Date	28th September 2021
Time	2.00 pm to 3.15 pm
Venue	GoTo Webinar

Meeting of the Joint Committee of the Cheshire and Merseyside CCGs

Held in Public (virtual meeting)

A G E N D A

Chair: Dr Andrew Wilson

QUORUM ARRANGEMENTS
The meeting will be quorate when there is at least one representative from each member CCG present

Timings	Item No	Item	Owner	Action / Approval Level	Format & Page No
2.00pm	**P**	**PRELIMINARY BUSINESS**			
	P1	Welcome, Introductions, Committee Chair Opening remarks	Chair	-	*Verbal*
	P2	Apologies for absence	Chair	-	*Verbal*
	P3	Declarations of Interest *(Committee members are asked to declare if there are any declarations in relation to the agenda items or if there are any changes to those published in the Committees Register of Interests)*	Chair	*For assurance*	*Verbal*
	P4	Minutes of previous meeting	Chair	*For approval* *Level 1*	*Paper (page 12)*
	P5	Committee Action Log	Chair	*For information*	*Paper (page 23)*
	P6	Committee Forward Plan	Chair	*For information*	*Paper (page 24)*
	P7	Advanced notice of any other business to be raised at today's meeting	Chair	-	*Verbal*
	P8	Public Questions	Chair	-	*Verbal*
2.15pm	**U**	**Updates**			
2.15pm	U1	Update from the Chair of the Cheshire & Merseyside HCP	David Flory	*For information*	*Verbal*
2.20pm	U2	Update from the Chief Officer of the Cheshire & Merseyside HCP	Sheena Cumiskey	*For information*	*Verbal*
2.25pm	U3	Update from the Executive Director of Transition of the Cheshire & Merseyside HCP	Dianne Johnson	*For information*	*Verbal*

2.30pm	**B**	**BUSINESS ITEMS**			
2.30 pm	B1	Aligning Commissioning Policies across Cheshire and Merseyside	Clare Watson	*For Decision* *Level 1*	*Paper (page 25)*
2.50pm	B2	Cheshire and Merseyside Section 140 Protocol	Michael Chantler	*For approval* *Level 2*	*Paper (page 31)*
3.05pm	B3	Update from the Cheshire and Merseyside CCGs Directors of Commissioning September meeting	Carl Marsh/ Philip Thomas	*For Information*	*Paper (page 47)*
3.10pm	**AOB**	Discussion on any items raised	All		
3.15pm		**CLOSE OF MEETING**			

DATE AND TIME OF NEXT MEETING	**26 October 2021 1pm – 3.15pm**

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

(*Updated 13 September 2021*)

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (*if applicable*)
Geoffrey Appleton	GB Member St Helen's CCG	1. Voluntary sector Champion: Ambassador for Workers Education Association.			X	Direct	Jan 2015	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Member of a voluntary sector board: Governor, Cowley International College, St Helens.			X	Direct	May 2010	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		3. Member of a voluntary sector board: Trustee, Liverpool Cathedral - meetings once a quarter.			X	Direct	2008	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		4. Member of a voluntary sector board: Trustee, Cheshire Young Carers.			X	Direct	Nov 2016	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		5. Member of a voluntary sector board: Trustee at Athenaeum, Liverpool.			X	Direct	July 2017	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		6. Member of a voluntary sector board: Trustee on board of Oliver Lyme Trust, Prescot, Liverpool - Charity with aim to keep people in their own homes. 1 x formal meeting per year.			X	Direct	April 2018	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		7. Chair of East Cheshire Safeguarding Adults Board, 2 days per month. Advisory.		X		Direct	Sept 2017	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		8. Committee Member for Appointment of Magistrates in Cheshire & Merseyside - 2 days a month, unpaid.		X		Direct	March 2020	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		9. Lay members of the Lord Chancellor's Advisory Committee for the appointment of magistrates for Cheshire and Merseyside- 2 days a month, unpaid.		X		Direct	Dec 2020	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
		10. Interim Independent Chair of St Helens ICP Board.		X		Direct	April 2021	Ongoing	No material conflicts to the CCG. Declare appropriately at Committee meetings	
Simon Banks	Chief Officer NHS Wirral CCG	1. Partner is an employee of Halton CCG			X	Indirect	04/04/2017	Ongoing	Declared in line with conflicts of interest policy	Joined 20 July 2021

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee *(if applicable)*
		2. Son is Apprentice Paralegal with Stephensons Solictors LLP working in clinical negligence team.			X	Indirect	01/03/2021	Ongoing	Declared in line with conflicts of interest policy	
		3. Sister in Law is employed by Leso Digital Health, a provider of online Cognitive Behavioural Therapy (CBT) to the NHS		X		Indirect	15/06/2020	Ongoing	Interest declared and would be managed if conflict arose.	
Dr Rob Caudwell	CCG Chair NHS Southport and Formby	1. The Marshside Surgery (General Practice) – Partner	X			Direct	2004	Ongoing	Excluded from decision making regarding General Practice	Joined 20 July 2021
		2. The Family Surgery (General Practice) – Partner	X			Direct	2016	Ongoing	Excluded from decision making regarding General Practice	
		3. Caudwell Medical Services LTD	X			Direct	2014	Ongoing	Excluded from decision making regarding General Practice	
		4. R&B Medical Properties Ltd	x			Direct	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		5. S&F Health Ltd GP Federation	x			Direct	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		6. Southport Aesthetics	x			Direct	2010	Ongoing	Interest to be declared at relevant CCG meetings	
		7. West Lancs CCG			X	Indirect	2016	Ongoing	Interest to be declared at relevant CCG meetings	
		8. Coloplast	x			Direct	2018	Ongoing	Interest to be declared at relevant CCG meetings	
		9. NHS LCFT	x			Direct	2017	Ongoing	Interest to be declared at relevant CCG meetings	
		10. Care Plus Pharmacy (Internet Pharmacy)	x			Direct	Oct 2018	Ongoing	Interest to be declared at relevant CCG meetings	
		11. Provider of Intermediate Care Beds GP	x			Direct	01/04/2019	Ongoing	Interest to be declared at relevant CCG meetings	
		12. Medloop Ltd/GMBH	x			Direct	06/2019	Ongoing	Interest to be declared at relevant CCG meetings	
		13. Clinical Director of Southport & Formby PCN	x			Direct	01/04/2021	Ongoing	Interest to be declared at relevant CCG meetings	
Sylvia Cheater	Lay Member (Patient Champion) Wirral Health & Care	1. Daughter-in-law Gastroenterology ST5, Wirral University Teaching Hospital			X	Indirect	01/09/21	ongoing	Declared in line with conflicts of interest policy	Joined 20 July 2021

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee *(if applicable)*
	Commissioning Group									
		2. President/Trustee, Institute of Health Promotion and Education.		X		Direct	01/09/20	ongoing	Declared in line with conflicts of interest policy	
Chrissie Cooke	Interim Chief Nurse NHS South Sefton CCG and NHS Southport and Formby CCG	1. Healthcare Review ltd healthcare consultancy – Director/Owner	X			Direct	01/01/2021	Ongoing	CCG does not commission services from this company. Declarations at relevant committees and exclusion from decision making	Joined 20 July 2021
		2. Niche Health and Social Care Consulting Ltd – Associate Consultant	X			Direct	01/01/2021	Ongoing	Declarations at relevant committees and exclusion from decision making	
		3. Employee- Bank Staff Nurse Cheshire and Wirral Partnership NHS FT - Bank nurse shift cover ad-hoc and as required	X			Direct	01/01/2021	Ongoing	Declarations at relevant committees and exclusion from decision making	
		4. Joint appointment as Chief Nurse at NHS Southport and Formby CCG and NHS South Sefton CCG		X		Direct	01/01/2021	Ongoing	Protocols in place with Chairs, GB & SLT of both organisations	
		5. Chair of Visyon Ltd – Volunteer Trustee		X		Direct	01/01/2021	Ongoing	Declarations at relevant committees and exclusion from decision making	
		6. Daughter is employed by Cheshire East Council			X	Indirect	01/01/2021	Ongoing	None required.	
David Cooper	Chief Finance Officer NHS Warrington CCG	1. Mother is employed as a receptionist at Salinae Clinic in Middlewich and is employed by Central Cheshire Integrated Community Partnership			X	Indirect	18/03/21	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Is the Chief Finance Officer for both NHS Warrington CCG and NHS Halton CCG	X			Direct	02/01/20	Ongoing	Declare appropriately at Committee meetings.	
		3. Sister-in-law is Head of Operations at Manchester Fertility			X	Indirect	09/09/21	Ongoing	WCCG does not hold a contract with Manchester Fertility but will declare appropriately at Committee meetings	

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee *(if applicable)*
Michelle Creed	Chief Nurse NHS Warrington CCG	1. Act as Chief Nurse for NHS Halton and NHS Warrington CCG's	X			Direct	02/01/20	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
Dr Andrew Davies	Clinical Chief Officer NHS Warrington CCG	1. Daughters graduate scheme – Deloitte.			X	Indirect	18/03/21	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Daughter accepted an apprenticeship with Deloitte.			X	Indirect	18/03/21	Ongoing	Declare appropriately at Committee meetings.	
		3. Non-executive for housing group in Stoke-on-Trent – Honeycomb Group.	X			Direct	18/03/21	Ongoing	Declare appropriately at Committee meetings.	
		4. Wife is employed as a ward Sister at Fairfield independent hospital.			X	Indirect	27/10/21	Ongoing	Declare appropriately at Committee meetings.	
Dr Mike Ejuoneatse	GP Partner St Helen's CCG	1. Directorship: I am my GP practice representative on our Primary care network Board.	X			Direct		Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
		2. Shareholder: GP Partner in a local practice which provides GMS.	X			Direct	2008	Ongoing	Declare appropriately at Committee meetings.	
		3. Member of Federation: Practice is a member of Central Primary Care Network.	X			Direct	July 2019	Ongoing	Declare appropriately at Committee meetings.	
		4. Providing clinical leadership mentor support to PCN Clinical Directors.		X		Direct	May 2020	Ongoing	Declare appropriately at Committee meetings.	
Dianne Johnson	Chief Officer NHS Knowsley CCG	1. Brother is the Member of Parliament for Halton			X	Indirect		Ongoing	Declare as and when appropriate	Joined 20 July 2021
		2. Close personal friend is employed at St Helens & Knowsley Teaching Hospitals NHS Trust in an Education role			X	Indirect		Ongoing	Declare as and when appropriate	
		3. Close friend of my partner works in Healthwatch Knowsley.			X	Indirect		Ongoing	Declare as and when appropriate	
		4. Member of Mid Mersey CCGs Joint Committee			X	Direct		Ongoing	Declare as and when appropriate	
		5. Member of North Mersey CCGs Joint Committee and North Mersey Committees in Common			X	Direct		Ongoing	Declare as and when appropriate	
		6. Senior Responsible Officer for Eastern Sector Cancer Service			X	Direct		Ongoing	Declare as and when appropriate	

