of local systems in identifying risks. These systems are assured through internal audit programmes.</p> <p>CW thanked MC for the paper, agreed that we should not be changing the way that CCGs manage their risks and emphasised the importance of consistency in scoring and risk appetite.</p> <p>GH also added as an audit chair for 2 of the CCGs he felt that the right balance was being struck between focus on the transition checklist and focus on CCG risk.</p> <p>JM asked how, given differing risk appetites, we could equalise the perception of risk across Cheshire and Merseyside. MC confirmed that the CFO meeting was a forum where this could be reviewed with any material changes communicated back to the committee.</p> <p>Members noted and endorsed the paper.</p>	
B7	<p>Future workplan of the committee</p> <p>DF confirmed that the workplan remains in development which is being reviewed with ICS workforce leads and that MIAA are also reviewing this. DF is aiming to have the complete version for next months meeting.</p> <p>Members noted the update.</p>	
B8	<p>Any Other Business</p> <p>There were no other items of business discussed.</p>	
B9	<p>Summary of key issues and actions arising from the meeting</p> <p>Key issues:</p> <ul style="list-style-type: none"> • Post March governance position • How to approach together • Variance exception reporting • HR position for this committee going forward • Expectation of risk with CCGs for this financial year <p>CW asked for further information on the HR issues, as she chairs the OD and workforce group, CW can make sure that these are raised.</p>	

	<p>MB emphasised the discussions on aligning governance and making sure that we triangulate between issues of finance, quality and performance. It is also important that we ensure committee agendas are not viewed in isolation from each other.</p> <p>JM raised the importance of place and how issues of risk and governance are managed.</p> <p>GH thanked members to attending today.</p>	
Date and Time of Next Meeting		
10th February 2022, 2pm, MS Teams		

Quality Sub-Committee

Key issues report

8th February 2022



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

Key issues arising from the meeting held on 8th February 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
Care Home Report	<p>A report was presented which provided a summary of the key functions and NHS support offer to care homes across Cheshire & Merseyside.</p> <p>The report outlined the governance arrangements including the transition arrangements of the Care Home Collaborative to the Integrated Care System (ICS) from July 2022. A new SRO for care homes will need to be identified due to the forthcoming retirement of the existing Chief Nurse who holds the portfolio currently.</p>	<p>Governance arrangements outlined</p> <p>Key achievements highlighted</p> <p>Overview of deliverables, outcomes and method of evaluation and measurement provided</p> <p>Gap analysis provided for each CCG</p>	A further update in relation to care homes is included in the workplan for June 2022.	End June 2022
Cheshire and Merseyside Nursing, Midwifery and Allied Health Professionals Workforce Development Programme 2021-22	Joanne Inman from NHS England and NHS Improvement attended to share the vision and mission of the Programme, an overview of the current governance arrangements and the ten workstreams within the remit of the Programme.	Oversight of arrangements in place via the Programme and confirmation that workforce is on the Collaborative meeting agenda in March also.	A further update in relation to care homes is included in the workplan for May 2022.	End May 2022

	<p>Recruitment remains a national concern, but a large amount of work has been done on overseas recruitment. The sub-committee was advised that a new post will explore the intention models within the ICS (to include all areas such as doctors, primary care, secondary and community care).</p>	<p>Detailed map provided to show intention models.</p>		
<p>Special Educational Needs and Disability (SEND) report</p>	<p>A baseline assessment across all CCGs was provided to the sub-committee. The baseline maturity matrix completed in October 2021 was rated as red, but the second submission made in December 2021 was rated as amber.</p> <p>Updates on numerous key lines of enquiry (KLOEs) were also provided in addition to the governance arrangements including place-based Partnership Boards and how they link to the North West Leadership Group and other regional networks.</p> <p>Any issues will be escalated to the ICS SEND Board and these will be escalated internally to the ICS Children and Young Peoples (CYP) Transformation Board. It was agreed that a consistent data collection approach was required with consideration given to a heatmap of risk areas.</p>	<p>Baseline Maturity Matrix for October 2021 and December 2021 provided.</p> <p>Proposed governance structure provided.</p>	<p>A further update in relation to care homes is included in the workplan for April 2022. This will include terms of reference for the ICS SEND Board, development of a dashboard and a model for Designated Medical Officer (DMO) and Designated Clinical Officer (DCO).</p>	<p>End April 2022</p>

