AGENDA

NHS
South Sefton
Clinical Commissioning Group

Governing Body Meeting (Part I)
Agenda

Date: **Thursday 21st April 2022, 13:00hrs to 15:00hrs**
Venue: **Virtual Meeting: Teams**
To help the CCG respond to the coronavirus we are moving all meetings that we hold in public to virtual meetings for the foreseeable future. This also applies to our regular operational internal meetings in line with national guidance to ensure our staff are supported to work remotely. We will continue to publish papers as normal.

13:00 hrs Formal meeting of the Governing Body (Part I) commences.

The Governing Body Members

Dr Peter Chamberlain	Chair & Clinical Director	PC
Alan Sharples	Deputy Chair & Lay Member - Governance	AS
Steven Cox	Lay Member - PPI	SC
Dr Reehan Naweed	GP Clinical Director	RN
Jane Lunt	Interim Chief Nurse	JLu
Martin McDowell	Chief Finance Officer	MMcD
Dr Alison Rowlands	GP Clinical Director	AR
Dr Sunil Sapre	GP Clinical Director	SS
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

Co-opted Members

Director *or Deputy*	Director of Public Health, Sefton MBC	
Director *or Deputy*	Director of Social Services and Health, Sefton MBC	
Bill Bruce	Chair, HealthWatch	BB

Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					**13:00hrs**
GB22/36	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB22/37	Declarations of Interest	Chair	Verbal	Receive	
GB22/38	Minutes of previous meeting – 3rd February 2022	Chair	Report	Approve	
GB22/39	Action Points from previous meeting – 3rd February 2022	Chair	Report	Approve	
GB22/40	Business Update	Chair	Verbal	Receive	
GB22/41	Chief Officer Report	FLT	Report	Receive	
Quality					**13:20hrs**
GB22/42	Chief Nurse update	JL	Report	Receive	15 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					**13:35hrs**
GB22/43	Chief Finance Officer update	MMcD	Report	Approve	25 mins
GB22/44	Integrated Performance Report	MMcD	Report	Receive	
Governance					**14:00hrs**
GB22/45	ICS and ICB update	FLT	Verbal	Receive	15 mins
Key Issues Reports to be received for "review, comment and scrutiny":					**14:25hrs**
GB22/46	Key Issues Reports: a) Audit Committee b) C&M Finance & Resource Committee c) C&M Quality Sub Committee d) C&M Performance Committee e) Primary Care Commissioning Committee PTI	Chair	Report	Receive	5 mins
GB22/47	Approved Minutes: a) Audit Committee b) Primary Care Commissioning Committee PTI c) C&M Joint Committee	Chair	Report	Receive	
Closing Business					**14:30hrs**
GB22/48	Any Other Business *Matters previously notified to the Chair no less than 48 hours prior to the meeting*				5 mins
GB22/49	Date of Next Meeting **Thursday 2nd June 2022 * Meeting to be rearranged due to bank holiday** All PTI public meetings will commence 13:00hrs.				
Estimated meeting close					**14:35hrs**

Motion to Exclude the Public:
Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)

NHS
South Sefton
Clinical Commissioning Group

Governing Body Meeting in Public
Draft Minutes

Date: **Thursday 3rd February 2022, 13:00hrs to 15:00hrs**
Format: To help the CCG respond to the coronavirus meetings are being held virtually, as per the published notice on the CCG website.

The Governing Body Members in Attendance

Dr Peter Chamberlain	Chair & GP Clinical Director	PC
Alan Sharples	Deputy Chair & Lay Member for Governance	AS
Bill Bruce	Health Watch Chair	BB
Deborah Butcher	Director for Adult Social Care (Sefton Council)	DB
Steven Cox	Lay Member for Patient & Public Engagement	SC
Dr Gina Halstead	GP Clinical Director	GH
Martin McDowell	Chief Finance Officer	MMcD
Alison Rowlands	GP Clinical Director	AR
Fiona Taylor	Chief Officer	FLT

In Attendance

Michelle McNulty	*Minute Taker*	MMcN
Debbie Fairclough	Interim Programme Lead – Corporate Services	DF
Tracey Forshaw	Deputy Chief Nurse	TF
Ingrid Bell	Designated Clinical Officer (SEND 0-25) MCFT	IB

Apologies

Jeff Simmonds	Secondary Care Doctor
Dr John Wray	GP Clinical Director
Helen Armitage	Public Health, Sefton MBC (*co-opted member)*
Jane Lunt	Interim Chief Nurse
Dr Sunil Sapre	GP Clinical Director

Name	Governing Body Membership	Apr 21	Jun 21	Sept 21	Nov 21	Feb 22
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	✓
Alan Sharples	Deputy Chair & Lay Member - Governance	✓	✓	✓	✓	✓
Director or *Deputy*	Director of Public Health, Sefton MBC (*co-opted member)*	A	✓	✓	A	A
Director or *Deputy*	Director of Social Service & Health, Sefton MBC	A	A	A	A	✓
Gina Halstead	GP Clinical Director	✓	✓	✓	✓	✓
Bill Bruce	Chair, HealthWatch *(co-opted Member)*	A	✓	A	✓	✓
Steven Cox	Lay Member for Patient & Public Engagement		✓	A	✓	✓
Jane Lunt	Interim Chief Nurse				✓	A
Chrissie Cooke	Interim Chief Nurse	A	A	✓		

Name	Governing Body Membership	Apr 21	Jun 21	Sept 21	Nov 21	Feb 22
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Rowlands	GP Clinical Director				✓	✓
Dr Sunil Sapre	GP Clinical Director	✓	✓	✓	✓	A
Dr Jeff Simmonds	Secondary Care Doctor	A	A	A	A	A
Fiona Taylor	Chief Officer	✓	✓	✓	A	✓
*Dr John Wray	GP Clinical Director	✓	✓	A	A	A

*Standing meeting clash

Quorum: Majority of voting members.

No	Item	Action
GB22/1	**Update from Designated Officer for SEND** Ingrid Bell Designated Clinical Officer for SEND attended to provide the Governing Body with an update on her role and priorities going forward. **Resolution:** The members received the update and thanked her for her time.	
GB22/2	**Apologies for Absence** Apologies were received from Jeff Simmonds, Dr John Wray, Helen Armitage, Jane Lunt and Dr Sunil Sapre The Chair informed the members that the information on the governing body meetings had been updated on the CCG website to provide the public with an opportunity to continue to present questions to the members. No questions had been received for the meeting.	
GB22/3	**Declarations of Interest** The members were reminded of their obligation to declare any interests they may have in relation to any items on the agenda and any issues arising at governing body meetings which might conflict with the business of NHS South Sefton CCG. Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Fiona Taylor, Martin McDowell and Tracey Forshaw. It was noted that the interests raised did not constitute any material conflict of interest with items on the agenda. Declarations made are listed in the CCGs Register of Interests which is available on the website http://www.southseftonccg.nhs.uk/about-us/our-constitution/	

GB22/4	**Minutes of Previous Meeting 4th November 2021** The members approved the minutes of 4th November 2021 as a true and accurate record.	
GB22/5	**Action Points from Previous Meeting** **GB21/115 Key Issues Reports** • PC ,MMcD, LMC to write a letter regarding concerns in relation to lost records due to digitisation to NHS digital. **Resolution:** Open *Update:* Fix due to be put in place this quarter and letter was withheld due to this advice. MMcD advised the fix is due for this month. GH reported the system is vulnerable to minor errors and won't fix historic errors. Rob Caudwell, Louse Taylor and GH have been working on advice for practices. Further update to be brought after April 2022. **GB21/149 COVID-19 Equality Briefing Version 15** • Agenda item for Development Session "Pressures on primary care" with input from Sefton LMC. **Resolution:** Closed **GB21/151 Integrated Performance Report** • MMcD to bring some information back through the development session in relation to referrals into the independent sector. **Resolution:** Closed *Update:* Complete discussed at the Development Session in December **GB21/153 ICS (ICB) and ICP update** • Feedback from the task and finish group in relation to local developments to be brought back to the development session in December 2021. **Resolution:** Closed	
GB22/6	**Business Update** The Chair provided his business update to the governing body members, which included a update in relation to the pressures which are still being felt within Primary Care. Staffing pressures still being seen due to staff covid staff sickness within the providers and general practice. PCNs along with the local authority have added additional pop up vaccination sites within the Sefton area over the winter period to push second and booster doses to those who are eligible. PC advised that ICB have now appointed to some of its senior director roles and these will be published once they have been through the relevant HR steps.	

	The chair congratulated Fiona Taylor on her 40th year of service in the NHS. **Resolution:** The members received the update.	
GB22/7	**Chief Officer Report** FLT presented the Chief Officer report which focussed on those items not covered on today's agenda. Member's attention was brought to section 1 *Vaccine as a condition of employment,* FLT noted that on 9 November 2021, the Department for Health and Social Care laid out regulations that require public facing members of NHS staff in organisations involved in CQC regulated activity to be vaccinated against COVID-19 by 1 April 2022. This means that by 3 February 2022, eligible workers must have received their first dose of the vaccination, or they will be redeployed or could have their contracts terminated. The CCG is working with staff and general practice to understand what the implications may be for our organisations. In relation to section 3 FLT advised NHS England and Improvement formally confirmed a change to the go live date for new integrated care structures and the closedown of clinical commission groups (CCGs). A new target date of 1 July 2022 will allow sufficient time for the remaining parliamentary stages for new arrangements to take effect – putting Integrated Care Systems (ICSs) on a statutory footing and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previous target date of 1 April 2022. This new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining momentum towards more effective system working. We continue to prepare for the closure of CCGs and the establishment of NHS Cheshire and Merseyside Integrated Care Board, working towards the new target date. Recruitment to executive director roles for the ICB is taking place during January and February. Locally, the CCGs continue to work at pace with Sefton Council and other partners in developing place based partnership (PBP) arrangements through our Sefton Partnership. The PBP will work as part of the ICS and strengthen local arrangements to improve health and care and deliver the priorities of our Health and Wellbeing Strategy and the local plan for the NHS, Sefton2gether. In relation to staff returning to the workplace, DFair confirmed there is a plan in place once the remedial works have been completed now that government guidelines are being relaxed the CCG will now focus on the establishment of a hybrid/agile model of working and implement plans to support on-site working at Magdalen House following the results of recent staff surveys. DFair noted it will be a phased approach with continued risk assessments being built into the planning Sefton Council has appointed a new Executive Director of Children's Social Care and Education. After a thorough recruitment process, the Council has appointed Martin Birch, who is currently Director of Children's Social Care at Together for Children, in Sunderland. DB confirmed that Martin will permanently replace Lisa Lyons and will be starting his role at the end of March 2022. Section 8 and 9 FLT advised that in December 2021, the governing body resolved to disestablish the finance and resources committee and the joint quality and performance committee. In doing so the governing bodies further delegated the majority of the respective responsibilities to the newly	

	established C&M sub-committees; finance and resources committee, quality committee and performance committee. Those committees have all now met on at least one occasion and are reporting into the C&M joint committee. The transition board is continuing to oversee the transition to the ICB. Leads across the system have been supporting the creation of handover documents for the respective functions of governance, quality, contracting and procurement, communications and engagement and workforce with the first drafts being submitted by the 31 January 2022. **Resolution:** Members received the report.	
GB22/8	**Chief Nurse update** TF provided the Governing Body with an overview of the current key issues in terms of quality within the CCG commissioned services and the wider aspects of the Chief Nurse portfolio. TF noted there has been agreement across all CCGs, for Mersey Care NHS Foundation Trust (Mersey Care) to move across to NHS EI enhanced surveillance as a supportive measure following the acquisition of North West Broughs, this has been noted by NHS England. At the beginning of January 2022, Mersey Care confirmed they have moved into business continuity as a result of the impact of COVID Omicron and significant issues in relation to staff sickness. The CCG supported Mersey Care to ensure there is a focus on essential meetings, TF noted this has since been stood down at the end of January 2022. The CCG has requested Midlands and Lancashire Commissioning Support Unit (MLCSU) to provide gap analysis for patients who are under section of the mental health act (MHA), placed in an independent provider, who require case management. This should inform the CCGs of a potential commissioning gap, and to consider how this can be managed. Members noted this came to light when difficulties were experienced with transferring a patient who required alternative placement, who was an increased risk to self and others. In relation to Southport and Ormskirk hospital (SOHT) the trust reported a serious incident on 4 January 2022, for an incident that occurred on 31 December 2022. The incident resulting in a patient being arrested by the police and sectioned under the mental health act. A police investigation is in progress. NHS EI are fully sighted with a meeting taking pace to explore whether the case meets the threshold for a mental health homicide. A joint investigation will take place between SOHT and Mersey Care. Members noted that problems in relation to pressures across the system are causing these issues noting that underfunding is a contributing factor to this. FLT noted that additional monies had been provided to help but agreed sustaining recurrent funding is more important. **Resolution:** Members received the report.	
GB22/9	**Chief Finance Officer update** MMcD presented the Governing Body with an overview of the Month financial position for NHS South Sefton Clinical Commissioning Group as at 31st December 2021. The standard business rules set out by NHS England require a 1% surplus in	

each financial year, however the usual financial framework has been replaced with temporary financial arrangements in response to the COVID-19 pandemic. The temporary arrangements include additional funding for COVID related costs including a continuation of the Hospital Discharge programme. Additional funding has also been provided for Mental Health investments and recovery in Elective Care and Mental Health services.

NHS Planning Guidance was published for April – September 2021 (H1) and the CCG agreed a financial plan for this period. The draft financial plan identified a deficit of £3.290m which was reduced to £1.600m following a revised distribution of system resources. The revised financial plan for H1 was break even and this included a QIPP requirement of £1.600m.

NHS Planning guidance for the remainder of the financial year was issued on 30th September 21 and the CCG and system financial plans were agreed in November 2021. The draft financial plan identified a deficit of £3.327m which was reduced to £2.0m following a revised distribution of system resources, the CCG will need to address the deficit via QIPP schemes which have been identified in the revised financial plan.

Additional funding is available to support continuation of the Hospital Discharge Programme and the Elective Recovery Programme as well as supporting the current expenditure run rates and contracting arrangements to continue.

The Month 9 financial position is an overspend of £0.258m relating to costs for the Hospital Discharge Programme which are due to be reimbursed in Month 10. Once the costs are reimbursed, the CCG will achieve a break even position.

Resolution: The Governing Body approve the proposed budgets for H1 2021/22, noting the following key points:

- Temporary financial arrangements implemented in response to the COVID pandemic remain in place for the 2021-22 financial year.
- Additional funding is available for COVID related costs and recovery of Elective and Mental Health services.
- The draft financial plan for H1 identified a deficit of £3.290m; this was revised to break even following revised distribution of system funding and agreement of CCG QIPP targets.
- Delivery of the break-even position for H1 required QIPP efficiency savings of £1.6m and this was achieved in H1.
- The draft financial plan for H2 identified a deficit of £3.327m and the CCG has a revised QIPP plan of £2.0m following distribution of additional system funding.
- The revised financial plan for H2 is break-even after the CCG identified schemes to deliver its QIPP plan.
- The revised financial plan for H2 is break even including a QIPP target of £2.0m.
- The Month 9 financial position is an overspend of £0.258m relating to costs for the Hospital Discharge Programme which are expected to be reimbursed in Month 10.

GB22/10	**Integrated Performance Report** MMcD led the discussions advising, that the report provides summary information regarding the activity and quality performance on the key constitutional targets of South Sefton Clinical Commissioning Group. MMcD noted that on page 42 of the pack (Summary Performance Dashboard) the table shows the performance has stabilised around RTT. The the number of patients waiting at period end for incomplete pathways >18 weeks has started to decrease below target, with the number of patients waiting more than 52 weeks for referral also steadily increasing from Q2. **Action** – Review action plan from provider at the next Development session in relation to RTT performance. The CCG is achieving 3 of the 9 cancer measures year to date and 3 in November. LUHFT are achieving 1 year to date and 1 in November. The CCG and Trust are still failing both 2 week wait measures in month and year to date. The 2-week breast symptom measure has reached the lowest reported position since this measure was introduced reporting 28.57% in November, out of 49 patients only 14 were seen within 2 weeks for the CCG, the median wait for November for this indicator was 19 days. LUHFT reported 27.11% having 199 breaches out of a total of 273 patients. The main reason for the breaches for both measures is inadequate outpatient capacity associated with increased demand. Demand increased significantly in month. This is a national position estimated at 15-20% additional referrals and it is considered that this is likely due to a combination of Breast Awareness Month, pause in the national screening programme during the early days of the pandemic and the death of a celebrity from breast cancer. The provider is also experiencing challenges with capacity due to gaps in radiology workforce. In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in November, reporting 64.99% and 63.98% respectively. This shows a small decrease from the previous month and the CCG and Trust performance is lower than the nationally reported level of 74.01%. Despite the unprecedented and prolonged surge in demand for unplanned care services, the CCG continue to work with system partners to redirect flow to appropriate non-AED services via the capacity and flow and NHS 111 First groups as well as progressing work streams to improve pathways into other urgent care services such as Walk-In Centres, the Clinical Assessment Service and 2-hour community response services. The Eating Disorder service has reported 33.3% of patients commencing treatment within 18 weeks of referral in November, compared to a 95% target. Just 16 patients out of 48 commenced treatment within 18 weeks, which shows an improvement on last month (20%). Demand for the services continues to increase and to exceed capacity. The Trust and CCG recognise that considerable investment is required for the Eating Disorder (ED) service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24. Both CCGs have agreed £112k of investment in 2021/22. For IAPT 6 week waits to enter treatment, this measure has failed for the first time reporting 70%, which is under the 75% target. The provider is also	MMcD

	reporting under target for 18 week waits to enter treatment with 94% (just under the 95% target). Dipping below national target in respect of cases discharged in the month being seen with 6/18 weeks at the start of treatment. This percentage relates specifically to the time waiting for an assessment. As the CCG is aware, Talking Matters Sefton Psychological Wellbeing Practitioners (PWPs) team has been significantly understaffed, a situation that is reflected nationally. In its ongoing response to the impact of the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS). In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. As previously reported, the SALT service has experienced a sustained increase in referrals following periods of lockdown and the reopening of schools. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. For November, the 18-week performance improved very slightly to 35.2% for South Sefton. The service has continued to focus on recovery and has developed an improvement plan which has been recently shared and agreed, including a trajectory that will see a return to a maximum wait of 18 weeks by end of Quarter 1 2022/23. In November the plan has focused on those children who have waited the longest who have their initial appointments booked in November and December. Whilst it is expected that improved performance will continue to be seen over subsequent months in line with the planned trajectory, COVID-19 continues to impact on both staff and patient availability for appointments. In the meantime, all referrals continue to be clinically triaged at the point of receipt and prioritised according to need. Overall SEND health performance continues to be reported and monitored through the SEND Health Performance Group. Since the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a new and refreshed SEND improvement plan and revising the current governance arrangements. This will revise how health performance will be reported to the SEND Continuous Improvement Board, which will be finalised in due course. GH noted her concerns noted in relation to SEND service access, specifically for GPs and referrals being rejected. **Action** - Leadership Team will review SEND Service access initially then SLT and Gina Halstead to be invited. **Action** - Mental Health Services Update to be included in next Development Session **Resolution:** The Governing Body received the report.	MMcD MMcD
GB22/11	**ICS (ICB) and ICP update** FLT provided the members with a brief verbal update on ICS/ICB. As mentioned within the Chief Officer report NHS England and Improvement formally confirmed a change to the go live date for new integrated care structures and the closedown of clinical commission groups (CCGs). These system changes are set out in the Health and Care Bill, which is currently	

	being considered by parliament. A new target date of 1 July 2022 will allow sufficient time for the remaining parliamentary stages for new arrangements to take effect. FLT noted there has been a great deal of work in relation to our place in the brough of Sefton in terms of an integrated approach. Which has led to some reshaping within the local authority to meet some of the demands which are coming forward. As for the Integrated Care Board, the chair role is out to recruitment. This is the third time that that has been the case with David Flory as the interim chair until the ICB is developed. FLT briefed members on the senior positions within the ICB which have been appointed to and those which are currently out for advert. FLT advised that she has been keeping close contact with CCG staff via attending teams meetings, with staff being given the opportunity to speak directly to her. Staff are also encouraged to attend the "We are one" briefings which are then followed by regular communication updates via a newsletter type format. **Resolution:** The Governing Body received the update.	
GB22/12	**Published Registers** AS presented the Governing Body with an update in relation to the CCGs published registers as at 31st December 2021. The registers have been presented at Audit committee and there were no particular concerns to note. AS noted that the compliance rate for conflict of interest training is down to 83.8%, and asked for those who need to complete the training to do so to meet national standards. **Resolution:** The Governing Body received the update.	
GB22/13	**Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q3 2021/22** The members were presented with the updated Corporate Risk Register (CRR) and GBAF as at 31 December 2021. It was noted that this was as presented to the Audit Committee on the final position of the risks for Q3 2021/22. Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above. The documents have been reviewed and updated by the respective risk leads and, following analysis by the respective committees, presented through the review and scrutiny process. **Action** – Risk "Lack of Care Home Failure Plans could adversely affect continuity of care for patients" to be taken to Leadership Team to review the wording due to the risk score. Further discussion was to be had in the PTII meeting on the confidential risks. **Resolution:** Following review and scrutiny, the Governing Body:	DFair

	• approved the report content and actions • Made no recommendation for any further updates and actions in addition to that already discussed. • Approved the removal of the risks noted within the report.	
GB22/14	**Key Issues Reports:** a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) C&M Finance & Resource Committee e) Primary Care Commissioning Committee PTI **Resolution:** The Governing Body received the key issues reports	
GB22/15	**Approved Minutes:** a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) C&M Joint Committee **Resolution:** The Governing Body received the approved minutes.	
GB22/16	**Any Other Business** <u>Joint Committee & Sub Committees</u> Members noted the inclusion of the new committee key issues and minutes within this month's agenda following the close down of the old governance arrangements. FLT confirmed that all members will be sent the packs for these meetings for information although not everyone is a member. RC noted the format of the documents are clear and helps draw your attention to the issues noted. Any further comments in relation to the papers or minutes to be forwarded to DFair who will feed back to the Cheshire and Mersey team.	
GB22/17	**Date and Time of Next Meeting** <u>Future Meetings:</u> The Governing Body meetings are held on the first Thursday of the month. Dates for 2021/22 are as follows: Thursday 7th April 2022 All PTI public meetings will commence at 13:00hrs, format to be confirmed.	
Meeting concluded PTI meeting concluded using the Teams platform.		**15:00hrs**
Motion to exclude the public: Due to the format of the meeting the motion to exclude the public was not required.		

South Sefton
Clinical Commissioning Group

Governing Body Meeting in Public
Action Points

Date: **Thursday 3rd February 2022**

Item	Item and action	Lead	Update
GB21/115	**Key Issues** • PC ,MMcD, LMC to write a letter regarding concerns in relation to lost records due to digitisation to NHS digital.	MMcD	Fix due to be put in place this quarter and letter was withheld due to this advice. MMcD advised the fix is due for this month. GH reported the system is vulnerable to minor errors and won't fix historic errors. Rob Caudwell, Louse Taylor and GH have been working on advice for practices. Further update to be brought after April 2022.
GB22/10(i)	**Integrated Performance Report** • Review action plan from provider at the next Development session in relation to RTT performance.	MMcD	
GB22/10(ii)	**Integrated Performance Report** • Leadership Team will review SEND Service access initially then SLT and Gina Halstead to be invited.	LT	
GB22/10(iii)	**Integrated Performance Report** • Mental Health Services Update to be included in next Development Session	MMcD	
GB22/13	**Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q3 2021/22** • Risk "Lack of Care Home Failure Plans could adversely affect continuity of care for patients" to be taken to Leadership Team to review the wording due to the risk score.	DFair	

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
APRIL 2022

Agenda Item: 22/41	**Author of the Paper:** Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 8366	**Clinical lead:** N/A
Report date: April 2022		
Title: Chief Officer Report		

Summary/Key Issues:

This paper presents the Governing Body with the Chief Officer's bi-monthly update.