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee *(if applicable)*
		Change programme								
Martin McDowell	Chief Finance Officer NHS South Sefton CCG and NHS Southport and Formby CCG	1. Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG		X		Direct	2013	Ongoing	Protocols in place with Chairs, GB & SLT of both organisations	Joined 20 July 2021
Peter Munday	Independent Lay Member NHS Cheshire CCG	1. Providing consultancy advice to various NHS organisations outside Cheshire CCG via gbpartnerships Ltd for whom I work as an associate. No financial interest in the placing of contracts.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	Joined 20 July 2021
		2. Providing consultancy advice to various NHS organisations outside Cheshire CCG via Rider Hunt for whom I work as an associate. No financial interest in the placing of contracts.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		3. Providing occasional consultancy advice to various NHS organisations via MIAA Solution (NHS organisations) outside Cheshire CCG for whom I work as an associate. No financial interest in the placing of contracts.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		4. Provide training to NHS organisations via the FSD Skills Network (NHS Body) in the North West.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		5. Act as Honorary Treasurer for "Just Drop In" (young persons' charity in Macclesfield)			X	Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		6. Writing a Monthly Column for "Cheshire Life" magazine (Archant Group) [non-Healthcare related]			X	Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee *(if applicable)*
Mark Palethorpe	Accountable Officer St Helen's CCG	1. Secondary Employment: Primary Employment with St Helens Local Authority - Executive Director Integrated Health & Social Care, Feb 2021 - Current	X			Direct	Feb 2021	Ongoing	Declare appropriately at Committee meetings.	Joined 20 July 2021
Dr Andrew Pryce	Governing Body Chair NHS Knowsley CCG	1. Director of Clair Gardens Limited Company 03546267 (Dormant Company).	X			Direct		Ongoing	Always declare any connections/activity involving yourself that relate to any NHS organisations that Knowsley CCG commission services from and do not take part in decision making where this may give you or companies/organisations you are involved with, any advantage.	Joined 20 July 2021
		2. Practice is a provider of PMS Services and also delivers near patient testing for INR and anticoagulation services.	X			Direct		Ongoing	Do not take part in any discussions or decision making relating to INR services or anticoagulation services or matters directly relating to these service areas.	
		3. Spouse is employed by Marie Curie Centre, Liverpool			X	Indirect		Ongoing	Declare as appropriate. Do not to take part in any discussions/decision making relating to hospices and the commissioning of hospices.	
		4. Son is a Graduate Communication Officer for Knowsley CCG			X	Indirect	No 2017	Ongoing	Declare your son's employment as and when appropriate and do not involve yourself in the management arrangements for your son or his work plan unless requested by his manager.	
		5. Member of Mid Mersey CCGs Joint Committee		x		Direct		Ongoing	Declare as and when appropriate.	
		6. Member of North Mersey CCGs Joint Committee and North Mersey Committees in Common		x		Direct		Ongoing	Declare as and when appropriate.	
Fiona Taylor	Accountable Officer NHS South Sefton CCG and NHS	1. Joint appointment as AO at NHS Southport and Formby CCG and NHS South Sefton CCG		X		Direct	2013	Ongoing	Protocols in place with Chairs, GB & SLT of both organisations	Joined 20 July 2021

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (*if applicable*)
	Southport and Formby CCG									
		2. St Ann's Hospice - Trustee of St Ann's Hospice, Cheadle		X		Direct	01/01/2017	Ongoing	No mitigation required	
		3. AQUA – Board Member	X			Direct	01/01/2017	Ongoing	Interest declared at relevant meetings	
		4. St Georges Central CE School & Nursery, Tyldesley – Chair of Governors			X	Direct	09/2005	Ongoing	No mitigation required	
Dr Andrew Wilson	Clinical Chair NHS Cheshire CCG	1. Partner in Ashfields Primary Care Centre, which holds a PMS contract for primary medical services with NHS England and contract with NHS Cheshire CCG to provide additional clinical services including vasectomy, dermatology and counselling.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	Joined 20 July 2021
		2. Sandbach GPs is a member of the South Cheshire GP Alliance, a company limited by guarantee. The South Cheshire GP Alliance has an APMS contract with NHS England for providing Prime Minister Transformation (previously Challenge Fund Services).	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		3. Sandbach GPs charges for a hosting service for a number of clinical services operating from its premises.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		4. Dr Neil Paul, who is a partner in Sandbach GPs, is a Director of Howbeck Healthcare, a healthcare consultancy who are engaged by South Cheshire GP Alliance as managerial support.	X			Indirect			Declared. Treated in accordance with section 11 of the CCG Policy.	

Name	Current Position & CCG	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect Interest	Date Start	Date End	Action Taken to Mitigate the risk	Date joined / left the Committee (*if applicable*)
		5. Sandbach GPs has an active role as a research practice/investigator site for both commercial and non-commercial research.	X			Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		6. AQuA Fellow from October 2016-October 2017, this included a bursary of circa £8k to support the fellowship.		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		7. Non-Executive Director, Advancing Quality Alliance (AQuA)		X		Direct			Declared. Treated in accordance with section 11 of the CCG Policy.	
		8. Mike Pyrah, a personal friend, is a Director of Howbeck Healthcare, a healthcare consultancy who are engaged by South Cheshire GP Alliance as managerial support.	X			Indirect			Declared. Treated in accordance with section 11 of the CCG Policy.	
Clare Watson	Accountable Officer NHS Cheshire CCG	1. Personal friend with Director of Healthskills who are providing OD support to the NHS Cheshire CCG	X			Indirect	January 2018	Ongoing	Declared. Treated in accordance with section 11 of the CCG Policy.	Joined 20 July 2021

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

Revisions history:

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Draft Minutes (Public)

Meeting Name: Joint Committee (Confidential Pre-Meeting)
Meeting Date/Time: 31st August 2021 at 1.45 pm **Venue:** GoTo Webinar
Chair: Dr Andrew Wilson

Attendance			
Name		**Job Title**	**Organisation**
Voting Members			
Dr Andrew Wilson	AW	Clinical Chair	NHS Cheshire CCG
Geoffrey Appleton	GA	GB Lay Member	NHS St Helen's CCG
Simon Banks	SB	Chief Officer	NHS Wirral CCG
Sylvia Cheater	SC	GB Lay Member	NHS Wirral CCG
Chrissie Cooke	CC	Interim Chief Nurse	NHS South Sefton CCG
David Cooper	DC	Chief Finance Officer	NHS Warrington CCG
Michelle Creed	MC	Chief Nurse	NHS Warrington CCG
Dr Andrew Davies	AD	Clinical Chief Officer	NHS Halton CCG
Dr Hilary Flett	HF	GP Partner	NHS St Helen's CCG
Suzanne Horrill	SH	GB Lay Member	NHS Cheshire CCG
Dianne Johnson	DJ	Chief Officer	NHS Knowsley CCG
Dr David O'Hagan	DH	GP Director	NHS Liverpool CCG
Jan Ledward	JL	Chief Officer	NHS Liverpool CCG
Mark Palethorpe	MP	Accountable Officer	St Helen's CCG
Dr Andrew Pryce	AP	Governing Body Chair	NHS Knowsley CCG
Fiona Taylor	FT	Accountable Officer	NHS Southport and Formby CCG
Clare Watson	CW	Accountable Officer	NHS Cheshire CCG
Non-Voting Members			
Ian Ashworth	IA	Director of Public Health	Chester and Cheshire West
Louise Barry	LB	Chief Executive Officer	Healthwatch Cheshire
Ben Vinter	BV	ICS Planning	Cheshire & Merseyside Health and Care Partnership
In Attendance			
David Flory	DF	Interim Chair of Cheshire & Merseyside ICS	Cheshire & Merseyside Health and Care Partnership
Emma Lloyd	Clerk	Notetaker	NHS Cheshire CCG
Dylan Murphy	DMu	Head of Governance	NHS Cheshire CCG

Apologies			
Name		**Job Title**	**Organisation**
Dr Sue Benbow	SB	Secondary Care Doctor Representative	NHS Knowsley Clinical Commissioning Group
Dr Rob Caudwell	RC	Chair & Clinical Director	NHS Southport & Formby CCG
Dr Michael Ejuoneatse	ME	GP Partner	St Helen's CCG
Martin McDowell	MM	Chief Finance Officer	NHS South Sefton CCG
Paul Mavers	PM	Healthwatch Manager	Healthwatch Knowsley
Peter Munday	PM	GB Lay Member	NHS Cheshire CCG

Apologies			
Name		**Job Title**	**Organisation**
Sarah O'Brien	SO'B	Accountable Officer	Cheshire & Merseyside Health and Care Partnership
Ifeoma Onyia	IO	Director of Public Health	Halton Borough Council

