

Date	29 March 2019
Time	09.15am – 11:15am
Venue	The Meeting Place (C202), Cheshire College South & West, Crewe Campus, Dane Bank Avenue, Crewe, CW2 8AB



Meeting of the Cheshire CCGs Joint Commissioning Committee

held in public

A G E N D A

Chair: **Dr Jonathan Griffiths**

09:00 ARRIVAL - tea and coffee available

Timings	Item No	Item	Speaker	Action and Decision Level	Format
09:15	P	PRELIMINARY BUSINESS			
	P1	Welcome & Chair's Comments	Chair	-	<i>Verbal</i>
	P2	Apologies for absence	Chair	-	<i>Verbal</i>
	P3	Declaration of interests	Chair	<i>Declaration Level 1</i>	<i>Verbal</i>
	P4	Notes from the previous meeting held in-public – January 2019	Chair	<i>For approval Level 1</i>	<i>Page 4</i>
	P5	Action Schedule	Chair	<i>For information Level 1</i>	<i>Page 13</i>
	P6	Risk Register	Chair	<i>For information Level 1</i>	<i>Verbal</i>
	P7	Forward Planner	Chair	<i>For information Level 1</i>	<i>Page 15</i>
	P8	Committee Terms of Reference	Chair	<i>For endorsement Level 2</i>	<i>Verbal</i>
	P9	Any other business declared	Chair	<i>Declaration</i>	<i>Verbal</i>
		Questions from the public			
09:35	B	BUSINESS ITEMS			
09:35	B1	Cheshire CCGs Accountable Officer's Report	CW	<i>For information Level 1</i>	<i>Verbal</i>
09:45	B2	Transformation in Cheshire:		<i>For information and endorsement Level 2</i>	
		<ul style="list-style-type: none"> • Working Together Across Cheshire (WTAC) - 	CW		<i>Page 17</i>
		<ul style="list-style-type: none"> ▪ Programme Management Office (PMO) update 	TC		<i>Page 32</i>
		<ul style="list-style-type: none"> • Integrated Care Partnership (ICP) Development - 			
		<ul style="list-style-type: none"> ▪ Cheshire East ICP update 	JW		<i>Verbal</i>
		<ul style="list-style-type: none"> ▪ Cheshire West ICP update 	AI W		<i>Verbal</i>
10:45	B3	Operational Planning 2019-20 (including contracting) Update	TC / LR	<i>For information and endorsement Level 2</i>	<i>Page 34</i>

Working Together:
 NHS Eastern Cheshire CCG
 NHS South Cheshire CCG
 NHS Vale Royal CCG
 NHS West Cheshire CCG

10:55	B5	Finance Update on issues delegated to the JCC (under Level 1 of the Workplan)	LR	<i>For information Level 1</i>	<i>Page 36</i>
11:05	B6	Committee Work Plan	Chair	<i>For information Level 2</i>	<i>Verbal</i>
	R	REPORTS FOR INFORMATION			
	R1	Cheshire and Merseyside Health & Care Partnership System Management Board (SMB) Update		<i>For information Level 1</i>	<i>Verbal</i>
	R2	Cheshire and Merseyside Collaborative Commissioning Forum (CCF) Update		<i>For information Level 1</i>	<i>Verbal</i>
		ANY OTHER BUSINESS			
		Agenda items for next meeting			
11:20	CLOSE OF MEETING				

Next Scheduled Meeting date:

Date	Venue
24 MAY 2019, 09:00	tbc

Nb: Level 1 issues are for decision by the Joint Commissioning Committee (on behalf of CCGs)
 Level 2 issues are for decision by individual CCGs, following a recommendation endorsed by the JCC

Membership

Standing Voting Members

Dr Paul Bowen (PB), Clinical Chair, NHS Eastern Cheshire CCG
Dr Andrew Wilson (AW), Clinical Chair, NHS South Cheshire CCG
Dr Jonathan Griffiths (JG), Clinical Chair, NHS Vale Royal CCG
Dr Chris Ritchieson (CR), Clinical Chair, NHS West Cheshire CCG
Clare Watson (CW), Accountable Officer, NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS West Cheshire CCG, NHS Vale Royal CCG
Dr Andrew McAlavey (AM), GP Representative, NHS West Cheshire CCG
Dr Andrew Spooner (AS), GP Representative, NHS South Cheshire CCG
Dr Daniel Harle (DH), GP Representative, NHS Eastern Cheshire CCG
Dr Fiona McGregor-Smith (FMS), GP Representative, NHS Vale Royal CCG
Jane Stephens (JS), Lay Member, NHS Eastern Cheshire CCG
John Clough (JC), Lay Member, NHS South Cheshire CCG
Ann Gray (AG), Lay Member, NHS Vale Royal CCG
Pam Smith (PS), Lay Member, NHS West Cheshire CCG
Paula Wedd (PW), Executive Member, NHS West Cheshire CCG
Neil Evans (NE), Executive Member, NHS Eastern Cheshire CCG
Lynda Risk (LR), Executive Member, NHS South Cheshire CCG
Tracey Cole (TC), Executive Member, NHS Vale Royal CCG
Sheila Hillhouse (SH), Independent Clinical Member – Registered Nurse
Not in post, Independent Clinical Member – Secondary Care Doctor
Not in post, Independent Chair

Standing Non-Voting Members

Louise Barry (LB), Healthwatch Cheshire East and Healthwatch Cheshire West & Chester
Mark Palethorpe (MP), Cheshire East Council Representative
Delyth Curtis (DC), Cheshire West and Chester Council Representative

In attendance

Andy Thomas (AT), Head of Assurance and Delivery, NHS England Cheshire and Merseyside
Dylan Murphy (DM), Business Manager, NHS South Cheshire/NHS Vale Royal CCGs

Minute taker

Mandi Cragg, Executive Assistant to the Chairs, NHS South Cheshire/NHS Vale Royal CCGs

Joint Commissioning Committee Register of Interests

NHS Eastern Cheshire CCG: <https://www.easterncheshireccg.nhs.uk/Meetings/cheshire-ccgs-joint-commissioning-committee.htm>

NHS South Cheshire CCG: <https://www.westcheshireccg.nhs.uk/meetings-and-events/joint-commissioning-committee-of-the-cheshire-clinical-commissioning-groups/>

NHS Vale Royal CCG: <http://www.southcheshireccg.nhs.uk/governing-body/cheshire-ccgs-joint-commissioning-committee>

NHS West Cheshire CCG: <http://www.valeroyalccg.nhs.uk/governing-body/cheshire-ccgs-joint-commissioning-committee>

Date	25 January 2019
Time	09:15am – 11:50am
Venue	Meeting room G1, Wyvern House, The Drummer, Winsford, CW7 1AH



Meeting of the Cheshire CCGs Joint Commissioning Committee

held in public

DRAFT Minutes

Attendance:	
Standing Voting Members	
Louise Barry	Chief Executive Officer, Healthwatch Cheshire East and Healthwatch Cheshire West & Chester
Dr Paul Bowen	Clinical Chair, NHS Eastern Cheshire CCG
John Clough	Lay Member, NHS South Cheshire CCG
Tracey Cole	Executive Director for Commissioning, NHS South Cheshire CCG and NHS Vale Royal CCG
Neil Evans	Turnaround Director, NHS Eastern Cheshire CCG
Ann Gray	Lay Member, NHS Vale Royal CCG
Dr Jonathan Griffiths (<i>Current Chair of JCC</i>)	Clinical Chair, NHS Vale Royal CCG
Dr Daniel Harle	GP Representative, NHS Eastern Cheshire CCG
Sheila Hillhouse	Independent Clinical Member
Dr Andrew McAlavey	GP Representative, NHS West Cheshire CCG
Dr Fiona McGregor-Smith	GP Representative, NHS Vale Royal CCG
Lynda Risk	Chief Finance Officer, NHS South Cheshire CCG and NHS Vale Royal CCG
Dr Chris Ritchieson	Clinical Chair, NHS West Cheshire CCG
Pam Smith	Lay Member, NHS West Cheshire CCG
Dr Andrew Spooner	GP Representative, NHS South Cheshire CCG
Jane Stephens	Lay Member, NHS Eastern Cheshire CCG
Clare Watson	Accountable Officer, NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG & NHS West Cheshire CCG
Paula Wedd	Director of Quality & Safeguarding, NHS West Cheshire CCG
Dr Andrew Wilson	Clinical Chair, NHS South Cheshire CCG
Standing Non-Voting Members	
Mark Palethorpe	Acting Executive Director – People, Cheshire East Council
Del Curtis	Deputy Chief Executive – People, Cheshire West & Chester Council
In attendance	
Shelley Brough (<i>on behalf of Nichola Glover-Edge</i>)	Head of Integrated Commissioning, Cheshire East Council
Alison Lee (<i>meeting in part</i>)	Managing Director, Cheshire West Integrated Care Partnership
Phil Meakin (<i>meeting in part</i>)	Director of Assurance & Turnaround, NHS South Cheshire CCG & NHS Vale Royal CCG

Dylan Murphy	Business Manager, NHS South Cheshire CCG & NHS Vale Royal CCG
Sally Thorpe (<i>minute taker</i>)	Executive Assistant to the Accountable Officer and the Chief Finance Officer, NHS South Cheshire CCG & NHS Vale Royal CCG
Apologies	
Nichola Glover-Edge	Director of Commissioning, Cheshire East Council
Fiona Reynolds	Director of Public Health, Cheshire East Council
Andy Thomas	NHS England representative
Members of the public and those additional in attendance	
Members of the public and those additional in attendance signed in via the public signing in sheet	

Item No	Item	Action
P	PRELIMINARY BUSINESS	
P1	Welcome and Chairs comments It was noted that the meeting was quorate.	
P2	Apologies for absence Noted as above	
P3	Declaration of interest It was noted that there were no changes to anyone's declarations of interest and established conflicts can all be viewed on the CCG websites.	
P4	Notes from the previous meeting held in-public – November 2018 Page 10 of the papers, under item B3, it was noted that the first sentence should read <i>'It was questioned whether the JCC committee members had any appetite to move any items from Level 2 to Level 1'</i> (and not the other way round). Accepting this amendment, the minutes were agreed as a true and accurate record of the meeting.	
P5	Action Schedule All Actions were noted to be captured in the Action Log, and this was updated accordingly. It was noted that items 01-181130, 02-181130 and 03-181130 were on the agenda at today's meeting.	
P6	Risk Register The Committee considered the submitted report and noted that: <ul style="list-style-type: none"> • This was a good format but the risks and mitigating actions should reflect the appropriate level of strategic risk. • There is some repetition of the risks considered at JET. Further thought was needed to clarify the appropriate ownership of risks and which should be considered at JCC level (noting that this should reflect the JCC's remit as identified in its work plan). • MIAA would be engaged to help develop / facilitate a session for members to collectively develop strategic objectives and associated risks. • Further consideration of delegation levels to the Committee (and the balance of Level 1/Level 2 issues) would help determine the relevant level of "risk" for this group. 	