Recommendation

The Governing Body is asked to

- *Receive the update*

Receive	X
Approve	
Ratify	

Links to Corporate Objectives 2021/22 *(x those that apply)*	
X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment				
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

South Sefton
Clinical Commissioning Group

Report to the Governing Body
April 2022

General local and national updates

1. Ukraine crisis

The CCG and Sefton borough council are working closely together to support Ukrainian individuals that are seeking refuge within Sefton. Arrangements are being put in place to ensure individuals are able to access health and care services locally. Although a command and control structure has not been formally established, local emergency planning leads are now meeting frequently to ensure that there is a consistent and comprehensive local response.

2. Chair appointed to lead the NHS in Cheshire and Merseyside

On 1st April the Cheshire and Merseyside Health and Care Partnership announced that following a robust and competitive, national recruitment process, NHS England and NHS Improvement recommended, and the Secretary of State agreed, that Raj Jain will be the new Chair-designate of the NHS Cheshire and Merseyside Integrated Care Board (ICB), ready to take up the post from July 2022 should Parliament confirm the current plans. Raj has extensive experience in leadership roles spanning a 26-year career in the NHS which began when he joined in 1994.

Raj has also chaired several partnership boards, including some outside of health, with recent examples including Greater Manchester's Diagnostic Board, Salford's Digital Board (for the local authority) and the Working Group of the NW Black Asian Minority Ethnic Assembly.

The confirmation of Raj in this role is a significant step in the development of integrated care in Cheshire and Merseyside and the establishment of an NHS Integrated Care Board which, subject to legislation, will hold a substantial budget for commissioning high quality patient care and have the authority to establish performance arrangements to ensure this is delivered. Prior to the Government confirming its plans for the formal establishment of ICBs, Raj will join the ICS so he can help with both the establishment of the ICB and ensure the smooth transition from the current system.

3. Headquarters – returning to on-site working

The CCG's Interim Programme Lead for Corporate Services is continuing to oversee the return to office base working at Magdalen House, Bootle. Several challenges have been encountered not least as a consequence of the pandemic and the application of government infection control guidelines, but also as a result of delays in the provision of building materials and the installation of IT networks.

Now that government guidelines have been relaxed the CCG will now focus on the establishment of a hybrid/agile model of working and implement plans to support on-site working at Magdalen House. The CCGs internal staff forum, Sounding Board, continues to support and inform the development of those arrangements.

4. General practice contract arrangements in 2022/23

On 1st March, NHSE/I wrote to general practice advising of the detail of the GP contract regulations that will be updated in 2022/23. The full letter can be found here https://www.england.nhs.uk/wp-content/uploads/2022/03/B1375_Letter-re-General-practice-contract-arrangements-in-2022-23_010322.pdf

To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

5. Place director appointment

In March, Sefton Partnership announced the appointment of our place director, Deborah Butcher.

Currently the executive director of adult social care and health for Sefton Council, Deborah brings a wealth of experience to her new role. She is responsible for leadership across social work, occupational therapy, professional standards, safeguarding adults and integrated commissioning and she has worked closely with health partners on joint work throughout her time in the borough.

Working closely with local partners, Deborah will play a central role in the future integration of health and care, taking a lead on tackling the health inequalities within our communities. Deborah's new role is a joint appointment between the NHS and Sefton Council.

To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.

6. Place governance arrangements

Health and care leaders are finalising a 'collaboration agreement' that will set out how organisations will work together in Sefton Partnership, building on the solid foundations already in place to provide more joined up health and care services and greater benefits to patients in the borough.

From April to July, Sefton Partnership will be established in shadow form, enabling partners to agree the finer details of future arrangements before the partnership and other regional structures are formally created following the passing of the Health and Care Bill in July.
engagement

To drive quality improvement, performance and assurance across the CCG's portfolio.

7. The Ockenden – final report

The Ockenden – Final report from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was published on 30 March. Donna Ockenden and her team have set out the terrible failings suffered by families at what should have been the most special time of their lives. This report acts as an immediate call to action for all commissioners and providers of maternity and neonatal services who need to ensure lessons are rapidly learned and service improvements for

women, babies, and their families are driven forward as quickly as possible. NHS England and NHS Improvement are working with the Department of Health and Social Care to implement the 15 Immediate & Essential Actions (IEAs) and every trust, ICS and LMS/LMNS Board must consider and then act on the report's findings. A full copy of the report is available here OCKENDEN REPORT - FINAL (ockendenmaternityreview.org.uk)

The CCG has already been working with local providers to ensure that the recommendations continue to be implemented and those arrangements will continue to be strengthened.

8. Cheshire and Merseyside Joint Committee and sub-committees

In December 2021, the governing body resolved to disestablish the finance and resources committee and the joint quality and performance committee. In doing so the governing bodies further delegated the majority of the respective responsibilities to the newly established C&M sub-committees; finance and resources committee, quality committee and performance committee and those delegations were to be in place until 31st March 2022. Those committees have all now met on at three occasions and are reporting into the C&M joint committee.

On 24th December 2021, the government announced a delay to the implementation of the ICS legislation and advised of a new date of 1st July. As a consequence of that, the governing body is asked to formally authorise the ongoing delegation of identified functions to the C&M joint committee and its sub-committees until the 30th June 2022

Recommendation: *the governing body is asked to authorise the ongoing delegation of identified functions to the C&M joint committee and its sub-committees until the 30th June 2022*

9. Transition board

The transition board is continuing to oversee the transition to the ICB. Leads across the system have been supporting the creation of handover documents for the respective functions of governance, quality, contracting and procurement, communications and engagement and workforce.

The programme reporting structure for the transition board is centred around the national readiness to operate statement (ROS) checklist and all requirements have been mapped to the transition's programme task and finish groups. That mechanism provides central visibility of the current status of progress and enables robust evidenced based assurance returns to the regional teams.

To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes.

10. Finance update

The CCG remains on target to deliver its financial duty for the year (break-even position) and is working collaboratively with other CM CCG's to ensure that there are robust arrangements in place in preparedness to handover to the ICB.

A full report will be made by the deputy chief officer/chief finance officer later on the agenda.

To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).

11. Supporting our vaccine programme

The NHS is now offering COVID-19 vaccines to children aged 5 to 11 years. There are 4 vaccination sites across Sefton able to offer appointments for 5 to 11 years and can be booked online/via 119.

A spring booster of the COVID-19 vaccine is available to people aged 75 and over, people who live in a care home for older people, or people aged 12 and over who have a weakened immune system. Further information is available here https://www.southseftonccg.nhs.uk/get-informed/latest-news/latest-information-about-coronavirus/

The latest national updates on coronavirus from the Public Health England & the Department of Health and Social Care can be found at: gov.uk/coronavirus

The latest NHS advice, including information on the COVID-19 vaccination service is available here: nhs.uk/coronavirus

From 1 April 2022 South Sefton PCN has been formed following approval of the plan to merge Seaforth and Litherland and Bootle, Crosby and Maghull PCNs.

The new PCN will cover around 155,000 patients living in South Sefton and builds on a strong record of joint working that has been developed through schemes such as the social prescribing link worker service and collaborative approaches to medicines management and enhanced health in care homes.

Merging has consolidated the wealth of experience and strong clinical leadership each PCN brings to this new partnership and they will continue to support member practices in delivering joint programmes of work that respond to national requirements and local priorities.

Dr Craig Gillespie has taken on the clinical director role of South Sefton PCN, with Dr Catherine Aspden and Dr Peter Chamberlain deputy clinical directors representing Bootle and Maghull respectively. Dr Emma McDonnell continues as interim Deputy Clinical Director to support the smooth handover to Dr Reehan Naweed who will be joining us as deputy clinical director for Seaforth & Litherland. Rachel Stead continues as Strategic PCN manager working closely with our PCN Manager, Angela McMahon.

The new PCN will have the flexibility to work at scale across our larger footprint, whilst retaining the ability to address locality issues and develop specific schemes to meet needs of its different communities. We will work across the whole of south Sefton and will use our voice to support system wide developments, working closely with NHS partners and the likes of Sefton CVS and Sefton Council on these improvements.

All four practice localities will have equal voice within the new PCN and continue to work closely with their integrated care teams. There has been no change as a result of the merger for employed staff, or those employed by other organisations working directly to the PCN.

12. Recommendations

The Governing Body is asked to

- *Receive this report.*
- *Authorise the ongoing delegation of identified functions to the C&M joint committee and its sub-committees until the 30th June 2022*

Fiona Taylor
Chief Officer
April 2022

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
APRIL 2022

Agenda Item: 22/42	**Author of the Paper:** Jane Lunt Chief Nurse	**Clinical Lead:**
Report date: April 2022		

Title: Chief Nurse report

Summary/Key Issues:

The Chief Nurse Report highlights the key quality issues related to commissioned services and also any other issues associated with the Chief Nurse Portfolio.

Keys risks to draw to members attention are:

- The current risks for CHC performance relate to the delivery of service by Midlands and Lancashire Commissioning Support Unit (MLCSU), with consideration of a breach notice. The CCG is also focusing on the contract and service specification for the CHC service, whilst supporting the development of an All Age Continuing Care Programme at the wider Cheshire and Merseyside ICB.

- The CCG has noted the continued challenge in the provision of services for children and young people in crisis, due to either emotional distress, mental health crisis or requiring tier 4 services. This results in an inappropriate extended stay in an acute hospital bed. The CCG is linked into the developments at a wider Cheshire and Merseyside level and are supporting local processes across the North Mersey partnership footprint.

- An independent report has been received following concerns in relation to the Liverpool University Hospitals NHS Trust (LUHFT) gastroenterology follow up pathways. Clear actions and timescales are in place with oversight at the CQPG.

- The Care Quality Commission (CQC) have commenced an unannounced Urgent and Emergency Care System-wide Inspection using new methodology. This type of inspection forms part of the changing CQC focus, away from single trusts inspections. LUHFT will be included in inspection, who will received feedback, but not a rating.

- Alder Hey Children's Hospital NHS Foundation Trust (Alder Hey) remain challenged with the statutory requirements for completion and submission of initial health reviews for children. A recovery plan has been developed with oversight at the CQPG.

Recommendation

The Governing Body is asked to receive this report.

Receive	X
Approve	
Ratify	

Links to Corporate Objectives 2021/22 *(x those that apply)*	
	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement		X		
Clinical Engagement		X		
Equality Impact Assessment		X		
Legal Advice Sought		X		
Quality Impact Assessment		X		
Resource Implications Considered		X		
Locality Engagement		X		
Presented to other Committees	X		X	

NHS
South Sefton
Clinical Commissioning Group

Report to the Governing Body
April 2022

1. Key Issues

Summary/Key Issues:

The Chief Nurse Report highlights the key quality issues related to commissioned services and also any other issues associated with the Chief Nurse Portfolio.

The key risks to draw the members attention to are:

- The current risks for CHC performance relate to the delivery of service by MLCSU, with consideration of a breach notice. The CCG is also focusing on the contract and service specification for the CHC service, whilst supporting the development of an All Age Continuing Care Programme at the wider Cheshire and Merseyside ICB.

- The CCG has noted the continued challenge in the provision of services for children and young people in crisis, due to either emotional distress, mental health crisis or requiring tier 4 services. This results in an inappropriate extended stay in an acute hospital bed. The CCG is linked into the developments at a wider Cheshire and Merseyside level and are supporting local processes across the North Mersey partnership footprint.

- An independent report has been received following concerns in relation to the Liverpool University Hospitals NHS Trust (LUHFT) gastroenterology follow up pathways. Clear actions and timescales are in place with oversight at the CQPG.

- The Care Quality Commission (CQC) have commenced an unannounced Urgent and Emergency Care System-wide Inspection using new methodology. This type of inspection forms part of the changing CQC focus, away from single trusts inspections. LUHFT will be included in inspection, who will received feedback, but not a rating.

- Alder Hey Children's Hospital NHS Foundation Trust (Alder Hey) remain challenged with the statutory requirements for completion and submission of initial health reviews for children. A recovery plan has been developed with oversight at the CQPG

2. System report

The local system continues to experience pressure in terms of elective waiting and urgent care. This is covered in more detail in the Integrated Performance Report.

2.1 Integrated Care System (ICS) / Integrated Care Partnership (ICP) Quality Development:

The Governing Body will be aware that the executive appointments have been made in the ICB apart from the Director of Nursing and Care. This is being actively recruited to. In addition, the Non-Executive directors and Place directors have been appointed and also the Chair, although at the time of writing this was to be announced.

Work continues to develop the structures at Place and corporately with Accountable Officers and Place leads actively involved.

2.2 Infection and Prevention Control:

Clostridium Difficile (C-Diff) rates continue to be monitored.

Liverpool University Hospital NHS Trust (LUHFT) remain under trajectory with 114 to date against a trajectory of 123 year to date.

The North Mersey Gram Negative Blood Stream Infection (GNBSI) Group and the Cheshire and the Mersey Antimicrobial Resistance (including Gram negative bloodstream infections) Oversight and Improvement Group, where both cancelled in the previous 3 months due to the COVID surge. This has affected the availability of staffs from trusts to attend and progress actions. Further meetings are planned with the next scheduled in March 2022.

2.3 Special Education Needs and Disability (SEND) Update:

Further work is being progressed to improve the waiting times for; Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactive Disorder (ADHD), CAMHS and Speech and Language for both the Alder Hey Children Hospital NHS Foundation Trust (Alder Hey) and Mersey Care NHS Foundation Trust (Mersey Care) pathways. However, this is against a backdrop of increased referrals and work is in train to gain assurance that the providers have a robust process for triaging, and accepting appropriate referrals and to ensure there is a partnership support offer for those who do not meet criteria for assessment.

The CCG has confirmed additional recurrent funding for 2022/23 to support the 18-25 years ASD and ADHD pathway.

The partnership SEND improvement plan remains under review, which is yet to be approved by the SEND Continuous Improvement Board (SEND CIB). The health element has been confirmed. With the revised improvement plan and associated dashboard yet to be approved, the CCGs has requested the full health performance dashboard is submitted to SEND CIB in March to support assurance. It has been proposed the CCGs would exception report in the future, to focus on the areas where performance is challenged**.**

2.4 Continuing Health Care (CHC):

The CCG remain under scrutiny by NHS EI C&M in relation to the management and performance of CHC service provision. The Contract Performance Notice (CPN) remaining in place for Mersey Care, although there is an improved position and discussion whether it is appropriate to withdraw the CPN. The main risk for the CCGs is the current performance from MCLSU with evidence being collated to consider a breach notice. There is also a focus on the revised contract and service specification for the MLCSU service.

NHS EI C&M intend to undertake a deep dive of CHC across the C&M CCG areas, to provide a full picture of performance across all CCGs and support development of the Project Plan to implement the future model of CHC as we transfer across to ICS. It is recognised that this is a 12-18 month project and a PMO is being created to manage this on behalf of the 9 CCGs/ Places. This will be supported by ICB Transformation monies

2.5 Young Person Mental Health:

The CCG continues to respond and support the system where young people require additional support as a consequence of an emotional crisis and or mental health disorder.

- In February, the CCG, led by the Deputy Chief Nurse, supported the system with the discharge of a 17 year old Child in Care, who did not meet the threshold for specialist mental health services. The young person had an extended stay of 12 days in Southport and Ormskirk NHS Hospitals Trust (SOHT), on an acute adult ward prior to a bespoke package being commissioned by Sefton Children Social Care. An extended offer of community wrap around support was put in place both by Alder Hey Children and Adult Mental Health Services (CAMHS) and Mersey Care NHS Foundation Trust (Mersey Care) Crisis Resolution Home Treatment Team (CRHT).

- The CCGs has oversight of two young people with an eating disorder who both meet the threshold for specialist Tier 4 eating disorder services. Whilst one person has now transferred to a specialist unit, the second young person remains in Alder Hey Children's Hospital NHS Trust (Alder Hey) since January 2022, on an acute ward awaiting a specialist bed. The CCG and the Trust have regular meetings in place with NHS E Specialist Commissioning.

These crises and the need to create bespoke care packages demonstrate the local, regional and national picture in terms of the lack of services and interventions for young people in crisis. There is work being undertaken at a Cheshire & Mersey regional level which the CCG is now engaged with. The CCG supports NHS providers with additional resources where required and appropriate. The CCG Leadership Team is fully sighted on the challenges and the actions required both locally and at a wider Cheshire and Merseyside ICB level.

Further work is being taken forward across the North Mersey area which includes CCGs, NHS providers and Children Social Care. The aim to develop an agreed local response when a young person presents in an acute hospital accident emergency department where they do not meet the threshold for specialist services. This is the gap.

2.7 Mersey Care NHS Foundation Trust (MCFT)

The trust remains under enhanced surveillance with the contract performance notice remaining in place for the trusts management and performance for CHC.

The CCG requested further assurance in relation to the performance measures for Longmoor House, which was previously known as Stoddart House.

2.8 Liverpool University Hospitals NHS Foundation Trust (LUHFT)

Gastroenterology Lost to Follow Up and Delay in Diagnosis of Pancreatic Cancer: The trust commissioned an independent review following the identification of gastroenterology lost to follow up, which resulted in patient harm. The independent report including recommendations with clear actions and timescales, has been shared with CCGs and reviewed at the March CCF. The action plan will be monitored via CQPG. South Sefton CCG works through the Collaborative Forum and the CQPG to highlight and respond to any issues which impact on the South Sefton population.

Work continues via the System Improvement Board which meets monthly to support LUHFT with improvements. A current focus is the move to the new Hospital on the Royal site and the financial impact of this is being reviewed following the Trust reviewing the staffing model required to deliver safe care in a single room ward environment.

At the time of writing, the Care Quality Commission (CQC) had commenced an unannounced Urgent and Emergency Care System-wide Inspection using new methodology. This type of inspection forms part of the changing focus of CQC to move away from single trust inspections and recognises the current move and further drivers towards integration. Providers who form part of this inspection are given individual feedback, but not a rating. Further information will be provided as it becomes available.

2.9 Liverpool Women's Hospital NHS Foundation Trust (Liverpool Women's)

Following submission of the trusts Ockenden evidence to NHS EI via the Local Maternity Services (LMS) in July 2021, 7 actions have been confirmed as requiring further work. Four require input from

LMS. The trust is progressing the actions via a task and finish group, with progress monitored at CQRM.

The Trust has advised the CCG that the National Chief Midwife visited the Trust on 2 December 2021 which was very positive and was a boost to staff morale. However, following this, the ICB has called a meeting to understand the clinical case for change for the Trust's Future Generations Strategy as the preferred option is a new build. This work will evolve over the next few months as the ICB understands the issues and how to support them.

2.10 Alder Hey Children's Hospital NHS Foundation Trust (Alder Hey)

The trust continues to be challenged in meeting the statutory targets for initial health assessments to be completed within timescale. The CCG has meetings in place with the trust to consider alternative provision, with a view to confirming when the trust can meet the performance target. A recovery plan is in place with oversight at the CQPG.

Recommendations

Governing Body members are asked to note the update as set out.

Jane Lunt
Chief Nurse
April 2022

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South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
APRIL 2022

Agenda Item: 22/43	**Author of the Paper:** Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk Rebecca McCullough Deputy Chief Finance Officer rebecca.mccullough@southseftonccg.nhs.uk	**Clinical Lead:** n/a
Report date: April 2022		

Title: Financial Position of NHS South Sefton Clinical Commissioning Group – Month 11 2021/22

Summary/Key Issues:

This paper presents an overview of the Month 11 financial position for NHS South Sefton Clinical Commissioning Group as at 28th February 2022.

The standard business rules set out by NHS England require a 1% surplus in each financial year, however the usual financial framework has been replaced with temporary financial arrangements in response to the COVID-19 pandemic. The temporary arrangements include additional funding for COVID related costs including a continuation of the Hospital Discharge programme. Additional funding has also been provided for Mental Health investments and recovery in Elective Care and Mental Health services.

NHS Planning Guidance was published for April – September 2021 (H1) and the CCG agreed a financial plan for this period. The draft financial plan identified a deficit of £3.290m which was reduced to £1.600m following a distribution of system resources. The revised financial plan for H1 was break even and this included a QIPP requirement of £1.600m.

NHS Planning guidance for the remainder of the financial year was issued on 30th September 21 and the CCG and system financial plans were agreed in November 2021. The draft financial plan identified a deficit of £3.327m which was reduced to £2.0m following a distribution of system resources, the CCG was required to address the deficit via QIPP schemes identified in the revised financial plan. The final distribution of system resources has now been confirmed following review of pressures faced by CCGs during H2, this has meant a reduction of £0.500m to a total of £1.547m for South Sefton CCG.

The Month 11 financial position is break even, costs for the Hospital Discharge Programme were reimbursed in Month 10. The year end forecast is also break even.

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Receive	x
Approve	
Ratify	

The Governing Body is asked to receive this report and to note that:

- Temporary financial arrangements implemented in response to the COVID pandemic remain in place for the 2021-22 financial year.
- Additional funding is available for COVID related costs and recovery of Elective and Mental Health services.
- The draft financial plan for H1 identified a deficit of £3.290m; this was revised to break even following distribution of system funding and agreement of CCG QIPP targets.
- Delivery of the break-even position for H1 required QIPP efficiency savings of £1.6m and this was achieved in H1.
- The draft financial plan for H2 identified a deficit of £3.327m and the CCG has a revised QIPP plan of £2.0m following distribution of system funding.
- The revised financial plan for H2 is break-even after the CCG identified schemes to deliver its QIPP plan.
- The Month 11 financial position is break even with costs with for the Hospital Discharge Programme being reimbursed in Month 10.
- The final distribution of system resources has been confirmed and the allocation for South Sefton CCG has reduced by £0.500m to £1.547m, the CCG is forecast to achieve break even for the financial year.

Links to Corporate Objectives 2021/22 *(x those that apply)*	
X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement			X	
Presented to other Committees		X		

NHS
South Sefton
Clinical Commissioning Group

Report to the Governing Body
April 2022

1. Executive Summary

This report focuses on the financial performance of South Sefton CCG as at 28th February 2022.

Table 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Forecast Outturn	Forecast Variance
	£000	£000	£000	£000	£000	£000
Acute Care	154,459	141,470	141,374	(96)	154,307	(151)
Mental Health	29,930	27,434	28,039	606	30,586	656
Continuing Care	17,968	16,351	15,784	(567)	17,565	(403)
Community Health	37,855	34,096	33,794	(302)	37,559	(295)
Prescribing	30,886	28,135	28,134	(1)	30,886	0
Primary Care	36,280	31,845	31,330	(516)	35,810	(471)
Corporate Costs & Services	3,245	3,008	2,661	(347)	2,889	(356)
Other CCG Budgets	9,780	8,907	8,867	(39)	9,735	(45)
Total Operating budgets	**320,403**	**291,246**	**289,984**	**(1,262)**	**319,337**	**(1,065)**
Reserves	628	(1,262)	0	1,262	1,694	1,065
In Year (Surplus)/Deficit	0	0	0	0	0	0
Grand Total (Surplus)/ Deficit	**321,031**	**289,984**	**289,984**	**(0)**	**321,031**	**0**

Month 11 Financial Position

The Month 11 financial position is breakeven. The Mental Health budget is reporting an overspend due to an increase in Section 117 packages of care, the Continuing Care budgets are underspent due to a reduced number of fully funded and PHB packages of care and an underspend on the Funded Nursing Care budget.