Agenda Ref:	Discussion, Actions and Outcomes	Action By
P1	**Welcome and Introductions:** Dr Andrew Wilson welcomed everyone to the first publicly held meeting of the Joint Committee and outlined that this is not public meeting but is a meeting held in public. Dr Wilson confirmed that public questions will be considered if they are submitted in advance and informed those present that two questions have been submitted for this meeting. Committee members were reminded to enter into the chat facility if they wish to speak, as there is no 'hand up' facility on the GoTo platform.	
P2	**Apologies for Absence:** Apologies in advance of the meeting were recorded as above, and it was noted that Dr Hilary Flett, Suzanne Horrill and Ben Vinter were attending as nominated deputies. In addition, Louise Barry was attending on behalf of Healthwatch. Thanks were expressed to those deputies in attendance. Apologies for lateness due to technical issues were recorded on behalf of Geoffrey Appleton	
P3	**Declarations of Interests:** • Dr Andrew Davies noted that his spouse works for Fairfield independent hospital which is relevant to the item that he is presenting and confirmed that this is included on the annual declarations. o The Chair ascertained that Dr Davies' spouse is employed as a Ward Sister, not in a decision-making capacity, and therefore this declaration was sufficiently mitigated. • Jan Ledward declared that although she is Joint Officer for Liverpool CCG, she is also the SRO for Stroke Mersey and is presenting the stroke paper at this meeting. • Dr Andrew Pryce noted that his wife is employed by Marie Curie, which is linked to the Hospice paper, but confirmed that she is not employed in a decision-making capacity. This is included on the annual declarations. **Outcome:** The Chair was satisfied that all declarations were sufficiently mitigated through the statements made above and through the declarations of interests register.	
P4	**Minutes of the Previous Meeting:** A copy of the draft minutes from the meeting held in private on 20th July 2021 were circulated prior to the meeting and comments were invited. Some amendments were suggested relating to the attendance list, specifically in relation to the CCGs recorded for committee members who have a dual role and the job title for Mark Palethorpe (who is the Accountable Officer for St Helens CCG).	

	No other comments were raised, and the minutes were therefore approved subject to the minor amendments to the attendee list. **Outcome:** The minutes of the confidential meeting held in private on 20th July 2021 were approved subject to the minor amends to the attendance list as outlined above.	
P5	**Actions from Previous Minutes:-** **A1** Completed. **A2** Completed. **A3** Ongoing. The updated Terms of Reference will be brought to the next meeting of the CMJC. **Outcome:** The above updates to the action log were noted.	
P6	**Committee Forward Planner:** Dr Wilson highlighted that this will be a continually changing document and will become reflective of the work that is carried out with the shadow ICB. Comments were invited but none were raised. **Outcome:** The forward planner was noted.	
P7	**Advanced Notice of AOB:** No AOB items were put forward for this meeting.	
P8	**Public Questions:** Dr Wilson informed the committee that two questions had been submitted by Chris Ingram (NHS Patient, Wirral). 1. **As an NHS user and patient can you tell me what is happening over the creation of ICS and ICB's?** • I have read that these new entities will take over from CCGs which will be abolished and now longer function. • There is absolutely NO mention of ICS/ICBs in any website I have seen which claims to be the voice of the NHS in Merseyside. • I have also read that salaries of £250,000 are being considered for the CEOs of these bodies which will include private healthcare providers on the Boards. This means, money which should benefit healthcare will be diverted into the pockets of private healthcare companies and executives with no public accountability, in my opinion. 2. **Can you tell me who are the so-called 'partners' delivery healthcare and NHS services in Merseyside and Cheshire, their roles, and contract values?** • Again, this information is being hidden from the public and is totally undemocratic. Thanks were expressed to Mr Ingram for submitting the questions. Dr Wilson read out the questions and confirmed that a short response will be provided, but the Joint Committee will provide a full written response which will go onto the website of each of the CCGs. Dr Wilson highlighted that the questions were interesting and thought provoking.	

	Dr Wilson shared that the issue around CCG websites not mentioning the ICS or ICB is important and is one that the committee can look to address. Dr Wilson stated that there is a collective ambition and if this doesn't come across then this is something that will need to be addressed collectively to see how CCG websites can link into the ICS. Dr Wilson stated that the creation of the ICS and ICBs is a big question and is being led by legislation that has not yet been through a committee stage. Therefore, although they are aware of what has gone to the second reading, what will be included in the final Act is not yet known. However, whilst the detail is subject to change, it is correct that CCGs will cease to exist at the end of this financial year and their responsibilities will be taken over by the ICS, of which the ICB is a part of. Dr Wilson outlined that the ICS is bigger than the CCGs currently and will have other functions. Dr Wilson shared his view that the suggestion of salaries of the £250,000 is probably speculative but this will be covered within the written response. In relation to partners, Dr Wilson confirmed that this information will be on CCG websites as details of contracts and spending is contained in public papers, although this will be located on the separate CCG websites. Dr Wilson pointed out that the partners may change depending on the outcome of the new Act so this issue cannot be addressed yet as it is still under discussion. No other additional comments were put forward, and it was agreed that a formal written response will be sent to Mr Ingram in due course. **Outcome:** A written response will be sent to Mr Ingram after the meeting.	
B	**Business Items**	
B1	**Hospice Sustainability across Cheshire and Merseyside:** The Chair highlighted that this is not an area for which the committee has delegated responsibility and therefore is an item for noting and to agree for some work to be undertaken. The Chair noted that deciding to undertake this work is within the authority of the AOs from each CCG who are present. Clare Watson informed the committee that the paper outlines a three/four-month project which covers part of the work that hospices do. Clare highlighted that the importance of palliative care and the outstanding work is understood and that decisions around this are best taken close to the patient and in Place, but there is a belief that certain aspects of the care will benefit from standardisation of the scope and specification of the some of the specialist care. Clare reiterated that this does not negate the excellent work they currently do. Clare Watson drew attention to the following:- • Section 2 which outlines the current position and provides an update on services throughout C&M which includes 10 Hospices and 128 patient beds. • Section 2.3 outlines that, on average, 28% of funding for hospices comes from the NHS and a large amount is charitable income. The impact of covid means this funding is at risk and therefore the sustainability of the hospice sector is an issue that has been raised nationally and this informs the work being undertaken. • Section 3 highlights the estimated deficit of approx. £6m and Clare Watson shared that this takes reserves across the hospices into account. Some interim funding has been granted but this isn't concurrent and isn't long term, so something is needed to make sure that hospices in Cheshire and Merseyside	

are sustainable in the long term. The proposal looks at a standardised approach and a core specification and funding model around palliative care beds and outpatient consultation.

The proposal is that the Cheshire and Merseyside Palliative & End of Life Care Network Programme Board works with the Cheshire CCG and looks at the definitions on 4.6 and 4.7 with an aim to, by the end of the three-month period, generate a proposal around core specification which includes all aspects of section 4.7 and includes recommendations for 2021/22. The group is asking for support to carry out this initial piece of work and continue the work that has already started.

Clare Watson highlighted that, should the committee agree to this piece of work, they can make some recommendations in terms of expanding the remit of felt appropriate.

Questions were invited from the committee:-

- David O'Hagan stated that this is a very important piece of work, however, felt it was important that, given the trauma experienced by the hospice sector, the NHS does not take advantage of this by trying to take over the hospice work as hospices do a lot of work that the NHS couldn't afford to support. David suggested that it might be reassuring if it is made clear that the work route consists of the whole network of people involved in palliative care, i.e., representatives from providers, patients, and their families to develop a spec based on the full knowledge of the system and not just from a commissioner's point of view, particularly not an NHSE point of view.
  - Clare Watson confirmed that Cheshire CCG would coordinate but the work would be done with the Palliative & Care and End of Life Care Network Programme Board so would include all the specialists, stakeholders, and patients/families.
  - Clare Watson informed the committee that the hospices are supporting this piece of work which recognises the work that they do and raises awareness of the financial pressures that they are under and shared that if the group can secure a funding model for the in-patient beds this will provide some assurance regarding ongoing finances.

- Suzanne Horrill suggested that quick action is needed due to the current situation being faced by Hospices and the loss of funding that they have experienced, and asked whether the beds standardisation, as it is such a small part of what they do, will be enough to sustain them.
  In addition, Suzanne shared that she would be interested in comparing hospices and their funding to look at equalities, and asked whether the timeframe will be enough to equalise some of those differences.
  - Clare Watson confirmed that, prior to covid, hospices were funded differently and shared that there is some charitable funding and CCGs have funded hospices differentially. Clare highlighted that the group is looking at protecting hospices going forward as part of the Cheshire & Merseyside approach.
  - Clare Watson informed the committee that this will start the work needed but will not cover the full scope and breadth; it will be around getting a core specification and funding approach. Clare agreed that a wider approach is needed to look at what offers each hospice has and confirmed that the model will be different in each community. However, this piece of work is around trying to get a standardised model for inpatient beds.
  - Suzanne shared that, despite not having details of individual hospices, she still queries whether the standardisation and the pace of this will be enough to sustain them all.

- Clare Watson confirmed that, in terms of reserves, there is a big difference across the hospices and informed the CMJC that there is a piece of work to do around this at an individual CCG level, but this is a Cheshire and Merseyside risk, and it may need to be picked up by the ICS in order to protect the services. Clare felt that this may be part of the next steps in the report brought back.
  - Suzanne Horrill stated that she feels there is a need to reflect on the services across the whole of Cheshire & Merseyside area and consider the fact that some hospices have different funding sources and therefore may be more sustainable than others. Suzanne felt that this may mean hospices need to be looked at individually in terms of how they are supported and would fit in with the reference within the paper which acknowledges that they are all unique.
  - Clare Watson agreed with these observations and felt that these can be considered by the group.

- Simon Banks confirmed that he supported the vison set out in the paper under 4.4 and the strive to achieve this. Simon confirmed that he also supports the scope of the paper which is well defined and overcomes some concerns raised by David O'Hagan and supports the view that the hospice system is unique in how it was formed and interacts with the NHS. Simon stated that he supports the need for a standardised approach in terms of financial and quality measures, but felt it is important to understand the offer from each hospice, factor the needs of the population and consider their commercial and fundraising reach as some have more scope with this than others. Simon felt that this starts a piece of work that moves beyond the currency of beds and moving forward on a Cheshire & Merseyside basis whilst being cognisant of local impact.