	ACTION - A facilitated session to develop strategic objectives would help clarify the associated risks. There is an opportunity to develop together either at this group or a dedicated session. MIAA to be engaged to help develop / facilitate.	
P7	Forward Planner The Committee noted that the future business would need to be reviewed following consideration of the Committee Work Plan (later on the agenda).	
P8	Committee Annual Review The Committee considered a report which reviewed the business and operation of the Committee since its establishment. Dylan Murphy was thanked for preparing the report and it was noted that it was a good opportunity to take stock and consider the way forward. Members noted that: <ul style="list-style-type: none"> Initially, there had been a focus on developing the governance and creating the necessary processes, trust and confidence among the group. As the Committee matured, there had been an increased focus on developing joint working arrangements and the focus will increasingly move towards the development of services, including the delivery of things that individual CCGs cannot deliver alone. The creation of a single Exec team will facilitate that concentration on jointly developed services, as would a shift of business from individual CCGs to the Committee. The next steps would also include further joint working with local authority colleagues. Good progress had been made but there was more to do to make the best use of the Committee. 	
P9	Any other Business declared None.	
	Questions from the public None.	
B	BUSINESS ITEMS	
B1	Cheshire CCGs Joint Executive Team Report The Committee considered the report of the Cheshire CCGs' Joint Executive Team and noted that: <ul style="list-style-type: none"> From March, the group would meet fortnightly, with a corresponding decrease in individual CCG Executive team meetings. The item had been brought forward on the agenda in order to set the context. In future, the JEY update would be replaced by an Accountable Officer's Report. There was a need to simplify and align processes to make things easier / quicker. CCGs retained individual responsibilities but there was now a single Accountable Officer for each of the four CCGs. Strategic discussions / decisions would take place at the JET/Cheshire level wherever possible but there were still individual CCG governance processes to work through. At present, things were often doing things in triplicate so there was a wish to streamline and do things once. There was added complexity as ICP development was taking place alongside CCG alignment/potential merger. 	

B2	<p>A: Transformation in Cheshire:</p>	
B2.1	<ul style="list-style-type: none"> • Working Together Across Cheshire (WTAC) <p><u>WTAC – intro</u></p> <p>Business as usual was still being delivered. Year-end delivery was a significant piece of work. 2019/20 contracts and planning submissions were also significant pieces of work underway in each CCG. The CCGs would look to plan with the embryonic ICPs in future.</p> <p>Contracting was key to promoting integration and perverse incentives should be avoided. Neil Evans outlined that a set of contracting principles were in development to ensure that contracts supported behaviours that promoted integration. This was a two-way process and discussions were underway with providers who needed to sign up to the process. He added that there were specifications around care communities etc. that helped create a collaborative environment across the system and there was a wish to embed collaborative approaches within contracts. There was a need to address consistently across the two places and CCGs were awaiting an integrated care contract that would facilitate that. It was also noted that there were lots of national requirements to deliver.</p> <p>There was a system-wide contract review board in place to collectively consider the use of system monies. CWP discussions were also undertaken on a Cheshire-wide basis.</p> <p>There may be an opportunity to include a contract variation point.</p> <p>The finance workstream has been looking at how the four CCG allocations work towards an aligned position from 2019-20 into 2020-21. Memberships are being engaged to develop options to provide the necessary assurance.</p> <p>No further FAQs had been received from anyone. All were asked to encourage staff to raise them.</p> <p>There was an emerging NHSE/ NHSI structure and there was a need to engage with this to ensure that the system continued to be supportive of what we are trying to achieve. This represented an opportunity for us all, there is a new regional Director from 1 February and we could invite him to Cheshire to see our work. There was a strong line that CCGs must avoid arbitration.</p> <p>Members each had a role in engaging and influencing partners to achieve the best outcome.</p> <p>360 surveys were now open. The CCG Quality of Leadership submissions were being developed and we are working to deliver “Green” ratings for each.</p> <p>Active Cheshire was being promoted. All staff were being encouraged to undertake a day’s volunteering a year (which will be supported by the CCGs).</p> <p>Work was ongoing with the memberships to consider the governance of a single CCG – discussions had so far taken place in West Cheshire and Vale Royal. Similar conversations were to take place in South Cheshire and Eastern Cheshire and it was noted that it was important to ensure that consistent conversations were taking place across the CCGs.</p> <p>Jane Stephens outlined that the first cross-Cheshire Lay Member session had taken place the previous week. Lots of common ground had been identified and</p>	

	<p>consideration had been given to communication between lay members and the appropriate level of involvement. It was noted that consideration of secondary care doctor and nurse members' roles would also be helpful.</p>	
B2.2	<ul style="list-style-type: none"> • Programme Management Office (PMO) update <p><u>WTAC – PMO</u></p> <p>Tracy Cole delivered an update on the PMO approach. The Committee noted that:</p> <ul style="list-style-type: none"> • The approach demonstrated that CCGs can work collaboratively without having to implement complex management of change processes. • Suzanne Horrill, Lay Member, was now engaged in the PMO work and would feed back to the Lay Members' group. • Six weekly calls with NHSE continued and they continued to be supportive of the approach. • Mersey Internal Audit Agency (MIAA) had undertaken a review of the PMO approach. The draft report was positive and was going through the relevant governance process within each CCG. 	
B2.3	<ul style="list-style-type: none"> • Governance Update, including future meeting arrangements <p><u>WTAC Governance Update</u></p> <p>Phil Meakin delivered an update on the work of the governance, risk and policies workstream, which included the following points:</p> <ul style="list-style-type: none"> • Good progress being made to date, and there have been discussions at two memberships so far, with two memberships to go. After this there would be further consideration at each CCG Governing Body. • There would need to be flexible approach and plans would need to be revised as discussions with the JCC, CCG governing bodies and memberships developed. • There were proposals around 'Committees in Common' and of a workplan to achieve this was in development. It was noted that this would ideally start from April 2019. The proposal in development included: <ul style="list-style-type: none"> ▪ Looking to develop a common terms of reference for the CCGs' statutory committees from April and holding meetings in common thereafter. ▪ Consideration of the frequency of JCC and Governing Bodies (to be considered at the next round of Governing Body meetings) ▪ Reviewing other CCG meetings to align and reduce duplication and increase efficiency. <p>It was also noted that on 31 January 2019 a session was to be held with primary care teams to consider the future delivery of primary care operations and primary care development. Primary Care Commissioning Committees (PCCCs) would deliver the operational, contractual elements delegated to CCGs. Wider Primary Care development could potentially be considered on a place basis and were outside the remit of PCCCs. The ambition was for PCCCs in common by June. That aspiration would need to take account of discussions as they developed.</p> <p>It was reiterated that a Committees in Common arrangement was not about delegating responsibility but more about logistics - with committees coming together at the same time, in the same place to consider the same issues (making their own decisions as appropriate). It was noted that NHS South Cheshire and NHS Vale Royal already did that at several committee meetings, and it worked well.</p> <p>There was work in progress to arrange two place-based membership meetings during March 2019. The logistics of this were easier than getting all four together. Other work underway included consideration of place-based governing body GP meetings.</p>	

	<p>The Committee noted and endorsed the recommendations around:</p> <ul style="list-style-type: none"> • Alignment of CCG audit plans and Board Assurance Frameworks; • Alignment of HR and corporate policies; • The development of a Cheshire CCG Constitution (based on the revised national model); and • Alignment of committees and use of “committees in common”. 	
	<p>B: Integrated Care Partnership (ICP) Development</p>	
<p>B2.4</p>	<ul style="list-style-type: none"> • Cheshire West ICP – Assurance Progress <p>The committee welcomed Alison Lee, who initiated a discussion around the ICP.</p> <p>It was noted there were not Lay Members on the ICP but, mirroring Trust arrangements, there was non-executive as well as Healthwatch representation. This was bolstered by local authority elected member representation on the Board, as well as wider engagement arrangements. There were lots of ways to engage, via networks etc. and the ICP would be working with Healthwatch to develop those mechanisms further. “Lay members” were not part of the architecture but there were lots of ways to ensure engagement.</p> <p>There needed to be a really strong core of General Practice and clinical leadership was key. Care communities were the building block. The development of “out of hospital care” was a crucial starting point but the aspiration was to develop greater system transformation, including acute care.</p> <p>There was a challenge for partners to move resources into the ICP and that should be further encouraged. There was an emerging team however and, following discussion with the Countess of Chester Hospital NHS Foundation Trust (CoC), staff were being aligned to the ICP. Corporate Communications staff from CCGs had also been aligned to the ICP. There was an emerging team of Directors and local authority Director representation had been agreed, as had a strategic Medical Director post (with CoC). Mid Cheshire links were to be developed, as would nursing links.</p> <p>There had been a period of double-running in Manchester, using transformation monies. In Cheshire, this work is being funded through existing resources so needs to be a reengineering of the existing structures. Return on investment would probably be three years down the line so it was important to recognise the longer time horizon.</p> <p>The ICP was using a recognised large-scale change methodology and was working on a similar time horizon to the long term plan, looking at a five year aspirational plan as well as some initial actions to develop the building blocks.</p> <p>Del Curtis noted that CWAC was committed to the development of the ICP and supported a “bottom up” approach. There was to be an appreciative inquiry exercise from February to identify what the public and patients wanted from an ICP “on the ground”. The Department of Health was undertaking diagnostic work and the data would be used to underpin further conversations. The council was also looking to identify what could potentially be delivered post-election and was aligning resources to enable c£1m “pump primed” monies to support this.</p> <p>CCGs are looking at a clinical leadership model which would support a different approach to commissioning. A strategic CCG would commission outcomes. The providers would be responsible for delivering them as they saw fit (without micro-management from a CCG) and the means of doing this could potentially vary to suit</p>	