Community budgets are underspent due to reduced costs for Intermediate care and supported living beds. The Primary Care budget is underspent relating to slippage on recruitment to additional roles, and the Corporate and Support services budget underspent due to vacancies in the CCG.

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South Sefton
Clinical Commissioning Group

2. Finance Dashboards

1. Finance Key Performance Indicators

Report

Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	n/a
		0.5% Contingency Reserve	n/a
		0.5% Non-Recurrent Reserve	n/a
		Control Total (April-September)	✓
		Control Total (October - March)	
2	Breakeven	Financial Balance	✓
3	QIPP	QIPP delivered to date *(Red reflects that QIPP delivery is behind plan)*	✓
4	Running Costs	CCG running costs < 2021/22 allocation	✓
5	BPPC	NHS - Value YTD > 95%	99.78%
		NHS - Volume YTD > 95%	94.63%
		Non-NHS - Value YTD > 95%	96.42%
		Non-NHS - Volume YTD > 95%	92.95%

Commentary

- The standard business rules set out by NHS England require CCGs to deliver a 1% surplus.
- The 0.5% Contingency reserve and the 0.5% Non-Recurrent reserve were not required in H1 2021/22.
- The CCGs financial plan for April – September 2021 (H1) was breakeven.
- The QIPP target for H1 2021/22 was £1.600m and was achieved.
- The draft financial plan for October – March (H2) achieves a breakeven position.
- BPPC targets have been achieved with the exception of NHS and Non-NHS by volume. Performance will continue to be closely monitored with the aim of achieving this target.

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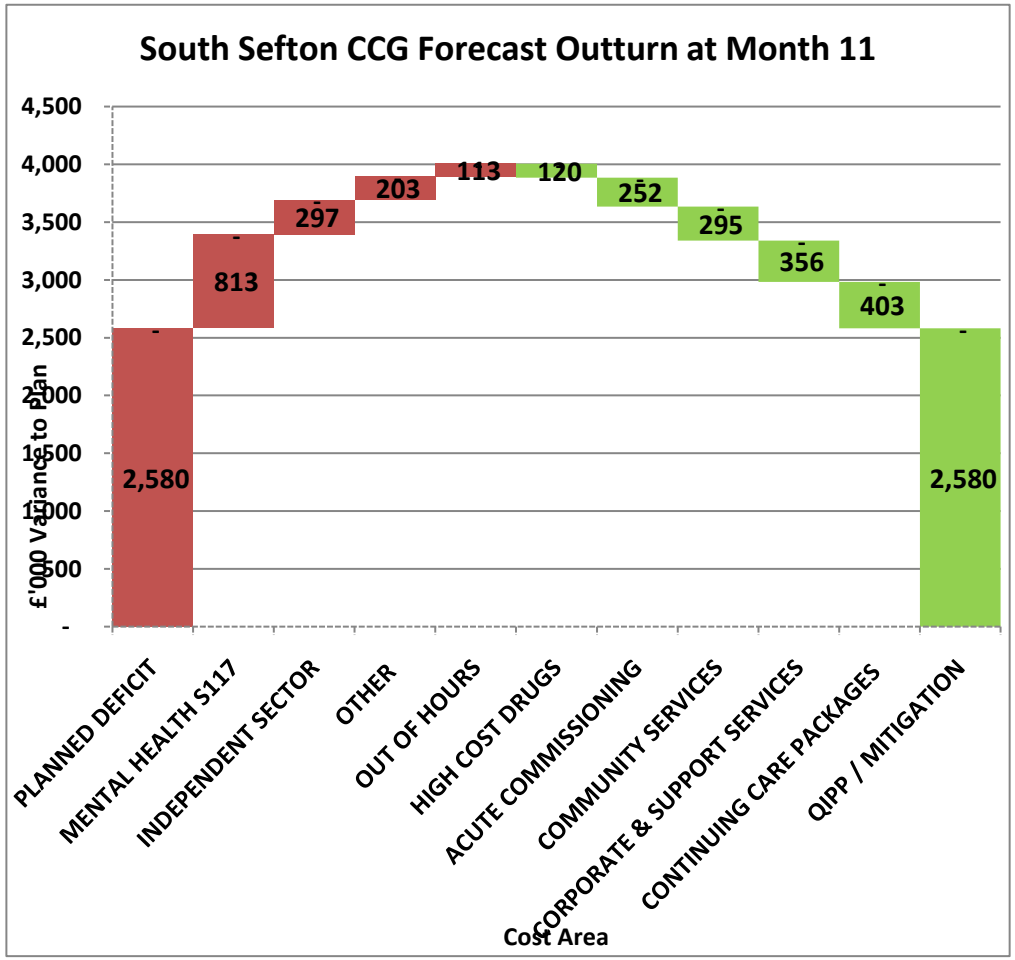
2. CCG Financial Position – Month 11 2021/22

Report	Commentary



- The forecast financial position is breakeven overall.
- The financial plan for months 7-12 identified a deficit of £3.3m and further risks of £1.3m. The pressures are partly supported with system funding of £2m.
- The remaining deficit is £2.580m and this is planned to be addressed with QIPP schemes and other mitigations.
- The main cost pressures at Month 11 are as follows:
  - Section 117 Mental Health packages
  - Independent Sector
  - Out of Hours services.

The cost pressures are offset with underspends in:

- Primary Care delegated commissioning
- Continuing Care
- Corporate Services
- Community Services
- Acute Commissioning
- High Cost Drugs

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3. Risk Adjusted Position

Report

South Sefton CCG	Best Case £m	Likely Case £m	Worst Case £m
CCG Planned Deficit - H1	(3.290)	(3.290)	(3.290)
Risks	(0.953)	(0.953)	(0.953)
Mitigations	4.243	4.243	4.243
Surplus / (Deficit) - H1	-	-	-
CCG Planned Deficit - H2	(3.327)	(3.327)	(3.327)
Further Risks			
S117 Mental Health Packages	(0.300)	(0.300)	(0.400)
CHC	(0.500)	(0.500)	(0.500)
High Cost Cases	(0.500)	(0.500)	(0.500)
Sub Total	**(1.300)**	**(1.300)**	**(1.400)**
Mitigations			
System Funding Allocation	1.547	1.547	1.547
CCG QIPP			
- Prescribing	0.500	0.500	0.500
- Non-Recurrent items	1.700	1.700	1.700
Other Mitigations	0.880	0.880	0.880
Sub Total	**4.627**	**4.627**	**4.627**
Surplus / (Deficit)	-	-	**(0.100)**

Commentary

- The CCG draft financial plan for Months 1-6 identified a deficit of £3.290m.
- System funding of £1.786m was received in H1, the revised financial plan was break even with a QIPP target of £1.600m and this was achieved
- Cost pressures in S117 Mental Health packages were supported with non-recurrent efficiencies in H1, further actions have been identified to support H2 cost pressures, but the CCG requires a recurrent solution if it is to manage costs within available resources in the new financial year.
- There is a risk relating to a high cost package of care which is under review. The risk has been mitigated in H1 with efficiencies in other budgets.
- The draft financial plan for H2 identified a deficit of £3.327m.
- The revised draft plan is breakeven following distribution of system resources of £2.047m and an agreed QIPP target of £2.0m. Schemes have been identified to deliver the QIPP requirement non-recurrently in H2.
- There are further risks identified in the worst case scenario relating to increased costs of packages of care. Risks have reduced further in Month 11 as the CCG approaches the year end.
- The system funding allocation has reduced by £0.500m in Month 11.

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South Sefton
Clinical Commissioning Group

4. Statement of Financial Position

Report

Summary working capital:

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2020/21
	M3 £'000	M6 £'000	M9 £'000	M11 £'000	M12 £'000
Non-Current Assets	26	17	7	2	36
Receivables	4,116	3,833	2,633	2,940	2,177
Cash	(454)	2,702	1,654	457	59
Payables & Provisions	(28,019)	(29,116)	(26,059)	(28,396)	(24,259)
Value of Debt> 180 days	106	459	463	561	95

Customer Name	Number of Invoices	Value of Invoices (£m)
Sefton MBC	2	£0.430m
NHS East Lancashire CCG	1	£0.072m
Dr Jackson & Partners	1	£0.012m

Commentary

- The non-current asset balance relates to assets funded by NHS England for capital projects. The movement in balance relates to depreciation charged during the financial year.
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments.
- Outstanding debt in excess of 6 months old is currently £0.561m. There are 4 notable invoices in excess of £0.005m, with a combined total value of £0.514m. A breakdown of the invoices can be found in the table. Discussions remain ongoing with other parties to resolve.
- At month 11, the CCG had drawn down £257.00m and made payments via NHS Business Services Authority of £29.576m, totalling £286.576m (88.9%) of its Annual Cash Drawdown Requirement (ACDR). The target cash balance at this point in the year is £295.837m (91.7%).

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5. Recommendations

The Governing Body is asked to receive this report and to note that:

- Temporary financial arrangements implemented in response to the COVID pandemic remain in place for the 2021-22 financial year.
- Additional funding is available for COVID related costs and recovery of Elective and Mental Health services.
- The draft financial plan for H1 identified a deficit of £3.290m; this was revised to break even following distribution of system funding and agreement of CCG QIPP targets.
- Delivery of the break-even position for H1 required QIPP efficiency savings of £1.6m and this was achieved in H1.
- The draft financial plan for H2 identified a deficit of £3.327m and the CCG has a revised QIPP plan of £2.0m following distribution of system funding.
- The revised financial plan for H2 is break-even after the CCG identified schemes to deliver its QIPP plan.
- The Month 11 financial position is break even with costs with for the Hospital Discharge Programme being reimbursed in Month 10.
- The final distribution of system resources has been confirmed and the allocation for South Sefton CCG has reduced by £0.500m to a total of £1.547m, the CCG is forecast to achieve break even for the financial year.

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MEETING OF THE GOVERNING BODY
APRIL 2022

Agenda Item: 22/44	**Author of the Paper:** Martin McDowell Deputy Chief Officer Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 317 8350
Report date: April 2022	

Title: South Sefton Clinical Commissioning Group Integrated Performance Report

Summary/Key Issues:
This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group.

Please note the effects of COVID-19 are noticed in month 10 across a number of performance areas.

Recommendation

The Governing Body is asked to receive this report.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives 2021/22 *(x those that apply)*	
	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes.
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

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South Sefton Clinical Commissioning Group

Integrated Performance Report Summary – January 2022

Summary Performance Dashboard

Metric	Reporting Level		2021-22												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals - NB Reporting suspended on this metric currently															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG													
		Actual													
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			
		Actual	8.05%	12.71%	14.14%	15.02%	16.55%	19.19%	16.89%	16.64%	19.36%	19.97%			
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			
		Actual	63.70%	66.71%	66.29%	64.45%	63.16%	59.82%	57.59%	57.84%	54.67%	52.08%			
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			
		Actual	1,422	978	912	1,017	1,082	1,231	1,390	1,382	1,381	1,513			
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	2	2	1	7	19	14	5	4	4	13			72
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG	G	G	R	G	G	G	G	G	G	G			R
		Actual	0	0	1	0	0	0	0	0	0	0			1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	R	R	G	R	R	R	R	R	R			R
		Actual	94.74%	91.88%	92.13%	93.89%	92.04%	90.95%	79.15%	74.81%	74.77%	69.39%			85.17%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	R	G	G	G	R	R	R	R	R			R
		Actual	90.91%	92.00%	97.78%	94.34%	95.00%	84.85%	47.50%	28.57%	35.56%	23.26%			67.0%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	R	R	G	G	R			G
		Actual	100%	96.92%	100%	97.33%	96.88%	93.02%	95.29%	97.73%	97.44%	93.06%			96.77%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	R	G	R	R	R	R	R	R	R			R
		Actual	100%	83.33%	100%	82.35%	92.31%	90%	90%	92.31%	91.67%	82.85%			89.71%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	R	R	G	G	G	G	G	G	G	R			G
		Actual	95%	95.24%	100%	100%	100%	100%	100%	100%	100%	96.15%			98.83%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	95.24%	96.15%	100%	100%	100%	100%	100%	100%	100%	100%			99.16%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R	R			R
		Actual	61.11%	85.71%	75%	76.09%	71.79%	71.05%	54.05%	63.89%	74.29%	69.70%			70.54%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R	R	R	G	R	R	R	R	R			R
		Actual	75%	75%	40%	60%	100%	75%	60%	84.62%	66.67%	60.0%			68.92%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG	G				G								
		Actual	100%	71.43%	70.42%	80%	90%	52.38%	56.00%	75.00%	69.23%	50.0%			68.87%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	85.48%	73.86%	71.29%	66.63%	67.75%	65.90%	65.40%	64.99%	67.35%	69.68%			69.85%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA			**Paused from April 2020 due to COVID-19 – resumed October 2021**												
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	G	G	G	G			G
		Target	0	0	0	0	0	0	0	0	0				0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	G	G	G	G			G
		Target	0	0	0	0	0	0	0	0	0				0
HCAI															
Number of MRSA Bacteraemia Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	R	R	R	R	R	R	R	R			R
		YTD	0	0	1	1	1	1	1	1	1	1			1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C. Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		YTD	7	13	16	22	26	31	36	39	44	51			51
		Target	6	10	14	18	22	27	31	35	41	45	49	54	54
Number of E. Coli Incidence of E. Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		YTD	6	18	34	45	61	75	85	94	103	108			108
		Target	17	33	47	59	70	80	91	103	116	130	144	156	156

Metric	Reporting Level		2021-22												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	G	G			G
		Actual	100%	100%	100%	100%	100%	100%	100%	92.3%	100%	100%			98.1%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis															
First episode of psychosis within 2 weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G			G			G						G
		Actual	64.3%			90.9%			70%						75.1%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Services (EDS) Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	34.38%	30.30%	36.10%	25.70%	11.40%	29.5%	20%	33.3%	37.3%	35.4%			29.73%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IAPT (Improving Access to Psychological Therapies)															
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	0.56%	0.54%	0.72%	0.90%	0.72%	1.11%	0.87%	0.94%	0.83%	0.83%			8.02%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	G			R
		Actual	43.3%	41.4%	36.8%	42.3%	33.3%	47.7%	47.1%	40.5%	35.3%	50.7%			42.84%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	R	R			G
		Actual	96%	100%	92%	88%	88%	79%	85%	70%	70%	63%			83.0%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	G	G			G
		Actual	100%	100%	100%	100%	100%	100%	100%	94%	100%	100%			99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2021-22												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	57.88%	57.74%	58.5%	59.3%	59.7%	59.8%	59.3%	59.2%	58.6%	59.3%			58.91%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG	R			R			R						R
		Actual	6.09%			20.21%			26.6%						26.6%
		Target	18%			35%			52%			70%			70%
Severe Mental Illness - Physical Health Check									**Rolling 12 month as at end of quarter**						
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG	R			R			R						
		Actual	20.8%			21.1%			23.9%						
		Target	50%			50%			50%			50%			50%
Children & Young People Mental Health Services (CYPMH)															**Rolling 12 month**
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG	G			R			R						G
		Actual	20.3%			8%			5.4%						38.8%
		Target	8.75%			8.75%			8.75%			8.75%			35.00% YTD
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	R			R			R						R
		Actual	69.6%			47.7%			19.5%						45.6%
		Target	95%			95%			95%			95%			95%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G			R			R						R
		Actual	100%			75%			80%						85%
		Target	95%			95%			95%			95%			95%

Metric	Reporting Level		2021-22												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey - KPI 5/5	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%	31.1%	22.5%			47.0%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey - KPI 5/6	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%	54.6%	69.2%			56.3%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey - KPI 5/9	Sefton	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	96%	98%	100%	100%	100%	100%	100%	100%	100%	100%			99.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey - KPI 5/10	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	85%	83%	77%	72%	66%	63%	63%	60%	55%	53%			68.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey - KPI 5/12	Sefton	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	98%	99%	100%	100%	100%	99%	100%	100%	99%	100%			99.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey - KPI 5/13	Sefton	RAG	G	G	G	G	R	R	R	R	R	R			R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%	84%			88.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (ages 16 - 25 years) - Mersey Care – KPI 5/15	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3	8.1	8.6	9.7	11.5			
		Target													
Average waiting times for Autism Spectrum Disorder (ASD) service diagnostic assessment in weeks (ages 16 - 25 years) - Mersey Care – KPI 5/16	Sefton	RAG													
		Actual	77.9	77.4	79.3	78.6	79.6	81.3	90.2	87.7	88.2	89.8			
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service in weeks (ages 16 - 25 years) - Mersey Care - KPI 5/17	Sefton	RAG													
		Actual	90.5	77.0	78.4	63.8	62.9	65.0	63.7	61.9	57.9	60.5			
		Target													

Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 10 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for January & Quarter 3 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	19.97%	16.75%
Referral to Treatment (RTT) (92% Target)	52.08%	54.55%
No of incomplete pathways waiting over 52 weeks	1,513	6,028
Cancer 62 Day Standard (Nat Target 85%)	69.70%	56.36%
A&E 4 Hour All Types (National Target 95%)	69.68%	68.66%
A&E 12 Hour Breaches (Zero Tolerance)	-	1
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	481
Ambulance Handovers 60+ mins (Zero Tolerance)	-	139
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	0	1
CPA 7 Day Follow Up (95% Target) 2021/22 - Q3	100.0%	-
EIP 2 Weeks (60% Target) 2021/22 - Q3	70.0%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.83%	-
IAPT Recovery (Target 50%)	50.7%	-
IAPT 6 Weeks (75% Target)	63.0%	-
IAPT 18 Weeks (95% Target)	100.0%	-

To Note:
Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, the decision was made to pause the collection and publication of several official statistics. These include Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

COVID Vaccination Update
The South Sefton COVID-19 vaccination programme has now successfully fully vaccinated the majority of patients in cohorts 1 to 9 and continues to offer booster vaccinations to eligible patients in these cohorts. Seaforth Village Surgery continues to offer dose 1, 2 and booster vaccinations to the local population. The vaccination programme continues to offer vaccines to eligible patients in cohorts 1 to 12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16 to 17 and 12 to 15 are now eligible. At the end of January-22 there have been 109,657 (or 73.8%) first dose vaccinations and 102,287 (68.9%) second dose vaccinations. Denominator populations now include under 16s as they are eligible for doses 1 and 2. 77,341 (75.6%) of eligible 18+ patients had booster vaccinations given at the end of January-22.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period, and this has been clinically prioritised. There is a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

In the context of responding to the ongoing challenges presented by COVID-19, whilst also restoring services, meeting new care demands and tackling health inequalities, Elective Recovery Funds (ERF) have been made available to systems that achieve activity levels above set thresholds. In Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic), the delivery of activity both at Trust and system level is being assessed against agreed trajectories for H2 (Half year 2).

Restrictions on outpatients and theatre capacity due to COVID is reflected in increased waiting list numbers and patients waiting longer than 52 weeks, which has led to considerable pressure on the waiting list position, despite targeting of patients in greatest need. Increased staff sickness/absence has also led to an increase in waiting list size. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. The approach is focused on development of system level waiting list management both in diagnostic and surgical waits to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients and long waiters (52 week plus). Outpatient validation has been another area of focus to support elective recovery. The Health Care Partnership Elective Care Programme Board has been co-ordinating a system approach to elective recovery across Cheshire and Merseyside, focusing on a number of key programmes such as 'High volume low complexity' – aim to reduce patients waiting for operations, elective theatre utilisation within the following specialties: dermatology, referral optimisation, ophthalmology, urology, orthopaedics/MSK and ENT. These workstreams are co-ordinated centrally with close working relationships with CCG and Trust leads. The expectation that these programmes will provide additional capacity by either reducing demand or making better use of current resources. The National Getting it Right First Time (GIRFT) Lead – Professor Tim Briggs and his team are expected to meet clinical and programme leads for Cheshire & Merseyside in the coming weeks to support the system in progressing elective recovery. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of services via the Increasing Capacity Framework (ICF). The Hospital Cell has developed a dashboard of elective care metrics focused on elective recovery, with weekly meeting with Trust Chief Operating Officers to hold the system to account for performance.

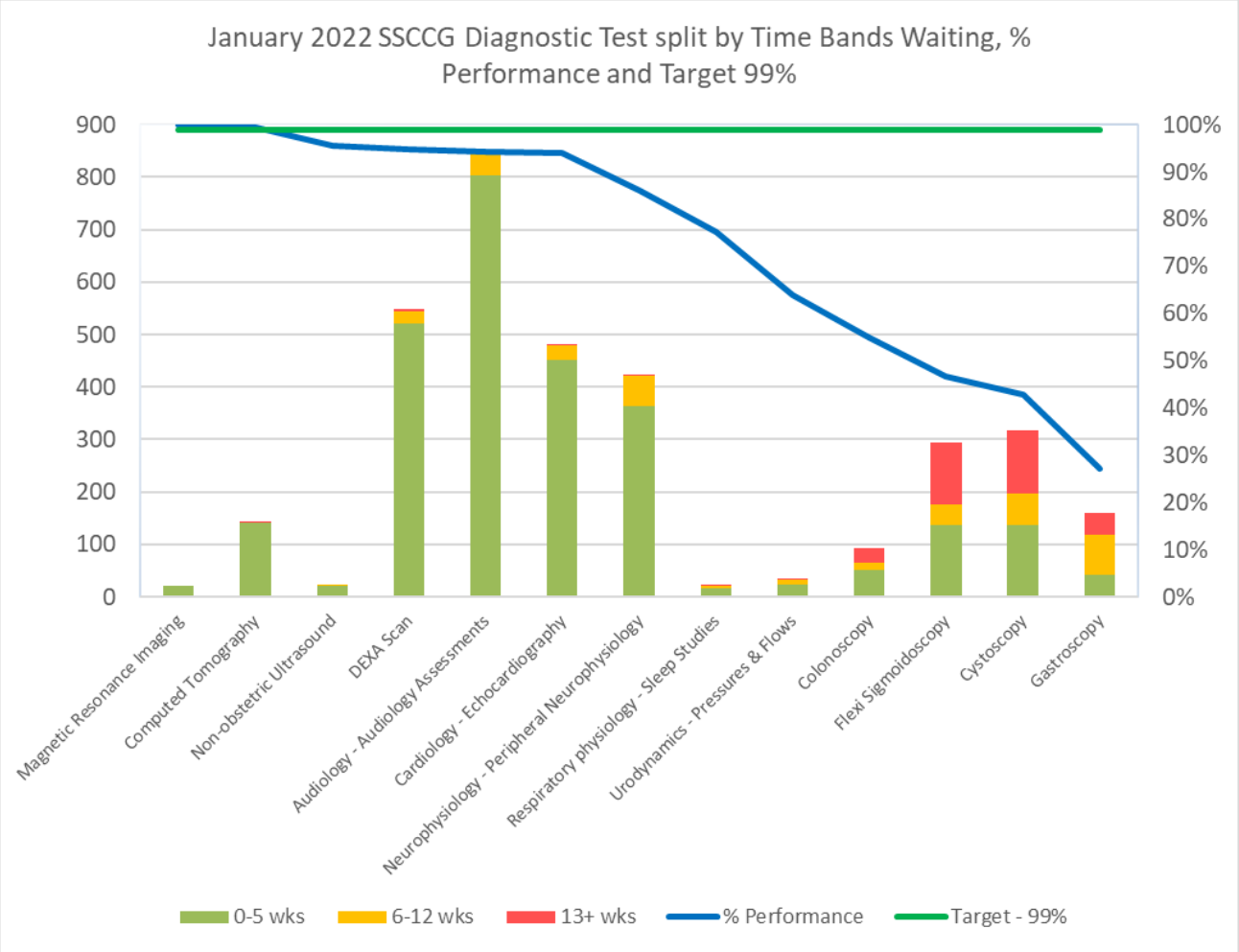
Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral numbers in 2021/22 have been significantly higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic). However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -5.1% lower as at month 10. GP referrals have seen significant increases in 2021/22 compared to the previous year; however, are reporting a 10% increase in December-21 when comparing to the same period of 2019/20 (i.e. pre-pandemic).

Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. The current e-RS pathway is for all patients to be referred via the Appointment Slot Issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to manage the waiting lists fairly and according to clinical need. Therefore, reporting of e-RS utilisation will show a low conversion rate to bookings, as patients will be booked outside of e-RS. As system waiting lists reduce, there will need to be a transition plan to open capacity for direct booking via e-RS. However, until that point, e-RS reporting will be suspended.

The CCG is over the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 19.97% in January - this being similar performance compared to last month (19.36%). Despite being above the target, the CCG is measuring well below the national level of 30%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 16.75% in January, higher than last month when 15.24% was reported. Through the commissioning of delivery of additional diagnostic

capacity, the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks. Planned work in relation to the implementation of community diagnostic hubs across Cheshire & Merseyside is expected within the coming months, which is expected to deliver additional capacity and improve performance across the system.

Figure 1 – January CCG Diagnostics Chart and Table



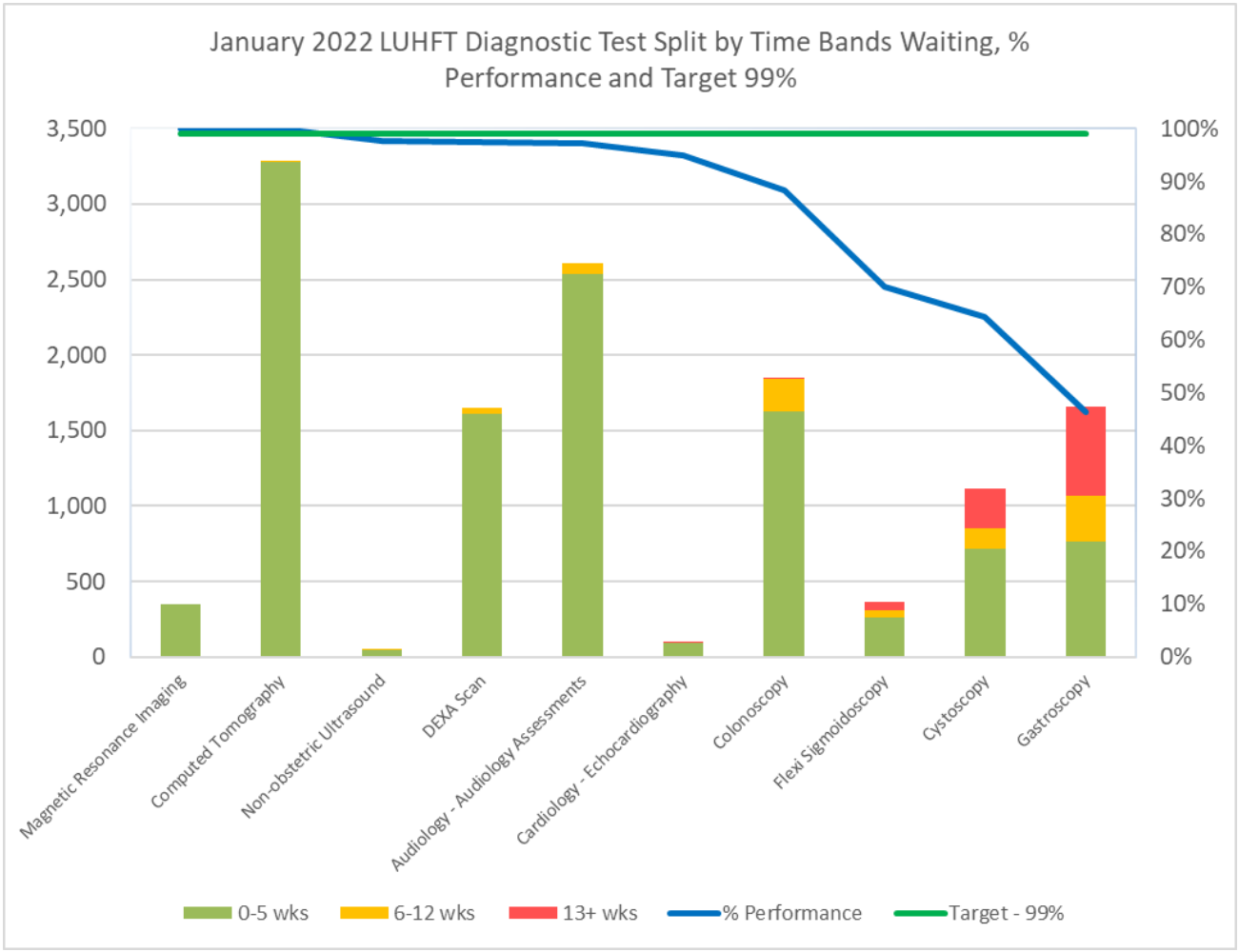
Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Neurophysiology - Peripheral Neurophysiology	20	0	0	100.00%	99%
DEXA Scan	142	0	1	99.30%	99%
Audiology - Audiology Assessments	21	1	0	95.45%	99%
Computed Tomography	520	24	4	94.89%	99%
Non-obstetric Ultrasound	804	49	0	94.26%	99%
Magnetic Resonance Imaging	451	28	1	93.96%	99%
Cardiology - Echocardiography	364	58	1	86.05%	99%
Cystoscopy	17	3	2	77.27%	99%
Urodynamics - Pressures & Flows	23	10	3	63.89%	99%
Flexi Sigmoidoscopy	51	14	28	54.84%	99%
Gastroscopy	137	39	118	46.60%	99%
Colonoscopy	136	61	120	42.90%	99%
Respiratory physiology - Sleep Studies	43	76	40	27.04%	99%
Total	**2,729**	**363**	**318**	**80.03%**	**99%**

Overall, the CCG is reporting 80.03%, below target of greater than 99% seen within 6 weeks. Significant levels waiting over 13 weeks in Colonoscopy, Gastroscopy and Respiratory Physiology compared with other tests.

Six North Mersey gastro pathways have been launched into primary care in early October across North Mersey (South Sefton, Southport & Formby, Liverpool and Knowsley CCGs) covering dyspepsia, IBS, suspected liver disease, suspected anaemia, CIBH diarrhoea, CIBH constipation. The pathways detail for GPs what approaches/tests to consider prior to potential Advice & Guidance (A&G)/referral and recommend the usages of A&G as appropriate instead of automatic referral. It is expected the launch of the pathways across North Mersey will have a significant impact on the number of scopes delivered and therefore, in time reduce demand on gastro services and have an impact on the performance. The implementation of low risk 'FIT' will help support in a reduction of routine referrals into secondary care. High risk 'FIT' has been rolled out across Cheshire and Merseyside and is expected to reduce the number of 2ww referrals and create capacity that will be focused on managing waiting lists.

National levels overall are currently at 70% and the proportion waiting over 13 weeks nationally is at 10.48%. South Sefton CCG is performing better on both counts.

Figure 2 – January LUHFT Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
DEXA Scan	345	0	0	100.00%	99%
Non-obstetric Ultrasound	3,282	2	0	99.94%	99%
Audiology - Audiology Assessments	42	1	0	97.67%	99%
Magnetic Resonance Imaging	1,607	44	0	97.33%	99%
Computed Tomography	2,540	71	0	97.28%	99%
Cystoscopy	92	2	3	94.85%	99%
Cardiology - Echocardiography	1,623	215	1	88.25%	99%
Flexi Sigmoidoscopy	258	48	62	70.11%	99%
Gastroscopy	719	130	267	64.43%	99%
Colonoscopy	767	304	588	46.23%	99%
Respiratory physiology - Sleep Studies	212	386	187	27.01%	99%
Total	**11,487**	**1,203**	**1,108**	**83.25%**	**99%**

Figure 2 – CCG RTT Performance and Activity (Incomplete Pathways)

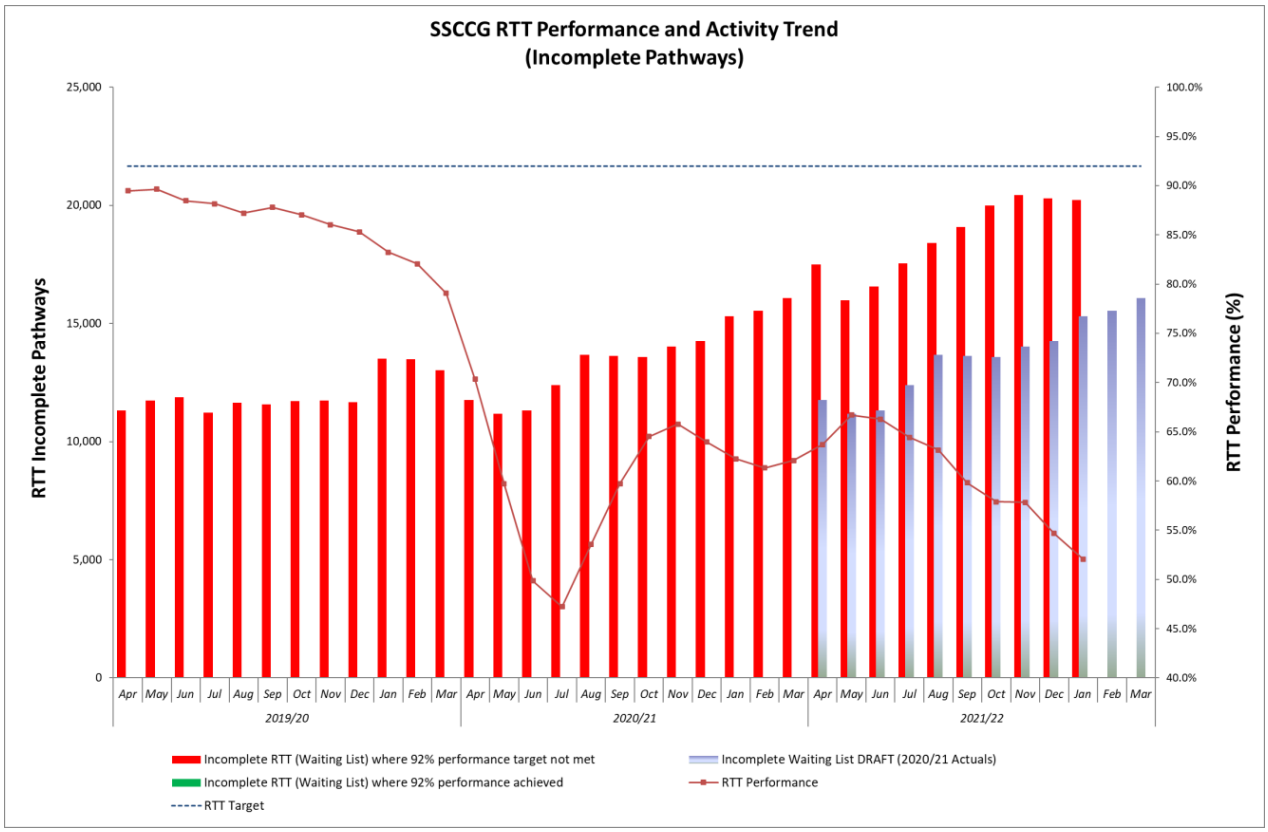


Figure 4 – RTT Incomplete Pathways, 52 weeks waiters v Plan

South Sefton CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	11,751	11,179	11,311	12,389	13,682	13,626	13,657	14,029	14,265	15,308	15,541	16,076	15,308
2021/22	17,491	15,977	16,576	17,537	18,395	19,085	19,998	20,431	20,296	20,229			20,229
Difference	**5,740**	**4,798**	**5,265**	**5,148**	**4,713**	**5,459**	**6,341**	**6,402**	**6,031**	**4,921**			**4,921**
52 week waiters - Plan (last year's actuals)*	8	46	106	171	198	247	349	503	647	1,025	1,374	1,548	
52 week waiters - Actual	1,422	978	912	1,017	1,082	1,231	1,390	1,382	1,361	1,513			
Difference	**1,414**	**932**	**806**	**846**	**884**	**984**	**1,041**	**879**	**714**	**488**			

LUHFT

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	41,822	39,838	39,096	41,292	42,299	40,417	42,570	43,605	44,536	46,052	47,414	49,055	46,052
2021/22	51,649	55,528	58,134	61,222	63,996	66,130	69,501	70,127	69,433	72,154			72,154
Difference	**9,827**	**15,690**	**19,038**	**19,930**	**21,697**	**25,713**	**26,931**	**26,522**	**24,897**	**26,102**			**26,102**

**NB. Plans were not required for 2021/22 Operational Planning. Therefore, previous year being used for comparative purposes.*

There were a total of 3,997 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,513 patients were waiting over 52 weeks, an increase of 152 on last month when 1,361 breaches were reported. The majority of these patients were at LUHFT (1,314) with the remaining 199 breaches spanned across 19 other Trusts.

The 1,513 52+ week wait breaches reported for the CCG represent 7.48% of the total waiting list in January 2022 which is above the national level of 5.10%.

Included in the long waiters there were 85 patients waiting over 104 weeks. Liverpool CCG, as Lead Commissioner for LUHFT review Root Cause Analyses (RCAs) and harm reviews submitted by the provider for 104 days breaches and long waiters. Feedback has been provided to the Trust regarding those submitted and no serious harms have been identified. Additionally, the Deputy Chief Operating Officer has established a weekly review group to address patients waiting over 104 days (along with patients waiting on the 62-day cancer pathway). The expectation set out in recently published operation planning guidance is that the system eliminates 104 weeks waits by July 2022.

Overall waiters decreased by 67 this month with a total 20,229 South Sefton patients now on the RTT waiting list in January 2022. This is compared to 15,308 patients waiting in the equivalent period of the previous year and 20,296 in December 2021. The monthly waiting list position remains high at CCG and Trust, mirroring the national trend. The CCG conducted further trend analysis into RTT incomplete pathways, which is expected to be shared at senior management team in March 2022.

LUHFT had a total of 6,028 52-week breaches in January 2022, showing an increase of 4.08% (246) from previous month when the Trust reported 5,782.

The Trust has reported 13 cancelled operations in January. No further details given by the Trust, only that the breaches are investigated and lessons learned are disseminated across the organisation. All patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The CCG is achieving 1 of the 9 cancer measures year to date and 3 in January 2022. LUHFT are achieving 1 year to date and 1 in January 2022.

The CCG and Trust are still below for the 2 week wait measure in month 10 and year to date. The main reason for the breaches for both measures is inadequate outpatient capacity associated with increased demand, which is sustained at 120% of pre pandemic levels.

For 2-week breast symptoms the CCG and Trust continue to fall way under the 93% target and report lower than last month, the CCG reported 23.26% and the Trust 22.27%. The maximum wait was 53 days at the Trust. Demand for breast services nationally has increased significantly over the last quarter which has been linked to heightened public awareness of breast cancer following the death of a young celebrity. 17 out of 19 Cancer Alliances have failed this standard in the last reporting period. The local provider is also experiencing challenges with capacity due to gaps in radiology workforce. Pathway changes are being worked through to prioritise radiology capacity for those with most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway. The maximum wait was 53 days at the Trust. The median wait for January for this indicator for the CCG was 24 days. Performance against the 28-day standard for patients referred with breast symptoms also was below the 75% standard for the CCG.

Communications have gone out to primary care to ask that GPs give patients a realistic expectation of waiting times. There has also been promotion of resources for primary care aimed at managing demand for breast services and ensuring full information to enable risk stratification is shared. The provider has asked that GPs make contact by telephone to discuss high risk cases. The provider will link with commissioners to plan a series of actions based on recruitment and re-design of the

diagnostic pathway in order to deliver a trajectory for improvement. Pathway changes are being worked through to prioritise radiology capacity for those with the most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway.

For the Cancer 62 Day standard, the CCG is measuring above the national level of 61.79% recording 69.70% in January 2022, around 5% lower than the previous month, also well below the operational standard of 85%.

The provider has been asked to develop comprehensive cancer improvement plans to tackle themes identified through root cause analysis of pathways which breach the performance standards. The plan Short to medium term actions include

- Creation of capacity from further roll out of risk stratified follow up.
- Breast services redesign as described above.
- Roll out of rapid diagnostic service (RDS) models.

For patients waiting over 104 days, the CCG reported no patients in January for the second time in recent months. New North West guidance has been issued to ensure any patients who experience a long wait are reviewed to ensure no harm has occurred as a result of the long wait.

The 2022/23 Priorities and Operational Planning Guidance urges systems to complete any outstanding work on the post pandemic recovery objectives set out for 2021/22. These include:

- Return the number of people waiting longer than 62 days to the level in February 2020.
- Meet the increased level of referrals and treatment required to meet the shortfall in number of first treatments.

Systems to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. Year to date, the CCG performed above the target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. 28-day FDS overall reporting for January 2021 is 56.01% and 65.32% year to date, under the 75% target. It is recognised that the current focus on the 62-day backlog will close pathways for long waiting patients but that such long pathways will not by definition meet the 28-day standard. There is therefore likely to be a lag in achieving the operational standard for 28 days.

Performance against recovery trajectories demonstrates that in January 2022 the CCG is below plan for the number of first outpatients seen following an urgent referral and for patients receiving a first cancer treatment within 31 days of a decision to treat.

LUHFT Friends and Family Inpatient test response rate is above the England average of 17.4% in December 2021 at 24.8% (latest data reported). The percentage of patients who would recommend the service has remained at 92%, remaining below the England average of 94%. The percentage who would not recommend fallen to 4% and is still just above the England average of 3%. The Trust are due to present a Patient Experience update at the CCG's Engagement & Patient Experience Group (EPEG) meeting in May 2022 and Patient Experience is embedded within the Trusts overall Improvement Plan which is monitored via the Clinical Quality Performance Group (CQPG) on a regular basis.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. At month 10 of 2021/22, this has resulted in a 19% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year but is -23% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during January-22 saw an 8% increase

compared to the previous month when there were bank holidays and also the COVID-19 Omicron outbreak caused a decrease in activity.

Figure 5 – Planned Care All Providers - Contract Performance Compared to 2019/20

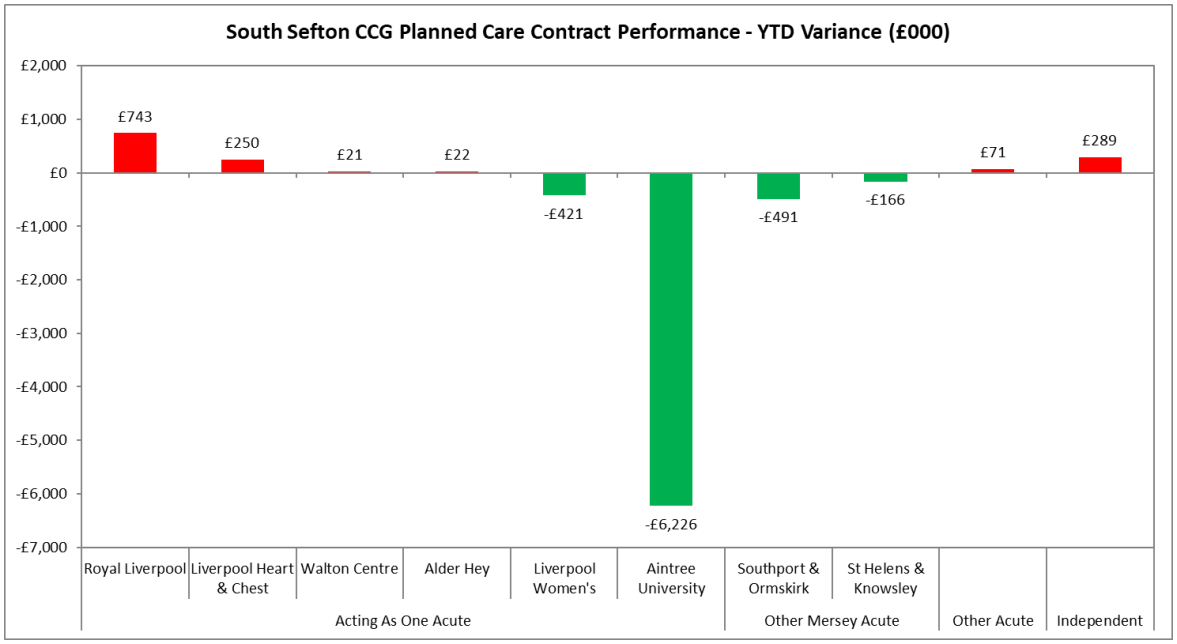


Figure 6 - Planned Care Activity Trends

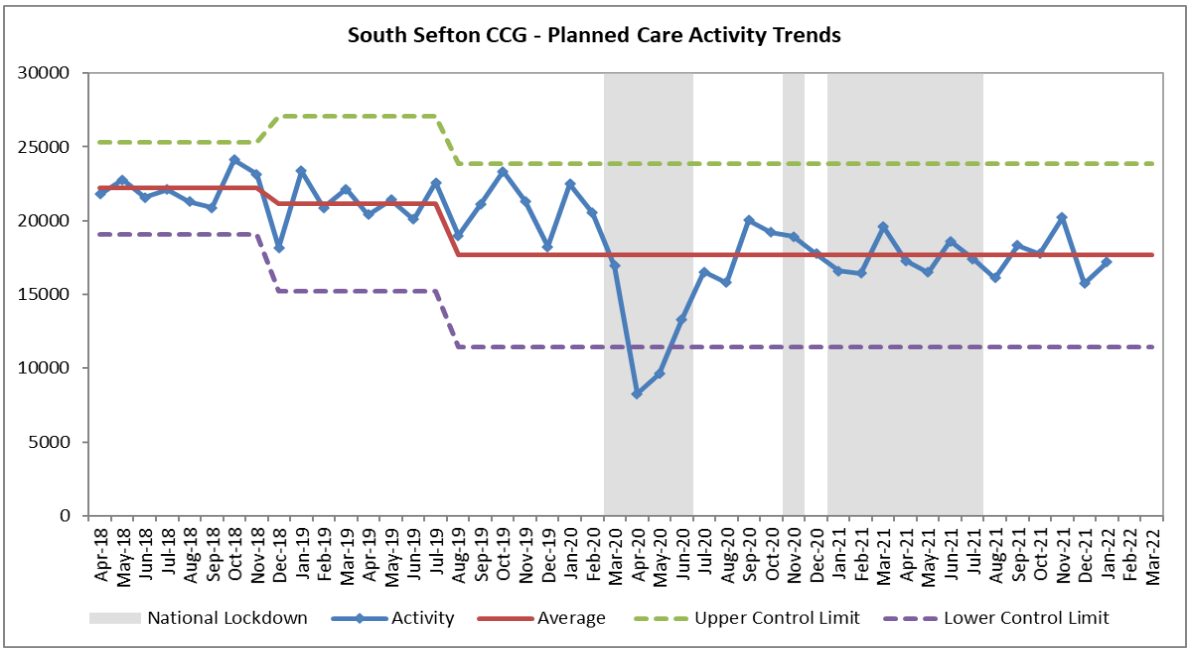


Figure 7 – Elective Inpatient Variance against Plan (i.e. Previous Year)

