

Date	26 October 2021
Time	1.40pm – 3:30pm
Venue	MS TEAMS – CLICK HERE

Meeting of the Joint Committee of the Cheshire and Merseyside CCGs

held in public (virtual meeting)

A G E N D A

Chair: 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	
1.40pm	A	PRELIMINARY BUSINESS				
	A1	Welcome, Introductions, Committee Chair Opening remarks	Chair	-	Verbal	
	A2	Apologies for absence	Chair	-	Verbal	
	A3	Declarations of Interest <i>(Committee members are asked to declare if there are any declarations in relation to the agenda items or if there are any changes to those published in the Committees Register of Interests)</i>	Chair	For assurance	Verbal	
	A4	Minutes of previous meeting	Chair	For approval Level 1	Paper (page 12)	
	A5	Committee Action and Decision Logs	Chair	For information	Paper (page 21)	
	A6	Committee Forward Plan	Chair	For information	Paper (page 24)	
	A7	Advanced notice of any other business to be raised at today's meeting	Chair	-	Verbal	
	A8	Public Questions	Chair	-	Verbal	
1.55pm	B	HEALTH & CARE PARTNERSHIP UPDATE				
	B1	Update from the Chair of the Cheshire & Merseyside HCP	David Flory	For information	Verbal	
2.00pm	B2	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Dianne Johnson	For information	Paper & Verbal (page 25)	

2.10pm	C	COMMITTEE BUSINESS ITEMS			
2.10pm	C1	Cheshire& Merseyside CCGs Joint Committee - Commissioning Sub-Committee draft Terms of Reference	David Horsefield	<i>For approval Level 1</i>	<i>Paper (page 43)</i>
2.20pm	C2	Cheshire and Merseyside Core Military Veterans Service	Simon Banks	<i>For approval Level 1</i>	<i>Paper (page 55)</i>
2.35pm	C3	Cheshire and Merseyside Specialist Weight Management Services	Nesta Hawker	<i>For Information</i>	<i>Paper (page 60)</i>
2.50pm	C4	Update from the Cheshire and Merseyside CCGs Directors of Commissioning meeting <ul style="list-style-type: none"> October 2021 	David Horsefield	<i>For Information</i>	<i>Paper (page 66)</i>
2.55pm	D	CHESHIRE & MERSEYSIDE SYSTEM UPDATE			
	D1	C&M Month 6 System Finances Update	Keith Griffiths	<i>For Information</i>	<i>Paper (to follow)</i>
3.10pm	D2	C&M System Performance Update	Anthony Middleton	<i>For Information</i>	<i>Verbal</i>
3.25pm	AOB	Discussion on any items raised	All		
3.30pm	CLOSE OF MEETING				
DATE AND TIME OF NEXT MEETING		23 November 2021 1pm – 3.15pm			



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

(Updated 14 October 2021)

Name	Current Position & CCG	Declared Interest	Declared Interest			Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (if applicable)	
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest						
Geoffrey Appleton	GB Member St Helen's CCG	1. Voluntary sector Champion: Ambassador for Workers Education Association.			X	Direct	Jan 2015	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings.	Joined 20 July 2021	
		2. Member of a voluntary sector board: Governor, Cowley International College, St Helens.			X	Direct	May 2010	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings		
		3. Member of a voluntary sector board: Trustee, Liverpool Cathedral - meetings once a quarter.			X	Direct	2008	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings		
		4. Member of a voluntary sector board: Trustee, Cheshire Young Carers.			X	Direct	Nov 2016	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings		
		5. Member of a voluntary sector board: Trustee at Athenaeum, Liverpool.			X	Direct	July 2017	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings		
		6. Member of a voluntary sector board: Trustee on board of Oliver Lyme Trust, Prescot, Liverpool - Charity with aim to keep people in their own homes. 1 x formal meeting per year.			X	Direct	April 2018	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings		
		7. Chair of East Cheshire Safeguarding Adults Board, 2 days per month. Advisory.		X			Direct	Sept 2017	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		8. Committee Member for Appointment of Magistrates in Cheshire & Merseyside - 2 days a month, unpaid.		X			Direct	March 2020	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		9. Lay members of the Lord Chancellor's Advisory Committee for the appointment of magistrates for Cheshire and Merseyside- 2 days a month, unpaid.		X			Direct	Dec 2020	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		10. Interim Independent Chair of St Helens ICP Board.		X			Direct	April 2021	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
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	

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			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest					
		2. Son is Apprentice Paralegal with Stephensons Solicitors LLP working in clinical negligence team.			X	Indirect	01/03/2021	Ongoing	Declared in line with conflicts of interest policy	
		3. Sister in Law is employed by Leso Digital Health, a provider of online Cognitive Behavioural Therapy (CBT) to the NHS		X		Indirect	15/06/2020	Ongoing	Interest declared and would be managed if conflict arose.	
Dr 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	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

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			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest					
	Commissioning Group									
		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
		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	

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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
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
		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			X	Direct		Ongoing	Declare as and when appropriate	

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)
		Change programme								
Martin McDowell	Chief Finance Officer NHS South Sefton CCG and NHS Southport and Formby CCG	1. 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.	

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)
Mark Palethorpe	Accountable Officer St Helen's CCG	1. 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
		2. Sister in law works for NHS Cheshire CCG as a project manager			X	Indirect	October 2015	Ongoing	Declare as appropriate.	
		3. 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 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 your son's employment 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.	

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			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest					
		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	
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.	

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		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.	
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

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

Revisions history:

Draft Minutes (Public)

Meeting Name: Joint Committee (Held in Public)
Meeting Date/Time: 28th September 2021 at 2.00 pm **Venue:** Microsoft Teams
Chair: Dr Andrew Wilson, NHS Cheshire CCG

Attendance			
Name		Job Title	Organisation
Voting Members			
Dr Andrew Wilson	AW	Clinical Chair	NHS Cheshire CCG
Geoffrey Appleton	GA	GB Lay Member	NHS St Helen's CCG
Mark Bakewell	MB	Chief Finance and Contracting Officer	NHS Liverpool CCG
Dr Sue Benbow	SB	Secondary Care Doctor Representative	NHS Knowsley Clinical Commissioning Group
Dr Rob Cauldwell	RC	Clinical Lead	NHS Southport & Formby CCG
Mike Chantler	MC	Assistant Director – Communications and Corporate Affairs	NHS Wirral CCG
Sylvia Cheater	SC	GB Lay Member	NHS Wirral CCG
Chrissie Cooke	CC	Interim Chief Nurse	NHS South Sefton CCG
David Cooper	DC	Chief Finance Officer	NHS Warrington CCG
Michelle Creed	MC	Chief Nurse	NHS Warrington CCG
Dr Andrew Davies	AD	Clinical Chief Officer	NHS Halton CCG
Dr Michael Ejuoneatse	ME	GP Partner	NHS St Helen's CCG
Dianne Johnson	DJ	Chief Officer	NHS Knowsley CCG
Dr David O'Hagan	DO'H	GP Director	NHS Liverpool CCG
Martin McDowell	MM	Chief Finance Officer	NHS South Sefton CCG
Peter Munday	PM	GB Lay Member	NHS Cheshire CCG
Mark Palethorpe	MP	Accountable Officer	NHS St Helen's CCG
Dr Andrew Pryce	AP	Governing Body Chair	NHS Knowsley CCG
Fiona Taylor	FT	Accountable Officer	NHS Southport and Formby CCG
Clare Watson	CW	Accountable Officer	NHS Cheshire CCG
Non-Voting Members			
Ian Ashworth	IA	Director of Public Health	ChAMPs
Sheena Cumiskey	SC	Interim Deputy CEO	C&M HCP
David Flory	DF	Interim Chief Executive Officer	C&M HCP
Rebecca Higgs	RH	C&M HCP Representative	C&M HCP
Paul Mavers	PMa	Healthwatch Representative	Healthwatch
Sarah O'Brien	SO'B	C&M HCP Representative	C&M HCP
In Attendance			
Emma Lloyd	Clerk	Notetaker	NHS Cheshire CCG

Apologies			
Name		Job Title	Organisation
Simon Banks	SB	Chief Officer	NHS Wirral CCG
Jan Ledward	JL	Chief Officer	NHS Liverpool CCG
Ifeoma Onyia	IO	Director of Public Health	ChaMPs
David Parr	DP	LA Chief Executive Officer Representative	Halton Borough Council
Matthew Cunningham	MCu	Director of Governance and Corporate Development	NHS Cheshire CCG

Agenda Ref:	Discussion, Actions and Outcomes	Action By
P1	<p>Welcome and Introductions:</p> <p>The Chair welcomed all present to the meeting, including any members of the public and colleagues that have joined from the Cheshire and Merseyside ICS.</p> <p>Dr Andrew Wilson confirmed that this is the second meeting of the CMJC held in public and shared that the scope of the agenda is likely to change at pace over the coming months as we transition from CCGs to the ICB.</p> <p>Committee members were asked to introduce themselves on speaking and informed all present that the chat facility has now been disabled but does include an email address to submit any questions following the meeting. Any questions will be addressed outside the meeting and included on the next agenda.</p>	
P2	<p>Apologies for Absence:</p> <p>Apologies in advance of the meeting were recorded as above, and it was noted that Mark Bakewell and Mike Chantler were attending as nominated deputies.</p>	
P3	<p>Declarations of Interests:</p> <p>A copy of the register of interests was provided with the meeting papers.</p> <p>The Chair shared that a declaration to the register of interests has been added in respect of David Cooper whose sister-in-law is employed within a Manchester fertility clinic. Dr Wilson confirmed that this was not a direct conflict and will not affect the discussion on today's agenda.</p> <p>No other declarations of interest were raised.</p>	
P4	<p>Minutes of the Previous Meeting:</p> <p>A copy of the draft minutes from the meeting held in public on 31st August 2021 were circulated prior to the meeting and comments were invited. One comment was made regarding attendance for those members who are employed by more than one CCG. It was agreed to amend the minutes accordingly. No other comments were raised, and the minutes were therefore approved.</p> <p>Outcome: The minutes of the private pre-meeting held on 31st August 2021 were approved, subject to an update to the attendance list as outlined above.</p>	
P5	<p>Committee Action Log:</p> <p>Action 3 - This item is ongoing and due to be brought to the November CMJC meeting.</p>	

P6	<p>Committee Forward Plan:</p> <p>This was received for information only and will be subject to ongoing evolution.</p>	
P7	<p>Advanced Notice of AOB:</p> <p>No AOB items were put forward for this meeting.</p>	
P8	<p>Public Questions:</p> <p>No questions from the public were received in advance of the meeting and the Chair reminded those present that the email address to submit questions was provided in the 'chat' function.</p>	
U1	<p>Update from the Chair of the Cheshire & Merseyside HCP:</p> <p>David Flory thanked the CMJC for their invitation to join the meeting and introduced himself as interim chair for the ICS for Cheshire and Merseyside. David shared that he is working with Sheena Cumiskey to work with and through all parts of the health and care system to ensure readiness for 1st April 2022 including the new organisational structure, working arrangements, and operating procedures which will be following from that date, and the transition from where we are now (nine Statutory CCGs) through to an Integrated Care Board which will conduct a large amount of its business through 9 borough arrangements.</p> <p>David shared that this is a complex piece of work and there are legal technicalities and mechanisms to work through, but the success of getting there will be the relationships and continuity of relationships and knowledge. The way the nine CCGs have worked together so far will be essential for the smooth transition. This is what people demand of us; they are not always interested in the detailed structures of the NHS but rather the quality of accessible healthcare available.</p> <p>David highlighted that there is a relatively short period between now and 1st April, but some very important business is to be conducted during this period and therefore the work done together here in the CMJC meetings is vitally important to serve the public. There are big service issues to be tackled, big considerations about the optimum models of care, challenges in the system and issues that we see reported. It is not possible to leave this to one side while we deal with system change, we need to effectively deal with business as usual and see this committee as a vital part in the architecture to see us safely through to next year.</p>	
U2	<p>Update from the Chief Officer of the Cheshire & Merseyside HCP:</p> <p>Sheena Cumisky also thanked the CMJC for the invitation to attend this meeting and shared that her substantive role is a Chief Officer with Cheshire and Wirral Partnership she is currently holding this interim position until a new postholder has been appointed and able to commence.</p> <p>Sheena shared that she has been doing this role for just over one month and seen excellent work across Cheshire and Merseyside, with the focus on ensuring the safe delivery of care, giving the best experience we can and the vital role that CCGs have had in delivering this and how to meet the best needs of our population. It is now important to build on this and take it across to the ICS.</p>	