	local circumstances. Within this structure, the ICP may be required to be both a commissioner and a provider and would need to manage this balance.	
B2.5	<p>• Cheshire East ICP update</p> <p>The Committee noted that care communities had developed positively, and that work continued. A new independent chair had been appointed (more details were to follow once this has been ratified) and there had been a positive response/ interest in the Director of Development and Delivery post.</p> <p>Members noted that there needed to be a rebalancing of efforts, and recognition that the development was not just about acute sustainability. Culture was critical and the form and function would need to be right in order to foster widespread support and engagement across the system.</p> <p>It was noted that GPs wanted to be part of the process, to stabilise and optimise the local system. The biggest fear was that an ICP is a 'middle tier', or that the ICP would be another arm of the provider.</p> <p>Care Communities were the building blocks and CCICP had been successful in delivering "changes on the ground". It was noted that this was a time of change and there was confidence that the emerging structures would move things on.</p>	
B3	<p>Operating Planning 2019-20 (including contracting) update</p> <p>The circulated presentation was noted and thanks given to Neil Evans. Following consideration of the presentation, members noted that:</p> <ul style="list-style-type: none"> • The work the CCGs had been developing was broadly consistent with the planning requirements so good progress had already been made in a number of areas (which would not be the case for all health systems). • The annual Operational Plan / Contract planning for 2019/20 was underway. There was also a need for system-level plans by the autumn. This would require detailed work and agreement by all partners. Some gap analysis will be undertaken and a longer-term piece of work will happen to develop the longer term plan. • There will be £1.50 available per network but that there needs to be a consistent view on the definition of a network, i.e. was it a care community, a GP network, or some other configuration? It was noted that primary care and the care communities were wider than general practice. A consistent approach across the Cheshire places, ideally developed in conjunction with the LMC and Healthwatch, would be very helpful. • In terms of patient engagement, Healthwatch have been contracted by NHSE to work with the HCP to help develop implementation plans, this is also being considered at a local and neighbourhood level. There will be a lead Healthwatch for Cheshire & Merseyside and are currently waiting on guidance as to how this is going to work. • Individual CCGs were required to submit an annual Operational Plan but we are working on a shared approach across Cheshire. There is a need to engage with partners on the longer-term place-based plan which would be required in the autumn. A CCG Strategy and Partnerships Exec role will be created to lead the development of this plan. • Primary Care strategy development is a priority for the ICP and NHS South Cheshire CCG and NHS Vale Royal CCG are looking to provide funding to support this. Further match funding from both NHS Eastern Cheshire CCG and NHS West Cheshire CCG would also be explored. • Each place was required to identify a designated lead. There was a wish to draw in wider stakeholders who influence the wider determinants of health and the local 	

	<p>authorities were well placed to do this. Local authorities also had strengths in public consultation etc. which would be beneficial. More conversations were to be held before lead organisations were formally identified but there was support for the respective local authorities taking on this role. It was noted that, whichever organisations took the lead, all partners would continue to be responsible for delivering the plan.</p> <ul style="list-style-type: none"> • There needs to be agreement from respective organisations on the baseline so shared plans can be developed. This presented a real opportunity to incorporate wider determinants of health in a plan that is meaningful to all partners. • Similar conversations would take place at Cheshire East Partnership Board and Health and Wellbeing Board meetings in the coming days. 	
B4	<p>Financial Overview of 2019-20 Planning Guidance and NHS Long-term Plan Lynda Risk delivered an update and the Committee noted that:</p> <ul style="list-style-type: none"> • CCGs were yet to receive all technical guidance. • All had moved closer to target and 2019/20 growth across Cheshire would be c5.3%. This was higher than recent years but there were lots of requirements in the plan for expenditure (which would include ring-fenced funding for Mental Health, primary and community care, and primary care networks). • There was no specific mention of winter and running costs were to reduce by 20% by 2020/21. • The business rules have not changed and the control totals are all challenging and difficult to achieve. • There is a requirement that running costs are to reduce by 20% by 2020/21. 	
B5	<p>Finance Update on issues delegated to the JCC (under Level 1 of the Workplan) Noted.</p>	
B6	<p>Committee Workplan The Committee considered a report which recommended a number of revisions to the Committee's workplan for 2019/20. Members noted that:</p> <ul style="list-style-type: none"> • JCC could recommend revisions to the Workplan to individual CCGs but it is within individual Governing Bodies/Memberships' remit to agree them. • The Committee's current remit was a small proportion of overall CCG activity/budgets. • It was proposed that CCGs delegate a number of additional "Phase 2" commissioning areas to the Committee: <ul style="list-style-type: none"> ▪ Continuing Healthcare and Funded Nursing Care (<i>currently under Level Two authority of the committee</i>) ▪ Personal Health Budgets (<i>currently under Level Two authority of the committee</i>) ▪ Safeguarding – Children, Adults and Looked after children (<i>currently under Level Two authority of the committee</i>) ▪ Individual Funding Requests. • It was proposed that further consideration be given to incorporating a number of additional "Phase 3" commissioning areas within the 2019/10 workplan: <ul style="list-style-type: none"> ▪ Cancer ▪ Mental Health and Learning Disability ▪ Maternity ▪ Integrated Care Partnerships, including Care Communities ▪ Integrated commissioning with local authorities. <p>Members also noted that:</p> <ul style="list-style-type: none"> • The Committee offered a Cheshire-wide forum for assurance and oversight. It was 	

	<p>not suggested that JCC would be delivering the activity associated with the commissioning areas included in its workplan. Operationally, business would be delivered as appropriate. There was no intention to micro-manage and the recommendations were around consideration of issues that could most effectively be delivered at a Cheshire level.</p> <ul style="list-style-type: none"> • Individual CCGs would retain their statutory responsibilities, including those around safeguarding, and would continue to be accountable for them. • Revisions to the workplan were not dependent on a formal merger of the CCGs and in no way suggested that CCG merger was an inevitable outcome. This was about doing things once, to be more efficient; and doing them collectively, to do things more effectively, increasing the influence of Cheshire in the wider system and delivering improved outcomes for the population of Cheshire. • Issues may need to be considered at different levels – individual CCG, JCC or “Place”. This was acknowledged and would, in some cases be entirely appropriate. Efforts should be made to avoid unnecessary duplication however and make decisions as efficiently as possible. • Individual CCG Governing Bodies / memberships would need to consider the pros and cons of any revisions to the workplan and JCC members would have an important role in informing the discussions within their respective CCGs. • It was important to note that budgets were not being pooled. • The proposed “Phase 2” commissioning areas were already delivered by a single team and work in these commissioning areas was already delivered across CCG boundaries. • More work would be done to consider the proposed “phase 3” commissioning areas to clarify the scope and rational for the inclusion of those areas rather than others. • Thought also needed to be given to the development of integrated commissioning with local authorities, the role of a strategic commissioner and potentially distinct approaches in Cheshire East and Cheshire West. • The work plan will be iterative and would develop over time. Should a formal merger be agreed, the JCC workplan would be superseded. It was also noted that there was a need to be pragmatic and the JCC could potentially “hold” certain issues until such time as the ICPs were sufficiently developed to own them. <p>Following consideration of the submitted paper and discussion at the meeting, the Committee:</p> <ul style="list-style-type: none"> • Endorsed the identified (phase two) commissioning areas for inclusion under the Level One decision making authority of the Committee. • approved the recommendation that the CCGs’ Accountable Officer lead the development of the Committee’s draft Annual Workplan (2019-2020) and prepare supporting papers for consideration at subsequent CCG Governing Body and/or GP membership meetings • noted the ‘phase three’ commissioning areas that are being considered for inclusion under the Level One decision making authority of the Committee. • noted the next steps required to approve the amendments to the Committee’s Annual workplan (2019-2020) which would bestow decision making authority to the Committee. 	
R	REPORTS FOR INFORMATION	
R1	<p>Cheshire and Merseyside Health & Care Partnership System Management Board (SMB) Update</p> <p>Clare Watson reported that the main item of discussion at the last meeting was the top-slicing of CCG budgets for the delivery of C&M level programmes. In 2018/19</p>	

	<p>there was a top-slicing of 0.25% and all Cheshire CCGs did not all get their pro-rata share back. For 2019/20 the top-sliced figure would be 0.5% of allocation. 0.2% would be allocated to “place” and CCGs would not have to have to bid back for this. 0.1% will be held by the HCP for contingency. The remaining 0.2% will sit with the HCP for programmes. SROs would co-ordinate bids against this funding. Deadlines for bids were at the end of the month.</p> <p>It was noted that HCP partners would be assessing the bids. There was representation from CCG Accountable Officers, Trust Chairs and Chief Execs, as well as local authority Chief Executives and the group provided robust challenge.</p> <p>ACTION: To provide assurance that the funding would be used to best effect, Clare Watson would request further information on principles, criteria etc. that would determine the allocation of the 0.2%.</p>	CW
R2	<p>Cheshire and Merseyside Collaborative Commissioning Forum (CCF) Update Dr Andrew Wilson noted that there have been two meetings since the last JCC, one was the Health and Care Partnership (HCP) Board and an additional meeting which focussed on the Operational Plan. There is a workshop in March to consider ways of working and its work plan.</p>	
	Any Other Business	
	Nothing further.	
CLOSE OF MEETING		

Next meeting:

Friday 29th March 2019
Venue tbc

*Nb: Level 1 issues are for decision by the Joint Commissioning Committee (on behalf of CCGs)
Level 2 issues are for decision by individual CCGs, following a recommendation endorsed by the JCC*

Cheshire CCGs Joint Commissioning Committee in public ACTION MATRIX 2018-19

Red	Overdue and to be completed
Amber	On-going and to be completed
Green	Completed
Blue	Completed an/or on agenda

