Date	**24 May 2022**
Time	**1.30pm – 3.15pm**
Venue	**MS TEAMS – CLICK HERE**

Meeting of the Joint Committee of the Cheshire and Merseyside CCGs

held in public (virtual meeting)

A G E N D A

Chair: Dr Andrew Wilson

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

Timings	Item No	Item	Owner	Action / Approval Level	Format & Page No
1.30pm	**A**	**PRELIMINARY BUSINESS**			
	A1	Welcome, Introductions, Committee Chair Opening remarks	Chair	-	*Verbal*
	A2	Apologies for absence	Chair	-	*Verbal*
	A3	Declarations of Interest *(Committee members are asked to declare if there are any declarations in relation to the agenda items or if there are any changes to those published in the Committees Register of Interests)*	Chair	*For assurance*	*Verbal & Paper (Page 3-10)*
	A4	Minutes of previous meeting – 26 April 2022	Chair	*For approval*	*Paper (Page 12-22)*
	A5	Committee Action and Decision Logs	Chair	*For information*	*Paper (Page 23-27)*
	A6	Committee Forward Plan	Chair	*For information*	*Paper (Page 28-29)*
	A7	Committee Risk Register	Chair	*For approval*	*Paper (Page 30)*
	A8	Advanced notice of any other business to be raised at today's meeting	Chair	-	*Verbal*
	A9	Public Questions	Chair	-	*Verbal*
1.45pm	**B**	**COMMITTEE BUSINESS ITEMS**			
	B1	Cheshire & Merseyside Children and Young People Mental Health Logic Model 2022-2024	Louise Thomas	*For Approval*	*Paper (Page 31-72)*

Timings	Item No	Item	Owner	Action / Approval Level	Format & Page No
2.00pm	B2	Improving hospital stroke care – report into public consultation on hyper-acute stroke services in North Mersey	Helen Johnson	*For Information*	*Paper (Page 77-140)*
2.15pm	**C**	**SUB-COMMITTEE / GROUP REPORTS**			
	C1	Key issues report of the Finance and Resources Sub-Committee	Gareth Hall	*For Information*	*Paper (Page 141-143)*
2.20pm	C2	Key issues report of the Quality Sub-Committee	Dr Andrew Davies Fiona Taylor	*For Information*	*Paper (Page 144-148)*
2.30pm	C3	Key issues report of the Performance Sub-Committee	tbc	*For Information and Approval*	*Paper (Page 149-152)*
2.40pm	C4	Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group	David Horsfield / Simon Banks	*For Information*	*Paper (Page 153-157)*
2.45pm	C5	Consolidated CCG Accountable Officer Report	Fiona Taylor	*For Information*	*Paper (Page 158-161)*
2.50pm	**D**	**CHESHIRE & MERSEYSIDE SYSTEM UPDATE**			
	D1	Update on work undertaken as part of the C&M CCGs/ICB transition programme	Diane Johnson	*For Information*	*Presentation*
3.00pm	D2	C&M Operational and Clinical Delivery Update	David Horsfield	*For Information*	*Verbal*
3.10pm	**AOB**	Discussion on any items raised	All		
3.15pm	**CLOSE OF MEETING**				
DATE AND TIME OF NEXT MEETING		**28 June 2022** 1.30pm – 3.30pm			

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

(*Updated 27th April 2022*)

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

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (*if applicable*)
Geoffrey Appleton	GB Member St Helen's CCG	1. Voluntary sector Champion: Ambassador for Workers Education Association.			X	Direct	Jan 2015	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Member of a voluntary sector board: Governor, Cowley International College, St Helens.			X	Direct	May 2010	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		3. Member of a voluntary sector board: Trustee, Liverpool Cathedral - meetings once a quarter.			X	Direct	2008	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		4. Member of a voluntary sector board: Trustee at Athenaeum, Liverpool.			X	Direct	July 2017	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		5. Member of a voluntary sector board: Trustee on board of Oliver Lyme Trust, Prescot, Liverpool - Charity with aim to keep people in their own homes. 1 x formal meeting per year.			X	Direct	April 2018	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		6. Chair of East Cheshire Safeguarding Adults Board, 2 days per month. Advisory.		X		Direct	Sept 2017	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		7. Interim Independent Chair of St Helens ICP Board.		X		Direct	April 2021	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		8. Non exec advisor to the board of STHK (non-voting)		X		Direct	1 Nov 2021	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
Simon Banks	Chief Officer NHS Wirral CCG	1. Partner is an employee of Halton CCG			X	Indirect	04/04/2017	Ongoing	Declared in line with conflicts of interest policy	Joined 20 July 2021
		2. Son is Apprentice Paralegal with Stephensons Solictors LLP working in clinical negligence team.			X	Indirect	01/03/2021	Ongoing	Declared in line with conflicts of interest policy	
		3. Sister in Law is employed by Leso Digital Health, a provider of online Cognitive Behavioural Therapy (CBT) to the NHS		X		Indirect	15/06/2020	Ongoing	Interest declared and would be managed if conflict arose.	

Dr Sue Benbow	Secondary Care Doctor Lay member NHS Knowsley CCG	1. Partner holds shares in WL Gore & Associates			X	Indirect	2018	Ongoing	Declare as and when appropriate and would be managed if conflict arose.	Joined 28 Sept 2021
		2. Member of the Mid-Mersey Joint Committee		X		Direct	-	Ongoing	Declare as and when appropriate and would be managed if conflict arose.	
Dr Rob Caudwell	CCG Chair NHS Southport and Formby	1. The Marshside Surgery (General Practice) – Partner	X			Direct	2004	Ongoing	Excluded from decision making regarding General Practice	Joined 20 July 2021
		2. The Family Surgery (General Practice) – Partner	X			Direct	2016	Ongoing	Excluded from decision making regarding General Practice	
		3. Caudwell Medical Services LTD	X			Direct	2014	Ongoing	Excluded from decision making regarding General Practice	
		4. R&B Medical Properties Ltd	x			Direct	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		5. S&F Health Ltd GP Federation	x			Direct	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		6. Southport Aesthetics	x			Direct	2010	Ongoing	Interest to be declared at relevant CCG meetings	
		7. West Lancs CCG			X	Indirect	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		8. Coloplast	x			Direct	2018	Ongoing	Interest to be declared at relevant CCG meetings	
		9. NHS LCFT	x			Direct	2017	Ongoing	Interest to be declared at relevant CCG meetings	
		10. Care Plus Pharmacy (Internet Pharmacy)	x			Direct	Oct 2018	Ongoing	Interest to be declared at relevant CCG meetings	
		11. Provider of Intermediate Care Beds GP	x			Direct	01/04/2019	Ongoing	Interest to be declared at relevant CCG meetings	
		12. Medloop Ltd/GMBH	x			Direct	06/2019	Ongoing	Interest to be declared at relevant CCG meetings	
		13. Clinical Director of Southport & Formby PCN	x			Direct	01/04/2021	Ongoing	Interest to be declared at relevant CCG meetings	
Sylvia Cheater	Lay Member (Patient Champion) Wirral Health & Care Commissioning Group	1. Daughter-in-law Gastroenterology ST5, Wirral University Teaching Hospital			X	Indirect	01/09/21	ongoing	Declared in line with conflicts of interest policy	Joined 20 July 2021
		2. President/Trustee, Institute of Health Promotion and Education.		X		Direct	01/09/20	ongoing	Declared in line with conflicts of interest policy	
Chrissie Cooke	Interim Chief Nurse NHS South Sefton CCG and NHS Southport and Formby CCG	1. Healthcare Review ltd healthcare consultancy – Director/Owner	X			Direct	01/01/2021	Ongoing	CCG does not commission services from this company. Declarations at relevant committees and exclusion from decision making	Joined 20 July 2021 Left the Committee 30 Sept 2021

		2. Niche Health and Social Care Consulting Ltd – Associate Consultant	X			Direct	01/01/2021	Ongoing	Declarations at relevant committees and exclusion from decision making	
		3. Employee- Bank Staff Nurse Cheshire and Wirral Partnership NHS FT - Bank nurse shift cover ad-hoc and as required	X			Direct	01/01/2021	Ongoing	Declarations at relevant committees and exclusion from decision making	
		4. Joint appointment as Chief Nurse at NHS Southport and Formby CCG and NHS South Sefton CCG		X		Direct	01/01/2021	Ongoing	Protocols in place with Chairs, GB & SLT of both organisations	
		5. Chair of Visyon Ltd – Volunteer Trustee		X		Direct	01/01/2021	Ongoing	Declarations at relevant committees and exclusion from decision making	
		6. Daughter is employed by Cheshire East Council			X	Indirect	01/01/2021	Ongoing	None required.	
David Cooper	Chief Finance Officer NHS Warrington CCG	1. Mother is employed as a receptionist at Salinae Clinic in Middlewich and is employed by Central Cheshire Integrated Community Partnership			X	Indirect	18/03/21	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Is the Chief Finance Officer for both NHS Warrington CCG and NHS Halton CCG	X			Direct	02/01/20	Ongoing	Declare appropriately at Committee meetings.	
		3. Sister-in-law is Head of Operations at Manchester Fertility			X	Indirect	09/09/21	Ongoing	WCCG does not hold a contract with Manchester Fertility but will declare appropriately at Committee meetings	
Michelle Creed	Chief Nurse NHS Warrington CCG	1. Act as Chief Nurse for NHS Halton and NHS Warrington CCG's	X			Direct	02/01/20	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021 Left 28 March 2022
Dr Andrew Davies	Clinical Chief Officer NHS Warrington CCG	1. Daughters graduate scheme – Deloitte.			X	Indirect	18/03/21	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Daughter accepted an apprenticeship with Deloitte.			X	Indirect	18/03/21	Ongoing	Declare appropriately at Committee meetings.	
		3. Non-executive for housing group in Stoke-on-Trent – Honeycomb Group.	X			Direct	18/03/21	Ongoing	Declare appropriately at Committee meetings.	
		4. Wife is employed as a ward Sister at Fairfield independent hospital.			X	Indirect	27/10/21	Ongoing	Declare appropriately at Committee meetings.	
Dr Mike Ejuoneatse	GP Partner St Helen's CCG	1. Directorship: I am my GP practice representative on our Primary care network Board.	X			Direct		Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Shareholder: GP Partner in a local practice which provides GMS.	X			Direct	2008	Ongoing	Declare appropriately at Committee meetings.	

		3. Member of Federation: Practice is a member of Central Primary Care Network.	X			Direct	July 2019	Ongoing	Declare appropriately at Committee meetings.	
		4. Providing clinical leadership mentor support to PCN Clinical Directors.		X		Direct	May 2020	Ongoing	Declare appropriately at Committee meetings.	
Dianne Johnson	Chief Officer NHS Knowsley CCG	1. Brother is the Member of Parliament for Halton			X	Indirect		Ongoing	Declare as and when appropriate	Joined 20 July 2021 Left August 2021
		2. Close personal friend is employed at St Helens & Knowsley Teaching Hospitals NHS Trust in an Education role			X	Indirect		Ongoing	Declare as and when appropriate	
		3. Close friend of my partner works in Healthwatch Knowsley.			X	Indirect		Ongoing	Declare as and when appropriate	
		4. Member of Mid Mersey CCGs Joint Committee			X	Direct		Ongoing	Declare as and when appropriate	
		5. Member of North Mersey CCGs Joint Committee and North Mersey Committees in Common			X	Direct		Ongoing	Declare as and when appropriate	
		6. Senior Responsible Officer for Eastern Sector Cancer Service Change programme			X	Direct		Ongoing	Declare as and when appropriate	
Jan Ledward	Accountable Officer NHS Liverpool CCG	1. Interim Chief Officer for NHS Knowsley CCG	X			Direct	1.10.21	Ongoing	Declare as and when appropriate	
Jane Lunt	Chief Nurse, Liverpool CCG	2. Family member works as a nurse in the Cheshire & Merseyside area.			X	Indirect	18/10/21	Ongoing	Declare as and when appropriate.	Joined 26 Oct 2021
		3. Currently seconded into the Chief Nurse role at South Sefton CCG.		X		Direct	11/10/21	Ongoing	Declare as and when appropriate.	
Martin McDowell	Chief Finance Officer NHS South Sefton CCG and NHS Southport and Formby CCG	4. Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG		X		Direct	2013	Ongoing	Protocols in place with Chairs, GB & SLT of both organisations	Joined 20 July 2021
Peter Munday	Independent Lay Member NHS Cheshire CCG	1. Providing consultancy advice to various NHS organisations outside Cheshire CCG via gbpartnerships Ltd for whom I work as an associate. No financial interest in the placing of contracts.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	Joined 20 July 2021

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

		2. Practice is a provider of PMS Services and also delivers near patient testing for INR and anticoagulation services.	X			Direct		Ongoing	Do not take part in any discussions or decision making relating to INR services or anticoagulation services or matters directly relating to these service areas.	
		3. Spouse is employed by Marie Curie Centre, Liverpool			X	Indirect		Ongoing	Declare as appropriate. Do not to take part in any discussions/decision making relating to hospices and the commissioning of hospices.	
		4. Son is a Graduate Communication Officer for Knowsley CCG			X	Indirect	No 2017	Ongoing	Declare as and when appropriate and do not involve yourself in the management arrangements for your son or his work plan unless requested by his manager.	
		5. Member of Mid Mersey CCGs Joint Committee		x		Direct		Ongoing	Declare as and when appropriate.	
		6. Member of North Mersey CCGs Joint Committee and North Mersey Committees in Common		x		Direct		Ongoing	Declare as and when appropriate.	
Fiona Taylor	Accountable Officer NHS South Sefton CCG and NHS Southport and Formby CCG	1. Joint appointment as AO at NHS Southport and Formby CCG and NHS South Sefton CCG		X		Direct	2013	Ongoing	Protocols in place with Chairs, GB & SLT of both organisations	Joined 20 July 2021
		2. St Ann's Hospice - Trustee of St Ann's Hospice, Cheadle		X		Direct	01/01/2017	Ongoing	No mitigation required	
		3. AQUA – Board Member	X			Direct	01/01/2017	Ongoing	Interest declared at relevant meetings	
		4. St Georges Central CE School & Nursery, Tyldesley – Chair of Governors			X	Direct	09/2005	Ongoing	No mitigation required	
Clare Watson	Accountable Officer NHS Cheshire CCG	1. Personal friend with Director of Healthskills who are providing OD support to the NHS Cheshire CCG	X			Indirect	January 2018	Ongoing	Declared. Treated in accordance with section 11 of the CCG Policy.	Joined 20 July 2021
Dr Andrew Wilson	Clinical Chair NHS Cheshire CCG	1. Partner in Ashfields Primary Care Centre, which holds a PMS contract for primary medical services with NHS England and contract with NHS Cheshire CCG to provide additional clinical services including vasectomy, dermatology and counselling.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	Joined 20 July 2021

		2. Sandbach GPs is a member of the South Cheshire GP Alliance, a company limited by guarantee. The South Cheshire GP Alliance has an APMS contract with NHS England for providing Prime Minister Transformation (previously Challenge Fund Services).	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		3. Sandbach GPs charges for a hosting service for a number of clinical services operating from its premises.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		4. Dr Neil Paul, who is a partner in Sandbach GPs, is a Director of Howbeck Healthcare, a healthcare consultancy who are engaged by South Cheshire GP Alliance as managerial support.	X			Indirect			Declared. Treated in accordance with section 11 of the CCG Policy.	
		5. Sandbach GPs has an active role as a research practice/investigator site for both commercial and non-commercial research.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		6. AQuA Fellow from October 2016-October 2017, this included a bursary of circa £8k to support the fellowship.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		7. Non-Executive Director, Advancing Quality Alliance (AQuA)		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		8. Mike Pyrah, a personal friend, is a Director of Howbeck Healthcare, a healthcare consultancy who are engaged by South Cheshire GP Alliance as managerial support.	X			Indirect			Declared. Treated in accordance with section 11 of the CCG Policy.	
		9. Trustee/Director at Cheshire Young Carers (charitable organisation).			X	Direct	4 March 2022		Declared. Treated in accordance with section 11 of the CCG Policy.	
		10. Non-Executive Director position at Mid Cheshire Hospitals NHS Foundation Trust		X			From 1 July 2022		Declared (in advance of taking up position). Will from July onwards be a Financial Interest	

Register maintained by: Director of Governance & Corporate Development, NHS Cheshire CCG

Revisions history:
28th July 2021
13th September 2021
14th October 2021
22nd November 2021
22nd March 2022
20th April 2022
27th April 2022
16th May 2022

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Draft Minutes

Meeting Name: Joint Committee (Meeting held in Public)

Meeting Date/Time: 26th April 2022 at 1.00 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
Mark Palethorpe	Accountable Officer	NHS St Helen's CCG
Simon Banks	Accountable / Chief Officer Representative	NHS Wirral CCG
Dr David O'Hagan	GP Director	NHS Liverpool CCG
Peter Munday	GB Lay Member	NHS Cheshire CCG
Dr Andrew Pryce	Governing Body Chair	NHS Knowsley CCG
Fiona Taylor	Accountable Officer	NHS Southport & Formby CCG
Jan Ledward	Accountable Officer / Interim Chief Officer	NHS Liverpool CCG and NHS Knowsley CCG
Sylvia Cheater	Lay Member	NHS Wirral CCG
Martin McDowell	Chief Finance Officer	NHS Sefton CCG
Clare Watson	Accountable Officer	NHS Cheshire CCG
Andrew Davies	Clinical Chief Officer	NHS Warrington CCG
David Cooper	Chief Finance Officer	NHS Warrington CCG
Jane Lunt	Chief Nurse	NHS Liverpool CCG
Non-Voting Members		
Louise Barry	Healthwatch Representative	Healthwatch
In Attendance		
Matthew Cunningham	Director of Governance and Corporate Development	NHS Cheshire CCG
Helen Johnson	Head of Communications and Engagement	NHS Liverpool CCG
Gareth Hall	Audit Chair	Halton and Warrington CCGs
Cathy Maddaford	Non-Executive Nurse	NHS Liverpool CCG
David Horsfield	Director of Transformation, Planning & Performance	NHS Liverpool CCG
Ben Vinter	ICS Governance Lead	Cheshire and Merseyside Health Care Partnership
Emma Lloyd	Executive Assistant (Clerk)	NHS Cheshire CCG
Cheryl Hardy	Note Taker	NHS Cheshire CCG

Apologies		
Name	**Job Title /Category of Membership**	**Organisation being Represented**
Dr Andrew Wilson	Clinical Chair	NHS Cheshire CCG

Apologies		
Name	**Job Title /Category of Membership**	**Organisation being Represented**
Dr Michael Ejuoneatse	GP Partner	NHS St Helen's CCG
Dr Sue Benbow	Secondary Care Doctor	NHS Knowsley CCG
Ifeeoma Onvia	ChaMPs Representative	ChaMPs Representative
Margaret Jones	Director of Public Health Representative	ChaMPs Representative
Raj Jain	Chair Designate	Cheshire and Merseyside Health Care Partnership
Graham Urwin	Chief Executive Designate	Cheshire & Merseyside Health Care Partnership

Agenda Ref:	Discussion, Actions and Outcomes	Action By
P	**Preliminary Business**	
A1	**Welcome, Introductions and Declarations of Interest:** Geoffrey Appleton welcomed everyone to the meeting of the Cheshire and Merseyside CCGs Joint Committee. Geoffrey Appleton confirmed that this is a meeting held in public but is not a public meeting. Geoffrey Appleton noted thanks for Sarah O'Brians contribution to Cheshire and Merseyside over the last few years.	
A2	**Apologies for Absence:** Apologies received are noted on page 1 of these minutes.	
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.	
A14	**Minutes of the Previous Meeting:** A copy of the draft minutes from the meeting held on Tuesday 29th March 2022 were circulated prior to the meeting and comments were invited. It was agreed that the minutes would be approved with the following amendments. • David Urwin to be amended to Graham Urwin • Jane Lunt apologies to be noted **Outcome:** The minutes of the private meeting held on 29th March 2022 were approved.	
A5	**Action and Decision Log:** The action log and updates were provided as follows:-	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	2122-07 – Mathew Cunningham confirmed that the MIAA report is due to be submitted to Diane Johnson before it goes to the CCG governance leads. Matthew Cunningham agreed to provide an update on this at the next meeting. The decision log was noted. **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the action log update and noted the latest decision log.	
A6	**Forward Planner:** **Outcome:** The Cheshire and Merseyside CCGs' Joint Committee noted the forward planner update.	
A7	**Committee Risk Register:** Matthew Cunningham brought the first risk register to the Committee and highlighted that an initial risk was discussed at the private meeting. This risk will be escalated to the public register at the next meeting. The risks included today are those that have been escalated from the sub committees. Mathew Cunningham noted that there is still work to do to ensure that the risk descriptions are more clearly articulated before coming back to the Committee. There were some risks from the quality sub-committee that will be escalated to the Joint Committee once these have been reviewed and agreed at the next sub-committee meeting. Recommendations will then be made to the Joint Committee. There were 2 changes noted in the report with regards to the governing body assurance framework risks for NHS Liverpool CCG and NHS Halton and NHS Warrington CCGs. **Comments** Simon Banks asked what process will be in place to transfer these risks to the Integrated Care Board. Fiona Taylor provided assurance that this will be mapped out and is part of the Cheshire and Merseyside CCG/ICB Task and Finish group on risks. Work is taking place with MIAA to ensure that there is clarity and line of sight from the CCG into the ICB. The Joint Committee noted the risk register.	
A8	**Any Other Business** There was no other business raised.	
A9	**Public Questions:** There were no public questions for this meeting.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
B	**Committee Business Items**	
B1	**Liverpool University Hospitals Clinical Services Integration Public Consultation Plan** The Joint Committee welcomed Helen Johnson for this agenda item. A presentation was shared with the group and the following points were highlighted. The consultation is expected to change where care happens at Liverpool University Hospitals. The consultation dates are the 7th June to the 2nd August. The date of the consultation has been delayed slightly to ensure that everything is in place for day 1. Liverpool CCG are coordinating the consultation on behalf of Knowsley, Liverpool, South Sefton and Southport and Formby. The following 5 service areas are covered within the proposals: • Breast • General Surgery • Nephrology • Urology • Vascular The consultation is part of an overall strategy which is about each of LUHFT 3 main sites having a more defined focus. The objectives of the consultation is to increase understanding of the solutions and options considered and what these changes will mean for patients. Each of the proposals has different implications. Feedback and views on the consultation will be gathered form patients and the public. Work will take place to look at if there are any differences in views amongst specific communities and if any mitigations regarding this need to be put in place. A series of focus groups will be held for each of the service areas being looked at. Work will also take place to look at presenting the changes at other events to help encourage people to take part in the consultation. Work is also taking place to map out what condition specific groups exist around each of the 5 areas to ensure that they can be made aware of the consultation. A main consultation booklet will support this and there will be other materials available for specific service areas.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	These materials will be put together into a toolkit so that all partners are able to use their channels to promote the consultation. The detail around the proposals is currently being planned and a business case is being put together. Work will be done to ensure that this is explained in a way that is accessible to everyone. Reviews will be done throughout the consultation to help understand if there are any areas that need more work or if there are any themes coming up. Once the consultation closes the feedback will be reviewed and a consultation report will be prepared. This will be used to support the decision-making process. **Questions** Andrew Davies asked what scale of response is expected and are there any approaches being taken to ensure that this is represented and balanced. Helen Johnson noted that it is expected that there will be a reasonable number of responses. Work is taking place to ensure that relevant patient groups who use the services are responding. Andrew Davies asked will feedback be requested for all the considerations. Helen Johnson clarified that although there is a single option being put forward for consultation other options for each service are being considered. Andy Pryce asked will the outpatient services for urology at Broadgreen continue. Helen Johnson agreed to check this and clarify this with Andy Pryce. David O'Hagan suggested it would be good to know how open the engagement is to alternative suggestions. David O'Hagan asked are there any specific plans around diversity and inequality. Helen Johnson advised that work will be taking place to reach out to people who have used the services as well as those who are currently using the services. The review will pick up on where there are any gaps and ensure that the consultation is representative of that specific patient population. **The Joint Committee agreed to endorse the plans for the public consultation.**	
B2	**2021-22 Annual Report of the Cheshire and Merseyside CCGs Joint Committee** A copy of the annual report was provided to the Committee prior to the meeting and Matthew Cunningham highlighted the following:	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	It is a requirement of the terms of reference that an annual report of the Joint Committee is produced for the 9 CCGs. The Committee were asked to approve the report subject to any amendments. Once approved this will be submitted to all colleagues across the 9 CCGs so that they can incorporate it into their annual reports for the CCGs for 2021/22. **Comments** Peter Munday noted that the terms of reference allow for members to nominate a substitute however there is no record of who those substitutes were. Matthew Cunningham agreed to ensure that the substitutes are recognised and recorded in the most appropriate place. Peter Munday noted that he attends this meeting in the capacity as a lay member for governance he felt that his description should reflect this as should Sylvia Cheater's. Matthew Cunningham agreed to ensure that the recording of lay members is consistent with other members of the Joint Committee. Matthew Cunningham provided assurance that decisions that have been agreed at the Joint Committee are recorded. This information would be available if asked for by external auditors to demonstrate when and where certain decisions were made. Matthew Cunningham noted that this annual report will compliment and contribute towards each of the 9 CCGs annual report and accounts. **The Joint Committee noted and approved the annual report.**	
B3	**Cheshire and Merseyside Integrated Care Board Draft Constitution** A copy of the Cheshire and Mersey Integrated Care Board report was provided to the Committee prior to the meeting: Fiona Taylor introduced Ben Vinter the ICB Governance Lead. Fiona Taylor noted that one of the tasks for the ICB is to develop a constitution. Ben Vinter provided an overview of the report and highlighted key parts of the Constitution. There has been opportunity to review and comment on this through governing body meetings of the nine CCGs **Questions** David O'Hagan suggested that consideration needs to be made on how the GP representation is worded to ensure that this is more open and accessible for all GPs working in primary care.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	Fiona Taylor reported that in Southport and Formby there was a request for consideration about general practice representation she advised that the number of lay members has also been increased. Ben Vinter provided assurance that the constitution will continue to be worked on to ensure that no members are excluded. **The Committee noted the report.**	
C	**Sub-Committee/Group Reports**	
C1	**Key issues report of the Finance and Resources Sub-Committee:** A copy of the key issues report was provided to the committee prior to the meeting, and Gareth Hall highlighted the following points:- The statutory duties across the 9 CCG are being delivered on. The Committee were asked to approve the budget allocations. The Committee were asked to consider what their roles will be in approving 2022/23 plans and what is the finance resource Committees obligations to planning over the next 3 months. Martin McDowell noted that the plan is to consolidate the 2022/23 finance plans this information will then be brought to the May Sub Committee so that the position can be identified. **The Committee noted the contents of the report and approved the budget changes recommended.**	
C2	**Key issues report of the Quality Sub-Committee:** A copy of the quality sub-committee report was provided in advance of the meeting, and Cathy Maddaford highlighted the following: Following the 2nd release of the Ockenden report it was agreed that this would be reviewed by the Quality sub-committee in May. This will be included as a report in the local maternity services update. An overview of systems and processes of serious incidents was done across the 9 CCGs. This demonstrated how differently reporting varied across each CCG. There were discussions about creating a Cheshire and Mersey wide group to discuss how reporting can come together. It was agreed that a paper on the framework for this would come back to the June meeting. A paper was provided which described the arrangements in place for each CCG to look at patient experience and the role of Healthwatch. It was agreed that a collation of Healthwatch information would be reviewed in May.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	The sub-committee also looked at the Cheshire and Merseyside Transforming Care Programme Board report. Each of the CCGs were asked to present an update on local delivery, progress and quality of plans at the transforming care programme meeting on the 19th April. It was agreed that the Sub Committee would receive a report on this The sub-committee continue to look at bringing together the all aged continuing care programme. The sub-committee recognised that there is a pressure on the quality teams to bring together information and data in a constructive and meaningful way to ensure that appropriate assurance is provided and that there is oversight on how this can be taken forward in the future. Cathy Maddaford thanked the team for all the hard work they are doing on this. Geoffrey Appleton thanked Cathy Maddaford and the other lay members for all the work they have done to support this. **The Committee noted the contents of the report.**	
C3	**Key issues report of the Performance Sub-Committee:** A copy of the performance sub-committee report was provided in advance of the meeting, and Simon Banks highlighted the following:- The Integrated performance pack is an ongoing piece of work that the sub-committee is overseeing with the intention of handing this over to the integrated care board. Areas that have been identified to go forward were mental health, learning disability and autism performance indicators. The sub-committee identified that Cheshire and Mersey mental health performance indicators were in the bottom third nationally. This is due to lack of data availability following Cheshire and Wirral Partnerships data migration it is hoped that this will be rectified by the end of May. There has been a recommendation to continue to look more deeply at the mental health performance and CWP data as a risk area. The impact of workforce capacity and the ability to deliver some of the changes needed was noted. The sub-committee will continue to review the elective recovery programme. There are also plans for other deep dives including looking at cancer performance and cancer referrals. There is a planned work programme to look at ambulance service performance and learning disability and autism performance. **The Joint Committee noted the report.**	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
C4	**Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:** A copy of the Directors of Commissioning Working Group (DOCs) update report was provided in advance of the meeting, and Dave Horsfield highlighted the following:- The working group reviewed the work plan. Representatives from each Place confirmed what their priorities were going forward. Jenny Briggs (Programme Director, Elective Recovery & Transformation) presented a detailed overview of the Elective Recovery Programme. Discussions will take place to agree how Place will support the elective recovery programme going forward. Results have now come back from the national service model for the integrated committee stroke service and there is a requirement to adopt the national programme. It was noted when reviewed by the group that the model provided by the Stoke Network did not cover the whole of Cheshire. Dave Horsfield provided assurance that work is being done to ensure that the whole of Cheshire is compliant with the new national model. Work is taking place to clarify how Place will support the development of virtual wards in a consistent and efficient way going forward. Work is taking place with local authorities to support some of the domiciliary care services. It was recognised that there is currently a real pressure in domiciliary care. There have been updates from providers outside of Cheshire and Merseyside regarding the closure of referral lists for certain services. Work has been done on a policy that was discussed by the working group in January 2020. Amendments have been made to the policy to make it more relevant to the whole of Cheshire and Merseyside to ensure that there is an agreed method of reviewing vulnerable services before lists can be closed. It was recognised that closure could potentially impact on other Trusts across Cheshire and Merseyside. Information regarding this is included at appendix 1 of the report. The Joint Committee were asked to note the discussions at the last meeting and approve the vulnerable services policy for adoption. **Comments** Andrew Pryce asked are there any timescale for services to make decisions included in the vulnerable services policy. Dave Horsfield suggested that including timescales could cause potential problems and would reduce the flexibility to manage the process. This has been left open for the relevant CCG or Place to make the decision about the urgency of the response.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	Andrew Davies felt that the flow diagram was difficult to follow and did not provide an appropriate guide on what decisions needed to be made. He noted that some of the links in the diagram did not work. Dave Horsfield agreed to check with other areas that the links are complete Clare Watson suggested that the term vulnerable services could be confused with fragile services she suggested it needs to be made clear what the scope of this covers. Dave Horsfield agreed to ensure that work is done to make it clear what the scope is and to ensure that there is alignment across the patch. Jan Ledward suggested it needs to be made clear that this includes vulnerable and or fragile services and needs to be explicit about what services the policy relates to. Dave Horsfield agreed to include a section to say which services will be cover by this. Louise Barry suggested that there needs to be a better understanding of what the role of Healthwatch will be. **Taking on board the points raised by the members the Joint Committee approved the vulnerable services policy and noted the report.**	
C5	**Consolidated CCG Accountable Officer Report:** A copy of the consolidated CCGs Accountable Officers report was provided in advance of the meeting. **The Joint Committee noted the report.**	
D	**CHESHIRE & MERSEYSIDE SYSTEM UPDATE**	
D1	**Update of work undertaken as part of the C&M CCGs /ICB transition programme**: An update on the transition programme was provided in advance of the meeting. Work is taking place with AOs and those already in the team in Place to understand how the transition can be accelerated and ensure that everyone is utilised. Clare Watson is working with Diane Johnson to ensure that things are in place for the 1st of July. **The Joint Committee noted the update.**	
D2	**C&M Operational and Clinical Delivery Update:** David Horsfield provided a verbal update on C&M operational and clinical delivery and highlighted the following: There is still significant pressure in urgent care at the front door. A lot of work is taking place in terms of elective care recovery.	

