### Minutes

**Meeting Name:** NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG & NHS West Cheshire CCG Governing Body Meeting in common

**Date/Time:** Thursday 26th September 2019 15:15 – 17:00

**Venue:** Cedar Room, Canalside Conference Centre, 34-36 Brooks Lane, Middlewich, Cheshire, CW10 0JG

**Chair:**
- Dr Andrew Wilson (EC & SC CCG)
- Dr Jonathan Griffiths (VR CCG)
- Dr Chris Ritchieson (WC CCG)

**Meeting No:** 01  **Reporting Period:** 2019/20

### Discussion and Action Points

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Discussion and Action Points</th>
<th>By Whom</th>
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<tbody>
<tr>
<td>1.0</td>
<td>Committee Management</td>
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<tr>
<td>1.1</td>
<td>Welcome and Apologies</td>
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<td>Dr Chris Ritchieson welcomed everyone to the committee in common meeting of the four governing bodies of the Cheshire CCGs. Dr Ritchieson explained how a committee in common meeting operated, and advised that whilst the meeting was being held in public; it was not a public meeting.</td>
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<td>Dr Ritchieson expressed thanks on behalf of the governing body of NHS West Cheshire CCG for the dedicated service provided by Kieran Timmins, recently departed governance and audit lay member. Dr Ritchieson then welcomed the inbound lay member for governance and audit, Suzanne Horrill.</td>
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<td>Dr Jonathan Griffiths expressed thanks on behalf of the governing body of NHS Vale Royal CCG for the dedicated service provided by Dr Nichola Bishop, a recently departed governing body GP and Clinical Lead for Quality for both NHS Vale Royal and NHS South Cheshire CCGs.</td>
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<td>Apologies were noted from:</td>
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<td>- Lynda Risk, Executive Director of Finance &amp; Contracting, Cheshire CCGs</td>
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<td>- Paula Wedd, Executive Director of Quality &amp; Patient Experience, Cheshire CCGs</td>
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<td>- John Clough, Governance &amp; Audit Lay Member, NHS South Cheshire CCG</td>
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<td>- Chris Grant, Secondary Care Dr, NHS West Cheshire CCG</td>
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<td>It was further noted that NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG Governing Bodies were quorate.</td>
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<td>1.2</td>
<td>Declarations of Interests</td>
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<td>The Chair advised the meeting that all governing body members’ full declarations of interest are available for review on the CCG websites.</td>
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<td>The Chair also confirmed that there were no conflicts of interest in relation to the business to be discussed that required any specific mitigating actions,</td>
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however it was noted that every member of each governing body was conflicted in terms of agenda item number 7, *Results of the GP Membership Ballot Process to consider an application to merge and subsequent next steps.*

Dr Ritchieson also advised the meeting that he had been recently appointed to the post of Medical Director of the Cheshire West Integrated Care Partnership, a role he expected to take up from 1st November 2019. This was noted but was not considered to be a conflict of interest affecting any of the issues to be discussed.

1.3 Public Questions

Healthvoice had submitted a question regarding the proposed CCG merger around the nature of engagement undertaken with the public. Given that Healthvoice representatives were not in attendance, the governing bodies agreed that the CCGs would write to Healthvoice, fully responding to the issues raised. All governing body members would receive copies of the original communication from Healthvoice plus the CCG response.

**Action 01:** CCGs to provide a response to the issues raised by Healthvoice and to give all governing body members oversight of the initial inquiry and this response.

Comms Team

2.0 Standing Items

2.1 Chief Officer Report

Clare Watson thanked colleagues for organising the governing bodies' committees in common meeting before specifically highlighting the following points from the report.

- NHSE has thanked the CCGs for the positive outcomes in reducing inpatients beds, resulting from Transforming Care Programme work. The first patients will shortly move into Bridgemeadow, and LeDeR funding has been received for learning disabilities health checks.
- EPRR – the report details how the CCGs have self-assessed this area of work.
- The decision was made not to publish NHS workforce (WRES) information on the CCG websites as individual staff might be identifiable.
- All four CCG AGMs were a success; thank you to all involved.