	<p>Sheena informed the CMJC that she has had the opportunity to get to know Cheshire and Merseyside area as a whole in more detail, and it has been a delight to see the positive work going on. We now need to work together as one group of people in our ICS and take the population health focus.</p> <p>In terms of the priorities linked to her work, Sheena shared that these fall into three areas:</p> <p>i) People - ensuring they have a real focus on everyone in the health and care system, ensuring the health and wellbeing of everyone in the system and understanding what we can do to work alongside people and what support people need to create an environment where they can be the best that they can be. This is a huge change agenda, and it is important that we support with people's wellbeing and change agenda going forward.</p> <p>ii) How we establish our ICS and how we work together to do this - there is some key work to be done over the next few months and the CMJC is vital in this to ensure that the good work of the CCGs is taken forward. Dianne Johnson, as lead of transition, is key in the safe closedown and transfer of CCG functions. It is clear we need to establish the ICB and ICP effectively if we are going to fulfil ambitions to the people we serve. We can do this best at borough level but tapping into the wider resources as well.</p> <p>iii) Development of provider collaboratives - to ensure that we really start to further tackle the unwanted variations in pathways of care. The experience and effectiveness of everything we do and the collaboration with partners is needed at horizontal levels but equally important, the vertical links into Place.</p> <p>This requires great relationships and, we have good relationships already, but need to look at how to further develop this and work further together with common purpose to improve the lives of the people we serve.</p> <p>Sheena thanked everyone for making her welcome in her new role and she looks forward to working to ensure that Cheshire and Merseyside becomes the best ICS in the country.</p> <p>Questions/commends were invited:-</p> <ul style="list-style-type: none"> • Clare Watson shared that she welcomed the priority and focus on staff as this is a positive approach in a time of change and the focus on staff and wellbeing is very important. Clare noted that this is already a focus through the HR and OD workstream, however, this is a big upheaval for CCG staff and other colleagues. • David O'Hagan stated that values and how the ICS and ICB is set up is very important and getting the right relationships in place now will make the work of the system better going forward. David felt that the better we do this now, the better chance there is of Cheshire and Merseyside being the best ICS in the country. 	
U3	<p>Update from the Executive Director of Transition of the Cheshire & Merseyside HCP:</p> <p>Dianne Johnson expressed her thanks to Jan Ledward who has taken on the AO role at Knowsley CCG and also to the Chair and Governing Body at Knowsley CCG for their support which has enabled her to carry out the transition role.</p>	

	<p>Dianne shared that her focus has been to look at workstreams to identify aims and areas to address for a safe landing on 1st April 2022 and to ensure that the closedown the CCGs follow all legal and statutory requirements. Dianne highlighted that this is a major piece of work and colleagues have been fantastic in supporting with this along with members of the ICS team.</p> <p>The CCG is the sender and the ICB is the receiver as the statutory part of the ICS. It is necessary to be clear on all risks and issues, and it is important that we work through these.</p> <p>The Transition Board has been set up and will meet next week for the first time. There has been significant support from the programme delivery unit at the ICS already and there is some good reporting work is being built. The Transition Board will feed into the CMJC. Dianne shared that this is set out in the governance chart. This will provide an excellent forum to facilitate a safe transfer.</p> <p>Feedback from the Transition Board will be included on CMJC agendas going forward, so that this committee can receive reports and then provide assurance to the GBs for each CCG, as they remain accountable for their closedown.</p> <p>The focus is on what we must do to ensure a smooth transfer across in a safe manner. Dianne highlighted that communication features prominently in the transition plan.</p> <p>Questions/comments were invited:-</p> <ul style="list-style-type: none"> • Fiona Taylor stated that work is needed on the inter-relationship and function of the of the CMJC and the transition board to ensure there is harmony not too much duplication. <ul style="list-style-type: none"> ○ Dianne Johnson agreed with this point and it confirmed that it will be done via an assurance report to the CMJC and outlined that what has been developed is impressive. 	
B1	<p>Aligning Commissioning Policies across Cheshire and Merseyside:</p> <p>Clare Watson introduced the paper and shared that this is the first policy being brought to the CMJC. The paper outlines the need, as we move towards the ICS, to look at aligning policies to achieve an equitable offer of care across the population of Cheshire and Merseyside. The paper outlines the recommendation from the Cheshire and Merseyside Directors of Commissioning (DOC) that the policies around sub-fertility and assisted-conception policies should be aligned across Cheshire and Merseyside. The paper recommends the review of the application of national guidelines in terms of the cost and service offer. Should the CMJC agree that this work needs to be done, the aim is for a single approach, particularly with regard to consultation including the nine Local Authorities. Clare outlined Appendix A which outlines the current offer and also identifies the areas that are outliers. Clare introduced Alison Johnston who has been involved in preparing the paper and will assist with questions.</p> <p>Discussion of the paper and the recommendations was invited:-</p> <ul style="list-style-type: none"> • Dr Andrew Davies stated that he welcomed the report and the opportunity to bring consistency, but had concerns around the resourcing of it, particularly given the sensitivity of the issues, and questioned whether the timescales are feasible to carry out the consultation process effectively. Dr Davies felt that work towards this could be done but suggested that putting a hold on the communication and engagement elements until a more appropriate time should be considered. 	

- Clare Watson shared that all CCGs would have to provide resources but accepted it is very busy at the moment.
- Alison Johnston shared that the resources to manage this wasn't discussed in detail at DOC and conformed that their focus had been around bringing it to the CMJC. Alison shared that discussions have been around creating a plan, getting an understanding of exactly what would be involved in the consultation and then sharing the plan with this committee for comment.
- Dr Rob Cauldwell shared the importance of the communication of this across the CCG areas as the flavour of the plan would need to be adjusted to reflect the differences in current provision between areas recognise that the sensitivities may be different in some areas compared to others.
- David O'Hagan highlighted that this is a specialised service and asked whether there is just one provider in the system as this would make the process easier.
 - Clare Watson confirmed that there is more than one provider for this service.
- Chrissie Cooke asked whether this paper means there is potential for levelling down and highlighted that the higher cycle levels on offer in some areas are in line with NICE guidance. Chrissie expressed her view that the policy should be levelling up all areas in line with the NICE guidelines. Chrissie shared that she felt it was important to be clear about this at the onset.
 - Clare Watson agreed with the comment about the need to be clear, however, she does not want to prejudge the outcome of this work. Clare shared that the feeling from the DOC group is that the policies need to align across Cheshire and Merseyside, and this will be the programme of work along with the engagement and consultation with the population. Clare shared that there is a need to do this piece of work once and be consistent and equitable across the nine Local Authority areas. It is not about levelling up or down at this stage, it is about a consistent approach.
 - Clare Watson stated that, in terms of communications and engagement, the DOC will work with Local Authority colleagues to make sure that all interest groups are listened to, but that no one group has a bigger voice.
 - Clare stated that if the CMJC agree to proceed with this piece of work, the next steps and timeline must be outlined.
- Mike Chantler shared that the communications and engagement elements will take time to work up and then there would need to be a 12-week consultation. Mike highlighted that this may mean decision making is post-establishment of the ICS and should be factored into the plans.
- Sylvia Creed shared that she was pleased to see that levelling up and bring poorer services up to the best possible level was being addressed. Sylvia appreciated that there are financial issues and also that this is a sensitive area but felt it was an excellent opportunity to show that the ICS is going to address the postcode lottery situation to ensure that services across the nine CCGs are equitable.
 - Clare Watson stated that the DOC would need to be sure that costs are included in 2022-23 financial planning.
- Peter Munday suggested that that could be more easily carried out by the ICS rather than as nine disappearing CCGs, particularly given the timescales discussed and the need to collate 9 separate views. Peter suggested that the CMJC could look at the consultation plan but felt it would be better to execute it after the CCGs have been dissolved.

- Fiona Taylor stated that she supported this recommendation and would ask that consideration is given to what is achievable by the CCGs.
- Fiona Taylor highlighted the importance of ensuring communications outline that the situation will not change until there is an agreed policy across Cheshire and Merseyside in case the public see this paper and think that there will be an imminent change.
 - Clare Watson agreed and confirmed that the next piece of work will be around timelines and the capacity to do carry this out before the end of the financial year.
 - Clare Watson stressed that there is a need to be crystal clear that nothing changes in the interim and individual CCGs policies remain in place.

The Chair asked the committee for their collective view and stated that from the discussion so far, this seems to suggest that there are concerns around resources and whether this is best to be deferred until the ICS is in place and asked if this was the view of others present.

- Mark Bakewell shared that he shares the financial concerns already raised and, whilst he recognises the need for consistency, difficult financial decisions will be needed to bring about that consistency as it will be a significant pressure for the system. The DOC plans will need to show how we move from where we are now to where we need to get, and a financial impact assessment will need to be part of this process. There is a need to collate shorter and longer-term pressures from all CCGs as we move into the ICS structure and a financial strategy is being prepared and this will need to include priorities within this.
- Dr Andrew Wilson shared his understanding that the focus is on whether we need to launch this piece of work, rather than discuss any outcomes or decisions following consultation. The decision is also around whether to go to public consultation.
- Dianne Johnson felt that it is necessary to carry on doing CCG business between now and the end of the year, and feels this issue is worthy of being raised now. Dianne shared that if the committee agree to the scoping out work and consultation, the question to be asked is whether this has to be done by the CCGs or whether it goes on the workplan of the ICB. The ICB will need to have an understanding of risk, liability and areas of inequalities.
- Dr Andrew Davies felt that, given the number of previous discussions around IVF and costs analysis undertaken previously, there should be enough information to respond to the financial question. Dr Davies shared his recommendation would be to progress with the work, but not necessarily go to consultation depending on timing. A lot of the information is already available so the plan can be put together and identify the changes, including the costings and communications and engagement work required. Once this is done the timing could be reviewed as it would be best to avoid straddling the 90-day consultation period over Christmas or the transition period. This would then determine whether it is done by the CCGs or handed to the ICS as a legacy item.
- Ian Ashworth shared that he welcomes this paper as there are inequities that need addressing across Cheshire and Merseyside. In addition, people are passionate about this issue and the impact this will have, so it is right that the CCGs plan properly for this consultation.

	<p>Clare Watson asked for confirmation that the committee is approving the first the first two bullet points in the recommendations within the paper on alignment of policies and that a single consultation is carried out. Clare recommended that if this is the case, it is passed back to the DOC to work up an implementation plan which includes financial risks and to understand the timeline, together with the risks of executing it this side or the other side of the financial year. The DOC will then bring this back to the CMJC for their view on what implementation plan is realistic. All agreed with this</p> <p>Outcome: 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.</p> <p>Outcome: 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.</p>	
B2	<p>Cheshire and Merseyside Section 140 Protocol:</p> <p>The Chair noted that this falls outside the authority of the CMJC to approve and is an item that can go to Accountable Officers for approval.</p> <p>Mike Chantler informed the CMJC that this protocol provides specific guidance in relation to approved mental health professionals in relation to s140 and has been developed the North West network including stakeholders and has had initial comments from NHSEi. This will be submitted to NHSEi following the approval.</p> <p>The paper is being brought to the CMJC for the approval of the Accountable Officers present.</p> <p>Questions were invited although it was noted that this is a very specialist pathway and therefore questions would need to be taken back for consideration, however, this protocol has been developed in conjunction with an extensive range of partners.</p> <ul style="list-style-type: none"> • A query was raised as to whether this paper is for all age groups or just adults. After a joint review of the information within the papers, the committee agreed that children and young people will be covered by a separate piece of work. • Dr Andrew Davies suggested that this is a compliance policy, and it is a legal duty to provide this information to the Local Authorities and provided the protocol has been through the appropriate process to ensure duties have been discharged legally then he would be happy to approve this. Dr Davies highlighted his view that s140 relates to any facilities for mental health and therefore another policy will be required for children and young people and the facilities for them. • David O'Hagan shared his view that a local policy is useful despite being automatically being covered by the new Bill relating to the ICS. David also highlighted that there are significant changes due on the Mental Health Act which may come in as the transition happens, so CCGs and the ICS need to be aware of this and that it may be happening at the same time. 	

