

Approved Minutes

Meeting Name: Joint Committee (Meeting held in Public)
Meeting Date/Time: 26th April 2022 at 1.00 pm **Venue:** Microsoft Teams
Chair: Geoffrey Appleton, NHS St Helen's CCG

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

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Dr Michael Ejuoneatse	GP Partner	NHS St Helen's CCG
Dr Sue Benbow	Secondary Care Doctor	NHS Knowsley CCG
Ifeeoma Onvia	ChaMPs Representative	ChaMPs Representative
Margaret Jones	Director of Public Health Representative	ChaMPs Representative
Raj Jain	Chair Designate	Cheshire and Merseyside Health Care Partnership
Graham Urwin	Chief Executive Designate	Cheshire & Merseyside Health Care Partnership

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P	Preliminary Business	
A1	<p>Welcome, Introductions and Declarations of Interest:</p> <p>Geoffrey Appleton welcomed everyone to the meeting of the Cheshire and Merseyside CCGs Joint Committee. Geoffrey Appleton confirmed that this is a meeting held in public but is not a public meeting.</p> <p>Geoffrey Appleton noted thanks for Sarah O'Brians contribution to Cheshire and Merseyside over the last few years.</p>	
A2	<p>Apologies for Absence:</p> <p>Apologies received are noted on page 1 of these minutes.</p>	
A3	<p>Declarations of Interest:</p> <p>No declarations were raised other than those recorded on the annual register of interests, and no declarations were made specifically pertaining to this meeting's agenda.</p>	
A14	<p>Minutes of the Previous Meeting:</p> <p>A copy of the draft minutes from the meeting held on Tuesday 29th March 2022 were circulated prior to the meeting and comments were invited. It was agreed that the minutes would be approved with the following amendments.</p> <ul style="list-style-type: none"> • David Urwin to be amended to Graham Urwin • Jane Lunt apologies to be noted <p>Outcome: The minutes of the private meeting held on 29th March 2022 were approved.</p>	
A5	<p>Action and Decision Log:</p> <p>The action log and updates were provided as follows:-</p>	

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

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B1	<p data-bbox="252 152 1302 280">Committee Business Items</p> <p data-bbox="252 206 1302 280">Liverpool University Hospitals Clinical Services Integration Public Consultation Plan</p> <p data-bbox="252 315 1302 427">The Joint Committee welcomed Helen Johnson for this agenda item. A presentation was shared with the group and the following points were highlighted.</p> <p data-bbox="252 463 1302 535">The consultation is expected to change where care happens at Liverpool University Hospitals.</p> <p data-bbox="252 571 1302 683">The consultation dates are the 7th June to the 2nd August. The date of the consultation has been delayed slightly to ensure that everything is in place for day 1.</p> <p data-bbox="252 719 1302 790">Liverpool CCG are coordinating the consultation on behalf of Knowsley, Liverpool, South Sefton and Southport and Formby.</p> <p data-bbox="252 826 1302 862">The following 5 service areas are covered within the proposals:</p> <ul data-bbox="316 871 600 1055" style="list-style-type: none"> • Breast • General Surgery • Nephrology • Urology • Vascular <p data-bbox="252 1104 1302 1176">The consultation is part of an overall strategy which is about each of LUHFT 3 main sites having a more defined focus.</p> <p data-bbox="252 1211 1302 1323">The objectives of the consultation is to increase understanding of the solutions and options considered and what these changes will mean for patients.</p> <p data-bbox="252 1359 1302 1395">Each of the proposals has different implications.</p> <p data-bbox="252 1431 1302 1579">Feedback and views on the consultation will be gathered form patients and the public. Work will take place to look at if there are any differences in views amongst specific communities and if any mitigations regarding this need to be put in place.</p> <p data-bbox="252 1615 1302 1686">A series of focus groups will be held for each of the service areas being looked at.</p> <p data-bbox="252 1722 1302 1794">Work will also take place to look at presenting the changes at other events to help encourage people to take part in the consultation.</p> <p data-bbox="252 1830 1302 1942">Work is also taking place to map out what condition specific groups exist around each of the 5 areas to ensure that they can be made aware of the consultation.</p> <p data-bbox="252 1977 1302 2049">A main consultation booklet will support this and there will be other materials available for specific service areas.</p>	

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

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

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

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

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

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

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

End of CMJC Meeting (Held in Public)