<p>All age Continuing Health Care (CHC)</p>	<p>An overview of the system architecture to support consistent operating arrangements for the future ICS was provided.</p> <p>A report provided oversight of what is included in the CHC programme of work, how each CCG is configured to deliver the function and work being undertaken through the transition period, including Quarter 2 performance.</p> <p>Three risks were noted in the report which related to workforce, differing levels of integration at place and the implementation of Liberty Protection Safeguards (LPS) in 2023.</p>	<p>Oversight of arrangements in place were provided.</p> <p>Quarterly performance data provided for number of referrals completed within 28 days (80% target).</p> <p>Development of a Target Operating Model Framework.</p>	<p>A further update in relation to care homes is included in the workplan for a monthly update.</p>	<p>End March 2022</p>
<p>Maternity Report</p>	<p>An overview was provided on midwifery continuity of carer, the Ockenden review and local maternity systems.</p> <p>Serious incidents (SIs) were also covered within the report.</p> <p>All providers to present an update on Ockenden to their public Boards by 31 March 2022 and to the Local Maternity and Neonatal System (LMNS) and NHSE/I by 15 April 2022.</p> <p>Oversight of risks and opportunities provided.</p>	<p>Perinatal Clinical Quality Surveillance Model Tool (PCQSMT) and Governance Framework in place.</p> <p>Maternity service Care Quality Commission (CQC) status provided for all providers in January 2022.</p>	<p>Consideration needs to be given to the current governance to plan for moving towards the ICB and closer alignment for engagement between place, primary care and community services.</p> <p>Maternity transformation is included in the workplan for April and July.</p>	<p>End April 2022</p>

ASSURE (issues for which the committee has received assurances)

Issue	Committee update	Assurances received	Action	Timescale
Quality Sub-Committee workplan	<p>The workplan for the sub-committee has been reviewed and further developed up to end July 2022.</p> <p>Some additional items and amendments were discussed, and it was agreed that an updated workplan would be presented to the March meeting.</p>	The workplan will be continually reviewed and cross referenced against current and future risks.	Updated workplan to be presented to the March sub-committee meeting and then to the Joint Committee thereafter.	End March 2022
Risk Register	<p>A risk register was presented which highlighted that there were ninety risks from across all CCGs with a quality related theme.</p> <p>It was agreed that a task and finish group would be of value to review the quality risks and ascertain the themes and trends to ensure robust oversight by the sub-committee.</p>	Full oversight of the risk register.	Task and finish group to be formed with key members, following agreement between Fiona Taylor and Dianne Johnson.	End March 2022

Performance Committee

Key issues report

15th February 2022



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

Key issues arising from the meeting held on 15th February 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
Committee Chairing arrangements.	Resignation of Committee Chair and the Vice Chair moving to a new designate position within the ICB (from 1/3/22). Resulting in both positions becoming vacant.	Escalation to Joint Committee and Governance Lead	Progression of appointment of new Chair and Vice Chair.	Feb/Mar 2022
Performance Committee Terms of Reference	CFO appointees to the Committee advised that one CFO representative will attend in future. This may impact on quoracy due to numbers.	n/a	Terms of Reference to be reviewed to assess impact on quoracy.	Feb 2022
Performance Reporting and Monitoring	Due to the ongoing development of performance reporting and methodology for exception reporting, the committee is not yet able to monitor and manage performance effectively.	Working Group continuation and appointment of AO & Executive Lead.	CCGs to continue to monitor performance and associated risks until further committee development has taken place.	Ongoing

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

Issue	Committee update	Assurances received	Action	Timescale
Performance Reporting and Monitoring	Working group development of HCP/ICB reporting pack to progress further work to enable committee to exercise functions.	n/a	Development of a revised reporting pack. Alignment with ICB/HCP workstream.	Feb/Mar2022