Agenda Ref:	Discussion, Actions and Outcomes	Action By
	Although staffing sickness levels is improving this is still higher than current planning rates would suggest is low covid levels. There continue to be handover delays in patches across Cheshire and Merseyside. There are different pressures at different Trusts. G&A occupancy remains extremely high across most Trusts in the patch. It is expected that there will be some changes throughout April due to the number of bank holidays. Systems have been asked to ensure that they have robust plans in place coming into the bank holidays. There have been a lot of discussions taking place on how the bank holiday periods will be managed to ensure that there is sufficient staffing and capacity. Geoffrey Appleton recognised the significant pressures in the system and noted thanks to everyone for all their hard work in supporting this. **The Joint Committee noted the update.**	
AOB	**Any other Business:** Martin McDowell provided an update on finance and highlighted the following: It has been agreed that there will be a reintroduction of the surplus deficit control totals for 2022/23 to ensure meaningful Place based budgets can be prepared for. System funding has been used to smooth the impact between 2022/23 locally confirmed allocations as well as the national pre covid published allocations. The collective CCG position is a £17m deficit. The system has identified that £19m has been identified as excess inflation this is subject to a discussion between NHS England and the treasury. QIPP plans are set at around 3.5% of influenceable spend. Martin noted that not all QIPP plans have been fully identified and there are levels of non-recurrent items that will be enabled to deliver in some areas. There are some additional pressures in relation to the hospital discharge programme assumptions. Martin advised that an updated paper will come to the Finance Committee on the 12th May.	

End of CMJC Meeting (Held in Public)

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Updated: 26th April 2022

Action Log 2021-23 (Public)

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
21/22-07	29-Mar-22	**Delegated Powers to Sub-committees**	1) Matthew Cunningham to liaise with MIAA regarding outcomes of their review on delegated powers. 2) Matthew Cunningham to liaise with governance leads regarding extending current decision-making arrangements.	Matthew Cunningham	26-Apr-22	MC meeting with MIAA 18.05.22. Governance leads informed regarding decision to extend sub-committees until end of June and extension of current decision making arrangements	ONGOING

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Decision Log 2021-2023 (Public)

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

Decision Log 2021-2023 (Public)

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15	26-Oct-2021	**Committee Forward Plan**	N/A	The draft plan was noted with one minor amendment.	N/A	*N/A*	*N/A*
16	26-Oct-2021	**Cheshire and Merseyside CCGs Joint Committee – Commissioning Sub-committee Draft Terms of Reference**	N/A	The Cheshire and Merseyside Joint Committee did not approve the recommendations as outlined in the papers presented and instead requested that the paper is revised (so i) they reflect that it is a working group rather than a sub-committee, ii) it is strengthened in areas such as climate change and reducing health inequalities, and iii) additional members such as local authority or provider representatives will be involved). The revised TOR will be brought back for approval at the November meeting	N/A	*N/A*	*N/A*
17	26-Oct-2021	**Cheshire and Merseyside Core Military Veterans Service**	N/A	The content of the paper was noted and there was general support for the next steps. An updated paper, including financial information and future contracting recommendations will be brought to the next meeting for approval or recommendation to Governing Bodies, in line with the Joint Committee's delegated power at that point.	N/A	*N/A*	*N/A*
18	26-Oct-2021	**Cheshire and Merseyside Specialist Weight Management Services**	N/A	The content of the paper was noted. The Joint Committee requested that a revised paper is submitted after a review by the commissioning leads	N/A	*N/A*	*N/A*
19	26-Oct-2021	**Update from the Cheshire and Merseyside CCGs Directors of Commissioning Meeting**	N/A	The content of the paper was noted. The Joint Committee requested that the Directors of Commissioning reconsider the paper on specialist rehab at their next meeting	N/A	*N/A*	*N/A*
20	26-Oct-2021	**Cheshire and Merseyside System Updates**	N/A	The committee noted the following updates: 1) the Cheshire & Merseyside Mont 6 System Finance Update. 2) the Cheshire and Merseyside System Performance Update.			
21	30-Nov-2021	**Delegation of Authority to the Cheshire & Merseyside CCGs Joint Committee**	N/A	The Cheshire & Merseyside Joint Committee:- i) noted that all Cheshire and Merseyside CCGs have agreed to delegate greater authority to the Joint Committee; ii) noted the updated Joint Committee Terms of Reference; iii) endorsed the request for CCG Audit Chairs to consider and approve the Terms of Reference and scope of the review to be undertaken by MIAA at the end of January 2022; iv) noted the work underway to progress the establishment of the sub-committees; v) noted the process to be followed to enable Governing Body members to be informed of the work of the Joint Committee and its sub-committees.	1	*N/A*	*N/A*
22	30-Nov-2021	**Cheshire & Merseyside CCGs Joint Committee Sub-Committee Terms of Reference**	N/A	The Cheshire & Merseyside Joint Committee:- i) approved the Terms of Reference for the sub-committees of the Joint Committee; ii) noted the update with regards to the membership of Sub-Committees subject to the further updates; iii) requested that the quoracy for sub-committees is reviewed by governance leads and sub-committee chairs.	1	*N/A*	*N/A*
23	30-Nov-2021	**Cheshire & Merseyside CCGs Tier 4 Bariatric Surgery Procurement Options Paper**	N/A	The Joint Committee reviewed the options within the table and agreed on Option 2 as their preferred option. Option 2 (Preferred): Continue with the plan to commence the procurement this year (with a few weeks delay) with the intention for new tier 4 contracts to be in place covering Lancashire, Merseyside, Cumbria, and Wirral by June/July 2022. In addition, Cheshire CCG would be named in the procurement documents as an additional associate commissioner who could be added to the contract at a date to be confirmed.	1	*N/A*	*N/A*
24	30-Nov-2021	**Expansion of Cheshire & Merseyside Virtual Wards**	N/A	The Joint Committee agreed to the continuation of the Cheshire and Merseyside Covid virtual ward and the commissioning of this service for a further six months.	1	*N/A*	*N/A*
25	30-Nov-2021	**Expansion of Cheshire & Merseyside Virtual Wards**	N/A	The Joint Committee agreed to the continued discussion and negotiation with providers to mobilise respiratory virtual wards across all sites with provider configuration for all three elements of respiratory virtual wards of 1. clinical in reach, 2. consultant oversight and 3.telehealth support	1	*N/A*	*N/A*
26	30-Nov-2021	**Update from the Cheshire & Merseyside CCGs Directors of Commissioning**	N/A	The Joint Committee:- i) agreed to prioritise IVF/Subfertility clinical policy alignment and the process to identify high risk policies for review at Cheshire and Merseyside; ii) agreed to the addition of the identified items to the Directors of Commissioning Group's work plan.	1	*N/A*	*N/A*
27	25-Jan-2022	**Transfer of haemato-oncology services from LUHFT to Clatterbridge Liverpool:**	1) Dr David O'Hagan shared that his wife is a consultant at Clatterbridge Cancer Centre which is included in agenda item C1. The Chair agreed to include Dr O'Hagan in the discussions but will not take part in the vote associated with this agenda item. 2) Dr Sue Benbow shared that a close relative was previously employed at Clatterbridge Cancer Centre. The Chair noted the declaration and confirmed that this would not affect the proceedings.	The Cheshire and Merseyside CCGs' Joint Committee approved the proposal to enable the transfer of Haemato-oncology Services to be mobilised. The Cheshire and Merseyside CCGs' Joint Committee supported the recommendation, made during the meeting, to continue further engagement work with minority groups.	1	*N/A*	*N/A*

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Decision Log 2021-2023 (Public)

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28	25-Jan-2022	**Liverpool University Hospitals Clinical Services Integration Proposals:**	N/A	1) The Cheshire and Merseyside CCGs Joint Committee endorsed the case for change for the proposals detailed in this paper and noted the overview of the service change process, next steps, and timescales for progressing these proposals. 2) The Cheshire and Merseyside CCGs Joint Committee endorsed the proposal that Cheshire and Merseyside Joint Committee oversees the progression of these proposals in line with CCG statutory duties, best practice and in compliance with the NHS England Planning, Assuring and Delivering Service Change guidance. 3) The Cheshire and Merseyside CCGs Joint Committee noted that the timescales include a pre-consultation notice in May 2022 and requested that this is included in the forward planner for this committee.	1	*N/A*	*N/A*
29	25-Jan-2022	**Learning from Life and Death Reviews (LeDeR) – Implementation Progress Update:**	N/A	1) The Cheshire and Merseyside CCGs Joint Committee noted the report and endorsed the work being undertaken to implement the LeDeR policy in Cheshire and Merseyside. 2) The Cheshire and Merseyside CCGs Joint Committee noted that the Cheshire and Merseyside Integrated Care Board will become the long-term host for the combined Cheshire and Merseyside and Greater Manchester LeDeR Reviewer workforce.	1	*N/A*	*N/A*
30	25-Jan-2022	**Cheshire and Merseyside Core Military Veterans Service – Transfer of Coordinating Commissioner Arrangements – Update:**	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the contents of this report and confirmed its support for the proposal that the commissioning intentions, negotiation, and development of the contract for 2022/23 is taken forward as part of the usual contracting and planning round with impacted Cheshire and Merseyside CCGs.	N/A	*N/A*	*N/A*
31	25-Jan-2022	**2022/23 NHS priorities and operational planning guidance**	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the update and endorsed the timelines, themes and outputs included in it. The Joint Committee forward planner will be updated to include the various dates included in the plan.	N/A	*N/A*	*N/A*
32	25-Jan-2022	**Key issues report of the Finance and Resources Sub-Committee:**	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the update report and approved the amended Terms of Reference, subject to the amendment outlined above regarding removing individual names from the document and creating a separate appendix with this detail.	N/A	*N/A*	*N/A*
33	25-Jan-2022	**Key issues report of the Quality Sub-Committee:**	N/A	The Cheshire and Merseyside CCGs Joint Committee noted the update report and approved the amended Terms of Reference.	N/A	*N/A*	*N/A*
34	25-Jan-2022	**Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group:**	N/A	1) The Cheshire and Merseyside CCGs Joint Committee noted the report, agreed the plan as presented and noted the timescales within this (subject to the amendment outlined below). The committee also approved the development of a set of principles and communications in relation to the restriction of services . 2) The Cheshire and Merseyside CCGs Joint Committee requested that the work around asylum seekers is brought forward to February 2022 and the forward planner includes reviews on services that were quickly stood up during Covid.	N/A	*N/A*	*N/A*
35	23-Feb-2022	**Update from the Joint Committee Finance & Resources Sub-Committee**	N/A	The Cheshire and Merseyside CCGs' Joint Committee noted the finance sub-committee update report and agreed that papers for assurance should be distributed to a wider group, to include CCG governing body members that are not part of the committee.	N/A	*N/A*	*N/A*
36	23-Feb-2022	**Update from the Cheshire and Merseyside CCGs Directors of Commissioning Working Group**		The Cheshire and Merseyside CCGs Joint Committee:- 1) Noted the delay to the report regarding IVF and will receive this at the March meeting. 2) Agreed to receive a report and recommendation for the development of the Complex Rehabilitation Network at their March meeting. 3) Agreed to add Core20PLUS5 to the Directors of Commissioning workplan as an initial investigative piece of work to hand over the Integrated Care Board. 4) Agreed that enquiries are made around existing ongoing work before adding Advocacy and liberty protection safeguards to the Directors of Commissioning work plan.			
37	29-Mar-2022	**Sub-Committee Terms of Reference**		The Cheshire and Merseyside CCGs Joint Committee agreed to extend the terms of reference for sub-committees until 30th June 2022.	1		

Decision Log 2021-2023 (Public)

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38	29-Mar-2022	**Complex Rehabilitation Network**		The Cheshire & Merseyside CCGs Joint Committee noted the report and the current challenges outlined within it, and agreed the following: 1) That the interim governance arrangements for the Cheshire & Merseyside Rehabilitation Network will be via the Neuroscience Network Board; 2) The commencement of initial development work for a single service specification for specialist rehabilitation for patients with complex needs and requested that the brief is widened out to include out of area providers; 3) The commencement of initial development work for a Prolonged Disorders of Consciousness pathway (PDoC); 4) That the Complex Rehabilitation Network can explore reconfiguration and pooling budgets for neuro-rehabilitation services in Cheshire & Merseyside.	1		
39	29-Mar-2022	**Cheshire & Merseyside CCGs Joint Committee Risk Update**		The Cheshire & Merseyside CCGs Joint Committee:- 1) Confirmed that they are assured that operational risks related to the functions and duties of the Cheshire and Merseyside CCGs are currently being effectively managed. 2) Approved the proposal on how CCG operational risks are managed between now and the end of June 2022; they agreed to receive a basic risk register format containing any risks escalated from the three Joint Committee Sub Committees and endorsed the proposed feedback loop back from the Joint Committee to CCG Governing Bodies and CCG legacy committees/groups. 3) Agreed to receive a risk update at each Joint Committee meeting, highlighting, by exception, when it was last reviewed and how the score has changed since the previous review. 4) Were assured that the work described within this report will be shared with the Cheshire and Merseyside Risk Task and Finish Group in consideration of a future Cheshire and Merseyside ICB Risk Register.	1		
40	29-Mar-2022	**Community Diagnostic Centres in Cheshire & Merseyside**		The Cheshire & Merseyside CCGs Joint Committee:- 1) Confirmed their support for the submission of the high-level plans for 4 additional CDCs in Cheshire and Merseyside. 2) Confirmed their support for a revised (longer) timeline for new build funding and agreed that a full proposal is submitted after further options appraisal and socialisation with relevant groups is complete. 3) Noted the next steps for their CDC programme.	N/A		
41	29-Mar-2022	**Quality Sub-Committee - Serious Harm Quality Review Principles**		The Cheshire & Merseyside CCGs Joint Committee agreed that the Serious Harm Quality Review principles are used by the sub-committee.	N/A		
22/23-01	26-Apr-2022	**Liverpool University Hospitals Clinical Services Integration Public Consultation Plan**		The Cheshire & Merseyside CCGs Joint Committee endorsed the plans for the Liverpool University Hospitals Clinical Services Integration public consultation.	N/A		
22/23-02	26-Apr-2022	**2021-22 Annual Report of the Cheshire and Merseyside CCGs Joint Committee**		The Cheshire & Merseyside CCGs Joint Committee noted and approved the annual report.	1		
22/23-03	26-Apr-2022	**Finance and Resources Committee - CCG Budget Allocations**		The Cheshire & Merseyside CCGs Joint Committee approved the budget allocations as recommended within the Finance & Resources Committee Update Report.	1		
22/23-04	26-Apr-2022	**Cheshire and Merseyside CCGs Directors of Commissioning Working Group Update - Vulnerable Services Policy**		The Cheshire & Merseyside CCGs Joint Committee, after taking on board comments raised by the Joint Committee members, approved the Vulnerable Services Policy	1		

Last updated: 16.05.22

Cheshire & Merseyside CCGs Joint Committee

Work Plan / Forward Planner 2022

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

Item	Frequency	Mar 22	Apr 22	May 22	Jun 22
Other					
Key national or local reports	As published				
Future areas for consideration					
Winter Planning	tbc				

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE RISK REGISTER

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

Last updated: 26.04.22

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

24th May 2022

Agenda Item B1

Report Title	**Cheshire & Merseyside CYP Mental Health Logic Model 2022-2024**
Report Author	North West Coast Clinical Network
Committee Sponsor	Simon Banks, Wirral CCG AO

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

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

Executive Summary

In April 2020, the Cheshire and Merseyside Mental Health Programme and the North West Coast Clinical Network received a request from NHS England and Improvement National Team to create one C&M Children's and Young People (CYP) Mental Health Strategy, which was to cover the ICS by September 2021. The strategy was to replace the historic nine Clinical Commissioning Groups Local Transformation Plans, which were usually refreshed annually. Due to Covid-19, the time scales for completing the strategy were extended to December 2021.

Strategy development groups were established, held monthly, with representation from all areas across Cheshire and Merseyside. During these meetings it was agreed to adopt a Logic Model approach, as it was thought that the model helps communicate the programme of work to people outside the organisation in a concise and compelling way and to ensure all CYP Mental Health domains were covered. The model helps programme staff gain a common understanding of how the CYP Mental Health programme works and their responsibilities, which could be lost in a strategy document. Five task and finish groups were established, with key representatives from across the health and care system, to develop each of the pillars of the Logic Model.

Following the completion of an initial draft of the Mental Health Logic Model, all stakeholders involved in its development were asked to share and consult with wider partners in each of the nine places and provide feedback to the clinical network.

The feedback from this wider consultation have been incorporated into the final document and they have given their approval to the Logic Model which is presented in Appendix 3.

The Cheshire & Merseyside CYP Mental Health Logic Model has already been shared and supported at:

- Cheshire & Merseyside Mental Health Oversight Board
- CYP Transformation Board
- Cheshire & Merseyside Mental Health Focus Group.

Recommendations

The Joint Committee is asked to:

- **approve** the CYP Mental Health System Maturity Logic Model 2022-24 and to **support** the implementation.

Consideration for publication

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

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

Committee principles supported by this report *(if applicable)*

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

Cheshire & Merseyside HCP Strategic objectives report supports:

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

Key Risks & Implications identified within this report

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

Authority to agree the recommendation:

Have you confirmed that this Committee has the necessary authority to approve the requested recommendation?	Yes
If this includes a request for funding, does this Committee have the necessary delegated financial authority to approve it?	N/A
If this includes a request for funding, have the Directors of Finance confirmed the availability of funding?	N/A

Conflicts of Interest Consideration and mitigation:	N/A
Link to Committee Risk Register and mitigation:	N/A
Report history:	Cheshire and Merseyside Strategy Task and Finish Group

Next Steps:	To support the implementation and performance monitoring of the logic model.

Responsible Officer to take forward actions:	Tim Welch, SRO for MH via the MH Programme

Appendices:	1. Cheshire and Merseyside CYP System Maturity tool 2. Mental Health Core Offer Principles 3. Cheshire and Merseyside Mental Health and Emotional Wellbeing Logic Model 2022-24 4. Consultation Members List

Cheshire & Merseyside CYP Mental Health Logic Model 2022-2024

1. Situation

1.1. The purpose of this report is to seek approval of the Cheshire and Merseyside (C&M) Children and Young People (CYP) Mental Health Logic Model Strategy 2022-2024. The Board is asked to approve and support implementation, assurance and delivery of the Cheshire and Merseyside CYP Mental Health Logic Model 2022 – 2024.

2. Background

2.1. In April 2020, the Cheshire and Merseyside Mental Health Programme and the North West Coast Clinical Network (NWCCN) received a request from NHS England and Improvement National Team to create one C&M CYP Mental Health Strategy, which was to cover the C&M Integrated Care System (ICS) by September 2021. The strategy was to replace the historic nine Clinical Commissioning Groups Local Transformation Plans, which were usually refreshed annually.

3. Assessment

3.1. To support the development of the CYP MH Logic Model a review was undertaken by the NWCCN team, Mental Health trusts and Mental Health commissioners, utilising the System Improvement CYP System Maturity Tool. The CYP System Maturity tool is a self-assessment process, with several Key Lines of Enquiries (KLOEs) to probe service areas around key themes, they are:

- Strategy
- The Model
- Access
- Evidence based practice
- Workforce
- Involvement
- Productivity
- Outcomes
- Informatics
- Culture.

3.2. The findings from the completion of the CYP System Maturity tool were then used to baseline services across the ICS and support the development of the CYP MH Logic Model to ensure that all key areas of improvement had been captured. A copy of the Cheshire & Merseyside Clinical Commissioning Group's CYP System Maturity tool can be found in Appendix 1.

3.3. At the time that this work started, the Northwest region was also undertaking a Northwest Children and Adolescent Mental Health Services (CAMHS) Service review, led by Marie Boles. The findings from this review and the subsequent actions around the development of the CORE principles, which the North West Coast Clinical Network (NWCCN) have led on across the North West region, have been embedded within the different C&M CYP Logic model pillars. A copy of the CORE principles can be found in Appendix 2.

These principles will enable the ICS to reduce variation, and ensure that our CYP population can access services across our system.

3.4. In April 2021 the NWCCN established a CYP Mental Health Strategy Group which included representation from:

- Clinical Commissioning Groups (CCGs),
- Local Authority CYP Social Care and Public Health,
- Health Education England,
- Mental Health Trusts - Lead Clinicians,
- Voluntary, Community and Faith Sector organisations.

3.5. Strategy development groups were held monthly, with representation from all areas across Cheshire and Merseyside. During these meetings it was agreed to adopt a Logic Model approach, as it was thought that the model helps communicate the programme of work to people outside the organisation in a concise and compelling way and to ensure all CYP Mental Health domains were covered. The model helps programme staff gain a common understanding of how the CYP Mental Health programme works and their responsibilities to make it work which could be lost in a strategy document. Five task and finish groups were established, with key representatives from across the health and care system, to develop each of the pillars of the Logic Model.

3.6. The design of the Logic Model has been centred around five pillars, to drive the system change forward to ensure that we meet the needs of our CYP population, ensuring timely access to services and reducing health inequalities across the ICS. The five pillars are:

- Leadership
- Universal Support and Early Prevention
- Intervention
- Intelligence and Health Inequalities
- Workforce.

3.7. Following the completion of an initial draft of the Mental Health Logic Model, all stakeholders involved in its development were asked to share and consult with wider partners in each of the nine places and provide feedback to the clinical network. The feedback from this wider consultation have been incorporated into the final document and they have given their approval to the Logic Model which is presented in Appendix 3.

3.8. The C&M CYP MH Logic Model has already been shared and supported at:

- Cheshire and Merseyside Mental Health Oversight Board
- CYP Transformation Board
- Cheshire and Merseyside Mental Health Focus Group.

4. Next Steps

4.1. Following approval from the Joint Committee, the CYP MH Logic Model implementation plans will be developed, working closely with place leads.

Regular reports will be presented into the Mental Health Focus Group and Mental Health Oversight Group to ensure that the strategy is being delivered on track, highlighting any risks/ financial implications that may impact the implementation of the Logic Model. Any areas of concern will be escalated back into the Joint Committee, and the C&M Integrated Care Board (from 1 July 2022), for consideration and ensuring that all places are kept abreast of developments.