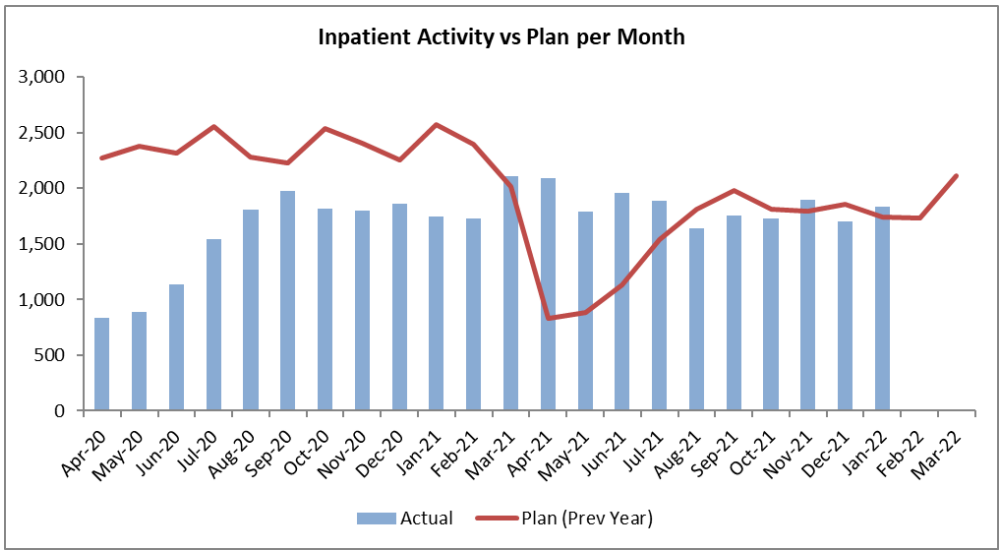
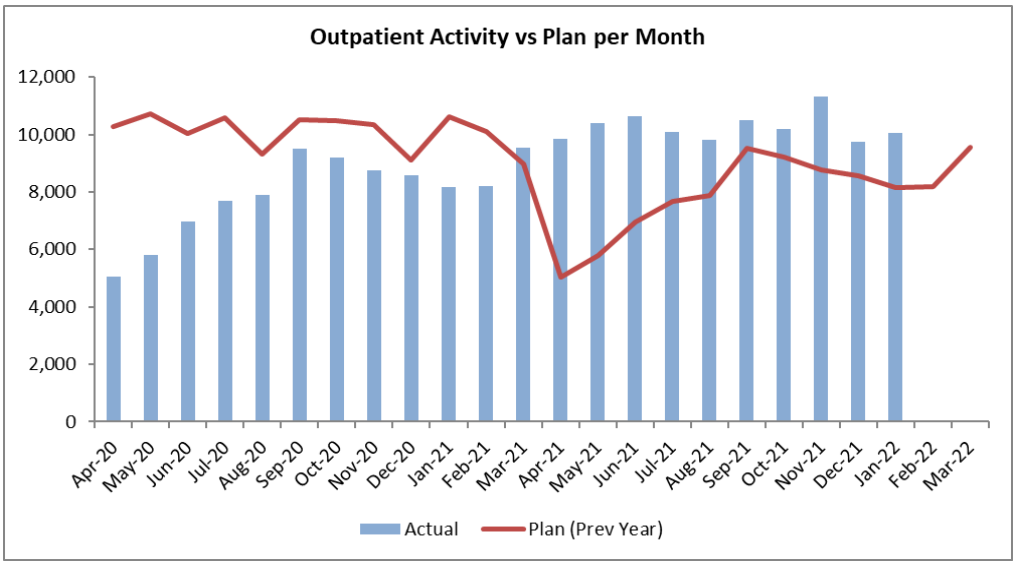


Figure 8 – Outpatient (First and Follow Up) Variance against Plan (i.e. Previous Year)



Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT continue to report under the 95% target in January 2022, reporting 69.68% and 68.66% respectively. This shows a small increase of around 2.3% from the previous month and the CCG and Trust performance is lower than the nationally reported level of 74.35%.

CCG Actions:

- Expedited discharge remains the focus of the North Mersey system to improve patient flow out of the trust. Main risk remains the short fall in domiciliary care packages.
- CCG and local authority have commissioned additional bed capacity to mitigate the risk of delays. The Local Authority have block booked additional hours however situation remains challenged due to workforce sickness and absence rates due the Omicron variant.
- Additional funding to support discharge and 14 and 21 day reduction in length of stay has been allocated and system schemes with forecasted reductions in length of stay (LOS).
- CCG has put in place Nurse programme Director oversight of discharge process into the LUHFT system. This include daily review of the RFD data and validation.

• As a consequence of this work additional community bed capacity has been blocked to reduce discharge delays.
• Emergency Care Improvement Support Team (ECIST) support is scheduled to look specifically at pathway 0's and pathway 1 discharges, this is in conjunction with long length of stay review to reduce the 14 and 21 day length of stays. This is facilitated under the leadership of Mersey Care senior flight controller role and link to system flow.

Trust Actions:
• Care coordination mobilised in December to redirect self-presenting attendances to the most appropriate service. Trust to report findings and performance.
• Additional 7 beds commissioned to support flow for pathways 1 and 3.

The Trust have reported one 12-hour breach in January, the second of 2021/22 at the Aintree site. The volume of attendances at AED at the Trust remained high during January 2022 which resulted in longer waits due to poor flow through ED and ward areas. Actions taken by the Trust to address this include:

- Embedding pathway redesign for direct conveyancing to assessment areas
- Ringfencing assessment capacity in Ambulatory Acute Wards (MAB/) FAB at Aintree
- Optimising Same Day Emergency Care on both sites and reducing corridor care

Performance and Quality will continue to be monitored by the Lead Commissioner for LUHFT (Liverpool CCG) via the monthly Clinical Quality Performance Group (CQPG) meetings.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued. The latest available data is for January-22, when the average response time for South Sefton was 8 minutes, 40 seconds over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 1 hour, 6 minutes against a target of 18 minutes. The CCG also failed the category 2 and 3 90th percentile, but these have shown improvement from last month. Data for Category 4 90th percentile is reporting over 15 hours well over the 180-minute target. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls will go-live in April 2022. Also, the Ageing Well Programme will look to support NWAS by improving access to urgent community response including referrals from NWAS and the community teams with a response within 2 hours.

For ambulance handovers, LUHFT reported an improvement in performance for ambulance handover times in January 2022 (for handovers of 30 and 60 minutes) which decreased to 481 from 603 last month. Those above 60 minutes decreased to 139 from 255. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. NWAS have redeployed Patient Transport Service (PTS) vehicles in preparation for the expected spike in C19 incidents and probably winter surge. The Military have been supporting the PTS to increase capacity within emergency services and to support timely discharge from both secondary care and intermediate care services. This additional support will provide cover for staff sickness and absence rates, which should support the performance of category 1 and 2 response times. In April 2022, the CCG will implement a push model into the community 2hr UCR services for cat 3, 4 and 5 to reduce waits and release NWAS capacity. NWAS NHS 111 first and direct booking services remain in place to triage and redirect away from NWAS 999 services.

The mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April 2020 to release capacity across the NHS. The collection has now resumed. The plan is zero,

published data shows the CCG reported no breaches in January and the Trust reported 1 no details provided by the Trust.

For stroke, the CCG's lead provider LUHFT have not provided any further performance update this month. In terms of CCG actions, the extensive work of the Merseyside Stroke Board continues, and the public consultation period has now commenced led by Liverpool CCG and will end on 14th February.

The CCG and Trust reported no new cases of MRSA in December but have failed the zero-tolerance plan for 2021/22 due to 1 case reported in June. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG attend.

For C difficile, the CCG reported 7 new cases of C difficile cases in January (51 year to date) against a year-to-date target of 41 so are above the planned trajectory. The CCG objectives/plans for C. Difficile for 2021/22, year-end target is 54 cases. LUHFT reported 11 new cases in January (114 year to date) against a year-to-date target of 123 and are achieving. Post infection reviews are undertaken in all cases of healthcare associated infections, with any key themes/learning identified and monitored through the Trust's Action Plan and Infection Control & Prevention Meetings.

NHS Improvement and NHS England (NHSE/I) originally set CCG targets for reductions in E. coli in 2018/19, the CCG have the new objectives/plans for E. coli for 2021/22 along with new Trust objectives to monitor. In January there were 5 new cases (103 year to date), against a year-to-date target of 116 so achieving the target currently, year-end target is 156. LUHFT reported 16 new cases in January (165 year to date) against their year-to-date plan of 194 so are also achieving. The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings has now merged with the Antimicrobial resistance (AMR) Group to provide a more joined up approach and meet every 6 weeks, although due to COVID they had been stood down in December, January and February. Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli and themes include lack of catheter insertion, monitoring and timely diagnostic testing.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was reported at 100.81 in January 2022 by the Trust, just over the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

LUHFT Friends and Family A&E test response rate is above the England average of 10.1% in December 2021 at 17.4% (latest data available). The percentage of patients who would recommend the service has increased to 65% (from 61% last month), which is below the England average of 80%. The percentage who would not recommend decreased to 25% (from 29%) but remains above the England average of 16%. Poor Performance in terms of waiting times within AED continues to have the biggest impact on Patient Experience. Communication with relatives, patients and staff also remains to be a key theme, compounded by ongoing visiting restrictions. The Trust are utilising feedback to drive and implement improvements within the systems. This continues to be monitored via the Trust Improvement Plan at Clinical Quality Performance Group (CQPG).

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Trends across 2021/22 have shown notable increases in A&E activity but more expected levels of non-electives when comparing to pre-pandemic activity. Total Unplanned activity at January-22 is recording a 7,646/13% increase compared to 2020/21 but a decrease of -4,353/-3% when compared to pre-pandemic levels of activity. Focussing specifically on A&E type 1 attendances, activity during January-22 has increased from the previous month following the COVID-19 Omicron outbreak. Total attendances showed a 2% increase compared to December-21 but still -7% lower than November-21.

Figure 9 – Unplanned Care All Providers - Contract Performance Compared to 2019/20

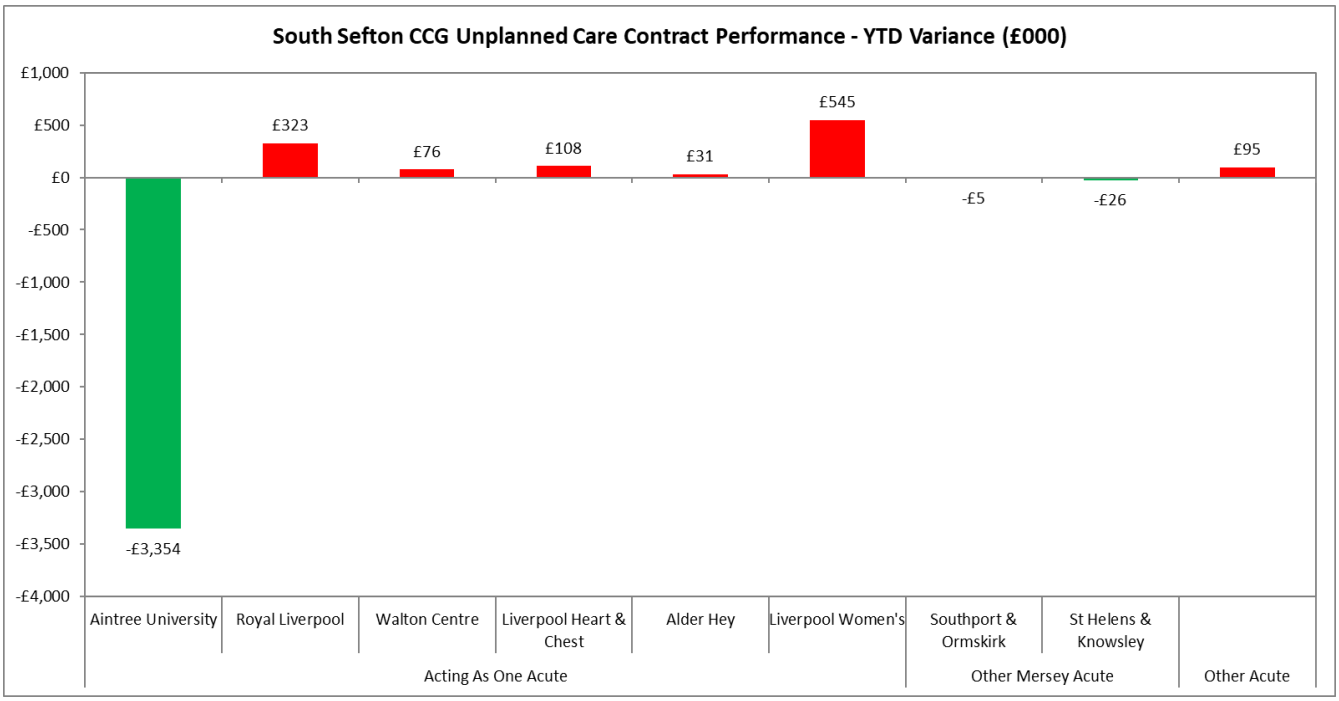


Figure 10 - Unplanned Care Activity Trends

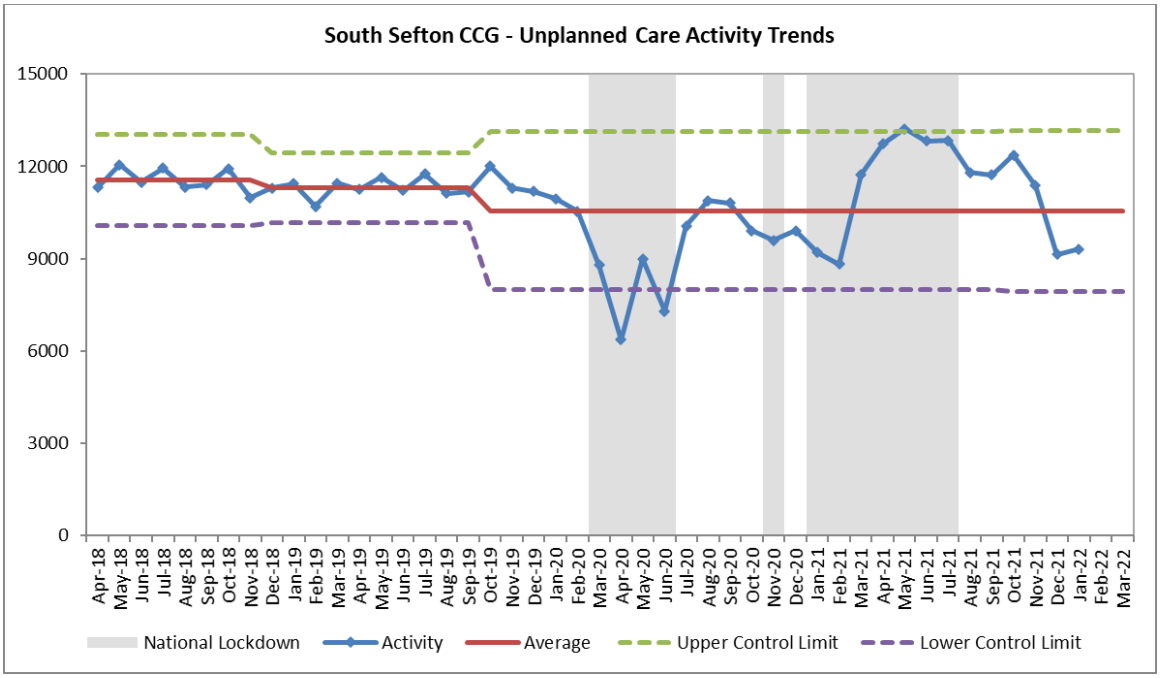


Figure 3 - A&E Type 1 against Plan (Previous Year)

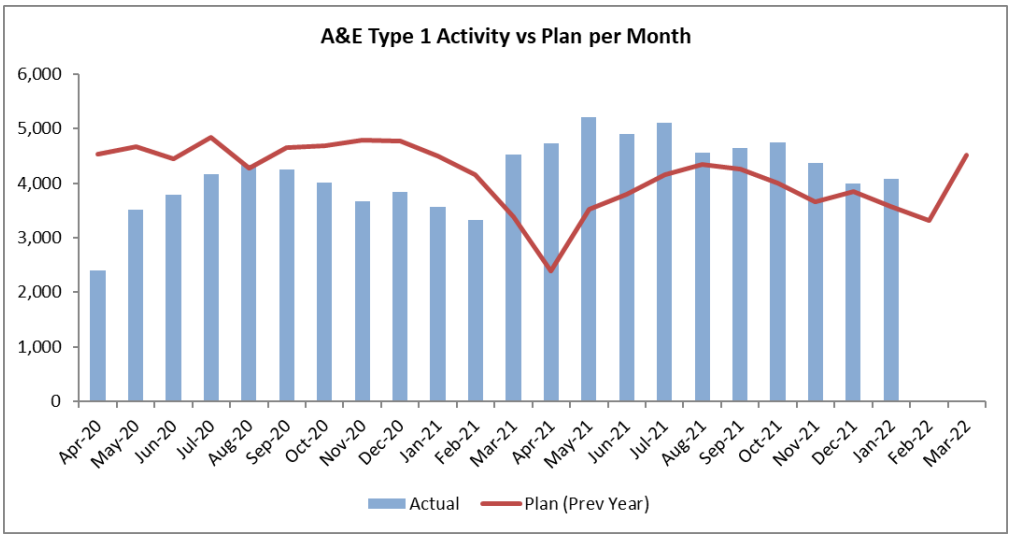
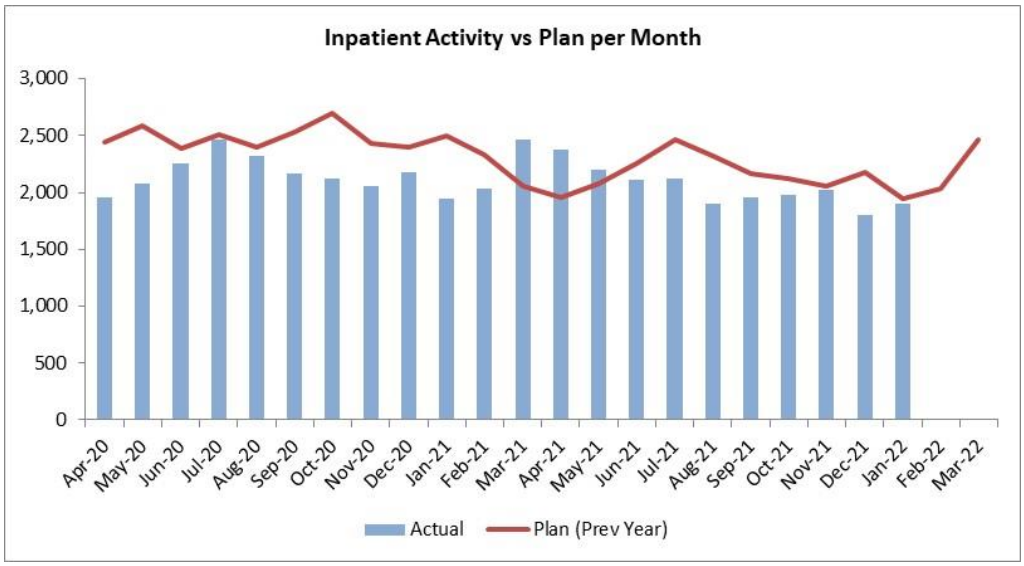


Figure 4 – Non-elective Inpatient Variance against Plan (Previous Year)



Mental Health

The Eating Disorder service has reported 35.4% of patients commencing treatment within 18 weeks of referral in January 2022, compared to a 95% target. Just 17 patients out of 48 commenced treatment within 18 weeks, which shows a small decline in performance on last month when 37.3% was reported. Demand for the service continues to increase and exceed capacity. COVID-19 has had a significant impact upon demand, along with the acuity and complexity of patients accessing the service. The service is launching a digital peer support platform which will benefit those individuals on the waiting list. The service have also implemented a stepped care approach to ensure interventions are targeted as much as possible as early as possible. In addition, the service is looking at how the acquisition of North West Boroughs NHS Trust can be of benefit and provide opportunities for additionality and service improvement. The Trust and CCG recognise that considerable investment is required for the ED service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24. Both CCGs have agreed £112k of investment in 2021/22. The service has been asked to put together an outline of an MDT-led service model and associated costings for consideration. The service is completing a capacity and demand analysis which will inform the proposed service model.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.83% in January 2022, below the monthly target standard of 1.59%. The service now has a full complement of staff (including new clinical lead) so is confident that performance will begin to improve. Staffing has historically been a challenging issue.

The percentage of people who moved to recovery was 50.7% in January 2022 against the target of 50%, which is a significant improvement from 35.3% reported last month and now reporting over plan.

For IAPT 6 week waits to enter treatment, this measure has reported 63%, which is under the 75% target, this has now been under target for 3 months. This percentage relates specifically to the time waiting for an assessment. The CCG is aware that the Talking Matters Sefton Psychological Wellbeing Practitioners Team has been significantly understaffed, although performance is expected to now start improving with a full staffing compliment in place.

The CCG is recording a dementia diagnosis rate in January 2022 of 59.3%, which is under the national dementia diagnosis ambition of 66.7%. This demonstrates a small improvement from last month's performance of 58.6%. Significant capacity and demand issues in primary care where initial dementia screening is completed are having an impact upon performance. The provider continues to operate weekend clinics in the memory service to address the backlog caused by COVID-19.

The individuals with SEND have had their diagnostic assessment undertaken and the residual waiting list funding is targeting the wider waiting list. In July 2021 both CCGs agreed to fund £100k investment into the service and this will increase assessment capacity. The Trust have trained 2 staff across to undertake DISCO and AD-I-R / ADOS diagnostic assessment training. These individuals commenced assessment duties in October 2021 and will add 90 assessments in addition to the 50 already commissioned. The service have reported an increase in referrals in January and feel that demand is exceeding current capacity levels. The service continues to prioritise those individuals with a documented SEND requirement as requested. North and Mid-Mersey commissioners are in the process of mapping out their respective pathways with a view to exploring how the current capacity and demand issues can be resolved more collectively.

For the month of January 2022, average waiting times for ASD service diagnostic assessment for service user's aged 16 – 25 accessing ASD services and waiting for an initial assessment is 89.8 weeks in Sefton. This is a slight increase on December 21, despite additional monies that have created some additional capacity this is not anywhere near to meeting current demand. This means that month on month there are more being added to a waiting list. Service continues to prioritise those individuals with a documented SEND requirement as requested. The Service are waiting for a response from commissioners about next steps and discussions about possible ways to move forward. Risk Mitigation: The Life Rooms continue to carry out welfare calls to individuals on the ASD service waiting list and escalate any concerns as per agreed pathways. To note: the average of 11.5 weeks waiting times for ASD performance in January reflects the average time people aged 16 to 25 years old have been waiting for a first seen appointment. In addition to this, performance has been added to highlight the average waiting time for a diagnostic assessment (above), the majority of which will have already had had their first seen appointment.