- Dr Andrew Davies agreed that there was a lot of good work in the paper around standardisation and share that, in his locality, specialist clinicians are difficult to secure and therefore recommended that clinical sustainability is included within the report. Dr Davies also stated that there are still a lot of people in hospital beds, and it would be preferable to have these patients at home or in a place closer to home, such as a hospice. Dr Davies' third comment was around the funding situation and whilst short term support has been put into place, he felt that it would be helpful if part of the programme could be around interacting with the charitable nature of the hospices and understanding the charitable limitations.
  Dr Davies outlined that the nature of the funding sometimes affects contracting as the NHS does not commission the full bed-based activity.
  Dr Davies recommended that the paper includes i) commissioning of end-of-life pathways, ii) looking at contractual relationships, and iii) the clinical workforce.
  - CW agreed that workforce is a risk in every area of the system at the moment but felt that the standardisation process may provide some opportunities for skill mixing or sharing posts across hospices, but it is important not to lose their charitable status.

- Dr Andrew Wilson reminded those present that the committee are just discussing and noting this item due to limits with delegated responsibility.

- Sylvia Cheater confirmed that she supported the paper and what it proposes to do, and felt it was important to recognise the hospice movement and acknowledge that the offer varies depending on where they are based but note that they are all really valued. Sylvia felt that hospices are an exemplar in terms of engagement because they are so involved with their patients and families. Sylvia felt that, because of this, their ability to fundraise will bounce back and this is important as it gives them independence but agreed that in the meantime, they need the support of NHS.

	• Fiona Taylor reiterated her declared interest that she is a hospice trustee but not one within Cheshire & Merseyside. Fiona confirmed that she agrees with comments made and feels it is important to understand and preserve end of life provision, and the end-to-end care which has developed into the community setting over the last 18th months. Fiona asked whether there were good examples of good practice within the context of hospice care and suggested that this is brought into this piece of work. Fiona also supported the comments made around pace being important. Clare Watson confirmed that she would take all the comments back to the working group and will bring the next stages report to the committee in three months. Clare shared her view that this piece of work should encourage hospices to work together on wider developments. The Chair outlined that, in summary, the committee have expressed the strong value that is placed on hospice services, they have confirmed that they support the work around sustainability but with a strong message that this should not quash the hospice provision which is very special and have expressed a view that over-commissioning could take away from what makes it special. The Chair outlined the request of the committee which is to agree the project plan. Dr Wilson suggested that this committee did not have the appropriate delegation to do this, and felt that the approval of the plan is an executive decision. Dr Wilson highlighted that all nine CCGs are represented at this meeting and would therefore suggest that the support today is sufficient for them to move forward within their own areas. The report was therefore noted. **Outcome:** The report on Hospice Sustainability across Cheshire and Merseyside was noted by the committee. **Outcome:** Individual CCG representatives to take the report back to their executive team for approval of the project plan with the support from this committee.	
B2	**Adoption of National Stroke Service Model Specification:** Jan Ledward reiterated her previously declared conflict noted in terms of championing the pathway that is being put forward and outlined the recommendation being out forward is that the national service model is adopted for Cheshire and Merseyside. Jan Ledward informed the committee that this recommendation does not mean that all CCGs are achieving this now, but it is a clear direction and strategy to move towards. A significant piece of work has been undertaken to map current provision against the national model and whilst this is mainly linked to staffing gaps, it has clearly identified where there are funding gaps and it highlights the need for significant investment in North Merseyside in terms of the centralisation of service provision on the acute hospital sites. A proposal on this will be put forward for consultation later this year and this will include details on what needs to be developed and would look to adapt the model for each area in line with local services to develop local delivery plans. Questions/comments from the committee were invited:- • Fiona Taylor expressed thanks for the work outlined in the report and shared that in North Merseyside there is a real impetus to adopt this model so she was pleased to see this item on the agenda and will try to expediate the introduction into the North Merseyside area to get improved outcomes for the population.	

- Dr Hilary Flett stated that the content of the paper was good and agreed that we should strive for patients, however, Dr Flett expressed concern around additional unmet costs and felt that the scoping work will be invaluable for this as it will identify the gaps. Dr Flett shared her view that the massive public health challenge is underplayed in the paper as were the potential underinvestment, guidance, and policy changes at national level. Dr Flett highlighted that preventing people from having a stoke is ultimately the cheapest way to solve this issue.
  - Jan Ledward stated that following the national model will enable the priority areas to be identified rather than using a scatter gun approach, and it will help to target investment as a system.
  - Jan Ledward agreed that there is a public health challenge and shared that it is vital to raise awareness and ensure messages around prevention are shared.

- Clare Watson shared that it was important that this specification covers service provers on the periphery of the Cheshire & Merseyside area.
  - Jan Ledward shared that this is a national model, endorsed by the Northwest ICS. However, whilst she feels it will be common across the North West and more broadly, other providers cannot be instructed to adopt this. Jan felt that the Cheshire & Merseyside area can lead by example and make it a recommendation.

- David O'Hagan noted that this is a national policy and it was therefore important to ensure that it isn't operated in a siloed way, and that work continues to be carried out in an and open and transparent way, including all operators, providers, and patients.
  - Jan Ledward agreed that there is a need to find a way of working alongside the care pathway approach whilst also taking a population health approach. Jan felt that, if the standards in the stroke pathway are right, then there will be a significant impact on the life chances of those surviving from a stroke as well as preventing them.

- Simon Banks shared his support for this paper and the adoption of this specification, and noted that he would expect some sort of implementation plan to ensure that work is being done to identify and plug any gaps. Simon agreed with Clare Watson's earlier point and outlined that this is a national model for England and there are some Welsh patients who access the Countess and Wirral services which need consideration. Simon informed the committee that there is sometimes confusion around the neuro rehab pathway, for example, and this has been identified already but resolving it will improve outcomes for those in therapeutic services in particular.

- Dianne Johnson highlighted that this committee was set up with a clear intention around looking at areas of work that affect the whole of Cheshire & Merseyside area, ensuring that there is standardisation and that the population receive the best care and reduce inequalities.
  Dianne felt that this paper shows that, no matter where people live in this area, they will get a standardised approach and best practice. Dianne highlighted that this doesn't prevent further work and looking at Place based opportunities. Dianne suggested that an area for this could be to look at uptake and completion of rehabilitation and the positive benefits this brings, as this project would bring in the patient and the family. Other areas include looking at how we can get people back into employment following strokes. Dianne felt that this paper is a good example of why we have set up this committee and why it makes sense to do things on a greater scale.
  - Jan Ledward confirmed that work done as a network includes engagement with services users and their families, and the two main pieces of feedback is to provide is to better information and better communication.

	Jan highlighted that this sounds simple, but these patients are very worried and leave with little information. Therefore, their engagement will have a big impact on improved outcomes for stroke patients alongside the adoption of the national model. • Dr Andrew Price shared that he was pleased to see the Stroke Association recognised within the paper, for the good work that they do. The Chair confirmed that this committee does have authority to made decisions around Stroke, so this is a Level 1 decision. Dr Wilson outlined that the committee is therefore asked to approve the adoption of the national specification. All present in agreement with the recommendation and this was approved accordingly. **Outcome:** The Cheshire & Merseyside Joint Committee approved the recommendation to adopt the National Stroke Service Model Specification	
B3	**Mental Health 2021/22 National Funding Deployment at Quarter 1, 2021/22:** Simon Banks introduced this item and shared that it is for information only, to inform the Joint Committee in relation to resources used in Qtr. 1 in terms of national funding and funding review funding. Simon outlined that this expenditure is on top of the general funding and other funding used for mental health. Simon highlighted that the reporting is a little late, as we are now in the final stage of Qtr. 2, but shared that work is being done to look at where the residual funding can be spent, i.e., areas such as children/young people, and improving access to psychological therapies, and is another area where the aim is to look beyond funding and consider outcomes. The committee were asked to note the expenditure plans as at the end of Q1. Simon highlighted that individual CCGs will have been tracking spending during this period and have been working with partner providers. All areas are on track to balance the funds the IAPT outcomes outlined for this period. Questions/comments were invited:- • Dr Andrew Davies suggested that finance leads are tasked, through this committee, to review funding transactions, balances to be retained and spending plans, and report back to CCGs in terms of how this is going. Dr Davies felt that this could be a mechanism to ensure that this work is delivered. o Simon Banks agreed and felt that this will be on their agenda already. o Clare Watson agreed that there is a need to report back to CCGs but felt that there is also a need to work towards ensuring the money is spent and suggested that this request should sit with the DOCs as well as finance leads. o Clare shared her worry that there will be a big residual and then is challenged on outcomes, so it would be her preference to ensure the slippage is used. • David O'Hagan shared that funding is often released late and therefore suggested that there is a list of projects pre-planned and ready to start if and when funding becomes available. David also noted that there isn't much inclusion around public health need and it does not cover many other inequalities or look to ensure that populations which are otherwise excluded have been included in the service changes. o Simon Banks shared that the purpose of this paper isn't to outline the areas raised above and highlighted that this information is covered in the mental	

	health implementation plans that have been worked on at CCG level and with the mental health support group. o Simon Banks confirmed that a crisis team is an area that has been considered, as have other areas that have a high need but without the level of service available to meet this need. Simon felt that there are opportunities to look at areas which need differential investment to level up services and meet the principle of equity. o Ian Ashworth confirmed that there are a number of pieces of public health work around the metal health and wellbeing areas. Ian will work with Simon Banks to tie this into this piece of work to inform this project. • Dr Hilary Flett highlighted that, regardless of funding, if there isn't a sufficient workforce it will be a struggle to deliver anything, and this is a real concern. Dr Flett shared that it was useful to see the different elements with regard to mental health but she would like to see some more transformational work and linking in at a primary care network level because this is where a real difference could be achieved. Dr Flett felt that if future funding is being sought and there are plans in place to support this in different ways should funding become available, then this would be very helpful as, currently, it is a struggle to provide suitable provision for each individual depending on their own circumstances due to capacity. Simon Banks thanked those that shared comments and stated that the paper presented at this meeting has derived from a very detailed mental health implementation plan. Simon agreed that there is a challenge to ensure colleagues across the sectors work towards the delivery, but there are some key worker roles being introduced and are probably best situation to have an impact rather than high acuity services. Simon also informed the committee that there are more co-operative working opportunities with the learning disability strands of the network, however, because the workforce will not support a bespoke approach, it is important to address the immediate crises. The Chair reminded the committee that this is outside their delegated authority and they are therefore asked to note the overview and expenditure plan and are asked to ensure that the priority issues are taken forward to relevant CCGs. All present agreed with these recommendations. **Outcome:** The Cheshire & Merseyside Joint Committee noted the report on Mental Health 2021/22 National Funding Deployment at Quarter 1, 2021/22 **Outcome:** The Cheshire & Merseyside Joint Committee asked all CCG representatives to ensure that priority areas are taken forward to relevant CCGs for discussion and ensure that funding is transacted by individual CCGs to implement the plans.	
B4	**Cheshire & Merseyside ICS – Independent Sector Provision for Q.3 2021/22 onwards:** Dr Andrew Davies informed those present that a detailed paper on this item was discussed in the Part B meeting which will be shared with Governing Bodies. Dr Davies shared that this paper is linked to contractual arrangements for delivery against core principles linked to the independent sector which provide elective care, i.e., prebooked surgeries or procedures to support recovery. Dr Davies highlighted that it is likely that the 2019/20 outturn will be used as an acceptable benchmark for contracts with the independent sector and outlined that there are contracts in place which are due to run out imminently.	