	<ul style="list-style-type: none"> ○ Dr Andrew Davies felt this protocol is just about notifying the local authorities of the three places that can take adults with learning difficulties with that in mind, AO's should approve the protocol. <p>The Chair asked whether all Accountable Officers present, or their deputies, were in support of the proposal to approve the adoption of this policy. Confirmation that representatives from all nine CCGs were present and all confirmed approval of the protocol.</p> <p>Outcome: The Accountable Officers, or deputies present at the meeting approved the adoption of the Cheshire and Merseyside Section 140 Protocol</p>	
B3	<p>Update from the Cheshire and Merseyside CCGs Directors of Commissioning September meeting:</p> <p>The committee welcomed Carl Marsh to present the update from the Directors of Commissioning.</p> <p>The following items from the report were highlighted:-</p> <ul style="list-style-type: none"> • The work around a greener NHS has been a joint piece of work and is going through the governance routes to ensure a joint approach. • A paper has been prepared by Cheshire CCG around social value chartership, setting out the benefits and requirements of obtaining this. Halton signed this in 2019 and most CCGs have done this. • Work has been carried out around aligning policies and it is reassuring to see this progressing through the CMJC. The DOC group found aligning policies a real challenge and the capacity required to do this is significant. • The DOC, being an operational subgroup of the Joint Committee, have been looking at the terms of reference for the CMJC and aligning the DOC ToRs around this. • The workplan and making sure that this aligns to this committee has been a significant piece of work. This will be reviewed again at DOC and bring back for discussion. • Monthly are planned through to March on a monthly basis • They discussed gender identity services and set out some gaps. One CCG has some best practice for consultation and signposting and the plan is to replicate across Cheshire and Merseyside. The DOC will work on this and bring back to CMJC for discussion. • Other areas areas of focus for the DOC are: i) System P which is a predictive tool for population health management, ii) further research into the pulmonary rehab programme iii) keeping on top of the rapid updates on Medtech funding in Cheshire & Merseyside. <p>Outcome: The CMJC noted the update from the Directors of Commissioning.</p>	
	<p>Any Other Business:</p> <p>N/A</p>	
	<p>Date of Next Meeting:</p> <p>26th October 2021</p>	

End of the CMJC Meeting (held in public)

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING



Action Log 2021-22 (Public)

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
3	20-Jul-2021	Update from the Directors of Commissioning Meeting	Membership and remit of the Directors of Commissioning Group to be reviewed with a view to it becoming an operational group to the CMJC. Tracey to bring back a proposed draft Terms of Reference for the Operational Group	Tracey Cole	was 31/08/2021 now 23/11/21	<i>The draft TOR will be reviewed at the October DOC meeting, with the TOR coming to the November Joint Committee meeting</i>	ONGOING

Decision Log 2021-2022 (Public)

Decision Ref No.	Meeting Date	Topic	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	Decision Level	If Recommendation - destination for onward submission?	If a recommendation - date of subsequent consideration at approval body
1	20-Jul-2021	Terms of Reference	N/A	The CMJC ratified the Terms of Reference subject to minor amendments, to include an initial 3-month review and reference to virtual decision making.	1	<i>CCGs to take amended TOR to respective Governing body meetings for approval</i>	<i>Next meetings of each CCGs Governing Body</i>
2	20-Jul-2021	Dates of Future Meetings	N/A	The CMJC accepted the proposed meeting dates for 2021/22	1	N/A	N/A
3	20-Jul-2021	IAPT – Common Standards for Cheshire and Merseyside	N/A	The CMJC supported the work across Cheshire & Merseyside with regard to IAPT and noted the importance of this work. The committee also noted that the final model has yet to be finalised and that reaching the access standard is a long term plan. The committee noted that funding for the IAPT programme will be required but this will be an issue for the ICS to consider.	N/A	NA	<i>Next meetings of each CCGs Governing Body</i>
4	20-Jul-2021	Update from the Directors of Commissioning Meeting	N/A	The CMJC confirmed their support around the potential for a Cheshire & Merseyside DOC to become an operational group to the CMJC and will review recommendations, including a review of membership, prepared by this group.	N/A	N/A	N/A
5	31-Aug-2021	Declarations of Interest	Dr A Davies - wife is employed at a private hospital (item B4) Jan Ledward - is also the SRO for Stroke Mersey (item B2) Dr A Pryce - wife is employed by Marie Curie (item B1)	The committee considered the declarations, noting that they are included on the annual declaration, and agreed:- Jan Ledward - noted and no action/mitigation required. Dr A Davies and Dr A Pryce - it was ascertained that neither spouses worked in a decision-making capacity and therefore these declarations were sufficiently mitigated.	1	N/A	N/A
6	31-Aug-2021	Public Questions	N/A	2 Questions, both from Mr Chris Ingram, were put to the committee. A short verbal response/acknowledgement was provided at the meeting and it was agreed that a full written response will be sent after the meeting.	N/A	N/A	N/A
7	31-Aug-2021	Hospice Sustainability across Cheshire and Merseyside	Dr A Pryce - see above for details	The report on Hospice Sustainability was discussed and noted by the committee, and individual CCGs were asked to take the report back to their GB's for the approval of the project plan with the support of the CMJC.	N/A	<i>Project Plan to be taken to individual CCGs for approval</i>	<i>Next meetings of each CCGs Governing Body</i>
8	31-Aug-2021	Adoption of National Stroke Service Model Specification	Jan Ledward - see above for details	The Cheshire & Merseyside Joint Committee considered and discussed the full report provided to them and approved the recommendation to adopt the National Stroke Service Model Specification	1	N/A	N/A
9	31-Aug-2021	Cheshire & Merseyside ICS – Independent Sector Provision for Q.3 2021/22 onwards	Dr A Davies - see above for details	The Cheshire & Merseyside Joint Committee noted the report and recommendations linked to the Independent Sector Provision for Q.3 2021/22 onwards.	N/A	N/A	N/A
10	31-Aug-2021	Update from the Directors of Commissioning meeting	N/A	The Cheshire & Merseyside Joint Committee noted the update from the Directors of Commissioning meeting.	N/A	N/A	N/A
11	28-Sep-2021	Aligning Commissioning Policies across Cheshire and Merseyside:	N/A	The Cheshire and Merseyside Joint Committee approved the recommendation from the Cheshire and Merseyside Directors of Commissioning (DoC's) that the Sub-fertility/Assisted Conception policies should be aligned across C&M and that a joint Consultation on this proposed alignment should be undertaken. The Cheshire and Merseyside Joint Committee agreed that the Directors of Commissioning will work on an implementation plan to include financial risk and the timeline for communications and engagement work and bring this back to the next meeting of the CMJC for further consideration.			
12	28-Sep-2021	Cheshire and Merseyside Section 140 Protocol	N/A	The Accountable Officers, or deputies present at the meeting approved the adoption of the Cheshire and Merseyside Section 140 Protocol	2	N/A	

Decision Log 2021-2022 (Public)

Decision Ref No.	Meeting Date	Topic	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	Decision Level	If Recommendation - destination for onward submission?	If a recommendation - date of subsequent consideration at approval body
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

Joint Committee of the Cheshire & Merseyside CCGs

26th October 2021

Agenda item: B2

Sub Group Name	C&M Transition Programme Board
Chair	Sheena Cumiskey, Interim Chief Officer C&M HCP
Lead Officer	Dianne Johnson, Executive Director of Transition, C&M
Meeting Date	18th October 2021

KEY BUSINESS HIGHLIGHTS

The Transition Programme Board (TPB) has been established and has met twice.

Terms of Reference for the TPB are included at Appendix 1.

Workstreams have been established and are co-led by the CCG Accountable Officers and Cheshire & Merseyside ICS core team leads. High level information is provided at Appendix 2.

Currently reviewing each workstream scope, milestones, deliverables and risks as we develop the more detailed task plans covering the key areas of due diligence, preparation for staff and functions transfer and stand up of the Integrated Care Board (ICB) readiness for Day 1 operation.

Next steps:

- Complete workstreams review by the TPB
- Identify interdependencies across the workstreams to ensure a fully joined up approach and reduce duplication
- Develop a week on week view of key milestones, products and decision required
- Forward plan agreed along with reporting framework and review exceptions and risks at workstream and programme level
- Ensure effective and timely communications with CCG Governing Bodies to provide assurance
- Provide assurance to the ICS team as well as externally to NHSE/I.

RISK ASSURANCE

At the time of reporting there are no risks requiring escalation and the transition is on track.


ISSUES FOR ESCALATION

There are no items for escalation at this point

Transition Programme Board

Terms of Reference





Approved: 18/10/21

Review due: three months - January 2022

Introduction

The Health & Care Bill has been published and is progressing through parliamentary process following its second reading. Subject to the passage of the Bill into law, Integrated Care Systems (ICS) will be established, and, at the same time, CCGs will be abolished, and their functions and people transferred to the ICB. The key requirements of the new ICS are to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

Purpose of the Transition Programme Board

Cheshire and Merseyside has been approved as a designate ICS and, subject to the passage of the Bill through Parliament, Royal Assent and authorisation by NHSE/I, will become a Statutory Body on 1st April 2022 comprising an Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS to work collaboratively to deliver improved outcomes and reduced health inequalities.

The C&M Transition Programme Board has been established to oversee the safe and effective transition of CCGs to the new NHS statutory architecture of an Integrated Care Board (ICB) on 1st April 2022. This includes the safe transfer of functions and staff from the CCGs to the ICB and the closedown of the 9 statutory bodies (CCGs)

The Transition Programme requires a clear focus to deliver this challenging agenda within a tight timeframe and will therefore prioritise the ‘**must do**’ activities to ensure that the ICB is ‘day 1 ready’ as the ‘receiver’ body in order for the CCGs, as ‘sender’ bodies, to safely transfer their functions and staff to the ICB on 1st April 2022.

In scope for this programme is, therefore, anything related to CCG closedown, the transfer of functions and staff and the readiness of ICB to receive and support that transfer.

Out of scope is any aspect of ICS decision making and design, as well as any wider ICS Development and Implementation Plans which are not essential for Day 1 operation supported by CCG handover.

Examples;

Place development, this is out of scope, however, the outcome of Place maturity assessments is in scope in respect of an awareness of the implications on functions and staff transfer which is a key responsibility of this board.

Organisational development is out of scope, however ICB plans for induction and corporate identity will be in scope to support staff transferring who will need to understand the new organisation and their role in it, on transfer, in order to ensure a safe ‘landing’ on 1st April 2022.

Operating Principles

- One team
- Shared Leadership and co-production
- Supporting establishment of a viable and vibrant ICS
- Collaborative, supportive and avoiding duplication
- Pragmatic - we are operating in a tight timeframe and this requires us to deal with things sensibly and realistically in a way that is based on practical rather than theoretical considerations
- Timely and consistent communications
- Efficient, effective, and economic in delivering the transition plan and providing advice to the wider ICS development programme as it relates to the establishment of the ICB

Membership

Sheena Cumiskey (Chair) ¹	Interim Chief Officer
Dianne Johnson (Deputy Chair)	Executive Director of Transition
Dr Andrew Davies	Accountable Officer, NHS Halton & NHS Warrington CCGs
Keith Griffiths	Executive Director of Finance
Chris Samosa	Executive Director of HR & Workforce
Fiona Taylor	Accountable Officer representing NHS Southport & Formby & NHS South Sefton CCGs
Simon Banks	Accountable Officer, NHS Wirral CCG
Professor Sarah O'Brien	Executive Director of Strategy & System Development
Anthony Middleton	Executive Director of Performance & Improvement
Jan Ledward	Accountable Officer, NHS Liverpool CCG and NHS Knowsley CCG
Clare Watson	Accountable Officer, NHS Cheshire CCG
Chris Hughes	Executive Director of Communication and Engagement
Mark Palethorpe	Accountable Officer, NHS St Helens CCG
Derek Kitchen	Managing Director, Midlands and Lancashire CSU

¹ The ICS Chair will receive papers for their information and will Chair the first meeting

In attendance

Dave Sweeney, Executive Director, Partnerships
Ben Vinter – Governance Lead, ICS
Natalia Armes - Programme Delivery Office Lead
Sarah Thompson PDO
Katherine Coleman PDO

Ensuring Expert Advice and Specialist Knowledge

The Board will invite representatives from the wider system including LAs, Public Health, CCGs, providers, CSU, NHSE/I as required to support the efficient and effective delivery of its key responsibilities.

Responsibilities

1. To gain assurance that the transition programme is sufficiently well defined and resourced and is on track to deliver the required outcomes within the time frame.
2. To agree and monitor the transition programme priorities, deliverables and overall milestone plan to deliver the objectives and meet the requirements set out in the published guidance
3. To operate as a decision making forum on matters in scope for the programme and its priorities
4. To provide a forum for appreciative enquiry and constructive challenge
5. To review and maintain oversight of the programme's risks and issues log to gain assurance that it is an accurate and comprehensive representation and that the mitigations and actions are reasonable and increase the likelihood of success
6. To provide assurance to the Shadow ICB, the Governing Body of each of the 9 CCGs and the NW NHSE/I Regional Team in respect of the transition.
7. To ensure timely and consistent communications to staff and partners
8. To ensure strong alignment between the transition programme and the wider ICS implementation plan.

Quorum

For a meeting to be quorate at least 50% of the membership must be present including either the Chair or Deputy Chair and a minimum of three ICS executives and three Accountable Officers (or their deputies).

Frequency

Meetings will take place fortnightly with review at 3 months (end December).

Papers for planned meetings will be issued not less than 3 working days in advance of the meeting.

On occasion, it may be necessary to arrange extraordinary meetings at short notice. In these circumstances the Chair will give as much notice as possible to members and not less than 2 working days, papers will be issued at least 1 working day in advance of the meeting.

Reporting

The Board will report to the Joint Committee of CCGs and, when established, the Shadow ICB² as per the Governance structure at appendix 1

Support functions

Administration and support will be provided.