Last updated: 16 March 2019

Action No	Action	Action By	Due Date	Status
01 - 190125	Risk Register - A facilitated session to develop strategic objectives would help clarify the associated risks. There is an opportunity to develop together either at this group or a dedicated session. MIAA to be engaged to help develop / facilitate.	JET		MAR: A Governing Body session to consider the development of a common Board Assurance Framework has been arranged for 18 April. This will inform the development of individual Governing Body and Joint Commissioning Committee BAF/risk arrangements. The scope of the JCC BAF will also be determined by approval of a revised workplan for 2019/20.
02 - 190125	Cheshire and Merseyside Health & Care Partnership System Management Board (SMB) Update - To provide assurance that the funding would be used to best effect, Clare Watson would request further information on principles, criteria etc. that would determine the allocation of the 0.2%.	CW	tbc	tbc
10 - 180727	Cheshire & Merseyside Collaborative Commissioning Forum (CCF) - Dr Andrew Wilson agreed to update a future JCC meeting on (Lay member) representation on the CCF.	AW	tbc	MAR: A workshop was to take place to consider "ways of working and its work plan". NOV: proposed that once

Working Together:

NHS Eastern Cheshire CCG
NHS South Cheshire CCG
NHS Vale Royal CCG
NHS West Cheshire CCG

Action No	Action	Action By	Due Date	Status
				<p>CCF has administration, items will be facilitated more appropriately. Additionally appropriate representation on this forum will be addressed. Dr Andrew Wilson to update a future JCC meeting.</p> <p>SEPT: Dr Andrew Wilson has subsequently been appointed Chair/Vice Chair of the CCF. The ambition is to widen the membership of the group as it develops (including public health representation).</p>

Cheshire CCGs Joint Commissioning Committee Meetings Forward Planner 2018-19

Item	Meeting Month					
	May 18	July 18	Sept 18	Nov 18	Jan 19	March 19
Standing items						
Apologies	✓	✓	✓	✓	✓	✓
Declarations of Interest	✓	✓	✓	✓	✓	✓
Minutes of Last meeting	✓	✓	✓	✓	✓	✓
Action Schedule	✓	✓	✓	✓	✓	✓
Forward Planner	✓	✓	✓	✓	✓	✓
Committee Risk Register	✓	✓	✓	✓	✓	✓
Reports of Cheshire CCGs Joint Executive Team Meeting	✓	✓	✓	✓	✓	✓
Progress on ICP / ICS development (under Transformation in Cheshire item)		✓	✓	✓	✓	✓
Working Together Across Cheshire (under Transformation in Cheshire item)	✓	✓	✓	✓	✓	✓
Governance						
<i>Committee Terms of Reference – Annual Review</i>		✓				(✓)
Committee Workplan – 6 month review	✓			✓		
Committee Memorandum of Understanding	✓	✓				
Committee Annual Report to CCG Governing Bodies					✓	✗
Committee Annual Self-Assessment					✓	
Governance “Deep Dive”				✓		
CCG Commissioning						
Commissioning Intentions 2019-20			✓		✓	
Operating Plan Requirements 2019-20 (<i>those for areas under remit of Committee</i>)					✓	
CCG Commissioning Support Contract Renewal	✓	✓				
Business cases						
-						

Other						
Appointment of Committee Independent Chair	✓					
Appointment of Committee Registered Nurse Member	✓					
Appointment of Committee Secondary Care Doctor Member	✓					
Committee Operation and Workplan Implementation Resource paper						
Outcome of Consultation on Redesign of Adult and Older Peoples Specialist Mental Health Services			✓			
Cheshire & Merseyside Individual Funding Request Governance Framework and Policies		✓				
Care Communities Service Specification			✓			
Continuing Healthcare and Complex Care Commissioning Policy revision		✓	✓			
Committee Terms of Reference - updates		✓				

Working together:

- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- NHS West Cheshire Clinical Commissioning Group

Working Together Across Cheshire

The Story So Far...

Clare Watson
Accountable Officer

Working Together Across Cheshire

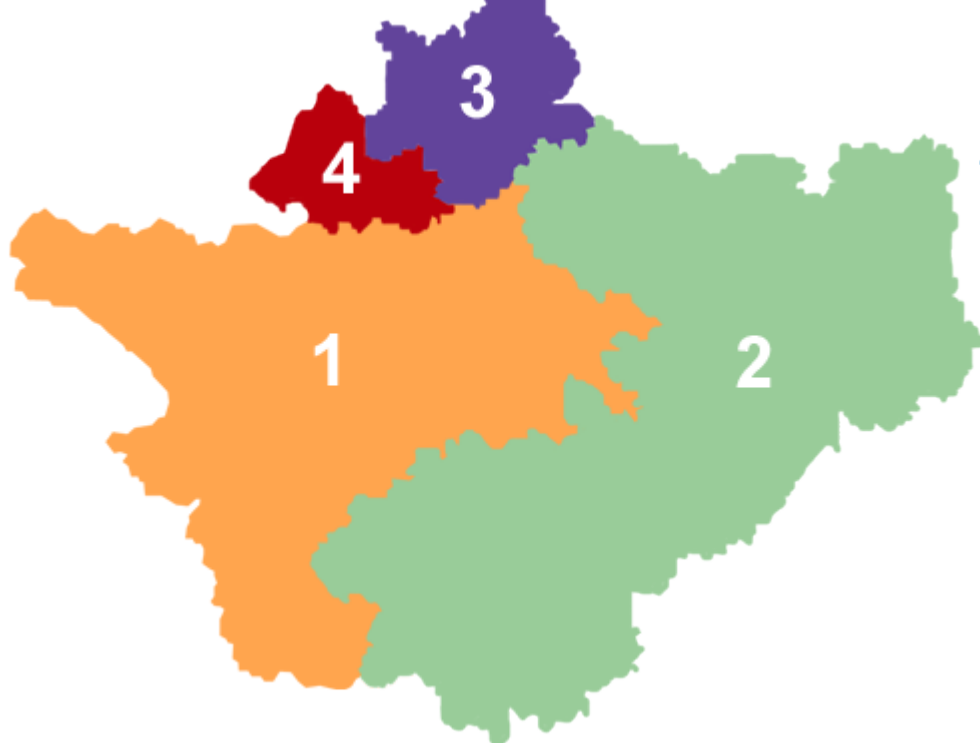
Is a programme of work to:

- Develop a (potentially) merged Cheshire CCG
- Support the development of 2 Place based Integrated Care Partnerships (ICPs)
- Bring about greater integration and collaboration resulting in maximum efficiency in commissioning and service delivery