5. Recommendation

The Joint Committee is requested to:

- **Approve** and **support** implementation, assurance and delivery of the Cheshire and Merseyside CYP Mental Health Logic Model 2022 – 2024 at the ICB level.

6. Appendices

1. Cheshire and Merseyside CYP System Maturity tool
2. Mental Health Core Offer Principles
3. Cheshire and Merseyside Mental Health and Emotional Wellbeing Logic Model 2022-24
4. Consultation Members List.

Access to further information

For further information relating to this report contact:

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CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Agenda Item B1

Appendix 1

Cheshire and Merseyside CYP System Maturity Tool

1	Strategy & Sustainability	Cheshires	Liverpool	Sefton & Southport Formby	Wirral	Warrington	St Helens	Knowsley	Halton
1.1	**There is a clear vision for CYP-MH services represented in the Local Transformation Plan/s. This is aligned to a STP plan to deliver CYP-MH in line with FiM, FYFV and the Long Term Plan.**	Good	Best Practice	Good	V Good	Best Practice	Good	Fair	Best Practice
1.2	**There is a documented STP CYP-MH system wide governance structure and process to review, monitor and develop CYP MH services**	Good	Good	Fair	Good	V Good	V Good	Fair	V Good
1.3	**There is a STP delivery vehicle to both review, monitor and operationally develop the system wide delivery of CYP MH services.**	Good	Good	Fair	Good	V Good	Good	Fair	V Good
1.4	**There are designated executive leaders accountable for CYP emotional wellbeing & mental health for each organisation within the CYP-MH system**	V Good	V Good	Good	Very Good	V Good	Fair	Good	V Good
1.5	**There are named CYP-MH clinical leads with board level accountability.**	V Good	Best Practice	Good	Very Good	V Good	Nothing	Good	V Good
1.6	There is clear and shared understanding of investment across all agencies into CYP MH collectively in the locality and this can be broken down to demonstrate investment and spend on CYP MH services.	V Good	Good	Fair	Very Good	V Good	V Good	Fair	V Good
1.7	The funding arrangements for delivery of CYP MH are seamless and system wide, for example pooled funding arrangements and jointly-funded strategic posts.	Fair	Nothing	Fair	Very Good	V Good	Nothing	Fair	Good

2	The Model	Cheshires	Liverpool	Sefton & Southport Formby	Wirral	Warrington	St Helens	Knowsley	Halton
2.1	The Model includes all CYP-MH offers across the S	V Good	V Good	Fair	Good	V Good	Good	Fair	V Good
2.2	Performance management and quality improvement are in line with the MINDFUL approach	V Good	V Good	Fair	Fair	V Good	V Good	Fair	V Good
2.3	There is a model implemented which is aligned to the following principles: Common language, needs-led, shared decision making, proactive prevention and promotion, partnership working, outcome-informed, reducing stigma, and accessibility	Fair	Good	Fair	Good	V Good	Good	Fair	V Good

3	Access	Cheshires	Liverpool	Sefton & Southport Formby	Wirral	Warrington	St Helens	Knowsley	Halton
3.1	Services have been commissioned to meet local need and all providers explicitly understand their contribution to meet that need and deliver the Access Standard	Good	V Good	Good	V Good	V Good	V Good	Fair	V Good
3.2	There is a high-quality system-wide access policy which reflects national rules and locally-agreed standards. This is published alongside a CYP/family-friendly summary.	Fair	Nothing	Fair	Good	V Good	Fair	Nothing	V Good
3.3	There are documented standard operating procedures (SOPs) in place that underpin the access policy and include clear documented booking processes and responsibilities.	Good	Good	Fair	Good	Did not answer	Good	Good	V Good
3.4	Information about waiting times is managed transparently with CYP and families. There are clear locally agreed waiting standards, which include protocols for when clinical priority impacts on the decision to see in date order.	Good	Fair	Fair	Fair	Did not answer	Good	Very Good	V Good
3.5	Patient Tracking Lists (PTL) are in place, and used effectively to understand first and all subsequent waits.	Good	Good	Good	Fair	Did not answer	Good	Good	V Good

3.6	Breach analysis is regularly reported and monitored, with systematic processes in place for carrying out review.	Fair	Good	Good	Fair	Good	Good	Good	Good
3.7	**There is a process for provider-focused and STP analysis, including mitigation/remedial action to resolve common causes impacting on flow.**	Good	Good	Nothing	Good	Good	Good	Good	V Good
3.8	The flexibility of workforce is maximised to respond to anticipated workforce gaps through the use of external, internal or outsourced capacity.	Good	V Good	Good	V Good	Did not answer	V Good	Good	V Good

4	EBP	Cheshires	Liverpool	Sefton & Southport Formby	Wirral	Warrington	St Helens	Knowsley	Halton
4.1	Patient pathways are designed to enable seamless and quick access to the most suitable treatment offer.	Good	Good	Fair	Good	Good	Good	Fair	V Good
4.2	CYP-MH pathways are in place describing how the response to levels of need is met across whole spectrum of service provision.	Good	Good	Fair	Good	V Good	Good	Fair	V Good
4.3	Service provision has a recovery focus and promotes positive risk taking, alongside a balance between emotional wellbeing and mental health interventions.	Good	V Good	Good	Good	Good	Good	Good	Best Practice
4.4	Pathways and treatments are based on best-available evidence and delivered by an appropriately-trained workforce	Good	Best Practice	Good	V Good	V Good	Good	Fair	V Good
4.5	Specific action has been taken to remove unnecessary/non-value-adding steps from pathways.	Fair	Good	Fair	Fair	Good	Good	Fair	Fair
4.6	There are systems in place to assure safe and effective use of medicines in the CYP-MH service	Good	Good	Good	Did not answer	Good	Good	Very Good	Good

4.7	Proactive management of CYP progress is in place including systems to monitor trend, numbers receiving care and pathway milestones such as total of length of treatment, dosage and expected discharge.	Good	V Good	Fair	Did not answer	Good	Good	Fair	Good

5	Workforce	Cheshires	Liverpool	Sefton & Southport Formb	Wirral	Warrington	St Helens	Knowsley	Halton
5.1	There is a clear workforce strategy in place across the STP and implement is in place to support sustainable delivery of CYP-MH	Fair	Nothing	Fair	Fair	Good	Fair	Good	V Good
5.2	The workforce is engaged and positive about the offer across the CYP-MH system and understand their role in it.	Good	Best Practice	Good	Good	V Good	V Good	V Good	V Good
5.3	Staff wellbeing is considered as a core feature of workforce	Fair	Best Practice	Good	Good	Good	V Good	V Good	Best Practice
5.4	All staff have clarity of their role and line management, this should include clear job plan and up to date job description	Fair	Best Practice	Good	Good	V Good	V Good	Good	V Good
5.5	There is a clear policy and procedure for clinical and management supervision which is adhered to.	Fair	V Good	V Good	Good	V Good	V Good	Best Practice	Best Practice
5.6	Competency frameworks are in place for all staff groups, including clinicians. These are a mandatory part of induction into new roles.	Fair	Good	Fair	Good	V Good	V Good	V Good	Good

5.7	There is a confidence to find the solution for complex cases and complex issues through a suitably skilled and experienced workforce leadership.	Good	Good	Good	Good	Good	V Good	V Good	Best Practice

6	Involvement	Cheshires	Liverpool	Sefton & Southport Formb	Wirral	Warrington	St Helens	Knowsley	Halton
6.1	Young people and their parent/carer participate meaningfully in all aspects of their interactions with CYP-MH system.	Good	Best Practice	Good	Good	Good	V Good	Good	Good
6.2	Young people and their parent/carer participate meaningfully in service design and improvement	Good	Best Practice	Good	Fair	Fair	V Good	Fair	Fair
6.3	Young people and their parent/carer participate meaningfully in governance	Good	Best Practice	Fair	Good	Good	Good	Fair	Good
6.4	The CYP-MH system promotes a culture of participation	Fair	Best Practice	Good	Good	Good	Good	Good	V Good

7	Productivity	Cheshires	Liverpool	Sefton & Southport Formby	Wirral	Warrington	St Helens	Knowsley	Halton
7.1	**A range of key performance indicators (KPIs) for CYP-MH are agreed and monitored including Access, Waiting Times & Clinical Outcomes**	Fair	V Good	Good	Good	V Good	V Good	Best Practice	V Good
7.2	There are clear expectations of activity levels for clinicians which are transparently monitored.	Good	V Good	Good	Good	Good	V Good	Good	V Good
7.3	Service level job planning has been undertaken, and the results of this have been used to underpin capacity and demand plans	Fair	V Good	Good	Good	Fair	V Good	V Good	V Good
7.4	Demand and capacity planning is undertaken throughout the system with the results of modelling being used to inform activity plans.	Fair	V Good	Good	Fair	Good	V Good	Good	Good
7.5	Room capacity utilisation is maximised and appropriate to meet need.	Fair	V Good	Fair	Good	Fair	Best Practice	Good	V Good
7.6	Quality improvement methodologies are used to identify and systematically tackle unwarranted variation and inform process improvements.	Good	Fair	Fair	Good	Good	V Good	Good	V Good
7.7	Recovery planning, where relevant, is linked to an understanding of a sustainable waiting list position	Good	V Good	Fair	Good	Good	V Good	V Good	V Good

8	Outcomes	Cheshires	Liverpool	Sefton & Southport Formby	Wirral	Warrington	St Helens	Knowsley	Halton
8.1	There is a coherent approach to using outcomes and experience in a clinically meaningfully way with CYP and their parents/carers.	Fair	Good	Good	Good	Good	Good	V Good	V Good
8.2	Outcomes and experience are embedded within the quality priorities for each provider in the CYP-MH system.	Fair	V Good	Good	Fair	Good	Good	Good	V Good
8.3	Outcomes are used to inform commissioning and service development across the whole CYP-MH system	Good	Good	Fair	Good	Good	Fair	V Good	Did not answer
8.4	The infrastructure is in place to support clinicians, CYP and families to use outcome measures effectively.	Good	V Good	Good	Fair	Good	Fair	V Good	V Good
8.5	Systems are in place to flow ROMs information to the MHSDS	Good	Good	Good	Good	Good	V Good	Fair	Best Practice

9	Data & Informatics	Cheshires	Liverpool	Sefton & Southport Formby	Wirral	Warrington	St Helens	Knowsley	Halton
9.1	CYP-MH information and activity is comprehensively and accurately recorded on the local EPR system.	Good	Best Practice	V Good	Good	Good	V Good	Good	Best Practice
9.2	There is a clear process for the CYP team to sign-off of MHSDS data before submission	Good	Best Practice	Fair	Good	Good	V Good	Good	Fair
9.3	There is a routine process for the reconciliation of MHSDS and local data and standard operating procedures to support this.	Good	Best Practice	Fair	Fair	Good	V Good	Good	Nothing
9.4	All NHS-funded providers flow accurate and complete data to MHSDS	Fair	Best Practice	V Good	Fair	V Good	V Good	V Good	V Good
9.5	A range of data quality reports are available and understood by clinical teams and CCG	Fair	Best Practice	Good	Good	V Good	Good	Good	V Good
9.6	System changes requested to support care pathways / reporting requirements are met in a timely manner	Good	Best Practice	Good	Good	Good	Good	Good	V Good
9.7	A culture of using data is in place to underpin all service improvement	Fair	Best Practice	Good	Fair	V Good	V Good	Good	V Good

10	Culture	Cheshires	Liverpool	Sefton & Southport Formby	Wirral	Warrington	St Helens	Knowsley	Halton
10.1	There is an inspiring vision and values which is shared throughout the organisations who support CYP mental health.	V Good	V Good	Good	Good	Good	Fair	V Good	Good
10.2	Clear goals and performance which are understood at every level are fundamental to the delivery of continually improving, high-quality care.	V Good	V Good	Fair	Good	Good	Fair	Good	V Good
10.3	All actions show support and compassion for both CYP, parents and carers and those delivering services.	Good	V Good	V Good	V Good	Good	V Good	Good	V Good
10.4	Learning and innovation are core to the culture of continuous improvement.	V Good	Best Practice	Good	Good	Good	V Good	Good	V Good
10.5	Effective team working is demonstrated through shared ownership and purpose.	V Good	V Good	Good	Good	Fair	V Good	V Good	Best Practice
10.6	Collective Leadership is demonstrated at all levels.	V Good	V Good	Fair	V Good	Good	Best Practice	Good	V Good

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Agenda Item B1

Appendix 2

Mental Health Core Offer Principles

Key Recommendations following the North West CAMHS Review 2021

The North West CAMHS review was completed because of a number of incidents in the North West in late 2020 and early 2021 where children and young people were unable to access services they urgently required, and the service system (providers and commissioners) were unable to respond fast enough or effectively. This review has provided a wealth of information and evidence about the issues facing service providers, commissioners, and other bodies in the North West. The completion of this review produced a number of recommendations of which two of specifically highlighted the need for a set of core key principles to ensure equity of services across the whole region.

Recommendations 1 and 3

- *Core CAMHS service offer: Core offers" at Tier 2 and Tier 3 must be the same no matter where in the NW.*

- *Commissioning and contracting: ensure future commissioning and contracting arrangements reflect the "core offer" and "specific offer".*

North West Core CYP Mental Health offer- KEY PRINCIPLES

CLINICAL FACTORS/PRESENTING NEED

All CYP MH services must provide a comprehensive offer for:

- 0-5 infant mental health which is linked with perinatal mental health. Specific consideration to be made to 0-2 yrs and 3-5 yrs support.

- 0-18yrs CYP MH support with the expectation that all services will reach up to 25 year olds by 2023/24

- All age MH crisis lines must be available and accessible to all 24/7 with areas expected to fully implement all requirements of the NHS Long Term Plan ambitions by 2023/24

- Mental Health Teams in Schools established across all areas with seamless pathways between universal/public health/primary care services with schools.

- CYP, families and carers should expect a seamless pathway of care to access services including the ability to self define need and self refer.

- Clear and agreed seamless pathways for CYP with autism across all service boundaries.

- LD CAMHS must reach up to 18 years of age.

- All CYP will have timely access to eating disorders services in line with national standards and waiting times. This includes agreed shared care pathways between community ED teams and primary care networks.

- Specific pathways exist for CYP with ADHD and transition planning is carefully considered at the earliest opportunity

- Clear links between community CYP Mental Health teams and Early Intervention in Psychosis

- Specific services for Behavioural/ conduct disorders are established

- Specific shared care services are agreed between community CYP MH teams, paediatrics, local authority and primary care to specifically support Children in Care , those in the Youth Justice system and other vulnerable groups.

SYSTEM FACTORS

- Clear plans exist to enable the system to work together including place based multi-agency commissioning.

- The CYP MH offer adopted must be aligned with a common language (THRIVE), needs-led, shared decision making, proactive prevention and promotion, partnership working, outcome-informed, reducing stigma, and accessibility.

- Pathways and treatments are based on best-available evidence (usually NICE guidelines where they exist) and delivered by an appropriately-trained workforce

- There is an appropriately trained specialist multi disciplinary workforce which is reflective of the population with access to specialist supervision for evidence based treatments such as CBT, DBT, EMDR, Family Therapy

- There is a coherent approach to using outcomes (goal based outcomes, SDQ, RCADS and current view) in a clinically meaningfully way with CYP and their parents/carers. These outcomes are interpreted to inform commissioning and meaningful service development. Systems are in place to flow ROMs information to the MHSDS.

- CYP and their parent/carer (including foster carers) are supported to participate and co-produce meaningfully in all aspects of their interactions with CYP-MH system.

- Parent and carer support groups for CYP with MH disorders are established and involved with service development.

- Services take a population health approach to reduce health inequalities and inequities in access eg send population

- Demand and Capacity models such as CAPA /CREST are embedded and used consistently and shared across the system for future requirements

- All CYP will have timely access to CYP mental health services within national waiting time standards.

- All NHS commissioned CYP MH services will routinely flow and review accurate and quality access data to the MHSDS.

- CYP MH services have a comprehensive digital/online offer to support CYP and families to access services. This includes access to information, advice, support as well as the ability to make online referrals and access interventions via online platforms.

- Care Quality Commission inspections for CYPMH services are rated good/outstanding.

- All areas commit to the use of the dynamic support database for young people with a learning disability and / or autism as well as use the CETR process for young people with additional needs.

- In line with Tier 4 CYPMH New Care Model, all areas commit to convening multi-agency Gateway meetings to consider the unmet needs of young people at risk of admission to Tier 4. These may be extensions or adaptations of existing multi-agency meetings or may be new meetings.

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Agenda Item B1

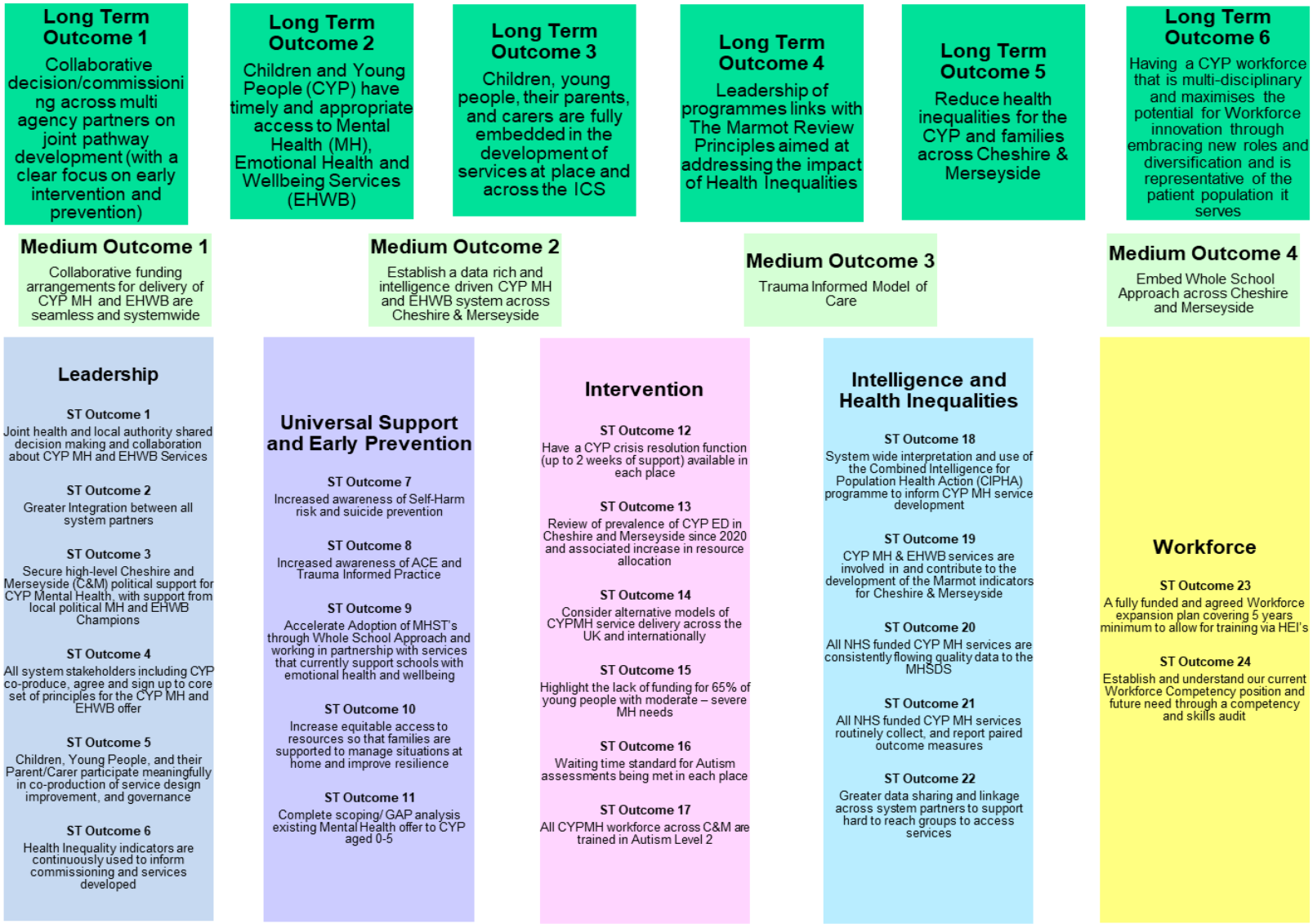
Appendix 3

Cheshire and Merseyside Mental Health and Emotional Wellbeing Logic Model 2022-24

NHS

NHS
North West Coast
Clinical Networks

Cheshire and Merseyside Mental Health and Emotional Wellbeing Logic Model



NHS England and NHS Improvement

LEADERSHIP

Long Term Outcomes	**Long Term Outcome 1** Collaborative decision/commissioning across multi agency partners on joint pathway development (with a clear focus on early intervention and prevention)	**Long Term Outcome 2** Children and Young People (CYP) have timely and appropriate access to Mental Health (MH), Emotional Health and Wellbeing Services (EHWB)	**Long Term Outcome 3** Children, young people, their parents, and carers are fully embedded in the development of services at place and across the ICS	**Long Term Outcome 4** Leadership of programmes links with The Marmot Review Principles aimed at addressing the impact of Health Inequalities	**Long Term Outcome 5** Reduce health inequalities for the CYP and families across Cheshire & Merseyside	**Long Term Outcome 6** Having a CYP workforce that is multi-disciplinary and maximises the potential for Workforce innovation through embracing new roles and diversification and is representative of the patient population it serves

Medium Outcomes	**Medium Outcome 1** Collaborative funding arrangements for delivery of CYP MH and EHWB are seamless and systemwide	**Medium Outcome 2** Establish a data rich and intelligence driven CYP MH and EHWB system across Cheshire & Merseyside	**Medium Outcome 3** Trauma Informed Model of Care	**Medium Outcome 4** Embed Whole School Approach across Cheshire and Merseyside

Short Term Outcomes	**ST 1** Joint health and local authority shared decision making and collaboration about CYP MH and EHWB Services	**ST 2** Greater Integration between all system partners	**ST 3** Secure high-level Cheshire and Merseyside (C&M) political support for CYP Mental Health, with support from local political MH and EHWB Champions	**ST 4** All system stakeholders including CYP co-produce, agree and sign up to core set of principles for the CYP MH and EHWB offer	**ST 5** Children, Young People, and their Parent/Carer participate meaningfully in co-production of service design improvement, and governance	**ST 6** Health Inequality indicators are continuously used to inform commissioning and services developed

Signs of success	CYP Transformation Board and Mental Health Board meetings undertaken 4 times per year Ensure Mental Health Oversight Group are kept up to date with progress of the strategy and updated on progress All system partners signed up to the CYP MH, EHWB strategy and NW CAMHS Review All groups/boards to have multi agency representation	All system partners signed up to the strategy CYP Mental Health Commitments and Statements are included in all key stakeholders workplans and strategies	All H&WB boards have agreed to the content, signed up to, and held to account to deliver the Strategy All LAs have a MH and EHWB Elected Member Champion An active elected member champion network MH and EHWB Elected Member Champions to champion mental health in their communities and authorities	All system partners are signed up to, and delivering in line with the CYP MH EHWB core principles	Fully co-produced CYP MH EHWB services and governance arrangements	Data analysis undertaken to show reduction in EHWB / MH difficulties in areas of health inequality. Services are developed at Place to meet needs of populations that services traditionally find hard to reach. Increased collaboration with the VCFS to develop services tailored to the need at Place
Reach	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice,	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP

		Safeguarding leads, school health, health visitors and FNP				
Output	Commitment from all key stakeholders to deliver services as outlines in the Strategy Improvement of CYP's emotional wellbeing and Mental Health is seen as the responsibility for all in Cheshire and Merseyside Data / intelligence supports impact of improvement of CYP EHWB and MH	Commitment from all key stakeholders to deliver services as outlines in the Strategy Improvement of CYP's emotional wellbeing and Mental Health is seen as the responsibility for all in Cheshire and Merseyside Services developed at Place to support Early Intervention / Prevention	Commitment from all key stakeholders to deliver services as outlines in the Strategy Improvement of CYP's emotional wellbeing and Mental Health is seen as the responsibility for all in Cheshire and Merseyside Elected Member EWB & Health and Suicide Prevention champions in each of the LAs	Commitment from all key stakeholders to implement the CYP MH EHWB core principles Core Principles embedded in service delivery and cyp / families / carers feedback that these are in place and are improving access / experience	Each area to have an active CYP participation group which is responsive to their needs CYP and their families provide feedback that MH EHWB services meet their needs Service developments are clearly co-produced by CYP, their families and carers. Services across the ICS have developed paid roles for peer support workers / experts by experience	All system partners are committed to reducing health inequalities As a system we understand what the health inequalities are and how we can address them System is intelligence driven and directed by the Marmot Review Principles
Activity	Quarterly Frequency of CYP Transformation Board Bi-Monthly Frequency of Mental Health Oversight Group To attend at each Health and Wellbeing Board to seek support for the Strategy To provide update reports to local Safeguarding Boards and Health and Wellbeing Boards on the development and delivery/	Explore the opportunity across C&M to use pooled budgets and jointly commission services Co-production of the design and delivery of the EHWB strategy across Health Education, Local Authority and the VCFS	All EHWB & Mental Health Champions engaged in the delivery of the Strategy and are supported to attend by their organisation. Give them all the opportunity to sign up to the national network of MH champions	Consult, develop, refine, agree, and sign off core principles for the CYP MH EHWB offer Audit/Review the implementation of principles	participation strategies are co-produced CYP and their families with an awareness of ensuring the voices Champion the paid employment of peer mentors / experts by experience Each area to have an active CYP participation group and that meets at an agreed frequency	CYP transformation board and MH oversight group regularly review intelligence report to guide horizon scanning

	implementation of the Strategy Strategic Leaders pledges/ commitment to deliver of the Strategy					
Inputs	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to attend meetings Officer time to produce update reports Financial

UNIVERSAL SUPPORT AND EARLY PREVENTION

Long Term Outcomes	**Long Term Outcome 1** Collaborative decision/commissioning across multi agency partners on joint pathway development (with a clear focus on early intervention and prevention)	**Long Term Outcome 2** Children and Young People (CYP) have timely and appropriate access to Mental Health (MH), Emotional Health and Wellbeing Services (EHWB)	**Long Term Outcome 3** Children, young people, their parents, and carers are fully embedded in the development of services at place and across the ICS	**Long Term Outcome 4** Leadership of programmes links with The Marmot Review Principles aimed at addressing the impact of Health Inequalities	**Long Term Outcome 5** Reduce health inequalities for the CYP and families across Cheshire & Merseyside	**Long Term Outcome 6** Having a CYP workforce that is multi-disciplinary and maximises the potential for Workforce innovation through embracing new roles and diversification and is representative of the patient population it serves

Medium Outcomes	**Medium Outcome 1** Collaborative funding arrangements for delivery of CYP MH and EHWB are seamless and systemwide	**Medium Outcome 2** Establish a data rich and intelligence driven CYP MH and EHWB system across Cheshire & Merseyside	**Medium Outcome 3** Trauma Informed Model of Care	**Medium Outcome 4** Embed Whole School Approach across Cheshire and Merseyside