	A review has been carried out in terms of what is available and how commissioning can take place in future to ensure the core principles of access across Cheshire & Merseyside and the borders are met. Dr Davies informed the committee that advice and guidance was sought, and the recommendation is to engage in a direct award under Regulation 72 of The Public Contract Regulations and to do this on an 18-month basis to enable some stability for patients and allow transition to ICS. The technical details will be available for CCGs to consider but, as this is a collective activity, it is being put forward for noting at this meeting. In terms of progress, Dr Davies shared that four CCGs have put this to their governing bodies already and the others are due to go through shortly. Questions and comments were invited but none raised. The update and associated recommendations were therefore noted by the committee. **Outcome:** The Cheshire & Merseyside Joint Committee noted the report and recommendations linked to the Independent Sector Provision for Q.3 2021/22 onwards.	
B5	**Update from the Directors of Commissioning meeting:** The Chair outlined that the paper provided was for noting and informed the committee that a verbal update will be given at the next meeting. **Outcome:** The Cheshire & Merseyside Joint Committee noted the update from the Directors of Commissioning meeting.	

End of CMJC Public Meeting

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING

Action Log 2021-22 (Public)

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

Last updated: 20.09.21

Cheshire & Merseyside CCGs Joint Committee

Work Plan / Forward Planner 2021 - 2022

Item	Frequency	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Standing items									
Apologies	Every meeting	☑	☑	☑	☑	☑	☑	☑	☑
Declarations of Interest	Every meeting	☑	☑	☑	☑	☑	☑	☑	☑
Minutes of last meeting	Every meeting	☑	☑	☑	☑	☑	☑	☑	☑
Action Schedule/log	Every meeting	☑	☑	☑	☑	☑	☑	☑	☑
Forward Planner	Every meeting	☑	☑	☑	☑	☑	☑	☑	☑
Committee Risk Register	Every meeting	☑	☑	☑	☑	☑	☑	☑	☑
Minutes of sub-groups/reporting committees	Every meeting	☑	☑	☑	☑	☑	☑	☑	☑
Governance & Performance									
Review of Committee Terms of Reference	As required			☑			☑		
Review of Sub-Committee Terms of Reference	As required								
Papers									
Adoption of National Stroke Service Specification	As required	☑							
Mental Health 2021/22 National Funding Deployment	As required	☑							
Aligning Commissioning Policies across Cheshire and Merseyside	As required		☑						
Cheshire & Merseyside ICS - Independent Sector Provision for Q3 2021/22 onwards	As required	☑							
Hospice Sustainability across Cheshire and Merseyside	As required	☑			☑				
Operational Committee Terms of Reference	As required				☑				
Section140 Protocol	As required				☑				
Recurrent Papers / Updates									
C&M Directors of Commissioning Meeting Update	As required	☑	☑	☑	☑	☑	☑	☑	☑
Other									
Key national or local reports	As published								

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING In Public

28 September 2021 **Agenda Item B1**

Report Title	**Aligning Sub-fertility / Assisted Conception Commissioning Policies across Cheshire and Merseyside**

Report Author	**Alison Johnston** Programme Lead – Thriving & Prevention, NHS Cheshire Clinical Commissioning Group
Committee Sponsor	**Tracey Cole** Executive Director Strategy & Partnerships - NHS Cheshire CCG Commissioning Group

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

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

Executive Summary

The purpose of the report is to:

- provide background information in relation to the current position on Sub-fertility/Assisted Conception commissioning policies where there is a need for alignment across the Cheshire and Merseyside (C&M) region
- provide an update on the work undertaken to date and the detail regarding the next steps in relation to the approach to aligning the policies and any public consultation that will be required.

Standardising commissioning policies, such as those named within this paper, fall under the remit and delegated authority of this Committee, and as such the Committee has the authority to make binding decisions on behalf of all nine Cheshire and Merseyside CCGs.

Recommendations

The Cheshire and Merseyside CCGs Joint Committee is asked to:

- **approve** the recommendation from the Cheshire and Merseyside Directors of Commissioning (DoC's) that the Sub-fertility/Assisted Conception policies should be aligned across C&M;
- **approve** the recommendation that a joint Consultation on this proposed alignment should be undertaken at the same time by each of the nine CCGs;
- **consider** and agree the identification and allocation of resources to progress this work;
- **approve** the recommendation that the C&M CCG Communication and Engagement Leads meeting is tasked to progress the preparatory work required to produce an outline proposal for undertaking the consultation so that this can be reviewed and approved at a future Joint Committee meeting.

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

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

Key Risks & Implications identified within this report

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

Conflicts of Interest Consideration and mitigation	N/A
Link to Committee Risk Register and mitigation	N/A
Report history	The report was **Endorsed** by the C&M Directors of Commissioning Group on 05/07/2021 and has recommended that the Joint Committee **Approve** the approach.
Next Steps	• use the established C&M Communication and Engagement Leads meetings to scope out the consultation plan and resources needed. • the outline proposal for consultation and next steps will be prepared for a subsequent Joint Committee meeting.
Appendices	**Appendix A** Current provision - Sub-fertility/Assisted Conception policies

Aligning Commissioning Policies across Cheshire & Merseyside

1. Introduction

1.1 There is inconsistency in the criteria and parameters of the Sub-fertility/Assisted Conception commissioning policies that have been adopted and applied by CCGs across England.

1.2 Along with many other CCGs in England, the nine Cheshire & Merseyside Clinical Commissioning Groups (CCGs) have differing policies which results in inequity of provision and access for patients across Cheshire and Merseyside (C&M). As the nine CCGs progress towards transitioning into the Cheshire and Merseyside Integrated Care System from 1 April 2022 there is a need to ensure work is undertaken to harmonise such policies.

1.3 Across the nine CCGs there are currently three different Sub-fertility/Assisted Conception policies; one that covers eight of the CCGs in Cheshire and Merseyside (the exception being NHS Cheshire CCG) and two different policies in place in the NHS Cheshire CCG area following the merger in April 2020 of the four legacy CCGs that covered this area. An outline of the key differences can be seen in **Appendix A**.

1.4 These policies require a refresh and reviews have already been undertaken, with an internal review of the sub-fertility policy having been undertaken by NHS Cheshire CCG, and the Midlands and Lancashire Commissioning Unit (MLCSU) leading a review of the policy in place at the other eight CCGS. Both reviews acknowledged that formal consultation with the public and with Local Authority Oversight and Scrutiny committees would be required on any proposed changes to the policy. The cessation of most 'Business as Usual' CCG business caused by the local and national response to COVID-19 has so far prevented any further consultation and harmonisation progress from taking place.

1.5 The continued inequity in provision across C&M for patients, and the increasing funding pressures and sustainability challenges for providers means this policy has been identified as a priority to seek approval to progress to engagement and consultation with the public and stakeholders. The C&M Directors of Commissioning recommend that, if undertaken during 2021-22, this should be carried out jointly across all C&M CCGs to enable a more transparent, consistent approach to consultation and reduce duplication across the system.

2. Considerations

2.1 There are a number of considerations that need to be highlighted to Committee members with regards the Sub-Fertility/Assisted Conception Policies:

- **application of NICE Guidelines** - NICE guidance indicates that three cycles of In vitro fertilisation (IVF) should be offered. Not all CCGs have been able to follow the guidance.

- **cost** - the tariff was set a number of years ago. It was intended that a national consultation would be undertaken to review the tariff, but this has not been carried out. Therefore, a regional review needs to be considered to determine if this remains in line with the cost of treatment and storage due to advances in clinical techniques and public expectation as this is causing provider pressures.

- **inequity of service offer** - the disparity of offer is not only in relation to the number of IVF cycles offered, but also in relation to storage costs, access to treatment following a live birth, ovarian reserve levels, male Body Mass Index, age, smoking status and living children. Therefore, consultation will also need to consider the wider criteria included in the policies.

- consultation needs to designed and measured against the Gunning Principles.[1] It does require many stages but ultimately a consultation has to be based upon viable options for public/stakeholders to consider and respond to, and which the consulting organisation(s) can implement. Therefore, close working between the commissioning, finance, contracting, quality and communication teams will be required in order to provide meaningful options. Close working with providers will also be key. A dedicated programme team will be required in order to effectively undertake and oversee the delivery of this consultation.

- a Quality and Equality Impact Assessment (QEIA) will be required for each CCG. This could be presented as a single document, but sufficient time and resource will be required to ensure that the QEIA is robust and informs the consultation and final decision making process.

- there may be an impact on the financial situation as there may be a requirement for service offers to be 'levelled up' following the outcome of the consultation, this impact needs to be quantified to inform future financial decisions by the ICS.