Cheshire

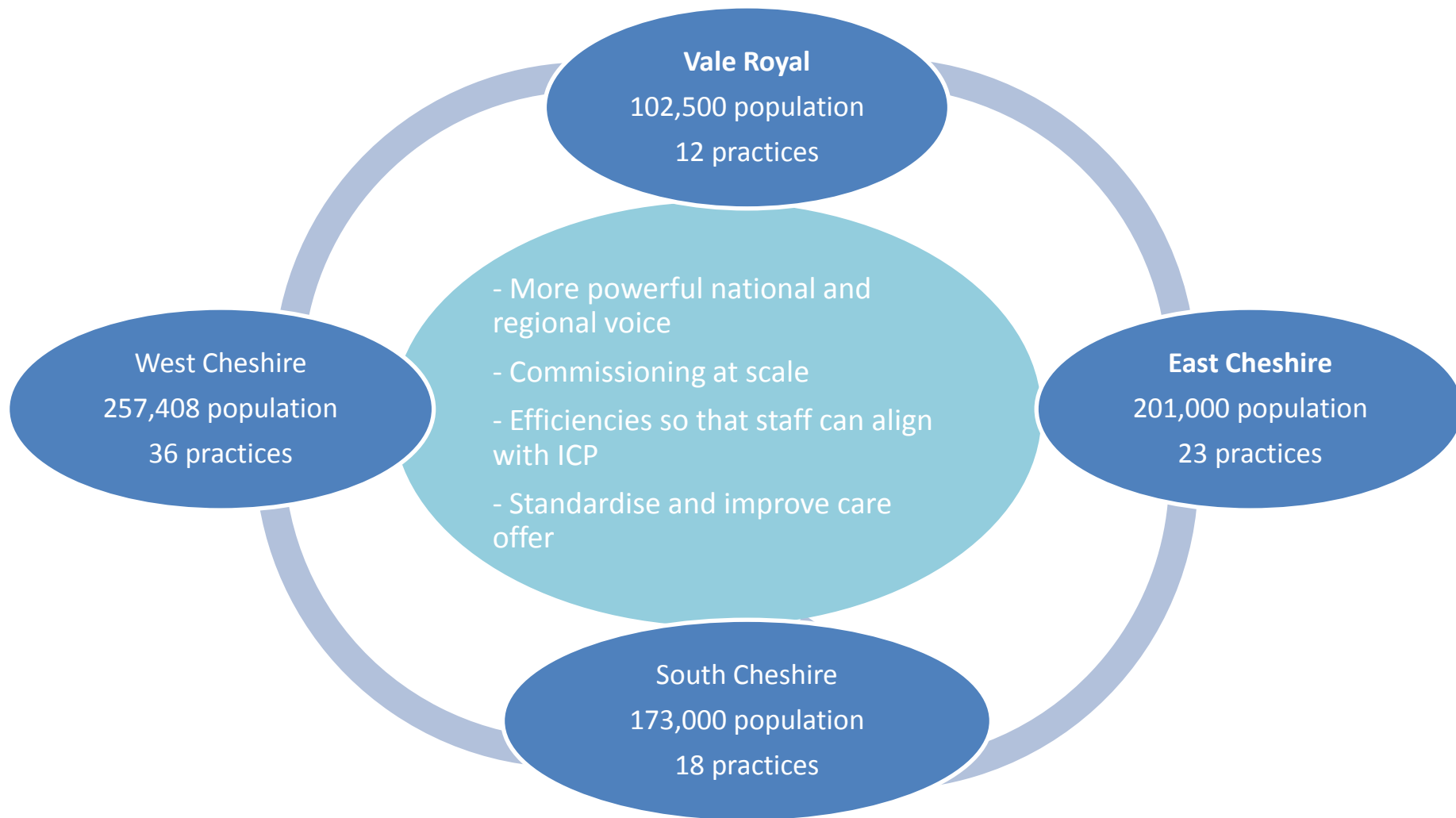


'Place' in Cheshire

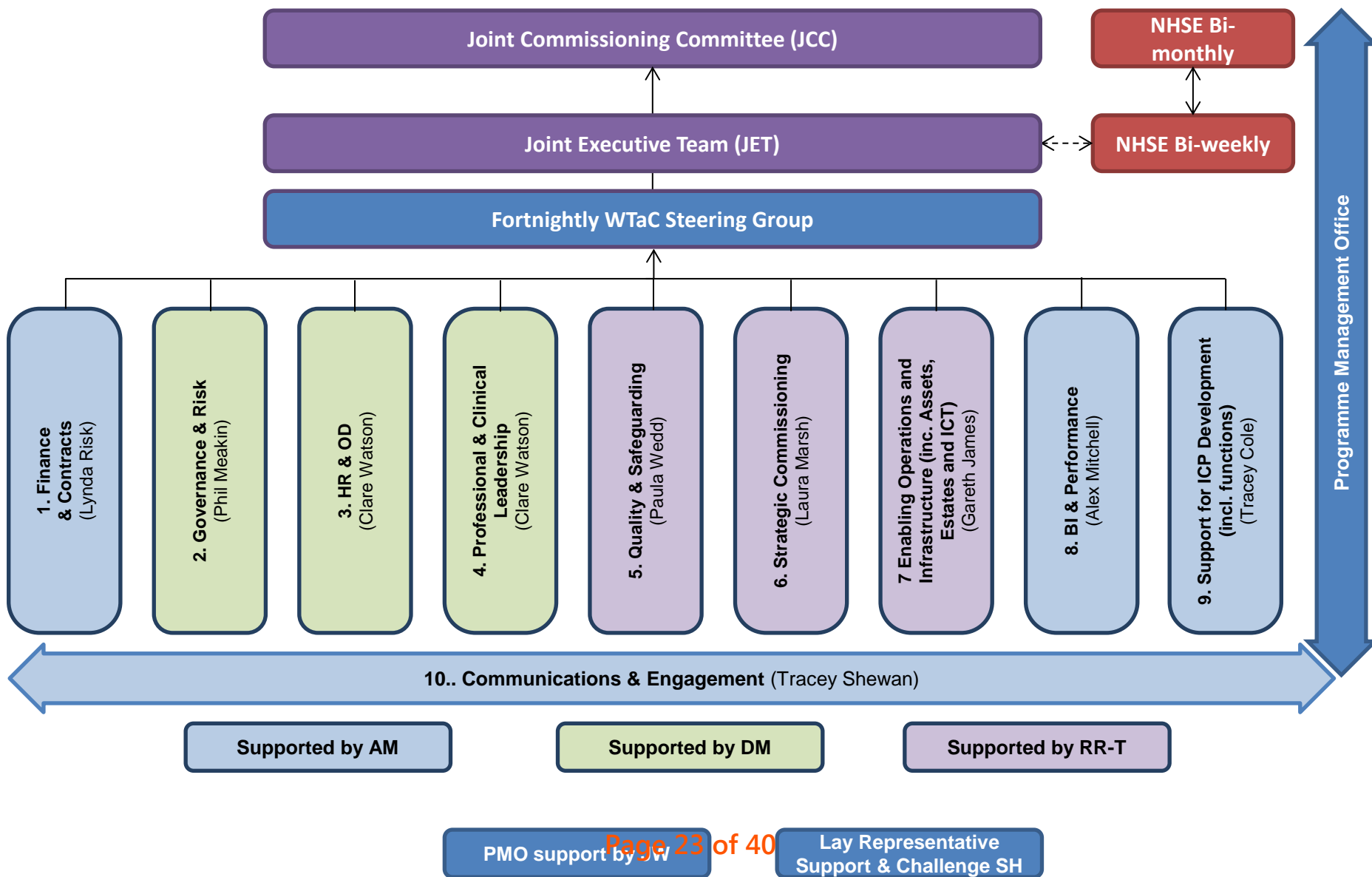


1) Cheshire West Place		2) Cheshire East Place	
NHS West Cheshire CCG		NHS South Cheshire CCG	
NHS Vale Royal CCG		NHS Eastern Cheshire CCG	
Cheshire West and Chester Council		Cheshire East Council	
1) Cheshire West Place		2) Cheshire East Place	
Proposed Cheshire CCG			
Cheshire West and Chester Council		Cheshire East Council	
Cheshire West Integrated Care Partnership		Cheshire East Integrated Care Partnership	

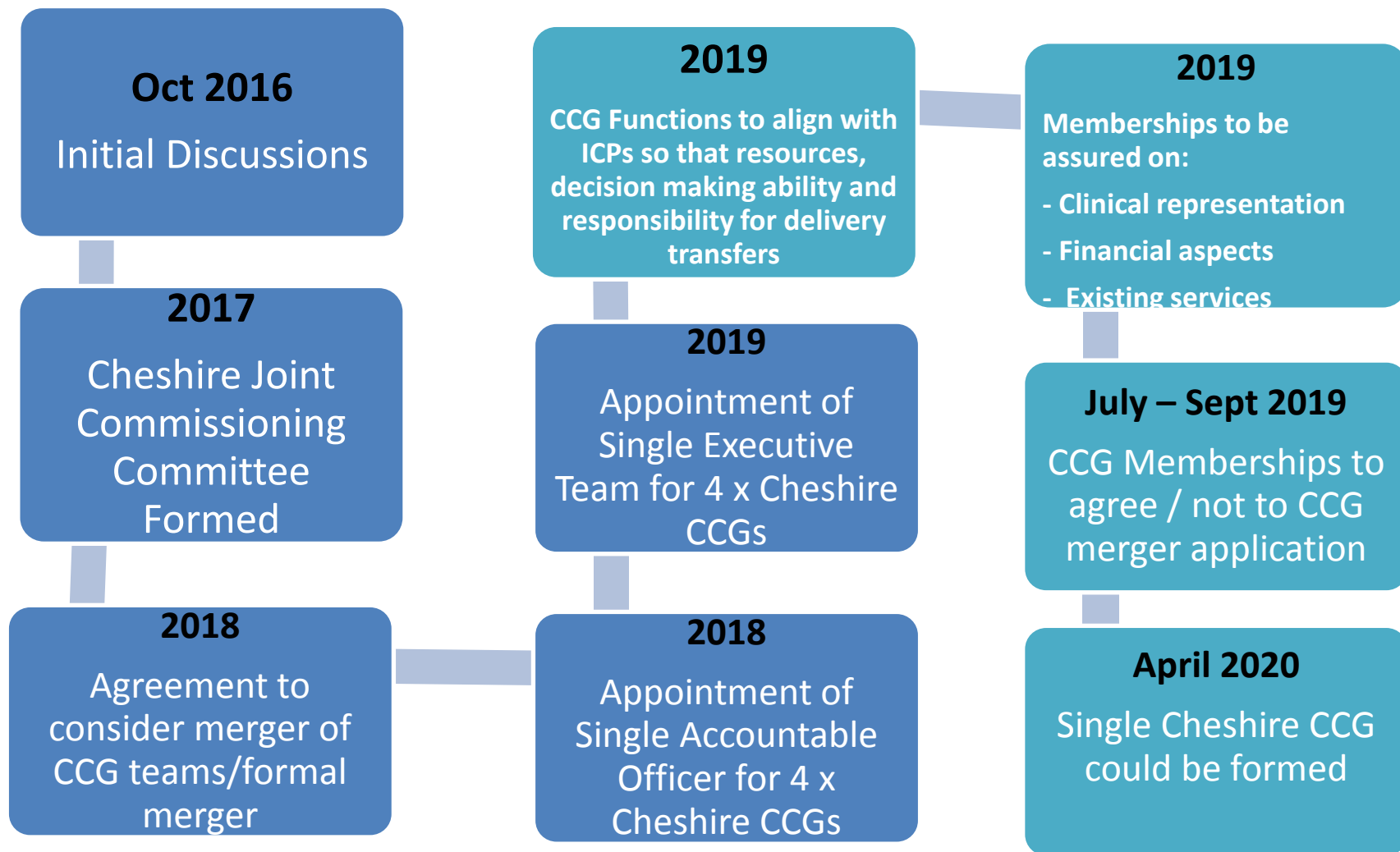
Benefits of a single Cheshire CCG



Working Together Across Cheshire (WTAC) Programme Governance



The Route to Potential CCG Merger



All has / will only take place with CCG membership and Governing Body approval

Proposed Functions

Function	Cheshire CCG	ICP
Primary Care	Contracting	Development
Finance & Contract Management	Planning, budget allocation and assurance	Operational financial management including loss/gain agreements
Comms & Engagement	National campaigns Consultations	Local population
Meds Management	NICE Guidelines	Practice Based Pharmacists
Quality (Safety, Patient Experience & Effectiveness)	Quality Assurance Oversight of Quality Improvement	Delivery of Quality Improvement
Risk Stratification	Commissioning	Implementing
NHS Continuing Healthcare (CHC)	Eligibility decisions, reporting, performance management	Case management
Service Development / Commissioning	Integration with other CCGs Assurance on national policy directives Setting specification and outcome frameworks	Service delivery Integration of services including with LA Service improvement to meet system outcomes

High Level Implementation Proposal for ICP Functions

<p>Phase 1</p> <p>*Feb - April 2019</p>	<ul style="list-style-type: none"> • Comms & Engagement • Primary Care Development
<p>Phase 2</p> <p>*April - June 2019</p>	<ul style="list-style-type: none"> • Medicines Management
<p>Phase 3</p> <p>*July - Aug 2019</p>	<ul style="list-style-type: none"> • Service Development / Commissioning
<p>Phase 4</p> <p>*Sept - Oct 2019</p>	<ul style="list-style-type: none"> • Finance and Contract Management • Quality (Safety, Patient Experience & Effectiveness)
<p>Phase 5</p> <p>*Nov 2019 -April 2020</p>	<ul style="list-style-type: none"> • NHS CHC/CC Assessments

*Proposed timescale for Cheshire West ICP.

The same order/phases are proposed for Cheshire East ICP but dates may be slightly different.