Review

The Transition Programme Board is not expected to continue beyond April 2022, however, the scope, purpose, performance, and role of the group will be reviewed periodically as determined by the Chair.

² ICS Interim Chair and Chief Officer in the interim

Appendix 1:

Proposed Governance:

Assurance & Governance
Provides Non-Executive scrutiny of delivery and mechanism to provide assurance to the CCG Governing Bodies, shadow ICB and NHSE/I
NHSE/I Regional Assurance
Shadow ICB and Governing Bodies
Joint Committee of CCGs/ ICS Chair & CEO

Management Oversight
Transition Programme Board
Brings the workstream and enabler leads from across the ICS together to maintain oversight of operational delivery of the plan including management of risks and issues
Workstream Leads
Co-ordinates the delivery of the workstream and all of the tasks identified.

Programme Delivery
Supported by Project Teams and Task & Finish Groups
Project teams and task & finish working groups to oversee specific tasks or themes of work

C&M Transition Programme

Dianne Johnson
Executive Director of Transition
12th October 2021

Transition

Subject to the passage of the Health and Care Bill into law, Integrated Care Systems (ICS) will be established, on 1st April 2022 comprising an Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

at the same time....

The 9 CCGs in Cheshire & Merseyside will be abolished, and their functions and people transferred to the ICB.

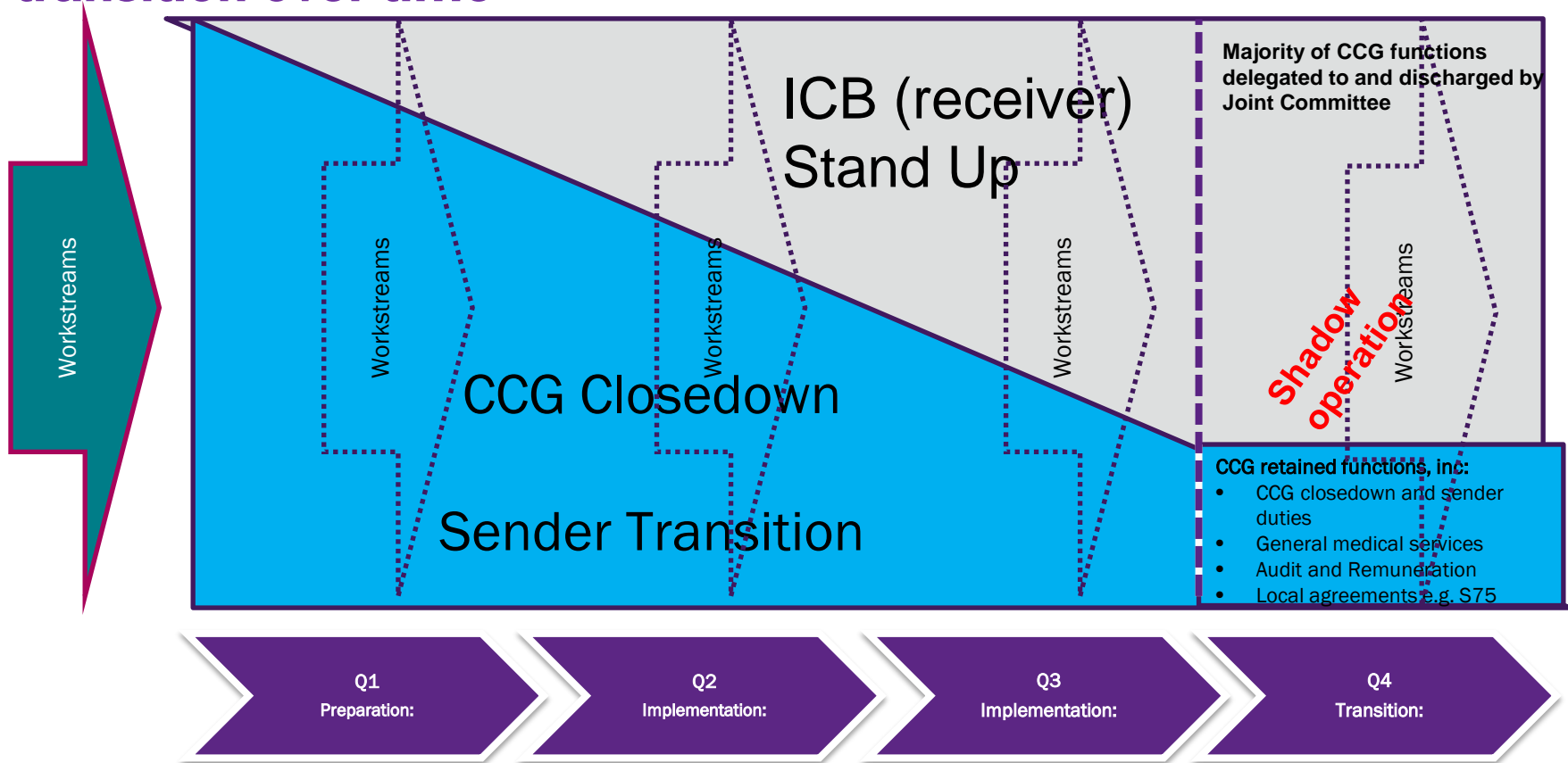
The Cheshire & Merseyside Transition Programme has been established to oversee the safe and effective transition to the new statutory architecture on 1st April 2022 and includes;

- the establishment of an Integrated Care Board (ICB) – the Receiver Body
- the safe transfer of people and functions from the 9 CCGs into the ICB – the Sender Bodies
- the closedown of the 9 statutory bodies (CCGs)

Key principles

- NHSE/I has set out 3 levels of complexity in respect of transitions; we are Level 2 as we have multiple CCGs
- We have a huge amount of work to do in a very tight timeframe, however, it is achievable with a clear focus on the 'must do's' to deliver this challenging agenda in a planned and synchronised way
- We will obviously need a contingency should the Bill be delayed whilst working on the assumption the Bill will be passed
- It is not viable to leave the handover until the 'last minute'; CCGs will be abolished on 1st April 2022 (assuming the Bill receives Royal Assent), and therefore we must put in place shadow operating arrangements by the end of quarter 3 as set out in the NHSE/I roadmap e.g. the development of the Joint Committee of CCGs to facilitate decision making during Q4
- This means we need to move to Shadow operation in line with the Roadmap as shown here.....

ICS Transition – 2 interdependent elements – with transition over time



Transition Programme

- To prepare for the new system, we need to implement a managed handover of CCG duties, functions and transfer of our staff
- The Transition Programme needs to be clear, transparent, and focussed on the 'must do' activity
- We need to work together and fully utilise the skills, talents, experience and knowledge that exists in C&M
- Communication is central to the transition, it must be clear, timely and consistent
- The Transition Programme has a number of workstreams as indicated on the next slide, however, key to success will be clear sight and management of the numerous interdependencies
- There is no getting away from the need to step up the pace and so a key principle is that we will be pragmatic and flexible over the next 6 months

“A good plan for today is better than a perfect plan for tomorrow”

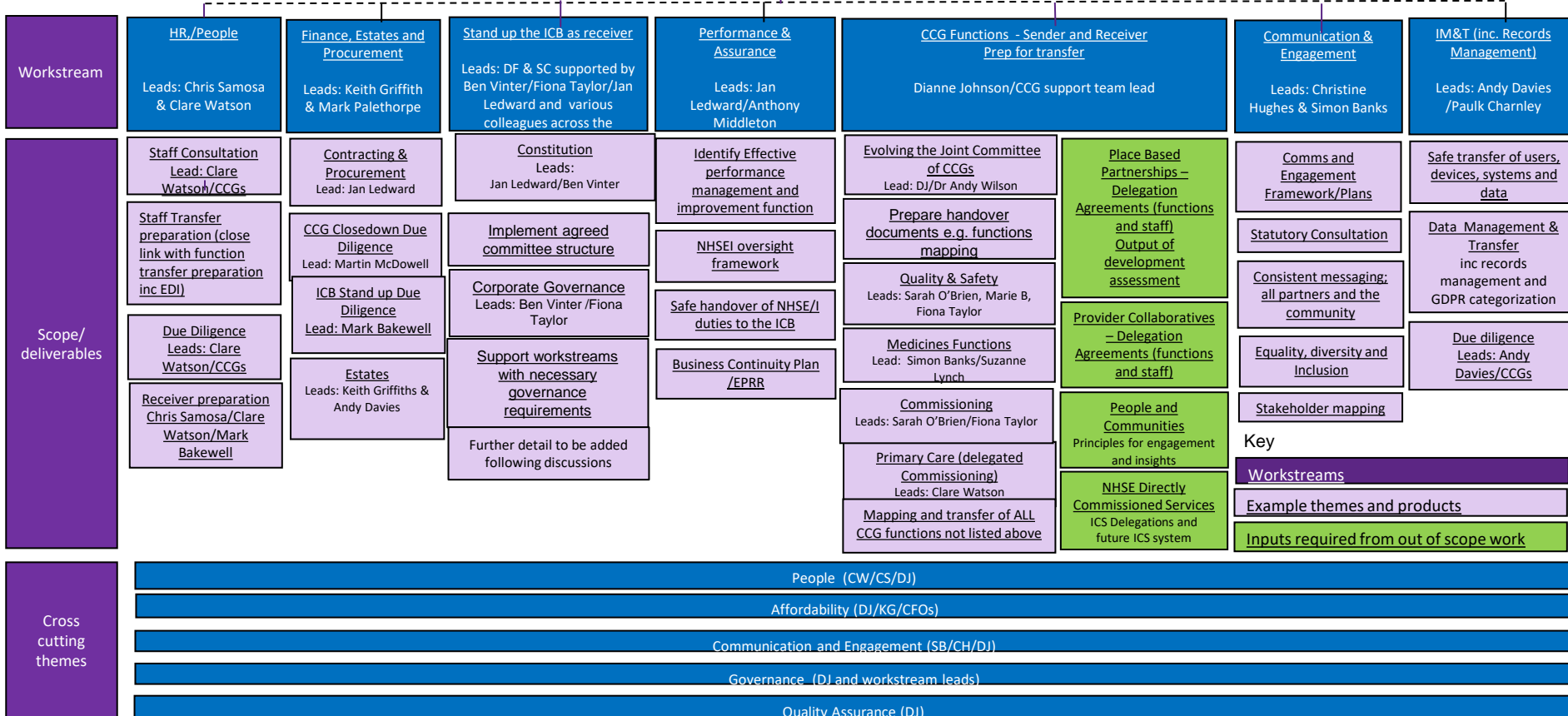
C&M Transition Programme – workstreams for illustration, further building underway



Sheena Cumiskey
Interim Chief Officer

Dianne Johnson
Executive Director of Transition

HCP Programme Delivery
Office Support



Key

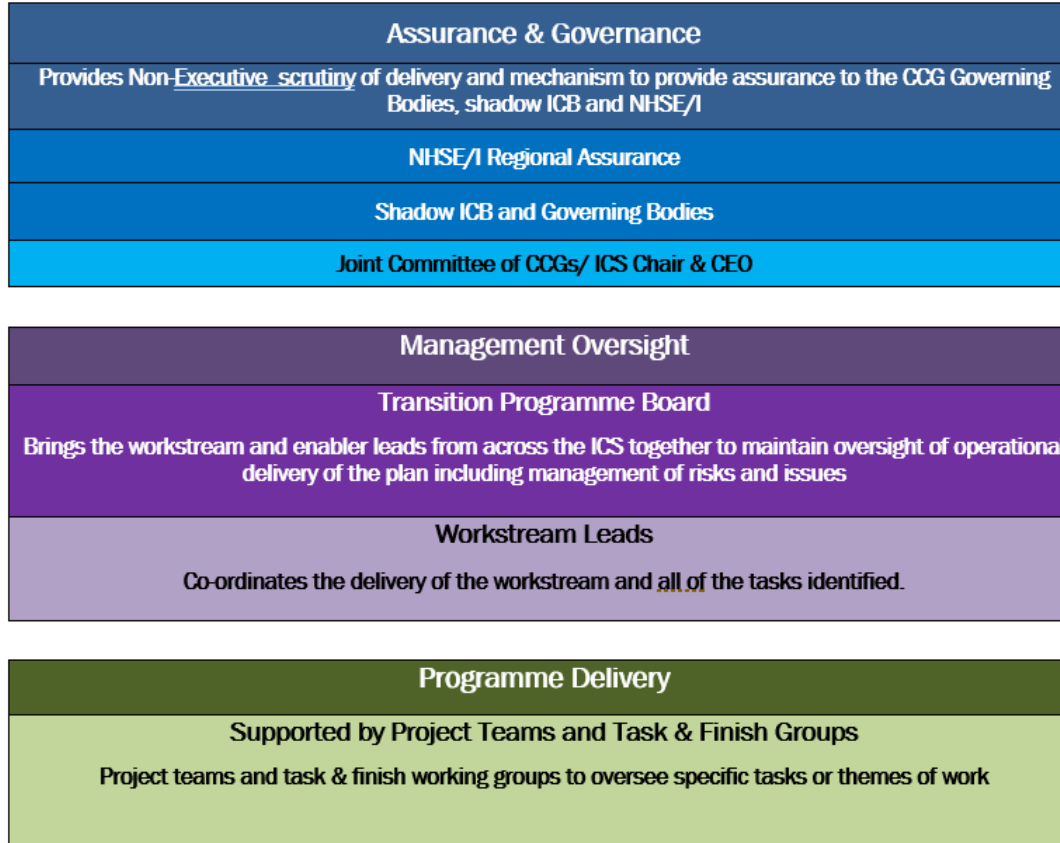
- Workstreams
- Example themes and products
- Inputs required from out of scope work