Short Term Outcomes	**ST 7** Increased awareness of Self-Harm risk and suicide prevention *"Self-harm is when you hurt yourself on purpose to relieve feelings of distress. People sometimes self-harm when life feels hard to cope with"*	**ST 8** Increased awareness of ACE and Trauma Informed Practice	**ST 9** Accelerate Adoption of MHST's through Whole School Approach and working in partnership with services that currently support schools with emotional health and wellbeing	**ST 10** Increase equitable access to resources so that families are supported to manage situations at home and improve resilience *"the family's ability to cultivate strengths to positively meet the challenges of life"*	**ST 11** Complete scoping/ GAP analysis existing Mental Health offer to CYP aged 0-5

Signs of success	Development of a co-produced Self-Harm Safe Kit Development of a co-produced CYP Self Harm Practice Guide The workforce is more skilled to identify and support individuals at risk of self-harm and respond appropriately Development of real time Self-Harm/ attempted suicide Dashboard for Cheshire and Merseyside Shared learning and support across the system regarding understanding need and delivery at place	Staff in key agencies have an increased awareness of distress linked to trauma and ACE's Increase in staff that report that they can support/ refer to services that will help CYP when an ACE is identified Increase in the number of services who can support CYP in distress An understanding of need and delivery regarding ACE and trauma informed practice across C&M Shared learning and support across the system regarding understanding need and delivery at place Greater CYP/family participation and feedback	Adoption of resilience team in secondary schools Adoption of resilience teams in all schools CYP in each class to be a Mental Health Link Ambassador Every area across C&M to have MHST's as per Long Term Plan deliverable Shared learning and support across the system regarding commissioning and developing a Whole School Approach at place	Development of 'think family' awareness training across CYP and adult services Whole family thinking and approaches built into contracts, delivery, and evaluation across CYP and Adult services Increased awareness of resilience and associated models/frameworks a Asset based approaches embedded in delivery and support for CYP and families Co-produced information and support to meet the different needs families and carers present with Range of evidenced based parent and family interventions delivered at place across C&M including those that support wellbeing, resilience, and practical issues Timely access to support for families/carers which meet need Shared learning and support across the system regarding Think Family and need between CYP and Adult services	Localised accessible services are available around attachment for the early life of a child Parent support is a universal offer A clear understanding of need, gaps, governance, and delivery/pathways across C&M for this age group with a clear proposal to strengthen pathways, access, and support across the different levels of need Shared learning across the system regarding need, gaps, and delivery/pathways at place Hold 0-5 Cheshire and Merseyside Summit – February 2021 Expand membership of 0-2 group to 0-5 and add commissioners
Reach	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET,	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET,	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET,

	Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	leads, school health, health visitors and FNP	Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP		Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP
Output	Evaluation following Self-Harm safe kits pilot Continued uptake Self-Harm training offer including train the trainer approach Monitor number of A&E presentation for Self-Harm Continued use of real time Self-Harm dashboard	% of staff that have additional training and can support CYP in distress and promote recovery Number of services that are commissioned which include Trauma Informed and are monitoring them	Number of MHST's across C&M per population need Number of CYP accessing MHSTs and outcomes associated with support received Number of inappropriate referrals to MHSTs Waiting times of CYP accessing MHST support A shared understanding of need, gaps, and different delivery models across C&M	NEET Targets Development and roll out of 'think family' training An understanding of the range of interventions for families delivered and outcomes associated with these A shared understanding of need and delivery models across C&M between CYP and Adult services	A shared understanding of need, gaps, governance and different delivery models across C&M clear proposal to strengthen pathways, access and support across the different levels of need
Activity	To undertake Self Harm awareness raising during World Suicide Prevention Day Complete and evaluate Self Harm Safe Kits pilot Develop a dedicated Self Harm area within the CHAMPS website that is cohesive and easily accessible to organisations, stakeholders, and the public Rolling out and evaluating self-harm guidance and toolkit Rolling out and evaluating self-harm training	Raise awareness of Trauma Informed and trauma i.e. what the long-lasting impact they can have on CYP Ensure all community services are trauma informed/ ACE aware Scope need and delivery across C&M regarding ACE and trauma informed practice Share learning across C&M regarding ACE and Trauma informed models and commissioning.	MHST roll out across all areas of C&M in line with available resources Share learning across C&M regarding WSA models, need and commissioning which explores good practice that could be utilised at place.	Development and roll out of 'think family' training across CYP and Adult services Range of interventions offered for families and parents which are evidence based and support wellbeing and practical issues Roll out of resilience training and awareness across CYP and adult workforce e.g. resilience framework Shared learning and understanding of delivery models and impact at place	Scoping need, current governance, and delivery across C&M with clear proposal to strengthen pathways, access, and support across the different levels of need Exploring opportunities to develop key principles associated with an integrated model to meet the needs for this age group across the different levels of need that can be commissioned and developed at place Shared learning to support the above

	Developing a real time suicide and self-harm dashboard across C&M				
Inputs	Staff time to complete training Staff time and commitment to fulfil the train the trainer role Staff time to complete the Self Harm Safe Kits evaluation Staff time to develop toolkit, guidance and undertake evaluation Financial	Officer time to train staff and scope need	Funding Staff time from across health, LA and education	Funding Staff time from across health, LA and education – CYP and adult services	Funding Staff time from across health, LA and education – CYP, adult and maternity services

INTERVENTION

Long Term Outcomes	**Long Term Outcome 1** Collaborative decision/commissioning across multi agency partners on joint pathway development (with a clear focus on early intervention and prevention)	**Long Term Outcome 2** Children and Young People (CYP) have timely and appropriate access to Mental Health (MH), Emotional Health and Wellbeing Services (EHWB)	**Long Term Outcome 3** Children, young people, their parents, and carers are fully embedded in the development of services at place and across the ICS	**Long Term Outcome 4** Leadership of programmes links with The Marmot Review Principles aimed at addressing the impact of Health Inequalities	**Long Term Outcome 5** Reduce health inequalities for the CYP and families across Cheshire & Merseyside	**Long Term Outcome 6** Having a CYP workforce that is multi-disciplinary and maximises the potential for Workforce innovation through embracing new roles and diversification and is representative of the patient population it serves

Medium Outcomes	**Medium Outcome 1** Collaborative funding arrangements for delivery of CYP MH and EHWB are seamless and systemwide	**Medium Outcome 2** Establish a data rich and intelligence driven CYP MH and EHWB system across Cheshire & Merseyside	**Medium Outcome 3** Trauma Informed Model of Care	**Medium Outcome 4** Embed Whole School Approach across Cheshire and Merseyside

Short Term Outcomes	**ST12** Have a CYP crisis resolution function (up to 2 weeks of support) available in each place	**ST13** Review of prevalence of CYP ED in Cheshire and Merseyside since 2020 and associated increase in resource allocation	**ST14** Consider alternative models of CYPMH service delivery across the UK and internationally	**ST15** Highlight the lack of funding for 65% of young people with moderate – severe MH needs	**ST16** Waiting time standard for Autism assessments being met in each place	**ST17** All CYPMH workforce across C&M are trained in Autism Level 2

Signs of success	Increase in appropriate contacts made to the crisis lines Reduction in A&E attendances for CYP in MH crisis Reduction in Paediatric admissions for CYP in MH crisis Establishment of alternatives to admission including provision for those with LD/ASD – Including easy access including self-referral to services in all areas Have Gateway meetings at each 'place' to proactively meet the needs of young people at risk of requiring risk support to reduce likelihood of crisis ISF available in all C&M PITrauma Informed. Crisis provision arrangements in place across C&M.	Flexible, personalised short break allocation process and offers in all C&M PITrauma Informed. Have a Cheshire and Merseyside strategy to improve outcomes for CYP with ED.	ISF available in all C&M PITrauma Informed. Crisis provision.	PBSS available for CYP with LD/ASC in all C&M PITrauma Informed.	Improved access to ED and ASD services for CYP with ASD and an ED.	CYP and Families
Reach	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS,	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations,	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and

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Output	24 hr MH crisis lines sustained Continued uptake of the C&M SHOUT Text option partnership	Stakeholder mapping. Project plan. Best practice standards coproduced. Audit report against standards. Updated short break processes and offers.	Project plan. ISF service specification for each Place. Crisis provision service spec/s in place covering C&M.	Project evaluation. Long term service specification.	Project plan. Options appraisal.	Project plan. Expression of interest for all PITrauma Informed complete. C&M Key Worker Vision statement. C&M Key Worker monitoring framework. MOU between each Place and TCP. Local SOPs linking to other available services etc.
Activity	CYP Crisis Clinical Group continues to meet bi monthly	Workshop to highlight best practice. Working group to develop standards. Undertake audit.	Map existing ISF in C&M to identify gaps. Support Place leads to develop their ISFs.	Facilitate a steering group to develop and agree detailed spec. CCG input to develop pathways with existing services.	Establish steering group. Data analysis. Review criteria and pathways between ED and ASD services.	PITrauma Informed co-produce Key Worker models and submit EOI. Local stakeholder steering groups.

		Place processes reviewed and updated.	Establish crisis steering group to clarify scope and determine need/demand. Develop specs in line with need. Secure building/site. Tender process.	Monitoring and evaluation. Tender exercise.	Identify options for improvements and undertake appraisal.	Local recruitment processes. Monitoring.
Inputs	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to attend meetings Officer time to produce update reports Financial

INTELLIGENCE AND HEALTH INEQUALITIES

Long Term Outcomes	**Long Term Outcome 1** Collaborative decision/commissioning across multi agency partners on joint pathway development (with a clear focus on early intervention and prevention)	**Long Term Outcome 2** Children and Young People (CYP) have timely and appropriate access to Mental Health (MH), Emotional Health and Wellbeing Services (EHWB)	**Long Term Outcome 3** Children, young people, their parents, and carers are fully embedded in the development of services at place and across the ICS	**Long Term Outcome 4** Leadership of programmes links with The Marmot Review Principles aimed at addressing the impact of Health Inequalities	**Long Term Outcome 5** Reduce health inequalities for the CYP and families across Cheshire & Merseyside	**Long Term Outcome 6** Having a CYP workforce that is multi-disciplinary and maximises the potential for Workforce innovation through embracing new roles and diversification and is representative of the patient population it serves

Medium Outcomes	**Medium Outcome 1** Collaborative funding arrangements for delivery of CYP MH and EHWB are seamless and systemwide	**Medium Outcome 2** Establish a data rich and intelligence driven CYP MH and EHWB system across Cheshire & Merseyside	**Medium Outcome 3** Trauma Informed Model of Care	**Medium Outcome 4** Embed Whole School Approach across Cheshire and Merseyside

Short Term Outcomes	**ST 18** System wide interpretation and use of the Combined Intelligence for Population Health Action (CIPHA) programme to inform CYP MH service development	**ST 19** CYP MH & EHWB services are involved in and contribute to the development of the Marmot indicators for Cheshire & Merseyside	**ST 20** All NHS funded CYP MH services are consistently flowing quality data to the MHSDS	**ST 21** All NHS funded CYP MH services routinely collect, and report paired outcome measures	**ST 22** Greater data sharing and linkage across system partners to support hard to reach groups to access services

Signs of success	Establishment of key data indicators for CYP MH from CIPHA and ensure shared and discussed with system partners All key partners have access to CIPHA	All Marmot indicator workshops to have multi agency representation and input	All services reach national access target of 35%	All services achieve national target of 60% paired outcomes	Data sharing/information governance template agreed and signed up to by all system partners All partners can use data to identify people within services who have health inequalities and support them to access services
Reach	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP
Output	Achievement of a CYP Database to deliver the C&M CYP Mental Health Strategy	Achievement of a CYP Database to deliver the C&M CYP Mental Health Strategy	Achievement of a CYP Database to deliver the C&M CYP Mental Health Strategy	Achievement of a CYP Database to deliver the C&M CYP Mental Health Strategy	Achievement of a CYP Database to deliver the C&M CYP Mental Health Strategy
Activity			Complete review to none flowing services to the MHSDS		
Inputs	Officer time to attend meetings Officer time to produce update reports	Officer time to attend meetings	Officer time to attend meetings	Officer time to attend meetings	Officer time to attend meetings

	Financial	Officer time to produce update reports Financial	Officer time to produce update reports Financial	Officer time to produce update reports Financial	Officer time to produce update reports Financial

Workforce

Long Term Outcomes	Long Term Outcome 1 Collaborative decision/commissioning across multi agency partners on joint pathway development (with a clear focus on early intervention and prevention)	Long Term Outcome 2 Children and Young People (CYP) have timely and appropriate access to Mental Health (MH), Emotional Health and Wellbeing Services (EHWB)	Long Term Outcome 3 Children, young people, their parents, and carers are fully embedded in the development of services at place and across the ICS	Long Term Outcome 4 Leadership of programmes links with The Marmot Review Principles aimed at addressing the impact of Health Inequalities	Long Term Outcome 5 Reduce health inequalities for the CYP and families across Cheshire & Merseyside	Long Term Outcome 6 Having a CYP workforce that is multi-disciplinary and maximises the potential for Workforce innovation through embracing new roles and diversification and is representative of the patient population it serves

Medium Outcomes	Medium Outcome 1 Collaborative funding arrangements for delivery of CYP MH and EHWB are seamless and systemwide	Medium Outcome 2 Establish a data rich and intelligence driven CYP MH and EHWB system across Cheshire & Merseyside	Medium Outcome 3 Trauma Informed Model of Care	Medium Outcome 4 Embed Whole School Approach across Cheshire and Merseyside

Short Term Outcomes	ST 23 A fully funded and agreed Workforce expansion plan covering 5 years minimum to allow for training via HEI's	ST 24 Establish and understand our current Workforce Competency position and future need through a competency and skills audit

	Active engagement of stakeholders across CYP system	System wide completion of CYP Skills and Competency Audit

Signs of success	Having a Clinically competent Workforce to meet ever changing requirements across the system that is trained ahead of need and able to respond to service demand Understanding of true system Workforce demand to achieve future expansion needs overlaying LTP with other contributing factors such as Turnover etc	Competency based workforce plan developed Ability to assure achievement of increased Workforce Trajectory Targets set out within the Long Term and implementing remedial / supportive action to mitigate where this will not be achieved
Reach	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP	CYP and Families Schools and colleges, Early Help, Public Health, Children's Services, Foster Carers, Residential Care, Primary and Secondary Health, 3rd Sector Organisations, NWAS, Police, Community CYP MH Teams, Edge of Care Early help and parenting programmes, Children's social care, NEET, Local public health teams, Housing, Youth provision, Youth Justice, Safeguarding leads, school health, health visitors and FNP
Output	Achievement of a CYP Workforce able to deliver the C&M CYP Mental Health Strategy	Achievement of a CYP Workforce able to deliver the C&M CYP Mental Health Strategy
Activity	Establish an effective forum for transformational CYP workforce conversations with representation from all key stakeholders Production of a plan Commissioned joint activity CYP Workforce groups meeting Development of Meeting TOR and associated documentation Development of an attraction strategy to target underrepresented groups / demographics into the system Develop a platform to support the introduction of new roles and entry points into the CYP Workforce ensuring maximum benefit to service users. Specific focus on expanding apprenticeships and enabling new role innovations such as peer support workers	Commissioned system workforce development activity as a consequence of audit to meet unmet training demand Benchmark current CYP Workforce against local employment information to understand current position and any inequalities to highlight areas in need of action Development and implementation of collaborative Workforce initiatives where commonality of challenge presents Production of a joined up funded Workforce plan (Competency development) in collaboration with all stakeholders to bridge current gaps
Inputs	Officer time to attend meetings Officer time to produce update reports Potential Financial	Officer time to attend meetings Officer time to produce update reports Potential Financial

	Engagement from Providers and access to Workforce information	Engagement from Providers and access to Workforce information

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Agenda Item B1

Appendix 4

Consultation Members List

In April 2021 the NWC CN established a CYP Mental Health Strategy Development Working Group, which included representation from all 9 places across the region including:

- NHS England National Team,
- Cheshire and Wirral Partnership NHS Foundation Trust – Trust Clinical Leads
- Health Education England,
- Cheshire Clinical Commissioning Group,
- Wirral Clinical Commissioning Group,
- St Helens Clinical Commissioning Group,
- Knowsley Clinical Commissioning Group,
- Warrington and Halton Clinical Commissioning Group,
- Liverpool Clinical Commissioning Group,
- Sefton, Southport and Formby Clinical Commissioning Groups,
- Public Health Lead (Maureen Mandirahwe),
- Public Health England,
- Mersey Internal Audit Agency (MiAA),
- Alder Hey Children's Hospital NHS Foundation Trust – Trust Clinical Leads,
- Young Persons Advisory Service (YPAS),
- Liverpool Council,
- Merseycare NHS Foundation Trust – Trust Clinical Leads•

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

24 May 2022

Agenda Item B2

Report Title	**Improving hospital stroke care – report into public consultation on hyper-acute stroke services in North Mersey**

Report Author	Helen Johnson, Head of Communications and Engagement, NHS Liverpool CCG
Committee Sponsor	Jan Ledward, Chief Officer, NHS Liverpool CCG

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

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

Executive Summary

The purpose of this report is to present feedback from the recent public consultation around hyper-acute stroke services in North Mersey, which ran from 22 November 2021 to 14 February 2022.

Public consultation launched on 22 November 2021, and ran for 12 weeks, until 14 February 2022.

The consultation presented a preferred option for the creation of a single Comprehensive Stroke Centre on the Aintree University Hospital site, which would receive all patients believed to have had a stroke.

The report accompanying this paper sets out the findings of the public consultation.

Recommendations

That the committee:

- Notes the findings set out in the public consultation report.
- Notes that the findings and actions from the public consultation will be reflected in the final business case, to be shared with the committee in due course.

Consideration for publication

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

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

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

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

Key Risks & Implications identified within this report

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

Authority to agree the recommendation:	
Have you confirmed that this Committee has the necessary authority to approve the requested recommendation?	Yes
If this includes a request for funding, does this Committee have the necessary delegated financial authority to approve it?	n/a
If this includes a request for funding, have the Directors of Finance confirmed the availability of funding?	n/a

Conflicts of Interest Consideration and mitigation:	
Link to Committee Risk Register and mitigation:	None
Report history:	The consultation report was presented to the Joint Health Scrutiny Committee (Hyper-Acute Stroke Services), made up of representatives from local authorities in Knowsley, Liverpool, Sefton, and Lancashire, on 11 May 2022. A draft of the report was also shared at the 21 April 2022 meeting of the North Mersey Stroke Board.

Next Steps:	The findings of the consultation report are being used to inform a final business case for hyper-acute stroke services. This will be presented to the North Mersey Joint Committee (NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG and NHS Southport & Formby CCG), which, for the purpose of decision-making in relation to the hyper-acute stroke review, also includes representation from NHS West Lancashire CCG. Once approved by commissioners and NHS England, the business case will go through governance at Liverpool University Hospitals NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust, before being presented to the Joint OSC.
Responsible Officer to take forward actions:	As NHS Liverpool CCG has delivered the public consultation and is working with LUHFT to oversee the programme, Jan Ledward will bring the final business case back to the committee.
Appendices:	Report of the Public Consultation

Improving hospital stroke care – report into public consultation on hyper-acute stroke services in North Mersey

1. Introduction

1.1 The purpose of this report is to present feedback from the recent public consultation around hyper-acute stroke services in North Mersey, which ran from 22 November 2021 to 14 February 2022.

2. Background

2.1 Currently, hyper-acute stroke services in North Mersey are delivered at the Royal Liverpool University Hospital, Aintree University Hospital and Southport Hospital. The Walton Centre, on the Aintree site, provides a specialist clot-removing procedure called thrombectomy. Broadgreen Hospital provides stroke rehabilitation care. North Mersey hyper-acute stroke services are mostly used by people living in Knowsley, Liverpool, Sefton and West Lancashire.

2.2 The way that local stroke services are currently organised means that they cannot always meet best practice guidelines for providing the very highest quality care, or make the most of the specialist stroke workforce. There is a shortage of stroke nurses, therapists and doctors, and expertise is currently spread across three different sites. This makes it very difficult to ensure that patients have access to the care that they need all of the time, especially during the critical period immediately after a stroke has taken place.

2.3 Local clinicians developed a case for change setting out the vision for a Comprehensive Stroke Centre, bringing together teams providing hyper-acute services alongside those able to offer thrombectomy. This would see an increase in the number of patients receiving high-quality specialist care, meeting seven-day standards for stroke care which meet national clinical guidelines. Both thrombectomy and thrombolysis can significantly reduce the severity of disability caused by a stroke; bringing stroke services into a specialist centre would increase the use of these two treatments. This approach has already delivered significant benefits for patients in other parts of the country.

2.4 In 2019, to better understand how and where a Comprehensive Stroke Centre might be delivered for North Mersey, a series of workshops were held with people working in stroke services and other key stakeholders (including a group of stroke survivors), to help work through and refine potential solutions.

2.5.1 In the autumn of 2019, a piece of targeted engagement was held with stroke survivors and their families, as part of preparation for a pre-consultation business case (PCBC), which it was planned would inform a public consultation due to take place during summer 2020 (a report into this engagement is available here: https://www.liverpoolccg.nhs.uk/stroke) However, due to the Covid-19 pandemic, the review was paused. Work restarted in late 2020, and a clinical senate review of the refreshed Pre-Consultation Business Case took place at the end of April 2021, paving the way for public consultation to begin.

3. Public consultation

3.1 Public consultation launched on 22 November 2021, and ran for 12 weeks, until 14 February 2022. It was coordinated by NHS Liverpool CCG, on behalf of NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG, NHS Southport & Formby CCG, and NHS West Lancashire CCG. The consultation was delivered in partnership with Liverpool University Hospitals NHS Foundation Trust, Southport & Ormskirk Hospital NHS Trust, and The Walton Centre NHS Foundation Trust.

3.2 The consultation presented a preferred option for the creation of a single Comprehensive Stroke Centre on the Aintree University Hospital site, which would receive all patients believed to have had a stroke. This includes those who arrive following a 999 call for an ambulance, and people who present in person at the accident & emergency departments of the Royal Liverpool Hospital and Southport Hospital with a suspected stroke (at which point they would be transferred to Aintree by ambulance). Where a stroke diagnosis is subsequently confirmed, the first 72-hours of care would then take place at the Comprehensive Stroke Centre at Aintree, located alongside the existing thrombectomy service provided by The Walton Centre (also on the Aintree site).

3.3 The report accompanying this paper sets out the findings of the public consultation.

3.4 The consultation report was presented to the Joint Health Scrutiny Committee (Hyper-Acute Stroke Services), made up of representatives from local authorities in Knowsley, Liverpool, Sefton, and Lancashire, on 11 May 2022.

4. Recommendations

4.1 That the committee notes the report into public consultation.

4.2 That the committee notes that findings and actions from the public consultation will be reflected in the final business case.

5. Next steps

5.1 The findings of the consultation report are being used to inform a final business case for hyper-acute stroke services. This will incorporate any mitigations that might need to be made in line with the feedback received during consultation. This business case will be presented to the North Mersey Joint Committee (NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG and NHS Southport & Formby CCG), which, for the purpose of decision-making in relation to the hyper-acute stroke review, also includes representation from NHS West Lancashire CCG.

5.2 Once approved by commissioners and NHS England, the business case will go through governance at Liverpool University Hospitals NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust, before being presented to the Joint OSC.

5.3 It is planned that the business case will be presented to this committee at the end of June 2022.

Access to further information

For further information relating to this report contact:

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Improving hospital stroke care

Report into public consultation

(22 November 2021 to 14 February 2022)

Undertaken on behalf of the NHS in Knowsley, Liverpool, South Sefton, Southport & Formby, and West Lancashire

Review of North Mersey Hyper-Acute Stroke Services

Public Consultation

Report prepared for NHS Liverpool CCG

April 2022

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Part One: Introduction to Review of Hyper-Acute Stroke Services

1. Background

A stroke is a life-threatening condition that occurs when the blood supply to part of the brain is cut off by a blood clot or bleeding from a blood vessel. Strokes are a medical emergency and urgent treatment is essential. The sooner a person receives treatment for a stroke, the better the chance of recovery.

The term 'hyper-acute' covers the hospital care provided in the 72-hour period immediately after someone has a stroke. The NHS in Knowsley, Liverpool, South Sefton, Southport & Formby (collectively known as North Mersey) and West Lancashire began a review of these services locally during 2019.

Currently, hyper-acute stroke services in North Mersey are delivered at the Royal Liverpool University Hospital, Aintree University Hospital and Southport Hospital. The Walton Centre, on the Aintree site, provides a specialist clot-removing procedure called thrombectomy. Broadgreen Hospital provides stroke rehabilitation care.

Transforming stroke care is a priority in the NHS Long Term Plan[1], which points to strong evidence that hyper-acute interventions such as brain scanning, and treatments such as thrombolysis (using medication to breakdown blood clots formed in blood vessels), are best delivered as a centralised service.

The way that local stroke services are currently organised means that they can't always meet best practice guidelines for providing the very highest quality care or make the most of the specialist stroke workforce. There is a shortage of stroke nurses, therapists and doctors, and local expertise is currently spread across three different sites. This makes it very difficult to ensure that patients have access to the care that they need all the time, especially during the critical period immediately after a stroke has taken place.

It's important to give people the best chance of getting specialist treatments as soon as possible. This means making sure that stroke patients see specialist stroke staff who can make fast decisions about their treatment – and have access to the specialist scanning equipment needed to help make these decisions.

Local clinicians have developed a case for change which sets out the vision for a **Comprehensive Stroke Centre,** bringing together teams providing hyper-acute services alongside those able to offer thrombectomy. This would see an increase in the number of patients receiving high-quality specialist care, meeting seven-day standards for stroke care which meet national clinical guidelines. Both thrombectomy and thrombolysis can significantly reduce the severity of disability caused by a stroke and bringing stroke services into a specialist centre would increase the use of these two treatments. This approach has already delivered significant benefits for patients in other parts of the country.

2. Progress to Date

In 2019, to better understand how and where a Comprehensive Stroke Centre might be delivered for North Mersey, a series of workshops were held with people working in stroke services and other key stakeholders (including a group of stroke survivors), to help work through and refine potential solutions.

[1] **www.longtermplan.nhs.uk/**

In the autumn of 2019, a piece of targeted engagement was held with stroke survivors and their families, as part of preparation for a pre-consultation business case (PCBC), which it was planned would inform a public consultation due to take place during summer 2020 (a report into this engagement is available at www.liverpoolccg.nhs.uk/stroke) However, due to the Covid-19 pandemic, the review was paused.

Work restarted in late 2020, and a clinical senate review[2] of the refreshed PCBC took place at the end of April 2021, paving the way for public consultation to begin.

3. Scope

The references to clinical commissioning groups (CCGs) in this paper cover: NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG, NHS Southport & Formby CCG, and NHS West Lancashire CCG.

The references to trusts cover: Liverpool University Hospitals NHS Foundation Trust (LUHFT) (encompassing Aintree University Hospital, Broadgreen Hospital, and the Royal Liverpool University Hospital); Southport & Ormskirk Hospital NHS Trust (SOHT); and The Walton Centre NHS Foundation Trust (TWCFT). Some people in North Mersey and West Lancashire might also receive stroke care at other hospitals around the region, however only the trusts named are involved in these proposals – patients would still be taken to other hospitals if the changes went ahead.

There are several interdependencies within the stroke review, particularly in terms of the relationship between hospital stroke care and community rehabilitation services. During the patient engagement which took place in autumn 2019, many stroke survivors shared their experiences of getting support and after-care following discharge from hospital, and it was clear that this is an important issue for many people. Although the North Mersey Stroke Board is currently looking at this area of care as part of its wider remit, the public consultation detailed in this plan only covered hyper-acute stroke services. This was clearly set out in the consultation materials.