3. Consultation and Engagement

3.1 Subject to approval to proceed by the Joint Committee, work will need to be undertaken and co-ordinated to ensure that there is a single approach to carrying out consultation with the nine C&M Local Authorities Health Overview Scrutiny Committees (OSCs), as well as other public and stakeholder groups across C&M such as Healthwatch, to seek their input and support to the CCGs approach to consultation.

3.2 Work will also need to be undertaken to engage with each OSC in order to agree how best to undertake a pragmatic consultation approach with all of them, to allow all ten to be able to consider the consultation proposals without having a negative impact on resources and timescales. There is already an established C&M Health OSC protocol[2] that enables the nine Local Authorities to form a joint health OSC arrangement. It is hoped that this protocol would be observed by the nine councils to consider a consultation such as this but that is at the discretion of the C&M Local Authorities.

3.3 Undertaking a consultation is a time-consuming process. In all likelihood each OSC will consider any proposal to make such changes a substantial development or variation (SDV) and as such will likely recommend that a 12 week consultation is undertaken. The CCGs do not have to observe that timescale recommendation but due to the scale of the consultation, it would be prudent to plan to undertake a 12 week consultation and outline this to the OSCs. CCGs will also need to ensure there is timely engagement with NHS England/ Improvement to agree how these proposals align any expectations around planning service changes.[3]

[1] https://www.Consultationinstitute.org/the-gunning-principles-implications/
[2] https://democracy.wirral.gov.uk/documents/s50054496/Joint%20OSC%20Protocol.pdf
[3] https://www.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients

3.4 The approach and programme of consultation and engagement, whilst remaining consistent across C&M, will need to be sufficiently flexible to reflect any differing proposed changes in the existing policies that would occur if the policies were aligned. This may require a proportionate response and allocation of resource based on the level of change proposed and public and political interest in this area.

3.5 In undertaking what will be a significant consultation exercise, having adequate resource to draw upon to deliver this successfully will be imperative. It is anticipated that the consultation will attract political and stakeholder attention and is likely to be contentious and may draw the attention of local, regional and national patient groups.

3.6 Each of the nine CCGs and the ICS will need to agree to resource and prioritise this consultation.

3.7 There is already an established C&M Communication and Engagement Leads group which has representation from each of the C&M CCGs. It is recommended that this group is tasked by the Joint Committee to progress the preparatory work required to produce an outline proposal including timescales and resource implications so that this can be reviewed and approved at a future Joint Committee meeting.

4. Recommendations

4.1 **The Cheshire and Merseyside CCGs Joint Committee is asked to:**

- **approve** the recommendation from the Cheshire and Merseyside Directors of Commissioning (DoC's) that the Sub-fertility/Assisted Conception policies should be aligned across C&M;
- **approve** the recommendation that a joint Consultation on this proposed alignment should be undertaken at the same time by each of the nine CCGs;
- **consider** and agree the identification and allocation of resources to progress this work;
- **approve** the recommendation that the C&M CCG Communication and Engagement Leads meeting is tasked to progress the preparatory work required to produce an outline proposal for undertaking the consultation so that this can be reviewed and approved at a future Joint Committee meeting.

Access to further information

For further information relating to this report contact:

Name: Alison Johnston
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Name: Helen Pressage
Designation: Head of Healthcare Commissioning
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Appendix A – Current provision - Sub-fertility/Assisted Conception policies

CCG	Policy expiry date	IUI	IUI Cycles	IVF cycles
NHS Cheshire CCG (incorporating legacy CCG's) **NHS West Cheshire CCG**	Approved – Apr 2017 Review date – Apr 2020	Y	6	Aged 23-39 1 (but if IUI is not appropriate able to have 2 IVF) Aged 40-42 – 1
NHS Eastern Cheshire CCG	July 2018	Y	6	Aged 23-39 - 1 Aged 40-42 – 1
NHS South Cheshire CCG & NHS Vale Royal CCG	July 2018	Y	6	Aged 23-39 - 1 Aged 40-42 – 1
NHS Halton CCG	No dates	Y	6	Aged 23-39 – 3 Aged 40-42 – 1
NHS Knowlsey CCG	No dates	Y	6	Aged 23-39 – 3 Aged 40-42 – 1
NHS Liverpool CCG	No dates	Y	6	Aged 23-39 – 3 Aged 40-42 – 1
NHS St Helens CCG	Approved – May 2015 Review date – Nov 2015	Y	6	Aged 23-39 – 2 Aged 40-42 – 1 (IFR)
NHS South Sefton CCG	Approved – Nov 2014 Review date – Nov 2016	Y	6	Aged 23-39 – 3 Aged 40-42 – 1
NHS Southport & Formby CCG	Approved – Nov 2014 Review date – Nov 2016	Y	6	Aged 23-39 – 3 Aged 40-42 – 1
NHS Warrington CCG	No dates	Y	6	Aged 23-39 – 3 Aged 40-42 – 1
NHS Wirral CCG	No dates	N	0	Aged 23-39 – 2 Aged 40-42 – 1

CHESHIRE & MERSEYSIDE CCGs
JOINT COMMITTEE MEETING In Public

28 September 2021 **Agenda Item B2**

Report Title	Section 140 Protocol

Report Author	North West Coast Strategic Clinical Network on behalf of Cheshire and Merseyside Integrated Care System Mental Health Programme
Committee Sponsor	Simon Banks, Chief Officer, NHS Wirral CCG

Purpose	Approve	✓	Ratify		Decide		Endorse		For information	

Decision / Authority Level	Level One		Level Two	✓	Level Three	

Executive Summary

Each Integrated Care System (ICS) is required to develop and submit an agreed Mental Health Act 1983 (2007) section 140 protocol to NHS England/Improvement (NHSE/I) Regional Office. Colleagues from the North West Coast Strategic Clinical Network have worked with the Clinical Commissioning Groups (CCG), local authorities, NHS providers and other stakeholders to agree the attached draft. This has received initial comments from NHSE/I and has been revised to reflect this feedback.

The Cheshire and Merseyside Mental Focus Group and Cheshire and Merseyside Mental Health Oversight Group, which sit under the Mental Health Programme of the Cheshire and Merseyside ICS, are not decision making groups as they have no delegated authority. The final approval for this protocol has to be by CCGs.

The protocol, whilst not specifically mentioned within scope of the work programme of the Committee, does align to the ambitions of the Committee in working towards common standards around mental health services. It is also considered that approving the adoption of the protocol falls within the authority of the Accountable Officers to approve within the Joint Committee forum (level 2 decision).

Recommendations

The Joint Committee is asked to consider the protocol and its members **approve** the attached protocol.

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

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

Key Risks & Implications identified within this report

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

Conflicts of Interest Consideration and mitigation	There are no conflicts of interest for consideration and mitigation arising from this report.
Link to Committee Risk Register and mitigation	N/A
Report history	Protocol has been developed by CCGs, local authorities, providers and other stakeholders as part of the Cheshire and Merseyside ICS Mental Health Programme.
Next Steps	If approved the protocol will be adopted across Cheshire and Merseyside.
Appendices	Draft Cheshire and Merseyside Section 140 Protocol

Cheshire and Merseyside S140 Protocol DRAFT v12

1.0 Introduction

1.1 Clinical Commissioning Groups (CCGs) are responsible for commissioning mental health services to meet the needs of their areas. Under s.140 of the Mental Health Act 1983 (2007) (MHA) CCGs have a duty to notify Local Social Services Authorities (LSSAs) in their areas of arrangements which are in force for the reception of patients in cases of special urgency or the provision of appropriate accommodation or facilities specifically designed for patients under the age of 18.

1.2 As Cheshire & Mersey STP (Sustainability & Transformation Plan) moves to become an Integrated Care System (ICS), the responsibility for notifying Local Social Services Authorities (LSSA's) will be transferred to the local leads within the 9 Integrated Care Partnerships, covering each individual local area "place". This will ensure that decision making will continue to safeguard a patient's right to be admitted to a hospital as close to their home area as possible.

1.3 This protocol under S140 applies to the Cheshire and Merseyside sub-region, in particular the areas covered by Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and Mersey Care NHS Foundation Trust. For the purposes of this protocol both CWP and Mersey Care will be referred to as the secondary care mental health providers.

1.4. This protocol has been produced to inform staff of:

- The definition of special urgency;
- The procedure AMHPs should follow when they are dealing with a case which is of special urgency
- The role of the Crisis Resolution Home Treatment Team (CRHT) in supporting the patient during the assessment and sourcing a bed
- The role of the Bed Manager in sourcing a bed
- The mutual support provided to each other between CWP and Mersey Care

1.5 The protocol is relevant to all patient groups, adults and older people, patients with functional and or organic presentations, adults and children with a learning disability and children and young people. However, because the commissioning arrangements vary so considerably across all these groups, the operational body of this protocol applies to the following two groups:

- Adults of working age
- Older people (functional illness)

S140 arrangements for people with a learning disability and older people with an organic presentation are attached to this document in appendices covering their special needs, commission arrangements and circumstances.

See appendix D for older people with an organic presentation
See appendix E for adults with a learning disability

1.6 Further work is required to confirm in detail the s140 arrangements for children and young people but see para 3.4 below.

1.7 This protocol does not cover patients who are assessed as requiring admission under Part 3 of the MHA. Part 3 governs the arrangements for people who come into contact with the criminal justice system, including those who are subject to Secretary of State for Justice restrictions.

1.8 Nothing in this protocol shall prevent local areas from developing practice and procedures which build on its principles and which reflect the particular needs of their localities.

2.0 Who needs to be aware of and comply with the guidance?

2.1 Local authority staff undertaking the role of an AMHP

2.2 Responsible clinicians and on-call doctors for the secondary care mental health providers and other s.12 doctors who may be involved in examining patients under the MHA

2.3 Secondary care mental health provider staff with responsibility for bed management, sourcing beds and those trained to accept applications for admission under the MHA

2.4 Health and social care commissioners covering the Cheshire and Merseyside footprint.

3.0 When does this guidance apply?

3.1 This guidance will only apply where:

- an AMHP has been requested to undertake a MHA assessment in the community or custody suite/S136 suite, A&E, and;
- the AMHP in consultation with the assessing doctors and members of the CRHT believes that an admission of special urgency applies; and
- there are no immediately available beds at the time the MHA assessment is requested or conducted

3.2 The term “special urgency” is locally agreed as a situation where a mentally disordered person is so acutely unwell that failure to urgently admit the person to hospital under the Mental Health Act or an excessive wait for a bed could cause significant harm to:

- the patient
- the patient’s carers and/or family members and network of support
- those assessing the patient

- other members of the public.