The Trust has developed a waiting list initiative with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) wait times which were reported as being 60.5 weeks in January 2022. All people on the waiting list have been contacted and have opted to remain on the list. The Trust has recruited a nurse prescriber internally who will undertake reviews allowing the medical staff to undertake 12 to 14 new assessments per week. The Trust has also subcontracted work to an external provider with the plan for the provider to take on 820 cases from the backlog to complete an assessment through 3-4 virtual appointments. It is expected that the external provider will commence this work in May. The CCG and Mersey Care are working together to establish the performance metrics for the external provider. North and Mid-Mersey commissioners are in the process of mapping

out their respective pathways with a view to exploring how the current capacity and demand issues can be resolved more collectively.

Adult Community Health Services – (Mersey Care NHS Foundation Trust)
Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues, e.g. staffing, resources, waiting times. Assurance will be sought regarding changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A single Clinical Quality Performance Group (CQPG) across the Mersey Care footprint of commissioned services including South Sefton, Southport and Formby and Liverpool CCGs has been introduced. The joint Sefton and Liverpool Information Sub-Group is supporting the ongoing development and performance monitoring with the Trust. The Trust, in collaboration with CCG leads, will be reviewing service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years. This work has been impacted by the pandemic.

Further to Month 9 which advised that the whole Trust had entered into business continuity, the Trust moved out of business contingency in Month 10.

Month 10 assurance supplied by the Trust indicates that Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy which remains static at 28 weeks and Speech and Language Therapy (SALT) decreased from previous month to 27 weeks. CCG continues to monitor waiting times with close monitoring of the SALT service and Physiotherapy which continues to see high demand. AHP services triage patients and prioritise on clinical need and the Trust has provided a performance improvement plan for physiotherapy and SALT. Consideration is being given to reduce the waiting times targets in 2021/22 in recognition of the sustained improved performance in line with agreed transformation work by the Trust. However, this work has been impacted by the pandemic.

Children's Services
In its ongoing response to the impact of the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

As previously reported, the SALT performance continues to be challenged. A number of issues have impacted on the service. These include:

- Workforce gaps due to increase in maternity leave, short- and long-term sickness and challenges in recruitment.
- Impact of COVID-19 pandemic on throughput of patients.
- Impact of COVID-19 on the speech, language and communication needs of children and young people.
- Additional capacity impact of increasing caseload of children and young people and families with English not as first language (13% of overall caseload).
- Increased number of referrals/re-referrals over the past 2 years.

There have been significant efforts to address the capacity pressure and improve waiting times and there has been a further small improvement for the third consecutive month. Further actions are being implemented to return the performance to 18 weeks by March 2023, with the existing levels of commissioned resource. A paper about the service, it's challenges and the improvement plan are being taken to Leadership Team.

All referrals continue to be clinically triaged at the point of receipt and prioritised according to need. Physiotherapy, Dietetics, Occupational Therapy (OT) and Continence continue to report above the 92% KPI in January 2022.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a

position which is reflected regionally and nationally. Additional, investment has been agreed by the CCG in line with Mental Health Investment Standard (MHIS), Service Development Fund (SDF) and Service Resilience (SR) allocations. The process of recruitment is progressing but it is likely to be May before all posts are filled and extra capacity is fully realised within the service offer – notwithstanding likely internal movement as posts are filled, and normal staff turnover. A detailed monthly trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve, however an initial timeline for returning to 6-week and 18-week KPIs is November 2022.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In January there has been a slight deterioration in 6-week KPI (i.e. assessment) but there has been an improvement 18-weeks to treatment South Sefton 80.6%. The service continues to prioritise the increasing number of urgent appointments. All long waiters are regularly contacted by the service allowing for escalation if required.

Sefton has been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times and identify opportunities for further improvement. In November 2021, the CCGs were also successful in securing additional winter pressure mental health funding which has been released to third sector providers Venus and Parenting 2000 to expand their open access drop-in services at evenings and weekends. It is anticipated that this will also have a positive impact on specialist CAMHS waiting times and potentially A&E attendances for mental health. The impact of this will be monitored in Q4 2021/22 and Q1 2022/23. In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. To support the increased numbers of high-risk inpatients, the service was recently awarded additional funding through the winter pressure mental health funding stream.

Referral rates for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) services continue to increase at a rate significantly higher than what is currently commissioned. Although for both ASD and ADHD the KPI of 90% of assessments starting with 12 weeks (NICE requirement) is still being met. The increase referral rate is impacting on capacity and leading to delays in completion of the 30-week assessment pathways, which have seen a deterioration in performance over the last 6 to 8 months. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and reduce waiting times. A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December 2022. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

Overall SEND health performance continues to be reported and monitored through the SEND Health Performance Group. Following the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a refreshed SEND improvement plan and revising the current governance arrangements. This will revise how health performance will be reported to the SEND Continuous Improvement Board and will be finalised in due course.

CQC Inspections

Previously halted due to the COVID-19 pandemic. Practices in South Sefton CCG GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. The inspections have resumed, with the latest inspection happening at Litherland Practice, with the practice continuing to perform 'Good' overall and for all inspection areas.

NHS Oversight Framework (NHS OF)

The NHS Oversight Framework (NHS OF) has now been superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2021/22 provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working together to maintain and improve the quality of care; and describes how identified support needs to improve standards and outcomes will be co-ordinated and delivered. A separate report is prepared for Governing Body. This report presents an overview of the 2021/22 System Oversight Framework, and a summary of the latest performance including exception commentary regarding indicators for which the CCG's performance is consistently declining. The report describes reasons for underperformance, actions being taken by managerial leads to improve performance, and expected date of improvement.

NHS South Sefton Clinical Commissioning Group

NHS Southport and Formby Clinical Commissioning Group

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 20 October 2021	Chair: Alan Sharples

Key Issue	Risk Identified	Mitigating Actions
The outstanding issues in relation to the CCG Grievance and Disputes Policy require resolution	CCGs' need assurance that the policy is agreed and ready for use, given potential likelihood of increased risk during the implementation of HR framework supporting commissioning re-organisation.	CCG LT to review and provide confirmation that policy is agreed and in place.

Information Points for South Sefton and Southport & Formby CCG Governing Body (for noting)

The Committee requested a written update regarding progress in relation to the resolution of the outstanding GP Pensions issue. A report will be produced for Committee members by the end of October.

The Committee received an update in relation to the Freedom to Speak Up (FTSU) action plan.

The Committee received an update on progress in relation to the CCG Closedown process which led to a wider discussion regarding the need for further assurance meetings.

The Information Governance Bi-Monthly report was received noting that the CCGs' will need to reach 95% training coverage at one stage during the year. The Committee received an update on the plan in place to achieve this measure.

The Committee approved the Anti-Fraud, Bribery and Corruption Policy.

NHS South Sefton Clinical Commissioning Group

NHS Southport and Formby Clinical Commissioning Group

The Committee received the Internal Audit Plan update noting that the Primary Care Commissioning Committee in Common achieved High Assurance.

The Committee received the Annual Audit letters for both CCGs' noting that they were published on the web-site in line with required timescale.

The Committee noted the External Audit Challenge Questions and asked that the Governing Body reference these questions as part of its assurance process.

The Anti-Fraud Specialist update report was received.

The Committee reviewed the CCGs' Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) and noted that a number of risks required further moderation before the reports could be agreed.

The Committee asked that the review of the specific transition risks be included in detail and reported back

Cheshire and Merseyside
Health and Care Partnership

Finance and resources sub-committee

Key issues report

Of the meeting held on 10th March 2022

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

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

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

Issue	Committee comments	Assurances received	Action	Timescale
Delegated decision making	The committee is requesting clarity from the joint committee as to what decisions it will agree to make having received delegations from the respective CCGs. An example of this relates to the APC recommendations in respect of funding for melatonin which some CCGs believe they have delegated to the joint committee.		Joint committee to confirm that it will receive matters for decision making that have been delegated by the respective CCGs.	April 2022
Terms of reference	Committee members noted that the current TORs extend to end of March 2022, the committee recommend that those TORs are updated to extend to 30th June 2022.		Joint committee to confirm that the F&R sub-committee and the respective TORs will remain in place until 30th June 2022.	March 2022

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

Issue	Committee update	Assurances received	Action	Timescale
Report from chief finance officers on achievement of statutory duties	CCGs have worked collectively to submit breakeven plans for H2 2021/22.	The CFOs reported that of the £68.7m of financial risk associated with plans, £68.9m has now been mitigated. This represents an improvement of £5.4m on the M8 position and means that all CCGs are now forecasting at least a break-even position, with a small aggregate surplus of £0.2m.	Continued focus on delivery of financial plans	

		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 January by 3 CCGs (4 CCGs in December). CFOs provided assurance that the year end target will be met. The report confirmed improvements at NHS Halton CCG for both breakeven duty and cash management and NHS Cheshire CCG for breakeven duty.		
Workforce dashboard	The committee received the consolidated workforce dashboard	The committee welcomed the report as it provided a view across C&M and areas of commonality could be identified.	Further narrative to support the report is required along with comparative data	April 2022
MLCSU performance report	The committee received the consolidated quarterly report for South Sefton, Southport and Formby, Halton, St Helens, Knowsley and Liverpool CCGs.		The committee have requested additional information that demonstrates compliance with KPIs and other outcome measures	June 2022
ASSURE (issues for which the committee has received assurances)				
Issue	**Committee update**	**Assurances received**	**Action**	**Timescale**
Risk	CCG CFOs have reviewed financial risk against the potential for future mitigations and are assured that by following the agreed actions plans will be delivered.	Risk registers and BAFs extracts with detailed mitigations	Continue to review and receive risk detail	Ongoing

External audit fees	The committee were concerned about the capacity within external audit available to support account sign off for this year and Q1 next year.	The CFOs will work collectively to agree external audit fees to ensure 2021/22 and Q1 2022/23 accounts can be signed off. The fees will be agreed through the appropriate internal governance within the respective CCGs.	Fees to be agreed.	March 2022

Cheshire and Merseyside
Health and Care Partnership

22.46C

Quality Sub-Committee

Key issues report

8th March 2022

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

Cheshire and Merseyside Health and Care Partnership

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

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

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

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

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

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

Safeguarding	An overview was provided in relation to safeguarding children and adults and included: - Child Death Overview Panels - Need for place-based improvement plans for Looked After Children health assessments - Common themes for children and adult safeguarding - Governance arrangements for the oversight of the transfer of statutory duties to the ICS from July 2022 - Update on eleven collaborative workstreams in progress	Common themes provided including data to evidence some of the work at place	Further update requested to the July meeting	End July 2022
CM All Age Continuing Care Programme Board	Update provided including Q3 performance in Cheshire & Merseyside against continuing healthcare national standards. This included an update on independent review panels	Performance update provided against national standards	Continuous monitoring of performance required against the discharge programme	Ongoing

Cheshire and Merseyside
Health and Care Partnership

22.46D

Performance Committee

Key issues report

15th March 2022

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

Cheshire and Merseyside Health and Care Partnership

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

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

Issue	Committee comments	Assurances received	Action	Timescale
COVID-19 (Staff absences/Rise in infections & hospitalisations)	Committee noted increase in COVID-19 infections rates impacting on increased hospitalisations, staff absences and potential impact on Elective Recovery Programme.	Local monitoring systems in place.	Performance leads to continue to monitor provider performance and committee will undertake a 'deep dive' on Elective Recovery. Deep dive to include impact of Elective Recovery based on socio-economic factors to ensure programme considers health inequalities and does not exacerbate known inequalities.	April 2022
Countess of Chester Hospital – Migration to Cerner	- High RTT and Cancer waiting lists at Regional and National level - Ongoing validation of data needed to improve accuracy and management of patients including defining patients who could be transferred to ISPs Issues in delays/delivery of correspondence in relation to patient discharges/attendances and results with Primary Care	- CCG, CMCA, NHSE/I have regular meetings with the trust. - A CQC visit is currently taking place at the trust, they will also be evaluating the position Senior Clinical and IT Leads from the Trust, the CCG & ICP are represented at the fortnightly COCH / CCG Primary Care subgroup	- The Trust remains in a quality surveillance group process in relation to areas of quality concern including the cerner implementation. - NHS Digital to provide practical help through their Trust System Support Model (TSSM) through post-deployment interventions - Additional funding, staff and support have been provided to the trust to focus on addressing implementation issues and to accelerate validation of the data - There is an elective recovery turnaround director appointed until the end of March 2022 to help build a robust recovery programme. - Primary Care "issues" subgroup formed and meets fortnightly to review and respond to issues	Ongoing

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

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

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

Workplan	Committee agreed 4 items for 'deep dives' **April – Elective Recovery & LD Health Checks** **May – Serious Mental Illness (Physical Health Checks)** **June – Ambulance performance (Paramedic/PTS/NHS 111)**		Reporting to be developed for 'deep dive' discussions as per workplan	April – June 2022

ASSURE (issues for which the committee has received assurances)

Issue	Committee update	Assurances received	Action	Timescale
Risk Management	Committee noted the progress of work being undertaken by MIAA/CCG Governance Leads. Noted the 'Task and Finish' group being held on 23/3/22 between members of Quality & Performance Sub Groups in relation to risk management	CCGs continuing to manage risks and raise significant risks through 'key issues' reporting until further work is progressed from Task & Finish Group	Actions to be progressed arising from Task & Finish Group (23/3/22) in due course. Performance Committee to identify any risks arising from workplan 'deep dives'	April 2022 April – June 2022

Key Issues Report to Primary Care Commissioning Committee in Common

NHS South Sefton Clinical Commissioning Group

South Sefton Primary Care Commissioning Committee Part 1, November 2021	Chair: Graham Bayliss

Information Points for South Sefton CCG Governing Body (for noting)

Key Issues Log:

Approval was granted on:

- 7 Day Access Service extension until October 2022.
- Winter Access plan.
- Translation Services.
- Risk register is reviewed and updated.
- Keeping Health Watch informed

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Audit Committees in Common Minutes

Wednesday 20 October 1.30pm to 4pm
Microsoft Teams Meeting

Members – NHS Southport & Formby CCG Audit Committee		
Helen Nichols	Lay Member (S&F Audit Committee Chair)	HN
Dil Daly	Lay Member (S&F Audit Committee Vice Chair)	DD
Vikki Gilligan	Practice Manager Governing Body Member	VG
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Members – NHS South Sefton CCG Audit Committee		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
Steven Cox	Lay Member (SS Audit Committee Vice Chair)	SC
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG and SSCCG	MMcD
Rebecca McCullough	Deputy Chief Finance Officer, SFCCG and SSCCG	RMcC
Leah Robinson	Chief Accountant, SFCCG and SSCCG	LR
Clare Ingram	Interim Chief Accountant, SFCCG and SSCCG	CI
Andy Ayre	Manager - Audit, Grant Thornton	AA
Georgia Jones	Director, Grant Thornton	GJo
Michelle Moss	Anti-Fraud Specialist, MIAA	MMo
Adrian Poll	Audit Manager, MIAA	AP
Chloe Howard	Information Governance Business Partner, MLCSU	CH
Pippa Joyce	Information Governance Business Partner, MLCSU	PJ
Terry Stapley	Corporate Business Manager, SFCCG and SSCCG	TS
Sandra Smith	PA to Chief Finance Officer, SFCCG and SSCCG	SS

*** Agenda items marked with an asterisk have a *separate* report for each CCG. All other report agenda items have a joint report covering both CCGs.**

No	Item	Action
A21/55	**Introductions and apologies for absence**	
(a)	Apologies were received from Vikki Gillan, Steven Cox, Pippa Joyce and Terry Stapley	
A21/56	**Declarations of interest**	
(a)	Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.	
(b)	Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.	

A21/57	**Minutes of Previous meetings and key issues** **ACiC Meeting – 21 July 2021** **Southport & Formby – 21 April 2021 and 10 June 2021** **South Sefton – 22 April 2021 and 11 June 2021**	
(a)	**Audit Committee in Common** **Wednesday 21 July 2021** The minutes of the previous meeting were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
(b)	**Southport & Formby Audit Committee** **10 June and 21 April 2021** The minutes of the above meetings were approved as a true and accurate record. The key issues logs were approved as an accurate reflection of the main issues from the previous meeting.	
(c)	**South Sefton Audit Committee** **11 June and 22 April 2021** The minutes of the above meetings were approved as a true and accurate record. The key issues logs were approved as an accurate reflection of the main issues from the previous meeting.	
A21/58	**Action points from previous meetings**	
(a)	**A21/39 (i) Policy Tracker**: A discussion took place regarding the updating of policies during the transition period. AS commented, rather than a policy being shown as out of date, it should be shown as ratified and continue to be used. There is concern in respect of the Grievance Policy being up to date, especially during the transition period. DFair confirmed that only policies which need reviewing due to legislative changes should be updated.	
(b)	**A21/41 (d) and (e) Information Governance Statements of Assurance:** It was agreed that LR would look into these actions and report back to the Committee via email.	LR
(c)	**A20/68 and A20/24 (S&F) Any other business** **CHC Retrospective Claim – ME - Southport & Formby CCG Only:** MMcD confirmed operational notes have been prepared which support the approach to be taken. MMcD will look into this action further and prepare an update for the next meeting. HN asked for assurance that ME would be included in terms of preparing for the merge. MMcD confirmed that this would be part of the legacy list.	
(d)	**A20/86 and A20/11 Update on Follow Up actions/Response from MLCSU re: HR Case**: AS confirmed he and the HN have a meeting with the CSU arranged to take this forward. The Committee were reminded this is in respect of the CSU keeping confidential any approaches from CCG staff.	

(e)	**A21/31: Whistleblowing / Raising Concerns – Freedom to Speak Up Policy:** DFair	
A21/59	**Losses, Special Payments and Aged Debt**	
(a)	LR introduced the paper which had been circulated to the Committee.	
(b)	Southport & Formby CCG: It was noted there are no invoices above £5k threshold to be reported.	
(c)	South Sefton CCG: It was noted there are two invoices which are above the £5k threshold. The first invoice for Sefton Metropolitan Borough Council with a value of £338,622.46 which is for joint funded matrix work in 19/20, meetings are being held with the Council to discuss all outstanding debt and to agree a resolution. The second invoice is with East Lancashire CCG for £72,453 relates to a recharge for STAR Unit beds in 20/21.	
(d)	DD asked why the level of debt below 6 months is higher in South Sefton than Southport & Formby. MMcD responded, firstly that South Sefton have a higher turnover, so higher invoices are raised; secondly South Sefton is described as the hub account, there may also be other factors which are not apparent.	
(e)	AS referred to the Sefton Council invoice which relates to a previous financial year; asking why this has not been resolved. MMcD responded; this matter is mixed with other CHC issues and responsibility for joint funding. The CCG is currently taking legal advice as to how this will be settled between the two organisations. It was noted that this matter should be settled prior to the CCG moving into the ICP.	
(f)	MMcD shared with the Committee consideration may need to be given to low value debt being written off to minimise debts over the coming months. MMcD does not have full details at this stage, although it is likely a request will be made at the January Audit Committee for this decision to be made.	
(g)	HN queried the amount relating to CHC packages for South Sefton, asking why an equivalent amount for Southport & Formby is there shown. MMcD confirm this relates to a single case within South Sefton.	
(h)	This report was received by the Committee.	
A21/60	**CCG Published Registers**	
(a)	MMcD responded to the item on behalf of TS.	
(b)	HN referred to sponsorship register, commenting it was her impression events had not taken place; however, it appears PLT Nurses events had taken place in the early part of 2021. This item was briefly discussed after which MMcD agreed to liaise with TS for clarity and report back to the Committee.	MMcD/ TS
(c)	It was noted there is low compliance on conflict of interest training at 76%; HN was concerned this figure could diminish quickly and asked if targeting of staff to complete training is being undertaken. MMcD will liaise with the Corporate Services Team to get a current position on this question.	MMcD

A21/61	**GP Pensions Update**	
(a)	MMcD updated the Committee confirming the Remuneration Committee had accepted the process on how this matter will be taken forward.	
(b)	LR shared an anonymised status report showing a total of fifteen who had been affected, ten from South Sefton, five from Southport and Formby. Information within the status report show the current position with some information being circulated to accountants, others are awaiting guidance from NHS pensions, and one will have changes made via the ESR system.	
(c)	AS was concerned that the deadline, which had been set for the end of November would not be met. MMcD raised the point that a number of individuals were refusing to engage with the CCG and advice is being sought from the LMC. There is also the added problem that a number have retired or relocated. HN queried the figures within the data shown, MMcD proceeded to give a precis of the information.	
(d)	AS commented, as there is a need to scrutinise the information fully, there is a need for an estimated value of the problem. MMcD confirmed there is an estimated value however that information is not on the spreadsheet. MMcD was asked for the value to be shared for information purposes.	MMcD
(e)	HN commented that a transparent report is needed, it was agreed this report would be prepared with a timeline for delivery of two weeks. LR confirmed she would pick up this action. MMcD confirmed he would look to hold the required meetings within the first week in November.	LR MMcD
A21/62	**Audit Committee Self-Assessment**	
(a)	AS spoke to this item asking AP if he was aware whether other CCG Audit Committees had completed the self-assessment. HN commented that if it does need to be completed, it should not be an onerous task. AP agreed to consult with colleagues and will report back to HN and AS.	AP
A21/63	**Policy Tracker**	
(a)	AS referred to the three active policies which are being used but have not been reviewed for some time. It was accepted that an explanation should be added to the tracker to the effect these policies are ratified and continue to be used.	TS
(b)	It is noted the Lone Worker Policy will be shared with AS and HN for their information.	SSm
(c)	DD referred to draft policies which have been reviewed by another body, asking is it the updated draft or the original policy being used. AS confirmed the original policy is being used, until new policies are signed off.	
(d)	HN is comfortable with the approach being take in respect of policies, however, she is concerned about the Grievance and Disputes policy. The likelihood of this policy being needed during the transition is high. MMcD suggested this point goes onto the key issues report as a risk, HN agreed. MMcD added that this policy and concerns noted will be taken to LT.	MMcD
(e)	AS spoke to DFair regarding policies and the Committee's concerns, in particularly the Grievance and Disputes policy. DFair commented in these	

	those circumstances it would be appropriate for this to be taken to LT for approval. Although GGCs had been given guidance in respect of the updating of policies, this guidance does not cover policies where there is a legal requirement to do so. In this instance DFair concurs with MMcD that this policy should go to LT for approval and implementation.	
(f)	AS suggested that Policy Tracker be updated to confirm that although there are an additional three policies out of date, they have been ratified and are continuing to being used.	TS
(g)	DFair confirmed the call up list in respect of the Freedom to Speak Up policy is now available. A number of agencies will be providing services and the policy will be updated to reflect this. It was agreed the action on the Policy Tracker could now be closed.	TS
(h)	DFair confirmed the Office for National Guidance is going through a consultation programme to review a wide range of policies and procedures. They have advised to expect a report in Q4 prior to the changes in legislation. DFair will come back to the Audit Committee once this information is available.	
A21/64	**SSCCG and S&FCCG Information Governance Bi-Monthly Service Report**	
(a)	Prior to CH updating the Committee AS queried a point under Matters Arising from the assurance statements for iMersey and Mersey Care. It was noted information from Mersey Care had not been available, and although iMersey had provided a statement about constituent parts of the CCGs, there was no information available in relation to iMersey. CH was unable to answer this query, however, she will liaise with colleagues and provide assurance to the Committee via email prior to the next Audit Committee meeting.	CH
(b)	CH spoke briefly to the report sharing the highlights, progress, achievements and key information to the Committee. The IG training stats are showing a 79% uptake where as 95% needs to be achieved once within the data security toolkit year. In respect of Conflict of Interest training, MMcD confirmed staff who have yet to undertake the training are being targeted with reminders.	
(c)	CH gave a brief update on the DSPT, confirming the ICP will have responsibility of submitting this data, however, if the ICP is not established by 1 April then the responsibility will still sit with the CCG. Evidence will be collated as normal for the DSPT in case the ICP is not in place. MMcD commented this is a pragmatic approach in terms of the need to document at local and C&M level.	
(d)	AS asked if it is known who is leading on the transitional arrangements at ICS level. MMcD confirmed the Information Governance Workstream has not been fully set up as yet. CH confirmed she is unaware of what has been set up at present, it has been confirmed that a tab relating to IG will be added to the due diligence check list and is awaiting an update.	
(e)	MMcD confirmed that a penetration test had commenced last week, a report on this is awaited. A date for receipt of the report is not available as yet.	
A21/65	**FTSU action plan**	
(a)	DFair confirmed this action plan was developed following an FTSU grievance which was considered by the SS Governing Body. An action plan was	