4. Public Consultation

The CCGs named above, in partnership with the two hospital trusts, held a 12-week public consultation about the future of hyper-acute stroke services between 22 November 2021 and 14 February 2022.

The consultation presented a preferred option for the creation of a single Comprehensive Stroke Centre on the Aintree University Hospital site, which would receive all patients believed to have had a stroke. This includes those who arrive following a 999 call for an ambulance, and people who present in person at the accident & emergency departments of the Royal Liverpool Hospital and Southport Hospital with a suspected stroke (at which point they would be transferred to Aintree by ambulance). Where a stroke diagnosis is subsequently confirmed, the first 72-hours of care would then take place at the Comprehensive Stroke Centre at Aintree, located alongside the existing thrombectomy service provided by The Walton Centre (also on the Aintree site).

After the initial 72-hours of stroke care it is expected that up to half of patients could leave hospital with support from an early supported discharge team, to continue their recovery in their own homes. Those

[2] A clinical senate is a panel of clinicians who work outside of the region, which reviews health service plans and proposals to produce an independent report. This will include feedback and recommendations.

patients who weren't ready for discharge and who still needed specialist stroke care, would go to one of three stroke units – Aintree, Broadgreen, or Southport.

As part of this change, the Royal Liverpool Hospital and Southport Hospital would no longer provide hyper-acute stroke care. Southport would continue to provide acute stroke care, so that patients who would previously have been admitted to Southport could have their next stage of treatment closer to home. Under the proposals there would be no stroke unit offering acute care at the Royal Liverpool Hospital, however Broadgreen Hospital would continue to be used for stroke rehabilitation services. Aintree University Hospital would provide acute stroke care, as well as hyper-acute stroke care.

In the public consultation the clinical case for changing services, the process that took place to explore potential solutions and arrive at the preferred option, and details of the potential impacts for patients were clearly outlined. People had the opportunity to share their views and provide any additional information that they felt should be considered in final decision-making.

5. Previous Engagement Findings

During autumn 2019 Liverpool CCG worked with the Stroke Association to visit several local groups for stroke survivors, to talk about the review and gather feedback from those with experience of hospital stroke services. More information about this engagement and a report are available at www.liverpoolccg.nhs.uk/stroke

The key themes from this engagement were:

- A majority of both stroke patients and their carers were in favour of bringing stroke services together in one single location. They could see the benefit of developing a 'centre of excellence' staffed by specialists and providing a comprehensive range of support services at one centralised location.
- However, there was both concern and some scepticism from stroke survivors and their carers that such a centre could operate without substantial changes being made to the current structure relating to admissions and post stroke support services. Much of the criticism about the treatment of stroke patients was about getting to the hospital in the first place and what happened immediately after being discharged in terms of quality, quantity, and a range of support services.
- The families of stroke patients made the point that any centralised centre must have good communication/transport links and adequate car parking facilities.
- Stroke patients and their families viewed the treatment of stroke survivors as a process that should move smoothly from one phase to the next. The current treatment of stroke patients does not achieve that objective for all patients. Whilst the engagement was originally designed to get specific feedback about the potential for centralising hospital stroke services, the conversations ranged over a much broader set of issues. Respondents wanted to talk about their experiences of stroke care and life after stroke, which highlighted opportunities for improvements across several areas. Some stroke patients experienced delays in getting to hospital once stroke symptoms were confirmed and others talked about the lack of aftercare and support after leaving hospital. These shortcomings can have long lasting impacts.
- The experience of stroke survivors and their families was not defined by their hospital care alone. The review should also consider how these wider issues impact on patient outcomes, including rehabilitation support, and how they plan to be addressed.

- There are a minority of stroke patients who disagree with the concept of centralisation, favouring instead the existing provision of the three providers of stroke services. They were concerned about the elimination of stroke services close to home and doubted that ability of a centralised unit to cope with the volume of demand, particularly at a time of financial constraints and staffing shortages. They favoured increased investment in existing provision.

Part Two: Engagement Objectives and Methodology

6. Engagement Objectives

1. Increase understanding among stroke survivors, their families and carers, and the public about the issues prompting the review of hyper-acute stroke services in North Mersey.

2. Share the potential solutions that have been considered in the review and present the preferred option.

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

4. Gather feedback on the preferred option and views about how the impact for patients and their families/carers would be felt.

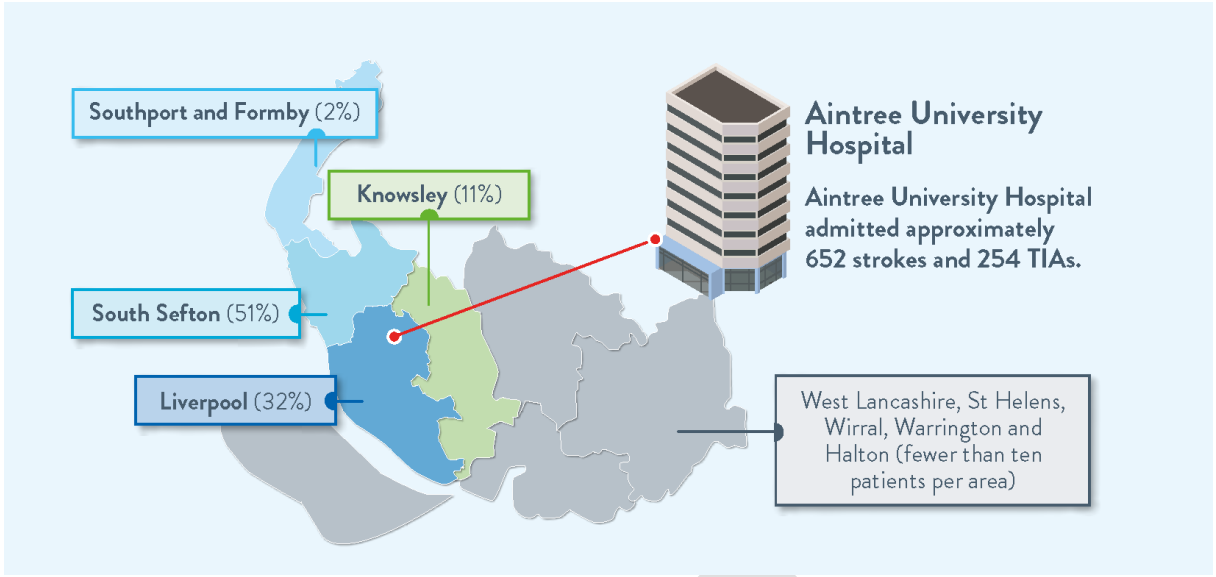
5. Ensure that responses are specifically sought out from people who have used Liverpool University Hospitals (Aintree and Royal Liverpool sites) and Southport & Ormskirk Hospital hyper-acute stroke services in the past.

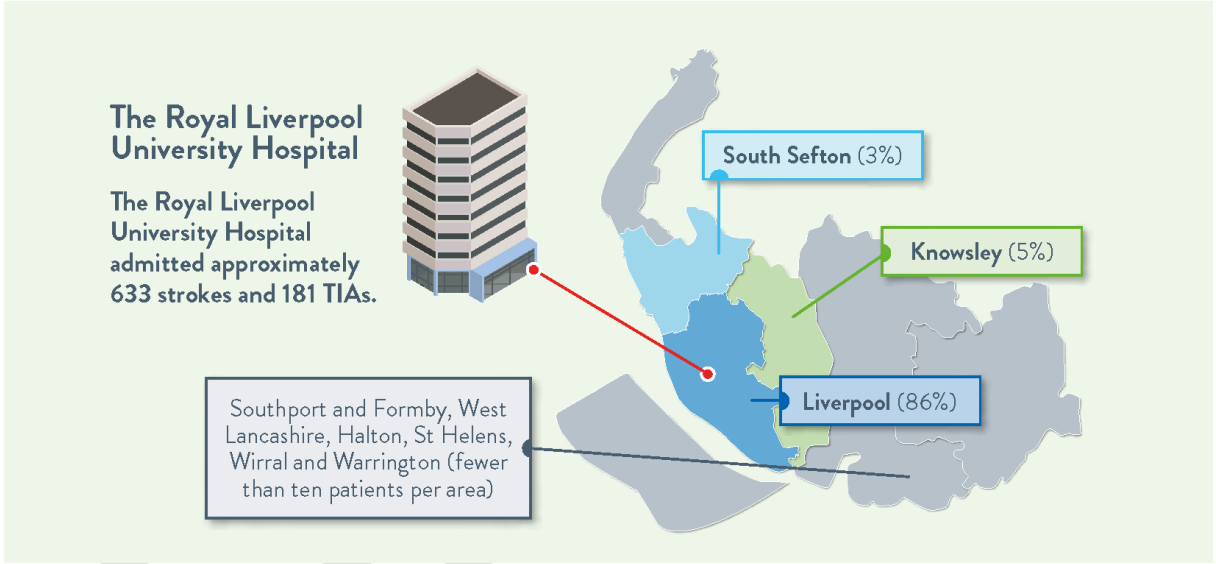
6. Understand whether there are differences in views among specific communities/groups and whether any adjustments/mitigations might be required as a result, in line with equalities duties.

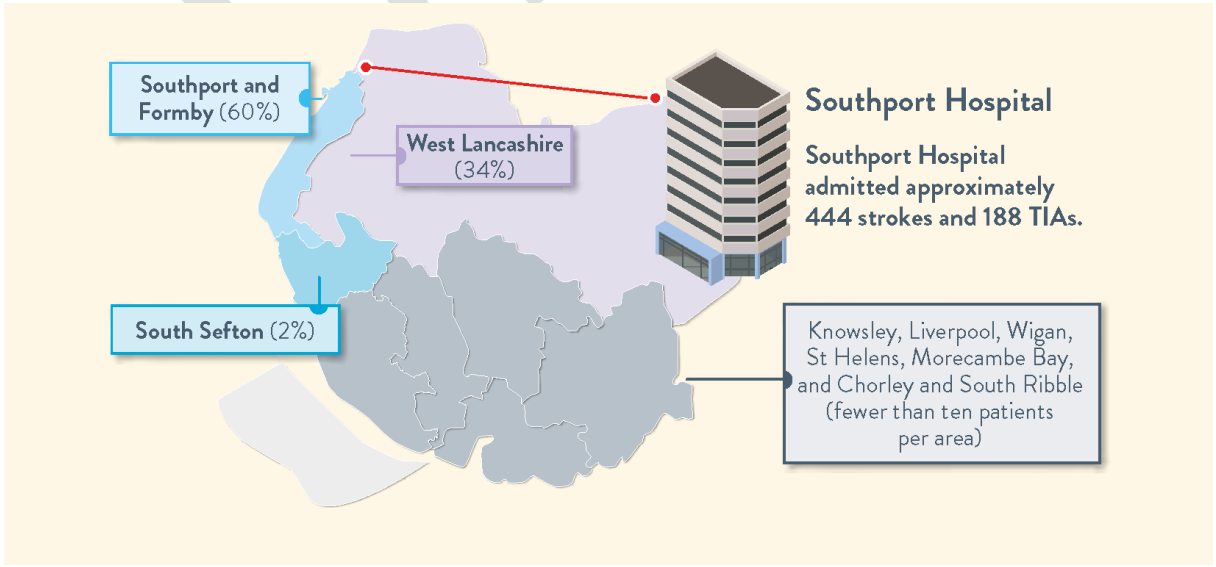
7. Ensure that a range of routes are used to promote the consultation and allow people to share their views, recognising that people have different communication needs and preferences.

7. Engagement Approach and Methodology

During public consultation, a range of methods were used to capture views and feedback from Knowsley, Liverpool, South Sefton, Southport and Formby and West Lancashire residents. These geographical areas accounted for 95% of stroke and TIA admissions to Aintree, the Royal Liverpool and Southport hospitals in 2019/20 – as indicated below.


Southport and Formby (2%)
Knowsley (11%)
South Sefton (51%)
Liverpool (32%)
West Lancashire, St Helens, Wirral, Warrington and Halton (fewer than ten patients per area)
Aintree University Hospital
Aintree University Hospital admitted approximately 652 strokes and 254 TIAs.


The Royal Liverpool University Hospital
The Royal Liverpool University Hospital admitted approximately 633 strokes and 181 TIAs.
South Sefton (3%)
Knowsley (5%)
Liverpool (86%)
Southport and Formby, West Lancashire, Halton, St Helens, Wirral and Warrington (fewer than ten patients per area)


Southport and Formby (60%)
West Lancashire (34%)
South Sefton (2%)
Knowsley, Liverpool, Wigan, St Helens, Morecambe Bay, and Chorley and South Ribble (fewer than ten patients per area)
Southport Hospital
Southport Hospital admitted approximately 444 strokes and 188 TIAs.

Given the uncertainty around face-to-face contact created by the Covid-19 pandemic, most of this public consultation was conducted using remote methods. However, during the 18 months ahead of consultation starting, CCGs and trusts had carried out several pieces of patient engagement in this way, which provided important experiences for ensuring an inclusive approach. For example, during 2020 NHS Liverpool CCG carried out separate public engagement exercises about accessing services during the pandemic and local language services, while LUHFT led a piece of targeted engagement around complex spinal services.

Although it is important to ensure that remote techniques don't exclude or disadvantage individuals who might be more comfortable with in-person methods of engagement, this approach did also present potential benefits. For example, those who might find it difficult to attend a physical event or focus group, whether because of accessibility concerns or another issue, are sometimes more easily able to take part when these sessions are held online.

Nine key approaches were utilised to create opportunities and mechanisms for people to engage. These were:

7.1 Online

NHS Liverpool Clinical Commissioning Group (LCCG) coordinated the consultation on behalf of the local NHS. The CCG's website was used as a central repository of information for the consultation – using the shortened URL www.liverpoolccg.nhs.uk/stroke – and hosting links to documents and the online questionnaire. This web page received 4,230 visits during the consultation period.

Partner organisations, including NHS Knowsley CCG, NHS South Sefton CCG, NHS Southport and Formby CCG, NHS West Lancashire CCG, NHS Liverpool University Hospitals Trust (LUHFT) and NHS Southport and Ormskirk Hospitals (SOHT), promoted the consultation through their own online channels. All directed people to NHS Liverpool CCG's website for further information and to complete the online questionnaire.

The following statistics are for organic social media activity during the consultation:

Facebook

- Total Impressions: 32331 (the number of people who had the post appear in their newsfeed – this does not mean they have interacted with the post)
- Total reactions: 190 (the number of likes, comments, and shares on the post)
- Total clicks: 399 (the number of clicks through to the website)

Twitter:

- Impressions: 32027 (the number of people who had the post appear in their newsfeed).
- Engagements: 150 (the number of likes, retweets, and replies)

Instagram
(NB: Only a few of the NHS partner organisations involved in this consultation used Instagram)

- Impressions: 51 (the number of people who had the post appear in their newsfeed)

Videos/Animation

- Total views for the consultation animation: 63 (the number of times the animation has been played)
- Total views of British Sign Language video discussing the proposals: 39

In addition, targeted paid for social media advertising (1 February 2022 – 13 February 2022) was utilised, with the following results:

Overall/combined

- Ad reach: 55,421
- Link clicks: 2,542
- *Reactions: 100*
- *Comments: 36*

Postcodes L1, L3, L7, L40, PR4

- Ad reach: 15,710
- Link clinks: 790
- *Reactions: 16*
- *Comments: 5*

Over 55s

- Ad reach: 39,711
- Link links: 1,752
- *Reactions: 84*
- *Comments: 31*

7.2 Questionnaire

A set of questions was designed to gather both qualitative and quantitative data about people's experiences. The questionnaire was hosted online, with paper copies and alternative languages/formats made available on request (by emailing, texting, or calling NHS Liverpool CCG). All communications about the consultation encouraged people to complete the questionnaire where possible.

In total, 580 people responded to the online questionnaire.

At regular intervals throughout the consultation, the feedback received was reviewed. This enabled response levels to be monitored and provided an opportunity to look whether there are any gaps in responses from different areas and/or groups, and to offer insights into consultation planning and process. An example of an outcome of this approach was the decision in January 2022 to carry out paid-for social media advertising, targeted at both postcodes more likely to be affected by increased travel times to Aintree Hospital, and older age groups – aged 55 plus. A communications toolkit was also provided to social housing providers (housing associations) in relevant areas, so that they could contact residents in their neighbourhoods to make them aware of the consultation.

7.3 Phone line and dedicated email account

NHS Liverpool CCG's communications and engagement team took feedback from a number of members of the public over the phone. In the first instance, people who called were also asked to complete the questionnaire – either online or on a printed copy which could be sent to them – if this was possible. However, given that there were no face-to-face events for this consultation, it was also important to capture the views of those who might not feel comfortable working through the questionnaire. The same telephone number was used to request alternative versions of materials.

Similarly, the dedicated email account was used in the administration of online public events, organising one to one telephone conversations, resolving queries and requests for printed consultation resources.

7.4 Partnership with the Stroke Association

During autumn 2019, the Stroke Association had provided access to its network of local support groups to facilitate direct discussions with stroke survivors and their families. This engagement involved a mixture of structured group and individual conversations at six sessions across Knowsley, Liverpool, Sefton, and West Lancashire. The relationship was utilised once again for public consultation on the Comprehensive Stroke Centre.

The Stroke Association oversees a range of volunteer-led and service-led groups of varying sizes. As a result of the pandemic, some of these groups were meeting virtually during the consultation period. There is currently no Stroke Association group dedicated to West Lancashire, however people in this area do attend some Merseyside-wide sessions, and there were opportunities for them to join the virtual groups taking place.

The following table shows the Stroke Association sessions where it was possible to arrange a discussion about this public consultation:

Event Name	Date & Time	Venue	Number of Attendees	Notes
Stroke Association (SA)- Southport and West Lancashire	8 December 2021 at 2.30pm – 3pm	online	11	Southport online peer support group - also advertised to West Lancashire stroke survivors for this session
SA – Vienna Court, Liverpool	12 January 2022 at 10.30am – 12 noon – 2pm	online	6	Liverpool stroke survivors and their family/carers - usually meet face to face
SA - Merseyside Life After Stroke MLAS	20 January 2022 – 2pm – 3pm	online	4	Merseyside Life After Stroke – members of the online quiz group

7.5 Contact with patients

Previous patients

During the consultation, LUHFT and SOHT wrote to patients who had used stroke services during the last two years (October 2019 – October 2021) to explain the proposals and give them an opportunity to share their views, either online or by requesting a paper copy of the questionnaire. These letters were also used as an opportunity to highlight the virtual events. As well as reaching out direct to those who had experience of local stroke services, this activity was designed to help to mitigate some of the potential limitations on face-to-face contact because of the pandemic.

In total, LUHFT and SOHT wrote to 3,283 previous patients.

Existing patients

Teams which work with patients, such as speech and language therapists, were briefed on the consultation so that they could encourage patients to share their views. To help facilitate these discussions an aphasia-friendly version of the questionnaire was developed – aphasia is when a person has difficulty with their language or speech and can occur after a stroke. Several iPads were provided so that clinical staff working in the community could complete the questionnaire with patients. Unfortunately, due to winter pressures these tools to help facilitate discussions with patients weren't used to their full capacity. However, it provided important experience in considering additional channels for engagement and will be explored further for future consultations.

7.6 Virtual events

With continued high levels of Covid-19 infection locally at the time of preparing for the consultation, and the likelihood of this remaining a challenge over the winter period, face-to-face events were not organised. Instead, two virtual events on Microsoft Teams were scheduled (one to take place in the evening and one during the day), which were widely promoted as part of the communications around the consultation. Due to low interest in the first event, the decision was taken to hold a single evening session. This took place during early December 2021. It started with an introductory briefing from a local stroke clinician about the hyper-acute stroke review, the case for change and the proposals being put forward in the consultation, before pausing to give people an opportunity to complete the online questionnaire. The second half of the event was for those who felt that they had further views to contribute, or questions to ask, making it more of a focus group rather than a general information session.

7.7 Utilising existing networks and groups

In addition to working with the Stroke Association, a list of wider groups and networks was developed and used for sharing information about the consultation. Groups which met online were also invited to request a presentation about the consultation, with the following groups doing so:

Event Name	Date & Time	Venue	Number of Attendees	Notes
Sefton Healthwatch (SH) – South and central community champions	25 January 2022, 10am – 12 noon	online	12	Members who attend are leads for local voluntary sector groups who provide services for mainly south and central Sefton, and some also provide services Sefton wide

SH – Southport and Formby Community Champions	27 January 2022, 10am – 12 noon	online	13	Members who attend are leads for local voluntary sector groups who provide services for Southport and Formby

7.8 Briefings/communications with wider stakeholders

A range of other stakeholders, including local politicians, were contacted regarding the consultation, and asked to use their own channels and networks to help promote the opportunity to take part.

In order to extend the reach of the consultation, a variety of general communications were also issued, including press releases to local media. This resulted in articles in the Southport Champion online Lancs Live and Liverpool Echo, and interviews on BBC Radio Merseyside, (25 January 2022). In addition, a full-page advert was taken out in the winter 2021 edition of All Together NOW! a newspaper, which is distributed at supermarkets, hospitals, and health centres across the northwest.

NHS Liverpool CCG, South Sefton CCG and Southport and Formby CCG each hold a database of stakeholders, including members of the public. Information about the consultation was sent to these subscribers on a number of occasions.

7.9 Staff engagement

LUHFT and SOHT arranged briefings ahead of the public consultation, specifically for staff groups who were affected by the proposals. The public consultation questionnaire gave people the opportunity to state their interest in stroke services, and several respondents indicated that they worked for one of the two trusts.

8 Audiences and Channels, Assets and Materials and Governance and Scrutiny

See Appendix A for further details about the materials developed for public consultation, the channels they were distributed through, and the governance and scrutiny process, as set out in the public consultation plan.

Part Three: Summary of findings

9. Summary of Findings from Semi-Structured Questionnaire and Qualitative Engagement Activities

9.1 Introduction

580 people took time to complete, in full or in part, the self-completed semi-structured questionnaire, and 55 people participated in online or phone qualitative engagement sessions. Therefore, In total, more than 630 people, participated in the project. The main purpose of the public consultation was to gather views on proposals for a Comprehensive Stroke Centre at Aintree University Hospital, which would bring together the hyper-acute services currently provided at Aintree, the Royal Liverpool and Southport hospitals.

9.2 Main Findings

(N.B. throughout this summary we are using statistics as a guide only to summarising and communicating the main findings from the public engagement.)

9.2.1. 44% (255) of respondents agreed that bringing staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital was the best plan for improving the care people receive in the first 72 hours after having a stroke.

9.2.2. Of those disagreeing with the proposal, or who were unsure about the consequences of the proposal, approximately half felt there was a better potential solution which hadn't been considered. These respondents were asked what their concerns were about the proposal. Two main concerns were expressed. The first was the view that such a specialist centre should be located as close as possible to where patients live to ease access for family members. The second was concern about ambulance journey times and the potential traffic congestion delaying both collection and delivery of the patients to The Walton Centre (where thrombectomy – a specialist stroke treatment – takes place).

9.2.3. Several NHS staff expressed concern about the availability of appropriately skilled staff to support such a specialist centre. Other NHS staff raised the prospect of staff being taken from Southport Hospital and the Royal Liverpool, leaving these hospitals without appropriately skilled staff who could recognise stroke symptoms.

9.2.4. One main group of objectors to the proposal for a Comprehensive Stroke Centre came from people who self-classified themselves as having a disability – a physical or mental condition which has a substantial and long-term impact on their ability to do normal day to day activities.

9.2.5. The above results are broadly in line with the findings from the 2019 engagement with stroke survivors and their families conducted in partnership with the Stroke Association and reproduced below:

Most of both stroke patients and their carers were in favour of bringing stroke services together in one single location. They could see the benefit of developing a 'centre of excellence' staffed by specialists and providing a comprehensive range of support services at one centralised location.
However, there was both concern and some scepticism from stroke survivors and their carers that such a centre could operate without substantial changes being made to the current structure relating to admissions and post stroke support services. Much of the criticism about the treatment of stroke patients was about getting to the

hospital in the first place and what happened immediately after being discharged in terms of quality, quantity, and a range of support services.

9.2.6. 47% of people agreed the proposal could be improved or partly improved. These respondents were in favour of improving existing services and facilities as opposed to creating a completely new Comprehensive Stroke Centre at Aintree. Their arguments were very similar to those expressed in 9.2.2. above – the ability of the ambulance service to get patients to the centre in a timely manner being of major concern and were the consequences of reduced numbers of skilled staff at Southport and Royal Liverpool.

9.2.7. About one third of people indicated that some key information had not been considered in arriving at the proposal. Their major concerns were again ambulance availability and travelling times but also other personal related issues such as, access for family and friends, the financial impact on families because of increased travelling costs, poor public transport options and the suggestion it would impact on Formby and Southport residents more because of a higher proportion of elderly people within their immediate catchment areas.

9.2.8. 52% of people said they would be happy to be treated at a hospital that was further away from the one they might be treated at now if it meant they would be getting the best care. By contrast, 40% indicated that they would not be happy with this arrangement. Younger people were more supportive of the idea of travelling greater distances to get the best care.

9.2.9. 40% of people indicated that the proposal could have a negative effect on them and potentially put them at disadvantage with other people. The same arguments were repeated from earlier questions including the need for relatives to travel increased distances, this would be more stressful and particularly so for people on low incomes. Others repeated the claim that Aintree is difficult to get to by public transport and questioned if there would be enough ambulances to cover the need to transport patients' greater distances.

9.2.10 Respondents to the semi-structured questionnaire were given the opportunity to share any new or additional information they thought should be considered before making a final decision about the future of local hyper-acute stroke services. This gave respondents a final opportunity to share their thoughts and opinions. In practice it resulted in a restatement of earlier comments:

- There was support for the creation of a Comprehensive Stroke Centre at Aintree University Hospital. Respondents could see the benefit of a well-equipped facility staffed by well trained and dedicated professionals.
- However, this support was conditional on a range of factors that respondents identified as critical to its success, namely an efficient ambulance service that could respond quickly to patient need, better access for friends and family and the consequences of post-stroke support services.
- NHS staff were concerned about the availability of trained staff to deliver such a service and the range of necessary support services for post-stroke patients.
- By contrast there were respondents who wanted to preserve and improve existing stroke services at their local hospital.

9.2.11. The findings from the engagement discussions highlighted and confirmed similar issues found in the semi-structured questionnaire. A thematic analysis identified five key themes:

- There is support for the concept of a Comprehensive Stroke Centre because it is believed it will improve patient care and experience.

- Support for the concept of a comprehensive stroke centre is conditional upon associated and integrated services being able to support the new concept.
- Participants questioned the ability of the ambulance service to provide the appropriate level of service to get patients to the stroke centre in a timely manner.
- Participants also questioned the ability of the NHS to provide the appropriate rehabilitation services once the patient leaves the stroke centre.
- Some of those who identified themselves as NHS staff raised a concern about the ability of the staff at Southport and the Royal Hospitals to recognise the symptoms of a stroke victim once key staff have been transferred to the new stroke centre.