3.3 In this context harm means a significant risk to the health and safety of the patient or the protection of other persons.

3.4 In respect of patients under the age of 18, any assessment under the MHA 1983 will be considered as meeting the definition of “special urgency”.

3.5 Examples of special urgency may include, but are not limited to the following scenarios:

- A patient, including patients under the age of 18 detained under S136, whether in custody (NB it is unlawful for a person under the age of 18 to be detained in police custody,) A&E or any other place of safety, who is assessed as requiring a bed under the MHA. The legal basis for detaining a patient under S136 expires after 24 hours but can be extended by up to a further 12 hours, but only in very limited circumstances. These are that, because of the person’s condition (physical or mental), it is not practicable to complete a Mental Health Act assessment within the 24-hour period. This might arise, for example, if the person is too mentally distressed, or is particularly intoxicated with alcohol or drugs. A delay in attendance by an Approved Mental Health Professional or medical practitioner is not a valid reason for extending detention. These circumstances do not include situations involving shortages of beds. The bed must be found within the legal timeframe.

- An episode of life-threatening self-harm together with physical illness, living alone, with lack of social supports and clearly identified severe mental illness signs and symptoms. (1 see footnote)

- Florid psychosis in a community setting, living alone with lack of engagement with home treatment team, non-concordance with treatment including medication combined with self-neglect and/or active agitation/thoughts of self-harm/harm to others/fear.

- Patient with features of mental illness with severe self-neglect showing features of dehydration or sustained food refusal over days.

- Conditionally discharged restricted patients, i.e. patients with a proven record of causing serious risk of significant harm to others when mentally unwell, currently non-concordant with medication, disengaged from services and showing features of relapse of mental illness.

- Patient with such severe psychosis, mania or depression that they lack capacity to carry out activities of daily living including self-care, non-concordant with treatment in a community setting and disengaged from services.

4.0 Where can admissions occur to?

CCGS are required to provide a list of hospitals and their specialisms to local authorities which will help inform AMHPs as to where these hospitals are. The CCG has identified the following hospitals as places where people can be admitted in cases of special urgency:

CWP

- Springview, Clatterbridge Health Park, Bebington
- Bowmere, Countess of Chester Health Park, Chester
- Mulberry Unit, Macclesfield

Merseycare

- Brooker Centre, Halton Hospital, Runcorn
- Hollins Park, Winwick, Warrington
- Knowsley Resource Centre, Whiston Hospital, Prescot
- Peasley Cross St Helens
- Clock View Hospital, Liverpool
- Broadoak Unit, Liverpool
- Hartley Hospital, Southport
- Thomas Leigh, Liverpool
- Windsor House, Liverpool

5.0 What is the procedure?

5.1 Prior to undertaking the Mental Health Act assessment, the AMHP should consider where there is high risk behaviour towards others, whether an application for a warrant under Section 135(1) should be applied for as the person is not under “proper control”. If granted by the Magistrates’ Court, this would allow the AMHP the ability to remove the person to a place of safety for assessment.

5.2 Good practice requires that AMHPs are supported by their local CRHT whenever they are conducting an assessment under the MHA. This is important for a number of reasons, including the requirement to consider all the available alternatives to admission and to consider the options for managing the risks if a bed is not immediately available. If the CRHT are unaware of a MHA assessment taking place, the AMHP should inform them as soon as possible that a special urgency bed may be required.

5.3 Where an AMHP has not requested a warrant under Section 135 and, upon going out to the assessment, the AMHP along with the CRHT agree that the circumstances meet the criteria of special urgency and that the presence of the police is required to assist them in managing the risks identified and or to prevent a breach of the peace occurring, then the police should be contacted as soon as practicable. Police support must be carefully considered and AMHPs should apply the RAVE framework prior to contacting the police.

R = Resistance

A = Aggression
V = Violence
E = Escape

5.4 The CRHT will prioritise any agreed bed searches for special urgency cases and these cases will be allocated the first available, appropriate bed. The CRHT will inform the Bed Manager accordingly of the clinical priority for admission.

5.5 If CRHT/Bed manager notifies the AMHP that no bed is immediately available, then the AMHP must give consideration to their own safety as well as to the safety of the patient, their carers, family members or other relevant people. In exceptional circumstances, the AMHP may decide that their presence is causing risks to escalate or their own safety is compromised. In such situations the AMHP should leave and notify relevant agencies i.e. police, NWAS etc. The AMHP should follow their local protocol on what to do in the event of no bed being available (Appendix A covers an example of a protocol for AMHPS when no bed is available. Local areas are encouraged to design their own protocols to support AMHPs in their area.)

5.6 If there is immediate risk to life and limb of any individual, the AMHP must call 999 and request police attendance.

5.7 AMHPs must notify the CRHT if, following assessment, that the special urgency case has been assessed as not requiring a bed in order that the Bed Manager can cease any searches for a bed. This must be done immediately.

5.8 If a bed cannot be identified at an hospital within the footprint of one of the two secondary care providers, then the relevant bed manager/CHRT should contact the bed manager/CRHT in the other secondary care mental health provider to search for a bed. For example, patient x has been assessed for admission under special urgency who lives in Chester. No bed is available within CWP. The CWP bed manager/CHRT will contact the bed manager in Mersey Care for a possible bed.

5.9 If the Bed Manager/CRHT cannot locate a bed in either secondary care mental health provider, then the Bed Manager/CRHT will widen their search to out of area, including beds in the private and independent sector, if required to do so.

5.10 The S12 doctors, when completing an examination under S3, will need to know the hospital or hospitals which are available to them for the purpose of confirming the availability of appropriate treatment.

5.11 Should a patient leave a property during assessment, the AMHP may, if deemed appropriate, contact the Police and inform them, along with any details of risks. The Police will then make a decision regarding the appropriateness of looking for the person and considering whether the use of S.136 is appropriate.

5.12 In the event that an application for detention is made to a specific hospital pending a bed becoming available for admission, but a bed becomes available at another hospital (inside or outside of Cheshire and Merseyside), the AMHP will need to complete a fresh application for detention naming the hospital with the available bed. The application can be scanned and emailed to the receiving ward to allow the papers to be accepted remotely. For the purposes of an application under S3, the s12 doctor may need to amend their medical recommendation so that they can confirm the availability of appropriate treatment.

5.13 In the event of no bed being available within a reasonable timeframe (3 hours) and the AMHP having gone off duty before a bed becomes available, a fresh assessment by an AMHP would be required to make an application for detention. See Appendix A as to what to do in the event of no bed being available.

5.14 Where action under paragraphs 5.12 and or 5.13 have been undertaken then this should be reported to senior management within secondary care mental health provider trust, the CCG and the Local Authority (see sections 9 and 10 in respect of escalation, monitoring and review).

6.0 CWP and Mersey Care responsibility in relation to identifying a bed in cases of special urgency

6.1 Once it has been agreed that an admission under the MHA under the special urgency is required the CRHT/Bed Manager will begin the process of searching for and confirming a bed.

6.2 If there are no beds available in the relevant secondary care mental health provider and there is little likelihood that such a bed is to be made available then the bed manager/CRHT will contact the partner mental health provider for support. This situation will be escalated to the appropriate senior duty on call manager for the relevant secondary care mental health provider

6.3 The AMHP and CRHT will remain in contact with each other until the admission has been accomplished.

6.4 The Bed Manager /CRHT will make continued attempts to identify a bed until one is located.

6.5 In the event that a bed is likely to become available, the Bed Manager/CRHT must make it clear the expected time scales for this. The AMHP will liaise with NWAS (and the police if required) to confirm the arrangements for conveyance under S6 of the MHA (see appendix B). If the bed is unlikely to be available for over 3 hours then consideration will need to be given to continuing to look for alternative beds in the partner secondary care mental health provider, or further afield if this is likely to provide a bed more quickly. Alternatively, the AMHP together with CRHT may consider implementing a risk management plan as outlined in the example in appendix A. The AMHP

and CRHT, together with the S12 doctor(s) will agree on the most appropriate way forward under these circumstances.

7.0 Receiving the patient at the hospital

7.1 Where it has been agreed that a patient can be brought to the specified hospital pending a bed becoming available, the AMHP will make an application for detention to allow the conveyance of the patient to hospital. The bed manager/CRHT must make it clear to the AMHP that the bed is in fact available as there are no facilities for patients to be supported in the identified hospital for the holding of a patient.

7.2 Upon arrival, the patient will be taken to identified ward within the hospital and the admission process will then proceed.

7.3 When a patient is admitted to a partner secondary care provider, that is, not their local hospital, then consideration should always be borne in mind for the possibility of a transfer back to the local secondary care provider, once a bed is free and the clinical circumstances of the patient support such a transfer. This will have the benefit of enabling easier access for family and carers to then visit the patient as well as for local services to plan more effectively for the discharge of the patient

8.0 Out of Area Patients

8.1 When a patient is assessed for admission to hospital under the MHA in an area covered by this protocol, but is registered with a GP in another CCG, then the services local to the area within which the patient is present, will take responsibility for organising his/her assessment under the MHA. As soon as this situation becomes known, the Bed Manager for the area in which the patient is present will immediately contact the home secondary care mental health provider with a view to exploring the possibility of an admission directly to one of their hospitals.

8.2 If a bed is available, then the AMHP can make an application to that hospital and will be supported by NWAS to convey the patient. There may be a number of reasons why this is not possible and where admission to the nearest hospital is required, and include but is not limited to the following:

- No bed is immediately available within the secondary care mental health provider for the area within which the patient is registered.
- The clinical presentation of the patient is so urgent that he/she requires admission to a hospital within which the patient is present
- The distance involved may make conveyance impractical

8.3. If such a patient is admitted to a hospital within the area within which the patient presents, then liaison between that hospital and the home hospital of the patient should take place at the earliest opportunity, with a view to arranging a transfer of the patient under S19.