	prepared and there is a Task & Finish Group of which AS is a member.	
A21/66	**CCG Closedown Report**	
(a)	DFair gave a brief background on due diligence on closedown and transfer, confirming the CCG are already positioned on this, and LT had established a Sub-group to lead. The paper demonstrates that arrangements are in place to oversee the closedown and transfer. It was noted MIAA have been invited to the closedown group to give external assurance. The group reports weekly to LT and to C&M in terms of progress with due diligence.	
(b)	AS commented that it is the Audit Committees role to ensure that the arrangements are in place, but not to be part of those arrangements.	
(c)	HN commented that in view of changes which are going to happen, is there a need to schedule an additional Audit Committee meeting, as it is one of the few remaining Committees running after November. DFair responded, confirming that the Committees workplan has place holders for updates as appropriate and further guidance will be given to the Audit Committee. This is mapped in to reflect within the workplan, however, if timelines move then an extraordinary meeting may need to be arranged and DFair will engage with both chairs if needed.	
(d)	MMcD recommended a form of local reporting of key pressures and issues i.e. CHC would be high on the above agenda.	
A21/67	**Data Protection and Security Toolkit 20/21 Update**	
(a)	Referred to in item FR21	
A21/68	**Audit Committee Recommendations Tracker**	
(a)	MMcD spoke to this item, highlighting this will be a key part of the CCGs legacy documentation.	
(b)	LR confirmed that an additional column had been added to the tracker giving commentary on each item.	
(c)	HN asked for clarification on travel expenses, in particular recovery and overpayments. MMo confirmed there is one specific issue in relation to a clinical lead around base and expenses. Discussion took place on this matter which related on claims from home to base and the contents of the contracts for some individuals. A review had taken place, but as the reviewer was not privy to the individual's contract, referred to the policy. This states there should be no claims from home to base, the claim should be from base.	
(d)	AS referred to the point on the timeliness of travel claims and if out of a 3 month period, they should be authorised by the CFo or DCFo. AS asked if this should not be undertaken by a line manager/supervisor. LR confirmed this section needed to be reworded and would take this away to update. MMo and LR agreed to meet out of the ACiC to discuss this further.	LR LR/MM
(e)	A discussion took place as to items remaining on the tracker until the process has been embedded, after which it was agreed the Committee wished this to continue. LR confirmed she would update the tracker for the next Committee	LR

	meeting in terms of the categorisations discussed, they will then be removed once confirmation of completion is received.	
A21/69	**Anti-Fraud Bribery and Corruption Policy 21/22 – SSCCG** **Anti-Fraud Bribery and Corruption Policy 21/22 – SFCCG** **Anti-Fraud Bribery and Corruption Policy (track changes version)**	
(a)	MMo spoke to these items, confirming both policies have been updated and brought to the Committee for ratification. It was noted the version with track changes would be sent to AS for information purposes.	MMo
(b)	AS asked if a fraud champion had been appointed, MMo confirmed there is one nominee for this role and MMo is liaising with MMcD to look for further nominations. NHSEFA created this role as part of the programme of working standards, an MOU is in place however, this does not specify what the roles and responsibilities of a fraud champion. MMo confirmed there is a webinar due to take place to give further information on the requirements, adding the appointed person should come from within the organisation.	
(c)	These policies were approved by the Committee.	
A21/70	**Internal Audit Progress Report**	
(a)	AP spoke briefly to this report for both CCGs, taking the report as read by the Committee. He outlined the document which was published in 2018 around an internal audit framework, with a programme of work to be taken over 3 years around governance, contract oversight, commissioning and procurement and finance. Arrangements within the CCG were looked at, as to whether the design was sufficient and complied with. AP confirmed there is good evidence around the design of those systems in both CCGs which is outlined within the report.	
(b)	AP added this is a positive conclusion for each CCG with positive outcomes for both.	
(c)	This report was received by the Committee.	
A21/71	**Auditor's Annual Report**	
(a)	AA spoke to this report, confirming the Executive Summary is the same for both CCGs. AA confirmed that this year there has been a look across all areas of reporting; financial sustainability, governance, improving economy and efficiency and effectiveness.	
(b)	Initially a risk of significant weakness was identified within the planning work due to a large underlying deficit that was brought to their attention by the CCGs. On looking further there was not an identified significant risk for governance or improving efficiency or effectiveness.	
(c)	AA highlighted the improvement recommendations made, which are QIPP plans, financial sustainability and engagement with the ICS, governance and procurement policy. It was noted the CCG had complied with the requirement to post the report on 20th September.	
(d)	AS thanked AA for his clear commentary on the report for the Committee.	

A21/72	**Audit Progress Report**	
(a)	AA gave a brief update on this report, pointing out there are a number of challenge questions for the Audit Committee to consider.	
(b)	AS asked the Committee if it was felt this was the correct time to consider these questions, bearing in mind entering into a transition period. MMcD commented that it would be dependent upon the context of the questions. A short discussion took place on this item, after which AS suggested the Executive use the questions as a framework to report on progress to the ICB. The report that goes to the Governing Body with the framework could be on the next Audit Committee agenda. This approach was agreed by the Committee. MMcD commented on capturing what is needed and build into business as usual around the transition; ensuring additional reports are not undertaken.	MMcD
A21/73	**Anti-Fraud Progress Report**	
(a)	MMo spoke to this report covering both CCGs, confirming the two papers are identical in terms of information and currently there are no referrals in the reporting period, nor any ongoing cases to be progressed.	
(b)	The Key points reported on NHS Counter Fraud governance standards and benchmarked the organisation, MMo referred to page 10 of her report which shows compliance against standards. The report shows green in all areas other than in 1b, 2 and 3, adding as of today component 2 will be green as the Counter Fraud and Bribery Strategy has been ratified.	
(c)	The report was received by the Committee.	
A21/74	**Governing Body Assurance Framework Corporate Risk Register and Heat Map**	
(a)	MMcD spoke to this item, briefly updating the Committee.	
(b)	AS referred to a number of risks showing within the heatmap which are red, commenting that these are outside our control. MMcD commented it needed to go back to source, with another round of moderation which is required. It was agreed QIPP is out of the CCGs control, the integration agenda is directly linked to PCNs and at the last PCCiC it was suggested this was overstated. It was also noted the implementation of a North Mersey Stroke service should give assurance in the next six months.	
(c)	MMcD commented more collaboration between the Trust and CCGs is needed, adding finance has been approved for additional staff; the work force has a plan across the patch with 30 medical/nursing staff to come into North Mersey.	
(d)	DD asked is it correct that there will be a review and reduction on the risk of non-integration of the second key issue. MMcD agreed this was his view, which DD agreed with.	
(e)	HN queried the request to approve five risks have reduced to below 12, pointing out that several have queries against them. MMcD responded to HN's queries suggesting the risks require further review as there are inconsistencies. HN commented, from a practical point of view, will it be reviewed prior to the Governing Body. MMcD will look into this as the papers for Governing Body are due today, it was suggested that a note could be	

	included confirming there are further queries regarding moderation; after which many of the queries raised by HN will be looked into. HN agreed with this approach.	MMcD
(f)	HN asked MMcD for a response on the issue of risks associated with transition. MMcD suspects these have not worked their way through the system, other than Work Force capacity for the CCG, this will need to be assessed and worked through. MMcD proceeded to apprise the Committee in respect of work force capacity.	
A21/75	**Audit Committee Risk Register**	
(a)	AS referred to the scorings on risks which the Committee rates. MM commented this is a fair reflection and will be ratified in December and returned to the Audit Committee in January 2022.	
A21/76	**Any other business**	
(a)	There was none for discussion.	
A21/77	**Finance and Resource Committee** **Joint Quality & Performance Committee** **Primary Care Commissioning Committee**	
(a)	The Key Issues were received by the Committee, there were no comments raised on these documents.	
(b)	DD referred to the PCCiC key issues document commenting on the wording in relation to PC24 experiencing a high demand. It was noted it had been disputed at the meeting as to whether this statement was correct, and this line within the key issue document was erroneous. DD will liaise with the appropriate member of staff to have the paper amended.	
A21/77	**Key Issues**	
(a)	MMcD highlighted the key issues from the meeting, and these will be circulated as a Key Issues report to Governing Body.	
A21/78	**Review of Meeting**	
(a)	AP commented although the agenda was full, there has been enough time for debate, DD, HN, AA and LR agreed with this point.	
(b)	MMcD commented meeting on a quarterly basis means the agenda is large, if the Committee met more frequently this could shorten the agenda.	
(c)	AS confirmed that if a need arises for an additional meeting this can be arranged.	
(d)	JS commented that receiving the papers in good time and frequent reminders throughout the meeting to take the papers as read is useful.	

	Date and time of next meeting **1.30 pm to 4.00 pm** **Wednesday 19 January 2022**	

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

NHS South Sefton CCG and NHS Southport & Formby CCG
Primary Care Commissioning Committee in Common – Part ONE
Minutes

Date: Thursday 18th November 2021

Venue: MS Teams due to Covid-19 Pandemic

Members		
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Non-Voting Attendees:		
Dr Kati Scholtz	GP Clinical Representative SFCCG	KS
Dr Reehan Naweed	GP Clinical Representative SSCCG	RN
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Jennifer Piet	Primary Care Quality Team	JP
Debbie Fairclough	Interim Programme Lead – SS SF CCG Corporate Services	DF
Joe Chattin	LMC Representative	JC
Diane Blair	Healthwatch	DB
Rob Smith	SS SF CCG Finance	RS
Jane Elliott	Commissioning Manager Localities	JE
Melanie Spelman	Programme Manager for Quality & Risk	MS
Chantelle Collins		CC
Minutes		
Anji Willey	Senior Administrator	AW

Attendance Tracker D = Deputy ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Sep 21	Nov 21	
Members:										
Dil Daly	SF CCG Lay Member (Co Chair)	✓	✓	✓	✓	✓	✓	✓	✓	
Fiona Taylor	S&F SS CCG Chief Officer	✓	N	N	A	N	✓	✓	A	
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	A	
Alan Sharples	SS CCG Lay Member	✓	✓	✓	A	✓	A	✓	✓	
Helen Nichols	S&F CCG Lay Member	✓	✓	✓	A	✓	✓	✓		
Jan Leonard	S&F CCG Director of Place (North)	✓	✓	✓	✓	✓	✓	✓		
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓	✓	✓	✓	✓	✓		
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	N	✓	✓	N	✓		
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality Lead	N	A	N	A	A	N			
Non-Voting Members										
Dr Kati Scholtz	GP Clinical Representative SF	✓	✓	✓	A	✓	✓	✓	✓	
Dr Reehan Naweed	GP Clinical Representative SS	n/a	n/a	n/a	n/a	n/a	N	✓		
Richard Hampson	Primary Care Contracts Manager	✓	✓	✓	✓	✓	✓	✓		

Joe Chattin	LMC Representative	✓	N	N	N	✓	N	N		
Debbie Fairclough	SS SF CCG Corporate Services	N	N	N	D	D	N	N		
Diane Blair	Healthwatch	✓	N	A	✓	A	A	✓	✓	
Rob Smith	SS SF CCG Finance	N	✓	✓	N	✓	N	A		
Jennifer Piet	Programme manager – Quality & Performance	N	N	N	✓	N	N	N		
Melanie Spelman	Deputising for Tracy Forshaw	N	N	N	N	D	N	N		
Chantelle Collins		n/a	n/a	n/a	n/a	n/a	✓	N		

No	Item	Action
PCCiC 21/124.	**Introductions and apologies** Apologies were given from Fiona Taylor, Martin McDowell, Jane Elliott, and Colette Page.	
PCCiC 21/125.	**Declarations of interest** None declared	
PCCiC 21/126.	**Minutes of the previous meeting** Minutes Approved from the 16th September 2021 Meeting. A full review of the members names (spellings) and attendance information needs to be completed as there are a number of discrepancies. All meetings from 21/22 to be reviewed.	AW
PCCiC 21/127.	**Action points from the previous meeting** The action tracker was updated	
PCCiC 21/128.	**Key issues from Operational Group and Decisions made** JL advised that the LQC deadline for the Flu Indicators was agreed to be changed to December 15th in light of national delays to vaccine supply.	
PCCiC 21/129.	**PCN Update:** The PCNs are fully engaged with the Winter Access Funding Plans, they continue to work on recruitment but are struggling with Physician Associates and Mental Health roles. SS are working on plans for house bound patient care. RN is working with several practices who have employed new Care Navigator staff and will share their experience with other practices in the area. KS confirmed that the extra capacity services are in the final stages before starting in Southport. There are several services being provided by the PCN and Federation which KS feels would benefit from comms being sent out to practices to offer and promote these services.	
PCCiC 21/130.	**Patient Access Survey:** The Southport & Formby Survey is about to be launched. With different forms of communication (easy read versions) and access for all patients. The survey will run for 6 weeks. Feedback will be presented at the next meeting in January 2022. Thanks were noted to Healthwatch for their feedback and support. KS had two concerns with regards to the survey in terms of patients requiring support to complete it and the cost implications for postage. It was confirmed that PALS are happy to support patients who are struggling to access or complete the survey. Patients will be signposted to PALS as part of the communication that is sent out. JL confirmed that there is funding within the LQC contract to cover the financial costs and asked if this could be relayed back to practices. DB asked if it was the right time to send out the GP Access Survey in terms of staffing capacity and pressures on the practices. JL agreed that it was additional workload, but it formed part of the LQC and there have been several indicators that have changed reducing some workload to practices. The importance of getting patient views was discussed.	
PCCiC 21/131.	**7-day Access** It was noted that the 7 Day Access Service for both CCGs has now been extended until October 2022 as requested by NHSE in guidance BW999.	

PCCiC 21/132.	**BW999 – Plan for improving Patient Access:** Following the recent adverse media around patient Access and the scrutiny around the low number of face to face GP appointments and high levels of 111 calls / A&E visits, NHS England asked CCGs to look at increasing and optimising patient access. Significant work has gone into producing plans for non-recurrent money that is available, GP Federations, PCNs and clinical leads have been involved. AP advised that a meeting took place on the 17th November with NHS England, and it was confirmed that the plans are being scrutinised and the results should be in the next day or so.	
PCCiC 21/133.	**Pressures in GP Practice:** It was acknowledged that GP Practices are under an enormous amount of pressure and it is a difficult time especially with recruitment and that a long-term plan is needed. It was also discussed that even when staff are recruited there is not always the support available to mentor and develop these new staff / roles. It was noted that this is the biggest risk on the risk register. It was acknowledged that the CCG cannot resolve this alone and needs central support, NHS England were asked to help to counter the attacks made in the media about GP's. It was noted that the ask to declare GP earnings over £150K was unhelpful but the request has been delayed for the time being.	
PCCiC 21/134.	**Finance:** The committee received an update on the financial position in relation to Primary Medical Care Services for each CCG, for South Sefton there is a £240k year to date underspend at month 6. This is an increase since the last report, the core contract underspend is due to list size changes being below budgeted levels. There are low level of locum claims resulting in underspend on staff costs. Indicative QOF performance is 91.3% based on spend v budget. PCN underspends on the 20/21 Invest & Impact Fund performance, the baseline ARRS allocation expected to be spent but not all the centrally held allocation. For Southport & Formby there is a £238k year to date underspend at month 6. The core contract underspend is due to list size changes being below budgeted levels. There are low level of locum claims resulting in underspend on staff costs. Indicative QOF performance is 93.9% based on spend v budget. PCN scheme underspend due to 20/21 Invest & Impact Fund performance, the baseline ARRS allocation is expected to be spent but not all the centrally held allocation.	

PCCiC 21/135.	**Translation Services:** RH sought approval for the Translation Service for both CCG's. RH explained that the Translation Service procurement was led by Liverpool CCG and that the CCGs will not hold the contract but will use the service and make payments based on usage. A procurement took place with Liverpool CCG for a three-year contract with a 1-year extension if required for 5 services to give full coverage (see paper for full details). Two organisations have been awarded the following lots: <u>D.A Languages:</u> Lots 1A&B: Translation of English into Community languages. Lots 4A&B: Provision of spoken language interpreters. <u>Signalise Co-Op Limited:</u> Lots 5A&B Interpretation and Translation Services for Deaf and Deafblind people. Unfortunately, the submissions for Lots 2 and 3 did not meet the criteria. A decision has been made to review the questions before being sent out again. DD asked did we have any smaller local companies come forward, RH advised that the smaller companies opted for lots 2 and 3 but did not meet the criteria but this is currently being reviewed. The Committee approved the recommendations within the paper.	
PCCiC 21/136.	**Interim Provider Policy with Changes:** The changes were noted, the policy had previously been approved and was being shared in part 1 for transparency.	
PCCiC 21/137.	**Health Watch Issues:** DB commented on the main theme of Access, not only to General Practice but in waiting times for secondary care and the issues being experienced by patients in terms of obtaining appointments/waiting times in getting through to practices and E-consult not being accessible. DB advised that they are working closely with Health Watch Liverpool and NHS England to keep patients informed. DB also mentioned that an area of concern was that older citizens are not receiving medication and frailty reviews and wanted clarification if this was part of the primary care offer. JL confirmed that frailty checks are part of the General Practitioners contract but that due to the pandemic this service has been suspended but it will restart in the future. KS confirmed that frailty is part of the core contract, but practices have a backlog of routine care due to services being paused. RN agreed and explained there have been issues outside their control, like the recent shortage of blood bottles, but advised that part of the new care navigators role is to get more involved with our elderly patients and will share the knowledge and experience with other practices once this pilot scheme is underway. The CCG welcomed Healthwatch's ongoing support with the patient access.	
PCCiC 21/138.	**Risk Register:** The risk register was updated.	

PCCiC 21/139.	**Key Issues Log:** Approval was granted on: • 7 Day Access Service extension until October 2022. • Winter Access plan. • Translation Services. • Risk register is reviewed and updated. Keeping Health Watch informed	
PCCiC 21/140.	**Any Other Business** *Matters previously notified to the Chair no less than 48 hours prior to the meeting.*	
Meeting Concluded.		
PCCiC 21/141.	**Date of Next Meeting:** Thursday 20 January 2022 10.00am-11.00am. **Venue: MS Teams**	

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Approved 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 *(until end of item C5)*	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	**Welcome, Introductions and Declarations of Interest:** 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.	
A2	**Apologies for Absence:** Apologies received are noted above along with the nominated deputies where appropriate.	
A3	**Declarations of Interest:** 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. The following declarations were made:- 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.	

	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. **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.	
A4	**Minutes of the Previous Meeting:** 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. **Outcome:** The minutes of the private meeting held on 30th November 2021 were approved subject to one minor amendment outlined above.	
A5	**Action and Decision Log:** The following update on the action log was provided:- **2122-05** - **Closed.** Fiona Taylor confirmed that this action had been addressed and is covered in the papers for agenda items D1 and D2 The decision log was noted. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the action and decision logs, and associated updates.	
A6	**Committee Forward Planner:** The forward planner was noted, including the additional meeting dates for April to June 2022. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the forward planner and additional meeting dates.	
A7	**Advanced Notice of AOB:** No other business was raised.	
A8	**Public Questions:** No public questions were submitted for consideration at this meeting.	

B	Health & Care Partnership Updates	
B1	**Update from the Interim Chair:** The Committee welcomed David Flory who provided the following update:- 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. 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. 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. 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. 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. 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 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.	

	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. Questions were invited:- 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.	
C	**Committee Business Items**	
C1	**Transfer of haemato-oncology services from LUHFT to Clatterbridge Liverpool:** 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, 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. Carole shared that this impacts on more than one CCG/Place area and this is the reason for a decision at Joint Committee. 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. Carole informed the committee that the final stage of this process was delayed due to some financial issues, however, these have now been resolved. Fiona Taylor highlighted the importance of recognising that Ormskirk and Southport are out of scope for this piece of work.	

	Questions/comments were invited:- • 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. o Fiona Taylor confirmed that the situation is straight forward and there are no additional risks to raise. o 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. o Fiona Taylor confirmed that will come through the Joint Committee via the quality sub-committee. **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. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee approved the proposal to enable the transfer of Haemato-oncology Services to be mobilised. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee supported the recommendation, made during the meeting, to continue further engagement work with minority groups.	
C2	**Liverpool University Hospitals Clinical Services Integration Proposals:** 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.	

	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. The working group have already progressed the consultation process and have agreed to create a joint consultation group. 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. Questions/comments were invited:- • 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. o Carole Hill confirmed that the intention is to follow the normal mechanism to assess the impact as these changes come through. **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. **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. **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.	
C3	**Learning from Life and Death Reviews (LeDeR) – Implementation Progress Update:** 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. 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. The Health and Inequalities role was outlined. Simon Banks informed the committee that this is a funded role.	

	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. 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. 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. Questions/comments were invited:- • Michelle Creed noted that the paper came to the Quality Sub-committee prior to this meeting, and the 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. **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. **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.	
C4	**Cheshire and Merseyside Core Military Veterans Service – Transfer of Coordinating Commissioner Arrangements – Update:** 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. Simon outlined that the request is to support the continuation of services and take this through to contract round for 2022/23. 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.	

	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. 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. Questions/comments were invited:- • Dr David O'Hagan asked for confirmation that the Bury's service will cease on 1st April? o 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. o 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. o 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. o 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. **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.	
C5	**2022/23 NHS priorities and operational planning guidance:** The Joint Committee welcomed Anthony Middleton to the meeting for this agenda item. A presentation was shared on screen and a copy was provided with the pre-meeting. Anthony highlighted the following points:- • 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. o 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. o 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. o 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.	

	o 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. o 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. o 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. **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.	
D	**Sub-Committee/Working Group Reports**	
D1	**Key issues report of the Finance and Resources Sub-Committee:** 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:- • 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.	

	Questions and Comments were invited:- • Dr David O'Hagan asked where the committee feels its responsibilities lie, bearing in mind that CFOs also feed into a C&M. o 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. o 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. **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.	
D2	**Key issues report of the Quality Sub-Committee:** 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:- • 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.	

	• A register of interests for members has been developed. Questions and Comments were invited:- • 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. **Outcome:** The Cheshire and Merseyside CCGs Joint Committee noted the update report and approved the amended Terms of Reference.	
D3	**Key issues report of the Performance Sub-Committee:** Simon Banks provided a verbal report from the recent Performance Sub-Committee:- • 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. **Outcome:** The Cheshire and Merseyside CCGs Joint Committee noted the verbal update report.	
D4	**Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:** 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:- • 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.	