Following questions around the content of the report, responses were noted as follows:

- Completing LD healthchecks will not guarantee prevention of deaths. Numbers of reported deaths in Eastern Cheshire are no higher than elsewhere, reporting mechanisms are good and the CCG is not an outlier. More comprehensive, regular reporting in this area to be received by the governing bodies.
- Judi Thorley chairs the Cheshire wide LD Steering Group – they are making LD healthchecks their priority, with a new campaign and workshops planned for later in the year.
- Point 3.5 on page 3 of papers re the over-medication of people with learning disabilities caused some confusion, however it was clarified that there are 70 patients who are on medications that
could cause long-term harm, but that they are being regularly reviewed to ensure that they do not come to harm.

The Governing Bodies of NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG:

- Noted and approved the EPRR self-assessment.
- Noted and approved the Chief Officer Report.

2.2 Financial Performance Report – Month 5

Alex Mitchell, Deputy Director of Finance and Contracting, introduced the item, advising the governing bodies on various matters as below.

- The Finance Team have been working hard to standardise financial reporting across the CCGs – work progresses as there are still elements to improve.
- Overviews of the financial positions of each of the CCGs were given and it was noted that the contract with Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) is a block contract.
- An in-depth review of all CCG finances is underway; the governing bodies were asked to note the emerging risks of unidentified QIPP and a prescribing accrual in West Cheshire.
- The key messages of note included:
  - Risk Adjusted Forecast Outturn:
    - In depth review to validate outturn position
    - Potential further deterioration to risk adjusted position
    - Limited opportunities for additional QIPP to mitigate in year
    - Discussions around moving planned outturn positions
  - Underlying position highlights a significant challenge for 2020/21 (based on planned outturn position).
  - Working with partners to develop a System Financial Recovery Plan aimed at reducing the combined deficit, with the aim of:
    - Improving the 19/20 outturn position as well as developing a 5 year plan
  - New consistent finance reports developed for each CCG

Comments were received as follows:

- It is difficult to understand the detail of where the money goes. Do you think you’ll be able to produce primary care budgets across Cheshire in the same way?
  - Work has already started on this in terms of identifying a baseline. The intention is to pull all the information into one place and plan over the coming years, narrowing the differential between different areas. A consistent set of information will be visible/ shared well before April 2020.
- Is the impact of financial pressure negatively affecting patients?
  - Across Cheshire, diagnostics and RTT are lower than the CCGs would wish, however clinical capacity is the main driver for this challenge not finance.
- There’s a need to transform the way services work in hospitals. We also need to mitigate against bringing in locum consultants at a high cost.
- Are we seeing patient benefits? We need increased savings, but better patient experiences.
- Savings schemes go through quality impact (QI) assessments. The
CCGs are not seeing a rise in patient complaints, however further work needs to be done in terms of monitoring quality across the patch.

- All governing body members were asked to continue working with the Exec Team to identify any additional opportunities to meet the financial challenge.

The Governing Bodies of NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG:

- Noted the forecast outturn of £9.72m following the receipt of £1.08m commissioner sustainability funding in July 2019. This continues to remain in line with the revised plan.
- Noted the year to date deficit of £3.354m which is £0.065m better than planned deficit of 3.42m.
- Noted the nil forecast net risks as a result of the identification of a number of non-recurrent mitigations.

2.3 Governing Body Assurance Framework

Matthew Cunningham, Director of Governance and Corporate Development introduced the item and thanked Jennifer Underwood and Gemma Caprio for producing the report. Governing body members noted that the report is a result of a pan Cheshire workshop which was held earlier in the year, and work in this area has also been supported by MIAA. It was further noted that the risks on governing body risk registers had been collated and largely absorbed into the GBAF. Risks not hitting the appropriate level to be captured by the GBAF appear in the corporate risk register.

Comments were given as follows:

- Risk ID GBAF19-07 should have a current score of 16, not 20 as it states on page 5 (papers page 125) of the report.
- The paper gives assurance around a no deal EU Exit; is this not an inherent risk? *To be picked up later in the meeting.*
- Good to see ‘delivering financial balance’ as a key risk. The risk actions need dates, assurances, times and ownership adding to the template.
- The document needs to be cross-referenced with governing body agendas; as some mitigation is also included there.
- There are no actions in place to mitigate against insufficient workforce; this was raised previously on 10th September.
  - Action 02: MC to pick this up as an action outside of the meeting.

The Governing Bodies of NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG:

- Approved the shared Cheshire CCGs Assurance Framework.