8.4 The guiding principle is that no patient should be delayed from admission to hospital on the grounds that they are registered with a GP from another CCG area alone. This principle applies to both patients from within Cheshire and Merseyside who present in another CCG area within this footprint, as well as to patients who are from outside Cheshire and Merseyside.

8.5 See appendix C for Guidance for North West Councils: Mental Health Act assessments for residents who are not in their home area at the time of the assessment. This guidance provides advice to AMHP services on how to respond to such circumstances.

9.0 Escalation

9.1 In the event that the duty Bed Manager/CRHT cannot locate a bed either locally, sub-regionally or beyond, then the Bed Manager/CRHT and or AMHP should escalate the issue to their senior line managers in accordance with their own local escalation procedures

9.2 AMHP Leads and the Out of Hours Service Manager must ensure arrangements are in place within their Local Authority area/service for contact to be made with a senior manager from within the local authority and communicate this to their AMHPs.

9.3 The assessing doctors and where involved, the GP, together with the AMHP and the CRHT must ensure a risk management plan is in place (see appendix A for an example).

9.5 Any incident forms completed will be reviewed according to local procedures to ensure the system is working as effectively as possible.

10.0 Monitoring and Review

10.1 Incidents of special urgency and those where no bed is available for more than 3 hours, will be recorded on a locally agreed incident form and brought to the attention of senior managers within the secondary care mental health provider, the local authority, NWAS and if involved, the police. Trust wide S140 monitoring will be the responsibility of a locally agreed body (this function can be undertaken by a pre-existing body) and reported up the Cheshire and Merseyside Mental Health Oversight Group on a quarterly basis.

Local incidents should be collated and depending on local arrangements, should be reported to the relevant adult/children safeguarding board.

(1) The 5 examples of special urgency are taken from the 140 agreement of Birmingham and Solihull MH Foundation Trust

Appendix A Advice to AMHPs: What to do when no bed is available – a proposed model

Local authorities should agree with their respective secondary care mental health providers a protocol similar to the one established in Cheshire East as to what to do in the event of no bed being available. The protocol would reflect local arrangements and resources and can be added to this appendix once completed.

Adobe Acrobat Document

Appendix B NW regional guidance for transporting mental health patients (under review)

Adobe Acrobat Document

Appendix C: Good Practice Guidance for North West Councils: Mental Health Act assessments for residents who are not in their home area at the time of the assessment

Adobe Acrobat Document

Appendix D: Arrangements for People with Organic Presentations under s140

For adults who present with organic conditions and are assessed as requiring a bed under special urgency, the same principles will apply as outlined in section 3 of this protocol.

Service design is different for this group of patients and this is reflected in this appendix to the protocol

In hours, Monday- Friday, 8am- 8pm and 8am-4pm at weekends AMHP's should contact the bed management team within the relevant secondary care mental health trust to inform them that a MHA assessment will be taking place and also the outcome of that assessment.

If a bed is required, the bed manager will co-ordinate this and follow the process as outlined in section 6

If an assessment has taken place out of the hours the AMHP should contact the relevant CRHT who will undertake the co-ordination of locating a bed.

NB CRHT are not commissioned to attend assessments for this group of patients.

Currently, outside of the CMHT working hours 9am- 5pm, Monday- Friday there is no commissioned service which can assist with the management of the patient if no bed can be located. AMHPs following the protocol outlined in appendix A will therefore need to take this into account when considering a risk management plan for a patient under these circumstances.

Very often an assessment is undertaken for a patient who is already in a care home. In these circumstances contact must be made to the relevant commissioners (the CCG, or the LA or jointly) to secure extra resources such as 1:1 for the duration of the delay in the patient's admission.

If the patient is in the community, then a similar consideration can be given to commissioning extra support from a domiciliary care service.

In extreme circumstances, it may be necessary for the patient to be taken to an acute hospital trust whilst an appropriate bed is found.

The actual pattern of support to the patient under these circumstances will be determined by the availability of resources in that area within Cheshire and Merseyside.

Appendix E: Arrangements for Adults with a Learning Disability under s140

- Assessment and Treatment Units for CWP and Mersey Care are as follows:

  CWP

  - Greenways, Macclesfield
  - Eastways, Chester

  Mersey Care

  - Byron House, Warrington

- As soon as it is known that a MHA assessment is needed, an admission avoidance meeting should be convened. In practice, such meetings will often have already taken place as the changes in the patient's behaviour should already have required specialist intensive support services to become involved.

- Such meetings may be called Blue Light or Community Care and Treatment Reviews, Admission Avoidance meeting or a LEAP. Their primary purpose is to consider all alternatives to admission to hospital and to ensure services are in place to support this objective.

- If intensive support services feel the admission is appropriate and urgent, the bed manager for the appropriate secondary care mental health provider will then begin the process to identify an appropriate bed. Where appropriate, partnership agreement to be sent and returned prior to admission.

- Following a MHA assessment and where admission is required the request for a bed should be made through either:

  - the local Community Team or through Bronze On-call outside of office hours (Mersey Care)
  - the local Community LD team or 2nd tier on-call outside of office hours (CWP.) It is noted that CWP do not take any out of area patients outside of office hours).
  - If there is no local suitable bed available, the request should be escalated through the Bronze 2nd Tier On-call to:

    - liaise with the relevant CCG to commission a bed
    - consider beds within generic wards if appropriate
    - liaise with provider services (such as Intensive Support Teams) to manage risks in the interim

- The process for sourcing an out of area bed is as follows:

  - Referral to be sent out
  - On receipt of referral and associated documents, information to be reviewed by MDT

- If appropriate, gatekeeping to be arranged within 5 working days wherever possible.
- Minimum of two lead clinicians to complete gatekeeping assessment
- Initial verbal response given within 24 hours
- Gatekeeping presented at following MDT meeting
- If not appropriate, the reasons will be given verbally and the report sent out within 7 working days with recommendations.
- If appropriate, admission aims confirmed and partnership agreement sent. Bed offered or individual placed on waiting list. Gatekeeping report to be completed and sent within 7 working days.
- Admission planned when contract received

- Regular multi-agency meetings should be held whilst a bed is identified for information sharing and risk management planning.

- For people with a learning disability who are under 18; the children's / CAMHS pathway should be followed.

Appendix F: CCGs, LA's and Police Authorities covered by this Protocol

CCG's

Cheshire
Halton
Knowsley
Liverpool
South Sefton
Southport & Formby
St Helens
Warrington
Wirral

LA's

Cheshire East
Cheshire West and Chester
Halton
Knowsley
Liverpool City
Sefton
St Helens
Warrington
Wirral

Police Authorities

Cheshire Constabulary
Merseyside Police

Appendix G: Members of the S140 Task & Finish Group

Keith Evans Cheshire East Council; Chair
Margi Butler Warrington CCG; Group Co-ordinator
David McCluskey NHS England; Group Co-ordinator

Jane Alexander Mersey Care
Sally Ali-Bachari Alderhey
Sean Boyle CWP
Gavin Butler Cheshire West and Chester
Cheryl Cooper Cheshire CCG
Lisa Cooper Alderhey
Jimmy Cousineau Mersey Care
Alex Crisp Cheshire Police
John Edwards Knowsley CCG
Tom Fairclough Liverpool CCG
Joy Fenna CWP
Sue Henderson St Helens BC
Dave Jones CWP
Mike Kenny Mersey Care
Andrew Kevern Alderhey
Shaun Lockett Knowsley BC
Anjan Mandara CWP
Lisa Nolan Liverpool CCG
Ester Rebay Cheshire West and Chester BC
Steve Roper Sefton BC
Hayley Sherwin Mersyside Police
Lindsay Smith Halton BC
Liam Stowell Mersey Care
Carla Strudwick Warrington BC
Alison Toolan Liverpool CC
Jo Watts CWP

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

September 2021

Greener NHS 2021/22 - Memorandum of Understanding (MOU)

NHS Cheshire CCG brought a copy of the above to the group in order to raise awareness and seek joint support for action. The document sets out the requirement for the NHS to make an 80% reduction in carbon impact over the next 7 years. The MOU set out roles for the region and for provider trusts.

Each CCG is to take the MOU through their own governance to raise awareness and ask for support at place level so that contracting and commissioning routes can hold providers to account and support each other in bringing about change.

The DOCs intend to then bring a recommendation to a later JC meeting re strategic aims and objectives making clear the role of providers, ICS and place in all delivering this important agenda.

Social Value Chartership

A briefing paper was presented by NHS Cheshire CCG around the requirements for obtaining Social Value Chartership. Given the disestablishment of CCGs and current system pressures it was felt that pursuing the award for 9 CCGs prior to end of March 2021 was perhaps not best use of energy.

However, all felt 100% commitment to the sentiments of the charter and so it was agreed that a further discussion with each provider collaborative and the ICS would be useful to take forward a plan spanning beyond April 2022.

Operational Sub Committee to C&M Joint Committee

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

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

C&M Directors of Commissioning – Future Meeting Dates

- **Monday 11th October, 2.00pm**
- **Monday 8th November, 2.00pm**
- **Monday 6th December, 2.00pm**

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

Contact Information:
Chair Tracey Cole – Director of Strategy & Partnerships (NHS Cheshire CCG)
tracey.cole3@nhs.net

Gender Identity Services

2 papers were received by the group detailing the unmet need for individuals requiring these services. The group also reviewed where specialist commissioning responsibilities meet those of CCGs/ICS and how primary care must be considered in future plans.

It was agreed that a paper recommending a C&M approach must be drawn up as a priority and presented to the Joint Committee.

Future Agenda Items

- **System P Work**
- **Pulmonary Rehab**
- **National NHSE Programme for Rapid Uptake Products and Medtech funding mandate 201/22**
- **IAPT**
- **Independent Sector Contracts**
- **Gender Identity**
- **Neurodevelopment Services**
- **Spinal Services**