	• 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. Questions and comments were invited:- • 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. **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 . **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.	
E	**Cheshire & Merseyside System Updates**	
E1	**Update from the Executive Director of Transition of the Cheshire & Merseyside HCP:** The Joint Committee welcomed Dianne Johnson, Director of Transition, to provide an update.	

	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 brough 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.	

	• 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. A more detailed programme will be brought to the next meeting. **Outcome:** The Cheshire and Merseyside CCGs Joint Committee noted the presentation and verbal report	
E2	**C&M System Performance Update:** Dave Horsfield gave a verbal overview of pressures:- • 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. Questions and comments were invited:- • 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.	

	o 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. **Outcome:** The Cheshire and Merseyside CCGs Joint Committee noted the verbal report	
AOB	**Any other Business:** No other business was raised.	

End of CMJC Meeting held in Public

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Approved Minutes

Meeting Name: Joint Committee (Meeting held in Public)

Meeting Date/Time: 23rd February 2022 at 1.40 pm **Venue:** Microsoft Teams

Chair: Geoffrey Appleton, NHS St Helen's CCG

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

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

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

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

Agenda Ref:	Discussion, Actions and Outcomes	Action By
A5	**Action and Decision Log:** The action log and decision log were noted. There were no actions for review at this meeting. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the action log and decision log.	
A6	**Committee Forward Plan:** • Dr David O'Hagan outlined the need to include a system to provide assurances on decisions pertaining to actions from the Joint Committee. • Matthew Cunningham informed the Joint Committee that a paper on the management of risks across the nine CCGs will be brought to the next meeting and this will be added to the planner. o Peter Munday asked whether this will also include a risk register. o Matthew Cunningham confirmed that he will endeavour to bring a risk register to the March meeting also, and that this will be a draft for initial adoption. • Matthew Cunningham informed the Joint Committee that a paper requesting approval of the Operational Plan will be brought to a future meeting of the Joint Committee. The planner will be updated to reflect this. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee agreed to update the forward planner with the above additional items.	Matthew Cunningham Matthew Cunningham
A7	**Advanced Notice of Any Other Business:** One item of AOB was highlighted, relating to the updated membership to the Performance Sub-Committee. Dr Andrew Pryce informed the Joint Committee that, he has agreed to take on the role as vice chair of the Performance Sub-committee and shared that a Chair has also been appointed. Matthew Cunningham shared that Dr Wilson has been in touch with some potential lay members also. Matthew shared that due process is being followed and the Chair and Vice Chair will be in place for the next meeting.	
A8	**Public Questions:** There were no questions from the public for consideration at this meeting.	
B	**Health & Care Partnership Updates**	
B1	**Update from the Interim Chair of the Cheshire & Merseyside Health & Care Partnership:** David Flory joined the meeting to provide an update on the establishment of the ICB and the development of system:-	

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

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	David highlighted the need to keep on top of issues that are being managed now, and those that need to be transferred into the new organisation to ensure that nothing is forgotten or lost, and so that the new ICB starts with a deep understanding of issues and how to move forward. The effective date of 1st July, subject to legislation, brings complications in terms of closing of accounts and service plans, and how these smoothly transition into the nine months starting from 1st July. The current team are working on the financial flow into the new system, the core foundation level is ensuring that there are the means to pay the right staff and suppliers the right amount on the right day. David acknowledged that it was anticipated that this committee will be running for just another 5 weeks, but it now needs to go on for longer and the importance of bringing items for discussion was highlighted. David extended his thanks to the Chairs of CCGs for agreeing to continue in their roles for this extended period of time and acknowledged the huge collective effort and the ongoing highly effective work which is valued and is not taken for granted. Questions/discussion were invited:- • Geoffrey Appleton thanked David for the update and shared that his comments regarding the work of the Joint Committee are pertinent as the Joint Committee is currently considering how to strengthen its governance structure going forward for the extended period. • Dr David O'Hagan thanked David for reinforcing that this is still subject to confirmation of a parliament decision and asked whether it was easier to work in a system ready set up for these changes, compared to the current Cheshire and Merseyside position which is quite flexible. o David Flory acknowledged there is some difference in terms of the momentum that comes from having substantive postholders, that cannot be achieved with interim postholders. David confirmed his view that the right things are being done in the right way and felt that when the substantive Chair arrives, Cheshire & Merseyside will see a difference. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the update from the Interim Chair of the Cheshire & Merseyside Health & Care Partnership	
C	**Committee Business**	
C1	**Cheshire & Merseyside Long Covid Programme Update:** The Joint Committee welcomed Nesta Hawker, Director of Commissioning at Wirral CCG, for this agenda item.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	Nesta shared that she is overseeing long covid commissioning relating for the Integrated Care System (ICS) and the paper presented is an update that has been to the HCP Executive Team meeting and the CCG Accountable Officers meeting prior to this. Nesta highlighted the following points in addition to the detail contained within the report:- • Since last update, the steering group has met twice and are due to meet again next week. • The paper provides details around Tier 3 MDT, and Nesta confirmed that these services are in situ and are taking referrals meaning the population can access this Tier 3 service much closer to home. • Tier 4 is an interim model for the remainder of this financial year. Nesta shared that, at the time of writing the report, the number of patients wasn't clear, so it wasn't possible to substantiate having a full tier 4 MDT provision. • There is a current underspend of £350k and a recruitment process is underway for the secondment role. Discussions are taking place to identify the best use for the remaining underspend. • Since the paper went to the HCP Executive Team and the Accountable Officers, the funding for next year has been confirmed at just under £5m. The group is working together to negotiate with providers in terms of how to best utilise this. • The full dashboard wasn't available to include in the report, but the following was reported:- o Up to mid-January, a total of 2225 referrals were received, with 778 being in the last 12-week period. o The longest wait was 60 days and shortest 14 days. o Assurance visits have been set up with all providers to ensure that provision is in line with the specification and that the time limits are in line with national requirements. o The next report will have the dashboard. This report will also form part of the assurance process for the Joint Committee. • The difficulties of commissioning this particular service were highlighted as numbers aren't known and commissioning/learning is taken place at the same time as research is coming in. In addition, the impact of Omicron on long covid is awaited. • Nesta highlighted that there is recent research published which suggests that if you have been vaccinated, you are less likely to have long covid symptoms which is excellent news for the population.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	Questions/comments were invited:- • Jan Ledward noted that primary care isn't visibly represented within the steering group and asked what connectivity plans were in place to link all these areas together and ensure that long term condition management work is undertaken as a collective. o Nesta shared that there are primary care representatives within the three MDTs, but she will take this point back to the steering group for consideration. • Peter Munday welcomed the report and shared that he appreciated the fact that Healthwatch have been closely involved with this activity. Peter noted that the practical solution around iPads and helping people access support seems positive but asked whether the Rehab Guru platform had been tested with patients to ensure it is the right solution. o Nesta confirmed that a query, around how patient friendly the platform is, has been raised with the national team. In addition, pulmonary rehab teams are looking at other apps to identify whether any others could be considered. o Michelle Creed asked whether there are any issues around language barriers linked to the Rehab Guru platform. o Nesta confirmed that the steering group will also review this issue. • Michelle Creed acknowledged the difficulties in developing services as learning is happening and asked whether the steering group includes representatives with lived experience. Michelle also asked whether the group is capturing patient experience and patient outcomes so we can learn and test this out. o Nesta confirmed that there is a representative on the steering group with lived experience. o Nest informed the Joint Committee that the outcomes work is very much about patient experience – both qualitive and quantitively. Feedback so far suggests that people are so grateful that they are being listening to. • Dr Andrew Pryce noted that the budget includes £50k for project management support and asked whether this was for a limited period time and whether it was for a specific band or person. o Nesta confirmed that this is for a Band 7 postholder, and the funding is until June 2022, so it won't cost the full £50k this year. Nesta shared that this will be on a secondment basis and the ask will be for a full year secondment employed via the ICS. • Dr David O'Hagan asked whether the underspend is due to it being early in the programme and demand is expected to increase or is it likely that the full amount will not be needed. o Nesta confirmed that patients that have been identified for Tier 4 so there will be a need for the funding to support Tier 4 in-year.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	o An enquiry has been made regarding national funding, however, the outcome of this is not known yet. In addition, the ongoing incidents of long covid may mean this is not needed given the number of vaccinated people. • Dr David O'Hagan noted that digital technology is not ideal for everyone, and asked whether there are non-digital options for those that can't or don't want to use tech. o Nesta shared that a health inequality working group have meet and agreed to set up an action plan. This includes a request to review how people are accessing long covid support, particularly with regard to vulnerable groups and areas of high deprivation, to ensure that the patients have access to the provision and that the right people are getting through to the service. • Peter Mundy asked whether the group is benchmarking against other healthcare systems to ensure that value for money is being achieved, and to see what services are being offered elsewhere. o Nesta confirmed that benchmarking is taking place via the regional NHSE/I team and the national team. In addition, the steering group works across the Northwest region so they can see how other areas are approaching this. o Peter Munday asked how Cheshire and Merseyside is going compared to other areas. o Nesta confirmed that there is an outstanding query around follow ups and clarification is expected around how data is captured needed around what is classed as rejected as areas are not all recording in the same way. Nesta shared that some referrals for Cheshire have been recorded as rejected when they have been referred for further information. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the integrated care system long covid model update.	
D	**Sub-Committee / Group Reports**	
D1	**Key issues report of the Finance and Resources Sub-Committee:** Martin McDowell informed the Joint Committee that the report provided to this meeting is a continuation of the committee's previous work and report, and highlighted the following key points:- • The committee started looking at a risk of around £69m which had been mitigated to £5.2m at the last report. Martin highlighted that, since then, the sub-committee have identified a plan to break even, both as a group of CCGs and individually. Martin McDowell shared that this plan is being transacted in the two weeks and the overall finance position is expected to be break-even and this it is expected that this position can be reached provided no significant issues emerge in the last six weeks of the year.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	• The 2022/23 outlook has been reviewed by trust CFOs and DOFs on a weekly basis, to agree principles on what the plan looks like. • The group will be ready to make recommendations for 2022/23 on 10th March in line with the expected timelines. Questions were invited:- • Dr David O'Hagan noted that the plan is to break even and asked whether this is likely to turn into a surplus. o Martin McDowell confirmed that the group is not aiming for a surplus and this is not expected. Martin shared that the judgements used are precise enough to reach the breakeven position. • Dr David O'Hagan asked for confirmation that the poorer areas are not subsidising other areas om order to reach the break-even position. o Martin McDowell confirmed that the committee has been keen to ensure that this is not part of the plan. o Clare Watson shared that she is part of the finance Sub-Committee and highlighted that this is not a case of one area subsidising another but looking at a system approach to achieve the break-even position. • Clare Watson informed the Joint Committee that she feels the finance sub-committee meetings work well in terms of agenda and management and feels the CFO's working together is a good example of how to work going forward. Clare recommended that papers from this sub-committee are shared more widely amongst governing bodies, for assurance purposes. o Martin McDowell confirmed that some CCGs are sharing all papers with their GB members but will produce a set of papers specifically for sharing to a wider group for assurance purposes. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the finance sub-committee update report and agreed that papers for assurance should be distributed to a wider group, to include CCG governing body members that are not part of the committee.	
D2	**Key issues report of the Quality Sub-Committee:** Michelle Creed noted the report that had been provided prior to the meeting, and highlighted the following key points:- • Care Home report - there is some ongoing work with Health Care England, NHSE, CCGs, and local authorities. Mapping work has been carried out and this being pulled into one portfolio. It will also report into aging well programme and adult social care. Reports will come back to the quality committee quarterly.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	• A nursing workforce strategy and allied workforce update was received by the Sub-Committee and other disciplines will follow. They looked at the risks of the system and some of the ongoing work around quality in community mental health, social care, overseas recruitment and asylum seeker work. • SEND – an assessment has been carried out for the ICS and this has moved the risk from red to amber. The Baseline matrix is included in the workplan going forward. • All Age Continuing Health Care - baseline work has been done and a review carried out regarding the future model. A partnership board is being developed and the sub-committee will receive a quarterly performance report. • A target operator model has been requested with monthly reports for oversight and assurance purposes, particularly regarding issues around patient assessments and complaints/issues. • Maternity – a presentation was received on the current situation around continuity of care. The sub-committee also looked at the perinatal work tool Reports on this will come back to the Quality Sub-Committee quarterly. • The work plan includes a review in July around the Liverpool University Hospitals' clinical diagnostics and there will be a review on the transforming care around leader implementation. • The risk register has been reviewed and mapping of all CCG quality committee risks. Trends have been reviewed and the committee will monitor these. There is some work to be undertaken around risk appetite and scoring as there are disparities across the nine CCGs. There is a task and finish group lead by Fiona Taylor and several members of the sub-committee are volunteering to work on this piece of work. Questions were invited:- • Dr David O'Hagan noted that the report demonstrates how much there is to be done within this sub-committee's area. Dr O'Hagan noted that Liverpool CCG is interested in managing continuing health care as this is an issue across Cheshire and Merseyside. o Michelle Creed confirmed that this is an issue as some continuing health care is in-house and some is contracted out. Michelle shared that, at the moment, the sub-committee is looking at inconsistencies with a view to producing an options appraisal. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the quality sub-committee update report.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
D3	**Key issues report of the Performance Sub-Committee:** Neil Evans, Executive Director of Planning and Delivery at Cheshire CCG, joined the meeting for this item. Neil shared that summary papers were included the pack and highlighted the following points:- • The sub-committee had its second meeting in early February and have been in set-up phase. • The Sub-committee Terms of Reference have been finalised. • The sub-committee have had a challenge in that the chair and vice chair have recently stood down. The appropriate process is being followed to identify new postholders. • A small sub-group has formed to look at developing a reporting process and have joined efforts with a group of CCG business intelligence leads who were working on a similar project. They are working to develop a report for this Joint Committee and the ICS performance task and finish group. The March report will focus much more on performance issues. • The Sub-committee is reviewing risks from all CCGs relating to performance and they will do this alongside the Quality Sub-committee as there is an overlap in some of the risks on some CCG logs. This work will happen early in March, and they will develop a risk log together. • Contact will be made with all CCGs to gather performance data and information, to ensure that there are no gaps in the reporting during the transition from CCGs to the ICB. Questions and comments were invited:- • Michelle Creed confirmed that she will liaise with Neil Evans outside the meeting regarding the quality dashboard. • Dr David O'Hagan asked whether there was a reason behind the two postholders stepping down. o Neil Evans confirmed that the vice chair has been appointed to an ICS role so has other commitments and would no longer be able to continue. Neil shared that Dr Wilson has been informed and has been looking at potential replacements. o Neil confirmed that a small sub-group has been set up which includes Simon Banks as the Accountable Officer lead and himself as Executive lead for the sub-committee. They will work to make sure there is no loss of momentum whilst the new chair and vice chair are in place. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the quality sub-committee update report.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
D4	**Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:** Dave Horsfield, Director of Transformation, Planning and Performance at Liverpool CCG, joined the meeting for this item. A copy of the Directors of Commissioning (DOC) Working Group report was provided to the committee prior to the meeting and the following points were highlighted:- • **Maternal medicine** – The Joint Committee were asked to note that there has been a Northwest board agreement for Greater Manchester to host this service and they are currently looking at staffing and resourcing for this. The key issue was around financing and the update received was mainly around the allocation for next year, but this was not clear on the recurrent funding. It was felt that the DOC should have a view in terms of planning going forward into the ICB. o Martin McDowell confirmed that this funding will be built into the Chief Finance Officers' future plan. The hosting arrangements have been reviewed and it has been agreed that there are no significant risks based on the information provided, approval to move forward with this has therefore been given. • **Complex rehab network** – There is a need to look at contracting and governance arrangements for this workstream and look at joint working. A lot of development is required. Some decisions around this workstream are needed, and due to the level of detailed required, this will be done through a separate paper at the next Joint Committee meeting. o Jan Ledward shared concern around the possibility of wards at St Helens and Knowsley closing and asked for an update on this situation. ▪ Dave Horsfield confirmed that he has had assurances from St Helen's CCG that no decisions have been made and this is being looked at in detail. The network and Walton centre are engaged in these conversations but there is no further update yet. • **Health and inequalities** – the DOC group have started looking at moving this piece of work forward. Work in Warrington around personality disorder is on the workplan and this will be picked up next month. There is some good work going on in the Wirral (Core 20 plus 5) and there is a recommendation to look at this as a key part of how health and inequalities will be managed going forward, along with sharing best practice across the CCGs developing a shared route going forward. o Clare Watson asked how closely the DOCs work with Department of Public Health and local authorities, as CCGs wouldn't do this in isolation. Clare also shared that she feels this work will be picked up by the Integrated Care Board.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	o Dr David O'Hagan also felt that this is an issue for the ICB and shared his view that any disparities are for the Office of Disparities to address. o Dave Horsfield confirmed that the plan is for an initial discussion on how to take this forward, aiming to learn from Wirral and then prepare a handover to the ICB. o Sarah McNulty confirmed that she will have a discussion with Dave Horsfield outside the meeting to see how she/her colleagues can link into this work. • **IVF** – Dave Horsfield shared that a decision paper was due to be brought to the February meeting, however, there was a delay around support required for the engagement process. A paper will be brought the Joint Committee in March for consideration relating to the financial implications and the engagement process. The three phases of the process are outlined in the report. • **Advocacy and liberty protection safeguards** – this was brought to the DOCs as an issue from colleagues at Cheshire CCG. Initial review shows that there are implications for CCGs and Trusts, and is an area that DOCs felt they needed to discuss this further and understand. Reporting on this be brought back to the committee as necessary. • The Joint Committee is asked to receive an update from the ICS diagnostics programme and a request from the elective recovery programme at their March meeting. Questions/comments were invited:- • Michelle Creed highlighted that most CCGs have collapsed their Quality Committees and therefore asked that the reports around the consultation process for IVF comes to the Joint Committee Quality Sub-Committee for review for before it goes to the Joint Committee for approval. • Michelle Creed shared that a lot of work is already taking place around the introduction of Advocacy and liberty protection safeguards, and groups are set up already to look at the transfer of this. Michelle suggested that Paula Wedd or Sarah Martin from Cheshire CCG would be a good contact point to link in with this work. o DH will follow this up as it could be an area not to have on the DOC workplan. • Clare Watson shared her view that IVF will be a challenging and interesting first consultation/engagement and highlighted that the sequencing and timing of this is vitally important. Clare noted that there is a lot to do before consultation/engagement stage and clarity is needed around the timeline. o Dave Horsfield agreed and confirmed that the paper was delayed until the timelines were clear.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	o The Joint Committee will receive the paper in March and will decide whether to continue with this or hand over to the ICB. • Jan Ledward asked whether the Joint Committee will be reviewing the proposed process and assessing the level variation between the CCGs. Jan shared her view that there are three contentious areas where there is likely to be greater variation: i) IVF, ii) procedures of limited clinical value and iii) over the counter prescribing. Jan also felt that religious circumcision could also be included in this list. Jan highlighted the need to identify priorities and make a conscious decision. o Clare Watson felt that a single prioritisation tool is needed, one that all CCGs sign up to use. o Dave Horsfield confirmed that IVF was felt to be the most complex area and DOCs felt that considering this ahead of the ICB with a plan to hand over would be helpful. The other areas are not as advanced, but Dave noted these and will take back to the DOCs for discussion. • Geoffrey Appleton requested that, with regard to IVF, the DOCs approach colleagues in other areas such as Lancashire and Greater Manchester to see what their approach is, to get as much consistency as possible. o DH noted this point and will follow this up through the DOC group. • Dave Horsfield confirmed that the DOCs are working on achieving a good sense of order and direction with the areas on their workplan, ready to be handed over to the ICB. o Clare Watson confirmed that she will link the work of the DOCs into the C&M transformation programme as a lot of the DOCs work will support this. Clare will pass Dave Horsfield's details over to them as a point of contact. o Geoffrey Appleton noted that the workplan is quite ambitious and requested that this is reviewed carefully at Joint Committee. **Outcome:** The Joint Committee noted the update report from the Directors of Commissioning. **Outcome:** The Joint Committee noted the delay to the report regarding IVF and will receive this at the March meeting. **Outcome:** The Joint Committee agreed to receive a report and recommendation for the development of the Complex Rehabilitation Network at their March meeting. **Outcome:** The Joint Committee agreed to add Core20PLUS5 to the Directors of Commissioning workplan as an initial investigative piece of work to hand over the Integrated Care Board.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	Outcome: The Joint Committee agreed that enquiries are made around existing ongoing work before adding Advocacy and liberty protection safeguards to the Directors of Commissioning work plan.	
E	**Sub-Committee / Group Reports**	
E1	**Update from the Executive Director of Transition of the Cheshire & Merseyside HCP:** Dianne Johnson, Executive Director of Transition of the Cheshire & Merseyside HCP, joined the meeting for this item and shared an update via a presentation. The following points were highlighted:- • Due diligence work continues to be carried out. • The ICB will need to take on the transfer the assets, duties and liabilities – this will be done through task and finish groups. • Receiver preparation work has included the mapping of functions and duties from the CCGs to the ICB, including handover documents which are focussed on day one readiness, meaning that that they can safely operate on day one until the ICB wants to make any changes. • Task and finish groups – the work for these groups includes 'must do' activities. There is a clear focus on the deliverables to ensure a safe transfer. There is a move from the current approach into single lead task and finish groups which are multi disc groups. They are managed by the transition group to keep an overall review of the position. • The CSU is supporting the development of the ICB website. • Work is being done to ensure that skills and acknowledge are not being lost and ensuring that all staff covered by the network are being covered. • MIAA are involved in checking governance arrangements for the joint committee. • Staff transfer including all legal aspects are being brought together, along with the relevant financial aspects so that there is a seamless transfer, and a key target is to ensure that all staff are paid on 28th July. • All functions must be 'day one' ready, including structures, policies and procedures. They will therefore be looking at an adapt and adopt approach, and the aim is to use Cheshire CCG policies given that they are the last CCG to go through a merger process.	

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	These will then be checked with the latest guidance before being adopted. There will be strict focus on what is needed to be able to operate on day one and work from that. Questions invited. • Dr David O'Hagan reminded the Joint Committee of the initial transition slide which showed the slope of progress towards changes to responsibilities. Dr O'Hagan asked what that slope would look like given the delayed start date. o Dianne Johnson confirmed that overall, the picture wouldn't change, it would be elongated and with different dates, but. • Dr David O'Hagan shared that the responsibilities of this Joint Committee have been affected by the delayed start date and suggested that this may have a bigger impact than has been accounted for so far. Dr O'Hagan shared that the committee is now trying to rationalise how CCGs can be responsible under statute, maintain accountability and ensure transparency, whilst supporting development of the Integrated Care Board. o Dianne Johnson shared that she, Dr Andrew Wilson and Graham Urwin have discussed effective ways of planning to move forward, and which also retains and benefits from the CCG work that has gone on during the last few years. This includes how commissioning and clinical links are mapped across without duplicating anything. Dianne hopes to provide an update on this shortly. **Outcome:** The Joint Committee noted the update from the Executive Director of Transition of the Cheshire & Merseyside HCP	
	Any Oher Business	
	No other business was raised.	
	Date of Next Meeting	
	29th March 2022, 1.45 pm to 3.30 pm	

End of CMJC Meeting held in Public