Performance Reporting and Monitoring	CCG performance leads to use 'key issues' template to inform committee of issues for escalation and monitoring. Information to be triangulated with revised reporting pack.	n/a	Committee Executive & Governance Lead to request CCG performance leads to populate key issues template. Governance Lead to consolidate position to be reported at next meeting by Executive Lead.	Feb/Mar 2022
Risk Management	Update on risk management review by Gov Leads/MIAA. This work not yet completed.	N/A	CCGs to continue to monitor performance related risks through CCG legacy arrangements. Performance Committee members to have early sight of the consolidated risks paper before next meeting.	Ongoing
ASSURE (issues for which the committee has received assurances)				
Issue	Committee update	Assurances received	Action	Timescale
None to report				

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

23rd February 2022

Agenda item: **D4**

Report Title	Commissioning Working Group Update Report
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Report Author	Dave Horsfield, Director of Transformation, Planning & Performance, NHS Liverpool CCG
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Committee Sponsor	Dianne Johnson, Executive Director of Transition, C&M HCP
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Purpose	Approve	✓	Ratify		Decide	✓	Endorse		For information	✓
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Decision / Authority Level	Level One	✓	Level Two		Level Three	
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Executive Summary
This report provides an overview of the Directors of Commissioning Group that took place on Monday 7 th February 2022.

Recommendations
It is recommended that the Joint Committee:
<ul style="list-style-type: none"> • Note the contents of the report. • Agree to receive a paper at the next meeting to review a number of recommendations for the development of the Complex Rehabilitation Network. • Agree to receive a paper with recommendations for the Committee to consider on a single IVF/Subfertility policy at the March 2022 meeting. • Agree to the additional work plan areas: <ul style="list-style-type: none"> ○ <i>Core20PLUS5</i> ○ <i>Advocacy and Liberty Protection Safeguards</i>

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

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

Key Risks & Implications identified within this report

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

Conflicts of Interest Consideration and mitigation:

Joint Committee members will be required to declare any conflict of interest pertinent to this paper.

Link to Committee Risk Register and mitigation:

N/A

Report history:

Regular report updated monthly.

Next Steps:

Working group to continue activity outlined in the approved work plan and to develop recommendations to the Joint Committee based on these items.

Appendices:

N/A

Commissioning Working Group (DoC) Update Report

1. Introduction

- 1.1 The Cheshire and Merseyside Commissioning Working Group met on 7th February 2022 since the last meeting of the Joint Committee. This report provides an overview and any recommendations made to the Joint Committee on the agenda items discussed at the meeting.

2. Committee Management

2.1 Commissioning Working Group – Work Plan

The group reviewed the work plans with all leads assigned to each area, except for Clinical Policy Standardisation currently with no longer term lead whilst capacity constraints are managed.

3. Business

3.1 The Northwest Maternal Medicine Network (MMN) Commissioning and Funding Arrangements

Catherine McClennan (Director for Women's Health and Maternity Programme, C&M Health and Care Partnership) presented a paper regarding the emerging structures and requirements for the funding and commissioning of the MMN. The paper outlined the need for recurrent funding and future commissioning arrangements in addition to structures agreed by the North West MMN Board to support development of models of care (to reduce mortality for all pregnant woman and reduce neonatal morbidity and mortality). The MMN Board has established three centres across the North West; St Mary's (Manchester), Liverpool Women's Hospital and The Royal Preston Hospital. The Board has also undertaken clinical and system readiness assessments, identifying St Mary's as best placed centre to host the management function of the MMN. In line with this the MMN Board has agreed in principle that Greater Manchester ICS should be the lead commissioner with support from Lancashire and Cumbria and Cheshire & Merseyside ICS representatives on the MMN Board.

The key aspect for the MMN is to ensure future recurrent funding via commissioners across the North West. Currently, early notification has been received by Local Maternity Systems that £10.3m is being distributed nationally in system baselines for 2022/23.