3.0 Business Items

3.1 Potential Merger of the Cheshire CCGs

The Chair welcomed William Greenwood, Managing Director and Secretary of the Cheshire LMC to the meeting in his role of returning officer for the Cheshire Membership ballot.
Mr Greenwood advised that the Cheshire LMC had been founded in 1913 and was funded by GPs to support GPs; the LMC is totally independent of the CCGs. The CCGs had asked the LMC to oversee the running of the ballot in their capacity as an independent body. Briefly, the ballot process entailed 1 x vote per GP practice across the four Cheshire CCGs, there being 81 practices in total.

The results of the ballot were as follows:

**NHS Eastern Cheshire CCG**

<table>
<thead>
<tr>
<th>No. of practices eligible to vote</th>
<th>No. of votes required</th>
<th>No. of votes received</th>
<th>Agreement to submit merger application obtained</th>
<th>Breakdown</th>
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<tbody>
<tr>
<td>19</td>
<td>12</td>
<td>18 (95%)</td>
<td>YES</td>
<td>18 yes 1 no 0 abstentions</td>
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**NHS South Cheshire CCG**

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<th>No. of practices eligible to vote</th>
<th>No. of votes required for quorum</th>
<th>No. of votes received</th>
<th>No. of votes received</th>
<th>Agreement to submit merger application obtained</th>
<th>Breakdown</th>
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<tbody>
<tr>
<td>17</td>
<td>12</td>
<td>14</td>
<td>13 (93%)</td>
<td>YES</td>
<td>13 yes 0 no 1 abstention</td>
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</tbody>
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**NHS Vale Royal CCG**

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<th>No. of votes required for quorum</th>
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<th>No. of votes received</th>
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<tr>
<td>12</td>
<td>8</td>
<td>12</td>
<td>7 (64%)</td>
<td>YES</td>
<td>7 yes 4 no 0 abstentions 1 spoilt</td>
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**NHS West CCG**

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<tr>
<td>33</td>
<td>20</td>
<td>32</td>
<td>28 (88%)</td>
<td>YES</td>
<td>28 yes 4 no 0 abstentions</td>
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Clare Watson, Accountable Officer of the Cheshire CCGs, thanked Mr Greenwood and his LMC colleagues for the time and effort they had devoted into managing the ballot process. Ms Watson also thanked Tracey Cole, Adam McClure and Jade Wells for their work in leading/supporting the PMO work, adding that having 95% of practices voting with an overall majority of 86% in favour of a merger was extremely positive.

Dr Chris Ritchieson expressed thanks to all four Cheshire governing body members and to William Greenwood and the LMC for their considerable time and effort in this process. Dr Ritchieson also gave thanks to the public for the exceptional levels of support received throughout engagement work undertaken around a potential CCG merger.

**3.2 Potential application to NHS England to merge**

Following the announcement of the positive outcome of the Membership ballot to consider the application to merge, it was confirmed that this agenda item could now be deliberated by the Governing Bodies.
Tracey Cole, Executive Director of Strategy & Partnerships outlined the next steps advising that:

- 27th September 2019 - a formal merger application would be made to NHS England/ NHS Improvement.
- 4th October 2019 – NHSE/ NHSI will review the application and send questions/ comments to the CCGs.
- 8th October 2019 – the CCGs will have prepared responses for NHSE/ NHSI and will deliver these at a merger panel meeting to be attended by various representatives including clinicians, lay members, executives, and technical experts.
- 16th October 2019 – the CCGs can expect to hear the results of the merger application any time after this date, but before the end of October 2019.

Tracey Cole advised that a mock merger panel, attended by the CCGs on 3rd September 2019, had engendered positive feedback from NHSE/ NHSI. Learning has also taken place from the experience of other CCGs who have gone through a merger. The merger application pack itself has involved a lot of complex work and includes:

- Application form which covers 10 test areas
- Summary Case for Change
- Benefits Plan
- Supporting documents (approximately 26)

It was also confirmed that the CCGs had sought support and taken counsel from ‘the system’ throughout the process, this involved liaison with the Cheshire LMC, partners, stakeholders, the public, third sector organisations and patient participation groups.

Dr Andrew Wilson, Clinical Chair of NHS Eastern Cheshire CCG and Clinical Chair of NHS South Cheshire CCG commented that this was a great step forward for the CCGs and Cheshire. Having a stronger voice as a Cheshire CCG would vastly improve of healthcare across Cheshire via enabling care communities and primary care networks to flourish.

Dr Chris Ritchieson concluded the item by stating that he was particularly mindful of the positive responses from Memberships, GP practices and the public in terms of a potential CCG merger, and asked the four Governing Bodies of the Cheshire CCGs to formally ratify an application to merge.