Part Four: Public Consultation – Main Findings

10. Improving Hospital Stroke Care – The semi-structured questionnaire

10.1 Introduction

A self-completed, semi-structured questionnaire was employed to gather information about people's experiences and their opinions about the proposed changes for improving hospital stroke care. The methodology is described above in Part Two, Section 7. The questionnaire is shown in Appendix B.

10.2 Respondents and their characteristics

The semi-structured questionnaire was applied over a wide geographical area (covering the local authority areas of Knowsley, Liverpool, Sefton, and West Lancashire) encompassing a wide range of public, patient, and professional respondents during the period 22nd November 2021 to 14th February 2022. The profiles of respondents by geographical area and status are shown in Tables 1 to 2 below. Further descriptions about respondent profiles are shown in Tables 3 to 12.

The results are presented as statistical summaries for the fixed response questions together with, where relevant, a thematic analysis of the free-response questions. The aim of the thematic analysis is to identify themes or patterns in the data that are relevant to the objective of the engagement and identifying interesting side issues. This analysis is a way of identifying deeper insights and meanings about the views of stroke survivors, carers, professionals and interested members of the public. Not all respondents provided a comment justifying their response and therefore the number of free responses are always fewer than the number of people answering the fixed response question.

The total number of respondents fully completing the main semi-structured questionnaire was 444. (Note: Some respondents chose not to answer the Equality Monitoring Questions – which was an option made clear to them. The consequence of this, is that the number of respondents answering the equality monitoring questions (Tables 3 – 12) is approximately 13% less than the total number of respondents answering the main semi-structured questionnaire questions.)

N.B. 1. Throughout the report, and to simplify tables, percentages have been rounded to the nearest whole number. 2. Where a specific classification variable recorded no responses, it has been excluded from this section of the report. The full range of classification variables is shown in the questionnaire in Appendix B.

10.2.1 Area of Residence

Table 1. Please choose which area you live in from the list below:

	Answer Choice	Response Percent	Response Total
1	Knowsley	5%	24
2	Liverpool	30%	135
3	Southport & Formby	37%	166
4	South Sefton	9%	39
5	West Lancashire	12%	51

6	None of the above	7%	29
		answered	**444**

10.2.2. Respondent Interest in Stroke Services

Table 2. Please tell us about your interest in stroke services. (Choose as many as apply)			
Answer Choice		**%**	**No.**
1	**Public and Patient**		
	I have used/am using stroke services at Aintree University Hospital	6	25
	I have used/am using stroke services at Broadgreen Hospital	3	14
	I have used/am using stroke services at the Royal Liverpool University Hospital	6	26
	I have used/am using stroke services at Southport Hospital	11	49
	Someone close to me is using/has used stroke services at Aintree University Hospital	12	52
	Someone close to me is using/has used stroke services at Broadgreen Hospital	7	30
	Someone close to me is using/has used stroke services at the Royal Liverpool University Hospital	8	34
	Someone close to me is using/has used stroke services at Southport Hospital	15	65
	I am interested in stroke services, but I haven't had experience of them.	41	180
2	**Professional**		
	Aintree University Hospital	7	30
	Broadgreen Hospital	2	7
	Royal Liverpool University Hospital	7	33
	Southport Hospital	3	13
	The Walton Centre	3	13
	A clinical commissioning group (CCG)	1	3
	A GP practice	1	4
	I work with people who use stroke services (but I don’t work in/for the NHS)	3	11
	Other (please specify):	11	48
		answered	**444**

The following tables describe the profile of respondents who chose to answer all or some of the optional Equality Monitoring Questions.

10.2.3. Age

Table 3. What is your age group?			
Answer Choice		**Response Percent**	**Response Total**
1	Under 18	-	0
2	18-25	1%	5
3	26-44	12%	46
4	45-64	45%	174
5	65-75	29%	112
6	Over 75	13%	48
		answered	**385**
	Respondents not answering Equality Monitoring Questions		**59**

10.2.4. Disabilities

Table 4. Do you have a disability? This is any physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities.			
Answer Choice		**Response Percent**	**Response Total**
1	Yes	33%	127
2	No	67%	258
		answered	**385**
	Respondents not answering Equality Monitoring Questions		**59**

10.2.5 Nature of Disability

Table 5. If you do have a disability, please tell us more about it:			
Answer Choice		**%**	**Tot.**
1	Physical disability	26	37
2	Learning Disability	1	2
3	Mental health condition	8	11
4	Long term illness that affects your daily activity or progressive condition (for example, cancer, multiple sclerosis, HIV)	20	29
5	Sight Loss / Blind / Partially sighted	1	2
6	Hearing Loss / Deaf	4	5
7	Other	39	56
		answered	**142**
	The numbers above reflect multiple responses from some individuals		

10.2.6. Pregnancy

Table 6. Are you pregnant or have you had a baby in the last 12 months?			
Answer Choice		**Response Percent**	**Response Total**
1	Yes	1%	4
2	No	99%	375
		answered	**379**
		Respondents not answering Equality Monitoring Questions	**65**

10.2.7 Religious Belief

Table 7. What is your religious belief?			
Answer Choice		**Response Percent**	**Response Total**
1	No religion	25%	96
2	Buddhist	1%	5
3	Christian	71%	270
4	Jewish	1%	2
6	Muslim	1%	2
8	Other (please specify if you wish):	2%	6
		answered	**381**
		Respondents not answering Equality Monitoring Questions	**63**

10.2.8 Ethnicity

Table 8. Which of the following best describes your ethnicity?			
Answer Choice		**Response Percent**	**Response Total**
12	Asian & White	1%	2
13	Black African & White	1%	2
15	Chinese &White	1%	2
16	Other Mixed background	1%	5
18	British	91%	351
19	Irish	3%	12
20	Polish	1%	1
25	Other White background	2%	7
27	Arabic	1%	1

29	Other (please specify if you wish):	1%	3
		answered	**386**
		Respondents not answering Equality Monitoring Questions	**58**

10.2.9 Sexual Orientation

Table 9. Which of the following best describes your sexual orientation?			
Answer Choice		**Response Percent**	**Response Total**
1	Asexual	1%	5
2	Bisexual	1%	5
3	Gay man	2%	9
4	Gay woman / Lesbian	1%	5
5	Straight / Heterosexual	91%	340
7	Other (please specify if you wish):	2%	9
		answered	**373**
		Respondents not answering Equality Monitoring Questions	**71**

10.2.10 Sex

Table 10. What is your sex?			
Answer Choice		**Response Percent**	**Response Total**
1	Female	73%	275
2	Male	27%	102
3	Intersex	1%	1
4	Other (please specify if you wish):	1%	1
		answered	**379**
		Respondents not answering Equality Monitoring Questions	**65**

10.2.11 Gender Identity

Table 11. Which of the following best describes how you think of your gender identity?			
Answer Choice		**Response Percent**	**Response Total**
1	Female	71%	271
2	Male	27%	102
3	Transgender	1%	1
4	Other (please specify if you wish):	2%	6
		answered	**380**

10.3 Respondents' Opinions About How Hospital Stroke Care Could be improved

The main purpose of the consultation was to gather views on the proposals for a Comprehensive Stroke Centre at Aintree University Hospital, which would bring together the hyper-acute currently provided at Aintree, the Royal Liverpool and Southport hospitals. For a full list of engagement objectives please see section 6.0.

10.4 Response to Proposal for Improving Hospital Stroke Care

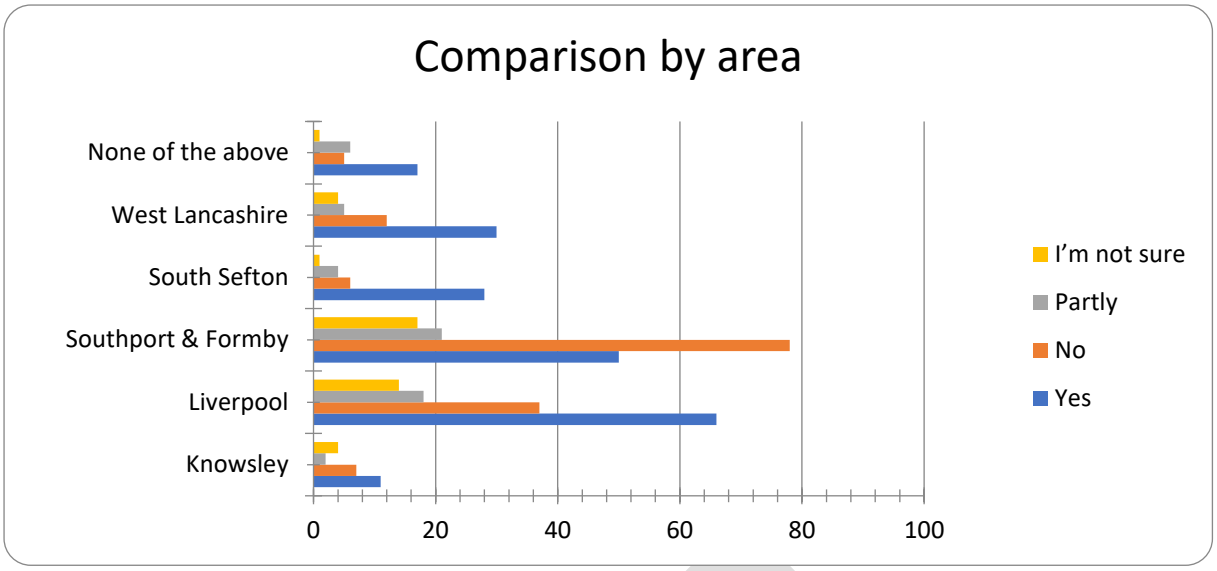
Respondents were asked the question "Do you think the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke?" The summary results are shown here:

Table 12.
Do you think that the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke?

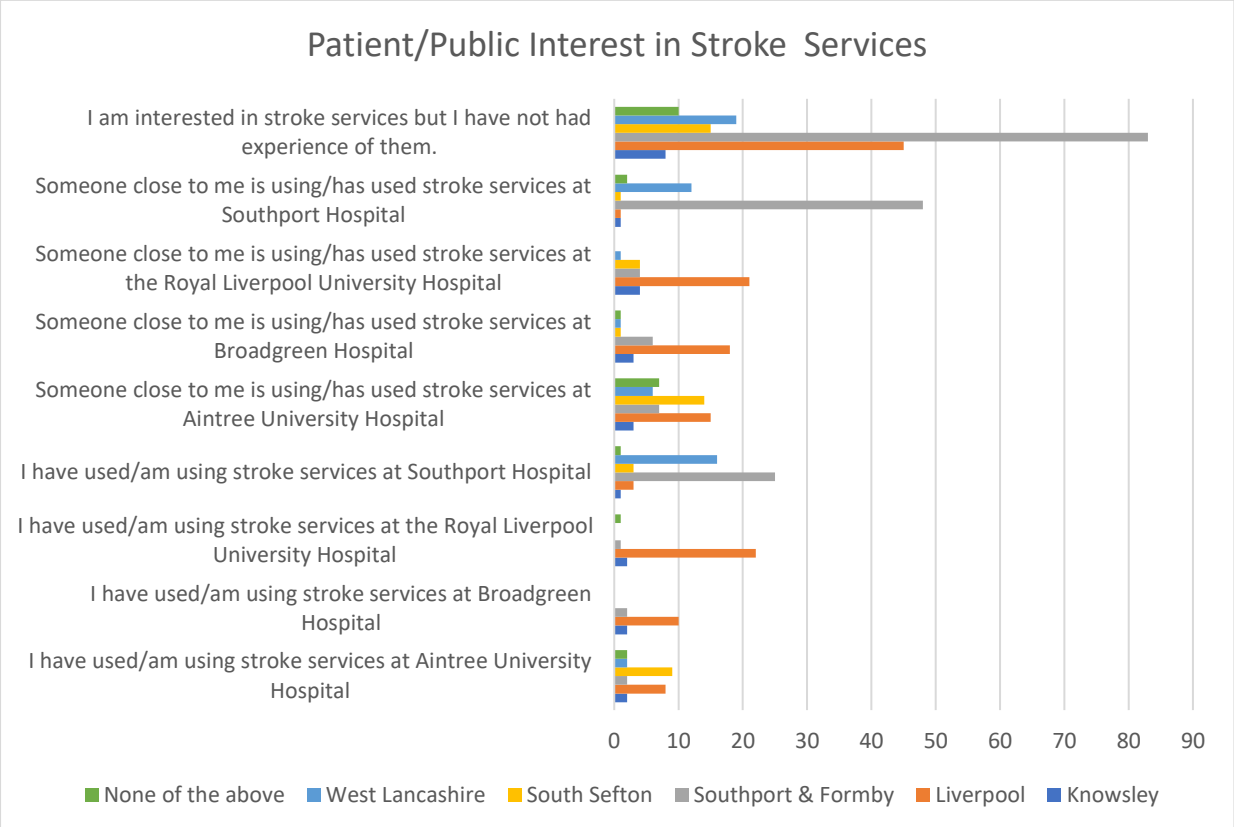
Answer Choice		Response Percent	Response Total
1	Yes	44%	255
2	No	32%	183
3	Partly	13%	77
4	I'm not sure	11%	65
		answered	**580**

N.B. The total of 580 responses includes 136 respondents who answered this question but did not continue with the rest of the questionnaire including Equality Monitoring Questions.

Of the 444 respondents who completed the main semi-structured questionnaire beyond the above question - question 4, Southport and Formby was the only area where more answered 'no' than 'yes' (to Do you think that the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke? **)** - 166 Southport and Formby respondents with 78 answering 'no' compared to 135 Liverpool respondents with 37 answering 'no'. This is shown in the following table:



All geographical areas saw a higher response rate from respondents who identified as being interested in stroke services but hadn't had experience of them. This response was more apparent from respondents living in Southport and Formby, accounting for 83 out of the 180 (Liverpool 45/180) who indicated that they were interested in stroke services but had not had experience of them as shown in this table:



Respondents who answered 'no', 'partly' or 'I'm not sure' (to 'Do you think that the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke?') were asked if there was a better solution which hadn't been considered. Their answers are shown below.

Table 13. Do you think there is a better potential solution which we haven't already considered? (The base figure of 238 represents the respondents who did not agree with the proposal. This figure also excludes the 136 respondents who did not continue after answering question 4.)			
Answer Choice		**Response Percent**	**Response Total**
1	Yes	47%	112
2	No	9%	22
3	I'm not sure	44%	104
		answered	**238**

Those respondents who claimed that a better solution to this problem existed were asked to explain, in their own words, what it was and why it should be considered. To better understand the reasons behind their response, these comments were subjected to a thematic analysis looking to identify the key message they were communicating. The summary results appear in Table 14.

Table 14. Do you think there is a better potential solution which we haven't already considered and if 'Yes' why this is and why it should be considered?			
Theme		**Response Percent**	**Response Total**
1	Keep things as they are – very happy with the experience – close to family.	39%	46
2	Keep things as they are – speed is of the essence – need to avoid traffic congestion and potential delays.	48%	57
3	A centralised unit will need more beds and staff and not enough staff to deal with stroke patients as it is.	8%	9
4	Centralising doesn't prevent delays – may exacerbate problem if bottlenecks occur	3%	3
5	Centralising hasn't worked for other services so why would this work?	2%	2
6	Good idea – but other emergency centres may become 'de-skilled'.	1%	1
			118

10.4.1. Percentage of Respondents Agreeing with Proposal

Table 15 is based on an analysis of people who continued answering the questionnaire after question 4. (136 did not continue after question 4.) In addition, approximately 13% did not complete the Equality Monitoring Questions and are not included in the following analyses. Table 15 compares the percentage of respondents agreeing with the proposal by the key equality monitoring classifications.

Table 15.
Percentage of Respondents Agreeing with Proposal. **Do you think that the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke?**

	Respondent Classification	% Agreeing with Proposal	Response Yes/Total
	TOTAL	**47%**	**182/385**
1	Age 18 - 25	60%	3/5
2	Age 26 – 44	54%	25/46
3	Age 45 – 64	50%	87/174
4	Age 65 - 75	38%	42/112
5	Age 75+	52%	25/48
6	Respondents with a disability	33%	127/385
7	With physical disability	49%	18/37
8	With mental health cond.	45%	5/11
9	With long term illness	62%	18/29
10	With hearing loss	80%	4/5
11	All other disabilities	40%	24/60
12	Christian	50%	136/271
13	No religion	41%	39/96
14	British	48%	171/353
15	All other ethnicities	36%	12/33
16	Asexual	20%	1/5
17	Bisexual	20%	1/5
18	Gay man	67%	6/9
19	Gay woman/lesbian	20%	1/5
20	Straight/heterosexual	49%	167/340
21	Female	51%	139/275
22	Male	41%	42/102

10.5 Could the Proposal be Improved?

Respondents were asked to consider if the proposal to create a Comprehensive Stroke Centre at Aintree University Hospital could be improved in any way?

Table 17. **How could the proposal be improved or partly improved?**			
Theme		**Response Percent**	**Response Total**
1	Keep things as they are – to avoid delays/ambulance response times/improve all centres and staff/need thrombolysis close to home/for the sake of families	46%	56
2	There needs to be more investment in community stroke support rehab services.	13%	16
3	Need for more specialist stroke nurses to ensure best care 24/7 both centrally and local sites. Regular training and dissemination of knowledge from Walton	13%	16
4	Good idea if it reduces death and long-term disability and outweighs inconvenience for people visiting stroke patients/better chance of recovery for stroke patients.	11%	13
5	Better transport links needed between hospital sites/staff need compensation for travel between centres/unfair to expect staff to travel between centres.	7%	9
6	Would bigger central facility be less personal? More pressure on one hospital/danger it becomes overwhelmed.	6%	7
7	Greater awareness of needs of deaf and hard of hearing/transport issues for elderly.	2.4%	3
8	NHS is not a joined-up service – patient records difficult to access.	2.4%	3
			123

The summary results are shown below.

Table 16. **Do you think the proposal to create a Comprehensive Stroke Centre at Aintree University Hospital could be improved?**			
Answer Choice		**Response Percent**	**Response Total**
1	Yes	37%	158
2	No	20%	87
3	Partly	10%	44
4	I'm not sure	32%	141
		answered	**430**

Those respondents who said the proposal could be improved, or partly improved were asked to explain how. The summary results appear in Table 17.

10.5.1. Percentage of Respondents Who Thought the Proposal Could be Improved

Approximately 13% did not complete the Equality Monitoring Questions and are not included in the following analyses. Table 18 compares the percentage of respondents agreeing with the proposal by the key equality monitoring classifications.

Table 18. ***Percentage of Respondents Agreeing Who Thought the Proposal Could be Improved.*** **Do you think this proposal could be improved?**			
Respondent Classification		**% Agreeing proposal could be improved**	**Response Yes/Total**
	TOTAL	**37%**	**158/430**
1	Age 18 - 25	40%	2/5
2	Age 26 – 44	29%	13/45
3	Age 45 – 64	34%	57/169
4	Age 65 - 75	48%	50/105
5	Age 75+	33%	16/48
6	Respondents with a disability	33%	122/372
7	With physical disability	39%	14/36
8	With mental health cond.	11%	1/9
9	With long term illness	32%	9/28
10	With hearing loss	80%	4/5
11	All other disabilities	48%	29/60
12	Christian	36%	94/262
13	No religion	42%	39/92

14	British	38%	129/340
15	All other ethnicities	30%	10/33
16	Asexual	40%	2/5
17	Bisexual	20%	1/5
18	Gay man	56%	5/9
19	Gay woman/lesbian	50%	2/4
20	Straight/heterosexual	36%	118/331
21	Female	33%	87/267
22	Male	47%	46/98

10.6 Additional Information

Respondents were asked if they felt that some information had not been considered in arriving at the proposal.

The summary results are shown below.

Table 19. **Is there any information you feel was not considered in arriving at the proposal?**			
Answer Choice		**Response Percent**	**Response Total**
1	Yes	37%	155
2	No	31%	130
3	Don't know	32%	135
		answered	**420**

Respondents answering 'yes' to the above were asked to explain why. These responses are summarised below.

Table 20. What information was NOT considered before arriving at the proposal?			
Theme		**Response Percent**	**Response Total**
1	Travelling times and the need for speedy transfer to hospital/ambulance availability and response times. Access for family and friends/financial impact on families. Poor public transport options.	65%	67
2	Southport and Formby have higher proportion of elderly potential patients.	10%	10
3	Transport for staff/electric charging points for staff/parking and costs associated with travel. Staffing levels and training requirements.	9%	9
4	Community support services need improving/made readily available	5%	5
5	Other health services impacted by this development. Need thrombolysis close to home. Will Aintree be adequately staffed.	4%	4
6	Waiting time for scanners if all stroke victims go to one site/ability to cope with surges in demand	3%	3
7	How would someone with mild symptoms know where to go?	1%	1
8	Nothing about treating patients with hearing difficulties and ability to lip read.	1%	1
9	Mobility issues could make it increasingly difficult for disabled people.	1%	1
10	Nothing about patients self-presenting.	1%	1
11	Does this include Treat and Transfer Thrombectomy service at Walton as this is a seriously flawed system?	1%	1

	Long waiting times for ambulances and poor management of beds.		
			103

10.6.1. Profile of Respondents Who Suggested Some Information Had Not Been Considered.

Approximately 13% did not complete the Equality Monitoring Questions and are not included in the following analyses. Table 21 compares the percentage of respondents who suggested some information had not been considered in arriving at proposal by equality monitoring questions.

Table 21.
Percentage of Respondents Suggesting Some Information Had Not Been Considered. **Is there any information you feel we did not consider in arriving at proposals**

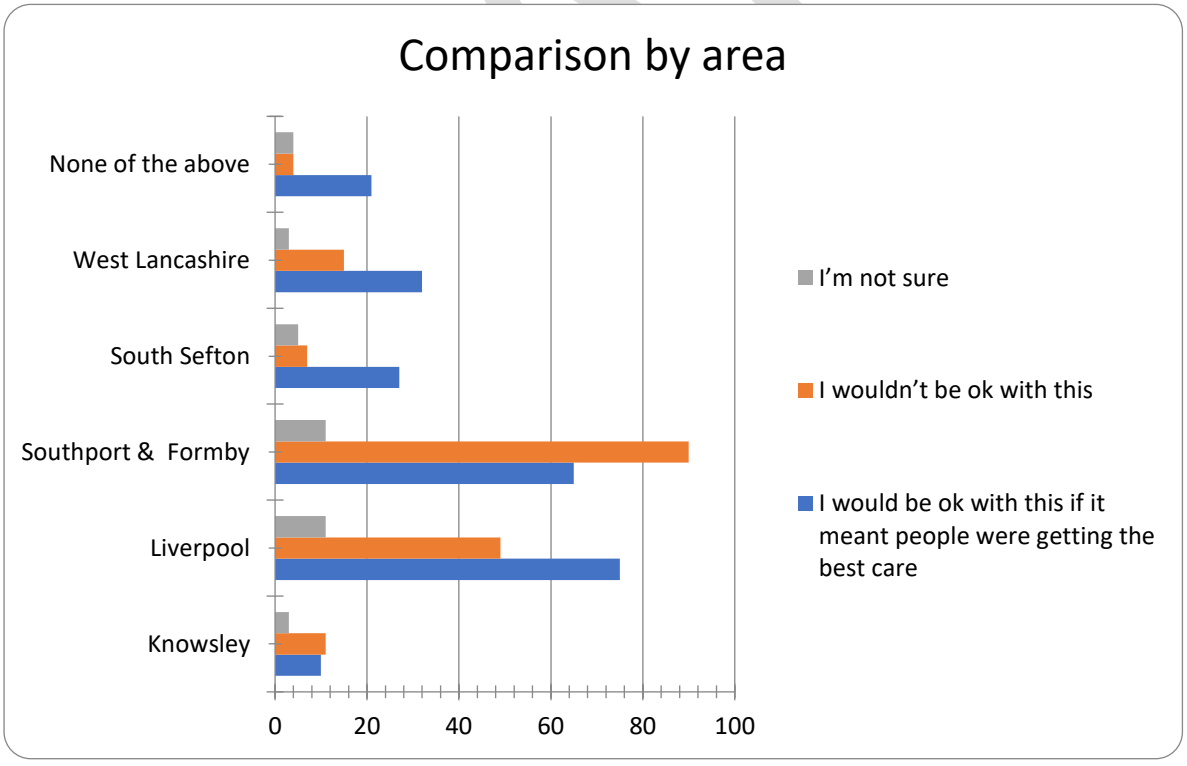
	Respondent Classification	**% Agreeing some info. had not been considered**	**Response Yes/Total**
	TOTAL	**37%**	**155/420**
1	Age 18 - 25	25%	1/4
2	Age 26 – 44	29%	13/45
3	Age 45 – 64	38%	62/164
4	Age 65 - 75	36%	38/105
5	Age 75+	43%	20/46
6	Respondents with a disability	39%	47/120
7	With physical disability	36%	13/36
8	With mental health cond.	0%	0/10
9	With long term illness	36%	10/28
10	With hearing loss	0%	0/5
11	All other disabilities	51%	27/53
12	Christian	37%	95/258
13	No religion	41%	37/91
14	British	37%	124/334
15	All other ethnicities	39%	12/31
16	Asexual	60%	3/5
17	Bisexual	60%	3/5
18	Gay man	38%	3/8
19	Gay woman/lesbian	75%	3/4
20	Straight/heterosexual	35%	113/325
21	Female	37%	95/259
22	Male	38%	37/98

10.7 Being treated further away

Respondents were asked how they felt about being treated at a hospital further away from the one they might be treated at now?

The summary results are shown below.

Table 22. The proposed changes would mean that some people would be treated at a hospital that was further away from the one they might be treated at now. How would you feel about this?			
Answer Choice		**Response Percent**	**Response Total**
1	I would be OK with this if it meant people were getting the best care.	52%	230
2	I wouldn't be OK with this	40%	176
3	I'm not sure	8%	37
		answered	**443**



When comparing areas Southport and Formby, and Knowsley respondents indicated that they wouldn't be ok with some people being treated at a hospital that was further away from the one they might be treated at now. For Southport and Formby of the 166 respondents, 90 answered 'I wouldn't be ok with this' and for Knowsley 11 out of 24 respondents answered this way.

10.7.1. Profile of Respondents Who Would be Happy to be Treated Away from Local Hospital.

Approximately 13% did not complete the Equality Monitoring Questions and are not included in the following analyses. Table 23 compares the percentage of respondents who would be OK with being treated away from their local hospital if it meant they were getting the best care.

Table 23.
Percentage of Respondents Happy to be Treated Away from Local Hospital if Getting Best Care.
The proposed changes would mean some people would be treated at a hospital that was further away from their local hospital – how would you feel about this?