Next steps – Operational

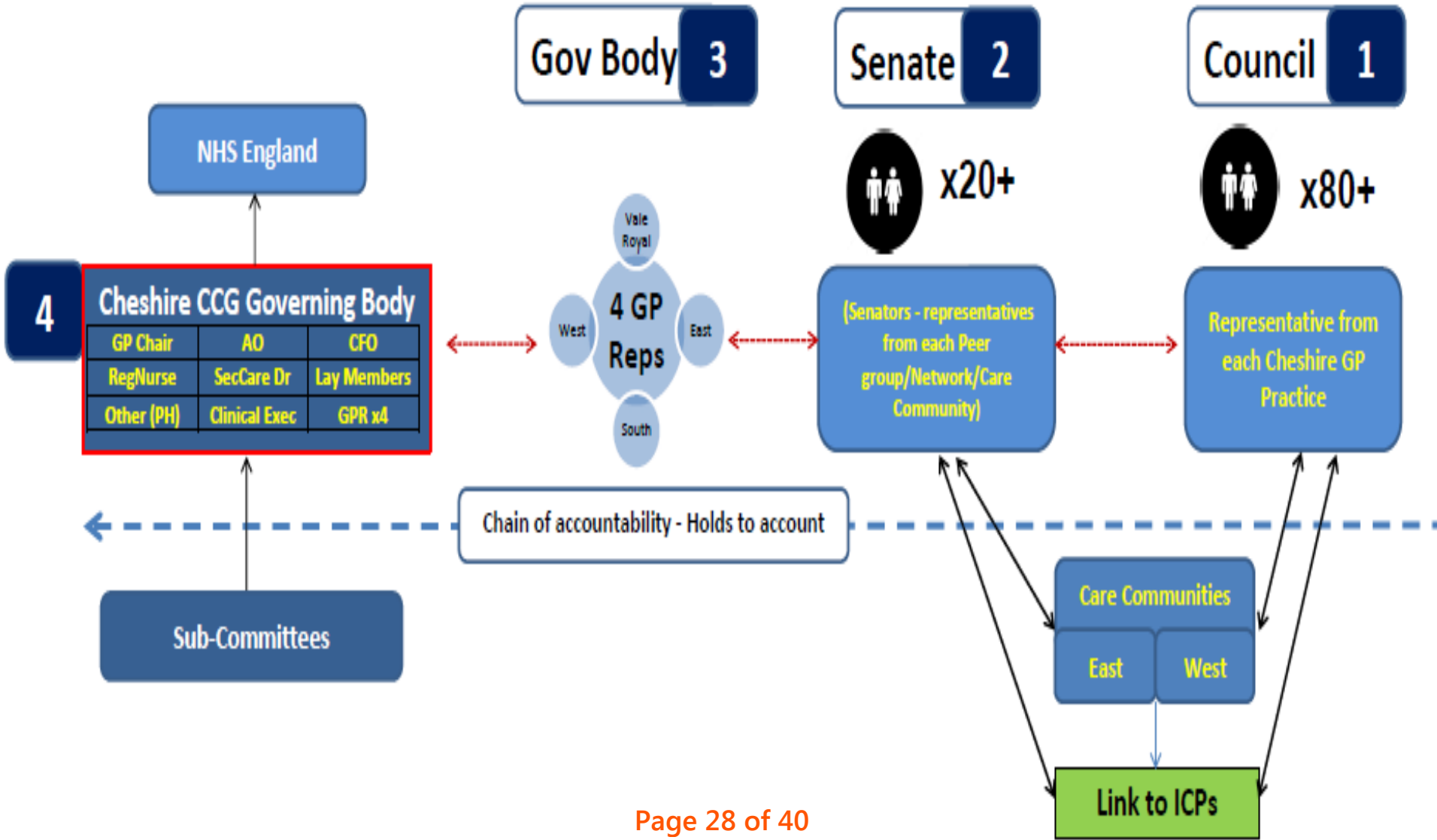
Future ICP Functions:

- CCGs to write to ICPs to outline process and plans.
- ICPs to be asked to work up detailed service specifications.
- HR route established: staff workshops rather than formal consultation, some staff to be aligned to ICPs.
- Establish an Accountability and Delegation Framework (ADF) between CCG and ICPs.

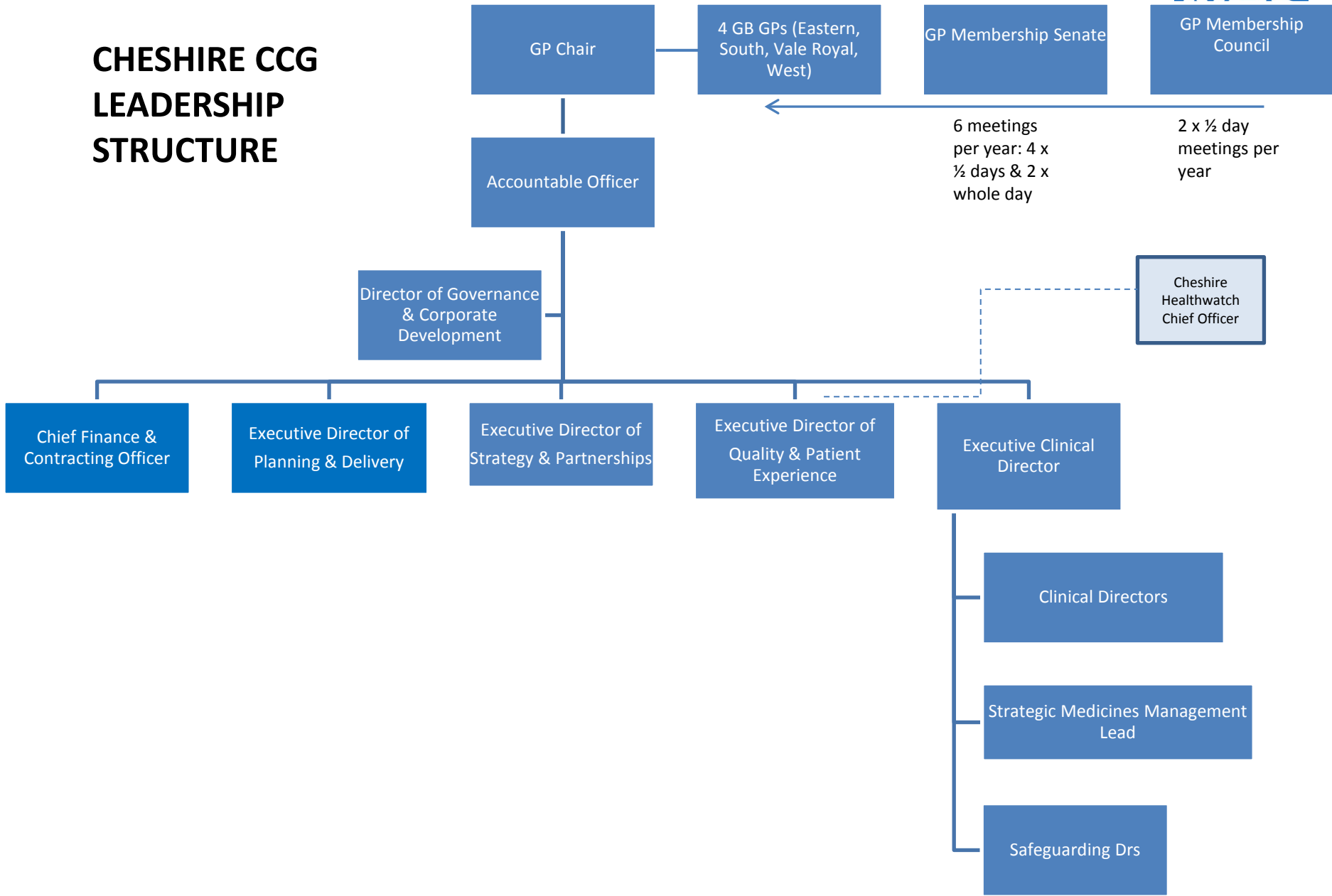
Current Commissioning Support Unit (CSU) Functions:

- Intelligent Customer to be used to undertake due diligence on recommendations.
- Continued liaison with CSU.
- Work through: implementation/service development/transformation or exit plans.

Possible Cheshire CCG Governance Structure: General Practice Membership



CHESHIRE CCG LEADERSHIP STRUCTURE



Enhanced Grip

For all 4 Cheshire CCGs:

Will
meet 2018/19
control totals

Self assessed as
green for IAF Quality
of Leadership
domain

Self assessed as
green* for IAF
Patient &
Community
Engagement domain

Working together on
Better Health/Better
Care IAF Indicators –
**improvements on
2017/18**