Roles and Responsibilities

- The Director of Transition will lead the delivery of the programme and will specifically maintain close oversight of the multiple interdependencies and ensure relevant linkages are made and that sufficient capacity and capability is identified and sourced
- Workstreams are co-led and are responsible for the delivery of all aspects of work within their agreed scope
- CCGs remain accountable for closing down their statutory bodies including gaining and providing assurance that formal Due Diligence has been fully completed
- CCGs remain statutory bodies up to and including 31st March 2022 however, many decisions, including those of the shadow ICB, will need to be discharged through the Joint Committee of CCGs throughout Q4

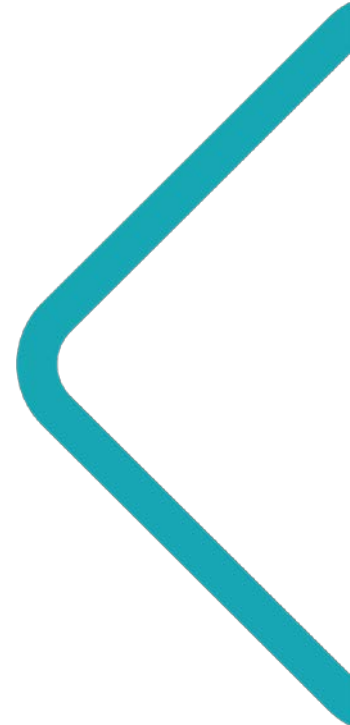
Proposed Governance



Next Steps

- CCG Governing Bodies to meet in common to consider a proposal to increase delegation to the Joint Committee of CCGs in Q3 to deliver the roadmap set out in slide 7.
- Further work will be delivered via the Evolving the Joint Committee workstream with a clear plan for implementation of agreed approach to take place at pace
- Ensure that assurance is provided as set out in the governance framework and that CCG Governing bodies receive papers and updates in a timely manner and have a mechanism for feedback and questions

Thank You



CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

26th October 2021

Agenda Item: C1

Report Title	Proposed Cheshire & Merseyside Commissioning Sub-Committee and Draft Terms of Reference
Report Author	Dave Horsfield, Director of Transformation, Planning & Performance, NHS Liverpool CCG
Committee Sponsor	Dianne Johnson, Executive Director of Transition, C&M HCP

Purpose	Approve	✓	Ratify		Decide		Endorse		For information	
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Decision / Authority Level	Level One	✓	Level Two		Level Three	
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Executive Summary						
<p>At the request of the Joint Committee, the Cheshire and Merseyside Directors of Commissioning Group has agreed to review its purpose, terms of reference and work plan to support the operational commissioning activity and related work of the Joint Committee. The purpose is to add as much capacity to support the Joint Committee as possible in delivering its work plan over the coming months.</p> <p>In response, draft Terms of Reference have been produced for approval by the Joint Committee with a recommendation to change the name of the group to the Cheshire & Merseyside Commissioning Sub-Committee in order to closely align and clarify the new role. Included in the paper is an overview of the current workplan for the group to allow discussion on how this will progress and reflect the requirements of the Joint Committee.</p> <p>The proposed terms of reference have been aligned to the Joint Committee terms of reference and submitted in this paper together for comparison and identification of key differences.</p>						

Recommendations						
<p>It is recommended that the Joint Committee:</p> <ul style="list-style-type: none"> approve the re-designation of the Directors of Commissioning Group to the Cheshire & Merseyside Commissioning Sub-Committee and its remit to support operational commissioning and other tasks pursuant to the Joint Committee work plan and requirements as directed. approve the draft Cheshire & Merseyside Commissioning Sub-Committee Terms of Reference and that they be formatted in line with the Joint Committee Terms of Reference and distributed to member CCG's. 						

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:	<p>The sub-Committee will involve senior members of each CCG with conflict of interest managed via the Terms of Reference included in the report.</p> <p>Joint Committee members will be required to declare any conflict of interest pertinent to this paper, however none are anticipated.</p>
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Link to Committee Risk Register and mitigation:	N/A
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Report history:	This is the first time that this report has been considered by the Committee.
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Next Steps:	Dependent on approvals and amendments required by the Committee.
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Appendices:	N/A
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Proposed Cheshire & Merseyside Commissioning Sub-Committee and Draft Terms of Reference

1. Introduction

- 1.1 The Cheshire and Merseyside Directors of Commissioning Group was originally established to allow collaborative working, peer support and standardisation of approach to commissioning services where this would deliver efficiency and consistency whilst delivering services appropriate to each CCG's population.
- 1.2 The proposal that this group now support the Joint Committee in delivering its work plan is not a significant shift in the original intention of the group, however the move towards collaborative decision making in preparation of a single ICS requires that the Terms of Reference (ToR) appropriately reflect current approaches and governance.
- 1.3 New ToR's have been drafted in order to reflect the ask of the Joint Committee and align the governance arrangements and processes.
- 1.4 In amending the ToR, it is also recommended that the group become a Sub-Committee of the Joint Committee to ensure that its change in purpose and role be made clear and to address the varied roles and titles of its membership which mostly differ from the 'Director of Commissioning' traditional title.

2. Draft Terms of Reference

- 2.1 The draft ToR for the Sub-Committee have been included in Table 2a below with the equivalent Joint Committee ToR section included for comparison.
- 2.2 This approach has been taken in order to ensure full alignment of the Sub-Committee with the Joint Committee purpose, governance and behaviour ensuring that work is delivered in a consistent manner as already agreed by the constituent CCG's.

2.3 Table 2a – Comparative Table and Draft ToR

JC ToR	Cheshire & Merseyside Commissioning Sub-Committee ToR – Draft
1. Introduction	1. Introduction
1.1 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS. In response to this, Cheshire and Merseyside Clinical Commissioning Groups (CCGs) are seeking to establish a Joint Committee of the nine CCGs to make some commissioning decisions 'at scale' across Cheshire and Merseyside. The default principle, however, is that wherever possible, commissioning decisions should be made at 'Place' with only those commissioning decisions which make sense to do at scale being undertaken at a Joint Committee of CCGs across the Cheshire and Merseyside footprint.	1.1 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS. In response to this, Cheshire and Merseyside Clinical Commissioning Groups (CCGs) are seeking to establish a Joint Committee of the nine CCGs to make some commissioning decisions 'at scale' across Cheshire and Merseyside. The default principle, however, is that wherever possible, commissioning decisions should be made at 'Place' with only those commissioning decisions which make sense to do at scale being undertaken at a Joint Committee of CCGs (Joint Committee) across the Cheshire and

JC ToR	Cheshire & Merseyside Commissioning Sub-Committee ToR – Draft
<p>1.2 The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are statutory mechanisms which enable CCGs to undertake collective strategic decision making.</p> <p>1.3 Health and Care Partnerships have been established nationally in accordance with the NHS Shared Planning Guidance requirements 2015/16, which required every health and care system to come together to develop plans to accelerate implementation of the NHS Five Year Forward View and the NHS Long Term Plan. CCGs are encouraged to form Joint Committees to facilitate effective, collaborative decision-making, where appropriate.</p>	<p>Merseyside footprint.</p> <p>1.2 The C&M Commissioning Sub-Committee will support the Joint Committee by both linking into 'Place' commissioning activity and governance and also taking forward commissioning 'at scale' review and coordination as directed by the Joint Committee.</p>
<p>2. Establishment</p>	<p>2. Establishment</p>
<p>2.1 The CCGs have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups (CCGs).</p>	<p>2.1 The C&M Joint Committee have requested that the current Directors of Commissioning Group reports into the Joint Committee and reviews review its purpose, membership and work programme to support any commissioning which needs to take place beyond 'Place' and 'at scale'.</p> <p>2.2 These terms of reference outline the role of the new Directors of Commissioning Group which will now be known as the Cheshire & Merseyside Commissioning Sub-Committee to clarify its position in support of the Joint Committee.</p>
<p>3. Role of the Joint Committee</p>	<p>3. Role of the Commissioning Sub-Committee</p>
<p>3.1 The overarching role of the Joint Committee is to enable the Cheshire and Merseyside CCGs to work effectively together and make binding decisions on agreed service areas, for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.</p> <p>3.2 Decisions will be taken by members of the Joint Committee in accordance with the delegated authority granted to them from each of their respective CCGs. As Joint Committee Members, individuals will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients.</p> <p>3.3 Decisions will support the strategic aims and objectives of the C&M HCP and will contribute to the sustainability and transformation of local health and social care systems at 'Place'. The strategic aims of C&M HCP are aligned to the NHS Long Term Plan (2019) and focus on improving and modernising our health and care services by:</p> <p>3.1.1 Delivering safe and sustainable high-quality services;</p>	<p>3.1 The role of the Commissioning Sub-Committee is to support the Joint Committee and the Cheshire and Merseyside CCGs to work as partners across the 'system' to support work in a practical way but to also make sure it goes through all 'place' processes pre-decision making.</p> <p>3.2 Where appropriate, decisions will be taken by members of the Commissioning Sub-Committee in accordance with the delegated authority granted to them by each of their respective CCGs and as delegated by the Joint Committee at any time. As Commissioning Sub-Committee Members, individuals will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients.</p> <p>3.3 In the absence of specific delegation for decision making by the Commissioning Sub-Committee, all required decisions will be referred to the Joint Committee or individual CCG's with recommendations as appropriate.</p> <p>3.4. The Commissioning Sub-Committee will at all times act in accordance with all relevant laws and</p>

JC ToR	Cheshire & Merseyside Commissioning Sub-Committee ToR – Draft
<p>3.1.2 Improving the health and wellbeing of local communities and tackling health inequalities; and</p> <p>3.1.3 Delivering better joined up care closer to home.</p> <p>3.1.4 The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the CCGs.</p>	<p>guidance applicable to the CCGs.</p>
<p>4. Remit of the Joint Committee of Cheshire and Merseyside CCGs</p>	<p>4. Remit of the Cheshire & Merseyside Commissioning Sub-Committee</p>
<p>4.1 The Joint Committee will be responsible for making binding decisions on the agreed service areas (outlined in Appendix 1), for both the resident and registered with a GP Practice in Cheshire and Merseyside patient population. For these agreed service areas, to be jointly commissioned 'at scale' by the nine Cheshire and Merseyside CCGs, the responsibilities of the Joint Committee will include:</p> <p>4.1.1 Population analysis of needs which should be addressed at a Cheshire and Merseyside level;</p> <p>4.1.2 Setting common standards across the agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside;</p> <p>4.1.3 Monitoring of these standards and providing assurance they are adhered to;</p> <p>4.1.4 Oversight and co-ordination of any public consultation or engagement required in relation to these agreed service areas (individual CCGs would undertake the public consultation and engagement and take collective accountability); and</p> <p>4.1.5 Allocation of spend related to the decisions made on the agreed service areas.</p> <p>4.2 The services within scope will be defined in a work plan approved by each CCG, to be appended to the Terms of Reference. Given the changing NHS landscape there is a need to be flexible and be able to respond to change in year. It should be noted that any addition to the agreed annual work plan must be approved by each constituent CCG.</p> <p>4.3 In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation which would/will impact on the delivery of CCG functions. Working collaboratively, the CCGs would review, determine at which level commissioning should take place i.e. Cheshire & Merseyside scale or at 'Place' and, where appropriate, agree common standards. The Joint Committee would form and submit any subsequent recommendations to each Constituent CCGs Governing Body for consideration.</p>	<p>4.1 The Commissioning Sub-Committee will make effective commissioning recommendations to the Joint Committee and Cheshire and Merseyside CCG's as appropriate that will support the delivery of the Joint Committee responsibilities.</p> <p>Joint Committee responsibilities:</p> <ul style="list-style-type: none"> • Population analysis of needs which should be addressed at a Cheshire and Merseyside level; • Setting common standards across the agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside; • Monitoring of these standards and providing assurance they are adhered to; • Oversight and co-ordination of any public consultation or engagement required in relation to these agreed service areas (individual CCGs would undertake the public consultation and engagement and take collective accountability); and • Allocation of spend related to the decisions made on the agreed service areas. • The services within scope will be defined in a work plan approved by each CCG, to be appended to the Terms of Reference. Given the changing NHS landscape there is a need to be flexible and be able to respond to change in year. It should be noted that any addition to the agreed annual work plan must be approved by each constituent CCG. • In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation which would/will impact on the delivery of CCG functions. Working collaboratively, the CCGs would review, determine at which level commissioning should take place i.e. Cheshire & Merseyside scale or at 'Place' and, where appropriate, agree common standards. The Joint Committee would form and submit any subsequent recommendations to each Constituent CCGs Governing Body for consideration.