Respondent Classification		% Agreeing to be treated away from local hospital	Response Yes/Total
	TOTAL	**52%**	**230/443**
1	Age 18 - 25	80%	4/5
2	Age 26 – 44	78%	36/46
3	Age 45 – 64	55%	95/173
4	Age 65 - 75	41%	46/112
5	Age 75+	48%	23/48
6	Respondents with a disability	53%	67/127
7	With physical disability	46%	17/37
8	With mental health cond.	64%	7/11
9	With long term illness	66%	19/29
10	With hearing loss	60%	3/5
11	All other disabilities	43%	26/60
12	Christian	54%	146/269
13	No religion	52%	50/96
14	British	53%	186/352
15	All other ethnicities	55%	18/33
16	Asexual	20%	1/5
17	Bisexual	80%	4/5
18	Gay man	44%	4/9
19	Gay woman/lesbian	40%	2/5
20	Straight/heterosexual	55%	187/339
21	Female	57%	155/274
22	Male	46%	47/102

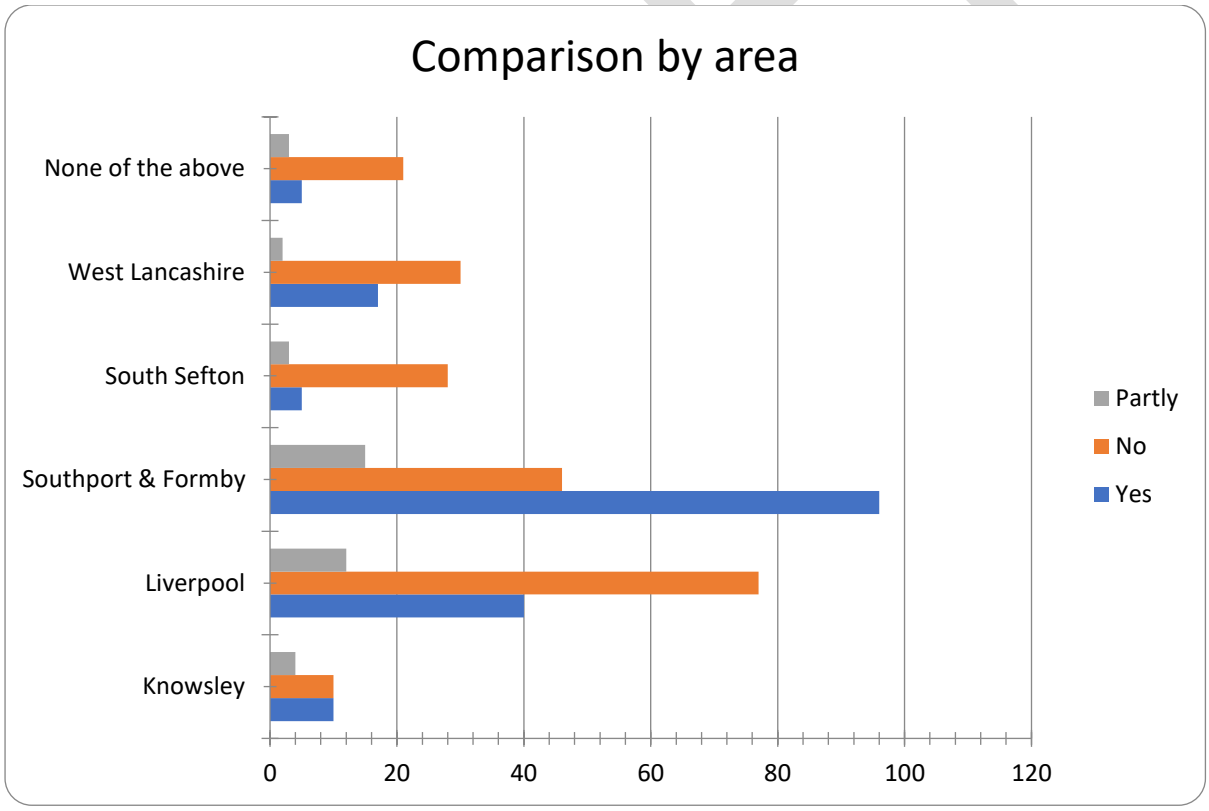
10.7 Potential negative effect of proposal on respondent or disadvantage compared to other people

Respondents were asked if there was anything in the proposal which could have a negative effect on them or put them at a disadvantage compared with other people.

The summary results are shown below.

Table 24 Potential negative effect of proposal on respondent or disadvantage compared to other people.			
Answer Choice		**Response Percent**	**Response Total**
1	Yes	40%	151
2	No	50%	186
3	Partly	10%	36
		answered	**373**

For comparison by geographical area Southport and Formby was the only area where respondents answered, 'yes' more often to the question 'Is there anything about this proposal which you feel could have a negative effect on you, or would put you at a disadvantage compared with other people?' Of the 157 Southport and Formby respondents 96 answered 'yes' in contrast of the 129 Liverpool respondents only 40 answered 'yes'.



Respondents answering ‘yes’ or ‘partly’ were asked to explain. These responses are summarised below.

Table 25 **Is there anything about this proposal which you feel could have a negative effect on you, or would put you at a disadvantage compared with other people?**			
Theme		**Response Percent**	**Response Total**
1	Travelling the increased distance both for patient and family/too far to travel/increased risk to patient/more stressful for patient/availability of ambulances	53%	83
2	Aintree difficult to get to by public transport/difficult for elderly to visit patients/people on low incomes can’t afford travel cost/what about people without car and to rely on others	24%	38
3	Because of increased distances impact on mental health of patient/older people and family not being able to visit patient	8%	12
4	Treated very well at Southport so wouldn’t want to change/poorer outcome for Southport people	8%	12
5	More pressure on medical staff/therapists/imaging/additional workload on staff/longer travel times/staff worried about their jobs	4%	7
6	Taking support away from local hospital for stroke sufferers/lack of continuity of treatment	1%	2
7	Have limited mobility making visiting difficult/anxiety and mobility was a huge issue	1%	2
8	Negative view of staff at Aintree/staff shortages	1%	2
			158

10.8.1. Profile of Respondents Who Believe Proposal Would Have a Negative Effect on Them.

Approximately 13% did not complete the Equality Monitoring Questions and are not included in the following analyses. Table 23 compares the percentage of respondents who believe the proposal would have a negative effect on them or put them at a disadvantage compared with other people.

Table 26. *Percentage of Respondents who believe the proposal would have a negative effect on them.* Is there anything about the proposal which could have a negative effect on you, or put you at a disadvantage compared with other people?			
Respondent Classification		**% Agreeing this proposal would put them at a disadvantage.**	**Response Yes/Total**
	TOTAL	**41%**	**152/370**
1	Age 18 - 25	40%	2/5
2	Age 26 – 44	17%	8/46
3	Age 45 – 64	39%	67/174
4	Age 65 - 75	48%	54/112
5	Age 75+	42%	20/48
6	Respondents with a disability	43%	53/122
7	With physical disability	57%	20/35
8	With mental health cond.	30%	3/10
9	With long term illness	31%	9/29
10	With hearing loss	0%	0/5
11	All other disabilities	48%	28/58
12	Christian	39%	101/260
13	No religion	47%	45/95
14	British	41%	138/338
15	All other ethnicities	44%	14/32
16	Asexual	80%	4/5
17	Bisexual	0%	0/5
18	Gay man	33%	3/9
19	Gay woman/lesbian	75%	3/4
20	Straight/heterosexual	40%	130/327
21	Female	39%	102/261
22	Male	46%	46/101

10.9 Additional information from respondents

Respondents were asked if they wished to share any new or additional information that should be considered before a final decision is made about the future of local hyper-acute stroke services. We have selected a small sample of individual comments, reflecting different personal perspectives on the proposal.

(These comments are for illustration purposes only and cannot be used to imply anything about the frequency with which they occur within the total number of individual responses or the general population.)

Comments in favour of the proposal:

"I think that a centre of excellence for Stroke Services is a good idea. People who have strokes are mostly initially managed by Paramedics who are trained in treating stroke patients during the time in their care and so any additional journey time to a central hub will hopefully not be detrimental to a patient's recovery."

"I think it's an excellent idea. When my husband was taken to Southport Hospital, he had excellent care but there was a delay in diagnosing the type of stroke due to A&E being busy and therefore they were unable to check him in quickly enough so that a scan could be performed."

"I think you should consider mental health facilities or specialist staff being available at hyper-acute stroke services because my wife has lost full mental capacity since suffering a stroke. If that facility was provided at a Comprehensive Stroke Centre, then that would convince me that it would provide better facilities than the existing set up."

"The treatment that I received from Southport Hospital was good but the team who looked after me had to consult with Aintree hospital about my condition. I was discharged from a ward in Southport Hospital three times having been admitted following 999 calls. I think that a dedicated centre at Aintree would have been better for me."

"The life of my relative was saved by taking him urgently straight to Aintree for brain scan then thrombosis drug, whereas some patients were being taken to local hospitals first then to Aintree where brain damage was done due to the time and distance issue. This care was not coordinated, and timely meaning early intervention and recovery were a lottery. Provided this Aintree centre of excellence hub is properly funded and totally supported by the ambulance service it will be a great improvement."

"Better for a patient to spend another 20 mins in an ambulance and taken to a centre of world renown than a provincial hospital that offers less chance of recovery. Also, ambulance drivers should be able to take patients to the hospital that gives the patient best chance of recovery rather than the nearest one."

Comments in favour of the status quo:

"Southport Stoke unit is brilliant, 9 years ago my dad had a Stoke if it wasn't for Southport AE stroke unit my father would have passed away 9 years ago. We don't need to travel in rush hour to Aintree hospital. If that was the case 9 years ago by father would never got there in 3 hours to receive treatment which saved his life. Please keep Southport Stroke unit."

"Just do what you are doing I had amazing care."

"It would be morally and ethically wrong to remove existing excellent services in Southport just to make monetary savings. The centre for acute stroke services should be based in Southport where they already provide the excellent care which the NHS can be extremely proud of."

"Every hospital should be able to treat a stroke."

"I think if patients are to be treated in a hospital which is not their local hospital, then consideration must be given to how family members can visit the patient. This is very important for patient wellbeing & recovery."

Comments opposed to the proposal:

"Speed of treatment and access to treatment. The more departments we amalgamate, the more will follow. The NHS is not broken but it is breaking, because we are allowing it to be broken up."

"With ambulance services stretched to capacity and significant delays in getting to people's homes during busy times, what impact would the extra travelling times have on those living in areas furthest away from Aintree?"

"Patients are not asking for services to be transferred to Aintree because it is inaccessible & only serving the people who live local to it."

"Southport Hospital is now being rundown just like Ormskirk hospital before it. I remember at that time being promised a better service for the people of West Lancs. I think that this is really a continuation of wanting to have a central hub for all hospital treatments without any consideration of how people can get to and attend these hospitals. Even if not using public transport the car parks at the Aintree Hospital are woefully inadequate in my previous experience (these should be considered if moving staff and increasing patient numbers at this hospital)."

"Centralisation is the opposite to what stroke victims require, a diffuse service, close to sufferers is the only way forward."

Comments about the implications for staffing:

"More training will be required for occupational therapists with regards to complex stroke patients. Physios who aren't respiratory competent will require training to meet the needs of the patients."

"Please consider staffing, only recruit staff who are interested and experienced in treating people who have had a stroke, this also includes OTs and SALT. especially as the first 72 hours can be crucial. Please consider the aftercare, Aintree, Broadgreen and Southport, ensure that the allocated stroke wards aim to achieve the best care and treatment for the stroke patient to have the best outcome, health, speech, mobility."

"You need to assess the impact on the allied services such as social services, occupational health, imaging. I can't envisage large numbers of staff members wanting to relocate from their base hospital to Aintree. So, before you make this decision, I would suggest a proper consultation and evaluation takes place."

Comments about equality and diversity:

"Deaf and disability awareness and protocol for dealing with patients who have additional needs who may be supported by family members who may have to travel further to be their advocates."

"Southport is a large town with an above average number of older people. Such residents are in need of emergency care for stroke victims closer than Aintree."

"Southport's main demographic age group has, for many years, been of the older generation. Are strokes more common in this age group? Even if the answer to that is no, the fact that a high proportion of the town is elderly, ease and simplicity of access will always be the preferred choice."

11 Improving Hospital Stroke Care – Discussion and Engagement Sessions

11.1 Introduction

A series of discussion/engagement sessions were held during the period December 2021 and February 2022. Seven groups were conducted on-line. There were also several telephone calls with individuals. The moderators were all NHS staff. Details of the groups were as follows:

Partnership with Stroke Association – 8th December 6 – 8pm. 2 NHS staff, 2 Stroke Association staff and 11 members of the public.

Public Event, focus group– 9th December 6 – 8pm. 2 NHS staff and 2 members of the public.

Public Event, focus group– 9th December 6 – 8pm. 4 NHS staff and 1 member of the public.

Partnership with Stroke Association – 12th January – 10:30 -12 noon. 4 NHS staff, 1 Stroke Association staff, 6 members of the public.

Partnership with The Stroke Association – 20th January – 2 – 3pm. 4 NHS staff, 1 member of Stroke Association and 4 members of the public.

Sefton Healthwatch Meeting– 25th January 10 – 11am. 3 NHS staff and 1 Healthwatch staff 12 members of the public.

Sefton Healthwatch Meeting – 27th January 10 – 12 noon. 3 NHS staff and 1 Healthwatch staff, 13 members of the public.

11.2 Methodology

Each of the discussion/engagement sessions were summarised by the moderator and reproduced in a typed document. This document was then subjected to a thematic analysis. The aim of the thematic analysis was to identify themes or patterns in the data that are relevant to the objective of the engagement and identifying interesting side issues. This analysis is a way of identifying deeper insights and meanings about the views of stroke survivors, carers, professionals and interested members of the public.

11.3 Thematic Analysis

Comments are recorded under each of the questions used by the moderator and are then further classified by specific response themes.

Q1. What do think about the proposal for hyper acute services?

Theme 1. General agreement with proposal

- Broad agreement from members of the public that the proposed Comprehensive Stroke Centre (CSC) was a good idea if it was to improve patient care and experience. (Multiple comments)
- Some agreed that good quality care was essential to reduce death and disability but there were concerns about accessing care at Aintree rather than Southport.
- Getting the right treatment by specialist staff is way more important than the inconvenience of extra travel time for hospital visitors. (Multiple comments)

Theme 2. General disagreement with proposal/or concerns about proposal

- There are barriers to accessing the proposed Comprehensive Stroke Centre at Aintree Hospital – such as having Accident & Emergency staff at other hospitals recognise a stroke, timely assessments, and transfer to Aintree. (Multiple comments)
- The overriding concern is the travel time, cost, and potential barriers of getting to Aintree Hospital. (Multiple comments)
- One participant commented that they were against *'more centralisation of services and the resultant degradation of skills and equipment elsewhere: especially as stroke/TIA is time-critical from the onset of the initial event. Primary diagnosis and treatment are vital, which means we need specialist staff, diagnosis, and treatment facilities as close as possible to the point of need.*
- There was concern about logistics and capacity at Aintree Hospital and The Walton Centre.
- Some felt there was a need to improve communication between hospitals when a patient moves from hyper-acute (Aintree) to acute care. (Southport/Broadgreen)
- Some felt there was a need to look at the whole patient pathway as people without families would struggle when leaving hospital.
- Some commented that it was important to make sure staff can communicate appropriately and clearly with patients and families.
- Some felt that more help is needed following discharge – emotional/mental health in recovery – including support for younger age groups.

Theme 3. Ambulance Service

- Having enough ambulances and the time this takes to transfer patients from one hospital to another. (Multiple comments)
- Cost in money and transfer times for the ambulance service.
- Would these proposals put extra pressure on NWAS by increasing travel times for some patients and creating additional costs?

Q2. Is there anything else we haven't thought of?

Theme 1. Quality of information provided to residents about the proposal.

- One participant felt that here had been little engagement with Knowsley residents and there should have been more.

Theme 2. Reaction of staff to the proposal/staff related issues.

- A member of staff taking part in a session she previously felt that the care she and her team had been providing had been failing patients, but now she has been engaged in service change design she wholeheartedly agrees that the proposal will provide better care for patients.
- There were multiple questions about whether staff at Southport and the Royal Liverpool hospitals will still be skilled enough to recognise a typical stroke and organise for a patient to be transferred in good time to Aintree?

Theme 3. Holistic care of stroke survivors.

- This shouldn't be about saving lives but also improving lives – what are you doing about out of hospital care?
- You can't just 'fix' this bit of the journey – needs to think about rehabilitation – physical and wellbeing therapies. (Multiple comments)
- **Case Study** – Participant described how they had received excellent care initially out of hospital from the early discharge team – but this was only for 6 weeks and then nothing except remote online sessions with speech and occupational therapists.
- Look at the whole patient pathway as those people without families would struggle when leaving hospital.
- **Case Study** – Participant shared experience of being a family member of stroke survivor and the difficulties they faced when their mother was discharged from hospital. The bureaucracy and hassle that had to be gone through to make sure the patient was safe and getting the care and therapies she needed at home.
- Is there going to adequate provision for rehabilitation? Community services doesn't appear to be part of the future plans.

Theme 4. Economic issues

- How much is the Comprehensive Stroke Centre at Aintree going to cost and who is paying for it? (Multiple comments)

11.4 Summary

The findings from these engagement discussions highlighted and confirmed similar issues found in the results from the semi-structured questionnaire. A thematic analysis of the comments recorded by the moderator and summarised above identified five key themes:

- There is support for the concept of a Comprehensive Stroke Centre because it is believed it will improve patient care and experience.
- Support for the concept of a Comprehensive Stroke Centre is conditional upon associated and integrated services being able to support the new concept.
- Participants questioned the ability of the ambulance service to provide the appropriate level of service to get patients to the stroke centre in a timely manner.
- Participants also questioned the ability of the NHS to provide the appropriate rehabilitation services once the patient leaves the stroke centre.
- Staff members of the NHS raised a concern about the ability of the staff at Southport and the Royal Hospitals to recognise the symptoms of a stroke victim once key staff have been transferred to the new stroke centre.

APPENDICES

A. Audiences and Channels, Assets and Materials and Governance and Scrutiny.

Audiences and channels

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

Audience	**Proposed channel/method of communication and engagement**
Internal	
Governing bodies at Knowsley, Liverpool, Southport & Formby, South Sefton, and West Lancashire Clinical Commissioning Groups (CCGs)	• Papers shared with governing bodies about formation of Joint Committee of CCGs during late May/early June 2021 – completed • Each CCG communications team to share stakeholder briefing note (produced by NHS Liverpool CCG) ahead of consultation launch
Trust boards for Liverpool University Hospitals NHS Foundation Trust, Southport & Ormskirk Hospital NHS Trust, and The Walton Centre NHS Foundation Trust.	• Trust communications teams to share stakeholder briefing note ahead of consultation launch
Other trust boards in North Mersey	• Liverpool CCG to issue stakeholder briefing note ahead of consultation launch
Joint Committee of CCGs	• Joint committee to receive and approve consultation plan ahead of process getting underway (5 November 2021)
GP practices	• Each CCG to share toolkit copy on their own channels for communicating with GPs and practice staff (intranets, email bulletins, etc)
Staff involved in stroke services at LUHFT, SOHT and WCFT	• Each Trust to brief relevant staff (using single, consistent briefing) ahead of consultation getting underway • Where relevant, staff to be provided with information/materials to allow them to promote the consultation to

	patients, to encourage people to take part
Wider trust workforce	• Each trust to brief staff with copy from toolkit using their existing internal communications channels
CCG staff	• Each CCG to brief staff with copy from toolkit using their existing internal communications channels
NHS England/Improvement (NHSE/I)	• Updates have been provided through the NHSE/I assurance process • Regional communications colleagues to be kept informed about consultation plans and materials
External	
Stroke survivors and their families/carers	• Presentations at Stroke Association groups (whether face-to-face or virtual, depending on arrangements at time of consultation) • Information to be shared directly with local patients using Stroke Association channels • Direct letters to be sent to previous patients at LUHFT and SOHFT inviting them to share their views • When possible and appropriate, current patients to be made aware of consultation during virtual clinics.
General public	• Information (using copy from toolkit) on CCG/Trust websites, social media channels, and in email newsletters/briefings • Each CCG to encourage GP practices to share information using their websites, newsletters, and with patient participation groups • Information sharing through other local networks and organisations, including Healthwatch, VCSEs and housing associations • Press release issued to local/regional media – see below

Local authority scrutiny	• Consultation plan to be presented to joint Overview and Scrutiny Committee (OSC) for Knowsley, Liverpool, Sefton and West Lancashire ahead of process starting (11 November 2021)
Local authority executive teams and councillors	• Each CCG to share stakeholder briefing with its own local authority ahead of consultation launch
MPs	• Each CCG to share stakeholder briefing with its own MPs ahead of consultation launch
Steve Rotheram, Mayor of the Liverpool City Region	• Liverpool CCG to share stakeholder briefing ahead of consultation launch
Local voluntary, community and social enterprises (VCSEs)	• Each CCG to share stakeholder briefing with VCSEs ahead of consultation launch, in line with local briefing arrangements
Local Healthwatch organisations	• Joint briefing meeting for Healthwatch to be organised in advance of consultation launch • Healthwatch to be asked to share materials from consultation toolkit using their channels
The media	• Press release to be issued at start of consultation • Key clinicians offered up for interview

Assets and materials

Item	Details
Main consultation booklet – available for download from websites or as a printable document (can also be requested in paper copy – or an alternative language/format – by telephone)	Most of the content from the booklet will be available online, however for maximum accessibility we will pull it together into a document which can either be printed at home or requested via NHS Liverpool CCG.
Talking head videos	Short videos with key clinical spokespeople, explaining key issues and encouraging people to share their views, for use online and in patient areas where screens are available (including GP practice waiting rooms, where applicable).
Short slideshow overview video	High-impact content designed running through key issues.
Web-banners/graphics promoting consultation (to be produced in-house on request according to specific requirements)	Graphics that promote the consultation that can be used on CCG and trust websites.
Communications toolkit – pulling together web/newsletter copy, images, social media content, etc – to help partner organisations promote the consultation. Toolkit also to be shared with venues hosting roadshow visits.	Partner organisations – including local NHS Trusts, other public sector organisations such as local authorities and housing associations, and VCFSE organisations – can help support the consultation by sharing information on their internal and external communications channels. We will make this as easy as possible by compiling content into a toolkit.
Presentation for use at events/meetings	A PowerPoint presentation covering the key points of the consultation which can be used during online, including during local authority overview and scrutiny discussions, and as part of any group sessions for patients.

Governance and scrutiny

I. Project governance

The North Mersey Stroke Board was established to oversee the review of hyper-acute stroke services, which includes both clinical and non-clinical representatives from local CCGs and Trusts, as well as The Stroke Association. During the course of the review, the Board has received recommendations from the Clinical Reference Group (CRG) – a group of senior clinicians from each of the hospitals involved in the review – which have been informed by a series of stakeholder workshops about potential solutions for the future.

The North Mersey Stroke Board agreed the final proposal sent to the CCG Committees in Common (CIC). The CIC has agreed for the PCBC and public consultation plan to be presented to a joint committee of CCGs on 5 November 2022. The joint committee is made up of representatives from the governing bodies of each of the five CCGs and has delegated decision-making powers in relation to the hyper-acute stroke review.

II. Consultation governance

This consultation plan has been shared with the North Mersey Stroke Board, before being shared with the CCG Committees in Common. It is now being presented to the CCG Joint Committee for final approval ahead of the consultation starting.

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

III. Local authority scrutiny

CCGs must consult local authorities when considering any proposal for a substantial development or variation of the health service. The local authority may scrutinise such proposals and make reports and recommendations to the CCG, or referrals to the Secretary of State for Health.

This consultation plan will be presented to a joint Overview and Scrutiny Committee (OSC) for the relevant local authorities (Knowsley, Liverpool, Sefton and West Lancashire) for information and final input, once it has been approved by the joint CCG Committee. The public consultation will launch shortly after this step.

Once the consultation has concluded, and the consultation report is finalised, it will be presented back to the joint OSC to help inform the scrutiny process.

Responding to enquiries

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

Analysis and reporting

This proposal would represent a significant change, reflected in the fact that a clinical senate was asked to carry out a review of the pre-consultation business case, and it is important that the public consultation findings are robustly analysed to produce a final report. The public consultation report will be produced by an external organisation, as has been the case for other large-scale public consultations, such as orthopaedics and ear, nose & throat (ENT) in 2017.

Evaluation

Although the report referenced above will provide commentary on the overall number of responses, and the routes through which people heard about and took part in the exercise, we will also seek to evaluate throughout the 12-week consultation period. By monitoring which methods and channels are most effective – as well as where there might be gaps in our demographic reach – we will seek to maximise responses to

the consultation while it is still live. For example, if the direct letter to previous patients generates good engagement with the consultation, we will explore the possibility of re-running this in early 2022 using the most recent data. Similarly, if the virtual events being planned for early December 2021 are well-received, we will schedule further dates.

Roles and responsibilities

NHS Liverpool CCG is leading public consultation activity by developing this plan and producing central resources such as the consultation survey, working in close partnership with the other CCGs whose patients use North Mersey stroke services, and the trusts involved.

NHS Liverpool CCG will develop a specific plan for engaging with its own population, based on internal requirements and processes, taking the pre-consultation equality analysis into account and any requirements identified for specific groups. This plan will reflect the aims and activity set out in this overarching plan and will be shared with other CCGs for them to adapt and adopt for their own area, as required. Each CCG will be responsible for delivering against its own local processes and requirements (for example, presenting to engagement groups).

NHS Liverpool CCG is developing core materials and content (such as text for patient leaflets, website articles and stakeholder briefings), but each CCG will be responsible for using this to engage with their own population. There will be a single, co-ordinated consultation process, with delivery at a local CCG level.

NHS Liverpool CCG will host a single questionnaire using the SmartSurvey system. Respondents will be asked to indicate which CCG area they live in, so that the data can be separated out during analysis (although it will be used to develop a single report).

Staff engagement

Staff engagement has been a key strand running throughout the review. Although the public consultation itself will be aimed at the local population, it will be important to ensure that staff are fully briefed and understand the process. Individual Trusts (Liverpool University Hospitals, Southport & Ormskirk Hospitals, and The Walton Centre) will be responsible for communicating with their staff about the consultation, as well as continuing to engage with them about the wider review programme.

B. Main Consultation Questionnaire

Improving hospital stroke care

Share your views about creating a Comprehensive Stroke Centre at Aintree University Hospital

Introduction

A stroke is a life-threatening condition that happens when the blood supply to part of the brain is cut off by a blood clot or bleeding from a blood vessel. Strokes are a medical emergency and urgent treatment is essential. The sooner you are treated, the better your chance of recovery.

The term 'hyper-acute' means the hospital care provided in the 72-hours immediately after a stroke happens. After this, you move to either acute stroke care or rehabilitation in hospital, or go home to continue your recovery.

The NHS in Knowsley, Liverpool, South Sefton, Southport & Formby and West Lancashire has been looking at how it can improve local hyper-acute stroke care.

Between 22 November 2021 and 14 February 2022, we are holding a public consultation about proposals for a Comprehensive Stroke Centre at Aintree University Hospital, which would bring together the hyper-acute care currently provided at Aintree, the Royal Liverpool, and Southport hospitals.

We would encourage you to read the consultation booklet before completing the semi-structured questionnaire, you can find this at https://www.liverpoolccg.nhs.uk/stroke

Confidentiality Statement

NHS Liverpool CCG is coordinating responses on behalf of the local NHS for this consultation. Your responses to these questions are anonymous - we don't link this information with any that identifies you. Your data will be treated confidentially and stored in accordance with Data Protection law and NHS Liverpool CCG's Privacy Notice. You can read NHS Liverpool CCG's Privacy Notice at https://www.liverpoolccg.nhs.uk/privacy-policy/

If you would like us to keep in touch with you about this consultation and other news from the local NHS, please sign up to our mailing list https://www.liverpoolccg.nhs.uk/get-involved/sign-up-to-receive-updates/ or call 0151 247 6406 or text 07920 206386.
The survey should take about ten minutes to complete.
Any questions marked with a * are must answer questions. Thank you.