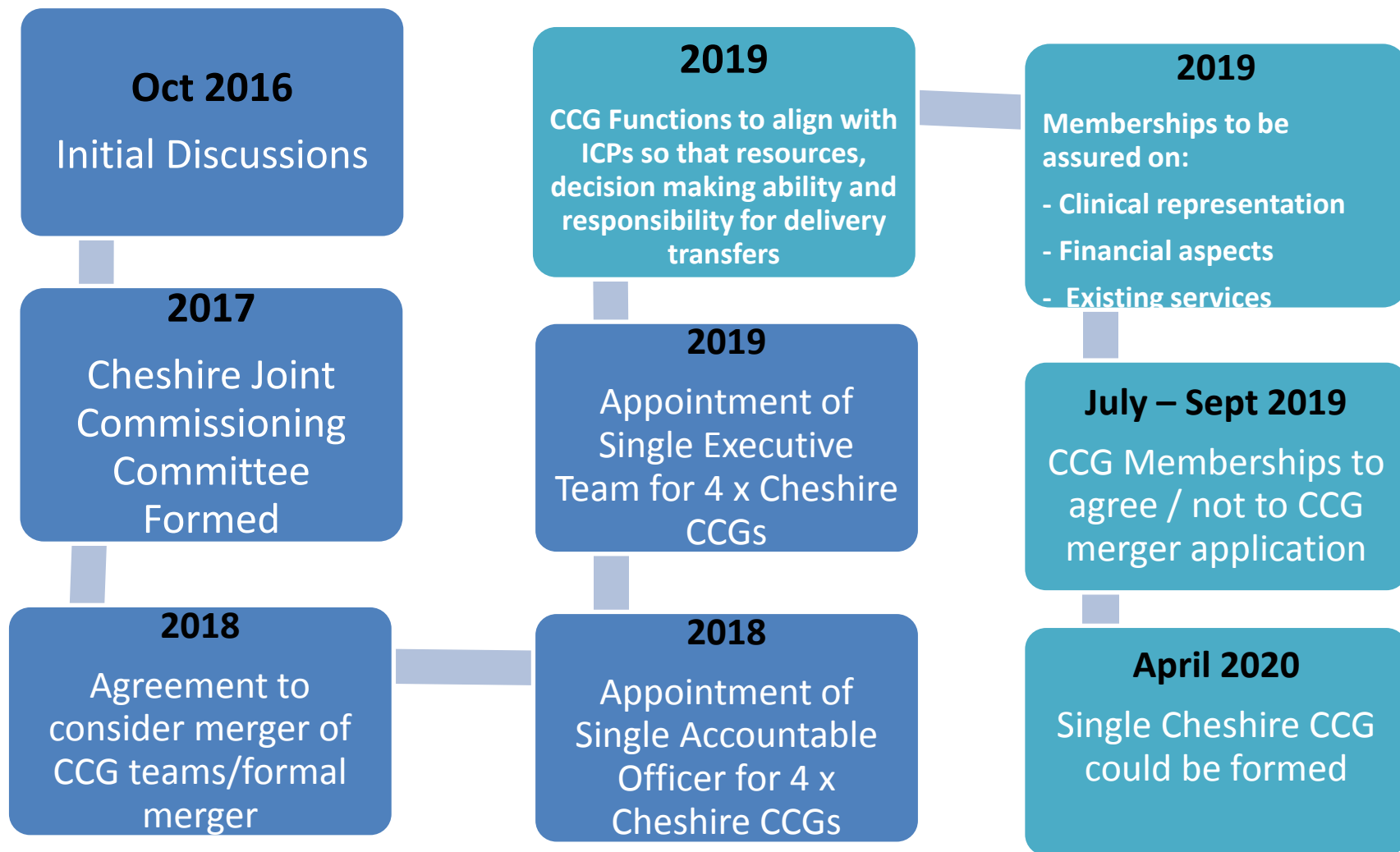
Positive feedback on
AEDB/seasonal plans

No outstanding
quality issues

What are we doing now?

- Cheshire Executive Team recruitment now 'live'
- Chair of South Cheshire now Chair of Eastern Cheshire
- Place based Membership meetings – Cheshire meetings
- Cheshire Operational Plan
- Cheshire Organisational Development planning – staff engagement, training and support
- Cheshire FRP
- Cheshire QIPP
- Cheshire contracts framework
- Cheshire CQUINS/quality contract approach
- Cheshire contract with CWP
- Cheshire approach to new GP contract, work on PCNs/Care Communities & developments with LMC
- Cheshire approach to 2 x Place based 5 year system plans (LTP)
- Cheshire Lay members (incl. GB nurses and secondary care doctors) meeting as one
- Cheshire Risk register
- Cheshire BAF
- Cheshire governance structure for joint committees
- Cheshire support the development of 2 Place based Integrated Care Partnerships (ICPs)

The Route to Potential CCG Merger



All has / will only take place with CCG membership and Governing Body approval

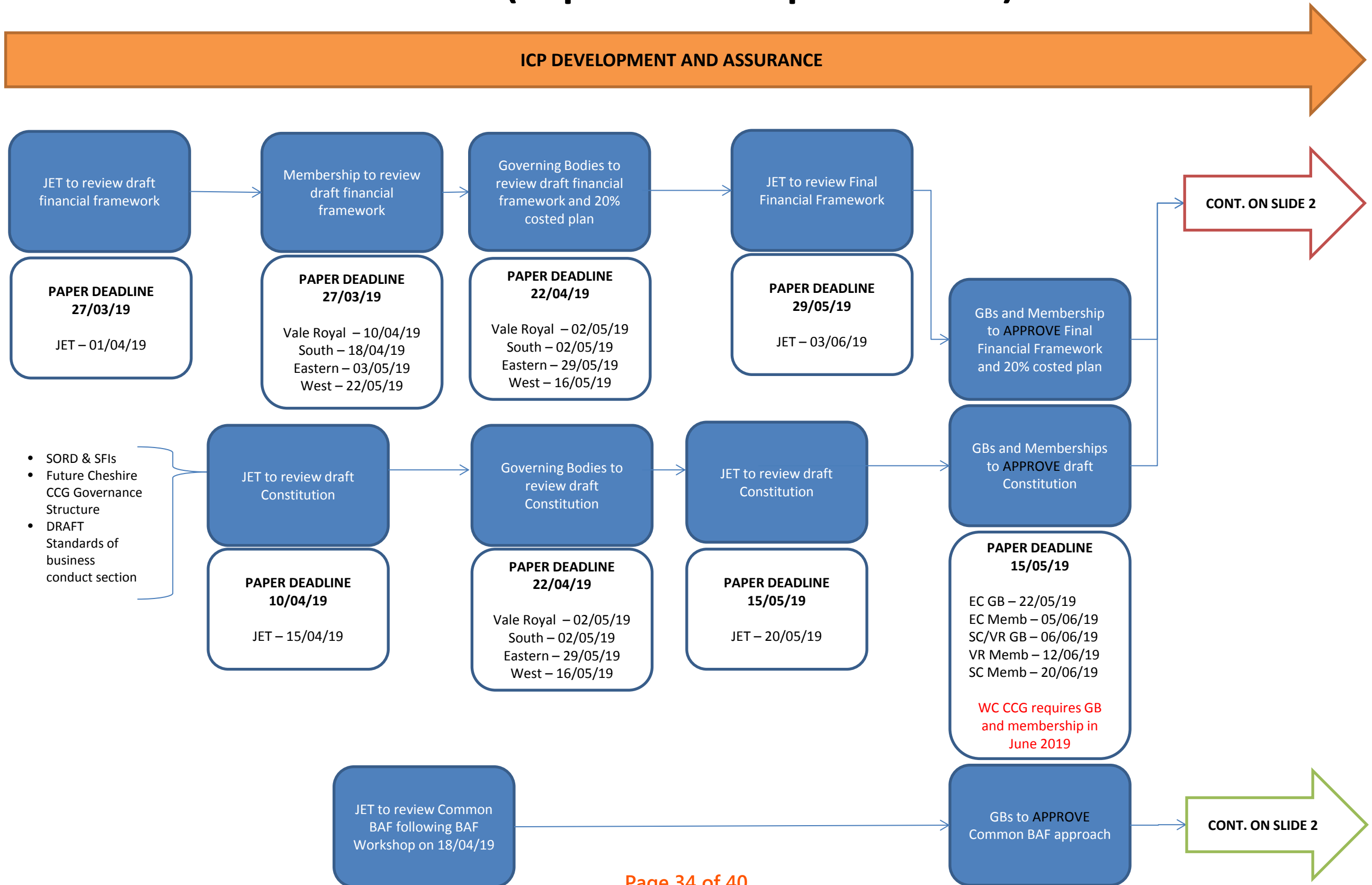
Thank You

Working together:

- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- NHS West Cheshire Clinical Commissioning Group