The Group acknowledged the work of the Northwest MMN Board and could see no issues during the discussion with the decision for Greater Manchester ICS to be the lead commissioning body from 1st April 2022. The paper was also due to be presented to the C&M Directors of Finance and it was requested by the group that discussions regarding baseline allocation funding for MMNs remain on the agenda at Director of Finance meetings for planning into 2023/24 in addition to management of the 2022/23 allocation.

3.2 Update C&M Complex Rehabilitation Network

Amanda Brookes (Senior Planning Programme Manager, NHS Liverpool CCG) presented a detailed overview of the work undertaken in the further development of the complex rehabilitation network.

Several areas were highlighted regarding the need to make decisions on the development of governance arrangements, contracting, staffing, joint working and budgeting arrangements, which will impact on pathway development to fully meet patient needs. Whilst there are funding streams in place it was proposed that rather than individual CCG/place allocations it would be cost-effective for a centralised funding mechanism to be agreed.

It was also noted and discussed that St Helens & Knowsley Teaching Hospitals are looking to explore future delivery options at the hospital site with repurposing of the rehab beds at the on-site Seddon Suite facility to support the elective activity backlog a consideration. As such, plans are expected to be submitted to the hospital cell to consider this option for Winter 2022. St Helens CCG are in discussions on the matter with the Trust and the Network and will update the group as this progresses as this proposal would raise a number of issues.

Due to the level of detail required to fully consider the recommendations for the C&M Complex Rehabilitation Network, a separate paper is suggested for the Joint Committee. The Group supported the direction of travel and recommendations outlined.

Recommendation:

- To **receive a paper at the next meeting** to review a number of recommendations for the development of the Complex Rehabilitation Network.

3.3 **Health & Inequalities**

Carl Marsh referenced the work which is currently underway in Warrington in relation to Personality Disorder Out of Area service. The Group will be updated on this work at the next meeting, and subsequently a proposal to Joint Committee.

Nesta Hawker referred to the work in Wirral on Core20PLUS5 initiative in accordance with NHSE/I approach to reduce health inequalities both at a system and national level. The group will be updated on progress in March and agreed that Core20PLUS5 should be added to the work plan due to its significance in health & inequalities and operational planning guidance.

Recommendation:

- The Joint Committee is asked to **agree** the addition of Core20PLUS5 to the workplan.

3.4 **IVF Policy progress & alignment of policies**

Alison Johnston provided a verbal update on progress to date of two key aspects in relation to Subfertility/IVF policy alignments across Cheshire & Merseyside and the potential financial impact, depending on the outcome of the engagement/consultation process. The financial information submitted by the CCGs demonstrated the current annual spend of just under £5 million on IVF treatment across Cheshire and Mersey.

The next steps in the process will require consideration of the consultation process. In order for the Joint Committee to consider the next steps and any recommendations, Lancashire and Midlands CSU (MLCSU) have been engaged and are in the process of preparing a costed engagement proposal. The timescales for submission of the proposal are for the first draft to be received by 17 February, followed by a fully worked up version by 21 February. As this work will not be completed in time for the February meeting, a paper will be submitted for the March Committee. The group thanked the team at Cheshire CCG for the considerable amount of work undertaken to date.

The group also agreed that the proposal should include sufficient staffing resource to support the project as resourcing within the current team is under considerable pressure.

The MLCSU will include a three-stage approach based on the following:

Phase 1: extensive engagement to understand the current position, feeling and experiences of IVF and assisted fertility in the region. This may be sufficient to then make a decision on the adoption of a single policy.

Phase 2: if required, options appraisal based on existing policies and engagement.

Phase 3: if required, full consultation process.

Recommendation:

- To **note** that, owing to the February deadlines for the MLCSU full engagement proposal, a paper with recommendations for the Committee to consider on a single IVF/Subfertility policy will be submitted in advance of the meeting on 29 March 2022.

3.5 Collective Review of Service stepdown

The Chair followed up the request of the Joint Committee (January meeting) and asked the group if any work had been undertaken in tracking service provision step up/down in relation to Covid and Winter response/funding. The group acknowledged the potential duplication of work in this area as a similar exercise is being considered by other groups (Capacity and Flow Task & Finish Group and Deputy Directors of Finance). It was agreed that multiple service lists across groups would be unhelpful and work was required to establish current activity in this area.