The Governing Bodies of NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG:

- Noted the milestones in terms of the CCG merger application to NHSE/ NHSI.
- Noted the assurance provided in relation to the quality of the application to NHSE/ NHSI.
- Endorsed the submission of an application to NHSE/ NHSI to merge the four CCGs into a single Cheshire CCG.

3.3 Next Steps: Working Together As Cheshire

- Strapline amended from ‘across’ to ‘as’.
Next steps outlined from potential approval to merge until April 2020.
Some of the directorates will now take over the merger process work from the PMO.
The relationships with the four memberships are paramount and it is essential to maintain those.
It is very important that we recognise the importance of our influence as Cheshire, but also to remember that we do work across two places and regionally as Cheshire and Merseyside.
Commissioning intentions will be issued soon. The CCG will be more assertive about outcomes and how we contract.
The new governing body will include 4 lay members, 4 GP representatives, a registered nurse and a secondary care doctor.

3.4 Cheshire East Partnership 5 Year Plan and Cheshire West Draft Place Plan 2019 - 2024

Clare Watson advised that the plans had been seen before by the appropriate governing bodies, and that she would commend both plans to all the Cheshire governing bodies.

Ian Ashworth, Director of Public Health, Cheshire West and Chester Council (CWAC) advised that the CWAC plan had been produced in consultation with residents, the third sector and Healthwatch. A population health approach has been taken to include the wider determinants; there are also clear synergies between CWAC and Cheshire East Council’s plans.

Comments were received as follows:

- Plans are commendable however they contain different things. CWAC’s plan contains an impressive section on healthy homes which CEC’s does not.
  - **Action 03**: Matt Tyrer, Interim Director of Public Health, Cheshire East Council advised that he would feed the comment back, but asked the governing bodies to note that the technical appendix had since been updated and that the latest revision may well include healthy homes.
- Like both plans very much. CEC’s technical appendix looks clearer in terms of how the place plan supports the NHS’ long term plan.
  - The challenge

Ian Ashworth thanked the CCGs for their input in the creation of the plans on behalf of all of his LA colleagues, adding that it clearly shows that things can be delivered jointly in partnership and quickly.

**The Governing Bodies of NHS Eastern Cheshire CCG and NHS South Cheshire CCG:**
- Endorsed the Cheshire East Five Year Plan whilst recognising that there will be further iterations of the technical appendix.

**The Governing Bodies of NHS Vale Royal CCG and NHS West Cheshire CCG:**
- Endorsed the Cheshire West Five Year Plan whilst recognising that there will be further iterations of the technical appendix.
3.5 EU Exit

Matthew Cunningham introduced the report, and gave thanks to its author, Phil Meakin. Assurances were given as follows:

- The four Cheshire CCGs are linked in to the work underway across Cheshire and across the wider region in providing assurance mitigation and being ready for any eventuality.
- Matthew Cunningham is the regional responsible officer for all CCGs for Brexit.
- A recent regional workshop provided local NHS organisations with the assurance that a tremendous amount of work has been done at a national in terms of supplies and mapping out, et cetera. Business is expected to continue as normal.
- Department of Health and Social Care continually publish updated guidance around this. The CCGs have also received a commissioning toolkit.
- Each NHS Trust has submitted data re numbers of EU nationals staff. Work is also underway looking at EU nationals who are bank staff. The CCGs are also looking into assurances from primary care and partners. It was noted however that Cheshire does not have particularly high numbers of EU nationals generally.
- EU nationals can work in the UK normally up until 2021 (if they have not applied for settled status etc.). Recruitment EU nationals can continue normally until 2021 also.
- Can assurances be given around social care staff and carers, plus also third sector?
  - Action 04: Ian Ashworth will check with LA colleagues re EU Exit arrangements concerning social care staff and carers.
  - The regional workshop included local government and the third sector; the governing bodies took assurance that arrangements were robust.
- Daily sitreps will be provided to NHSE from 2nd October. The CCGs EU Exit Group meets fortnightly, but there are also weekly calls linked in to other groups and 2-way regional communications.
- In order to reduce cost, meetings are largely being managed by conference calls and Skype, however the CCGs have been asked by central Government to keep information relating to costs incurred.

The Governing Bodies of NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG:

- Noted and endorsed the preparations being made to mitigate the potential risks associated with a “no deal” European Exit.

4.0 Committee Management

4.1 Any Other Business

None declared.