WTaC CCG ICP Development & CCG Merger

Critical Path (April – Sept 2019) Slide 1

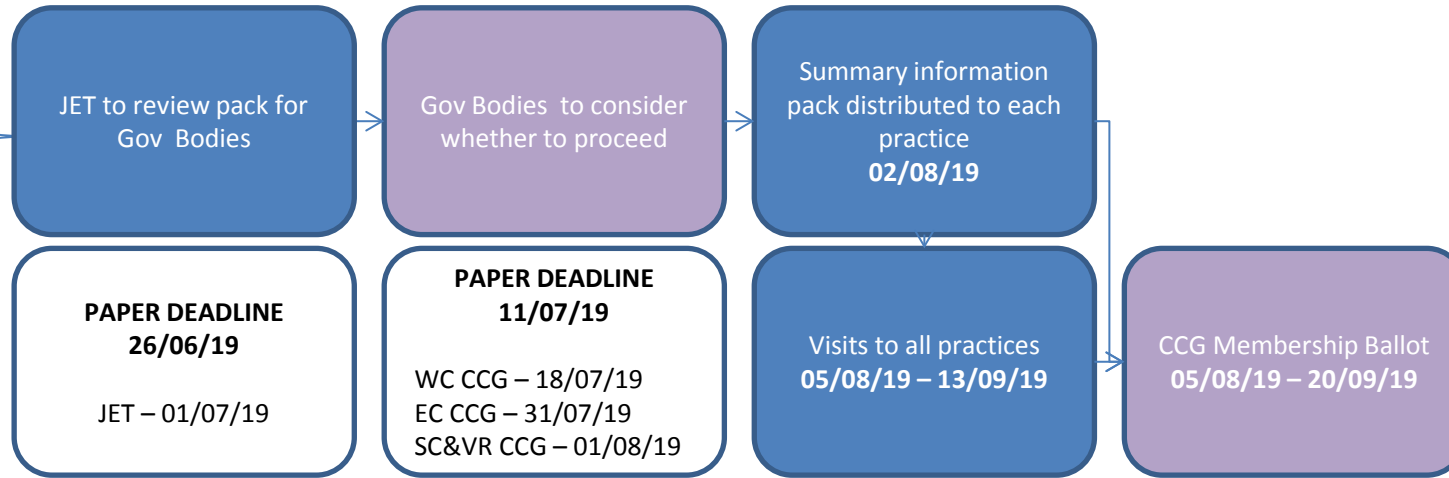


WTaC ICP Development & CCG Merger

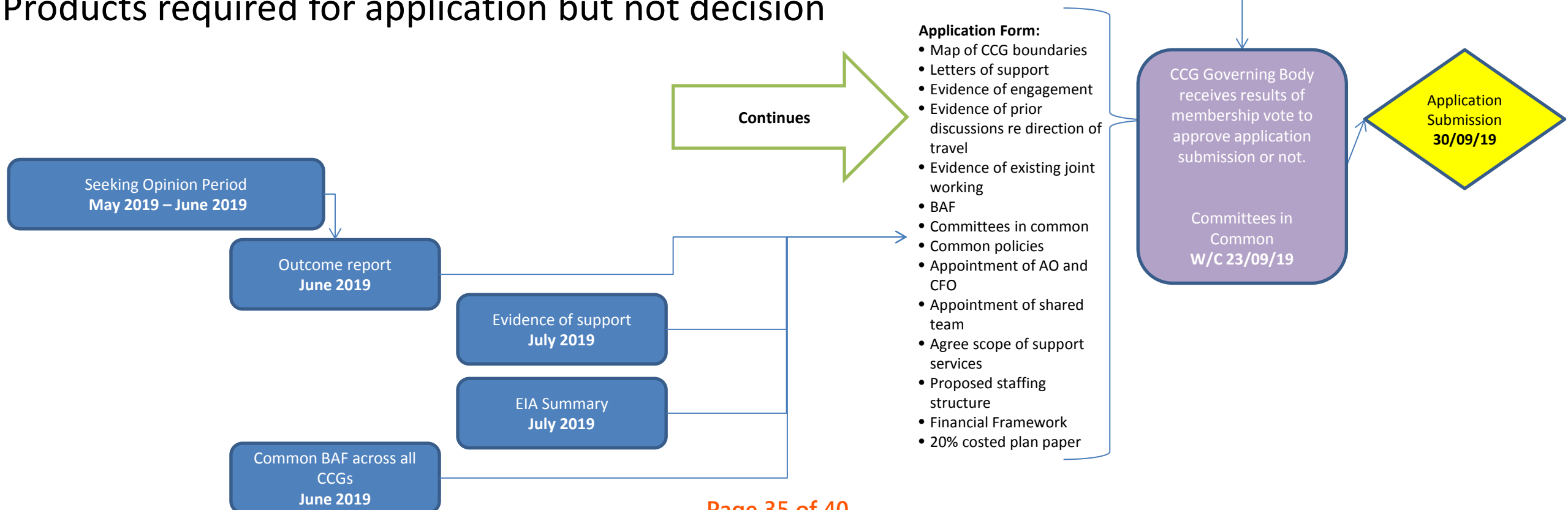
Critical Path (April – Sept 2019) Slide 2

ICP DEVELOPMENT AND ASSURANCE

- Letter to practices
- ICP development , and assurance and timeline
- Draft constitution
- Narrative on constitution development process
- Supporting policies
- Legal advice
- Financial Framework
- 20% costed plan paper
- Summary of decisions
- Case for Change
- FAQs
- Next steps re: membership decision



Products required for application but not decision



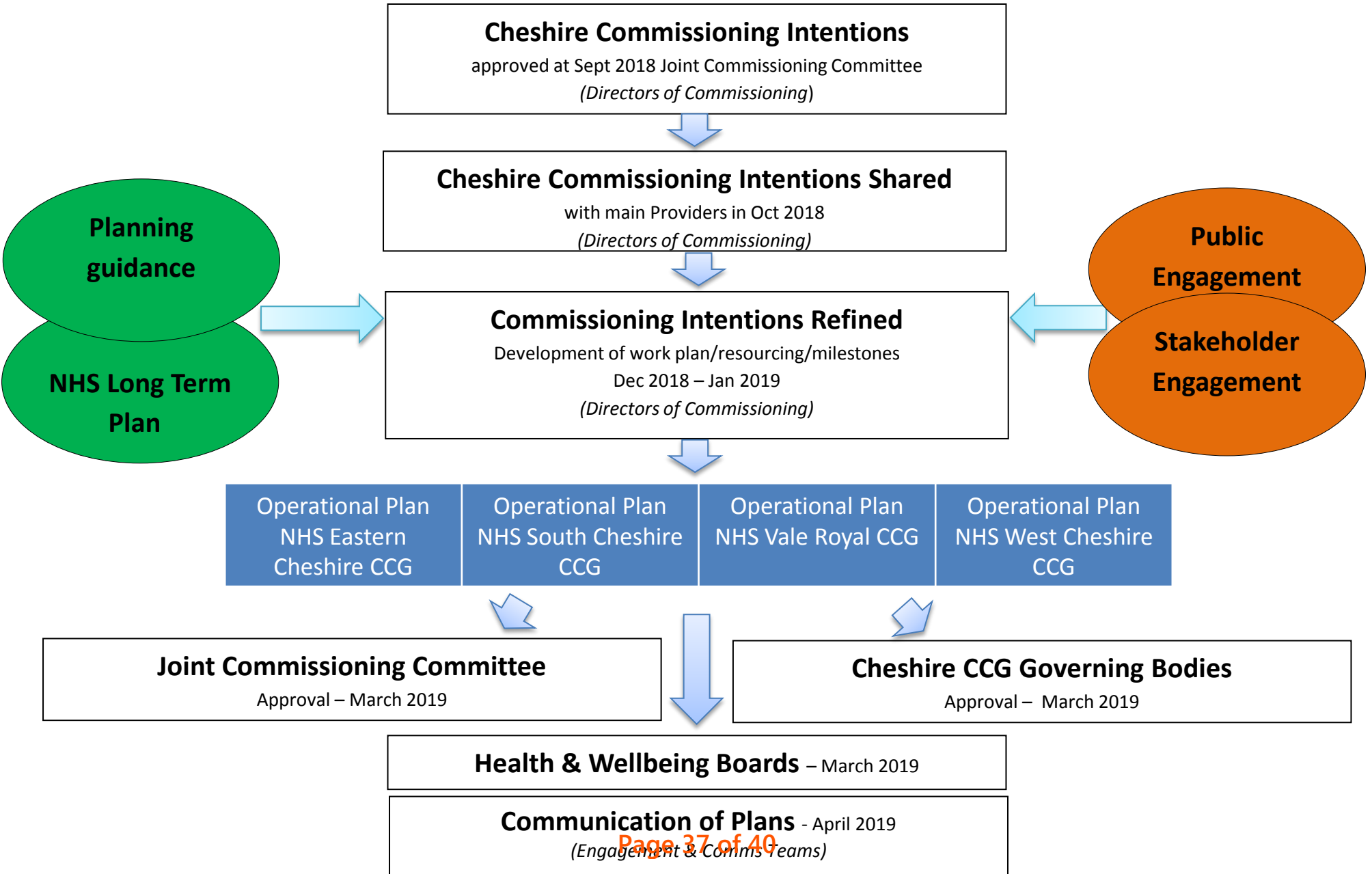
Operational Planning / Commissioning Intentions 2019-20

Joint Commissioning Committee of the
Cheshire CCGs
29 March 2019

Working together:

- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- NHS West Cheshire Clinical Commissioning Group

Developing Commissioning Intentions for the Cheshire CCGs



CHESHIRE CCGs JOINT COMMISSIONING COMMITTEE MEETING *in public / in-camera*



29th March 2019

Agenda Item **XX**

Report Title	Finance Report
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Report Author	Committee Sponsor
Katie Riley, Associate Director of Finance, NHS SCCC & NHS VRCCG	Lynda Risk, Chief Finance Officer, NHS SCCC & NHS Vale Royal CCG

Purpose	Approve	Ratify	Decide	Endorse	For information	✓
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Decision Level	Level One	✓	Level Two	
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Executive Summary

The Cheshire Joint Commissioning Committee has delegated authority for collaborative commissioning in a number of areas specified within the agreed Level 1 work plan. This report provides a financial update on those areas.

Across the four CCGs in Cheshire, a budget of approximately £34.000 million is held to commission these services and forecasted expenditure is only £95,000 under budget at month 11. Forecast expenditure has reduced by £0.282 million since month 8.

Recommendations

None – report is for information

Reviewed by	Date
Lynda Risk	18/03/2019

Committee work plan area(s) report supports:	Level
Committee Administration & Operation	
CCG Collaborative Commissioning	
CCG Commissioning Policies	
Cheshire & Merseyside Health & Care Partnership Work Areas	
Health and Social Care Commissioning areas and policies	
Unified Commissioning across Cheshire	

Committee principles supported by this report	
Commissioning at scale to help lead to better outcomes	✓
Meeting the needs of people not organisations	✓
Reducing unwarranted variation	✓
Be an enabler for the development of integrated care systems	✓
Ensuring the local NHS commissions services within its available resources	✓

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	

Key Risks & Implications identified within this report

Quality Impact Assessment		Governance & Assurance	
Privacy Impact Assessment		Staff / Workforce	
Safeguarding		Other – please state	

Conflicts of Interest Consideration

None

Committee Risk Register Mitigation:

N/A

Report history	The Joint Executive Team requested that a financial summary was presented to the Joint Commissioning Committee detailing the financial performance of the areas for which level 1 delegated authority was held.
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Next Steps	N/A
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Appendices	N/A
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CHESHIRE CCGs JOINT COMMISSIONING COMMITTEE MEETING *in public / in-camera*

Financial Position	Cheshire CCGs (£'000)							
	Year to Date			Forecast Outturn			Previous Month (M8)	
	Plan	Actual	Variance	Plan	Actual	Variance	Forecast	Variance
Emergency Ambulance	21,686	21,750	-64	23,683	23,734	-51	23,735	1
NHS 111	1,796	1,855	-59	1,963	2,019	-56	2,022	3
Patient Transport Services	3,620	3,266	354	3,953	3,563	390	3,910	347
Commissioning Support	3,973	4,314	-341	4,339	4,527	-188	4,478	-49
Military Veteran Health	81	81	0	90	90	-0	70	-20
Total	31,156	31,266	-110	34,028	33,933	95	34,215	282

The Joint Commissioning Committee has 'Level 1' delegated authority for seven collaborative commissioning areas as detailed in the agreed workplan. Five of these areas are shown in the summary above and two have been excluded because budgets for these are held by NHS England, Offender Health and Specialised Services.

Across the four CCGs in Cheshire, a budget of approximately £34.000 million is held to commission these services and forecasted expenditure is £95,000 under budget.

This variance results most significantly from a forecast underspend of £0.390 million against the budget held for Patient Transport Services. The majority of the underspend lies within NHS Eastern Cheshire CCG, £0.252 million.

Please note – There may be small differences in how the four CCGs classify expenditure.