Carl Marsh agreed to follow up and at the time of writing the report it has been established that the COVID tracker maintained by finance teams will provide a baseline (non-ISFE returns will provide a summary for this). Wider C&M funded services such as nMABs and Virtual Wards may not be captured. The Commissioning Working Group will be required to work up a definitive list with details.

3.6 Long Covid Model

Nesta Hawker referred to the updated paper, submitted to the Joint Committee (23 February) and provided the group with an update regarding this.

3.7 Pulmonary Rehabilitation (PR) Services

Nesta Hawker appraised the group of the planned workforce initiative across the Respiratory Network to allocate a Band 4 member of staff to each PR team. The purpose of the Band 4 staff is to pilot the use of the 'rehab guru' digital app with the expected outcome to increase the capacity of clinical Band 6 and 7 staff. Funding is available for 2022/23 and if the pilot demonstrates the expected benefits a request will be submitted to the ICS to fund the PR posts recurrently from April 23 as per national guidance. A review of the pilot is scheduled for September, following which the Group will be updated in October and, subject to the outcome of the review, agreed to consider a similar system being applied across other specialities.

3.8 **Acute provider collaborative elective programme**

Caroline Lees (Assistant Director Urgent, Planned and Community Health, NHS St Helens CCG) advised the group that a proportion of her time will be allocated to supporting the elective programme of the acute provider collaborative. An issue was raised in relation to whether the DoCs or Joint Committee is the best forum to gain ICS wide or place approval from commissioners for new pathways.

Following discussion (and an example of the ophthalmology project), the group clarified its remit to consider proposals and information to ensure connection across the system, and the role of the Director of Finance meetings in relation to any financial implications. Both would bring any recommendations to the Joint Committee where appropriate, with a full paper to the Committee subject to what is being asked. Decisions would be made by the Joint Committee for all aspects under its delegation.

3.9 **Advocacy and Liberty Protection Safeguards**

Amanda Ridge (Associate Director, Strategy and Partnerships, NHS Cheshire CCG) appraised the group of discussions that are underway with both Cheshire East and Cheshire West in relation to the new NHS statutory responsibilities coming into force in 2022 for Advocacy and Liberty Protection Safeguards which not only affect CCGs, but hospital trusts too. Cheshire CCG is keen to explore what is happening at C&M and other CCGs in this regard. The group clarified they had not been sighted on the changes but agreed Advocacy and Liberty Protection should be added to the work plan as implications needed to be considered.

The new legislation imposes a duty on local authorities and NHS organisations (Clinical Commissioning Groups (CCG) and Hospital Trusts) to take on the role of 'Responsible Bodies'. NHS trusts will be responsible for patients in their care and CCGs will be responsible for Continuing Healthcare (CHC) patients. This is a new role for CCGs and Trusts and there will be financial and workforce implications. Most CCG safeguarding teams are preparing for the introduction of LPS and are aware of the workforce/training implications, though most are awaiting the LPS Guidance before agreeing next steps. However, there is also a need for CCGs to consider the financial and commissioning implications of the new responsibility to fund statutory advocacy for CHC and hospital patients when the new legislation takes effect. The responsibility will transfer to the ICB once CCGs cease to exist in July 2022.

Recommendation:

- **Note** the impact the new statutory requirements will have on CCGs and Hospital Trusts.
- **Agree** the addition of Advocacy and Liberty Protection Safeguards to the workplan.

4. Recommendations

4.1 It is recommended that the Joint Committee:

- **Note** the contents of the report.
- **Agree** to receive a paper at the next meeting to review a number of recommendations for the development of the Complex Rehabilitation Network.
- **Agree** to receive a paper with recommendations for the Committee to consider on a single IVF/Subfertility policy at the March 2022 meeting.
- **Agree** to the additional work plan areas:
 - *Core20PLUS5*
 - *Advocacy and Liberty Protection Safeguards*

Access to further information

For further information relating to this report contact:

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