1. Please tell us your postcode

(We will only use this information to help us analyse our consultation responses – we will not contact you or pass this on to third parties) *****

Please choose which area you live in from the list below: *****

- [ ] Knowsley
- [ ] Liverpool
- [ ] Southport & Formby
- [ ] South Sefton
- [ ] West Lancashire
- [ ] None of the above

3. Please tell us about your interest in stroke services. (Tick as many as apply) *****

Public and Patient

- [ ] I have used/am using stroke services at Aintree University Hospital
- [ ] I have used/am using stroke services at Broadgreen Hospital
- [ ] I have used/am using stroke services at the Royal Liverpool University Hospital
- [ ] I have used/am using stroke services at Southport Hospital
- [ ] Someone close to me is using/has used stroke services at Aintree University Hospital
- [ ] Someone close to me is using/has used stroke services at Broadgreen Hospital
- [ ] Someone close to me is using/has used stroke services at the Royal Liverpool University Hospital
- [ ] Someone close to me is using/has used stroke services at Southport Hospital
- [ ] I am interested in stroke services, but I haven't had experience of them.

Professional (if you work for NHS Liverpool University Hospital Foundation Trust, please choose your main site from Aintree, Broadgreen, and the Royal)

- [ ] Aintree University Hospital
- [ ] Broadgreen Hospital
- [ ] Royal Liverpool University Hospital
- [ ] Southport Hospital
- [ ] The Walton Centre
- [ ] A clinical commissioning group (CCG)
- [ ] A GP practice
- [ ] I work with people who use stroke services (but I don't work in/for the NHS)
- [ ] Other (please specify):

We need your help improving hospital stroke care.

4. Do you think that the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke? (Choose one) *****

- [ ] Yes (please go to Question 6)
- [ ] No
- [ ] Partly
- [ ] I'm not sure

We need your help improving hospital stroke care.

5. Do you think there is a better potential solution which we haven't already considered?

- [ ] Yes
- [ ] No
- [ ] I'm not sure

If yes, please say what this is and why it should be considered

6. Do you think this proposal could be improved?

- [ ] Yes
- [ ] No
- [ ] Partly
- [ ] I'm not sure

7. Is there any information you feel we did not consider in arriving at proposals? If yes, please explain

- [ ] Yes
- [ ] No
- [ ] Don't know

If yes, please explain.

8. The proposed changes would mean that some people would be treated at a hospital that was further away from the one they might be treated at now. How would you feel about this?

- [ ] I would be ok with this if it meant people were getting the best care
- [ ] I wouldn't be ok with this
- [ ] I'm not sure

9. Is there anything about this proposal which you feel could have a negative effect on you, or would put you at a disadvantage compared with other people? If yes or partly, please explain.

- [ ] Yes
- [ ] No
- [ ] Partly

If yes or partly, please explain.

10. Please use this box to share any new or additional information you think we should consider before making a final decision about the future of local hyper-acute stroke services.

11. Where did you hear about this public consultation?

- [ ] I received a letter from the hospital where I (or the person I care for) received stroke care
- [ ] I was sent an email about it

- [ ] Social media (Facebook, Twitter, etc)
- [ ] NHS website (for example, a CCG or hospital trust website)
- [ ] Through the Stroke Association
- [ ] Other (please specify):

Equality Monitoring Questions

These questions will help us make sure that we offer services to everyone in our diverse communities. We also have to ask these questions as part of our duty under the Equality Act 2010.

However you do not have to answer them if you don't want to.

Thank You.

12. Are you happy to complete the section 'About You' to help us better understand who we are reaching? *****

- [ ] Yes
- [ ] No

6. About You

13. What is your age group?

- [ ] Under 18
- [ ] 18-25
- [ ] 26-44
- [ ] 45-64

- [ ] 65-75
- [ ] Over 75

14. Do you have a disability?

This is any physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities.

- [ ] Yes
- [ ] No

15. If you do have a disability, please tell us more about it:

- [ ] Physical disability
- [ ] Learning Disability
- [ ] Mental health condition
- [ ] Long term illness that affects your daily activity or progressive condition (for example, cancer, multiple sclerosis, HIV)
- [ ] Sight Loss / Blind / Partially sighted
- [ ] Hearing Loss / Deaf
- [ ] Other (please specify):

16. Are you pregnant or have you had a baby in the last 12 months?

- [ ] Yes
- [ ] No

17. What is your religious belief?

- [ ] No religion
- [ ] Buddhist
- [ ] Christian
- [ ] Jewish
- [ ] Hindu
- [ ] Muslim
- [ ] Sikh
- [ ] Other (please specify, if you wish):

18. Which of the following best describes your ethnicity?

Asian or Asian British:

- [ ] Bangladeshi
- [ ] Chinese
- [ ] Indian
- [ ] Pakistani
- [ ] Other Asian background

Black or Black British:

- [ ] African
- [ ] Caribbean
- [ ] Other Black background

Mixed Ethnic Background:

- [ ] Asian & White
- [ ] Black African & White
- [ ] Black Caribbean & White
- [ ] Chinese &White
- [ ] Other Mixed background

White:

- [ ] British
- [ ] Irish
- [ ] Polish
- [ ] Latvian
- [ ] Romanian
- [ ] Bulgarian
- [ ] Gypsy / Traveller / Roma
- [ ] Other White background

Other Ethnic Group:

- [ ] Arabic
- [ ] Latin American
- [ ] Other (please specify, if you wish):

19. Which of the following best describes your sexual orientation?

- [ ] Asexual

- [ ] Bisexual
- [ ] Gay man
- [ ] Gay woman / Lesbian
- [ ] Straight / Heterosexual
- [ ] I'm not sure
- [ ] Other (please specify, if you wish):

20. What is your sex?

- [ ] Female
- [ ] Male
- [ ] Intersex
- [ ] Other (please specify, if you wish):

21. Which of the following best describes how you think of your gender identity?

- [ ] Female
- [ ] Male
- [ ] Transgender
- [ ] Other (please specify, if you wish):

22. Have you gone through, or are you intending to go through, any process to change from the sex you were assigned at birth to the gender you identify with?

(This could include changing your name, or wearing different clothes, or taking hormones or having any gender reassignment surgery)

- [ ] Yes
- [ ] No

You have completed this survey!

Thank you for taking the time to answer this survey.

If you are interested in taking part in an online focus group to share more information about your views, please email csc.consultation@nhs.net with the subject line 'Online Focus Group'.

Thank you for reading

You can request this report in a different language or format by emailing **liverpool.involvement@nhs.net**, calling **(0151) 247 6406** or texting **07920 206 386**.

Cheshire and Merseyside
Health and Care Partnership

Finance and resources sub-committee

Key risks and issues report

Of the meeting held on 12th May 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 risks and issues arising from the meeting held on 12th May 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
Q1 2022/23 annual report	The committee were concerned about the expectation that a Q1 annual report and accounts would be due to be published in Q2 of 2022/23. Clarity is required on how this is to be approached and accounts and supporting documents signed off, guidance awaited from NHSE.		JC to provide additional clarity on how this is to be achieved to enable F&R members to create local arrangements now to support future sign off by ICB.	June 2022
Financial challenges and stretch targets 2022/23	The committee acknowledged the significant financial challenge faced by the system in 2022/23.			
Internal and external audit	The committee would like to alert the joint committee that there remains uncertainty about internal and external audit requirements.			

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

Issue	Committee update	Assurances received	Action	Timescale
Workforce dashboard	The committee received a consolidated C&M workforce dashboard	Each CCG has reserved workforce responsibilities and accountabilities to internal existing or newly established legacy committees. Any actions required to discharge CCGs duties are taken at CCG level.	None	

ASSURE (issues for which the committee has received assurances)				
Issue	**Committee update**	**Assurances received**	**Action**	**Timescale**
Statutory financial duties	Each CCG is required to deliver statutory financial targets in 2021/22. The committee received a summary of the delivery of those targets as at M12, 31st March 2022 and confirmed that: All CCGs have worked collectively to submit and deliver breakeven plans for H2 2021/22. Of the £68.7m of financial risk associate with these plans, £68.7m has now been mitigated, maintaining the M11 position ensuring that all CCGs achieved at least a break-even position.		JC to note that the 2021/22 financial statutory duties have been met.	

Cheshire and Merseyside
Health and Care Partnership

Quality Sub-Committee

Key issues and risk report

10th May 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 May 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
Risk report	Following review of all CCG quality risks via a task and finish group led by Dr Andy Davies, a report was presented which outlined whether risks were considered to be place level, place plus (for reporting to the subcommittee) or for escalation to the Joint Committee. The risks that were recommended for escalation to the Joint Committee were associated to the following areas: - Consultation process relating to the Eastern Sector Cancer Hub - Mental health service provision for children and young people - Elective recovery and routine demand in primary and secondary care - Implementation of the delayed Liberty Protection Safeguards (after CCG close down) - Delivery of the continuing healthcare function and compliance to the statutory framework - Potential failures to comply with various performance targets - Gaps in workforce in various areas across healthcare providers	Risks identified for place plus aligned to the subcommittee workplan Some of the areas highlighted for escalation to the Joint Committee are already included on the future agenda of the committee	Joint Committee to consider and agree the agenda items required for the next meeting of the committee via cross reference to the areas identified by the Quality Sub-Committee	23rd May 2022

ADVISE (general update in respect of ongoing monitoring where an update has been provided)				
Issue	**Committee update**	**Assurances received**	**Action**	**Timescale**
Workplan	The updated workplan was presented which reflected all agreed changes to the scheduling of reports. It was noted that the workplan reflected items in July, but only in case the new arrangements were not ready to be implemented	Subcommittee members agreed that the workplan reflected ongoing discussions	Workplan to continue to reflect the ongoing work of the sub committee up to June 2022	14th June 2022
Risk report	Following the presentation of the report alluded to in the 'alert' section, the quality sub-committee members were satisfied that the areas highlighted for oversight by the sub-committee were relevant and captured in the workplan. One area that was agreed to be included in the next safeguarding update was in relation to staffing capacity. An update on this will be provided in June 2022. In addition, it was agreed that updates would be provided at the next meeting relating to the high waiting lists for autism spectrum disorder (ASD) and eating disorder services and also the services available across the system for attention deficit hyperactivity disorder (ADHD)	Subcommittee members agreed that the report reflected risks at the appropriate level and that further work was required to 'sanitise' the register	All CCGs to review their risk registers and ensure closure where relevant, rescore in line with the same risk matrix and consider arrangements for risk at a local level Further discussion to take place at the Chief Nurse meeting on 18/05/22 regarding oversight of ADHD, ASD and eating disorder services	14th June 2022 18th May 2022

ASSURE (issues for which the committee has received assurances)				
Issue	**Committee update**	**Assurances received**	**Action**	**Timescale**
Development of Engagement Strategy	A presentation and update was received from Jonathan Taylor on the ongoing work related to the development of the engagement strategy. The documents highlighted the process, requirements, approach, and key principles and how work will develop through to the Integrated Care System (ICS).	Assurance provided on the engagement exercise to date	Strategy to continue to be developed up to 27th May 2022	27th May 2022
Serious incidents (including never events) and patient safety update	A verbal update was provided on the ongoing work to deliver a single model across Cheshire and Merseyside.	Task and finish group coming together to consider this work but not yet agreed	Further update to the next meeting	14 June 2022
Patient experience	A verbal update was provided about the work associated with the collation of patient experience which aligned to the corporate reception task and finish group for many areas.	Work is underway to ensure appropriate arrangements are in place for 01 July	Update to be provided as this work progresses	Ongoing
System Surveillance Group report	An update report was provided on the progress to date. The Quality Surveillance Group (QSG) will cease to meet, and the new Cheshire & Merseyside System Quality Group (SQG) will be formed. Terms of Reference are expected to be approved in June 2022	Update on progress and planned arrangements going forward	Ongoing	14 June 2022

C&M Transforming Care Programme Board	The Board has not met since the last quality sub-committee meeting	N/A	Ongoing	14 June 2022
C&M All Age Continuing Care Programme Board	An update report was provided which detailed the ongoing work in CHC and also updated on a workgroup set up to review how personal health budgets (PHBs) will be aligned going forward. An update on performance and any backlog of reviews was also given with a risk identified in relation to workforce	Update on progress and planned arrangements going forward	Ongoing	14 June 2022
C&M LMS Assurance Board and Ockenden Report updates	An introduction was given which highlighted the issue during transition to ICS regarding lack of clarity of roles and responsibilities between regional, national, commissioning bodies and LMS and the governance around this and getting the accountabilities right. A review is being carried out for programmes of work associated with this. Discussion took place about the need to ensure an Accountable Officer from the ICS would need to be linked in to the LMS and that this could potentially be the Director of Nursing. It was ascertained that Marie Boles has oversight currently of this area.	Data was provided via in relation to organisations although acknowledged that this was out dated as was from last year	Ongoing	14 June 2022

Cheshire and Merseyside
Health and Care Partnership

Performance Committee

Issues and risks report

17th May 2022

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

Issues and risks arising from the meeting held on 17th May 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
Mental Health Performance & CWP data Mental Health performance indicators are in the bottom third nationally and this is being exacerbated by lack of availability of data in relation to Cheshire and Wirral Partnership NHS Foundation Trust (CWP) data migration.	Issue escalated to Joint Committee in April 2022 with a recommendation to evaluate the development of a risk for the Joint Committee.	Performance Committee received a summary of risk management in relation this issue at Cheshire CCG. (Agenda item A8 – Appendix 1) Committee was assured that risk is being appropriately managed at Cheshire CCG and joint work with Wirral CCG and therefore is not recommending inclusion on the Joint Committee risk register.	Performance Committee will receive an update from NHS Cheshire CCG through their Issues and Risks summary.	June 2022
Elective Recovery Programme	Issue escalated to Joint Committee in April 2022 with a recommendation to evaluate the development of a risk for the Joint Committee.	Performance Committee received a summary of risks being managed by the Elective Recovery & Transformation Programme (Agenda item A8) Committee was assured that risk is being appropriately managed by the Elective Recovery Programme Board and therefore is not recommending inclusion on the Joint Committee risk register.	Committee will continue to receive updates on progress, recognising that beyond 1/7/22 monitoring of the Elective Recovery programme will be undertaken through ICB governance structures.	June 2022
Cancer Referrals	Issue escalated to Joint Committee in April 2022 with a recommendation	Performance Committee undertook a deep dive as per	Cancer Alliance in advanced discussions with ICB in relation to	N/A

	to evaluate the development of a risk for the Joint Committee.	the committee workplan and received a summary presentation from the Managing Director of the C & M Cancer Alliance. Principle issues are in relation to 62 day waits and in particular for lower GI. 2 week referrals are less of an issue. Committee was assured that there are appropriate governance arrangements to manage risks by the Cancer Alliance Programme Board and therefore is not recommending inclusion on the Joint Committee risk register.	continued visibility and management of cancer pathways post ICB establishment.	
Workforce capacity	Committee noted the continued impact of workforce capacity, both in terms of vacancies and sickness absence.	Local monitoring systems in place with any risks included on CGG risk registers.	Committee will continue to monitor via Performance Pack which will be expanded to include vacancy data.	June 2022
Community Waiting Times	Committee noted an emerging issue of increasing waits for community provided services, potentially impacted by ongoing workforce issues. It was noted that this is a contributing factor to pressure on urgent care services.	CCG Performance Leads will analyse the local positions to understand issues further.	CCGs to monitor via local contract monitoring and escalate to committee in June 2022 if required	June 2022

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

Issue	Committee update	Assurances received	Action	Timescale
Learning Disability/Autism Annual Health Checks	Committee undertook a deep dive as per the committee workplan and received a report from the LD/Autism Lead for C & M.	Committee provided with performance summary along with improvement actions being progressed or planned.	Continued monitoring via local DES scheme.	Ongoing

Severe Mental Illness – Annual Health Checks	Committee undertook a deep dive as per the committee workplan and received a report from the SMI lead for C & M.	Committee provided with performance summary along with improvement actions being progressed or planned.	Continued monitoring via local QAF scheme.	Ongoing
Urgent Care pressures	Committee noted the continued pressure on the Urgent Care system across C & M and in particular the declaration of OPEL 4 by St Helens & Knowsley NHS Foundation Trust in April 2022.	CCGs working with local providers to manage on going issues.	Continued monitoring via Integrated Performance Pack.	Ongoing
Liverpool University Teaching Hospitals NHS Foundation Trust.	Committee noted that the new hospital on the Royal Liverpool Hospital site is due to open in Autumn 2022.	Programme has appropriate governance in place to manage issues and risks.	Advisory only.	n/a

ASSURE (issues for which the committee has received assurances)

Issue	Committee update	Assurances received	Action	Timescale
Assurances summarised in sections above.				

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

24th May 2022

Agenda Item: C4

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

Purpose	Approve		Ratify		Decide		Endorse		For information	✓

Decision / Authority Level	Level One	✓	Level Two		Level Three	

Executive Summary

This report provides an overview of the Directors of Commissioning Group that took place on Monday 9th May 2022.

Recommendations

The Joint Committee is asked to:

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

Committee principles supported by this report *(if applicable)*

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

Cheshire & Merseyside HCP Strategic objectives report supports:

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

Key Risks & Implications identified within this report

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

Conflicts of Interest Consideration and mitigation:	Joint Committee members will be required to declare any conflict of interest pertinent to this paper.

Link to Committee Risk Register and mitigation:	N/A

Report history:	Regular report updated monthly.
Next Steps:	Working group to continue activity outlined in the approved work plan and to develop recommendations to the Joint Committee based on these items.
Appendices:	N/A

Commissioning Working Group (DoC) Update Report

1. Introduction

1.1 The Cheshire and Merseyside Commissioning Working Group met on 9th May 2022 since the last meeting of the Joint Committee. This report provides an overview and some items for noting by the Joint Committee following discussions at the meeting.

2. Business

3.1 **Virtual Wards Expansion**

Geraldine Murphy-Walkden (Programme Director) presented a detailed overview of the Virtual Wards expansion programme. The group were appraised of the proposed funding arrangements of the two-year programme (nationally £200m – C&M fair share is £9.8 million this year, and then a fair share of £250m allocation will follow in the second year). At the end of this period continued funding will become the responsibility of the local system.

The ask is for all systems to stand-up this service by December 2023 to cover 40-50 virtual beds per 100,000 population. In theory, the starting position is approximately 230 beds which are currently under-utilised. From a clinical perspective the minimum is to cover frailty and acute infections. At scale, there is already a virtual ward which continues to operate at relatively low numbers. The request has been made for an ICS level plan to set out the model by 20th June 2022 which will need to pass two gateways – (1) National and Regional Team will review the model by 6 June and (2) submit to the National Team by 20 June for review. There is no guarantee the full funding allocation will be received as it is dependent on the credibility of the plan for delivery from December 2022.

Funds the following year will depend on delivery, the first test is for the ICS to develop an integrated pathway to be monitored on a quarterly basis for assurance and workforce expansion. The pathway comprises elements of local and at scale delivery based on experience.

There are five elements of the pathway:

1) Case finding – local responsibility
2) Digital Buddy service – to be stood up for supply of equipment, training to support patients in the use of equipment, return and decontamination.
3) Clinical oversight – led locally with clinical supervision 24/7. At scale, a rota for virtual wards may be considered (potentially different providers for Respiratory and Frailty and other specialisms included).
4) Remote monitoring – remote monitoring and clinical reviews at scale (hubs)
5) Face to face review – linked to services locally.

The group acknowledged receipt of the invite to the C&M Briefing Virtual ward expansion session on Wednesday 11 May, the purpose of which was for the ICS Plan Level model to be presented and make a request for each Place Director to nominate a Lead to help produce the information for the ICS templates (narrative/staffing/financial).

Whilst the focus of the programme has been at scale provision on early supported discharge to date, admission avoidance is also in scope.

The group acknowledged there is a business case for the pilot delivered by Liverpool Heart & Chest Hospital and Mersey Care NHS Foundation Trusts with costs being developed for delivery up to the required total volume of 1035 virtual beds. This information is expected to be available by mid-May.

3.2 **Sleep Service**

Carl Marsh (Warrington) provided an update of the challenges faced in Warrington owing to Trusts in the wider area closing Sleep Services due to pressures. As such, Warrington & Halton Hospital (WHH) is looking to close its Sleep Service to patients outside of the Warrington and Halton geography.

This issue has been addressed for the Liverpool University Hospitals (LUH) sleep service in recent months due to the closure of Lancashire Teaching Hospital and restrictions at Blackpool. As a result, sleep referrals to LUH have been restricted to within the wider Cheshire & Mersey boundary. An action was taken by the Liverpool CCG team to confirm how many services are active on the ERS system within the C&M footprint.

It was agreed that the vulnerable services process should be followed for this service with actions to be followed up following the meeting. Further work will be undertaken regarding follow-ups as some report of issues had been received regarding access to equipment and support for sleep apnoea and CPAP. A better understanding of the various sleep services and location is required to ensure appropriate support is available once discharged from diagnosis and initial treatment. Liverpool, Warrington and Halton teams will progress these actions. It was noted that no significant issues are being reported in Cheshire at this time.

Reference was made to the ‘Sleep Station’ organisation that has an NHS standard contract with Newcastle and is looking to provide services to GPs. Warrington CCG has been in contact with Newcastle CCG to ascertain whether they have a contract but there has been no response to date.

3.3 **Asylum Seekers and Refugees**

The group acknowledged that the Programme Lead (Clare Mahoney) at NHS Liverpool CCG has been tasked with taking this work forward and agreed for Clare to co-ordinate a wider Cheshire & Mersey group around Asylum Seekers and Refugees to share good practice, support and standardise approaches where possible.

3.4 **Improving Access to Psychological Therapies (IAPT)**

Richard Burgess (Cheshire) appraised the group of the significant amount of work that has taken place in terms of the long-term plan. It was acknowledged that delivery of the access standard is particularly challenging owing to the high numbers involved but good progress is being made.

3.5 **Co-development Pre-Delegation Assessment Framework (PDAF) and System Readiness Assessment**

Roz Jones (NHSEI – Specialist Commissioning) provided a high-level overview of the phased process for co-development of the pre-delegation assessment framework and system readiness ahead of specialised commissioning responsibilities shifting next year. A three-phased approach to system readiness is being deployed ahead of any delegation of commissioning responsibilities for a portion of the specialised services portfolio into the Integrated Care System from April 2023.

Phase 1: May to July – national development of the guidance around the engagement and co-production. Andrew Bibby will be meeting with Clare Watson towards the end of May to outline the process. The timescales have been pushed back to 11 May (initially 6 May) for publication of the direct commissioning functions road map and list of services deemed suitable. No templates have been shared to date.

31 July – PDAF, System readiness proforma/guidance to be published and shared with regions/ICBs. Whilst some aspects of the framework are generic to cover multi-ICBs, other parts will be individual to each ICB.

Phase 2: August – November – Co-production of PDAF, single site readiness assessment.

Phase 3: December to February – National Decision-making phase. Mid-December National Moderation panel followed by the NHS Board (2 February 2023) to agree which services will be delegated by April 2023

4. Recommendations

4.1 The Joint Committee is asked to:

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

Access to further information

For further information relating to this report contact:

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

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

24 May 2022

Agenda Item C5

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

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

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

Summary

This summary reports provides Committee members with details of any decisions undertaken since the last meeting of Joint Committee in April 2022 by the Governing Bodies of the nine Cheshire and Merseyside CCGs on areas which have not been delegated to the Joint Committee.

Agendas and papers Considered by the Governing Bodies can be accessed via the enclosed links within this paper.

It should be noted that not all Governing Bodies have met in public since the last meeting of the Joint Committee or have met prior to the publication of this paper.

Recommendations

The Joint Committee is asked to:

- **Note** the decisions made at meetings of the Cheshire and Merseyside CCGs Governing Bodies.

Consideration for publication

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

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

Committee principles supported by this report *(if applicable)*

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

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

Key Risks & Implications identified within this report

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

Authority to agree the recommendation:	
Have you confirmed that this Committee has the necessary authority to approve the requested recommendation?	Yes
If this includes a request for funding, does this Committee have the necessary delegated financial authority to approve it?	n/a
If this includes a request for funding, have the Directors of Finance confirmed the availability of funding?	n/a

Conflicts of Interest Consideration and mitigation:	n/a
Link to Committee Risk Register and mitigation:	n/a
Report history:	This is the third time that this report has been received by the Joint Committee.
Next Steps:	n/a
Responsible Officer to take forward actions:	Fiona Taylor

Consolidated Cheshire and Merseyside CCGs Accountable Officers Report

1. Introduction

1.1 This summary reports provides Committee members with details of any decisions undertaken since the last meeting of Joint Committee in April 2022 by the Governing Bodies of the nine Cheshire and Merseyside CCGs on areas which have not been delegated to the Joint Committee.

1.2 Agendas and papers Considered by the Governing Bodies can be accessed via the enclosed links within this paper.

1.3 It should be noted that not all Governing Bodies have met in public since the last meeting of the Joint Committee or have met prior to the publication of this paper.

2. Decisions undertaken at CCG Governing Body meetings

NHS Cheshire CCG

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

In addition to the Governing Body agreeing previous meeting minutes and noting a number of assurance reports, the Governing Body of NHS Cheshire CCG made the following decisions:

- **Approval** of revisions to the CCGs Scheme of Reservation and Delegation.

NHS Halton CCG and NHS Warrington CCG

The Governing Bodies of NHS Halton CCG and NHS Warrington CCG met on the 11 May 2022. The Agenda and Papers can be found at: https://www.haltonwarringtonccg.nhs.uk/about-us/publications/1977-2022-05-11-extraordinary-governing-body-agenda-papers/file

In addition to both Governing Bodies agreeing previous meeting minutes the Governing Bodies of NHS Warrington CCG and NHS Halton CCG made the following decisions against the following items:

- NHS Warrington CCG **approved** the CCGs Financial Plan. The Governing Body of NHS Halton CCG was not quorate on the day. Members present approved but a further meeting was to be scheduled to seek approval of the Governing Body
- **Noted** the Update report on due diligence, transition and close-down of both CCGs.

NHS Knowsley CCG

No Meeting has occurred since the last meeting of the Joint Committee and prior to May Joint Committee meeting. The next meeting is scheduled for the 16 June 2022.

NHS Liverpool CCG

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

NHS South Sefton CCG

No Meeting has occurred since the last meeting of the Joint Committee and prior to May Joint Committee meeting. The next meeting is due to take place on the 2 June 2022.

NHS Southport and Formby CCG

No Meeting has occurred since the last meeting of the Joint Committee and prior to May Joint Committee meeting. The next meeting is due to take place on the 1 June 2022.

NHS St Helens CCG

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

NHS Wirral CCG

The Governing Body of NHS Wirral CCG met in public on 10 May 2022. The Agenda and Papers can be found at: https://www.wirralccg.nhs.uk/media/9648/governing-body-agenda-pack-10th-may-2022-public.pdf

In addition to the Governing Body agreeing previous meeting minutes and noting a number of assurance reports, the Governing Body of NHS Cheshire CCG made the following decisions:

- **Endorsed** the CCGs 2022/23 Financial Plan
- **Approved** the CCGs Governing Body Assurance Framework.