JC ToR	Cheshire & Merseyside Commissioning Sub-Committee ToR – Draft
<p>5. Functions of the Joint Committee</p>	<p>5. Functions of the Commissioning Sub-Committee</p>
<p>5.1 The Committee is a Joint Committee of: NHS Cheshire CCG; NHS Halton CCG; NHS Knowsley CCG; NHS Liverpool CCG; NHS South Sefton CCG; NHS Southport and Formby CCG; NHS St Helens CCG; NHS Warrington CCG; and NHS Wirral CCG. It is established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended). Its primary function is to make collective binding decisions on agreed service areas, for the Cheshire and Merseyside population within its delegated remit.</p> <p>5.2 In order to deliver its delegated functions the Joint Committee will:</p> <p>5.2.1 Make decisions to enable delivery of activities defined in a work plan, approved in line with the Joint Committee principles and responsibilities</p> <p>5.2.2 Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit. These risks will be managed by the Joint Committee.</p> <p>5.2.3 Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes</p> <p>5.2.4 Within the defined work plan, approve service models, specifications, and business cases up to the value as determined for the Governing Body by each constituent CCG's Scheme of Reservation & Delegation.</p> <p>5.2.5 Ensure appropriate patient and public consultation and engagement, which meets best practice standards and is compliant with CCGs' statutory responsibilities with regard to involvement, as set out in the NHS Health and Social Care Act 2012.</p> <p>5.2.6 Ensure compliance with public sector equality duties, as set out in the Equality Act 2010 for the purposes of implementation.</p> <p>5.2.7 Ensure appropriate consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities.</p> <p>5.3 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:</p> <p>5.3.1 Management of conflicts of interest (section 14O)</p> <p>5.3.2 Duty to promote the NHS Constitution (section 14P)</p> <p>5.3.3 Duty to exercise its functions effectively, efficiently and economically (section 14Q)</p>	<p>5.1 As a Sub-Committee of the C&M Joint Committee, the group will develop and progress a work plan for agreed service areas as agreed by the Joint Committee. Members are Executive Leads for Commissioning at CCG level (or equivalent representation) from NHS Cheshire CCG; NHS Halton CCG; NHS Knowsley CCG; NHS Liverpool CCG; NHS South Sefton CCG; NHS Southport and Formby CCG; NHS St Helens CCG; NHS Warrington CCG; and NHS Wirral CCG and will make recommendations considering opportunities/issues at Place and collectively at system level.</p> <p>5.2 Whilst there is a defined work plan the Commissioning Sub-Committee will continue to shape the work plan based on issues and risks, commissioning policy and key developments arising due to moving from nine organisations into one.</p> <p><i>(To be separated from the ToR as a separate work plan, included for reference as below):</i></p> <p><u>Initial outline work plan</u></p> <p>Mental Health Services</p> <p>A. Children and Young People mental health services (Crisis services and eating disorder services)</p> <p>B. Agree common standards and develop a common workforce strategy to address widespread variation in access, provision, quality and outcomes</p> <p>C. Out of area placements</p> <p>Acute Services</p> <p>A. Specialist Rehabilitation services (Neuro, Mental Health, Stroke, complex cases)</p> <p>B. To re-procure Bariatric services during 2021/22</p> <p>C. Spinal services</p> <p>D. Standardise clinical commissioning policies e.g. IVF, interventions of low clinical importance</p> <p>E. Agree to adopt the National Specification for Stroke services across C&M</p> <p>5.3 More services/areas may be added to or removed from the work plan as agreed and directed by the Joint Committee. The Commissioning Sub-Committee will make recommendations to the Joint Committee on the content and priority of the of the work plan content and receive direction on these matters.</p> <p>5.4 The Commissioning Sub-Committee will acknowledge in its work that commissioning at scale does not mean that the result will be a one size fits all solution when delivering at Place.</p>

JC ToR	Cheshire & Merseyside Commissioning Sub-Committee ToR – Draft
<p>5.3.4 Duty as to the improvement in quality of services (section 14R)</p> <p>5.3.5 Duties as to reducing inequalities (section 14T)</p> <p>5.3.6 Duty to promote the involvement of patients (section 14U)</p> <p>5.3.7 Duty as to patient choice (section 14V)</p> <p>5.3.8 Duty as to promoting integration (section 14Z1)</p> <p>5.3.9 Public involvement and consultation (section 14Z2).</p> <p>5.4 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes, presented to Governing Body meetings, setting out key actions and decisions from each meeting and an annual report to inform constituent CCGs' annual governance statements.</p> <p>5.5 The Joint Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.</p>	
<p>6. Membership</p>	<p>6. Membership</p>
<p>6.1 The Cheshire and Merseyside CCGs Joint Committee member organisations are:</p> <ul style="list-style-type: none"> • NHS Cheshire CCG • NHS Halton CCG • NHS Knowsley CCG • NHS Liverpool CCG • NHS South Sefton CCG • NHS Southport and Formby CCG • NHS St Helens CCG • NHS Warrington CCG • NHS Wirral CCG. <p>6.2 A CCG member with statutory duties (Accountable Officer or Chief Finance Officer) of each full member organisation will sit on the Joint Committee. All CCG members of the Committee are voting members as set out at 6.3.</p> <p>6.3 Figure 1 depicts the Joint Committee membership</p> <p>Figure 1: Membership</p> <p>VOTING MEMBERS</p> <p>Per CCG, one member with statutory duties</p> <ul style="list-style-type: none"> • CCG Accountable Officer (x7) • CCG Chief Finance Officer (x2)* <p>* When an AO is the AO of 2 CCGs</p> <ul style="list-style-type: none"> • x1 Chair** • x1 Vice Chair** 	<p>6.1 The Cheshire and Merseyside CCGs Commissioning Sub-Committee member organisations are:</p> <ul style="list-style-type: none"> • NHS Cheshire CCG • NHS Halton CCG • NHS Knowsley CCG • NHS Liverpool CCG • NHS South Sefton CCG • NHS Southport and Formby CCG • NHS St Helens CCG • NHS Warrington CCG • NHS Wirral CCG. <p>6.2 The core membership of the Commissioning Sub-Committee will consist of an Executive Lead for Commissioning (or equivalent) from each of the nine Cheshire & Merseyside CCGs.</p> <p>6.3 Other stakeholders may be invited to attend on a regular basis or for individual meetings to provide specialist advice, stakeholder opinion or clinical support. These stakeholders may include (but are not limited to):</p> <ul style="list-style-type: none"> • CCG subject specialists (including finance, contract, quality etc) • Clinical Leads • Healthwatch representative • NHS England & Improvement representative • Cheshire & Merseyside ICS Health and Care Partnership representative

JC ToR	Cheshire & Merseyside Commissioning Sub-Committee ToR – Draft
<p>** To be appointed from incumbent CCG Chairs/Vice Chairs</p> <p>Each CCG to provide one of The following Committee members will also be drawn from the existing Governing Body and executive team membership of the nine Cheshire and Merseyside CCGs:</p> <ul style="list-style-type: none"> • x4 Clinical Leads • x1 Secondary Care Doctor • x1 Registered Nurse • x1 Lay Member – audit & governance • x1 Lay member - PPI • x1 Quality Lead. <p>IN ATTENDANCE – NON VOTING</p> <p>Healthwatch representative</p> <p>Cheshire & Merseyside ICS Health and Care Partnership representative</p> <p>Public Health representative</p> <p>6.4 Decisions made by the Joint Committee, within its remit, will be binding on its member Clinical Commissioning Groups.</p> <p>6.5 Other organisations may be invited to send representatives to the meetings. In attendance members may represent other functions / parties/ organisations or stakeholders who are involved in the work plan of the Joint Committee and may provide support and advice to members.</p>	<ul style="list-style-type: none"> • Public Health representative
7. Deputies	7. Deputies
7.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.	7.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.
7.2 A named deputy will have delegated decision making authority to fully participate in the business of the Joint Committee.	7.2 A named deputy will have delegated decision making authority to fully participate in the business of the Commissioning Sub-Committee.
8. Quoracy	8. Quoracy
8.1 The meeting will be quorate with at least one representative of each CCG (including the Joint Committee Chair/Deputy).	8.1 Quoracy will only be required for items where the Sub-Committee has received delegated authority for decision making in line with section (3) of these Terms of Reference.
8.2 In the event of the Joint Committee making a formal decision which requires a vote, one voting member from each full member organisation/ CCG will be required for the meeting to be considered quorate.	8.2 The meeting will be quorate with at least one representative of each CCG or their deputy (including the Sub-Committee Chair/Deputy) as defined in section (6) of these Terms of Reference.
8.3 A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.	
9. Voting	9. Voting
9.1 The Joint Committee will aim to make decisions through consensus.	9.1 The Commissioning Sub-Committee will aim to make decisions on items delegated to it by the Joint

JC ToR	Cheshire & Merseyside Commissioning Sub-Committee ToR – Draft
<p>9.2 In the event of a requirement to make a decision by taking a vote, where a minimum of 75% of the voting committee membership, in attendance at the meeting, are in agreement; a recommendation or decision will be carried i.e. of the 9 voting members present at the meeting, where 7 voting members are in agreement.</p> <p>9.3 Joint Committee members will make decisions in the best interests of the whole Cheshire and Merseyside population, rather than just the population of their constituent CCG.</p>	<p>Committee through consensus.</p> <p>9.2 In the event of a situation where consensus cannot be reached, the Sub-Committee will refer the matter to the Joint Committee for decision.</p> <p>9.3 Commissioning Sub-Committee members will make decisions in the best interests of the whole Cheshire and Merseyside population, rather than just the population of their constituent CCG.</p>
<p>10. Conflicts of Interest</p>	<p>10. Conflicts of Interest</p>
<p>10.1 A register of interests will be compiled and maintained for the Joint Committee which will require members (full and associate) to declare any interest in respect of their role across Cheshire & Merseyside in addition to their own CCG. This register shall record all relevant and material, personal or business interests, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website and available for inspection at the offices of each CCG.</p> <p>10.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair as soon as they are known and no longer than 28 days from any change.</p> <p>10.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant CCG may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 'Deputies' above.</p> <p>10.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with the NHS England Management of Conflicts guidance.</p> <p>10.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.</p> <p>10.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.</p>	<p>10.1 A register of interests will be compiled and maintained for the Commissioning Sub-Committee which will require members (including deputies) to declare any interest in respect of their role across Cheshire & Merseyside in addition to their own CCG. This register shall record all relevant and material, personal or business interests, and management action as agreed by the individual's CCG.</p> <p>10.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair as soon as they are known and no longer than 28 days from any change.</p> <p>10.3 Where any Commissioning Sub-Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Sub-Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Sub-Committee member, the relevant CCG may send a deputy to take the place of that conflicted Sub-Committee member in relation to that matter, as per section 7 'Deputies' above.</p> <p>10.4 Should the Sub-Committee Chair have a conflict of interest, the Commissioning Sub-Committee Deputy Chair will take that item forward. Where neither Chair nor Deputy Chair are able to proceed through conflict of interest or absence, the Sub-Committee members will agree a Chair for that item in line with the NHS England Management of Conflicts guidance.</p> <p>10.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.</p> <p>10.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the</p>

JC ToR	Cheshire & Merseyside Commissioning Sub-Committee ToR – Draft
	Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.
11. Meetings	11. Meetings
<p>11.1 The Joint Committee shall meet not less than six times a year bi-monthly and then in order to undertake its business and make decisions regarding the work plan in a timely manner. The Chair will have authority to call an extraordinary meeting with at least 5 days' notice.</p> <p>11.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.</p> <p>11.3 Meeting dates will be published on the nine CCG websites at least 5 working days before the meeting. Agendas and papers will be published on each of the nine CCG websites.</p> <p>11.4 The Joint Committee may appoint task and finish groups or Sub-Committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or Sub-Committee. Any such task and finish group or Sub-Committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or Sub-Committees will be promptly submitted to the Joint Committee.</p> <p>11.5 Joint Committee meetings will be held in public but are not public meetings. Members of the public may observe deliberations of the Joint Committee, with feedback encouraged through the public engagement or consultation process. Items the Joint Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.</p> <p>11.6 Members of the Joint Committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.</p>	<p>11.1 The Commissioning Sub-Committee will meet monthly (initially until 31st March 2022).</p> <p>11.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.</p> <p>11.3 Meeting dates will be reported to the Joint Committee. Agendas and papers will be available 5 working days before each meeting.</p> <p>11.4 Minutes/reports of the Commissioning Sub-Committee will promptly be submitted to the Joint Committee.</p>
12. Infrastructure/Organisational Support	12. Infrastructure/Organisational Support
<p>12.1 To enact the business of the Joint Committee and progress the work plan for agreed service areas, dedicated administrative resource for the Joint Committee will be agreed by the nine CCGs.</p> <p>12.2 Papers for each meeting will issued to Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.</p>	<p>12.1 To enact the business of the Commissioning Sub-Committee and progress the work plan for agreed service areas, administrative resource for the Commissioning Sub-Committee will be agreed by the nine CCGs, distributing workload wherever possible.</p> <p>12.2 Papers for each meeting will issued to Commissioning Sub-Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to</p>

JC ToR	Cheshire & Merseyside Commissioning Sub-Committee ToR – Draft
	circulate papers to members earlier if possible.
13. Review of Terms of Reference	13. Review of Terms of Reference
<p>13.1 These terms of reference shall be reviewed by the Joint Committee annually, with input from CCG Governing Bodies, and any amendments approved by each CCG.</p> <p>13.2 They may also be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.</p>	<p>13.1 These terms of reference shall be reviewed by the Commissioning Sub-Committee annually, with input from and approval by the Joint Committee.</p> <p>13.2 They may also be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.</p>
14. Withdrawal from Committee	Withdrawal from Committee
<p>14.1 Should the Joint Committee arrangement prove to be unsatisfactory, the Governing Body of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of six (6) months' notice to partners, with consideration by the Committee of the impact of a leaving partner – a maximum of 12 months' notice could apply.</p>	<p>14.1 Should the Commissioning Sub-Committee arrangement prove to be unsatisfactory, the Director of Commissioning (or equivalent) of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of three (3) months' notice to the Joint Committee, which may extend the notice period to a maximum of six (6) months where significant impact from withdrawal is identified.</p>
15. Dispute Resolution	15. Dispute Resolution
<p>15.1 Where any dispute arises between the member CCGs or where the Joint Committee cannot reach a decision in accordance with its terms of reference, the member CCGs must use their best endeavours to resolve that dispute on an informal basis at the next meeting of the Joint Committee.</p> <p>15.2 Where any matter referred to dispute resolution is not resolved under 14.1, any Party in dispute may refer the dispute to the Accountable Officers of the relevant CCG, who will cooperate in good faith to recommend a resolution to the dispute within ten (10) Working Days of the referral.</p> <p>15.3 If the dispute is not resolved under Clauses 14.1 and 15.2, any CCG in dispute may refer the dispute to NHS England and each CCG will co-operate in good faith with NHS England to agree a resolution to the dispute within ten (10) Working Days of the referral.</p> <p>15.4 Any referral to NHS England under Clause 15.3 shall be to the Regional Director of Commissioning Operations, NHS England.</p> <p>15.5 Where any dispute is not resolved under Clauses 15.1. to 15.4, any CCG in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the member CCGs in dispute.</p>	<p>15.1 Where any dispute arises between the members of the Commissioning Sub-Committee or where the Committee cannot reach a decision in accordance with its terms of reference, the matter will be referred to the Joint Committee for decision or resolution.</p>

4. Recommendations

4.1 It is recommended that the Joint Committee:

- approve the re-designation of the Directors of Commissioning Group to the Cheshire & Merseyside Commissioning Sub-Committee and its remit to support operational commissioning and other tasks pursuant to the Joint Committee work plan and requirements as directed.
- approve the draft Cheshire & Merseyside Commissioning Sub-Committee Terms of Reference and that they be formatted in line with the Joint Committee Terms of Reference and distributed to member CCG's.

Access to further information

For further information relating to this report contact:

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CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

26th October 2021

Agenda Item: C2

Report Title	Cheshire and Merseyside Core Military Veterans Service – Transfer of Coordinating Commissioner Arrangements from NHS Bury Clinical Commissioning Group to Cheshire and Merseyside Integrated Care Board
Report Author	Simon Banks, Chief Officer, NHS Wirral CCG and Carl Marsh, Chief Commissioner, NHS Warrington CCG
Committee Sponsor	Simon Banks, Chief Officer, NHS Wirral CCG

Purpose	Approve	✓	Ratify		Decide		Endorse	✓	For information	✓
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Decision / Authority Level	Level One	✓	Level Two		Level Three	
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Executive Summary
<p>All CCGs will have received a letter from NHS Bury CCG indicating their intention to transfer the commissioning and contract arrangements for the Cheshire and Merseyside Core Military Veterans Service from 1 April 2022.</p> <p>To support appropriate exit arrangements and ensure a smooth transfer of responsibilities representatives from NHS Bury CCG and Greater Manchester Health and Care Commissioning met with colleagues from Cheshire and Merseyside on 12 October 2021 to agree next steps. This paper sets out these agreed next steps.</p> <p>This is a Level One decision within the work programme as it pertains to common standards in mental health services and this is already a service commissioned at scale across all Cheshire and Merseyside CCGs with the exception of NHS Liverpool CCG.</p>

Recommendations
<p>It is recommended that the Joint Committee supports the proposals that:</p> <ul style="list-style-type: none"> • a small co-ordination group is formed consisting of the people referred to support the transfer process. • the co-ordination group will develop shadowing arrangements for Cheshire and Merseyside during this period to enable the safe and effective transfer of responsibilities from 1st April 2022 to the Cheshire and Merseyside ICB. • the co-ordination group will confirm commissioning intentions and negotiate/develop future contract content with Cheshire and Merseyside CCGs for the 2022/23 contracting round.

Recommendations

- Cheshire and Merseyside should continue with the existing commissioned services model with Greater Manchester Mental Health NHS Trust and, for Liverpool, with Mersey Care NHS Foundation Trust until 2024, with a standard NHS contract in place for both services through the Cheshire and Merseyside ICB.
- once established, the Cheshire and Merseyside ICB will explore opportunities for a single service for Cheshire and Merseyside and ensure greater integration with currently nationally commissioned specialist services.
- North West wide collaborative working will continue through the North West Armed Forces Network.

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:

None.

Link to Committee Risk Register and mitigation:

n/a

Report history:

Not applicable

Next Steps:

The co-ordination group will proceed with the work to enable the safe and effective transfer of responsibilities and contractual arrangements for the Core Military Veterans Service from effected CCGs to the ICB.

Appendices:

None

Cheshire and Merseyside Core Military Veterans Service – Transfer of Coordinating Commissioner Arrangements from NHS Bury Clinical Commissioning Group to Cheshire and Merseyside Integrated Care Board

1. Background

- 1.1 NHS Bury Clinical Commissioning Group (CCG) has over the years, acted in the capacity as the North West Coordinating Commissioner for the Core Military Veterans Service for Cheshire and Merseyside, Greater Manchester and Lancashire and South Cumbria. As part of the transition and closedown arrangements for CCGs and the establishment of Integrated Care Boards (ICBs), it is the CCG's intention to hand over commissioning and contracting arrangements for this service to the Cheshire and Merseyside ICB from 1 April 2022.
- 1.2 There is currently an implied NHS Standard Contract with Greater Manchester Mental Health NHS Trust to provide this service, which ends on the 31 March 2022. It is implied due to the current COVID-19 contracting regime for NHS providers.
- 1.3 All CCGs will have received a letter from NHS Bury CCG indicating their intention to transfer the commissioning and contract arrangements for this service from 1 April 2022. To support appropriate exit arrangements and ensure a smooth transfer of responsibilities representatives from NHS Bury CCG and Greater Manchester Health and Care Commissioning met with colleagues from Cheshire and Merseyside on 12 October 2021 to agree next steps. This paper sets out these agreed next steps.

2. Cheshire and Merseyside Core Military Veterans Service

- 2.1 CCGs have key commissioning responsibilities in designing, developing and ensuring effective delivery of support to veterans and their families. These responsibilities have been discharged alongside NHS England/Improvement (NHSE/I) and collaboratively across CCGs in the North West in recent years. This has included developing the original Military Veterans Improving Access to Psychological Therapies (IAPT) service (primarily delivered through the Pennine Care Military Veterans Service). The Military Veterans Service was evaluated in February 2019 and the evidence collated clearly pointed to the service being an invaluable service for Military Veterans.
- 2.2 For many years the North West contracting, commissioning and review functions have been coordinated by Bury CCG and the Greater Manchester system. In 2013, given the sub-regional and locality differences, the service was recommissioned into 3 separate lots covering Cheshire and Merseyside, Greater Manchester and Lancashire and South Cumbria. The service for Cheshire and Merseyside is provided by Greater Manchester Mental Health NHS Trust. NHS Liverpool CCG has their own commissioned service, which is provided by Mersey Care NHS Foundation Trust.
- 2.3 As the NHS moves toward integrated care System (ICS) arrangements, it is will no longer possible or logical for NHS Bury CCG or the Greater Manchester (GM) system to lead this work across the North West. Given this context, the GM CCG Directors of Commissioning meeting on the 15 September 2021 approved the disaggregation of commissioning and contracting arrangements. This is why work is required to move towards a Cheshire and Merseyside ICS arrangement from April 2022.

- 2.4 Subject to the relevant legislation passing, the national expectation is that in April 2022, statutory ICS bodies will form a number of joint committees with NHS England, through which they will jointly commission a proportion of specialised services that are deemed to be suitable and ready for ICS leadership, and where patients can benefit from joined up care. In the case of Armed Forces health, this will be retained as a national NHS England commissioning function that will continue to be subject to national service specifications and evidence-based policies to ensure patients have the same access to services across the country.
- 2.5 Whilst the commissioning responsibility for Armed Forces health will not change or be subject to the joint committee arrangement, it will be important for national commissioners to work closely with ICS bodies to inform service provision and realise the benefits of integrated working at local levels – aligning the timeframe with the National Veterans Mental Health Transition, Intervention and Liaison (TIL) Service, High Intensity Service, (HIS), Complex Treatment Service (CTS) commissioning arrangements which have been extended until at least 31 March 2023.

3. Actions and next steps for Cheshire and Merseyside

- 3.1 On 12 October 2021 Simon Banks (Chief Officer, NHS Wirral CCG) and Carl Marsh (Chief Commissioner, NHS Warrington CCG) met with Helen Davies (Senior Contracting and Performance Team Leader (Mental Health), Greater Manchester Shared Services), Sandy Bering, (Strategic Lead Clinical Commissioner – Mental Health & Disabilities, Greater Manchester Health & Care Commissioning) and Kez Hayat (Commissioning Programme Manager, Bury CCG). The purpose of the meeting was to agree actions and next steps for the transfer of responsibilities to the Cheshire and Merseyside ICB from 1 April 2022.
- 3.2 As already notified to CCGs, for the purposes of contract management until 31 March 2022, NHS Bury CCG will remain the coordinating commissioner for the outgoing contract. NHS Bury CCG has also formally notify the Cheshire and Merseyside provider of Military Veteran Services, Greater Manchester Mental Health NHS Trust, this week of the change in commissioning and contracting arrangements in line with the six month notice period within the implied contract. The provider's senior management were already aware of the CCGs intentions and the rationale for the change as we move into the ICS.
- 3.3 To support the effective transfer of responsibilities, action is now required by Cheshire and Merseyside CCGs in partnership with ICS colleagues and partners in the Greater Manchester system. It is recommended that the following actions are taken forward:
- a small co-ordination group is formed consisting of the people referred to in 3.1, with the addition of Margi Butler (Head of Commissioning – Mental Health) to support the transfer process. This group will be the key link with NHS Bury CCG and GM system partners. This group will liaise with the Contracting/Procurement transition work stream led by Jan Ledward, (Chief Officer, NHS Liverpool CCG), the Commissioning transition work stream led by Sarah O'Brien (Executive Director of Strategy & System Development - Cheshire & Merseyside Health & Care Partnership (HCP) and individual CCG commissioning leads for military veterans.
 - the co-ordination group will develop shadowing arrangements for Cheshire and Merseyside during this period to enable the safe and effective transfer of responsibilities from 1 April 2022 to the Cheshire and Merseyside ICB.
 - in relation to the forthcoming 2022/23 contracting round, the co-ordination group will confirm commissioning intentions and negotiate/develop future contract content with

Cheshire and Merseyside CCGs. It is anticipated that there will be some small contract value and specification changes, but these are not believed to be significant.

- Cheshire and Merseyside should continue with the existing commissioned services model with Greater Manchester Mental Health NHS Trust and, for Liverpool, with Mersey Care NHS Foundation Trust until 2024, with a standard NHS contract in place for both services through the Cheshire and Merseyside ICB.
- once established, the Cheshire and Merseyside ICB will explore opportunities for a single service for Cheshire and Merseyside and ensure greater integration with currently nationally commissioned specialist services.
- North West wide collaborative working will continue through the North West Armed Forces Network.

4. Conclusion

4.1 The Joint Committee is asked to:

- **note** the contents of this report
- to **support** the recommendations for action.

5. Access to further information

5.1 For further information relating to this report contact:

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CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING

26th October 2021

Agenda Item: C3

Report Title	Cheshire and Merseyside Specialist Weight Management Services
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Report Author	Nesta Hawker Director of Commissioning and Transformation NHS Wirral CCG
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Committee Sponsor	Simon Banks, Accountable Officer, NHS Wirral CCG
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Purpose	Approve		Ratify		Decide		Endorse		For information	✓
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Decision / Authority Level	Level One		Level Two		Level Three	
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Executive Summary
This paper is to inform the Committee on the recovery plans for Specialist Weight Management services across Cheshire and Merseyside submitted in response to a national request; and to update on the current progress of a procurement for Tier 4 bariatric services.

Recommendations
<ul style="list-style-type: none"> • Note the response to national request to develop recovery plans for specialised weight management services. • Note the update on the procurement process for Tier 4.

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:	Members of the Committee will need to state if they have any conflicts of interest pertinent to this paper
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Link to Committee Risk Register and mitigation:	n/a
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Report history:	This is the first time that this report has been considered by the Committee.
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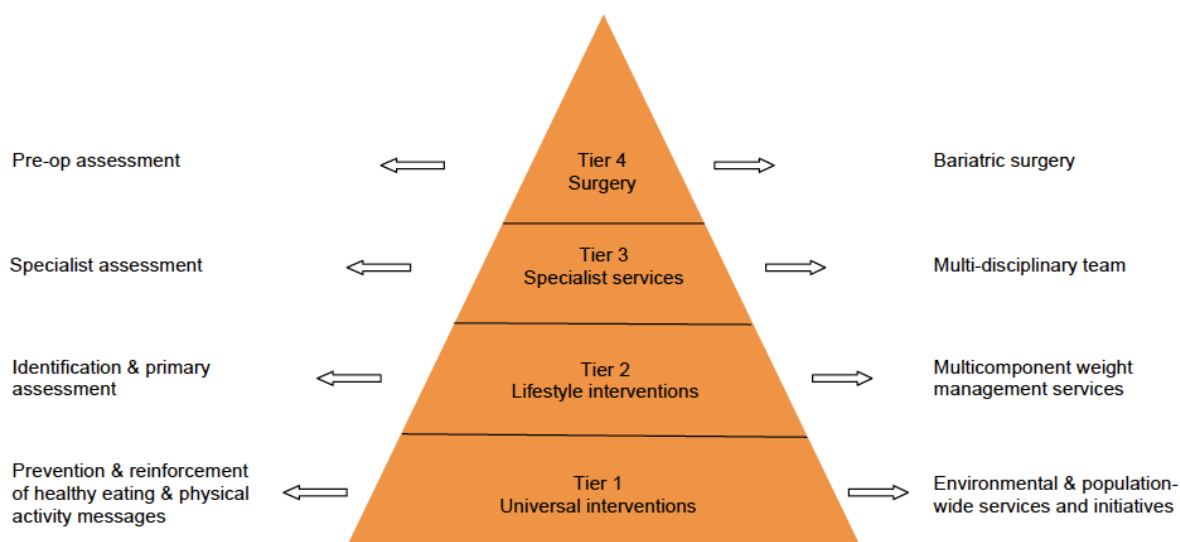
Next Steps:	
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Appendices:	n/a
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Cheshire and Merseyside Specialist Weight Management Services

1. Background

- 1.1 The obesity treatment pathway has four tiers, as depicted below, and this paper is related to the specialist weight management (SWM) Tiers 3 and 4 and will update the Committee on two areas of work; Recovery Plans and Tier 4 bariatric surgery procurement.



2. Specialist Weight Management Recovery Plans

- 2.1 In July 2021, the Department of Health and Social Care (DHSC) committed a one-year spending review settlement for Obesity services, with £3.8m funding allocated for SWM services, and a new NHS Mandate 2021/22 commitment to developing a recovery plan for specialist weight management services and bariatric surgery.
- 2.2 In response to the DHSC, each Integrated Care System (ICS) in England were asked to submit a template and within this specify two separate plans for the recovery of specialist weight management services. The first part (Part A) of the template required every ICS to complete a short proposal for the recovery and expansion of SWM within their system for the next 3 – 4 years. The second part (Part B) required every ICS to submit a plan to utilise the funding to address waiting times and backlogs and increase activity in existing Tier 3 and 4 services in 2021/22.
- 2.3 **Part A Plan:** A workshop on the 16 September 2021, which included lead commissioners from each Place and also provider representatives, achieved agreement of our plan for the next 3 – 4 years. The focus of our plan is to improve our Tier 3 provision and the main aspects of the plan submitted are shown in the Table A. Our plan for Tier 4 is to increase capacity to ensure ability to meet future demand and improve the pathway between Tier 3 and 4.

Table A: Tier 3 Plan

Tier 3 Plan	
1.	<p>Within Cheshire and Merseyside there is inconsistency in the provision of Tier 3 services and an expansion of service offer in our Tier 3 services is required to ensure that the service offer is consistent and meets best practice.</p> <p>This will include the development of a single service specification across all Tier 3 providers in Cheshire and Merseyside and ensure that eligibility criteria for the service will also be consistent. This service specification will be co-designed with previous or existing users of the services.</p> <p>Alongside the variance in service offer there is also a variance in waiting times for patients to access Tier 3.</p> <p>Referrals have increased since April 2021 and it is predicted that the new national Direct Enhanced Service will mean more GP referrals, potentially significant in number to Tier 2 services, and the Tier 3 current service offer will be unable to meet demand and waiting times will increase.</p> <p>The expansion and improvement in existing Tier 3 services will increase the numbers of patients able to access this service and therefore benefit from this service.</p>
2.	<p>In acknowledgement of the scarcity of specialist staff, such as Consultant Psychologists with a special interest in obesity, we will develop a Tier 3 Multi-Disciplinary Team that will cover across Cheshire and Merseyside where all of our Tier 3 providers will be able to review and access support with more complex patients.</p>
3.	<p>In light of new medication (liraglutide/Saxanda) being available as per NICE guidelines, we also need to establish consistent access to a Consultant led service for Tier 3 services so that this treatment option is available for all of our population.</p>
4.	<p>In order to address health inequalities and to improve access to Tier 3 services from our most deprived areas, our plan is to have a roving Tier 3 MDT that will be within a bus and will visit the most deprived areas within Cheshire and Merseyside.</p> <p>The aim will be to encourage the take up of the service offer by this population and to increase the rate of completion of the Tier 3 intervention and improve the outcomes for this particular population group.</p>
5.	<p>We want to develop a shared technology platform between our Tier 3 and 4 services to improve sharing of information and best practice. This platform will also capture feedback from patients.</p>

2.4 No update or feedback has been received to date on the Part A submission. If we are notified that our Part A submission has been successful it is proposed that a Cheshire and Merseyside ICS Steering Group, with work streams to progress on the plans, is initiated to oversee and manage the development and delivery of the plans.

- 2.5 **Part B Plan.** In order to address backlogs and waiting times for our Tier 3 and Tier 4 providers, we have agreed a plan on how best to utilise the additional funding, £255,826 allocated to Cheshire and Merseyside ICS.
- 2.6 Our two main Tier 4 providers will each receive £63,959 to increase capacity and reduce waiting times for the service, and Tier 3 funding will be shared equally across each of the 9 places; each receiving £14,212.
- 2.7 Confirmation has recently been received that our Part B plan has been accepted and this funding will be given to Cheshire and Merseyside for spend before end of March 2022.
- 2.8 Each Place lead commissioner will report on the impact of the additional funding to reduce waiting times.

3. Tier 4 procurement

- 3.1 University Hospitals of North Midlands NHS Trust (UHNM) were originally commissioned to provide Tier 4 bariatric services by Lancashire, South Cumbria, Merseyside, and North Cumbria commissioners following a failed procurement led by NHS England Specialised Commissioning. Commissioners were unable to secure the Tier 4 bariatric service due to an affordability issue with all responses to the original tender. Therefore, the decision was taken for all interested Commissioners to become an associate to the existing contract with UHNM, held by NHS Stoke CCG.
- 3.2 In mid-2018, UHNM began to experience serious capacity challenges, and as a result issued an immediate suspension notice (for Tier 4 Bariatrics provision only) in July of that year for services across Lancashire and South Cumbria, Merseyside and North Cumbria which left no Tier 4 service provision across those geographical areas. Cheshire and Wirral have continued to commission a Tier 4 service from UHNM.
- 3.3 Lancashire, Cumbria and Merseyside have had in situ interim arrangements since 2018 for their Tier 4 SWM. As a result a joint procurement for Tier 4 services was planned for 2020. The procurement is being led by NHS Chorley and South Ribble CCG on behalf of associate commissioners in Lancashire, Cumbria, and Merseyside. More recently NHS Wirral CCG has been added as an associate CCG to the procurement.
- 3.4 The Tier 4 service for Lancashire, Cumbria and Merseyside is currently provided by Phoenix Health, Salford Royal NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust. The current contracts end on 31/01/22 however it is expected that the contracts will be extended for a short period to allow for the timescales for the procurement.
- 3.3 A commissioning event was held via Teams on the 30/09/20 and a provider event held via Teams on the 26/11/20; these events set out the plans for new contracts to be in place by February 2022. However due to the ongoing COVID pandemic, the procurement process has been delayed.
- 3.4 The procurement is now planned to commence in November 2021, with contracts being awarded around June 2022. The new contracts are expected to be awarded in mid -2022 and are likely to be for five years, with an option to extend for a further two years.

4. Conclusion

- 4.1 The Cheshire and Merseyside CCGs Joint Committee members are asked to:
- **Note** the response to national request to develop recovery plans for specialised weight management services.
 - **Note** the update on the procurement process for Tier 4.

Access to further information

For further information relating to this report contact:

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CHESHIRE AND MERSEYSIDE DIRECTORS OF COMMISSIONING (DoCs) UPDATE FOR THE CHESHIRE AND MERSEYSIDE CCGS JOINT COMMITTEE (JC)

October 2021

Pulmonary Rehabilitation

The Innovation Agency presented to the group with some options for taking forward pathway redesign which appear to bring about productivity improvements in response to additional demand brought on by COVID19. The options include the use of the 'My Rehab Guru' digital application.

All present agreed that this was something that would be worth progressing as a large scale commission (on a C&M footprint) with the recommendation that clinical involvement is embedded from the outset.

Nesta Hawker, NHS Wirral CCG agreed to take this on as the Co-ordinating Commissioner as this aligns closely with the work that has been put in place for long covid.

Further discussions will take place between the Innovation Agency and Directors of Commissioning with further recommendations coming to Joint Committee in the coming months.

National NHSE Programme for Rapid Uptake & Medtech Funding Mandate 2021/22

The Innovation Agency provided information on products and innovations which are grouped under the above heading, they include developments in asthma, respiratory, foetal growth and cardiovascular care.

The initiatives were noted by the DOCs and an action was taken to ensure that these are covered in all contract meetings and medicines management proposals so that we can ensure maximum take up and implementation across C&M.

Operational Sub Committee to C&M Joint Committee

The C&M Joint Committee have requested that the current Directors of Commissioning Group starts to report into the JC and that the DOCs reviews its purpose, membership and work programme to transform into an Operational Sub Committee of the JC.

DoCs have discussed how they can support the JC and have drafted a revised Terms of Reference for review at October DOCs with the recommendation scheduled to go to October/ November JC for sign off.

Philip Thomas, Knowsley CCG is co-ordinating this work.

C&M Directors of Commissioning – Future Meeting Dates

- Monday 8th November, 2.00pm
- Monday 6th December, 2.00pm

Likely that these meetings will transfer/feed into Joint Committee as an Operational Sub Committee

Contact Information:

As Tracey Cole takes up post as C&M Diagnostics Programme Director, Dave Horsfield (NHS Liverpool CCG) dave.Horsfield@nhs.net agreed to take over as chair of the group.

System P

A presentation was provided by MerseyCare. System P is a predictive intelligence led approach to population health management. A project group has established which feeds the C&M Population Health Group.

The pilot project is funded by C&M ICS. Each place needs to agree its segmented plan. Each DOC will link in with their Director(s) of Public Health to ensure that plans are informed by JSNAs & commissioning intentions and signed off via place governance.

Future Agenda Items

- IAPT
- Independent Sector Contracts
- Gender Identity
- Neurodevelopment Services
- Spinal Services
- Climate Change
- Social Value Charter
- Military Veterans
- Pulmonary Rehab
- Social Value